North West London Joint Health Overview and Scrutiny Committee

AGENDA

DATE: Thursday 20 April 2017

TIME: 10.00 am

VENUE: Kensington Town Hall,
Horton Street, London
W8 7NX

1. **JHOSC AGENDA - 20 APRIL 2017** (Pages 1 - 165)

Joint Health Overview & Scrutiny Committee (JHOSC)

Agenda

Thursday 20 April 2017

10.00am COMMITTEE ROOM 1,
KENSINGTON TOWN HALL, HORNTON STREET, LONDON W8 7NX

MEMBERSHIP:
Chair - Cllr Mel Collins (LB Hounslow)
Cllr Shaida Mehrban (LB Hounslow)
Cllr Ketan Sheth (LB Brent)
Cllr Barbara Pitruzzella (LB Brent)
Cllr Daniel Crawford (LB Ealing)
Cllr Theresa Mullins (LB Ealing)
Cllr Rory Vaughan (LB Hammersmith & Fulham)
Cllr Sharon Holder (LB Hammersmith & Fulham)
Cllr Vina Mithani (LB Harrow)
Cllr Michael Borio (LB Harrow)
Cllr Will Pascall (RB Kensington & Chelsea)
Cllr Charles Williams (RB Kensington & Chelsea)
Cllr John Coombs (LB Richmond)
Cllr Liz Jaeger (LB Richmond)
Cllr Jonathan Glanz (Westminster City Council)
Cllr Barbara Arzymanow (Westminster City Council)

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Members of the public are welcome to attend.

Joint Health Overview & Scrutiny Committee (JHOSC) Agenda

20 April 2017

Item

1. WELCOME AND INTRODUCTION

2. APOLOGIES FOR ABSENCE

To receive apologies for absence (if any).

3. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non-pecuniary interests, arising from business to be transacted at this meeting, from: (a) all Members of the Joint Committee; (b) all other Members present in any part of the room or chamber.

4. MINUTES

That the minutes of the meeting held on 20 February 2017 be taken as read and signed as a correct record.

5. LONDON AMBULANCE SERVICE

6. NORTH WEST LONDON PERFORMANCE FOR ACCIDENT AND EMERGENCY

7. NORTH WEST LONDON COMBINED CCG WORKFORCE STRATEGY

8. ANY OTHER BUSINESS

Which the Chair has decided is urgent and cannot otherwise be dealt with.

9. ANNUAL GENERAL MEETING

Joint Health Overview & Scrutiny Committee (JHOSC)

MINUTES

Monday 20 February 2017 – 2:00pm – Council Chamber, Ealing Town Hall

Chairman:

Councillor Mel Collins (LB Hounslow)

Councillors:

Councillor Barbara Arzymanow (Westminster CC)

Councillor John Coombs (LB Richmond)

Councillor Daniel Crawford (LB Ealing)

Councillor Sharon Holder (LB Hammersmith & Fulham)

Councillor Shaida Mehrban (LB Hounslow)

Councillor Theresa Mullins (LB Ealing)

Councillor Ketan Sheth (LB Brent)

Councillor Rory Vaughan (LB Hammersmith & Fulham)

Councillor Charles Williams (RB Kensington & Chelsea)

1. Welcome and Introductions
(Agenda Item 1)

The Chair invited Councillor Daniel Crawford of London Borough of Ealing to welcome attendees to Ealing Town Hall.

2. Apologies for Absence
(Agenda Item 2)

Apologies were received from Councillor Jaeger (LB Richmond).

3. Declarations of Interest
(Agenda Item 3)

Councillor Sheth stated that he was the lead governor for the Central and North West London NHS Foundation Trust (CNWL).

4. Minutes of the meeting held on 14 October 2016
(Agenda Item 4)

Consideration was given to the minutes of the previous meeting of the Committee which had taken place on 14 October 2016.

Councillor Arzymanow made reference to the request for consultancy spending on page 2 of the minutes, asking if these figures could be shared with the Committee. The Chair advised that the figures had not yet been received, but would arrange for them to be forwarded to all Committee members when available. Christian Cubitt (*Director of Communications & Engagement, NHS North West London Collaboration of CCGs*) stated that he would look into whether arrangements had been made to forward the information.

Resolved: That

(i) the minutes of the previous meeting of the Committee held on 14 October 2016 be agreed as a true and correct record; and

(ii) information on consultancy spending be forwarded to all Committee Members when available.

5. Shaping a Healthier Future Outline Case Part 1
(Agenda Item 5)

The Chair invited Clare Parker (*Accountable Officer, CWHHE CCGs*), Christian Cubitt (*Director of Communications & Engagement, NHS North West London Collaboration of CCGs*), Susan La Brooy (*Medical Director, NW London Shaping a Healthier Future*) and Neil Ferrelly (*Chief Financial Officer, Brent, Harrow and Hillingdon CCGs*) to update the Committee on the development of the Shaping a Healthier Future (SHaF) Strategic Outline Case (SOC) Part 1 released by the Clinical Commissioning Group (CCG) in December 2016.

Clare Parker provided background context, advising that the SOC was a business case detailing how £513m would be invested in the NW London primary care estate, out of hospital hubs, acute hospitals in outer NW London and the local hospital at Ealing, addressing the existing challenges faced in these locations and enabling the CCG to implement a new model of care to improve outcomes for residents.

Part 1 of the SOC was in place to secure the capital investment needed to deliver the next phase of the CCG's 'Shaping a Healthier Future' (SaHF) plans. At this stage it did not further develop any of the clinical or other service changes already set out in the SaHF. It did not explicitly consider transport, communications or equalities issues as these had been addressed in the Decision Making Business Case published in 2013 and would be addressed again as services were developed and more detailed business cases were produced.

Part 2 of the SOC was being prepared separately because of the opportunity to maximise the redevelopment potential at the St Mary's site as part of the wider Paddington regeneration. Rather than slow down other critical developments the SOC was instead split into two parts to enable both to progress at the fastest possible speed.

Due to the technicalities of the business case required by the Treasury, the SOC Part 1 had been divided into five sections, each of which was detailed separately.

Strategic Case

The strategic case stated that funding improvements to the GP practice estate would give the capacity to help patients be seen and treated quicker.

The development of out of hospital hubs would reduce unnecessary hospital appointments and use of hospital services, bringing care closer to home for people with multiple long term conditions who required highly coordinated services.

It was stated that better outcomes would be achieved for patients through the consolidation of expert care for particular acute conditions onto fewer sites.

It was explained that the capital required would be divided into three pots:

- GP Practices (£69m) – The monies would be utilised to make it easier for patients to physically get in and out of practices, used to fund better waiting rooms and more provision for consulting rooms.

- Out of hospital hubs (£141m) – The monies would go towards building seven new hubs as well as modernising the eleven extant community hubs.

- Acute hospitals (£304m) – The monies would be used for supporting Ealing Hospital's move towards becoming an 'excellent local hospital'. The monies would also pay for the expansion of A&E and further beds at West Middlesex Hospital, expand A&E and the maternity unit at Hillingdon Hospital, provide more primary and community care services at Central Middlesex Hospital and provide more post-operation recovery and critical care beds at Northwick Park Hospital (with monies also going towards the improvement of some existing buildings).

Examples of progress made had also been used to justify the business case, such as the trend-bucking fall in non-elective admissions and the considerable reductions seen in non-elective bed days.

Economic Case

The economic case compared additional costs and benefits of SOC part 1 against a scenario without investment to test whether the proposed capital investment provided value for money.

Based on standard methodology and guidance, it was estimated that 334 lives could be saved per year through the capital investment. There would also be £94m (In

'Equivalent Annual Cost' (EAC) terms) in health benefits using the Quality Adjusted Life Year Approach used by the NHS to calculate health benefits.

It was also estimated that changes in capital and revenue costs of hub and hospital schemes would equate to £43m, with capital investment calculated to provide further economic benefits of £44m.

The total benefit expected from the investment was calculated at £181m. This would be a positive return of five times the capital invested based on EAC terms, excluding wider economic and health benefits, and sixteen times the capital invested based on EAC including the wider economic benefits and health benefits.

A range of scenarios had been tested through sensitivity analyses and had found that this approach represented best value for money.

Financial Case

The required level of funding was shown through a Comprehensive Spending Review (CSR) period and source, with exploration of affordable alternative funding options and an accelerated timetable.

CCG Finance and Performance Committees had been engaged to review financial modelling, including assumptions underpinning the 'do nothing' scenario and Quality, Innovation, Productivity and Prevention (QIPP) programme assumptions that drive the modelling.

Under the 'do-nothing comparator' all trusts would be in financial deficit, with a combined deficit of £114m by 2024/2025. This would improve to only an £18.4m deficit under the SaHF scenario before reconfiguration (with hub investment). After reconfiguration, trust financial projections demonstrated that trusts would have an income & expenditure surplus position of £27.6m by 2024/2025.

If capital investment were to be funded by loans, two of the trusts would have a below target Financial Sustainability Risk Rating (FSRR) and would be unable to meet the loan repayments.

The overall value of the investment to the NHS, over the period of the investment, was calculated at £828m, with a payback period of eight years for hubs and nine years for acute reconfiguration.

More detailed implementation plans were due to be produced during the next phase of business case development.

Commercial Case

Current provider arrangements would be utilised to identify the procurement implications of the capital proposals, supported by a central programme function to realise the benefits of economies of scale.

Where staff would be affected by the changes taking place, retention within the NW London NHS would be sought.

Management Case

The next phase of SaHF would be delivered through a strong and effective Programme Management Office (PMO) with a Programme Executive in place.

Strong relationships with stakeholders would be vital, as would wide engagement on proposals with patients and the broader NW London community.

Existing arrangements were being built upon and governance was being updated to ensure that it was fit for purpose in delivering the STP and the next phase of SaHF.

For the next phase of the business case development, clear project plans had been prepared, with established programme assurance and fully identified key risks.

Questions

The Chair thanked Officers for the presentation of the report on the SOC and invited Committee Members to comment and ask further questions.

The Chair opened the questions by making reference to a recent article in The Independent, which claimed that Ealing Hospital had actually been earmarked for full closure. It was asked if more detail could be given on the transition timeline.

Officers stated that they “completely refuted” any reports which implied that Ealing Hospital would close. There was categorical insistence that there would be no closure of the site and that there needed to be accurate messages communicated to make sure that this was understood by concerned residents.

The business case had two timelines, and a request had been made to follow the accelerated timeline, part of the reason for this was that with 2022 still being some time away, an accelerated process would be preferable to help in assuaging staff concerns. However, the ability to ensure safe transition capacity would have to be in place before any such work could begin.

The Chair asked if contingency plans were in place should the full £530m requested not be received.

It was advised that no contingency plan was in place as the bid was for the full amount and the full amount only. This was needed to make the changes in full, there were no plans to fund ‘part changes’. The current estate was in the poorest condition of any STP area in the country, so a strong argument was in place to justify receipt of the full funding.

Councillor Arzymanow stated that there was no clarification in the business case on the position of the Samaritan Hospital site. Recent indications had stated that there was a covenant over the site which made it unavailable for sale. Officers advised that they would check with Imperial Trust on the current status. It was understood that current plans included the moving of the Western Eye Hospital to the St Mary’s site.

Councillor Arzymanow noted that organisations with similar covenants in the past had seen them overturned in court. Officers stated that they would expect Imperial Trust to have considered the legalities in detail.

Councillor Mehrban expressed concerns regarding overstretched services. GP practices rarely had appointments available for the same week, surgeries were busy beyond reasonable capacity and hospitals were so overstretched that people were being left on trolleys in hallways due to a lack of bed space, and yet some hospitals appeared to be removing bed space. Was there any confidence that the changes proposed within the STP could really alleviate such problems?

It was fully recognised that demands placed upon services in primary care had risen at a rate at which finances could not keep pace. The new capital would allow for increased capacity where it was needed, including improvement of the weekend offer. Digital solutions were also being taken forward, such as processes to expedite bookings through online solutions. Studies were taking place into 'what people were attending for' so that the public could better understand the assistance options open to them. Studies were also taking place into upskilling to free doctors from administration and relatively simple tasks which could be dealt with by others.

Due to GP practices being privately run businesses overseen by NHS England, there were currently no specific requirements in place around mandated opening hours and numbers of appointments taken. NW London CCG's were attempting to gain more control at a local level from NHS England.

With regards to beds, reductions were being seen in acute beds as lots of advances had reduced the need for beds in recent years (such as turnaround times in maternity wards). This opened up possibilities around expanding capacity for critical care. It was known that approximately 30% of people currently staying in hospitals were considered to be 'medically fit' and many of these could have their needs met better in their own home. There was an absolute need to ensure that acute beds were only being used by those truly in need. Officers only sought to remove beds when a permanent alternative solution was available.

Councillor Crawford made further reference to concerns around Ealing Hospital. The difference between a district general and a local hospital were significant and there was a vital need to know what local services would still remain in Ealing.

It was advised that district general hospitals in the traditional sense were evolving, with most hospitals now moving towards a specialist approach offering the highest level in particular areas rather than attempting a service which aims to provide every possible service.

Councillor Williams asked if the provision of community beds in North West London would increase.

It was advised that this was possible, work was taking place on a 'discharge to assess' programme and a lot of work had taken place with Hounslow and Richmond Community Trusts. These would not necessarily stop initial admissions, but could possibly offer quick alternative solutions.

Councillor Arzymanow asked if any hospitals were dealing with pressures better than others, and if so, were lessons being learnt from these?

Officers stated that all hospitals were currently struggling with pressures; however, examples of good performance were always sought and learnt from. As part of the 'discharge to assess' programme, models were being studied where such work had already begun. There was a concentration on looking for best outcomes for patients which would reduce the need for unnecessary bed capacity rather than just providing a blanket increase of beds.

Councillor Coombs made reference to the German health system, where policy had ensured that there were many more doctors, nurses and beds available per 1000 people of the population. He asked what kind of 'plan b' was in place, should it be found in five years that capacity was still an issue approaching unsustainability?

Officers reemphasised that they did not set health policy, and that their role was to find the best way to manage with the pot of money they were provided. This meant having a responsibility to join up services for patients, and working hard on the retention of quality staff.

Councillor Theresa Mullins requested that more information be provided on weekend appointments and the locations these would be available in. Officers advised that this information would be fed back.

The Chair then drew this section of the discussion to a close.

Resolved: That

(i) the presentation on the Shaping a Healthier Future Outline Case Part One be received by the Committee;

(ii) clarification on the current position regarding the Samaritan Hospital site at St Mary's be fed back to the Committee; and

(iii) further information on the locations and timings of weekend appointments be fed back to the Committee.

6. North West London Sustainability and Transformation Plan
(Agenda Item 6)

The Chair invited officers still in attendance from the previous item to make a presentation concerning the North West London Sustainability and Transformation Plan (STP).

The focus of the first two years of the STP would be to:

- Develop the new proactive model of care across North West London
- Address the immediate demand and financial challenges

It was reemphasised that no changes would be made at Ealing Hospital until there was sufficient alternative capacity elsewhere, and no changes were planned to the Charing Cross A&E service currently being provided during this STP period.

The STP identified a set of nine priorities that would help in achieving its vision and fundamentally transform the system. These were:

- To support people who were mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves
- Improve children's mental health and physical health and wellbeing
- Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart disease and respiratory illness
- Reduce social isolation
- Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease
- Ensure people access the right care in the right place at the right time
- Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice
- Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population
- Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed

These priorities would be delivered within five separate delivery areas:

- Improve your health and wellbeing
- Better care for people with long-term conditions
- Better care for older people
- Improving mental health services
- Safe, high quality sustainable services

Since the October 2016 submission of the NW London STP work had focussed around the establishment of Delivery Area boards, enabler groups and project groups that were fully representative and had the skills and expertise required to successfully deliver the STP outcomes. Statutory bodies for discussion of the STP were being supported and STP governance arrangements were being strengthened across the board.

As part of the discussions ahead of the JHOSC meeting, CCG officers had been asked to address a number of questions on implementation timelines, governance, transport strategies and the inclusion of community pharmacies within the reconfiguration strategy. A series of detailed answers to these questions had been included within the Agenda, beginning at p340 (http://bit.ly/2nH6RIQ - Item 6d).

Questions

The Chair then invited Committee Members to comment and ask questions.

In relation to community pharmacies, the Chair asked about suggestions that minor-ailments services were to be withdrawn from 1 April 2017. If this was true, would it bring further pressures to bear upon GP practices?

Officers were not aware of such a plan as NHS England retained control over pharmacies, therefore a response would be provided in writing.

Councillor Sheth asked that if the NW London collaboration of CCG's were not to receive all the monies they requested, would they fund some elements themselves? It was advised that if it was something that could potentially save money, then it would still be considered regardless.

Councillor Sheth asked for more information on potential out of hospital hubs in the Wembley area, and asked if the STP had fully taken account of population increases.

It was advised that an indicative list of hubs was in place, officers would follow up with a list of probable services in the hubs. Detailed work had taken place on population projections, such as developments at Old Oak Common. Significant growth was expected and had been tested back with local planning departments.

Councillor Sheth then asked if any possibilities around devolution were being taken forward. It was advised that lots of conversations were ongoing considering possibilities around devolution of services, with officers being particularly open to conversation where the benefits would improve outcomes for residents.

Councillor Vaughan asked if inflation and other costs had been fully factored into the STP plans. He also expressed concern regarding staff modelling, with the cost of living and the exit for the European Union both potentially having a significant impact.

It was advised that risks around both costs and staffing had been fully taken into account. Inflation had been built into the financial numbers. A 15% contingency and a 25% optimism bias had been built in. There was a need to develop roles to bring strong staff into the service, offering clear and attractive career structures.

The Chair asked how local authorities would be built into the STP governance structure. He also asked how the Better Care Fund would be affected.

It was confirmed that the group overseeing the STP had local government representation on-board. The Better Care Fund was not being replaced by the STP in any way. Local Authorities were not expected to feel 'worse off' under the STP.

The Chair expressed concern that there was a perception that savings were being prioritised ahead of helping people in need. Officers strongly disagreed, stating that there was evidence that shorter bed stays actually aided the speed of health improvement in many cases.

The Chair then made reference to transport issues. A recent conference had taken place at Hammersmith which had brought good people together. Could results from the conference be circulated? And were they being brought into the strategy? Officers confirmed that they would circulated results, and that they had found it helpful and would form part of the work being done.

The Chair then expressed further concerns around the loss of bed capacity. Where were figures coming from to support these changes? It was advised that the plans had been fully tested. Clinical beds would not be reduced but it was expected that more capacity would be seen outside of the 'traditional hospital setting'. It was not expected that care settings overall would be reduced.

The Chair then drew the item to a close, thanking all present for their attendance and contributions to the meeting.

Resolved: That

(i) the presentation on the Strategic Transformation Plan be received by the Committee;

(ii) feedback be provided on the removal of minor ailment services from pharmacies and the potential impact upon general practices;

(iii) a list of services expected to operate from out of hospital hubs be forwarded to the Committee; and

(iv) results arising from the recent transport conference in Hammersmith be forwarded to the Committee

7. Any Other Items the Chair Considers Urgent
(Agenda Item 7)

There were none.

8. Annual General Meeting
(Agenda Item 8)

As the meeting was not quorate at this point, the vote for the Chair and Vice-Chair of the Committee would be deferred until the next meeting.

Date of Next Meeting

Panel Members were advised that the date of the next meeting would be confirmed in due course.

Councillor Mel Collins
Chair.

The meeting ended at 4.20pm.

London Ambulance Service
NHS Trust

North West London
Joint Health Overview and Scrutiny Committee
20 April 2017

How we care for the capital

2 Emergency Operations Centres

Patient Transport Service
(contracts ending in July 2017)

Operating out of over 70 sites

Motorcycle response unit

111 Services
(recently rated as Good by CQC)

Cycle response unit

2 HART teams

Some facts about London

Multicultural
Capital city

300
languages

620
square miles

Seat of Government & Monarchy

5
STPs in London

5
Police forces

c8.9m
Population

CRITICAL
An attack is expected imminently
SEVERE
An attack is highly likely
SUBSTANTIAL
An attack is a strong possibility
MODERATE
An attack is possible but not likely
LOW
An attack is unlikely

On severe alert

Tourism
Population swells everyday

32
Clinical Commissioning Groups

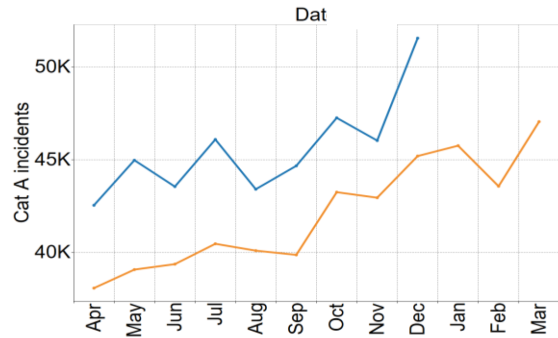
3
Airports

The London Ambulance Service today

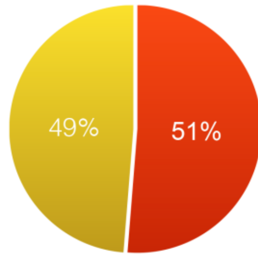
Demand is increasing

Total incidents – **up 8.2%** from last year
(April to December)

Cat A incidents – **up 11.3%** from last year
(April to December)



Total Incidents - Cat A Share



Cat A Incidents   All Other Incidents

1.9m calls

Demand for our services increase year on year, last year we responded to over 1.9m calls and 1.1m incidents

Growing number of frail elderly people with complex health needs are living alone, and therefore more likely to call upon the LAS

4,893 staff

63% of which are frontline
Our staff are changing – more graduates, more women, higher expectations, no longer a "job for life"

Average job cycle time is **85min 46sec**

Average time with a patient is **42min 41sec**

Pan-London Service

Patients with dementia, mental health needs and obesity provide increasing challenges for our services

Demand for our services keeps increasing

- Eight of the top ten busiest weeks ever have been in 2016
- Eight of the top ten busiest months ever have been in 2016
- 2015/16 – significant increase in demand we attended 20,000 more incidents than 2014/15
- Three specific areas of growth have been reviewed; 111 referral to 999, health care professional (GPs) calls and incidents reported via the Metropolitan Police Service (MPS)
- These three areas represent 27% of total call volume in 2016/17 but 46% of the total increase seen in year.

Managing demand

- We are working with wider NHS to reduce pressure on our Service- frequent callers, health care professional calls, GP admissions and NHS 111 requests for assistance

- We are working closely with MPS to understand increase in activity

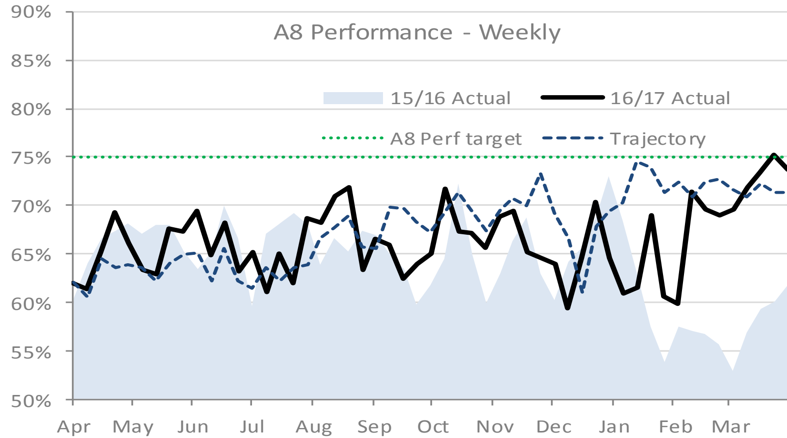
- We had more people and vehicles out in 2016 compared to 2015 - increased the hours our ambulance and solo responders are available – equating to an additional 10,200 hours a week

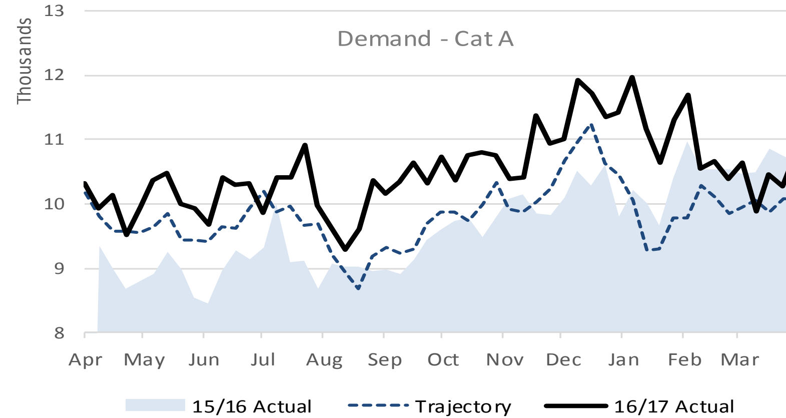
- We have taken a proactive approach to demand management on social media.

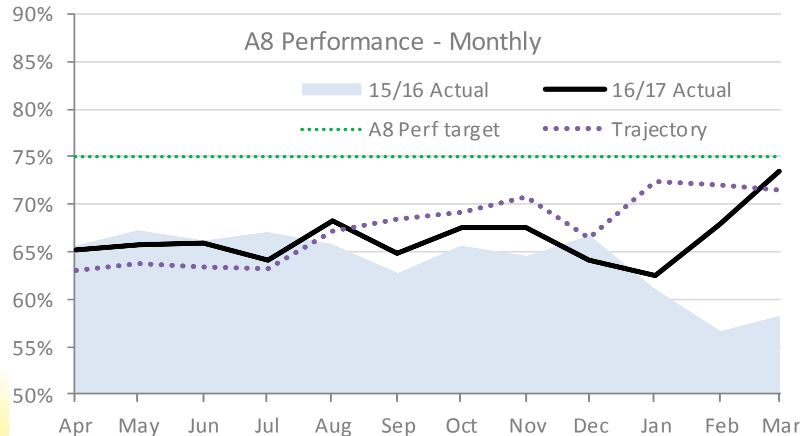
Performance – across London

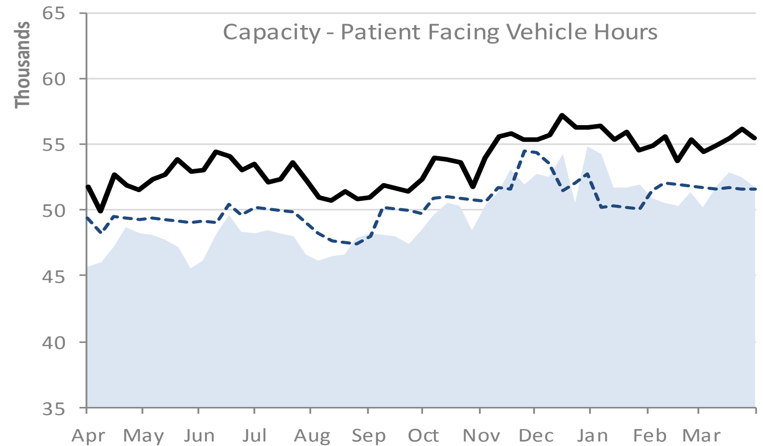
- Performance increased from 59.2% in 2014/15 financial year to 63.3% in 2015/16 financial year for Cat A8 calls (seriously ill and life threatening)
- We've seen improvement in our performance in 2015/16 however this has been challenging to maintain given the unprecedented demand we have been facing
- Cat A8 performance has improved and we are now one of the best performing Ambulance Trusts nationally.

Performance – London YTD Overview









Performance – response to patients NWL

90.0%
80.0%
70.0%
60.0%
50.0%

Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 YTD

- NHS Brent CCG
- NHS Central London (Westminster) CCG
- NHS Ealing CCG
- NHS Hammersmith and Fulham CCG
- NHS Harrow CCG
- NHS Hillingdon CCG
- NHS Hounslow CCG
- NHS West London (Kensington and Chelsea, Queen's Park and Paddington) CCG
- NWL Total
- LAS Total
- Linear (NWL Total)

Performance – working with hospitals

- Emergency Departments (ED) have been particularly busy over winter period
- LAS conveyances to ED's have increased this winter, however, in proportion to number of calls attended this has reduced
- High stakeholder engagement with NWL ED's
- Engagement re ED re-development across NWL
- Daily NWL cluster teleconference
- Review of hospital flow and handover processes

Performance – right care, right response

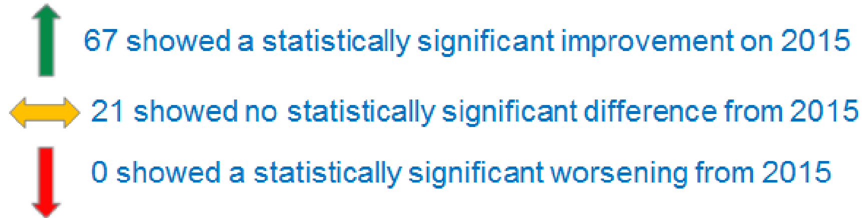
- Working with NWL CCG collaboration 'Demand Management Forum' to improve responses from:

  - Frequent callers – multi disciplinary team reviews and care plans
  - Care / residential homes – ensure appropriate access to the right pre-hospital pathway
  - GP's / Health Care professionals – closer working to meet the needs of both GP and patients
  - 111 – Ensure 111 referrals to LAS are appropriate

- Review of care pathways – with move towards sector standardisation of referral criteria

Our Staff:

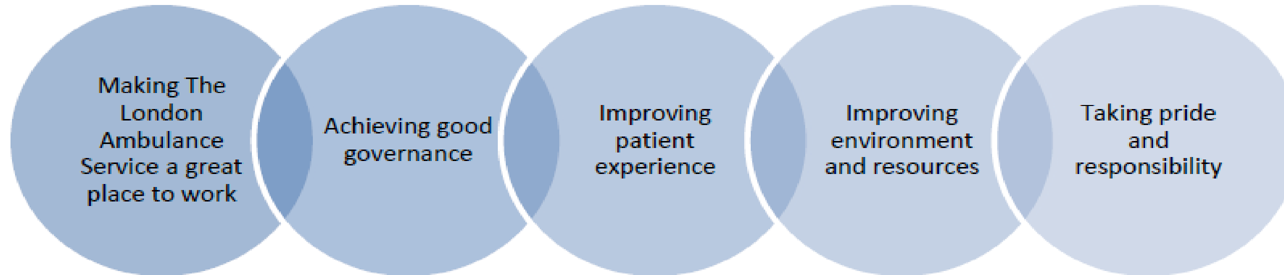
- Improved staffing levels across sector (90%) and Trust (95%)
- Staff survey results



- Appraisals – 78% staff had an appraisal in last 12 months (+40% on previous)
- Key improvements:
  - Appraisals
  - Line manager support and team working
  - Use of patient feedback
  - Incident reporting
  - Training and advocacy

CQC

- CQC visited the trust to undertake a comprehensive inspection of the Service on 7,8,& 9 February 2017
- Previously visited in June 2015- Trust was placed in special measures
- Published our Quality Improvement Plan in Jan 2016, setting out the measures to get us out of special measures



Our rating in 2015

Domain	Rating
Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Inadequate
Overall	INADEQUATE

Safe	
Frontline staff shortages	Equipment
HART team non-compliant	Vehicles
Medicines Management	Incident reporting and learning

Well-led	
Bullying & harassment	Vision and values
No Board Director responsible for medicines	Appraisal and training
Risk registers	BME staff

How we have improved

Strengthened leadership

- New Chairman
- 2 new Non Executives
- 3 New Directors
- Improved committee structure

Increased our frontline capacity through recruitment

Frontline turnover	16% ➡	8%
Frontline vacancies	13% ➡	8%
Paramedic vacancies	28% ➡	10%

Taken action on Bullying and harassment: employing a specialist and speak up Guardian; revising our processes and improving our training so that we address issues and tackle them early

Not experienced harassment, bullying or abuse from managers	
2014/15	2015/16
69%	76%

Improved our systems of Medicines Management

800 new drug packs

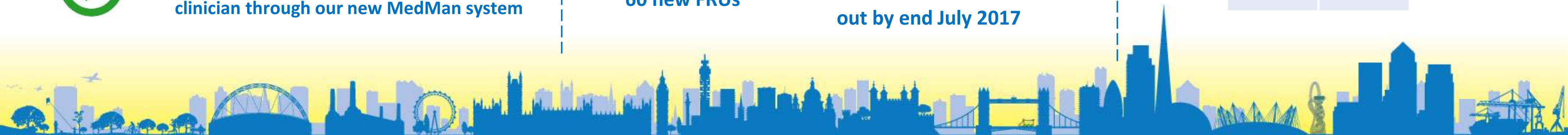
Perfect Ward

We can now track drugs administered to individual patients, and drug usage by clinician through our new MedMan system

Improved vehicles and equipment

60 new FRUs

New make ready service in 5 hubs with full roll out by end July 2017



How we have improved

Resilience – HART

The NHSE annual assurance review resulted in substantial assurance being given to the Trust

Invested £10m in Quality improvement programme and £20m in new vehicles

Introduced a new appraisal system designed in partnership with staff

11% ➡ 75.3%

Restated our vision and Values and built these into our new appraisal system

Care | Clinical Excellence | Commitment

Addressed under reporting of risks and incidents

Introduced Datix web and trained managers in risk which has resulted in a 47% increase in incidents being reported and better quality, up to date risk registers more reflective of local issues and worries

Warning notice to requirement notice

Looking forward

- We are confident that we have demonstrated to the CQC the positive impact over the last year, has made on our clinical care, our capacity and performance and our staff morale and culture.
- We are working to make LAS Great: great for patients; and great for staff
- We are embedding the changes
- We are setting a strategic direction in partnership with our patients/public, commissioners and staff
- Our transformation programme is being created to ensure sustained improvement
- In the face of increasing demand we will deliver an urgent and emergency care service that responds to our patients and STPs needs

London Ambulance Service NHS

NHS Trust

Thank you … any questions?

North West London
Collaboration of
Clinical Commissioning Groups

North West London Accident and Emergency Performance Report for the winter of 2016/17

North West London Joint Health Overview and Scrutiny Committee

20 April 2017

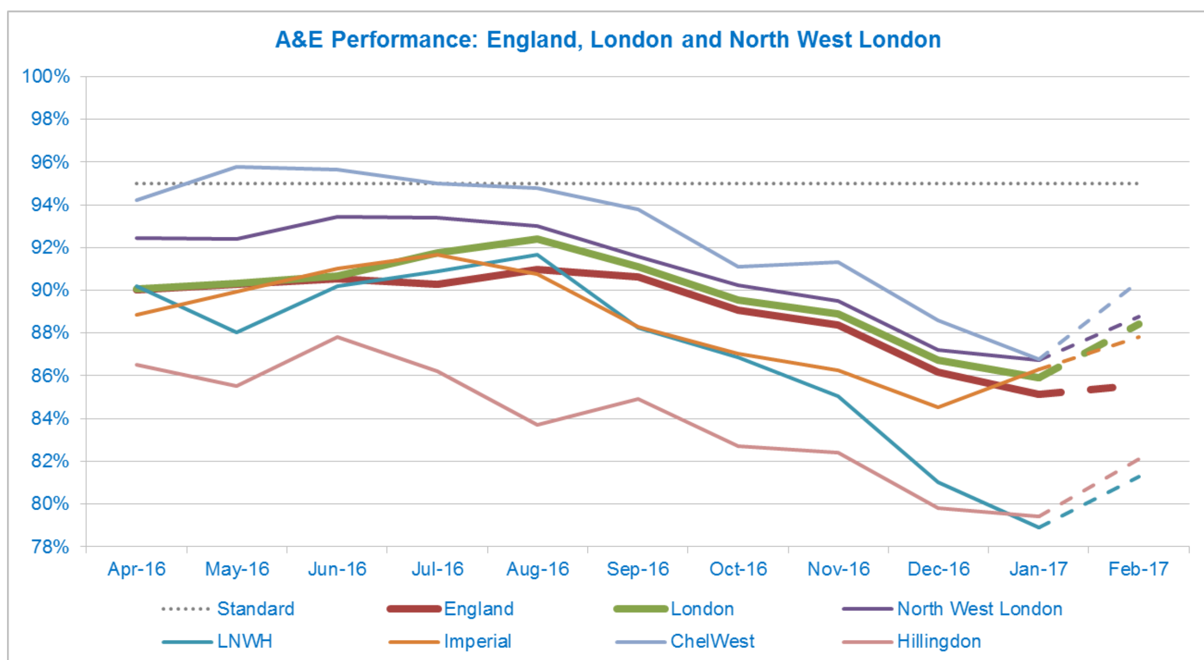
This paper will summarise the performance of our local urgent and emergency care system over the winter of 16/17 and the challenges that London and North West London have faced in delivering the national standard. It will also outline the range of actions planned for 17/18 as part of the NWL Sustainability and Transformation plan to improve the patient experience and recover performance.

1 A&E Performance 17/18

A&E attendance reached the highest ever recorded levels in December 2016 with 1943580 people attending an A&E in England. 15 hospitals nationally achieved the 4 hour A&E target for the year (April 16 – January 2017). No London Trusts delivered 95% 4 hr performance in December 2016 and January 2017.

North West London footprint has achieved A&E performance in line with or better than both London and England as a whole. However, accident and emergency performance across England and North West London during the winter of 16/17 has been lower than the national standard.

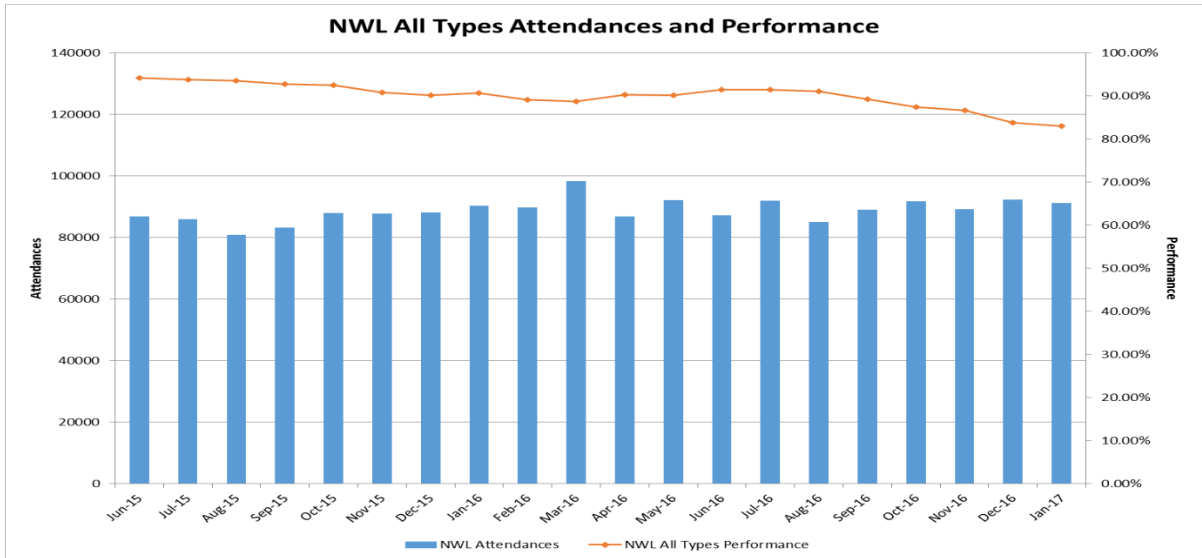
Figure 1 – A&E Performance All Types



1.1 Attendance

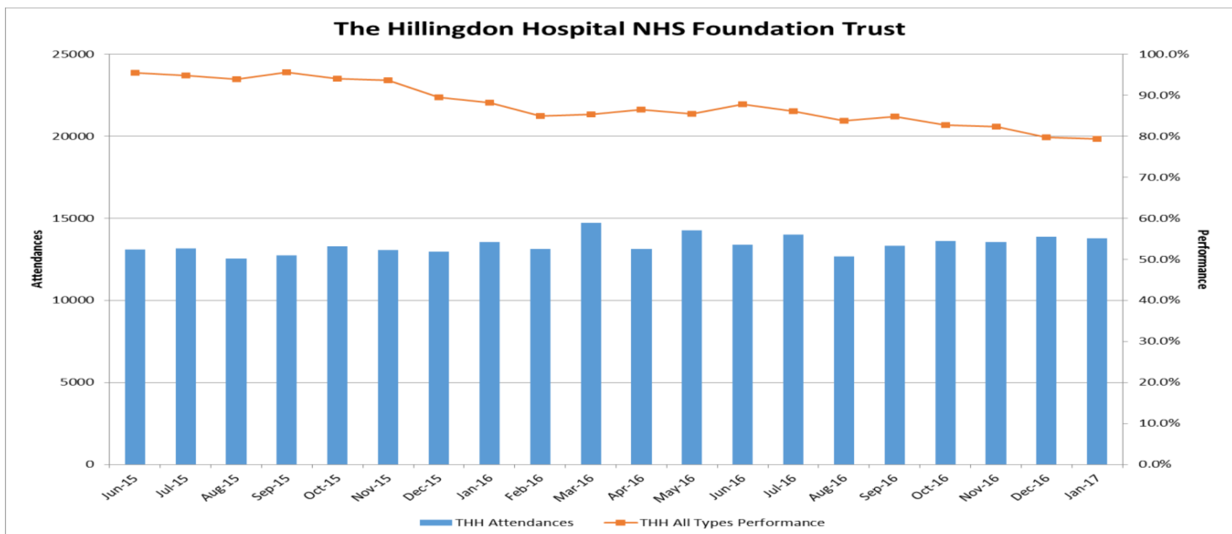
Attendance at North West London A&Es has continued to rise and as the winter progressed performance fell as it did across London and England. Between April 2015 and Jan 2017 there has been a rise of around 18% with Hillingdon having the largest increase of 26% which has been reflected in Hillingdon performance deteriorating during this period.

Figure 2 – NWL Attendance and Performance



Hillingdon Hospitals NHS Foundation Trust has received support from the Emergency Care Improvement Programme during Jan to March 2017 to identify a recovery programme which is currently being implemented. It is of note that the attendances at the Hillingdon Urgent Care Centre (UCC) have also decreased during this period by 34% adding demand to A&E. The service is currently being reviewed with a view to reprocure this service from 18/19 and a £1m capital bid has been submitted to NHS England to provide additional capacity.

Figure 3 – Hillingdon Hospital NHS Foundation Trust Attendance vs. Performance



The rest of this section provides more information about the different types of patient attending A&E in NWL and how there are plans in place through the STP to address these.

1.2 A&E demand from alcohol

Alcohol continues to contribute to A&E demand across North West London with approximately 3000 admissions a month. It is a key area of focus in the North West London STP Improving health and

well-being strategy for 17/18 to support the public to reduce their drinking and the associated health impact. This includes introducing expert teams to identify people in A&E at risk from problem drinking, and connect them with alcohol support services. Figure 4 below shows the number of patients admitted with alcohol as their primary diagnosis through A&E. There is additional demand from those who attend with alcohol related symptoms but are not admitted.

Figure 4 – Alcohol Admissions to Acute Sites by CCG

Year	2015									2016												2017	
CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Brent CCG	380	409	427	463	408	433	406	411	381	349	426	433	399	415	441	456	475	478	429	437	458	408	374
CL CCG	220	201	246	236	219	242	213	231	236	207	228	252	215	249	253	248	267	312	245	285	238	263	247
Ealing CCG	502	496	587	561	517	522	489	534	525	483	515	482	487	553	589	623	608	578	547	569	548	534	479
H&F CCG	266	259	293	323	289	283	325	286	298	321	272	302	289	346	313	313	336	355	311	302	290	299	278
Harrow CCG	238	233	307	284	236	253	272	228	240	255	241	296	262	302	289	342	329	295	261	290	258	273	273
Hillingdon CCG	517	513	551	557	484	563	542	515	509	530	470	489	438	482	478	465	451	476	463	453	444	429	403
Hounslow CCG	432	450	435	444	432	488	483	443	454	472	466	448	404	473	457	488	456	459	541	479	431	379	442
Unknown	1	2	1	5	1	2	3	4	2	1	3	1	2	1	2	1	1	3	2	4	1	1	1
WL CCG	266	291	302	308	288	278	282	284	297	272	244	275	271	267	303	335	343	342	339	326	298	316	317
Grand Total	**2822**	**2854**	**3149**	**3181**	**2874**	**3064**	**3015**	**2936**	**2942**	**2890**	**2865**	**2978**	**2767**	**3088**	**3125**	**3271**	**3266**	**3298**	**3138**	**3145**	**2966**	**2902**	**2814**

1.3 Older People

In addition attendance and admissions to A&E continue to rise amongst the older population (over 65 year olds). This cohort of patients are a focus of the NWL STP (DA3) in particular in regard to including working with care and residential homes across the footprint to ensure primary prevention, to identify patients at risk of admission and working with rapid response teams to support these patients to stay out of hospital. In addition frailty units are planned for all A&E sites to prevent unnecessary admissions to hospital and offer alternatives to admission while improving the quality and experience of older people's care. Roll out of initial components of model are planned in front-runner sites including Northwick Park and Hillingdon Hospital in the first six months of the 17/18.

Figure 5 – A&E Department Attendance by Age Group

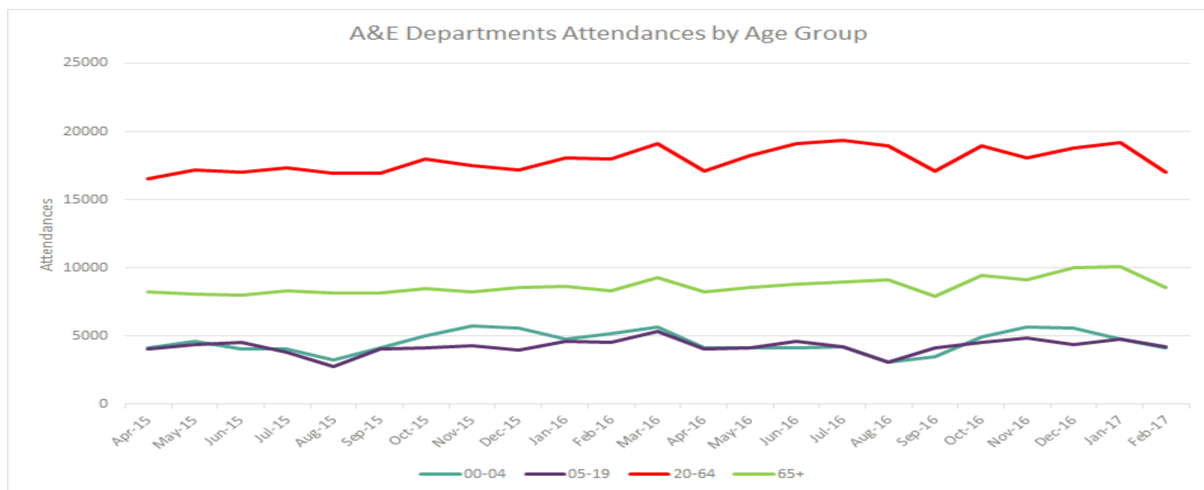
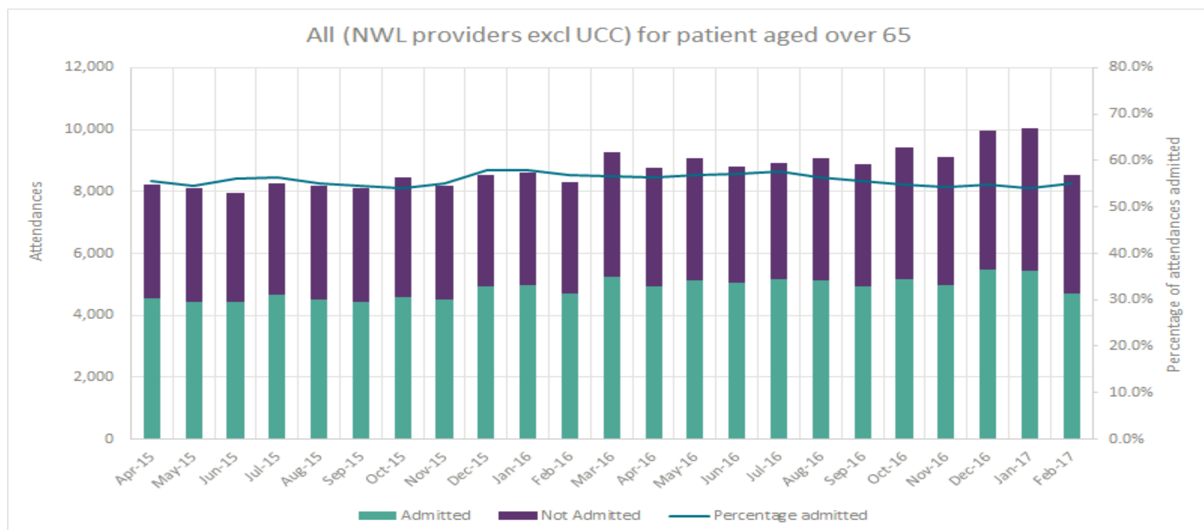


Figure 6 – A&E attendance across NWL by patients over 65



1.4 Delayed Transfers of Care

Delayed transfers of care continue to be a challenge across the NWL A&E footprint and at a NWL footprint are at similar levels in 15-16 in comparison to 16-17. See Figure 9. Bed blocking within the NWL Trusts continues to be a significant contributor to reduced A&E performance due to lack of available beds. At a recent national audit Hillingdon and London North West NHS Trusts were both considered national outliers across both health and social care.

Brent have the highest overall number of social care DTOCs (Appendix A) which is likely a reflection of the borough population. Ealing have seen a steady rise in the social care DTOCs throughout the period.

Additional actions planned for 17/18 include the introduction of discharge to assess and trusted assessor models across all boroughs prior by the end of Q2. This will be delivered through the STP DA2 governance. Availability of nursing home placements for routine and fast track packages; social care housing delays and family delays as part of choosing nursing homes are the causes of the

majority of longer delays. A patient choice protocol has been agreed across NWL and has been implemented in all sites to ensure families have seven days to identify a suitable care facility for their family members once choice is offered.

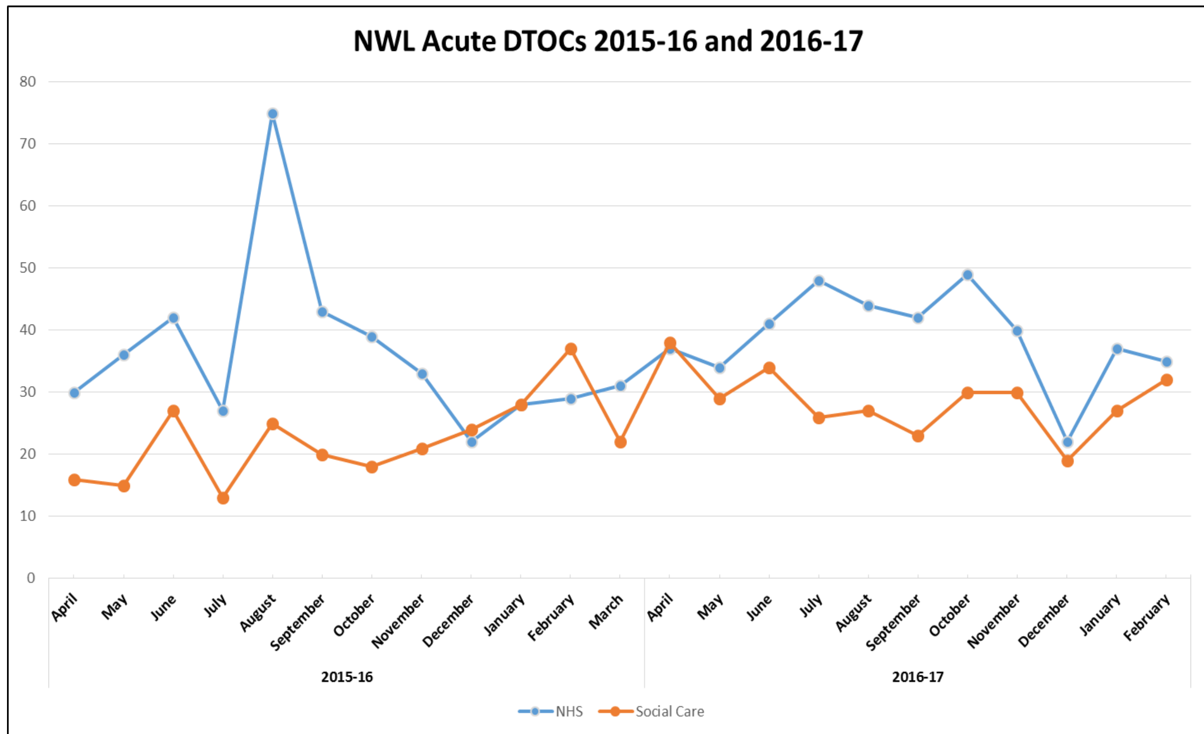


Figure 7 – Delayed Transfers of Care by health and social care

1.5 Mental Health

Admission as a result of a mental health condition continues to challenge our A&Es with over 5000 admissions a month across North West London from May 2016 onwards. Figure 7 below demonstrates the gradual rise throughout the last two years. Again this is a focus of the 17/18 NWL STP delivery plan (DA2 and 4) with the implementation of increased levels of proactive community care for people with serious and long-term mental health needs, improving their physical health and reducing time spent in mental health beds.

Figure 8 – Admission through A&E from Mental Health primary diagnosis

Year	2015									2016													2017	
CCG	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Brent CCG	647	664	703	736	690	701	680	731	711	681	726	745	653	697	782	784	797	767	744	780	778	776	681
CL CCG	410	344	397	465	361	416	405	412	431	403	429	451	417	452	457	453	454	512	458	486	444	462	439
Ealing CCG	817	800	917	891	867	879	875	865	896	875	848	881	849	856	978	1042	1042	1047	964	1015	980	928	882
H&F CCG	420	451	451	486	458	451	511	488	494	508	495	525	511	555	548	557	606	619	610	576	554	575	573
Harrow CCG	457	430	488	539	449	494	490	469	484	497	484	545	499	564	582	612	583	581	547	650	569	655	578
Hillingdon CCG	770	777	816	857	753	753	783	752	745	781	683	718	765	785	781	717	689	750	740	729	700	776	669
Hounslow CCG	676	669	714	694	650	701	738	683	704	710	761	740	730	759	714	774	774	764	855	767	732	723	737
Unknown	2	2	2	6	1	3	4	4	2	1	4	1	2	1	2	2	1	5	2	3	2	1	2
WL CCG	460	514	529	551	491	500	515	516	528	535	495	523	525	513	555	578	613	586	604	596	581	601	576
Grand Total	**4659**	**4651**	**5017**	**5225**	**4720**	**4898**	**5001**	**4920**	**4995**	**4991**	**4925**	**5129**	**4951**	**5182**	**5399**	**5519**	**5559**	**5631**	**5524**	**5602**	**5340**	**5497**	**5137**

1.6 Children

The 'Shaping a Healthier Future (SaHF) programme, led by local clinicians, proposed changes to services in North West London (NW London) that would safeguard high quality care and services for the local population. A clear rationale for reconfiguring the way in which paediatric in-patient care is delivered in NW London was identified as part of a sector wide review. In response to this, SaHF proposed the consolidation of paediatric inpatient services from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay/ambulatory facilities. These changes resulted in the closure of paediatric in-patient services at Ealing Hospital on 30th June 2016 and the safe re-distribution of Ealing paediatric in-patient activity to other major hospital sites in NW London.

As part of the implementation planning and assurance process the following actions were taken to ensure a safe transition of services:

- A&E estates capacity planning for each Trust was based on the proportionate patient flow to that Trust from Ealing based on an overall total 127% of Ealing Hospital 2015/16 activity.
- An additional 27 paediatric inpatient beds were added system wide – of which modelling indicated 15.4 additional beds were needed to meet the additional Ealing patient flows; with another 11.6 added as contingency to support the system.
- Four new Paediatric Assessment Units were launched in major hospitals in NWL aimed at providing a better, higher quality service for all children, including those from Ealing, who through these units have access to senior level decision-making and to prevent the need for admission to an inpatient ward where appropriate.

Robust operational management arrangements were in place throughout the transition across the sector and continue to provide oversight and support as the new model of care embeds.

4hr Paediatric A&E performance across NWL has mostly been similar pre and post closures at Ealing. Where performance continues to be below the national standards a range of actions have been taken.

- Paediatric A&E performance data has been rigorously reviewed and discussed by the NWL Children's Forum (attended by senior clinical paediatric leads from each Trust) between the period April 16 and March 2017.
- Site visits were undertaken on 20 December with Dr Susan LaBrooy (SaHF Medical Director) and Dr Abbas Khakoo (SaHF clinical SRO – paediatrics hospital change programme) to the West Middlesex and Northwick Park departments to review patient flows and support improving A&E performance.
- Letters were sent on 13 December from Clare Parker (SaHF SRO) to Trusts to request a focus on addressing poor paediatric A&E performance; all sites have subsequently submitted their paediatric A&E performance improvement action plans. These have been reviewed and challenged by NWL Children's Forum and SaHF Programme Executive.
- To support addressing performance issues moving forwards as part of Business as Usual functions, data is being shared with local A&E Delivery Boards to support mainstreaming paediatrics A&E performance management. This will continue to be addressed locally during Q1 and Q2 to support delivery during the winter of 17/18.

Actual Paediatric A&E activity from Ealing residents since the transition of services from Ealing Hospital in June 2016 has generally been within the modelling done as part of the implementation planning process (as referenced above). The exception to this is the department at Hillingdon Hospital which has received marginally higher activity that was modelled for. This has not however impacted on the 4hr performance of Hillingdon Hospital Paediatric A&E with the Trust performing significantly better than the previous year throughout

2. Plans for 17/18 to support A&E performance

In addition to those activities identified the following programmes of work are underway either across the NWL area or at local A&E delivery board areas.

2.1 Primary Care Extended Hours

Primary Care Extended Hours have been introduced across all Boroughs enabling patients to access a GP appointment 8am – 8 pm 7 days a week. This will enable patients to both better manage routine requirements and improve the management of long term conditions, with the aim of reducing acute exacerbations resulting in A&E attendances, as well as enabling additional face to face appointments for urgent needs.

Figure 9 – Implementation of Primary Care Extended Hours across NWL by CCG

	Access Standards Implemented						
CCG	8-8 Mon - Fri	8-8 Weekends	Offer pre-bookable and same day appointments	Open to all patients	Access to medical records	Accessible via multiple routes	Full Access specification
Brent	01-Jan	31-Mar	01-Jan	31-Mar	31-Mar	01-Jan(not on-line)	31-Mar
Central	13-Mar	13-Mar	13-Mar	13-Mar	13-Mar	13-Mar (not on-line)	13-Mar
Ealing	20-Mar	20-Mar	20-Mar	20-Mar	20-Mar	20-Mar(not on-line)	20-Mar
Harrow	31-Mar	31-Mar	31-Mar	31-Mar	31-Mar	31-Mar (not on-line)	31-Mar
H&F	31-Jan	31-Mar	31-Jan	31-Jan	31-Jan	31-Mar (not on-line)	31-Mar
Hillingdon	31-Jan	31-Mar	31-Jan	31-Jan	31-Jan	31-Jan (not on-line)	31-Mar
Hounslow	31-Mar	31-Mar	31-Mar	31-Mar	31-Jan	31-Jan (not on-line)	31-Mar
West	02-May ('16)	31-Mar	02-May ('16)	02-May ('16)	02-May ('16)	02-May 16(not on-line)	31-Mar

2.2 Care Home Support (STP DA3 17/18 deliverable)

Additional clinical support will be made available to care home and residential staff during 17/18 to enable staff to speak directly with a clinician in and out of hours, including a video-conferencing option, to support and enable primary and rapid response support reducing conveyance to A&E.

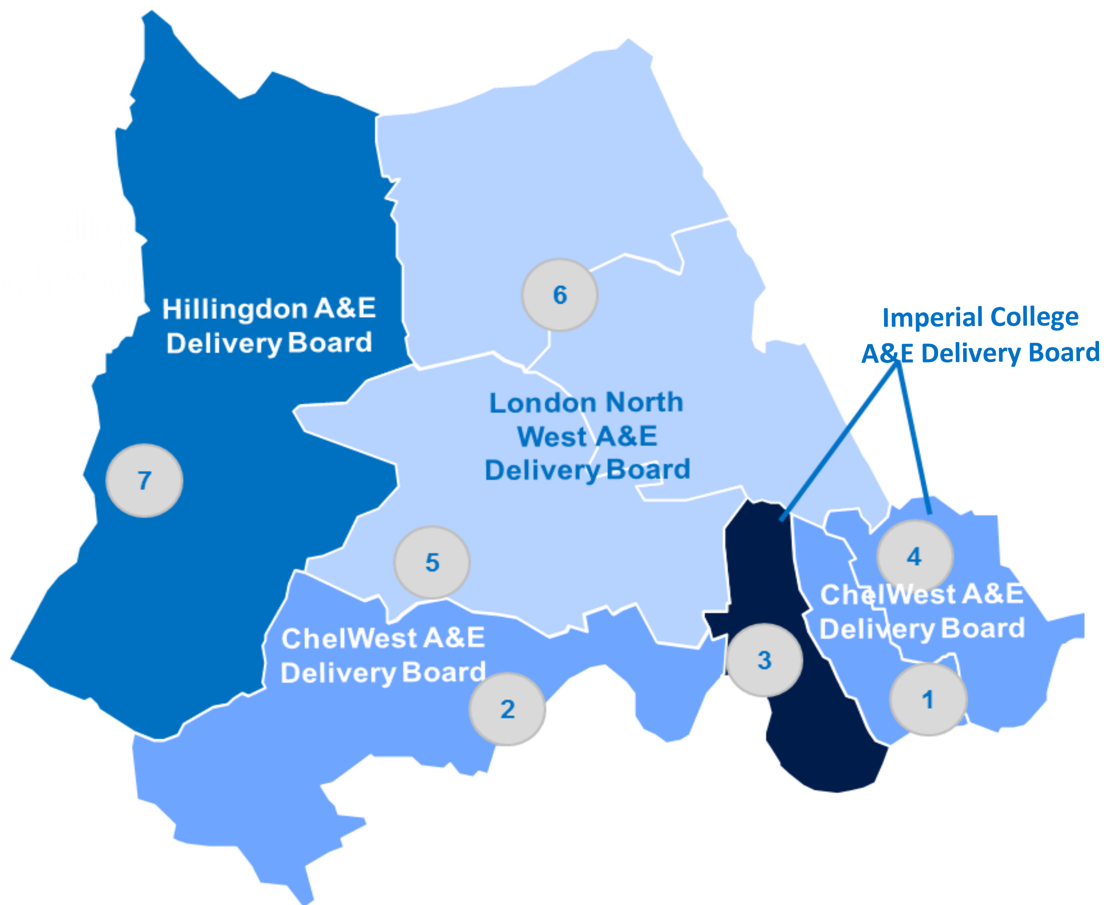
2.3 111

The 111 providers in NWL continue to perform amongst the best of the providers nationally. Additional plans for 17/18 include provision of additional support to ambulance crews to provide more detailed information on a patient's condition and care plan to reduce conveyance and the pharmacy hub to manage medicine enquiries encouraging improved medicine compliance and self-management.

2.3 A&E Boards and local trajectories

North West London is divided into 4 A&E delivery boards bringing together the Trust, local borough services, CCGs and local community and mental health services to support improved A&E performance.

Figure 10 – A&E Board Configuration in North West London



No.	Site	Trust	MH Trust
1	Chelsea and Westminster Hospital	Chelsea and Westminster Hospital NHS Foundation Trust	Central and North West London NHS Foundation Trust
2	West Middlesex University Hospital		West London Mental Health NHS Trust
3	Charing Cross Hospital	Imperial College Healthcare NHS Trust	West London Mental Health NHS Trust
4	St Mary's Hospital		Central and North West London NHS Foundation Trust
5	Ealing Hospital	London North West Healthcare NHS Trust	West London Mental Health NHS Trust
6	Northwick Park Hospital		Central and North West London NHS Foundation Trust
7	Hillingdon Hospital	The Hillingdon Hospitals NHS Foundation Trust	Central and North West London NHS Foundation Trust

A&E trajectories have been agreed with each of our A&E delivery boards incorporating demographic and non-demographic growth as well as planned reductions in activity as a result of programmes outlined in this paper. All Trusts plan to deliver the national standard by March 2018 with the exception of London North West NHS Hospitals Trust.

Figure 11 – A&E Performance Trajectory by A&E Delivery Board

Trust	Trajectory	Apr-17	May-17	June-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ChelWest	CCG	94.5%	96.0%	95.9%	95.5%	95.3%	94.1%	92.1%	92.2%	90.1%	90.0%	92.1%	95.0%
	Trust	94.5%	96.0%	95.9%	95.5%	95.3%	94.1%	92.1%	92.2%	90.1%	90.0%	92.1%	95.0%
Hillingdon	CCG	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
	Trust	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
Imperial	CCG	89.7%	93.3%	94.2%	94.2%	93.0%	92.9%	91.8%	91.0%	89.0%	89.4%	91.1%	95.2%
	Trust	89.7%	93.3%	94.2%	94.2%	93.0%	92.9%	91.8%	91.0%	89.0%	89.4%	91.1%	95.1%
LNWH	CCG	83.5%	86.4%	90.6%	90.7%	91.4%	90.5%	90.2%	88.3%	86.8%	88.0%	90.9%	92.9%
	Trust	82.4%	83.2%	84.4%	86.5%	88.3%	87.1%	86.3%	84.9%	83.5%	84.1%	86.2%	88.2%

Below is a summary of the key actions each Board plans to implement to support delivery.

2.3.1 Chelsea and Westminster A&E Board

- Programme across both sites to expedite discharges before noon in place, “2 before 12:00”. “Red to green” role out on both sites following pilot. This scheme aims to identify and tackle any delays which lead to a patient being in hospital for longer than they need with full implementation by the end of March 2017.
- Physical expansion of A&E on both sites which has provided an additional 10 majors bays in West Midd and refurbishment of the Trust assessment and waiting areas that was completed in January. Six chairs now in place to facilitate “see and treat” within the A&E department.
- New paediatrics area opened in Feb 17 on West Midd site and is expected to improve flow.
- Review underway of current acute frailty model across both sites with the plan to implement the model with the best local outcomes.
- Two additional senior nurses recruited and training programme in place for the wider nursing team on West Midd site. Additional SHO in place to support late surges in activity and on-call overnight. Additional acute medicine consultant cover at weekends for both sites alongside additional discharge support at medical registrar level. Review of senior medical staff on weekend underway.
- Separate reception for ambulances, with two triage areas at the front door to speed up LAS handover at West Midd
- Daily tracking of medically optimised patients and DTOCs to commence in March, to improve discharge process.

- Revised pathway for surgical patients with the aim to expedite assessment within the SAU. Trust opened gynaecological assessment unit (12 beds on ChelWest site) in March, to improve the patient pathway and release acute bed provision. It will be also be used for the electives pathway.

- Improved discharge processes in place with daily tracking of medically optimised patients and DTOCs. Whole system workshop in place to discuss how continuing health care screenings and assessments can be undertaking outside of acute settings.

2.3.2 **London North West Hospitals A&E Board**

- Improving acute flow as part of Length of Stay programme and Trust working with ECIP to improve A&E processes across sites.

- Improved 'Whiteboard' information system to support day discharges, co-ordination and escalation. Patient journeys including discharge dates are tracked.

- Daily Trust wide meetings at 08:30 led by senior manager with ambulatory care, STARRS and medicine to identify rapid actions and reduce length of stay.

- Active Trust wide A&E recruitment plan remains in place with 5 new appointments during M9 and M10 and schemes being developed in place to attract overseas recruitment. Two middle grade doctors commenced employment in M11 and three will start in M1 (17/18).

Northwick (NPH)

- ITU move from Central Middlesex to NPH now completed with the planned increase of thirteen ITU beds at NPH with nine currently opened.

- Increased senior management presence in A&E through rota changes, additional staff deployed during pressure periods to improve 4 hour performance and overnight to assist with long waits, dedicated nurse to assist with LAS flow.

- Re-instated observation unit chairs to Carrol Ward (6) to improve flow (previously a bedded bay due to pressures).

- Changes made to front-end assessment model (performed by medical doctors) following review of trial process in M10. Expected to speed up pathway for non-admitted patients. Additional doctor in place (1400-2200) from M11 to improve time to assess for patients queuing.

- Additional management and discharge support in place during weekends, discharge lounge continued to remain open during weekends.

- Additional bed management meetings with a revised structure with a clinical focus and senior support.

- Full capacity protocol draft completed to be implemented in M11.

- Ambulatory care continued to accept surgical speciality patients with dedicated clinics.

Ealing

- Ambulatory care co-located with A&E to provide increased capacity and resilience during pressure surges. Pathway under review with the aim to direct referrals from UCC direct to ambulatory care.
- Continuing to resource discharge registrars on weekends to assist with discharges.
- Additional capacity at EH used for pathway patients at NPH to assist with demand management.
- Additional medical staff to extend opening hours of RAPID area at both sites to speed up senior decision making. RAPID involves early access of community beds for admission avoidance
- Criteria led discharge implemented at weekends to enable decisions by any member of the clinical team.

2.3.3 **Hillingdon A&E board**

- Whole system review underway with the Trust, CCG, ECIP, NHSE and NHSI with recommendations published. 2017/18 performance trajectory agreed with CCG and THH as part of STF process. CCGs will have further discussion with the Trust in line with the new national guidance requiring achievement of the 95% standard by at least March 2018.
- Edmunds ward at Mount Vernon became fully operational in M11 and provides an additional 16 beds. It is currently being used for DTOC patients and is expected to increase flow through Acute Medical Unit (AMU) and aid A&E throughput
- Clinical decision making unit (CDU) opened with 7 beds and 5 step down chairs used from 08:00 to 20:00 to improve flow within A&E readmission avoidance through introduction of clinical standard operating procedures for CDU and respiratory outreach.
- Four trolleys have been opened on Surgical Assessment Unit (SAU) to provide rapid assessment of surgical patients. SAU and AMU to be co-located from M12 to further improve A&E flow.
- Ambulatory clinics (X4) running on weekends within the acute medical unit, referral pathway patients sent to GP to reduce pressures within A&E.
- Additional A&E consultant to be recruited by April 2017. Review and redesign of consultant rotas to provide 08:00 to 00:00 cover 7 days a week.
- Increase in nursing staffing establishment to 15 and additional middle grade doctors on twilight shift from Wed-Sat nights in M11 to assist with capacity management.
- Care of the elderly consultant in A&E Mon-Fri to assist with admission avoidance. Stakeholders meeting every 2 weeks to discuss frequent attendance to A&E.

- Trust trialling new segmentation approach for streaming in A&E in M11 with the aim of addressing top breach reason (wait for first clinician). Early A&E First Assessment (EFAM) hours extended to 22:00 and expected to improve LAS flow and availability of A&E majors.
- Care homes able to access rapid response directly. Rapid Response now located in A&E.
- CCG, LA and THH working together to further develop discharge to assess (D2A) pathway, to improve continuing healthcare processes and increase integration with social care. Daily DTOC/MO meeting in place.
- On track to deliver ECIP identified LAS handover improvements with a dedicated ambulance assessment area in place.

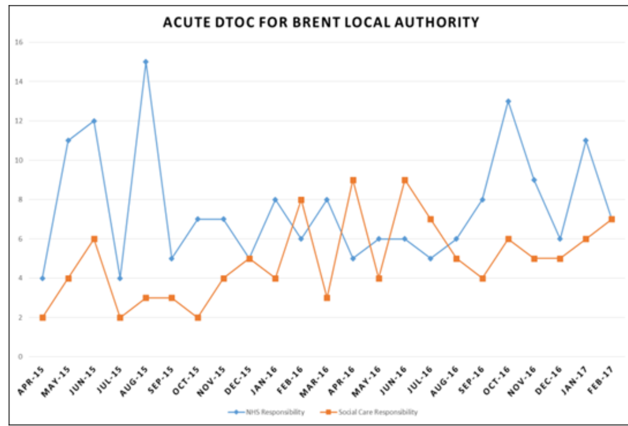
2.3.4 **Imperial A&E Board**

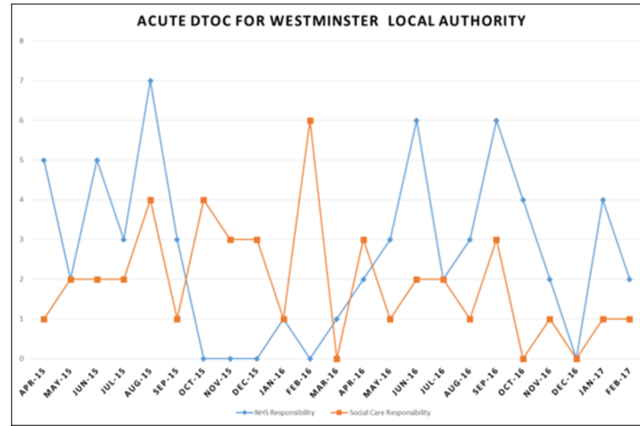
- Reviewing alignment of inpatient capacity to meet demand.
- Rapid assessment area opens at SMH in March 2017 and is expected to improve process for DTOCs.
- Opened acute assessment unit (9 spaces) at CXH from January 2017 and the formation of a single 35-bed acute admissions ward on the ground floor of the hospital in November 2016. On-going review of model of care to improve and maximise effectiveness
- 12 bedded surgical assessment unit opened in January 2017 at SMH, currently at 50% capacity. Trust recruiting nurses to enable full capacity.
- A&E department undergoing a full refurbishment at SMH due for completion in May 2017
- Medical capacity at Hammersmith being used to support SMH via accepted pathway (care of elderly, renal, infectious diseases and cardiology).
- Increased staffing across both sites until midnight, and rapid nurse assessment model to go live in Mar 17. Additional SpR added to acute team over the weekend to assist with discharges. Additional staff (medical and discharge support) added at peak pressure points.
- Extended ambulatory care pathway (AEC) now open to 10:00pm on both sites.
- Escalation capacity identified on both sites to support resilience over the weekend (X14 SMH, X6 CXH). CXH will also utilise private capacity if required.
- Full capacity protocol in place that ensures senior representation for capacity conference calls and prioritises actions e.g. cancelling elective.
- CCG supporting expediting DTOCs, medically optimised (MOs) and review of repatriation escalation process.
- Review in March 17 of the first six months of PATCH (Providing Assessment & Treatment to Children at Home). PATCH is a 12 month pilot service that started in September 16. Paediatric A&E aiming to secure funding to implement this model in Sept 17

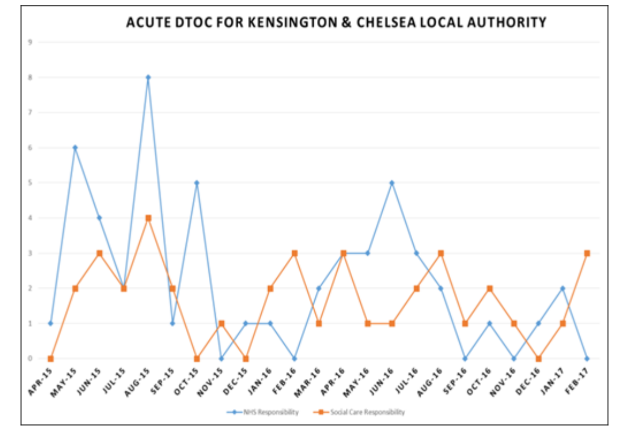
3 Conclusion

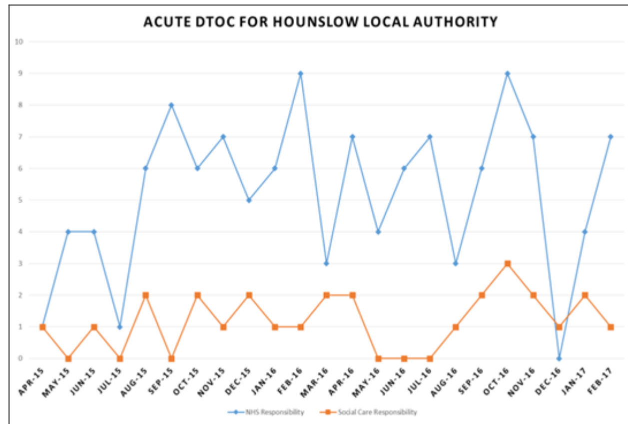
North West London footprint continues to achieve A&E performance in line with or better than both London and England although it has not met the nation standards consistently during 16/17. The North West London health and social care system have a range of targeted programmes underway, through the sustainability and transformation plan, to reduce attendance and admission and recover performance to the national standard.

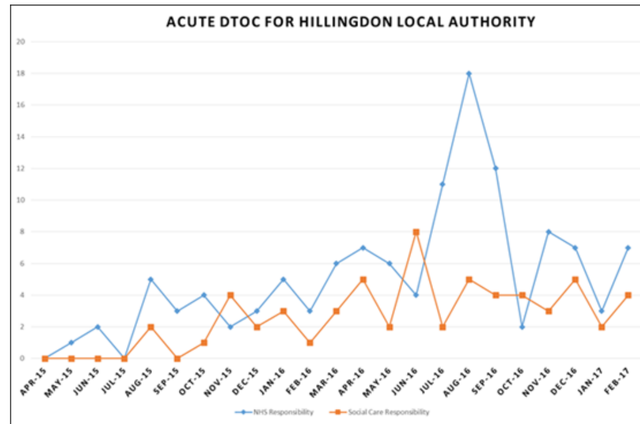
Appendix A

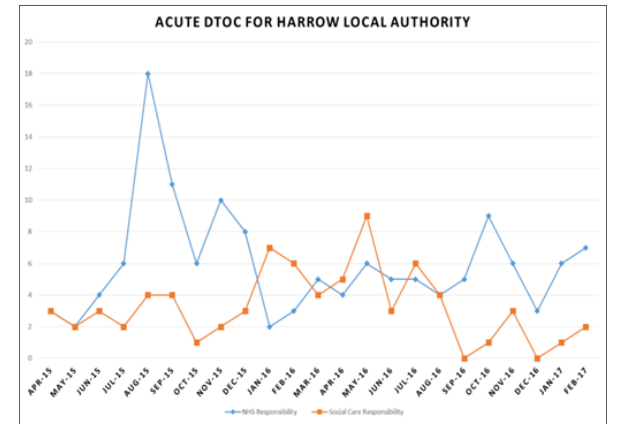


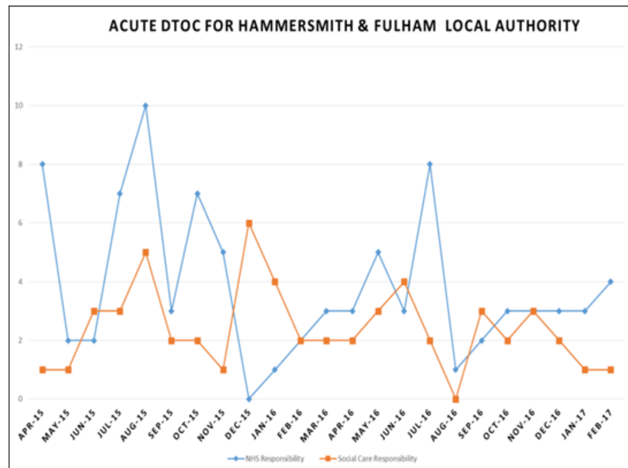


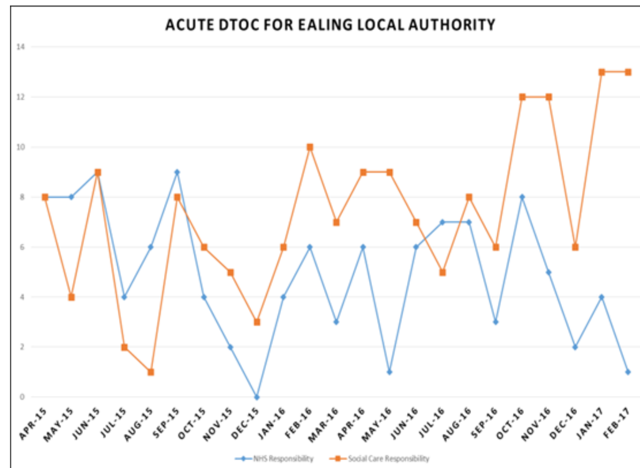












NHS North West London Collaboration of CCGs

April 20 2017

North West London Joint Health Overview and Scrutiny Committee

20 April 2017

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1. Overview *(slide 3)*
2. Our successes *(slides 4-10)*
3. Our plans for greater progress *(slide 11)*
4. Conclusion *(slide 12)*
5. Any questions? *(slide 13)*

Recruitment and retention challenges for the NHS in North West London are well-known

- The right skills take time to develop yet demand is rising quickly.
- Nurses dropping out of their courses.
- The role of GPs is changing which some will relish but some will not.
- North West London is a fantastic place to work and live but it can be expensive.

Transforming our workforce

- As we transform services, our workforce will change too.
- Seven day working presents challenges and opportunities alike.
- New and/or changed roles may be created such as Physician's Associates and Care Navigators.
- Significant investment into Dementia, Community and Neonatal Nursing, Apprentices and the bands 1-4 workforce.
- Optimising GPs' time by understanding how we can develop the primary care workforce (including practice manager development) to redeploy GP workload where possible.
- Day of Care Audit.
- Supporting self-care through use of patient activation measurements and Health Coaching training to support staff.
- We have run some inventive pilots with positive results so far.

What have we achieved already?

- ✓ £60m reduction in agency spend in the 10 trusts in NW London compared with 15-16
- ✓ 7 new paediatric consultant posts funded and recruited to deliver a full resident consultant model of care in Hillingdon
- ✓ 46 practice nurses have been supported through their revalidation to improve nurse retention
- ✓ 160 clinicians and carers from across NW London that have been trained in health coaching to better support patients and service users to better manage their own conditions
- ✓ 14 clinicians trained to deliver health coach training to others to embed health coaching in NW London and make this programme sustainable
- ✓ 36 NW London GPs funded to gain a mental health diploma to improve capacity and capability in primary care
- ✓ 95% GP training places filled in NW London helping to ensure that we have a supply of high quality GPs trained locally
- ✓ 328 experienced paramedics have taken up the offer of CPD bursaries which has aided in the retention of experienced staff
- ✓ 60 paediatric nurses appointed across NW London to support the implementation of paediatric assessment units and the safe transfer of services from Ealing

Seven day working pilots

- As part of Wave 1 of these pilots, North West London Collaboration of CCGs, our acute trusts, and Health Education England NW London (HEE NWL) have together developed a new "inpatient model of care" to successfully deliver seven day working. This model works by better targeting our resources where they are most needed.
- North West London CCGs has been given additional resource from HEE NWL to take forward the learnings with Wave 2 on additional pilot sites.
- Senior clinical input (not necessarily a consultant) is needed seven days a week.
- Trusts already having some success with schemes like Red to Green Days, and Discharge to Assess.
- Clinicians in North West London enthusiastic about and committed to piloting these new models of acute care.
- Our pilots are evaluated entirely on clinical outcomes, always driven by the goal of practical quality improvement.

Seven day working: pilots

Pilot one: St Mary's Trauma & Orthopaedics £20k six week pilot

- Extended ortho-geriatrician cover to weekends to manage patients who are frail with multiple medical conditions, complimented by additional physiotherapy and occupational therapy, as well as trauma coordinator and discharge coordinator cover on weekends.
- 13% reduction in length of stay on wards
- 16% reduction compared against the same period in 2015
- 69% reduction in resource occupied by patients who are 'medically fit' for discharge but remain in hospital (baseline average of 25 medically fit bed days per week vs. 8 days during the pilot)
- 79% reduction resource occupied by patients 'functionally fit' for discharge but remain in hospital (baseline average of 20 functionally fit bed days per week vs. 4 days during the pilot)

A consultant ortho-geriatrician: "My team plays an important role in optimising these patients for surgery, so there are no delays to theatre or recovery".

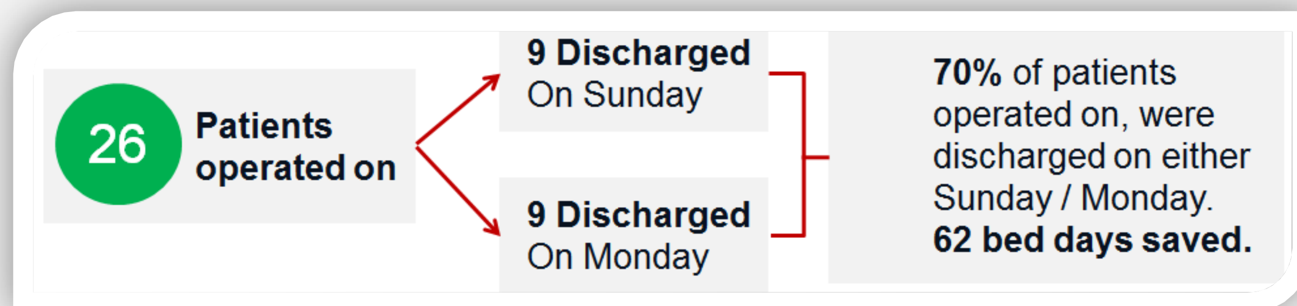
A consultant orthopaedic surgeon: "Ortho physician was extremely helpful. We had NOFs and other admissions over the weekend that needed ortho-physician input… Made a lot of difference having someone around who could sort it out."

A therapist said: "This pilot has had a significant impact on the service we provide on weekends, as well as weekdays."

Seven day working: pilots

Pilot two: St Mary's Sunday Plastic Trauma list £23k six week pilot

- Created a 'Sunday plastic trauma surgical list' to manage emergency patients who require plastic surgery over the weekend.
- The list works by enabling a greater number of discharges, fewer complications owing to delayed surgery, more streamlined care, and speedier release of acute beds.
- These patients would otherwise be competing against major traumas to get on the NCEPOD list (which results in patients waiting over the weekend for surgery).



Consultant orthopaedic surgeons said:
"The list took pressure of the trauma and CEPOD lists, allowing us to get more done. If there was funding, I'd like to see this list continue."

Seven day working: pilots

Pilot three: Hillingdon Acute Care of Elderly Ward pilot £40k six week pilot

- Introduced consultant-led board rounds seven days a week.
- Introduced a consultant review for all Category 1 patients daily.
- Introduced seven day therapy cover, supported by increased pharmacy input and a patient flow coordinator Monday to Friday.
- In spite of unprecedented winter pressures, the pilot achieved a 12% reduction in length of stay on wards.
- 31% reduction in resources occupied by patients who are 'medically fit' for discharge but remain in hospital.
- A reduction in 28 day readmission rate: Baseline readmission rate is – 34%, and the pilot readmission rate is – 26%.
- Prior to the pilot starting, September to November data shows that LOS in Geriatric Medicine is 13% higher this year compared to the same time last year.

Ward sister said: "It makes a huge difference to have a doctor here 7 days a week. There is better escalation when things have changed than with an on-call doctor."

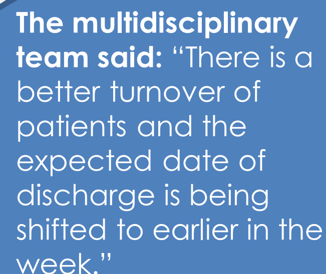
A therapist said: "Patients are seen at the weekend, helping their progression, and speeding up the discharge process."

The multidisciplinary team said: "There is a better turnover of patients and the expected date of discharge is being shifted to earlier in the week."

Seven day working: pilots

Pilot four: Hillingdon Orthopaedics pilot £40k five week pilot

- Introduced consultant-led board rounds seven days a week.
- Introduced a consultant review for all Category 1 patients daily.
- Introduced seven day therapy cover, supported by increased pharmacy input and a patient flow coordinator Monday to Friday.
- In spite of unprecedented winter pressures, the pilot achieved a 12% reduction in length of stay on wards.
- Prior to the pilot starting, September to November data shows that LOS in Geriatric Medicine is 13% higher this year compared to the same time last year.



Primary care

Case study one

Cuckoo Lane Surgery

- CQC rated 'outstanding'
- Excellent patient feedback
- A nurse-led practice run by two directors (both nurses), unlike usual GP partner-led model.
- Patients are allocated a named GP but are able to book appointments with any available clinician who is suitable.
- Offers a full GP service with high standards e.g. treats all patients quickly, professionally, and in confidence.
- All staff wear name badges and identify themselves on the telephone.

Case study two

Brook Green Medical Centre

- Patient seen by a nurse first.
- GPs available where escalation needed.
- Patient feedback mixed at first but now extremely positive.
- Practice nurse can discuss the case with the GP then come back to the patient.
- Some patients seen by pharmacists, Health Care Assistants or Patient Champions.
- Flexible and responsive to patient needs.
- More effective use of resources – GPs can focus on patients who really need their skills, and all patients get seen faster.

Workforce strategy

- Make use of Skype or other technology for online appointments where safe and practical.
- Pan-London placement management and workforce development programme for paramedics with an investment of over £1.5m.
- Improving recruitment and retention including through stakeholder engagement.
- Scale recruitment drives; emphasise benefits of working in North West London.
- Development of varied and structured career pathways and opportunities to taper retirement.
- Skills exchange programmes between nurses across different care settings.
- Promoting careers in primary care by providing student training placements across professions to introduce this setting as a viable and attractive career option.
- A structured rotation programme to support 200 nurses to work across primary and secondary care (including key areas such as mental health and care of the elderly).
- Collaborative working between trusts expected to reduce reliance on agency nurses (current spend: £172m pa on bank/agency)

Working together is key

- Recruitment of partner GPs is still a challenge but recruitment of salaried GPs is positive.
- Not only about numbers of staff but about having the right people in the right places, doing what impacts patient outcomes the most.
- Exciting opportunity for GPs to work differently e.g. follow more balanced working hours and shift patterns.
- Opportunities for nurses to play a bigger role and GPs to focus resource where needed.
- We have made significant investments already and are making the case for more.
- Our pilots have been very successful and have the support of staff.
- We have been given more HEE NWL funding for Wave 2 of the pilots across new sites.
- Collaborative working in key, not only between NHS organisations but also with councils and the third sector.
- Negative messaging in the media for example about the future of some of our sites can have an impact on morale.

Any questions?

North West London
Collaboration of
Clinical Commissioning Groups

North West London Workforce Development

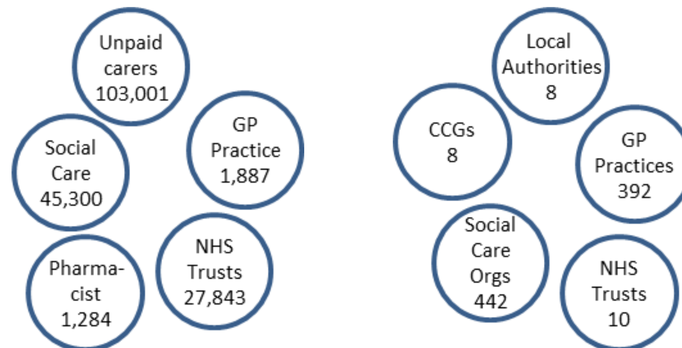
North West London Joint Health Overview and Scrutiny Committee

20 April 2017

Introduction

The NHS in NW London needs a modern workforce able to meet the needs of our patients and residents, and which has the flexibility to adapt to recent and future changes in the way health and social care is delivered.

There are over 75,000 health and social care staff employed across NWL – the majority work in social care services. There are more than 100,000 unpaid carers supporting our population; there are also large numbers of community pharmacists.



The staff employed across NWL work in hundreds of separate organisations, these are often small employers in the case of social care and GP practices

Recruitment is a key issue for employers in NW London, social care employers face particular challenges with around 16% vacancy rates for professional roles such as social workers and nurses. Turnover rates are also a challenge and have been rising in recent years, with the current turnover rate at over 15% for NHS trusts. Primary care faces a significant challenge with over 40% of GPs in NW London over the age of 50.

These workforce challenges, such as recruitment and retention, are a national issue. To address this in NW London changes have been implemented, such as the reconfiguration of emergency, maternity and paediatric services in 2014-2016, which have directly addressed workforce shortages, in addition to delivering better patient outcomes and experience.

Other targeted work and trials are currently underway to attract, develop and retain professional groups including new ways of working. Underpinning this work is a five year workforce strategy which is being developed with national colleagues and increasingly with local authorities, to ensure a safe supply of healthcare professionals with the right support, skill mix and leadership to adapt to new ways of working.

The briefing includes the latest version of the five year workforce transformation strategy, and further information on specific challenges, progress and plans to provide a modern, high quality and sustainable NHS workforce for NW London.

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Summary of the North West London Workforce Transformation Strategic Plan

A full copy of the NW London Workforce Transformation Strategic Plan 2016-2021 is attached as Appendix 1.

The five-year workforce transformation strategy comprehensively addresses a number of challenges, from long-standing difficulties in ensuring a safe supply of healthcare professionals to the complex tasks of supporting new models of care that rely on new ways of working using a change in skill mix and a change in leadership and culture.

Whilst workforce planning and educational support for secondary healthcare has been well supported over the years, this workforce strategy places a strong emphasis on primary and integrated care and tackles fundamental problems of workforce planning for social care.

The workforce strategy is being implemented under the joint leadership of Health Education England (HEE) North West London and CCG Collaborative, Strategy and Transformation Team (S&T) working as a unified team within a newly designed governance structure

The NWL workforce strategy is centred on four workforce priorities that cut across all five of the Sustainability and Transformation Plan delivery areas. These are:

- **Workforce planning and addressing workforce shortages**

Effective workforce planning is essential for securing our future workforce; it underpins all workforce interventions and investment, cutting across all STP delivery areas.

- **Recruitment and retention**

Improvements in recruitment and retention across health and social care will be critical to closing the financial gap and addressing workforce shortages. Economic modelling in London and the south east shows £100.7 million could be saved in the next 10 years by retaining new staff for 1 extra year. Recruitment and retention issues lead to excessive use of bank and agency staff costing £172m. Recruitment and retention is a core workforce theme that cuts across all STP delivery areas.

- **Workforce transformation to support new ways of working**

Workforce development and transformation to support new ways of working is pivotal to the delivery of the STP and cuts across all service delivery areas. Increasing demand for health and social care services under growing financial constraints means that maximising the effectiveness of the existing workforce and utilising new ways of working are key priorities

- **Leadership and Organisational Development (OD)**

As the intensity and depth of change required increases, sophisticated systems leadership is needed to lead across health and social care and across organisational boundaries. Organisational Development will be needed at all levels of the workforce; drawing on change management and quality improvement methodology to support staff to work in new ways, with new partners in potentially new settings.

Examples of progress with addressing workforce challenges in NW London

The development of the STP in NW London provides an opportunity to improve collaborative working to support the workforce. This will build on progress already made within NW London. The sector has made improvement is addressing particular challenges over the last few years in particular in long standing recruitment and retention challenges

- **seven new paediatric consultant posts** funded and recruited to deliver a full resident consultant model of care in Hillingdon
- **60 extra paediatric nurses appointed** across NW London to support the implementation of paediatric assessment units and the safe transfer of services from Ealing
- **100 new midwives recruited** to support the reconfiguration on NW London's maternity services
- **95% of GP training places filled** in NW London helping to ensure a supply of high quality GPs trained locally. This compares favourably with the national rate of 89%.
- **46 practice nurses** in that have been supported through their revalidation to improve nurse retention
- **328 experienced paramedics** have taken up the offer of CPD bursaries which has aided in the retention of experienced staff

There has also been progress in supporting staff and carers to develop their roles to deliver the service transformation the STP requires

- **160 clinicians and carers** from across NW London have been trained in health coaching to better support patients and service users to manage their own conditions
- **36 NW London GPs** funded to gain a mental health diploma to improve capacity and capability in primary care
- **14 clinicians** trained to deliver health coach training to others to embed health coaching in NW London and make this programme sustainable.

The trusts in NW London have also begun to work collaboratively to improve workforce productivity

- **£60m reduction in agency nurse spend** in the 10 trusts in NW London compared with 2015-1

Case study of new way of working: Brook Green Medical Centre, Hammersmith & Fulham

Changes to the way staff work at the Brook Green Medical Centre has seen GPs freed-up to spend more time with patients with more complex needs, with nurses, pharmacists and health care assistants providing care to patients with less serious needs. This approach, supported by more online and telephone support, is providing a more effective service for patients and improving staff satisfaction.

Key highlights include:

- Practice committed to being open seven days a week, at least 12 hours every day
- all staff have agreed to a contract that includes 'some degree' of seven day working
- building used to maximum capacity, leads to seamless system with no bottlenecks or overcrowding at peak times
- practice open to walk-in patients with nurses and trainee GPs working alongside doctors to provide additional capacity
- booked appointments for proactive planned care for older people, frail people, chronic conditions and complex care - e.g. no need for a GP to be dealing with a sore throat
- Health Care Assistants used for planned care and health screening which frees up doctors' time for people who need them most
- some patients are triaged over the phone by doctors with some passed to the in-house pharmacist
- patients have said they prefer the immediacy of the telephone approach, so increasingly more work happens outside the building and likely to increase as
  practice has a high level of online registration and online prescription requests
- high clinical care standards and of health education, as well as smooth working patterns, make it an excellent place to work, as evidenced by the people who are attracted to come and work there
- For the future – more virtual consulting 24/7 which gives better access for many, and frees up face-to-face resource for key groups who really need it and move to hub to help specialise care further .

Update on key workforce issues April 2017

- **Maternity and neonatal**

A key focus of the changes was to improve midwifery staffing across NW London to meet the London Quality Standards' minimum staffing ratio of one midwife to thirty births (1:30). Prior to the changes, only Northwick Park was meeting that standard.

All 88 midwives working at Ealing Hospital were transferred to other maternity units within NW London, and over 100 more midwives were recruited to the area as a result of the changes and all twelve neonatal nurses working at Ealing Hospital were able to transfer to their first choice of hospital and are settling in well

This has meant that, as well as Northwick Park, Chelsea and Westminster, Queen Charlotte's and St Mary's hospitals have all now managed to achieve the 1:30 standard. West Middlesex has improved but the ratio at Hillingdon Hospital has remained unchanged.

In line with the London Quality Standards, NW London is working to make sure that women receive one-to-one care from a midwife while they are in active labour. All hospitals have improved with the exception of St Mary's and Queen Charlottes were performance has decreased. Current figures show that 94% of women receive one-to-one care, which is the same as the average prior to the changes.

The London Quality Standard for consultant cover is for 168 hours of consultant presence on delivery wards every week (i.e. consultant presence 24 hours a day 7 days a week). Prior to the change, Ealing Hospital was achieving 60 hours of consultant cover – lower than all neighbouring hospitals. NW London set out to achieve 123 hours in 2015/16 and is on track to achieve that target with five out of six hospitals now providing more obstetric consultant-led care than they did before the changes.

When transitioning staff and building the workforce at each of the receiving units there were two significant priorities:

- to retain the skills and knowledge within the sector
- to increase the number of midwives in NW London (to improve midwifery to birth ratios and ensure 1:1 care for women in active labour)

To do this, a 'no redundancies' approach was developed. All staff were offered opportunities for redeployment in NW London and moved across to receiving units via the TUPE process. There were no resignations as a result of the transition. In the vast majority of cases, staff were able to transfer to their trust of choice. Any transition is challenging and the timing of the maternity transition

was particularly so. Predictably, a change to the date in transition and short period of time to transfer had a negative impact on staff morale. To help support staff at this time of uncertainty, retention bonuses were paid to staff. In addition, Health Education England North West London provided significant training bursaries for each of the transferring members of staff. The retention of staff over the transition period as well as the recruitment of new midwives is a testament to the calibre of midwives themselves, management by the trusts in NW London and validity of the workforce transition approach.

At the time of the transition there were 88 midwives working at Ealing Hospital who were transferred to the other maternity units in the sector, resulting in an initial reduction in the vacancy rates at the receiving trusts. A collaborative approach was taken by the trusts to ensure there was no 'poaching' of staff which could have risked destabilisation of the workforce in the sector. Furthermore, there was a concerted drive to recruit additional midwives to NW London in preparation for the transition, which resulted in an increase of almost 100 whole time equivalent midwives from 840 in February 2015 to 939 in December 2015.

At the time of the evaluation review into the transition (spring 2016, nine months following transition) there had been eight midwives from Ealing who have left their posts since the transition. Two were due to retirement, two to work closer to home, one due to ill health and one to take up an opportunity to work as an independent midwife.

Vacancy rates in nursing, midwifery and general medical staff continue to be a national problem for the NHS. However, the coordinated focus on recruitment retention through this transition not only maintained staff from Ealing Hospital, but made significant improvements in reducing vacancy rates in NW London as a sector.

Paediatric workforce update August 2016

In June last year changes were made to children's services in NW London to provide more specialist senior children's doctors day and night and improve consistency and quality of care seven-days a week. As part of this work four new paediatric assessment units were set up in NW London's major hospitals, additional doctors and nurses were recruited, facilities were invested in and the overnight ward and children's A&E at Ealing Hospital closed.

The focus on workforce was to support the reconfiguration of paediatric services and looked at has three priority areas:

- To make sure that there is sufficient workforce capacity in the trusts that will see an increase in activity following the transfer

- to support staff in Ealing that were affected by the inpatient and Emergency Department activity being changed
- to ensure that medical trainees and nursing students were supported through the transfer and that there were high quality training opportunities post-transfer.

Across NW London each paediatric unit agreed a recruitment plan, based on underlying vacancy levels and the additional staff required to support the expected increase in activity following the transfer of services.

To staff units and provide better care for children, we have increased the hours that senior clinical staff are available day and night, seven days a week, by significantly expanding the paediatric workforce in NW London.

- Seven new consultants are now in position at Hillingdon Hospital providing 24/7 care
- Two new consultant posts have been created at St Mary's Hospital
- Northwick Park Hospital has seen an increase in consultant cover, utilising staff that were based at Ealing Hospital
- 60 additional paediatric nurses have been recruited to the NW London workforce
- And the 46 staff from Ealing Hospital, continue to work in children's services in NW London.

Retention - economic modelling

HEE NWL have commissioned a piece of economic modelling to explore the economic implications of various strategies to increase the number of nurses in the NHS. Five strategies were tested in detail:

- Increase the number nurse training places for nursing students
- reducing the rate of in-course attrition for nursing students
- reducing the nurse turnover rate in NW London trusts
- retaining newly qualified staff for one extra year
- replacing the use of agency staff with bank staff.

The results of this analysis showed that these strategies had the greatest impact on reducing the overall turnover rate. Reducing the rate by one percentage point could save around £16m per year from the pay bill. Similarly, retaining newly qualified staff for an additional year would save around £12m per year.

The impact of increasing nurse training places and reducing the in-course attrition rates for NW London was to increase the overall cost.   The reason for this is that the costs of training new staff is a very expensive way of increasing

the number of nurses. There is also a saving of around £8m per year if half of agency nursing shifts were filled by bank nurses in NW London.

Based on this analysis there is a focus on improving retention overall and a particular focus for newly qualified nurses.

Capital Nurse Programme
The aim of the NW London Capital Nurse Foundation Programme is to improve recruitment, retention and progression of newly qualified nurses to address the workforce challenges being faced by individual organisations in specific specialties and meet the strategic priorities of the STP and NHSE forward view.

In 2016/17, 320 newly qualified nurses will begin a 1.5 year rotational programme with educational and development support, this covers a range of specialisms and settings including paediatrics, mental health and primary care. This programme has been started through partnership working with trusts and a £1.1m investment to support the establishment of the rotations. A centralised evaluation process is being conducted to demonstrate the benefits and ensure longevity of this work

The programme will build on and further existing NW London preceptorship programmes by piloting rotations modelled on the foundation programme for doctors. All trusts in NW London are taking part in the programme and each organisation has developed a programme based on its workforce.

The common basis of the programmes are:

- nurses are recruited onto 18 month programmes with 4 to 6 month placements
- each nurse is placed on a pathway based rotation in different settings for example focusing on admission prevention (A&E, primary care, intermediate care); frail elderly (community nursing, care homes, primary care) or children's health (in-patient & community placements)
- where nurses move between employers there is agreement regarding terms, conditions and collaboration between organisations
- funding is provided to support band 5 posts with added financial incentives to complete the programme
- there is a competence based curriculum with workplace based assessments using Medical Foundation e-portfolio with options for university credits on completion.

HEE NWL's nursing leads are part of the pan-London Capital Nurse steering group ensuring transferable common principles are developed.

The design of this programme is based on the fact that rotational programmes are known to be attractive, particularly to newly qualified nurses. This both attracts staff to these roles, increasing the numbers of nurses recruited, and also leads to higher retention throughout the programme. The design of the programme means that the newly qualified nurses have gained experience working in different settings of care and are able to identify the areas of nursing they want to continue to work in. Having the structure of the programme means nurses can gain this experience in a supported and structured way and remained employed within NW London.

Retention strategy

We know that 70% of our current workforce will be the workforce in 10 years. It is clear that we need to support the existing workforce to deliver the planned transformation. We also need to ensure we are supporting the right number of professionals through training and education to meet the workforce demands of the future.

Some of the factors which are known to North West London to improve the retention of primary care, secondary care and social care staff are where staff have a clear career pathway, with defined roles, responsibilities and opportunities to develop and grow in their profession.

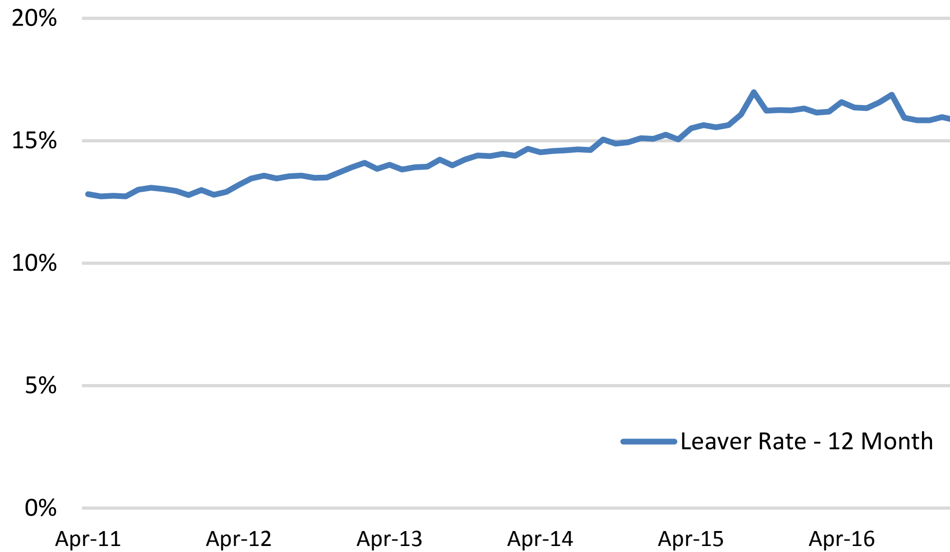
We are also aware that improvements in recruitment and retention lead to:

- improved patient care and experience
- improved workforce productivity and stability
- significant cost savings and reduced use of bank and agency staff.

We are committed to work with our stakeholders and partners across North West London to support our workforce into the right roles, with the right expertise to ensure we have a health and care system which provides excellent care for our diverse population.

The retention challenges for secondary care are high vacancy rates and high turnover rates, particularly for nurses, midwifery and AHP staff groups. Solutions to address these challenges need further research by identifying the drivers, which can then be addressed through retention options.

There is some reference given to models of good practice out with North West London. We are keen to ensure we are driving the support of best practice and implementing this for North West London. In addition we will scale up activity taking place locally, which is currently evidencing positive outcomes.



Turnover rates for NHS trusts have been increasing over the last six years from about 12.5% to over 15% for the last year (source NHS Digital, monthly workforce data)

Primary Care

Based on modelling work we have done on supply of primary care staff in NW London, we do not expect to see an increase in GP numbers over the next five years, largely because of the age of the current workforce and therefore the number of retirements which offset new recruitment of GPs who increasingly work part time.

We also expect demand for primary care services to increase based on a growing and aging population as well as local service strategies that will mean increased primary care focus for patients

The GP Forward View sets out a national approach to address these issues and in NW London we are focussing on three areas: recruiting staff into primary care; retaining existing staff and; supporting practices to increase GP clinical capacity through improved ways of working

Recruitment

GPs

- Fill for NW London GP training places was 99% in 2016, and NW London participates in national and local recruitment campaigns
- NW London will offer Step On Step Off training to make places attractive
- to make sure there are enough GP educators, a series of workshops have been set up to attract new GP educators working closely with the

Medical School and Foundation School for a more co-ordinated approach to attracting new educators
- opportunities for newly qualified GPs with a programme for urgent and emergency care post-CCT fellowships which started in Jan 16 with two places and four more in September 16.

Nurses
- 24 BSc primary care places, equating to three funded places per CCG for nurses new to primary care to increase numbers
- District Nursing and General Practice Nursing Service Education and Career Framework has been developed and provides clear education and career pathways for district and general practice nursing which will also support the increase in recruitment and support the current and future workforce
- Continuing to increase nurse mentor numbers in primary care, currently 75 across NW London. This will allow increased numbers of pre-registration placements in primary care.

Retention

GPs
- Four workshops have run and one more planned for GPs and general practice nurses nearing retirement, offering coaching to help choose alternative career pathways rather than retirement
- run two focus groups with 55+ GPs to understand actual motivations for decisions around retirement, what factors would encourage remaining, and what support GPs need to remain in the workforce
- developing a retention strategy for GPs, including a recognition scheme for retiring GPs and increased opportunities for support to explore other career options

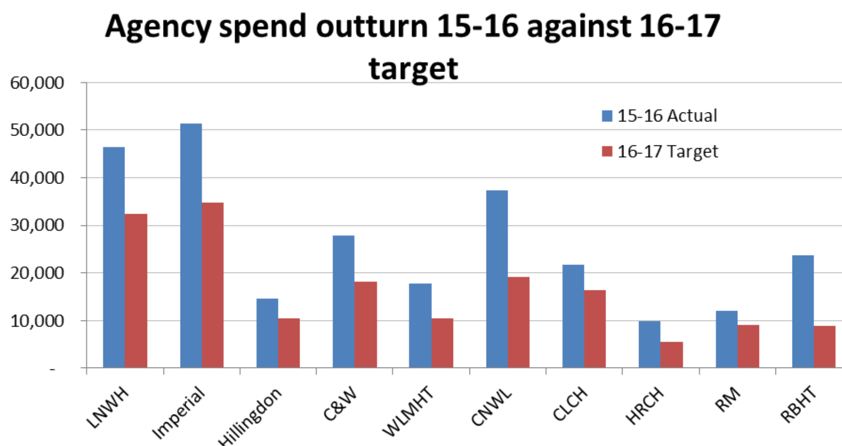
Nurses
- NMC revalidation sessions have been set up to support nurses through the processes which is known to be a reason nurses are likely to leave the workforce
- increasing opportunities for learning and education for nurses which is known to promote retention, including protected time for training, reactivating nurse forums through CEPNs and primary care educator roles.

General Practice Capacity
- NW London is working with NHS England’s team to deliver the Time for Care Programme and 10 High Impact Actions
- Boosting GP capacity through increasing the numbers of nurses, pharmacists and HCAs in primary care

- eight existing General Practice Nurses, one per CCG, supported through the BSc Primary Care course to increase skills and capacity of nurses
- 24 practices across Ealing and H&F were part of the first wave pilot for clinical pharmacists in general practice pilot, with the second wave now open for applications from practices
- major focus on training health care assistants with the Care Certificate to increase the clinical contribution HCAs can make in general practice
- HEE NWL are supplementing NHS England funding for receptionist and admin training to reduce the admin burden on GPs to free up their time for clinical activity
- Promoting the development of at-scale primary care through the merger of three GP practices in H&F. This will allow the new organisation to focus on utilisation of the 80 staff across the practices more effectively
- practice manager development course will increase capacity and capability to promote more effective ways of working in practices to deliver 10 High Impact Actions and improve practice staff recruitment and retention
- workforce modelling delivered working with HLP to identify priorities for development and support leading to the focus on retirement issues and increasing the wider team.

Agency spend reductions

The level of spend on agency staff for NW London in 2015-16 was £262m which represents a real quality challenge as well as a significant opportunity for savings. At the start of 2016-17, NHS Improvement had set agency spend ceilings requiring all trusts to significantly reduce spend on agency.

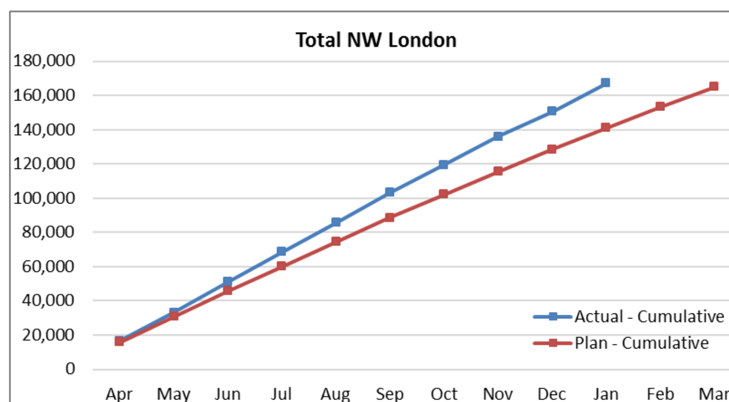


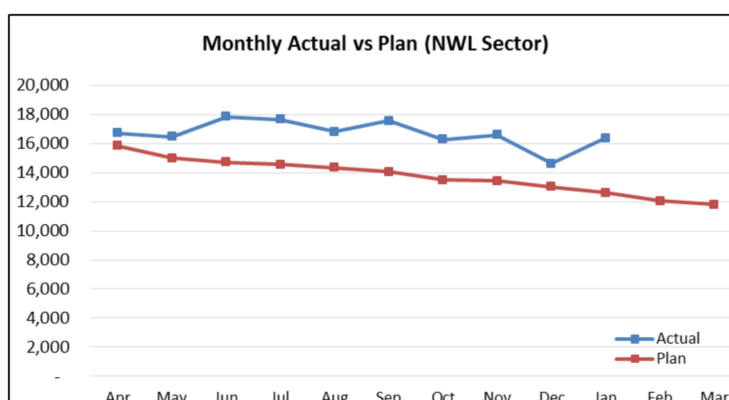
In July 2016 all ten trusts in NW London agreed to work collaboratively in the NW London Staffing Project agreeing to commit money to fund a shared project team to developing approaches to reduce agency spend.

During August and September 2016, a scoping and project design phase was undertaken. Priorities for 2017-18 are:

1. **Medical Locum Rates** - establish capped rates across NW London (and London) for medical locums – this is now at an advanced stage and Trusts are being asked to sign up to a proposal developed by London Procurement Partnership (LPP).
2. **Secondary Employment** – NHSI have indicated their intent to restrict substantive workers working via agencies. Whilst the initial implementation date of 1st April 2017 has been 'paused', NWL trusts need to plan and prepare for the implementation of such a rule.
3. **Virtual Regional Bank** – providing trusts with another way of filling bank shifts before going to agencies. For bank workers, they only need to register with one Trust Bank. Workers will have a smartphone app to book bank shifts and unsafe shift patterns will be avoided.
4. **Implementing Operational Best Practice** – the project has already defined 'what good looks like' in both temporary staff bank teams and rostering teams and the collaborative project will enable Trusts to compare and share each others successes and challenges in achieving this. This provides a solid platform for any future collaborative work.

Performance to the end of January (the latest data available) shows spend 15% above the NHS Improvement ceilings but the projected outturn of £200m would represent a saving of £60m from the 15-16 spend – and arrest a year long trend of increasing agency spend.





Key workforce elements from the Review of the North West London maternity and neonatal service transition of July 2015

The following sections are relevant extracts from the Review of the North West London maternity and neonatal service transition of July 2015 which was published in March 2016.

Summary of changes

To improve the quality of care for mothers and babies across North West London, maternity services in the region underwent significant change in July 2015, including the closure of Ealing Hospital's maternity unit and development of community services. These clinically-led changes were essential to: respond to the increasing number of women with complex health needs during pregnancy; provide consistent high-quality maternity care by concentrating staff, expertise and resources in fewer centres and; increase the number of midwives and the hours of senior consultant cover.

The maternity review has found that the changes have been made safely and patients are now seeing improvements to their care.

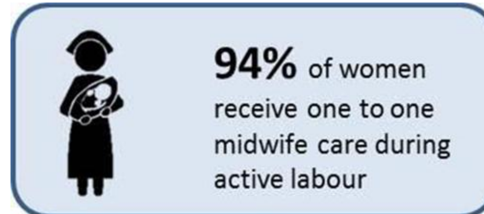
All women booked to give birth at Ealing Hospital prior to the changes had their care transferred safely to nearby hospitals. Across NW London, we have improved the midwife to birth ratio to meet national standards, and all six maternity units have increased hours of senior consultant cover. Despite national shortages of staff, 100 new midwives have been recruited to NW London as a result of these changes. In Ealing there is now improved continuity of antenatal and postnatal care closer to people's homes and we are also piloting a new perinatal mental health service for the area.

A key focus of the changes was to improve midwifery staffing across NW London to meet the London Quality Standards' minimum staffing ratio of one midwife to thirty births (1:30). Prior to the changes, only Northwick Park was meeting that standard.

All 88 midwives working at Ealing Hospital were transferred to other maternity units within NW London, and over 100 more midwives were recruited to the area as a result of the changes.

This has meant that, as well as Northwick Park, Chelsea and Westminster, Queen Charlotte's and St Mary's hospitals have all now managed to achieve the 1:30 standard. West Middlesex has improved but the ratio at Hillingdon Hospital has remained unchanged

In line with the London Quality Standards, NW London is working to make sure that women receive one-to-one care from a midwife while they are in active labour. All hospitals have improved with the exception of St Mary's and Queen Charlottes where performance has decreased. Current figures show that 94% of women receive one-to-one care, which is the same as the average prior to the changes.



The London Quality Standard for consultant cover is for 168 hours of consultant presence on delivery wards every week (i.e. consultant presence 24 hours a day 7 days a week). Prior to the change, Ealing Hospital was achieving 60 hours of consultant cover – lower than all neighbouring hospitals. NW London set out to achieve 123 hours in 2015/16 and is on track to achieve that target with five out of six hospitals now providing more obstetric consultant-led care than they did before the changes.

To ensure the benefits of the changes are being realised, trusts are reporting against a set of quality metrics each month which are being monitored by the NW London Clinical Board.

As part of the changes, trusts worked together to review their catchment boundaries for maternity care to help improve continuity of care. Before the changes, 42% of women had their postnatal care provided by a different hospital trust to their antenatal care. This has now reduced to 21%, meaning more women are seeing improvements in the continuity of their care as a result of the changes.

Community Education Provider Networks

NWL has now established eight Community Education Provider Networks (CEPNs) to assess workforce needs and produce investment activity plans that reflect local strategy, and deliver education across primary care in the borough, across all groups of healthcare workers, and with significant amounts of multi-professional and team based learning.

Health Education England (HEE) NWL supports the CEPNs centrally and locally with funding for CEPN management and local nurse educators.

There have been a variety of activities within the CEPNs, individually or collaboratively including:

- Development of a five-year primary care education strategy
- placements for pharmacy students
- placements for multi-professional fellows in emergency medicine in primary care
- development of a competency framework for Receptionists
- Advanced Nurse practitioner, Independent Medical Prescribing and mentoring training for primary care nurses
- workshops to support primary care nurses with revalidation and coaching
- coaching workshops for GPs and practices nurses over 50 to explore continued career options
- development of tools to articulate primary care demand for different staff groups

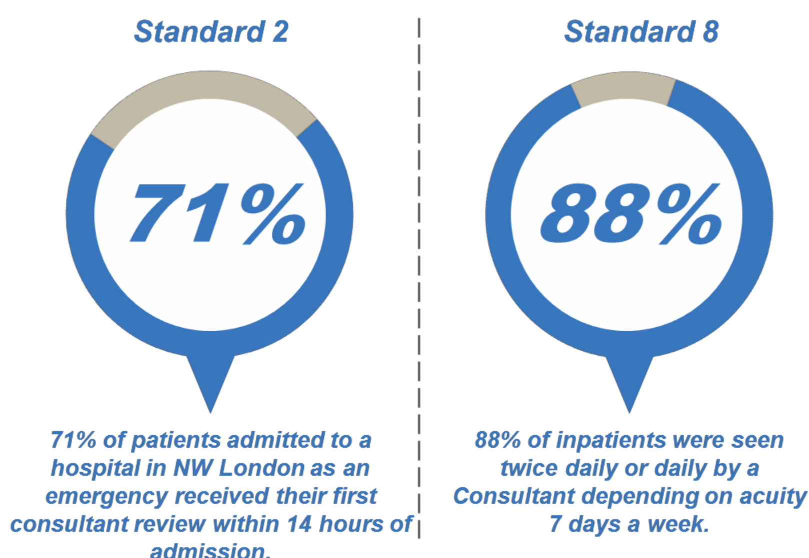
Seven day pilots – November and December 2016

NW London as a sector accepted the opportunity to be a national First Wave Delivery Site for the new Seven day services programme. As a part of this programme, our acute trusts have agreed to achieve delivery of the four prioritised clinical standards for emergency hospital admissions by April 2017. The inpatient model of care work focuses on the following two standards:

Standard 2: Time to consultant review – which states that all admitted patients should be seen by a Consultant within 14 hours of admission.

Standard 8: On-going review – ensuring that all inpatients are reviewed daily by a consultant and are seen twice day if acutely unwell.

NW London's ambition is to be compliant (90 per cent plus) with standards 2 and 8 by 2017, but the April 2016 National Audit of performance against these standards showed that:



Initial analysis in November 2015 showed that an approach that extends our model from five days a week to a model that delivers daily consultant review seven days would require an additional 171 consultants across NW London. Not only is this not financially viable, but we also do not have the consultant workforce to support such an increase in posts. Most importantly, there was no evidence that the adoption of this system would deliver the required patient benefit.

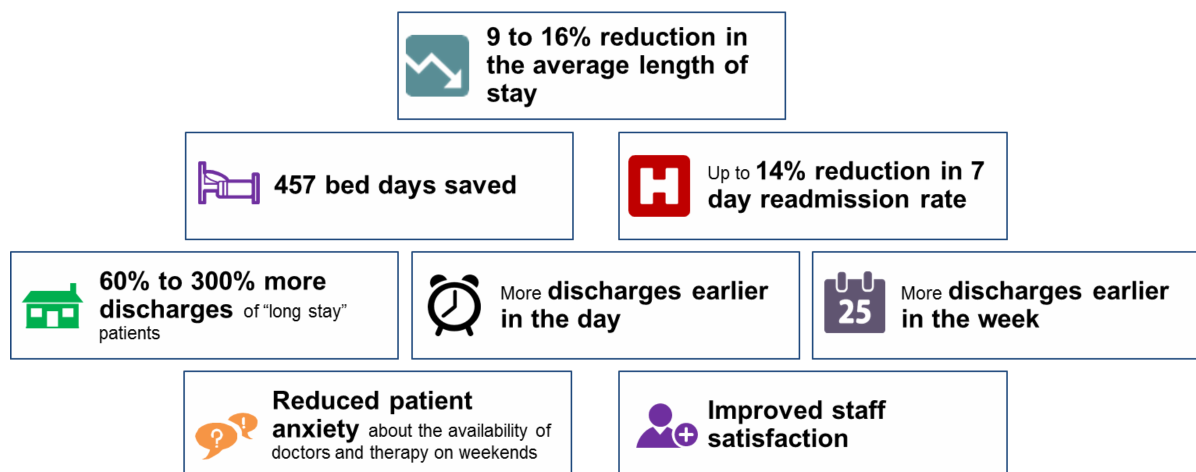
Instead, NW London as a sector focused on the desired clinical outcomes and pursued a value for money solution to meet the clinical standards of seven day services through adapting the model of inpatient care and improving ways of working. It was felt that by refocusing the consultant workforce input on the most appropriate cohorts of patients, a practical and cost effective solution could be developed which would deliver the desired patient benefit.

Between November and December 2016, NW London carried out six pilots in three acute trusts to test new models of care in a range of medical and surgical services.

Providing therapy for elderly patients in hospital wards over weekends significantly improved patient care, reduced patient's time in hospital and been welcomed by staff, according to latest trials across North West London.

The trials saw existing therapists and consultants change their working patterns to provide a full seven day service, took place in hospitals across North West London.

The evaluation found:



National evidence shows that patients who get home as soon as they no longer need hospital care recover better, and are less likely to go back into hospital. Elderly patients are less likely to catch an infection, fall or get pressure ulcers at home than in hospital.

A second round of pilots to finalise work patterns for therapists and consultants is underway to ensure the best care for patients.

Radiology workforce update April 2017

North West London acute hospitals have been working towards the implementation of 10 clinical standards for seven day urgent and emergency care since 2013.

In September 2015 a Clinical Implementation Group (CIG) of radiologists from all trusts in the sector was established with the aim of delivering seven day inpatient diagnostic imaging within a 24hr turn-around time. This group established four priority work areas for the sector, many of which have the potential to impact beyond the seven day agenda. One of these work groups was specifically set up to support radiographer recruitment and retention.

In NW London there is a high vacancy rate for radiographers, sonographers and radiology nurses as well as challenges in retaining the current workforce.

Over the last five years, the number of diagnostic radiographers has grown at 2.3% per annum and the number of consultant radiologists has grown at 3.4% per annum. These growth rates have not been sufficient to keep up with demand, with MRI scans increasing from 112,149 to 173,745 and CT scans 165,122 to 263,791scans in the last five years

To improve retention and attract radiographers to NW London a radiographer career framework was developed and launched in November 2016. The career framework for radiographers in NW London is a first for the country and developed with the Society and College of Radiographers, Health Education England and all acute and specialist trusts. The framework provides radiographers with structure and career progression to combat significant vacancy rates.

To support the rollout of the framework and increase recruitment in NW London, a Diagnostic Radiographer Education Day was held on 28 January 2017. This event was attended by 47 radiography professionals from both inside and outside NW London.

In addition a faculty of practice educator roles for radiographers who lead on regional training for radiographers is being implemented. A lead for the Faculty has been recruited, with expressions of interest for the other four posts from London Northwest NHS Trust, Hillingdon Foundation Trust, Chelsea and Westminster NHS Trust and Imperial NHS Trust.

Further work for 2018 will see a NW London radiology IT system and network implemented across NW London. This will speed up the time scans can be reported on by having specialists read the scans first time.

Investing in our workforce

New roles

The Partnerships in Innovative Education (PIE) programme

The Partnerships in Innovative Education (PIE) programme has been widely viewed as innovative, driving substantial educational developments and with sustainable outputs since it launched in 2013. The aim was to bring together health and social care service providers, community groups and education providers focused around the development of learning communities across primary and secondary care.

All the networks have succeeded in delivering innovative projects, creating opportunities for collaborative working across professional groups, with patients and carers, and engaged with workforce in education initiatives not previously reached. Overall the programmes have engaged formally with more than 2,300 participants from over 50 healthcare professions or groups, patient and users organisations, patients, and local councils.

Programmes supported in 2016/2017

Education provided to more than1450 healthcare staff in 60 professions.

PIE
Improving Outcomes for Young Carers (pilot)
Connecting Unplanned Care for Children
Dementia Care for Kilburn
The Harrow PACT Project for Care Home Residents
Developing allied health support workers to deliver public health interventions across North West London
Educational programme for domiciliary care providers and unpaid carers
Recovery & Wellbeing College in Practice (R&W College in Practice)
Connecting Care for Children
Perinatal Mental Health
Total budget: £700K-720K

Apprenticeships

We are currently waiting for all the data to come in with regards apprenticeship numbers for 2016/2017. However the current verified number of trusts' apprenticeship starts have increased 120% from last year.

The target is to have 723 apprenticeships for NW London.

HEE NWL has supported London and South East NHS trusts with the procurement of apprenticeship training providers with London Procurement Partnerships (LPP). This procurement process is to ensure we have quality training providers delivering to our trusts and to ensure compliancy with public sector procurement rules. We have 60 plus training providers on the approved list and templates have been produced to enable individual trusts to run short competitions to contract with training providers.

We have developed and supported the first ever HCA apprenticeship for primary care in London.

Nursing Associates:

The Nursing Associate has been developed to provide a highly trained support role to help Registered Nurses deliver effective, safe and responsive care. The role will also play a key part of the multi- disciplinary workforce that is needed to respond to the future needs of the public and patients. NWL has three Fast Follower Nursing Associate programmes commencing in April 2017. Recruitment has been robust as follows:

1) Imperial College healthcare NHS Trust – 21 trainees
2) London Borough of Hammersmith and Fulham – 13 trainees
3) Royal Marsden NHS Foundation Trust – 22 trainees

NWL have established a collaborative working group across the three sites to support and share information and developments. There are also two NWL trusts, CLCH and Chelsea and Westminster who have been collaborating with Nursing Associate programmes established in North Central and East London in January 2017.

NWL Capital Nurse Foundation Programme

The London-wide 'Capital Nurse' programme is led by Directors of Nursing in partnership with NHSE and Healthy London partnership with work-streams focused on developing clear career pathways to ensure retention, progression and development of staff. As part of this approach NWL has implemented the Capital Nurse Foundation Programme to support employers to recruit, rotate and retain newly registered nurses. We are working with ten employers and in total the programme will support over 300 newly registered nurses.

Physician Associates in NW London

Funded	Funded	Commissions in

Commissions in 2015/16	Commissions in 2016/17	2017/18
16	31	45

The Physician Associate programme is a two-year programme.

Up to 2015/16, only one programme was offered in London – a PG Diploma programme offered by St George's. This programme has now been validated as an MSc programme. Brunel University also started offering a Master's programme in 2016/17. Bucks New University is due to launch a PG Diploma programme in 2017/18

All students have placements in general practice in their first year and hospital and GP placements in their second year – the majority of which within NWL. HEE NWL currently funds costs of placements @£10,000 for 2-year programme

Future Supply Projections

Commissioning of non-medical programmes in 2017/18

Profession/ Branch	Student Loan required	HEE continues to commission in 2017/18
Adult Nursing (AN) Child Nursing (CN) Mental Health Nursing (MHN) Learning Disabilities Nursing (LDN)	BSc	PG Dip 18-month programme for internationally qualified nurses (AN & MHN) 2nd reg CN
Midwifery	BSc	20-month 2nd reg programme for nurses
AHPs: Dietetics, OT, Orthoptics, Orthotics, Prosthetics, Physiotherapy, Podiatry, Chiropody, Radiography (Diagnostic and Interventional), Operating Department Practice	BSc	PG Dip/MSc (where applicable)
Dental Hygiene, Dental Therapy, Dental Nursing		All
IAPT		All
Child Psychotherapy		
Clinical Psychology		All
Healthcare Science		All
Pre-reg trainee Pharmacy and Pharmacy Technician		All
Paramedics and Physician Associates		Placement funding only
Health Visiting, School Nursing, District Nursing, OH Nursing, Community CN, Practice Nursing post-reg programmes		All

Medicine

Health Education England

- 1,500 extra undergraduate medical training places per year (25% increase) – 500 extra from 2018/9, 1,500 extra from 2019/20
- Incentives to attract doctors to work in general practice and shortage specialties
- Consultation on 'return of service' agreement, eg requiring medical graduates to work in NHS in England for period of time (DH, March 2017)
- Undergraduate medical placements increasingly shifting from hospital to primary and community settings
- Increasing numbers of medical students electing not to enter Foundation training programmes (reducing overall Foundation placements from Aug 17 – 3 in NWL)

@NHS_HealthEdEng #insertcampaignhashtag

General Practice Nursing programmes currently funded by NWL:

As part of our investment to develop General Practice nurses (GPNs) in North West London, HEE NWL has funded the `General Practice Nursing (GPN) Programme` initiative that incentivises Host General Practices to appoint nurses who attend BSc/MSc GPN programme at the City University. NWL funds the tuition fees, salary support contributions for nurses to attend academic sessions - 2 days a week and mentorship cost – ½ day each week for 1 year.

`My next step – Transition to General Practice Nursing Programme`

This programme is facilitated by the University of West London and supports the successful transition of registered Adult Nurses moving from secondary care to General Practice posts. Enables nurses from other sectors to access the following:

a. The LMC basic practice nurse course
b. 150 hrs of practical experience and mentoring in a GP surgery with a Practice Nurse mentor
c. Core foundation course in Childhood immunisations (2 day course), ear care (1 day course) and cervical screening (1 day foundation course)
d. Taught and facilitated sessions (8hrs) focusing on leadership development, in line with current demands for leadership at all levels within service. The concepts of self-management, personal and professional development will also be addressed, to encourage and enable candidates to construct a development plan for their future

HEE NWL are also funding individual modules – dissertation etc. relevant to primary care. (24 individual MSc/BSc courses funded in 2016/2017 within primary care)

HEE NWL are currently in the process of developing a specification and training needs analysis for GPNs focusing on value for money and innovative delivery. We are also looking into Return to Practice programmes.

Numbers:

Commissions in 15/16– 100, filled 95

Commissions in 16/17 (as per IP) – 100, filled to date – 76 (number likely to change (increase) by the end of commissioning cycle)

Commissions in 17/18 (planned, as per IP) – 67 **TBC**

Non Medical Prescribing training (NMP)

HEE NWL has funded 69 NMP programmes across primary and secondary care.

Health Coaching

The health needs of the North West London (NWL) population are changing. People are generally living longer and as a result a growing number are suffering from complex, long-term health conditions.

This inevitably creates pressure on available services, to the point where there is a need to look at how these can be better provided. In North West London, we are changing the way we organise our hospitals and community health services. The vision for this work was set out in the Shaping a Healthier Future consultation.

There is momentum to move to a more co-ordinated and person centred approach to delivering care, through close working between all statutory, voluntary and charitable partners delivering effective person centred outcomes with the care giver working collaboratively with the patient as an equal partner in their own care.

A great deal of work has been done across North West London over the past few years in implementing integrated care programmes across the CCGs which have now transitioned to a more whole systems care approach with services wrapped around the patient / service users.

Whole Systems Integrated Care

NWL is working towards a new model – Whole Systems Integrated Care. Whole Systems Integrated Care is focused on delivering care in a person-centred way. The programme aims to deliver the following:

- People will be empowered to direct their care and support to receive the care they need in their homes or local community
- GPs will be at the centre of organising and coordinating care so that it is accessible and provided in the most appropriate setting
- Our systems will enable and not hinder the provision of integrated care and ensure that funding flows to where it is needed most.

This means that staff will have to work in a fundamentally different way – redefining their boundaries, empowering patients and service users to take more responsibility and work as equal partners. Care will be delivered via a collaborative multi-disciplinary team working to a single shared care plan, where the patient or service user will be supported to manage their health and wellbeing.

There is a need to take a fresh look at how we can support our workforce through these changes. The purpose of the Change Academy (more below) is to build personal and collective capacity and capability for delivering change using approaches involving critical thinking, team working and developing innovative ideas and approaches which can make a significant impact on the lives of the people we serve.

Self-Management

Self-Management has been defined as:

'A portfolio of techniques and tools that help patients choose healthy behaviours and a fundamental transformation of the patient-caregiver relationship into a collaborative partnership' (Bodenheimer,2005)

Patients with long term conditions spend on average just three hours per year with health care professionals so they are self-managing for 99.97% of their lives. In order for patients to successfully self-manage, they need to develop their knowledge, skills and confidence to make informed decisions and adapt their health related behaviours, and they need to be supported by health professionals with the skills, expertise and confidence to support them to achieve their goals and overcome barriers.

Currently clinicians are finding it difficult to address the multiple issues patients present with over a short consultation and new approaches are required to motivate patients to self-care. Equally, communication and interactions between patients and clinicians can be a source of dissatisfaction and complaints.

In the context of these challenges, information and prescription is not enough. We need to be able to leverage the contact we do have to motivate and foster responsibility in patients for their own healthcare. Health coaching is one approach used to encourage and promote self-management and patient activation, and improve patient satisfaction. There is growing evidence globally which attests to the effectiveness of coaching approaches for delivering increased responsibility and behaviour change on the part of patients.

Vision for North West London

To develop our plans we have engaged with our Lay Partners and Self Care Project Group and the North West London Workforce Transformation Group. We want to create a sustainable programme that equips our front line clinicians, health and care professionals, community leaders and carers with coaching skills so they can have better conversations with their patients to empower them to make more meaningful changes to their health related behaviours and lifestyle to lead to better health outcomes.

To achieve this we have committed to:

Health Coaching Train the Trainers
Develop a sustainable programme by harnessing capability that already exists within the system by up-skilling clinicians who are currently practicing coach trainers to become Health Coach Trainers.

Health Coaching for clinicians
Up skill current clinicians who have coaching qualifications to become health coaches.Develop a programme that complements health coaching programmes that are already going on across North West London.

Health Coaching for health and care professionals
Train health and care professionals in health coaching skills.
And provide continued support to existing and newly qualified health coaches through master classes, networking events and refresher sessions.

Health Coaching for Community Leaders
Up skill community leaders in coaching for health skills to support their influence and empowerment of community members in their peer network.

Health Coaching for Carers
Train unpaid carer workforce to understand of how health coaching can improve the quality of interactions with the people they care for and support self care.

Health Coaching for clinicians, health and care professionals:

Outputs/Deliverables	
Planned: A 2-day health coach training for clinicians to enable them to have better conversations with patients to empower them to take more responsibility for, and play an active role in their own health. The training was aimed to: • Provide participants with an understanding of the concept of self-management, collaborative partnership working and how health coaching can improve health	**Actual:** Based on the theoretical non-directive approach which sees the client as an expert, Coaching for Health curriculum covers the following main areas, including real-life review of clinical situations. Each of these areas are covered in the core two day training course. **Coaching definitions** – comparing and contrasting coaching with other interventions, such as mentoring,

behaviours and increases patient enablement, leading to a more resilient, independent cohort of patients who may access services more appropriately in the future. • Provide participants with an understanding of how health coaching can improve the quality of interactions with patients • Provide participants with core health coaching skills using a health coaching model as a framework in which to use them effectively. • Encourage participants to use 'real life' patient examples rather than role playing or fictional scenarios. • Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors. • Encourage participants to think about how to apply coaching with their patients. • Equip participants with the confidence to be able to have coaching discussions with patients • Provide participants who successfully complete the course with appropriate skills and knowledge to be able to progress to a relevant professional or postgraduate Coaching qualification if they wish. • Course should consist of one day then a second day a minimum of a week later and be set up to encourage participants to practice their new skills in between course days • The course must be multi-professional in its tone, focus and delivery and cater for multi-disciplinary participants from across the healthcare system. The delivery teams should be made up of representatives of clinicians from ideally more than one healthcare profession.	exploring its principles and how they can be in tension with more traditional consultative methods. **T-G.R.O.W** – with demonstration, review and practice, we cover the most popular coaching framework and break down how it can be applied in clinical settings with limited time. The first step at the outset of the programme was building a network of contacts willing and able to push the message out as widely as possible across the health institutions of North West London. OSCA worked with the team at the Change Academy, and Dr Judith Stanton, to build a network of 104 individuals across 47 different institutions. Each of these individuals was then contacted with a recruitment 'pack' comprising of a flyer, generic presentation and email text for general circulation. As a result of the efforts in building the network, the first five two day Coaching for Health courses were booked out in only three days following initial recruitment, indicating the significant interest that exists across the area. The interest in the programme is also evidenced by the very high numbers not only signing up for the programmes, but attending also. An average of 18 participants completing a two day course (out of a maximum of 20 places) is excellent in terms of attendance. In total OSCA delivered: • **7 cohorts of 2 day health coaching training** • **200 clinicians, health and care professionals trained in health coaching.** Participant feedback: *"The Health Coaching course has been one of the best I have attended. I feel that up until then I have mainly been in the Doctor-to-sort-it setting, and if I couldn't then I had to turn the effort knob up ever higher. It was quite a revelation*

	to properly see the difference between health education, which I was keenly set on, and health coaching. I can now see why I need to use a tailored balance of both." *"I found it very helpful to learn the distinction between health coaching and health education. In my practice I think it would be necessary in my role to establish if patients understand the facts correctly and if not then educate them on those, and the next step once they know the facts is to apply coaching rather than more repeating of facts."* *"I have already started inputting coaching skills in my consultations and patients are already seeing the benefits of this for them to self-care more."*

Health Coaching Train the Trainer:

Outputs/Deliverables	
Planned: 1. Run a training programme to 'convert' current clinicians who have Coach Trainer qualifications to become Health Coach Trainers able to train people to become Health Coaches and Health Coaches Trainers: • The course should involve teaching coupled with co-delivery/supervision • Build upon the skills already possessed by clinicians who are coach trainers to enable them to run their own 2 day health coaching training sessions for clinicians AND courses to train 'Health Coach Trainers' • Ensure participants leave the course with the knowledge, skills and confidence to lead their own health coaching training sessions • Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors • The provider will work closely with	**Actual:** A key component of any attempt at building sustainability, is to utilise the assets that already exist within the system. As part of this programme, it was identified that there was a significant existing network of trained and experienced coaches who are also health professionals. This was important because: They could be trained to be eventual Coaching for Health trainers – building the capacity within NWL. These individuals are part of existing networks where they may be able to create new opportunities, expanding the scope of the programme. Hence the programme involved a Train the Trainer component, initially reaching out to the network o ftrained Coaches across North West London: • **75 expressed an interest in becoming trained as a Coaching for Health Trainer.**

the Change Academy team to ensure we select the right participants to become Health Coach Trainers. • The provider will work with the Change Academy to decide the success criteria and how to evaluate the course. 2. Run a short training course to 'convert' current clinicians who have coaching qualifications to become health coaches: • Allow participants with existing coaching skills to adapt their skills to adopt a health coaching method to improve the quality of their interactions with patients • Encourage participants to use 'real life' patient examples rather than fictional scenarios. • Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors. • Encourage participants to think about how to apply coaching with their patients in ways that motivates patients to self-care incorporating prevention and management of multi-morbidity rather than of single diseases. • Equip participants with the confidence to be able to have coaching discussions with • patients' • The provider will work closely with the Change Academy team to identify clinicians with coaching qualifications who are keen to develop their skills further and who will go on to champion Health Coaching across North West London. • The provider will work with the Change Academy to decide how to evaluate the course and the success criteria. • Consider using participants from	• **14 completed the two day Train the Trainer programme (having participated in the core course as an attendee).** • **10 of these have co-trained with one of Osca's Lead Trainers as part of the quality assurance** • **process.** • **2 have been quality assured as full Trainers (able to train themselves).** • **8 have been quality assured as Co-trainers.** • **1 has been able to organise their own training so far (but far more have tried).** The quality assurance process continues into Phase 2 of the programme.

part 2 for coach trainers from part 1 to conduct their co-delivery courses on. 3. Course Structure and Provision: • The courses must be multi-professional in their tone, focus and delivery and must cater for multi-disciplinary participants. The delivery teams should be made up of representatives of clinicians from ideally more than one healthcare profession. • Courses should be structured in such a way as to provide delegates with the optimum opportunity to engage and practise their skills. • Key course aims and learning objectives should be clearly defined in order to gain CPD accreditation for the course. • A safe and secure learning environment should be provided for delegates at all times to encourage them to engage fully in the training.	

Next Steps:

Health Coaching for Community Leaders

Outputs/Deliverables	
Planned: **Key Deliverable 1:** Two day health coach training for community leaders and community representatives to enable them to have better conversations with community members to empower them to take more responsibility for, and play an active role in their own health. **Key Deliverable 3:**	**Actual:** Currently in planning phase, to be delivered by June 2017. • **Engagement event with community leaders to identify content and approach** • **Up to 25 community leaders from across North West London to complete 2 day health coaching training.**

Offer a suit of embedding activities for the participants upon completion of the 2 day Coaching for Health training course. This will provide continued support for newly trained coaches to encourage best practice, standard quality of training and develop a network of sharing learning and experience.	• Continued support available for newly qualified health coaches as refresher sessions, networking events and master classes.

Health coaching for Carers:

Outputs/Deliverables	
Planned: We want to create a sustainable programme that equips our unpaid carer workforce with coaching skills so they can have better conversations with their 'patients' to empower them to make more meaningful changes to their health related behaviours and lifestyle, to lead to better health outcomes. The training will aim to: • Provide participants with an understanding of the concept of self-management, collaborative partnership working and how health coaching can improve health behaviours and increases patient enablement, leading to a more resilient, independent cohort of patients who may access services more appropriately in the future. • Provide participants with an understanding of how health coaching can improve the quality of interactions with the people they care for. • Provide participants with core health coaching skills using a health coaching model as a framework in which to use them effectively. • Encourage participants to use 'real life' examples rather than role playing or fictional scenarios. • Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors. • Encourage participants to think about	**Actual:** Currently in planning phase, to be delivered by June 2017. • **Two engagement workshops with carer organisations from across North West London to identify content and approach for health coaching training.** • **4 cohorts of health coaching training to be delivered by July 2017. This will training 100 unpaid carers across North West London.**

how to apply coaching with the people they provide care for. • Equip participants with the confidence to be able to have coaching discussions with people they provide care for. • Provide participants who successfully complete the course with appropriate skills and knowledge to be able to progress to a relevant professional or postgraduate Coaching qualification if they wish. • Course should consist of one day then a second day a minimum of a week later and be set up to encourage participants to practice their new skills in between course days. • The course must be multi-professional in its tone, focus and delivery and cater for multi-disciplinary participants from across the healthcare system. The delivery teams should be made up of representatives of clinicians from ideally more than one healthcare profession. • The course must be multi-professional in its tone, focusing on representation from diverse communities from across sectors and community places of interest. • Provide on-going support to certified carer health coaches to embed health coaching skills and share learning and experience. • Support the development of peer networks amongst trained carer health coaches who are leaders and champions for health coaching. **Key Deliverable 1** Map and scope the existing carers networks across NW London with a view to support and build resilience within the networks. As part of this scoping, identify the most appropriate method to engage carers in health coaching principles. **Key Deliverable 2**	

Two Day health coaching training course for unpaid carers to have better conversations with the people they provide care for; empowering them to take more responsibility for, and play an active role in their own health.	

The Change Academy – update April 2017

Context – phase 1
In 2014, NWL identified the need for a focused leadership and organisational development programme. Strategy and Transformation received funding from HEE NWL to commission a suite of leadership and organisational development programmes to **build capability and capacity in the health and care workforce**; known as the Change Academy.

Phase 1 of the Change Academy was delivered in 2015/16. Thirty-eight participants across 4 teams accessed support through the Great Teams Programme and Transformational Leadership Programme.

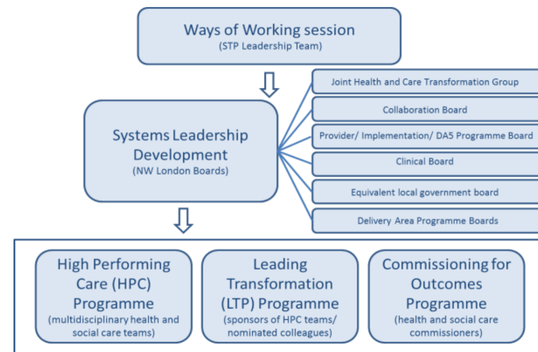
Phase 2
Phase 2 programmes need to ensure that NW London has a workforce and leadership that work collaboratively to support the delivery of the STP priorities to meet the needs of our population. The evaluation and lessons learned from phase 1 have been used to develop phase 2. Further to this, **four Design Group sessions** were held with service users, citizens and experts from across health and social care to ensure the programme design would address system needs, aligned to achieving our STP priorities.

Change Academy programmes are designed to **empower and support our entire workforce** including social care, unpaid workforce (carers) and citizens. It aims to **create a behavioural shift** within the leadership and teams in NW London so that once outcomes are agreed, authority and accountability is devolved to the frontline multi-disciplinary teams who may be addressing unwarranted variation in primary care or across pathways or just delivering evidence based care.

The programmes will support participants to **develop skills and behaviours** that will **foster innovation** and support more **flexible and collaborative working across organisational boundaries** to meet the needs of our population in a sustainable way. This will include **greater collaboration and co-production of solutions** for complex needs, to embed integrated health and social care.

By **embedding and sharing the learning**, the Change Academy's benefits will be shared more widely throughout the system.

There are four flagship programmes in phase 2 (please refer to the visual);



- Systems Leadership Development Programme
- High Performing Care Programme
- Leading Transformation Programme
- Commissioning for Outcomes Programme

'Ways of working' sessions have also been delivered to the STP Leadership Team and Joint Health and Care Transformation Group.

High Performing Care (HPC) and Leading Transformation Programmes (LTP) overview

The High Performing Care and Leading Transformation programmes are intrinsically linked and offer a hands-on, intensive experience that will equip participants with the skills, expertise and approaches they need to tackle the most complex transformation challenges we face today.

Change Academy will support **up to 10 high performing teams** to deliver their transformation project. Teams will be comprised of health and social care staff, and citizens/ service users. Each team will have at least one sponsor to endorse and support the project, who will also access Change Academy support through the Leading Transformation programme. Participants must demonstrate their commitment to the programme and to sharing the learning more broadly so that it is shared across the system and changes are sustainable.

The skills and behaviours developed through the Change Acceleration Programme and by working with a dedicated Change Coach will be applied practically, to support the implementation of care pathways and services. Support will be delivered through action learning sets, team coaching and coproduction sessions and events to share and learn from others.

The following projects have been approved so far:

High Performing Care project summaries
Integrated Rehabilitation and Reablement Service [IRRS] in Brent The project aims to **reduce inequality by improving access for vulnerable older people into a high quality and efficient IRRS.** The project will deliver against integrated service priorities; to deliver care at home within the local community. The team will deliver care to users who require short-term rehabilitation, supporting them to reach goals within 6 weeks.

The re-design of the service model will involve the merging of disconnected pathways, infrastructure and addressing cultural operational differences to drive better experience (quality of care for individuals and carers supporting their need to maintain independence, autonomy and active participation in the community) and expected financial returns.

Children and Young Person's Asthma Service in Hillingdon and Ealing

Building on a successful pilot, this project aims to **deliver a clinical nurse specialist (CNS) led, integrated children and young person's (CYP's) asthma service, underpinned by the London Asthma Standards** across Hillingdon and Ealing. A children and young people's allergy service will be piloted within this network.

Outcomes will include:

- Reduced asthma unscheduled care attendances and admissions
- Reduced asthma hospital outpatient clinics
- Evidence of improved service for CYP's, parents, school and health professionals through feedback, questionnaires, focus groups and patient reported outcome measures
- Evidence of a functioning asthma network for Hillingdon
- Evidence of delivering allergy clinics within this network
- Economic evaluation of the service

Integrated health and social care learning disabilities service in Brent

The aim of the project is to establish an integrated health and social care service to support people with learning disabilities and complex needs, which supports closing the care and quality gap.

A single health and social care service with a single operating model will be created, supported by integrated:

- referral process
- assessment process
- holistic person centred care planning

Users will benefit from less repetition during the assessment process, receive more holistic care and support that considers all their health and social care needs and a more satisfactory experience. Staff time is anticipated to be more efficiently utilised thus increasing greater job satisfaction.

Street Triage in CNWL

CNWL has recently developed and deployed Rapid Response Teams and a Single Point of Access for Mental Health Users. The aim of the proposed Street Triage Project would be to further develop and leverage newly established resources by combining them with First Responder Services – Police and Ambulance, initially – to assess, treat, and step down patients presenting as mental health urgencies, at the point of contact, moving away from traditional emergency assessment settings eg Accident and Emergency Departments, to reduce the demand on, whilst at the same time, improve public access to, and increase quality of health and care services.

Instead of being arrested and compulsorily conveyed from The Street by a Police Officer under the MHA, a person in mental health distress could be rapidly referred to, engaged and assessed by skilled mental health professionals who would be able to quickly determine the need and appropriate pathway of care, and mobilise other system-wide and patient related resources – health, social and community – eg Drug and Alcohol or Homeless services, Family and Friends etc, in order to address the underlying issues and de-escalate the crisis situation.

Discharge to Assess in Hillingdon

Discharge to Assess (D2A) is a model of care where the assessment of a patient's ability to successfully function and carry out their normal daily activities, is performed in their own home and not in a hospital bed. This means that patients who are admitted to hospital, should only stay there until they are medically stable and then every effort should be made to get them home, where an assessment of their function and ongoing needs will be made. This requires all community health and social care providers to work holistically and responsively, to wrap care and other services around the patient once they have been assessed at home.

The project aims to have a functioning "Discharge to Assess" home pathway up and running across several boroughs NW London by October 2017, with Hillingdon being an early adopter.

Older people's care pathway in Ealing

Ealing has a younger age profile than the general population – but the over 85years are predicted to increase by 50% in the next ten years. An older population comes with multiple disease burden rather than the silo single disease and specialisms that the NHS has historically delivered.

This project aims to develop the multi-provider, patient and carer-orientated vision to deliver holistic co-ordinated care. Older people will be supported through the pathway to live well and independently in their community through escalation care and into the hospital and back out again to home, as well as care homes. The learning from this project will help shape the models of care delivered in the borough.

Mentis Project in Harrow

The Mentis project outlines an innovative, fully integrated, community based dementia hub model to support those living with dementia in North West London.

Mentis seeks to address the complexity of accessing support for people affected by dementia leading to a better dementia pathway. To assist this, Harrow Council and its partners in delivering Mentis will develop a contact system that is joined up and person-centred with powerful navigation tools that work in partnership with patients/service users, families and practitioners needs.
The desired outcomes of this new model will meet its strategic objectives through:

- Greater knowledge of dementia and its impact
- People living with dementia and their families and/or carers will feel empowered to manage with the condition
- Prompt diagnosis and local access to treatment in an appropriate setting
- Increased community awareness and acceptance of dementia, including the establishment of dementia friendly communities

• Improved partnership working between social care, health and the voluntary, community and faith sector on issues concerning dementia • Reduction in avoidable hospital admissions for people living with dementia • Reduction in admissions to residential care (particularly long term and emergency) for people living with dementia • Provision of appropriate respite facilities for the carers of people with dementia
System Wide Primary Care In support of the GP Forward View plans for accessible care, this project is intended to build upon the local delivery of access-projects, to provide a system-wide response to current and forecast demand for primary care, through developing segmented analysis of demand, and providing appropriate local access-points (both face to face, digital and virtual) to offer patients the appropriate clinical service and response. The project will also build on NWL's track record in co-design of service-offers with identified patient-groups, voluntary sector representatives and our network of Patient Participation Groups located around GP practices. Outcomes will include fewer attendances at A&E for conditions that could be resolved within primary care, and therefore fewer outpatient referrals from A&E and fewer diagnostic tests commissioned within A & E.

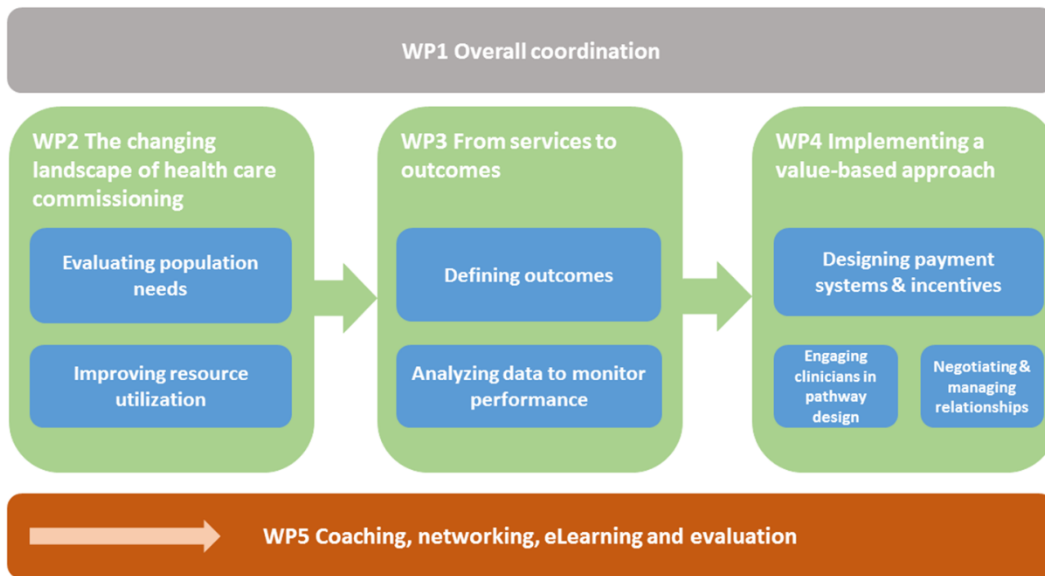
Commissioning for Outcomes high level overview

The NW London STP is clear that moving towards Accountable Care ways of working is one of our top strategic goals. A critical step towards that goal is single commissioning. The Commissioning for Outcomes programme will support health and social care teams on their accountable care trajectory to get to grips with the new ways of working and provide support and input around how to tackle real issues that arise when delivering single commissioning.

The programme will support **2 cohorts of 25 participants** from across health and social care to:

- address the **changing landscape of health care commissioning** (including workshops on health system changes, population needs, resource utilisation and limits of current contracting models),
- illustrate the **need to move from services to outcomes** and approaches to define new **outcome metrics** and analyse these metrics to monitor population health performance (workshop on defining outcomes and analysing data for commissioning), and

- implement a **value-based approach**, which includes workshops on issues such as designing payment-systems, engaging clinicians in pathway design and negotiating and managing relationships.
- These work packages will be complemented by **coaching, peer support** and **networking**, facilitated by a dedicated **eLearning platform**, and will be **evaluated** to assess achievement of the desired outcomes, in order to improve the delivery of future programmes.



Systems leadership support for health and social care leaders

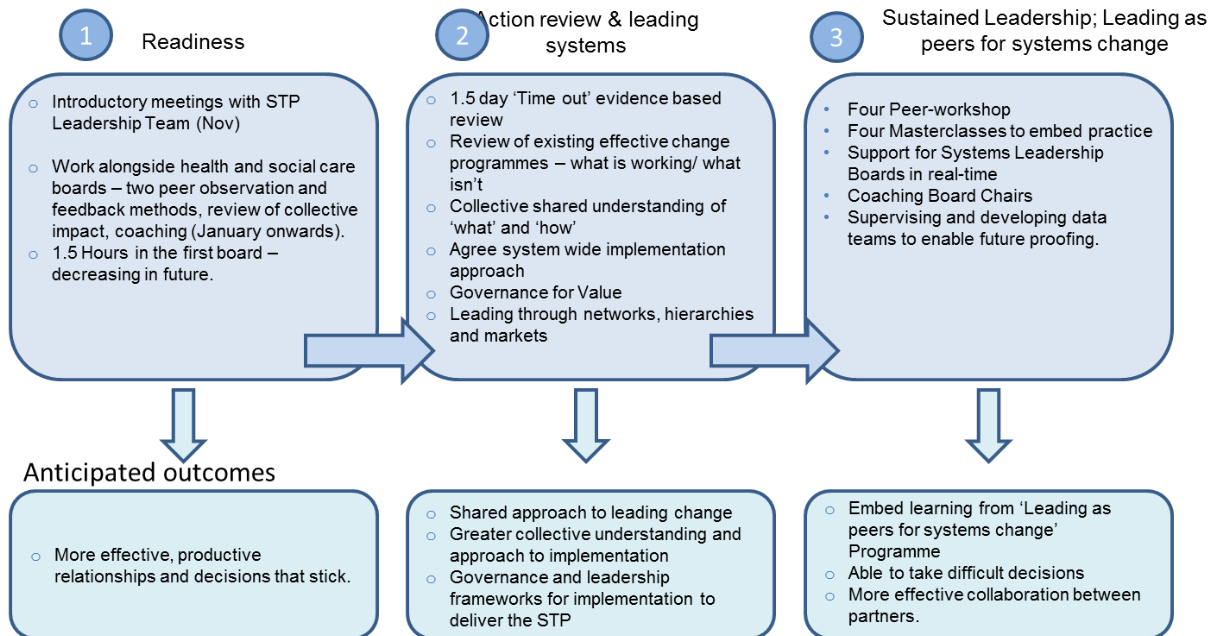
North West London is engaging with the significant challenges to health and social care on the basis of successful collaborations and development of quality services within and between providers and commissioners.

The ability to effectively **lead change that permeates across all levels of the system and organisational partners will be integral to meeting the health and social care challenges** NW London will face. As the intensity and depth of change required increases, sophisticated systems leadership is required, based on shared:

- Understanding of **what constitutes systems leadership for the whole**, and the role of the 'parts' (local Boards) in this context.
- **Perceptions of what has worked or not** in the past.
- Understanding of, and approach to the ways of **effecting change** for the range of problems and adaptations ahead.
- Leadership **behaviours and practices that are congruent** across partners.
- How to **operationalise systems leadership**.

The System Leadership approach will involve:

- **Fostering the key relationships** required for effective collaboration and systems leadership – this will involve working alongside the Board meetings, generating capacity in the Boards for effective peer review and assessment of collective impact.
- **Evidence-based action review and leading systems** –undertaking a deep review of impact; developing a shared understanding of the systems leadership role and function in current change / transformation programmes; working on peer leadership in practice in relation to governance.
- **Sustained leadership** – peer workshops and masterclass sessions, coaching for Boards, chairs, and data teams



Appendix – programme outcomes summary

Programme	Outcomes
Systems Leadership Development Improving collaborative working and partnership behaviours through peer review and practical support for Boards and leaders.	• System leaders collectively leading the system to create value by addressing the relational conditions, learning how to adapt across a range of challenges to deliver system change within NW London. • Trust and relationships between different providers across patient pathways with distributed leadership around a shared purpose. • Generate and promote different types of dialogue around the provision of care with a legacy of collaborative working across the Strategic Delivery Boards • Courageous leaders who are self-aware and thrive in uncertainty who own and enable change • A collaborative, interconnected, and

	enhancing landscape
High Performing Care (HPC) Programme Delivering system change through high performing teams across health and social care, using improvement methodology underpinned by data enabled evidence-based decision-making.	• Outcomes linked to the STP delivery areas and transformational skills across the 8 teams. • A greater understanding of models and theories of systems change and how they might apply within their area. • Professional and personal development. • Familiarity with data interpretation, using it to address variation and add value. (% increase in knowledge and understanding about data interpretation)
Leading Transformation Programme (LTP) HPC team Sponsors will receive development to support their teams through coaching and action learning sets.	• Leaders who understand how to put patients and service-users at the heart of care solutions.
Commissioning For Outcomes Develop the skillsets among health and social care commissioners to effectively commission for value and outcomes in the context of emerging ACPs.	• Commissioners have the skills and understanding to undertake single commissioning, and develop new ways of working, on their accountable care trajectory

Supporting Adult Social Care Workforce in NW London

Overview and Context

The challenges of ever reducing budgets in social care, policy change impacting on education provision for healthcare professionals and financial constraints within the health and care system require a workforce strategy that can build on existing experience and expertise. Supporting service users to self-manage their conditions have been recognised as being crucial to for future delivery.

In England there are an estimated 1.3 million jobs in a variety of roles across social care.

- The private sector is by far the largest employer employing over two thirds (circa 900,000) of all adult social care workers. The voluntary sector employs just over a fifth of all workers while the statutory sector employs just over 1 in 10 workers.
- around half of the workforce is employed in residential settings while a further 38% are employed in domiciliary care settings where care is provided in people's homes
- by broad job role group, almost three quarters of the workforce are working in a direct-care providing role
- just over half the workforce (52%) is considered to be full-time while 36% hold a part-time role. It is estimated that almost a quarter of jobs in the adult quarter of jobs in the adult social care sector (23%) are operating on a zero hour contract.

The concern for local government as with health is ever reducing budgets and additional burden for councils to fund their other statutory services such as housing and children's services. In relation to adult care, it is estimated that councils will have had to save a cumulative total of £5.5 billion from budgets by the end of 2016/17 financial year.

Whilst the additional funding offered by the social care funding Green Paper is welcome, this will still leave a significant shortfall in supply. The current estimates are that at least 400,000 fewer people are getting publicly-funded help. Some of this is through effective prevention but with growing needs and demand on health and social care, council focus is on the inevitable need for more resources in the longer term, as well as the short-term. Councils appreciate the need to work with their NHS colleagues to consider how the funding can be best spent, and to ensure that best practice is implemented more consistently across the country however in the meanwhile there is still work to be done.

The Social Care Workforce Focus

Challenges in social care are recognised across NW London, where there are currently around 45,000 social care staff supporting the population compared to 30,000 healthcare staff. Examples of focus include;

- Turnover and vacancy levels are very high for social care currently reported from Skills for Care – NMDS-SC as an average of 23.2% across London and ranging from 15.3% to 31.1% across NW London.
- vacancy rates across all social care roles currently reported from Skills for Care – NMDS-SC as an average of 11.2% across London and ranging from 2.6% to 16.4 % across NW London and are highest for social workers, occupational therapists and registered managers.
- The average age of adult social care staff is 42- 45 years across NW London with between 5 and 10 % being under 24 years old
- Across NW London in terms of social care job roles 39% are reported as UK born, 13% EEA (non – UK) and 48% non- EEA based on workforce return September 2015
- Social care realise that family and voluntary carers are also a large hidden but integral part of our workforce (NW London has more than 100,000 unpaid carers) and this too is a priority to ensure that this number is increased as well as well supported.

One of the complexities that cut across the above is the variations between boroughs in NW London and the fact that council priorities tend to be bespoke to individual boroughs and the communities they serve.

The focus of our approach is to use the opportunity to focus on the health and social care workforce as a single workforce and particularly to expand work across social care.

In recognising the fact that North West London CCGs are keen to work in partnership across boundaries to deliver plans to integrate health and social care services to improve the lives of the local people, the Workforce and OD team are currently working closely with Adult Social Care Directors across NW London to develop and embed a contemporary and effective integration plan.

Identified outcomes and priorities to date in relation to social care workforce integration include:

- Establishing, developing, and leading a joint strategic plan for workforce integration; working with all stakeholders to drive the integration pathway, and relevant commissioning functions and processes.
- working closely with key stakeholders across health and social care to design and implement future-proofed joint integration activities with a focus on workforce transformation, whilst fostering and exploiting opportunities to develop a true and seamless partnership.
- STP DA3 Transformation cases- align social care findings to NW London Sustainability and Transformation Plan Delivery Area and Enablers including on-going progress summaries
- Older Persons Care Reference Group- Workforce - agree terms of reference for Workforce sub group and including chairing, planning and facilitation of Workforce workshop followed by the evaluation of outcomes and first work

programme draft aligned to DA3 delivery.

- NW London Workforce Transformation Strategic Plan- Identify social care workforce implications against each of the four themes
- The Workforce Offer- Data, data transformation, agreeing the workforce model, measurement and targeting progress
- 'Case for Change' Document to address social care workforce challenges across NWL and next steps.

North West London
Collaboration of
Clinical Commissioning Groups

North West London

Workforce Transformation Strategic Plan

2016 – 2021

Health Education England North West London & Strategy and Transformation, Workforce Transformation Team

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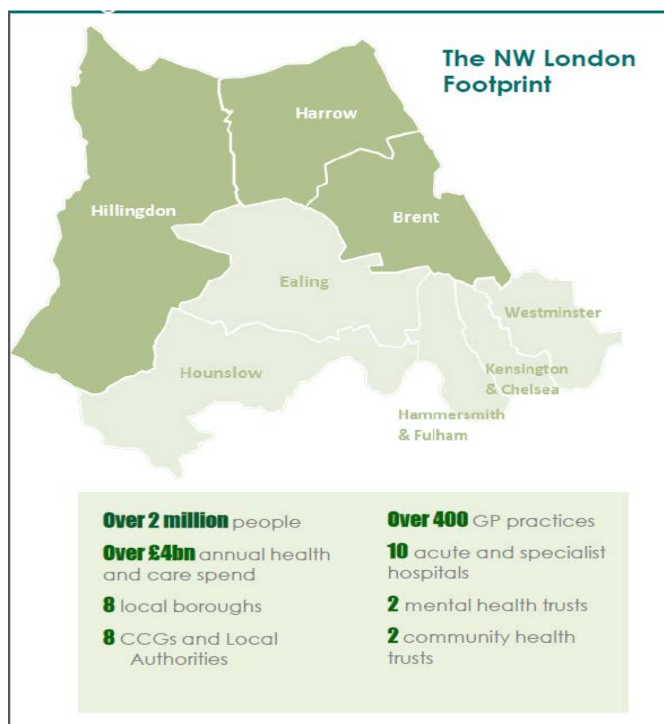
Executive summary

The Sustainability and Transformation Plan (STP) has given North West London a renewed impetus and opportunity to transform care by working in a more integrated way. Our existing and future health and social care workforce will be integral to delivering the service transformation and vision. Therefore a robust workforce strategy is being implemented under the joint leadership of Health Education England (HEE) North West London and CCG Collaborative, Strategy and Transformation Team (S&T) working as a unified team within a newly designed governance structure, which ensures service led decision making.

This 5 year strategy will comprehensively address a multitude of challenges from the long-standing difficulties in ensuring a safe supply of healthcare professionals to the complex tasks of supporting new models of care that rely on new ways of working using a change in skill mix and a change in leadership and culture. Whilst workforce planning and educational support for secondary healthcare has been well supported over the years, this workforce strategy will now place a strong emphasis on Primary and Integrated Care and tackle fundamental problems of workforce planning for Social Care. The challenges of policy change impacting on education provision for healthcare professionals and financial constraints within the health and care system require a workforce strategy that can build on existing experience and expertise. In NW London significant progress has been made towards addressing workforce gaps and developing a workforce that is fit for future health care needs. The reconfiguration of emergency, maternity and paediatric services in 2015/16 is an example of successful workforce support and retention, and workforce development in Primary Care has been supported for the past two years.

This workforce strategy being delivered by the HEE/S&T joint team provides a comprehensive view of work that is being planned and delivered to support the service change presented in the STP.



1. Introduction

1.1 Context

The NW London STP sets out the vision for providing high quality and affordable care and the integral role of workforce transformation as an 'enabling work stream' in delivering this service vision. This document provides a comprehensive view of the robust workforce strategy that supports delivery of the STP. This strategy is built upon the experience and expertise which exists within the HEE and S&T teams and shows the continuation of work that has already started to support service change as well as new initiatives.

1.2 Purpose of this document

This document provides a comprehensive overview of workforce transformation activity that will underpin the delivery of the STP. This includes activity that is in progress, activity to be delivered in the next 12 months and activity planned for the next 4-5 years.

It is aimed at a variety of stakeholders that are interested in, or working towards the delivery of the STP, including health and social care service providers, commissioners, service and HR directors, and a variety of affiliated organisations like regulatory bodies, DH, NHSE and others.

1.3 Aims and objectives

The overarching aim of this STP workforce strategy is to ensure that high quality, evidence based workforce transformation activity is planned and implemented to support the delivery of the STP.

To meet this aim, the objectives of the strategy are as follows:

- To ensure support and development of the NWL health and social care workforce in all care settings, promoting integrated care working across professional and organisational boundaries.
- To ensure workforce activity is aligned to, and supports all 5 STP delivery areas
- To ensure that workforce planning processes aligned to nationally led systems are being utilised to drive investment in workforce transformation and provide evidence and insight required to meet local workforce planning requirements
- To allow for prioritisation of work in line with key STP priorities eg localised care or cost savings
- To plan activity and investment based on the need to increase the scale and pace of certain work
- To ensure leadership and organisational development at every level are supported to deliver high quality patient care
- To ensure a robust governance system is in place which allows key stakeholders to inform and direct this strategy and oversee performance and accountability.

Altogether, this workforce strategy is about empowering partners and mobilising expertise towards delivering on our NW London STP workforce aims. Its aspiration is to inspire partners to co-create for better outcomes and create cohesion for a truly integrated workforce.

1.4 Scope

The scope of the strategy is defined above. The following is not in the scope of this strategy:

- To detail individual small scale projects being conducted within HEE, the CCG collaborative or service providers
- To detail specific investment in education and training
- To provide financial information
- To provide detailed information about performance monitoring

The strategy will need to be a live document in order to flex to the changing service landscape in NWL. It will be overseen by the Workforce Transformation Delivery Board (WTDB) and regularly refreshed in order to ensure it still meets the needs of the STP in NWL.

2. Principles and Governance

2.1 Principles for driving delivery

This workforce strategy will be delivered through a robust governance structure (see section 2.2) and a set of core principles that define the team and its way of working in order to deliver its vision.

The core principles for this team are:

- To provide leadership and expertise on all workforce activity across the sector and service areas defined within the STP.
- To be the recognised experts and partners of choice for all agencies supporting workforce transformation activity.
- To build on experience and lessons learnt, and work in a way that adapts to the changing needs of the sector
- To ensure decisions are evidence based and stakeholder driven wherever possible
- To strive to deliver against and influence, national and local policy

The core principles for this strategy are:

- To focus on supporting the FYFV triple aim of improving people's health and well-being, improving the quality of care that people receive and addressing the financial gap.
- To lead workforce planning activity aimed to ensure a safe supply of the future health and social care workforce
- To support workforce development and transformation required for future services including new models of care, new roles and new ways of working
- To support all 5 service delivery areas through close collaborative working with delivery area SROs
- To support the workforce to work effectively in multi-disciplinary teams working across organisational boundaries with a patient centred focus

2.2 Governance

Health Education England North West London (HEE NWL) and the Workforce Transformation Team within Strategy and Transformation Team (S&T) are working together as a single team to address workforce challenges and deliver this workforce strategy.

The pre-existing governance has been refreshed to ensure we have appropriate representation encompassing experience and expertise from across health and social care to drive the implementation of the STP workforce strategy. The NWL workforce strategy is being delivered through a strengthened collaboration between Health Education England and the CCG collaborative, local councils and other stakeholders. This ensures the strategy combines expertise and experience of investing in education and workforce initiatives with that of service planning and commissioning.

A joint STP workforce team is delivering this strategy under the leadership of Health Education England (HEE) and a newly established Workforce Transformation Delivery Board (fig 1) that is co-chaired by a CCG Chair, Social Care Director and HEE Director. This CCG and HEE joint team is being guided by:

1) A Workforce Transformation Advisory Council, a vision setting group and vehicle to develop and test the strategy and work programme with senior stakeholders in a large forum, and,

2) A Workforce Transformation Delivery Board that will then translate the vision into a workforce strategy and delivery plan for NW London, and will have responsibility for steering investment and resources.

These two groups report to the overarching Health and Care Transformation Group that is responsible to delivery of the STP and is accountable to the 8 sets of CCG governing bodies, provider boards and local authority cabinets (fig 2).

This new governance structure (fig 1 and 2) maximises efficiency and ensures clinically led decision making and input from key stakeholders including health and social care providers, CEPNs (Community Education Providers Network) and the Healthy London Partnership. The joint STP workforce team will deliver this strategy through pooled project management resource which includes at least 6 senior managers and additional support staff and subject matter experts. The strategy will be supported by co-ordinated use of individual budgets and expertise.

Our refreshed governance structure ensures that we have the strategic leadership, guidance and advisory input from a broad representation of individuals with experience and expertise in workforce planning, development and transformation across the sector.

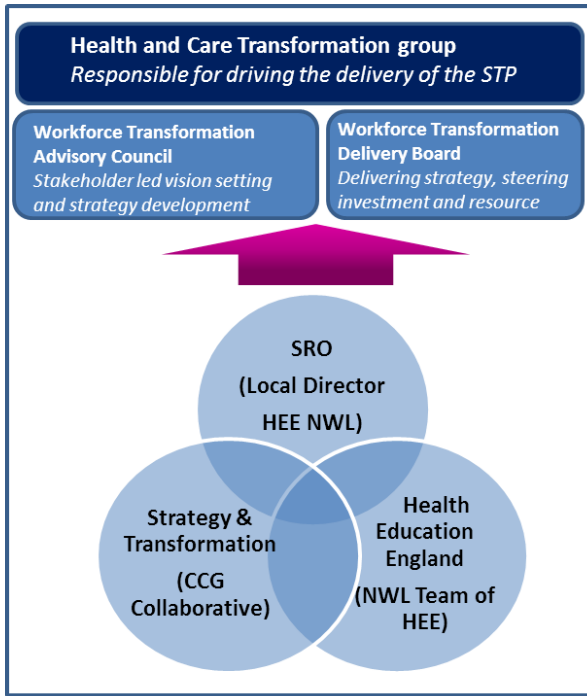


Figure 1: Governance to drive the delivery of the workforce strategy

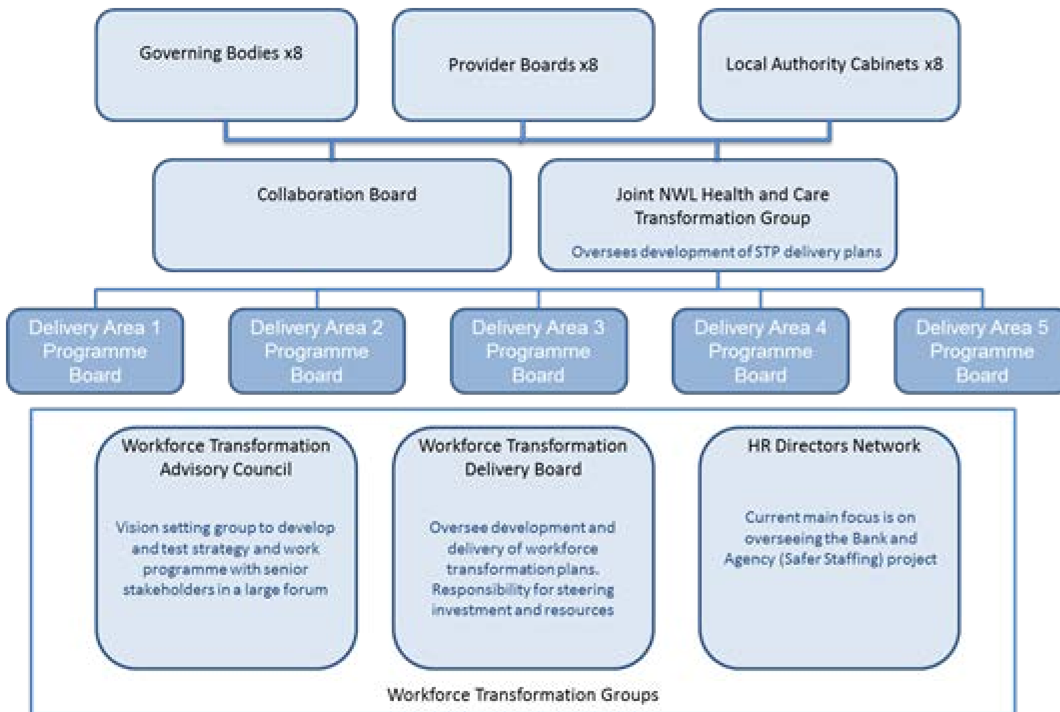


Figure 2: Wider NWL governance and accountability framework

2.3 Stakeholders

NW London has established a successful whole system partnership and has a strong history of pan-borough working and collaborative achievements; for example, the implementation of Shaping a Healthier Future and three successful reconfigurations. The STP builds on this and brings further opportunities and impetus for collaborative working, innovation and improvement.

We are currently mapping our stakeholders, so that we can capitalise on existing relationships and fora for engagement, and understand where we need to focus more efforts to establish and build relationships. We acknowledge that there is more to be done with the carer and social care workforce.

We have recently agreed joint ways of working with Imperial College Health Partners (ICHP) to include leadership and change management programmes under the Change Academy, and have an existing relationship with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

3. Delivery Programmes

3.1 Workforce delivery themes

The NWL STP workforce strategy is centred on four workforce priorities that cut across all five STP delivery areas. These are:

1. Workforce planning and addressing workforce shortages
2. Recruitment and Retention
3. Workforce transformation to support new ways of working
4. Leadership and Organisational Development (OD)

This document details the content and outputs of this 5 year strategy. Its purpose is to define priorities and plans for future work. It should ensure that work being conducted is having maximum impact, avoiding duplication and meeting the requirements of the wider STP programme and national guidance from NHSE and HEE.

3.2 Workforce planning and addressing workforce shortages

3.2.1 Context

Effective workforce planning is essential for securing our future workforce; it underpins all workforce interventions and investment, cutting across all STP delivery areas.

3.2.2 Current status and future vision

Health Education England (HEE) will provide dedicated and general expert support to the work of the Sustainability and Transformation Plan (STP), the Workforce Transformation Advisory Council

(WTAC) and the Workforce Transformation Delivery Board (WTDB). HEE will be able to draw on its resource of data and intelligence and the expertise of expert workforce planners.

HEE is responsible for ensuring that there is sufficient future supply of staff to meet the workforce requirements of the English health system. In undertaking this role it must also work with partners to assess, but not have primary responsibility for, the workforce consequences for the wider health and care system. Each year HEE provide local and national forecasts of the supply that will arise over the next five years and use these forecasts to discuss with stakeholders whether this supply will match the system's view of future demand including the extent to which any current shortages will be addressed. This analysis and discussion is then used to identify whether any changes are required to the volumes of training commissioned by HEE, whilst recognising that the impact of these decisions will, for most programmes, have no impact on supply until over four years' time.

Historically HEE has led workforce planning activities in order to develop and publish an annual Workforce Plan for England. Locally, LETB's (and predecessor organisations) undertook workforce demand and supply modelling to determine education commissioning numbers with HEI's that would be funded by HEE. These numbers were fed back centrally to inform the national plan.

As a consequence of the Comprehensive Spending Review (CSR) in 2015, HEE no longer has commissioning responsibilities for most areas of non-medical education and funding for courses will fall under the same bursary and student loans schemes of all other pre-registration degree programmes. Further data will be collected from 1st November 2016, led by NHS Improvement working in conjunction with HEE . The workforce information will be included within the collection that NHSI routinely collect as part of organisation submissions for their 2 year operating plans and will provide comprehensive data on supply for new and existing roles within health services. This new process is designed to ease the burden on Trusts but also to align short term planning needs with longer term resource requirements.

It should be noted that the full impact of the CSR on new student entry for September 2017 has yet to be realised and whether the removal of funding will significantly reduce student intake and therefore future supply for a wide range of non-medical professional groups.

Medical workforce shortages

Postgraduate Medical trainees, not only represent the future consultant workforce but also provide significant input to 24/7 service delivery whilst in training. This is recognised in part by the 50% HEE salary contribution and large number of 100% Trust funded placements.

HEE has established a national approach to medical workforce planning, this process commenced with a review of five of the largest medical training specialties – covering collectively more than 50% of medical training posts (including GPs). There will then follow a series of rolling reviews for other medical specialties.

As part of this planning HEE is committed to actively consider the education and training needs of Staff and Associate Grade doctors, in light of their significant contribution to service delivery.

Only by openly and explicitly acknowledging the whole medical workforce and their supporting multi professional teams will we be able to make sensible decisions on the levels of structured Postgraduate medical education to commission for future consultant and GP supply. In the

meantime we have therefore limited material changes in 2016/17 medical commissions to three known priority areas of GP, Emergency Medicine, and Clinical Radiology.

We acknowledge that there are shortfalls in the supply of the junior medical workforce to fill the 24/7 rota across specialties and we are committed to work with trusts to mitigate gaps where possible through alternative workforce options. Corresponding future expansion and reconfiguration of services places further pressure on 24/7 rotas. Where there are opportunities to expand medical postgraduate training commissions this is within a fixed funding envelope so a collaborative approach with employers is essential.

The current and future medical workforce will need to align with planned service transformation, with greater training emphasis in out of hospital and community settings, working in multidisciplinary teams, by building on initiatives such as Shape of Training which recommends patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings.

There will need to be alignment across commissioning organisations to ensure training opportunities are maintained during reconfiguration and/or procurement of services, in particular when private or voluntary sector organisations are appointed.

Available Workforce Information Analysis

HEE has access to a wide number and range of information and data sources that will be essential in any workforce planning activity. HEE has also undertaken workforce modelling activities and has the resource to conduct further modelling to fit the needs of the STP.

Internal data sources

HEE has knowledge of access to a range of locally held data which includes:

- GP and Medical recruitment data
- Access Provider database for education outturn (pre reg non-medical commissioning data)
- Data warehouse – Trust Workforce Electronic Staff Record (ESR) data
- E- wisdom – Dental competencies and skills training system
- E-workforce tool – workforce planning data

External data sources

A range of national data sources are available and regularly updated as listed below. All of the data sources listed below are accessible via the Health Education England Data Library.

- **Social Care data** – Data on the social care workforce is crucial in planning an integrated workforce that delivers on the priorities with the STP. The National Minimum data set for social care is collected by Skills for Care and published annually. Specific workforce modelling for the social care workforce will be required which utilises data available and encompasses the roles and activities that exist and will be required in the future.
- **Primary care data** – NHS Digital (formally HSCIC) collects information from general practices across the country using the workforce minimum dataset (wMDS). Information by practice

of GPs, practice nurses and other occupations are collected including age, gender and FTE. The dataset is developing after each publication and is published bi-annually.

- **NHS Digital** is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care. A broad range of other health and social care data can be accessed via i-view.
- **Office of National Statistics (ONS) data –** Wide ranges of national data available of relevance to the provision of health and social care planning including data related to People, population and community. Detailed data on Health and Social care related to life expectancy, death and illness as well as disease prevalence.
- **Higher Education Statistics Agency (HESA) data –** HESA collects and publishes detailed information about the UK higher education sector.
- **Higher Education Funding Council for England (HEFCE) data –** Data related to the funding for UK Higher education.
- **Universities and College Admissions Services (UCAS) data –** data related to universities applications and admissions
- **Care Quality Commission (CQC) Data –** patient and NHS staff survey information and data

Workforce Information Analysis

- BI dashboards – monthly workforce information by profession and footprint derived from ESR
- HEE national dashboards – 5 year workforce forecast demand and supply data by secondary care organisation and footprint
- Medical Supply- The case for change
- Medical supply – Speciality datasheets
- General Practice Forward View (GPFV) GP Workforce Analysis – Analysis of various data sources to assess the geographical areas most in need of primary care funding.
- Workforce Migration – Using ESR data, this analysis examines how midwives, adult, child and mental health nurses move within the NHS between 2009 and 2014.
- Other things on data portal

Workforce Information Modelling

- 2016 demand and supply modelling by footprint by profession (HEE National) – workforce demand and supply data is modelled with a number of assumptions applied to project how many staff will be available within our workforce in 5 years' time. It therefore identifies any issues with over or under supply for the future.
- Historic demand and supply modelling 13/14, 14/15 and 15/16 – pan London tool
- Economic Retention Model – a nationally lead project that is developing a tool that can demonstrate the potential benefits and cost savings associated with various approaches to retain staff and students. Currently developed to look at nursing professions and across footprints but is being further developed for other professions and for specific organisations.
- Healthy London Partnership Workforce Modelling – Primary care, Mental Health (EIP)
- Modelling for the national cancer vanguard
- Mental health modelling – Likeminded

A document outlining workforce data outputs and reports are available on request.

Further development

We recognise that the nature of the STP as a local transformation plan will require specific workforce planning activities to be undertaken at local and service level. HEE have the skills and capacity to support this work and are currently exploring the use of a range of other planning tools such as further development of the **Healthy London partnership workforce modelling** or commissioning of new tools such as the **Workforce Repository and Planning Tool (WRaPT).**

As the STP is a truly local plan based on local population need we aim to develop workforce planning expertise and adopt **integrated place based modelling** approaches that develop place based workforce plans. These plans will identify competency and skill mix requirements and training for staff to workforce plan sustainably.

For certain programmes it may be necessary to collect data directly from service providers as part of the workforce planning activity and HEE will support any additional data collection alongside programme leads. HEE will advise on the best source of data and intelligence to ensure consistency and best practice as well as ensuring that data is fit for purpose.

Workforce planning activities will be undertaken as part of a London wide approach and good practice from other STP's nationally will be observed so that any relevant and useful learning can be introduced within North West London.

HEE will determine if there are any national targets that we have to deliver on or any specific national campaigns that need to be incorporated into any planning activities. For example national targets for:

- Physician Associates
- Increases in GP trainees
- Associate Nurses
- Radiography services

3.2.3 Key deliverables and future objectives

Key objectives or deliverables		
Year 1	**Year 2**	**Year 3-5**
Use 16/17 HEE/NHSI workforce dashboards and data analysis to establish baselines for current workforce	Undertake NWL workforce modelling by professional group using HEE national tool	Refresh NWL data modelling with current data
Use HEE demand/supply modelling to determine future workforce by profession.	Identify specific work streams requiring data modelling	Undertake further data modelling not conducted in year 2.
Establish dashboards for relevant current and future population statistics	Identify data modelling tools appropriate for activities (HLP, WRAPT, place based techniques, others TBC)	Review if modelling tools are fit for purpose or if further resources require consideration.
Establish data directory of all other data sources relevant for supporting delivery of	Identify and agree all Information Governance and Information sharing	

Workforce strategy including publication dates. Including: • Social care data (Skills for Care) • General Practice workforce minimum data set (NHS Digital)	agreements required.	
Liaise with the National HEE Information Development Team to ensure standard data and intelligence is accessed through the National Data Portal	Identify and mobilise expert workforce planning staff to deliver on this activity.	
Determine any areas where procurement of additional data is required. (liaising with national team)	Prioritise and initiate work streams to undertake data collection and modelling	
	Collate data outputs to inform STP transformation plans	

3.3 Recruitment and Retention

3.3.1 Context

Improvements in recruitment and retention across health and social care will be critical to closing the financial gap and addressing workforce shortages. Economic modelling in London and the south east shows £100.7 million could be saved in the next 10 years by retaining new staff for 1 extra year. Recruitment and retention issues lead to excessive use of bank and agency staff costing £172m. Recruitment and retention is a core workforce theme that cuts across all STP delivery areas.

3.3.2 Current status

- Supporting recruitment and retention has been identified as a key enabler to cost savings
- GP and Practice Nurse work force supply is the lowest in London, therefore recruitment and retention initiatives are imperative to supporting Primary Care in NW London.
- Turnover rates within NW London Trusts have increased since 2011, negatively impacting on patient care and finances.
- Challenges in social care are recognised. Turnover and vacancy levels are very high for social care.
- Recruitment of social care nurse and care workers is a national priority. These will be addressed through this strategy following further consultation with service and subject matter experts.
  NWL STP is a pathfinder for a national programme of back office consolidation; this will impact on HR services and recruitment and retention activity

3.3.3 Future Vision

Improvements in recruitment and retention lead to:

- Improved patient care and experience
- Improved workforce productivity and stability
- Significant cost savings and reduced use of bank and agency staff

3.3.4 Key activities

An overview of activity aimed at improving recruitment and retention is summarised below:

Economic analysis of retention strategies

Detailed economic modelling of the costs of retention within the nursing professions has been undertaken. This was initially a London wide model with national support; it therefore incorporated discussion on assumptions with range of key stakeholders (nursing leads, planners, commissioners, finance) and utilised the HEE finance model. This modelling has shown the magnitude of savings that could be made through improvements in retention eg. £100.7 million could be saved in the next 10 years by retaining new staff for 1 extra year. This type of economic modelling is now being rolled out more widely to incorporate medical specialties and AHPs, and show costs savings associated with Trust specific recruitment and retention strategies and with specific projects like the Capital Nurse Foundation Programme.

Capital Nurse Foundation Programme

The aim of the NW London Capital Nurse Foundation Programme is to improve recruitment, retention and progression of newly qualified nurses to address the workforce challenges being faced by individual organisations in specific specialties and meet the strategic priorities of the STP and NHSE forward view. In 2016/ 17, 320 newly qualified nurses will begin a 1.5 year rotational programme with educational and development support, this covers all NHS trusts in NW London and a range of specialisms and settings including Paediatrics, Mental Health and Primary Care. This programme has been started through partnership working with Trusts and a £1.1m investment to support the establishment of the rotations. A centralised evaluation process is being conducted to demonstrate the benefits and ensure longevity of this work

Bank and Agency Programme

This is a critical programme of work aimed at improving efficiency and delivering cost savings. Bank and agency usage in NW London is too high. Working with all 10 trusts in NW London we will reduce the spend on agency staff (beginning with nurses) and optimise the balance between bank, agency and substantive staff to make most effective use of staffing spend. We will achieve this by:

- Controlling demand for bank shifts by improving rostering
- Encouraging employees to work additional shifts via banks rather than agencies
- Harmonising bank pay rates
- Increasing the size of trust banks and working collaboratively so staff can work at a NW London level
- Quality agency partnerships to reduce agency costs
- Establish collaborative networks across NW London to share best practice for bank and rostering managers

Profession specific recruitment and retention projects to support STP priorities

A variety of project work is underway to address profession specific issues with a view to improve recruitment and retention. For example expanding the radiographer workforce is essential to meet the seven day services standards, therefore a career development framework has been developed with staff and endorsed by trusts, HEE and the Society and College of Radiographers (SCOR). The framework was launched alongside ongoing initiatives to promote careers in radiography and provide opportunities for career development and progression and support retention of staff. Return to practice is being utilised as a cost effective way of quickly filling immediate workforce shortages in Nursing and Paediatrics. This type of work will continue to strategically support the delivery of the STP.

Primary Care

Recruitment and retention within Primary Care is being tackled through a number of initiatives that will be built on and further developed in the future, these include:

- Ensuring maximum uptake to GP training places in NW London, which has been achieved over the last two years
- Promoting General Practice and Practice Nursing as a career choice in a number of ways including: supporting national campaigns, providing educational support eg BSc in General Practice Nursing (GPN) or fellowships in mental Health for GPs and joint working with Imperial undergraduate medicine.
- Addressing GP and Practice Nurse retirement
- Building on intelligence from CEPNs to understand and address local retention issues
- Support nursing revalidation amongst older primary care nurses in order to deter early retirement.

Promoting the healthy workplace charter

Evidence shows that organisations gain financial benefits through implementing workplace well-being programmes that help improve productivity and reduce sickness absence and staff turnover. CCGs in NW London are being supported to achieve the healthy workplace charter, and workplace well-being is being promoted through HEE and the HEENWL public health strategy. A future consideration is to develop or support a NWL-based initiative for workplace wellbeing working in collaboration with the National School of Occupational Health. Work will also continue to promote the attractiveness of working in NW London.

3.3.5 Key deliverables and future objectives

Recruitment and retention Key objectives or deliverables			
	Year 1	**Year 2**	**Year 3-5**
Economic analysis of retention strategies	▪ Medical Economic Retention Tool rolled out ▪ Allied Health Professions Economic Retention Tool rolled out ▪ Economic retention modelling complete for a number of bespoke projects in NWL. (CNWL, Imperial, Hillingdon)	▪ Implementation of local and/or system retention strategies following outputs from modelling. ▪ Yearly refresh of data in tools	▪ Analysis of impacts of implemented retention strategies. ▪ Yearly refresh of data in tools.
Capital Nurse	▪ Capital Nurse Foundation programme planned and implemented. ▪ 320 nurses will start rotations with funding to support rotation co-ordination and nurse education ▪ Economic and educational evaluation started	▪ Outputs of economic and educational evaluation will determine next steps ▪ Further roll out of rotation programme in new care settings and specialisms	▪ Integration of rotation programme within Provider's standard process of service delivery
NWL Staffing Project	▪ NWL Staffing project led by HRDs aimed at reducing bank and agency use started. ➢ Roll out rosters at 6 weeks' notice across all NWL trusts ➢ Fix new framework agency rates into rostering system ➢ Synchronise rosters across all trusts in NW London ➢ Carry out a pay rate benchmarking exercise in line with the rest of London to review rates and provide evidence base to recruit staff from agencies ➢ Agree and implement a medical booking process to control locum usage ➢ Baseline and monitor staff spending across substantive, bank and agency ▪ Trusts will receive £1m to support various retention initiatives aimed at reducing bank and agency spend	▪ NWL Staffing project continued ➢ Recruitment streamlining process implemented to support the expansion of staff bank numbers ➢ Agree and Implement medical rostering process ➢ Agree and implement AHP rostering process ➢ Carry out a unit cost analysis to agree optimal usage of bank:agency:substantive staffing ➢ Agree an additional duties process to reduce unplanned shift requirements	▪ NWL Staffing project continued. Project direction will depend on the progress made and the opportunities that are identified over the preceding periods
Primary Care	▪ Filled all GP trainee positions ▪ GP careers fairs and workshops being held by HEE and providers eg. Imperial and Hillingdon to target recruitment and retention of GP trainees and trainers	▪ Development of GP fixed rotations from August 2017 to deliver annual expanded intake of 106 trainees per annum	▪ Continue to support and manage GP trainee rotations in line with national policy
	▪ Supporting Nurses to move into general practice nursing. 69 places commissioned in 16/17 ▪ Supporting community based education and work in general practice though commissioning post-graduate education for Nurses and AHPs	▪ Continuation of work to recruit newly qualified staff into Primary Care	
	▪ CCG based workforce planners acquiring intelligence and proposals for addressing recruitment and retention issues in Primary Care	▪ Supporting retention through strategic use of workforce development funding for Primary Care. ▪ Working with and supporting CEPNs	

Profession specific projects	▪ Increase recruitment of student Paramedics ▪ Support recruitment and retention within the London Ambulance service		
	▪ Supporting Return to Practice for Nursing and Midwifery. 25 places/year commissioned.		

3.4 Workforce transformation and new ways of working

3.4.1 Context

Workforce development and transformation to support new ways of working is pivotal to the delivery of the STP and cuts across all service delivery areas. Increasing demand for health and social care services under growing financial constraints means that maximising the effectiveness of the existing workforce and utilising new ways of working are key priorities.

3.4.2 Current status

- Numerous initiatives are underway to support each of the service delivery areas in clearly defined projects eg Partnerships in Innovative Education (PIEs) which improve patient care through new, non-traditional training and education models that involve a range of individuals from across health, social care, voluntary and patient groups and educators. PIEs have been running for over two years and have progressed year on year covering wider geography and specialisms.
- All STP delivery area SROs are being consulted to ensure their workforce requirements are adequately supported.
- CCG based workforce planners have supported workforce development and transformation activity tailored to meet the needs of general practice and primary care within individual CCGs and emerging GP federations
- Planning and small scale interventions are in place to introduce new ways of working and develop the non-clinical workforce to tackle workforce shortages (release clinician time) in Primary Care.
- Workforce planning processes are being developed to undertake bespoke planning for new models of care eg support for the Cancer Vanguard.

3.4.3 Future Vision

- A strong workforce planning function across health and social care will provide the evidence base for directing investment in workforce transformation activity that meets the needs of integrated services and the new models of care within individual services or regions. Types of activity that will expand include those similar to the current transformation of sexual health services supported by fewer consultants and more nursing and support staff. HEE will need to support future workforce developments and support re-train existing workforce
- Workforce transformation activity will progress at scale and pace building on the work that has been undertaken over the past three years.
- Workforce transformation activity will support all 5 delivery areas and cross cutting priorities like Primary care. All health and social care staff groups will be supported.
- Delivering integrated care services requires integrated learning between and within professions. Multi-disciplinary education and development opportunities between general practice, acute, mental health, care homes, social services, etc

- General practice taking responsibility for developing future workforce plans and educating and developing their future workforce
  Making greater use of the whole workforce (eg HCAs and reception/admin staff) and deploying new roles (pharmacists, PAs, etc) in general practice in order to release GP time.
  A more diverse skill mix in general practice.

3.4.4 Key Activities

Some of the work in progress and future plans are summarised below by service area (more detailed activity is shown in appendix 5.2):

3.4.4A Primary Care – cross cutting all 5 delivery areas

Supporting the Primary Care workforce is fundamental to the delivery of the STP and this work cuts across all 5 service delivery areas. Some of the core workforce transformational activity in progress is as follows:

Community Education Provider Networks (CEPNs) have been established within every CCG. They serve to support multi-professional workforce development activity, the implementation of local investment activity plans and to conduct localised, detailed workforce planning. CEPNs are being run by local managers and nurse educators and being supported centrally through CCG based workforce planners and HEENWL. Building on work to date the infrastructure and governance for supporting the CEPNs will be further improved.

Education and training within Primary Care for health and social care professionals and for other staff groups will be important in supporting new ways of working to deliver the STP. Training hubs are being designed which will allow for service providers like GPs to deliver education and training based on their experience and their practical and specific needs of the services that are being recruited to. Opportunities for better linking educational hubs and Specialist GP training programmes (formerly VTS) will be utilised to ensure that newly qualified GPs are being trained to deliver care in a way that meets future needs in a fully multi-disciplinary approach. GP scheme development workshops around the changing Primary Care landscape to prepare trainees for the future workforce are already underway. New programmes are being implemented such as a one year programme for Paediatric and General Practice trainees to better understand and start practising integrated child health care. This type of work will continue and evolve alongside the core work of supporting medical trainees by rotation planning, and building trainer and training capacity.

New models of care within Primary and Community care settings are being developed based on evidence emerging from studies like Making Time in General Practice , General Practice Forward View and local Day of Care Audits that assesses activity and skill mix in Primary Care and workforce data modelling undertaken by the Healthy London Partnership. The HEE/S&T team together with the CCG workforce planners team are supporting individual CCGs with implementing new models of Care. Furthermore, investment in Physician's Associates, receptionist training, apprenticeships, and non-clinical staff will continue to support the use of skill mix and reduce the pressure of workforce shortages that are forecast for GPs and GPNs.

Accountable Care Partnerships or Organisations (ACOs) have emerged as a key part of NHS policy for the next five years to 2020/21. They feature in the Five Year Forward View (FYFV), published in

October 2014 by NHS England as part of essential actions to manage quality and financial sustainability for the NHS.

Accountable Care Partnerships (ACPs), new organisational forms which integrate care around patients by breaking down traditional organisational boundaries and bring together providers of primary, secondary and social care including third sector organisations, are at varying stages of development across NWL. ACPs are integral to the delivery of the STP service vision and NHS policy for the next 5 years. Currently a team of CCG based workforce planners are defining workforce requirements for ACP partners as new models of care emerge and as these organisations develop.

3.4.4B Workforce development – cross cutting all 5 delivery areas

HEE NWL has worked to minimise the impact of the requirement to reduce workforce development funding for Trusts. Funding was allocated via headcount methodology based on the most recent, accurate, ESR data and the total reduction was capped at 30% and not the recommended 50% through readjustment of other activity. To further protect Trusts from the impact of this reduction, they have been supported by additional strategic investment throughout the year. The indirect funding stream paid directly to Universities was protected in order to maximise value for money and allow for strategic investment.

Furthermore, HEE NWL has supported the development of educational programmes that support health care staff to work in the community. Both Pre-registration and Postgraduate education with a community focus to support Nurses and AHPs to work in the community will be continued.

3.4.4C Delivery Area 1 – Prevention

A range of activity to support the prevention and self-care agenda has started, some examples include:

- NWL Public Health strategy was developed in 2016 alongside the NWL Public Health Steering Group to ensure HEE NWL is ensuring a consistent approach to the wider workforce training and development and aligned to both national and local drivers for change.
- The Making Every Contact Count (MECC) programme is being supported, examples include working with Brent Council to train 1000 multidisciplinary staff members in MECC and develop tools to support efficient engagement with service users and supporting MECC to be embedded in Higher Development Award for HealthCare Support Workers
- Investment in the CCG collaborative, Local Services team led project to support self-care through delivering the Patient Activation Measurement tool and raising awareness campaigns.
- Working with Middlesex LPC (LPCs covering NWL) in 'The Use of NHS Health Checks from Community Pharmacies to Identify Patients at risk of Diabetes' project.
- An 'Improving Health Literacy' programme has been developed which will support tailored health literacy to priority patient groups; which will also include a patient empowerment programme targeted at receptionists, HCAs, practice nurses, practice managers and GPs.

3.4.4D Delivery Area 2 and 3 - Eliminating unwarranted variation and improving LTC management/ Achieving better outcomes and experiences for older people

- A programme is in place to ensure implementation of 7 day services. Whilst much of this work is provider led there are key activities that need central support. For example a career framework to support career development and progression and therefore retain radiography staff was launched in November 2016. This will help trusts to address shortages and help meet the clinical standards for delivery of 7 day services. This year, £750k was invested to trial new models of care and support recruitment and retention in the radiography workforce.
- New models of care defined by the Cancer Vanguard will promote early diagnosis, prevention and treatment of cancers. These are being supported by implementation of specific projects.
- Partnerships in Innovative Education (PIEs) started in 2013 (Previously called CEPNs) as a means of improving patient care by exploring new, non-traditional models of training and education involving combinations of educators, healthcare and social care professionals, and patients as well as voluntary and patient groups. They acted as catalysts for the adoption of best practice and facilitate integrated care, to create new innovative educational models to support local workforce transformation. The PIEs are well aligned to DA2 and 3, projects include: Falls and Frailty, Improving care for people with Chronic Obstructive Pulmonary Disease (COPD) and Challenges in End of Life Care: Delivering an integrated primary care, multi-professional training programme.
- The long term vision for developing the workforce to support older people is a much deeper level of integration both across organisational boundaries and between professionals who deliver different packages of care to those people that need support – particularly in their own homes. This will require changes in the way that services are commissioned including a longer term view of the procurement of services.

3.4.4E Delivery Area 4-Improving outcomes for children and adults with mental health needs

Context

'Like Minded' is the key Mental Health Strategy for North West London and was established as part of the 'Shaping a Healthier Future' transformation programme, to improve mental health and wellbeing across the area. 'Like Minded' is about working in partnership to look at how excellent, joined up services, experiences and outcomes can be delivered that improve the quality of life for individuals, families and communities who experience mental health issues. There is also a learning disabilities work stream within this programme. The Mental Health and Wellbeing Transformation Board is the key strategic forum that guides this programme of work. Whilst Delivery Area 4 focuses solely on mental health, it is important to note that mental health also cross cuts across Delivery Areas 1 and 2.

HEE NWL are working, alongside the NW London Mental Health and wellbeing transformation team, to develop and support a work programme to deliver the HEE Mandate for Mental Health, the Mental Health Five Year Forward View and the GP Five Year Forward View. In addition, this section has also been informed by meetings held with the SRO for DA4.

Current Status

- Turnover in mental health providers tends to be much higher than in other acute settings. To both grow the workforce and provide quality care providers must take action to improve retention.
- Moving service provision into primary and community care is key to the success of the mental health agenda. However primary and community care services are already under

significant pressure and therefore there will be huge recruitment and retention challenges associated with providing mental health services in these settings.
- There are significant challenges associated with the integration of mental health trusts, primary care, acute and social care.
- Financially sustainable implementation will require significant service and skill mix redesign - the MH5YFV argues that doing more of the same is not an option.
- Training and up skilling of the current workforce is a national priority.
- Significant work is required to ensure that adequate numbers of staff to grow the workforce are trained: the psychiatric (medical) workforce, specialist mental health nurses, clinical psychologists and IAPT. There is also work required to up skill generic primary and community care staff in new roles such as care navigators and primary care reception staff as well as existing acute staff.
- The Like Minded Case for Change highlights three broad workforce areas where progress is necessary. First, ensuring that the mental health workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. Second, systematically developing the broader mental health workforce in primary and community care – in particular, to think about how the skills and capabilities of third sector partners can be improved. Third, ensuring that those working in other parts of the health and care system – and beyond it such as the police, schools, housing – have appropriate training and awareness of mental health issues.

Future Vision

There are high ambitions for better mental health and wellbeing for every person living in North West London. The aspiration is that North West London should be a place where:
- wellbeing and happiness is valued and people are supported to stay well and thrive;
- appropriate and timely help is available;
- people receive joined up care and support.

Key Activities

There is currently a wide range of activity aimed at improving outcomes for children and adults with mental health needs and learning disabilities in NWL. An overview of current activity and support to the Like Minded Programme is summarised below and further examples are listed in appendix 5.3. The list is not exhaustive but highlights key examples. End of life care and the mental health needs of people with physical health needs are not specifically covered but are highlighted, where relevant.

-HEE NWL support to Like Minded Programme including:–
- -Specialist Community Eating Disorders service for children and young people **(DA4)**
- -Workplace wellbeing and prevention **(DA1)**.
- -Prevention of conduct disorder – support to Like Minded for training in primary care **(DA1).**
- -New models of care for children and young people **(DA4)**
- -Specialist community perinatal services **(DA2)**
- -Crisis care **(DA4)**
- -Support for people with Learning Disabilities, autism and challenging behaviours **(DA4)**
- -Implementing evidence-based interventions and models of care for under-diagnosed and under-treated common mental health needs. IAPT Long Term Conditions and emotional wellbeing **(DA2)**
- -Social Isolation and Loneliness Steering Group **(DA1)**
- -GP and primary care workforce development being explored **(DA2 & 4)**

Key Deliverables and Future Objectives

The HEE Mental Health Workforce Strategy describes five overarching pillars that when implemented together can provide a blueprint towards meeting the workforce gap:

1. Increasing productivity
2. Increasing attractiveness and reducing attrition
3. New staff
4. New roles
5. New skills

The five pillars are themselves rested on the need to evolve a different approach to workforce planning, moving from planning to traditional roles towards planning against competences needed to deliver care. This does not preclude the need to ensure certain roles are filled but will enable the available workforce to be utilised more effectively.

(It is important to note that the eight different boroughs within NWL are all at differing starting points in relation to the deliverables below, section 3.4.5)

3.4.4F Delivery Area 5 - Ensuring we have safe, high quality sustainable acute services

This delivery area was previously supported as part of the Shaping a Healthier Future Programme and this work will be built upon to support the STP. Some of the previous and on-going activity is summarised below:

- Since 2013 close partnership working with service providers and education providers together with active investment in workforce development and retention strategies have enabled the safe transition of staff and learners during significant acute reconfiguration of emergency care, maternity care and paediatric services in North West London. This experience will guide future work to support reconfiguration.
- The development of a frailty unit at Ealing local hospital will mean we need to support staff to move to the new delivery model, this includes making sure that there are sufficient opportunities for trainee doctors and any changes in training placements are managed. We will also develop recruitment and training plans for staff to make sure that we can ensure a safe and effective new service for patients.
- The seven day services programme is receiving an additional investment of £750K to trial new models of care and to further support the Radiography workforce.
- Strategic investment of workforce development funding and preceptorship funding continues to support staff across NHS Trusts.
- Expansion of the medical workforce, including Clinical Radiology, Intensive Care Medicine and Emergency Medicine. Opportunity to review distribution of placements across NW London and explore multi-professional teams best placed to deliver patient care

3.4.5 Key deliverables and future objectives

Workforce transformation - Key objectives or deliverables			
	Year 1	Year 2	Year 3-5
Primary Care	▪ Developing the evidence base to inform new ways of working ▪ Understanding training needs of existing and new roles ▪ Supporting the development of the non-clinical primary care work ▪ Developing the bands 1-4 workforce - 300 HCA care certificates by Dec 2016	▪ Improve on workforce planning infrastructure to meet local needs ▪ Extend and revise the role of CEPNs to meet service need s	▪
Workforce Development	▪ Strategic investment in workforce development funding for Trusts ▪ Supporting apprenticeships ▪ Developing the bands 1-4 workforce	▪ Strategic investment in workforce development funding ▪ Supporting implementation of the apprentice levy	▪ Strategic investment in workforce development funding
DA 1 Prevention	▪ Develop public health strategy ▪ Support initial project wok to support MECC, Right Care, and implementation of patient activation monitoring	▪ Upscale projects and start new work based on collaboration with DA1 SRO and HEENWL public health team	
DA2 and 3 Managing LTCs and variation of care and supporting care of the elderly	▪ Achieve clinical standards 1-4 of 7 day services programme ▪ Support PIEs to address LTCs in accordance with patient needs ▪ Work with the Cancer Vanguard to deliver workforce projects aimed at improving cancer diagnosis and care ▪ Work through the rapid response and intermediate care project to increase the capacity of services ▪ Increase the amount of activity that geriatrists do outside of acute settings ▪ Build on existing work to further integrate primary, secondary and community care with social care around the needs of older people	▪ Achieve clinical standards 5 and 6 of 7 day services programme ▪ Strategic investment to support workforce priorities defined within DA2/3 based on collaboration with SROs ▪ Work with the Cancer Vanguard to deliver workforce projects aimed at improving cancer diagnosis and care	
DA4 Mental Health	▪ As below		
DA5 Safe, high quality sustainable acute services	▪ Ealing frailty unit ▪ Support 7 day services programme ▪ Supporting staff recruitment and retention across all health care settings	▪ Continue all year 1 work streams	

Improving Outcomes for Children and Adults with Mental Health Needs – Objectives/Deliverables			
	Year 1	**Year 2**	**Year 3-5**
Like Minded- MH transformation programme: 1. Serious & Long term mental health needs (DA4) 2. Children & Young People (DA4) 3. Wellbeing & Prevention (DA1) 4. Common Mental Health Needs (DA2) 5.Workstreams in Implementation (including perinatal MH, crisis care) (DA4)	▪ Alignment of Like Minded Strategic Plan and HEE Mental Health Workforce Strategy. ▪ Implementation of strategic investment funds supported by HEE (and development post March 2017) ▪ IAPT (DA2) ▪ GP specialist diploma in Mental Health. Also open to other healthcare professionals such as practise nurses. ▪ Shifting of workforce to primary and community care. ▪ A new, co-ordinated perinatal service to 'go live' in three boroughs. ▪ Extend the 'single point of access' for all adult urgent mental health services to cover all eight boroughs.	▪ Year 2 & 3 objectives /deliverables will be developed following completion and progression of the Year 1 objectives. ▪ Continuation of shifting of workforce to primary and community care.	▪ Year 2 & 3 objectives /deliverables will be developed following completion and progression of the Year 1 objectives.
Healthy London Partnership (HLP)	▪ Continue to align work with HLP Mental Health programme's deliverables and objectives.		
Dementia	▪ Continue to expand the work to support Tier 2 developments in dementia training to ensure that NHS staff continue to receive the most advanced support available;		
Learning Disabilities	▪ Develop comprehensive understanding of the full LD workforce across NWL. ▪ Leadership programme aimed at helping health and care staff who are in a position to influence the system to build the right support in their areas and implement any new models of service.	▪ Ensure workforce requirements for specialist roles are met. ▪ Ensure that the TCPs are able to meet the needs of service users with severe, long term needs. ▪ Ensure workforce with appropriate skills to care for people with forensic LD needs.	

3.5 Leadership and Organisational Development Support

3.5.1 Context

In NW London, we acknowledge that the challenges we face are complex and inter-related; for example, the workforce implications of meeting increasing demand and a growing ageing population with multiple conditions, amidst financial pressures calls for a completely different way of

commissioning and delivering care. This includes learning new skills, behaviours and changing mind-sets to work more collaboratively across organisations and more closely with citizens.

The move towards place-based health is essential if we are to make care in NW London sustainable. Such wide-scale transformation will require a cultural and behavioural change to enable new ways of working, as well as changes in the way organisations are led and managed, and how staff are incentivised and rewarded.

As the intensity and depth of change required increases, sophisticated systems leadership is needed; to lead across health and social care and across organisational boundaries (accountable care partnerships, and new models of care). This will require shared ownership and responsibility for cost and quality.

Organisational Development will be needed at all levels of the workforce; drawing on change management and quality improvement methodology to support staff to arrive at the new mind-set and behaviours needed to work in new ways, with new partners in potentially new settings. We also recognise the challenge in bringing together different types of providers into effect accountable care partnerships and need to develop a consistency of approach now so that all organisations are able to work effectively as joint working increases. To do this we need to develop a sector-wide consensus about the kind of culture that we want to have across health and care.

The Rose Review (2015) identified strengths and opportunities as well as shortcomings in the management of staff, and of a lack of local strategic oversight indicative of broader issues in the NHS. One of which stated that there is insufficient management and leadership capability to deal effectively with the scale of challenges.

The report emphasises the importance of leadership and engagement through change; 'Leaders must ensure that the organisation understands the necessity to change, and must find ways to bring their staff along with them.' It also criticised the inadequacy of support available to CCG Chairs and other senior individuals such as Accountable Officers and Chief Clinical Officers. 'There is no 'step up' for these individuals: either they have the necessary leadership skills or they don't. A systematic way to identify and develop this group is needed.' Several recommendations from the Rose Review will help shape the future leadership landscape.

We are working with the London Leadership Academy to align our leadership and organisational development work with other national initiatives, including the recently published Developing People, Improving Care framework. This is an evidence-based national framework produced jointly by HEE and NHS Improvement to guide action on improvement skill-building, leadership development and talent management for people in NHS-funded roles.

3.5.2 Current status

HEE sponsors the National Leadership Academy; a leadership development organisation, of which the London Leadership Academy (LLA) is the local delivery arm for London. The LLA works with NHS organisations to deliver locally tailored leadership development support to those leading organisations and teams. We actively promote the opportunities offered by the LLA's suite of

programmes to existing and future leaders in NW London. The initiatives both give leaders the space and time to learn about their leadership capabilities, as well as building skills and confidence to become great leaders, to deliver better patient outcomes and improve the quality of public health. The London programmes encompass:

- Lead across systems; Supporting leaders who are working across boundaries and in complex structures (including Systems leadership hackathon and Leadership for Integrated Care)
- Lead others; Building OD capacity and capability in the NHS by developing leaders to develop others (including the mentor and coach qualification training programmes)
- Develop yourself; learn more about leadership concepts and develop your own leadership skills (including open masterclasses and skills workshops)
- Lead for Change; empower inclusive and diverse leadership, and drive change across the health landscape (including Board development and Talent Management)

In addition, HEE make leadership development programmes, tools and resources available through;

- Skills for Care (the home of the National Skills Academy) - these programmes are suitable for leaders and managers at all levels, to feel supported in their roles
- Skills for Health's programmes are accredited by the Institute of Leadership and Management (ILM) and are open to health and social care staff
- Skills Platform is Skills for Health's training market place for the health sector, and includes eLearning
- Royal College of Nursing (RCN) offers blended leadership and management development courses focused on clinical and political leadership, suitable for registered nurses and health care professionals from bands 6 to 9/ or equivalent.

In North West London specifically, the Change Academy is the leadership and organisational development arm of workforce transformation. It can be described as a vehicle to deliver practical skills and knowledge to deliver place-based, integrated care throughout NWL. Through the applied learning approach, the Change Academy will support new models of care and the ambitions set out in our STP to become a reality.

The Change Academy is fully funded by HEE NWL. It has become a brand and umbrella term for a suite of leadership and change management programmes. To ensure that the model is sustainable, we have agreed joint ways of working with ICHP who have rebranded some of their programmes under the Change Academy.

The Change Academy is now in its second phase and comprises a series of programmes targeted at health and social care staff, that will build capability and capacity in the workforce through developing skills and behaviours that will foster innovation and support more flexible and collaborative working across organisational boundaries to meet the needs of our population in a sustainable way (see figure below for programme summaries).

3.5.3 Future Vision

Phase 2 of the Change Academy seeks to address common workforce and OD challenges to enable the system to be in a better position to manage and lead through the anticipated changes that working as accountable care partnerships (ACPs) will bring. Outcomes will be agreed at the design phase with our delivery partners and key stakeholders, but may include the following:

• Supporting ACO/ACP and general practice development. Developing skills in understanding population needs, structuring the finance conversation, business-related skills, transitioning from acute to primary care settings, change management, problem identification and resolution

• Working in partnership and collaboration, across boundaries rather than in competition and isolation. Building networks across primary, secondary, community, LAS and voluntary sectors. Maximising involvement from citizens, carers and voluntary sector

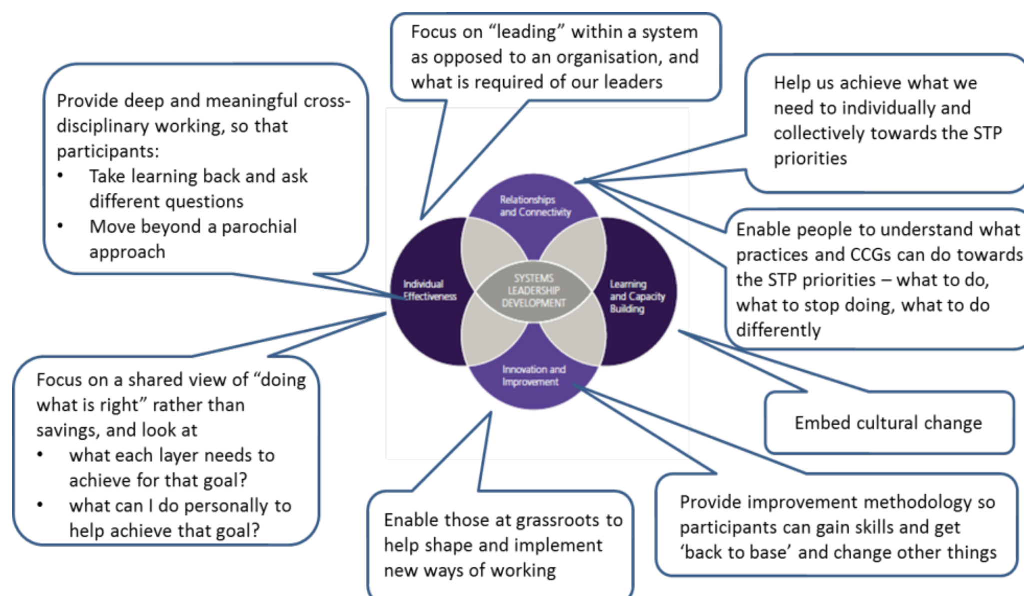
• Exposure to and sharing of good practice, avoiding duplication. Adopting evidence-based practice and implementing innovation

• Leadership and succession planning challenges: increasing interest in becoming a GP partner (primary care)

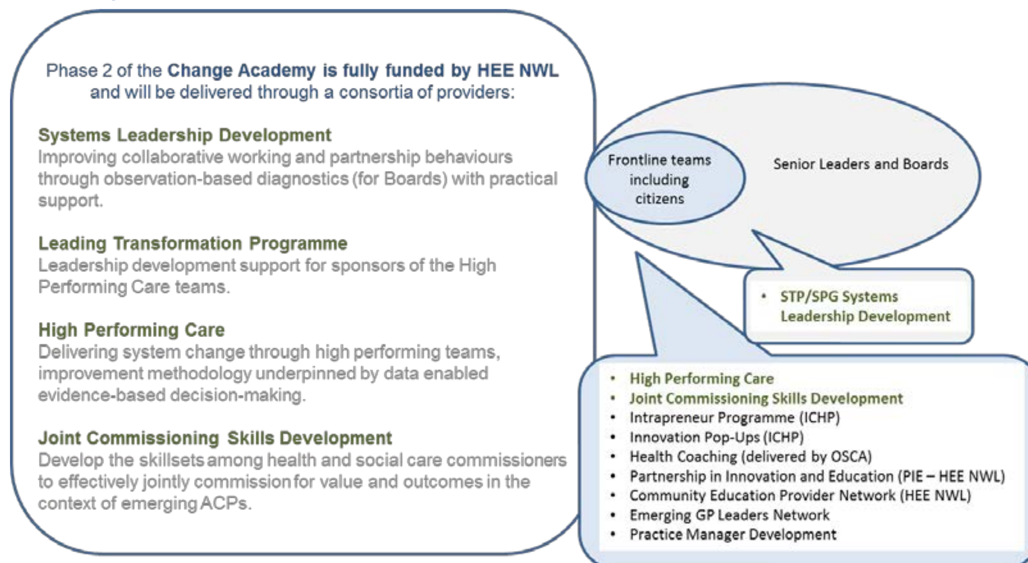
• Educational challenges and improving morale and retention and patient outcomes: Increasing opportunities/investment in development and mentorship

• Provide Peer-to-Peer support through networks and action learning sets.

Feedback with engagement with the system on what the Change Academy can support has been summarised in the visual below, which is based on the Leadership Academy's framework. The design phase for phase 2 is about to commence and will incorporate the contribution of citizens through a coproduction approach.



3.5.4 Key Activities



Some of the programmes are targeted at developing systems leaders (across public, private, and third sector bodies), who are required to work beyond organisational boundaries on issues of mutual concern that cannot be solved by any one person or institution. They need to act as change agents within that system to improve its overall performance, focused on improving the health of the population and providing treatment and care to all who need it. The High Performing Care programme is more team-based in its approach to implementing change in response to real challenges, based on data-driven evidence. It is important that the two programmes are aligned and rooted in real need, so that the impact of the leadership development and change management do not happen independently in a vacuum. The Joint Commissioning Skills Development will develop the skillsets among health and social care commissioners to effectively jointly commission for value and outcomes in the context of emerging accountable care partnerships. This will require a collective dialogue with citizens, managers and clinicians, based on public health data.

3.5.5 Key deliverables and future objectives – Change Academy

Key objectives or deliverables		
Year 1 (16/17)	**Year 2 (17/18)**	**Year 3-5 (18/21)**
Phase 2 programmes delivered	To be defined if funding for phase 3 is received	To be defined if funding for phase 4 is received
Mid point evaluation	End point evaluation	
Number/ type of interventions to be agreed in design phase in December e.g. coaching, action learning sets	Number/ type of interventions to be agreed in design phase e.g. coaching, action learning sets	

It is perhaps an injustice to the development programmes to describe the short term deliverables without articulating the qualitative nature of the longer term outcomes and benefits. Some of the anticipated outcomes are briefly described below.

Outcomes

• Deliver support to the health and care system through the Change Academy programmes; High Performing Care, Leading Transformation Programme, Systems Leadership and Commissioning Skills Development. The Change Academy will deliver skills, knowledge and behaviours that can be applied to real-time change, joint commissioning and leadership for frontline clinicians and managers as part of integrated teams.

Benefits

• Transformation achieved through High Performing Care projects in frailty, mental health and integrated care.

• Commissioners have the skills and understanding to jointly commissioning services (across health and social care)

• More effective Boards and Systems leadership capability to be in a better position to lead emerging ACPs

• Workforce is equipped with the skills, capacity and behaviours to deliver service change through new models of care and ACPs

3.6 Enablers

A number of approaches are planned to enable required workforce transformation activity, these include:

- Supporting the HEE mandate priority to develop education strategies to ensure future professional staff are more technologically literate and able to promote the adoption and spread of new technologies and innovation, particularly in respect of long term conditions and their prevention.

- Establishment of a multi-professional NW London Simulation Leadership Network in order to inform and drive the effective development and delivery of simulation to support multi-disciplinary teams and better quality and safety outcomes for patients.

- Provide the project resource and expertise required to deliver collaborative projects such as supporting the Cancer Vanguard or development of Accountable Care Partnerships

4. Concluding remarks

In summary this strategy demonstrates our approach supporting the growth and development of the workforce which is a key enabler to the delivery of the STP service vision. The required increase in the scale and pace of work is a challenge. However, this strategy demonstrates the breadth of work that is already in progress, a logical approach to addressing future requirements and a strong governance structure to drive decision making and investment. It does not detail all of the work that is underway or planned but provides a comprehensive overview of activity and the mechanisms that are in place to ensure delivery. This strategy will be updated periodically with key changes as they happen. Business planning for 2017/18 is currently in progress and will be support the implementation and strengthening of this strategy. The team welcomes collaboration and input from colleagues interested in this work through participation within existing forums or through directly contacting the team at Workforce.mailbox@nw.london.nhs.uk

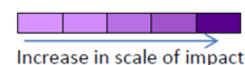
5. Appendix

5.1 Workforce support required by STP delivery areas

The tables below describe specific projects within the STP, their workforce project work requirements and an indication of progress on this.

Delivery Area Plans

DA1	Plan	16/17	17/18	18/19	19/20	20/21
a, Enabling and supporting healthier living for the population of NW London						
b, Keeping people mentally well and avoiding social isolation						
c, helping children get the best start in life						
DA2						
a, Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care						
b, improve cancer screening to increase early diagnosis and faster treatment						
c, better outcomes and support for people with common mental health needs with a focus on people with long term physical health conditions						
d, reducing variation by focusing on Right Care priority areas						
d, improve self-management and 'patient activation'						
DA3						
a, Improve market management and take a whole systems approach to commissioning						
b, implement accountable care partnerships						
c, upgraded rapid response and intermediate care services						
d, create a single discharge approach and process across NW London						
e, improve care in the last phase of life						
DA4						
a, Implement the new model of care for people with serious and long term mental health needs to improve physical and mental health and increase life expectancy						
b, addressing wider determinants of health						
c, crisis support services including delivering the 'Crisis Care Concordat'						
d, Implementing 'Future In Mind' to improve children's mental health and wellbeing						
DA5						
a, specialised commissioning to improve pathways from primary care and support consolidation of specialised services						
b, deliver the 7 day service standards						
c, reconfiguring acute services						
d, NW London Productivity Programme						
Orthopaedics						
Procurement						
Safer Staffing						
Back Office						



Key:

Plan not available
Plan available, no workforce considerations included
Plan available, workforce considerations included

North West London Collaboration of Clinical Commissioning Groups

Health Education England

DA1

Title	*Delivery Plan Content*	*What We are doing*	*What else we need to do*
Enabling and supporting healthier living for the population of NW London	The plan requires building awareness in staff to be able to support patients. There is an aspect of the plan that focuses on employers which include the health and care employers in NW London to support their employees to achieve good health. Outcomes that are listed include reducing staff sickness and turnover by supporting employee health.	CCGs in NW London are being supported to achieve the healthy workplace charter Working with general practice to support employee health	Gain clarity on who is leading the training and awareness sessions. Public Health, Health Improvement or other local authority departments.
Keeping people mentally well and avoiding social isolation	No specific workforce requirements noted.		
Helping children get the best start in life	No specific workforce requirements noted.		

DA2

Title	*Delivery Plan Content*	*What We are doing*	*What else we need to do*
Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care	An aim of the plan is to promote integrated working between professionals in primary care and also to develop an efficient care team.	The High Performing Care programme of the change academy is aimed at developing front line clinician's skills with respect to integrated working between organisations and professional groups. The modelling work supporting primary care will aim to develop workforce models to support the new model of care which is effective and makes efficient use of money. Implementing the 10 High Impact Actions will also support an increase in efficiency in primary care by increasing GP capacity by making sure activity is carried out by the most appropriate members of the team	
Improve cancer screening to increase early diagnosis and faster treatment	No specific workforce requirements noted	Supporting the recruitment and retention of radiographers through the development of a career framework and promoting NW London as a destination place to work. Implementing radiography practice educator's faculty across NW London.	Understand the need to further increase the diagnostic capacity in NW London and where necessary support the recruitment of additional staff
Better outcomes and support for people with common mental health needs, with a focus on people with	Need to train/up-skill IAPT workforce and increase the number of therapists 16/17 24		

long term physical health conditions	17/18 40 18/19 39 19/20 39 21/21 39 There is also a need for increased awareness training for wider workforce		
Reducing variation by focusing on Right Care priority areas	Develop a centralised programme management resource		
Improve self-management and ‘patient activation’	Lots of development of the workforce required, activating the workforce is one of the five areas of the plan the outcomes in the logic model are all survey measures for the workforce such as, ‘professionals agreeing that they are delivering the care to patients they aspire to’	Health coach training across NW London including train the trainer. Supporting the workforce symposium.	

North West London Collaboration of Clinical Commissioning Groups
Health Education England

DA3

Title	*Delivery Plan Content*	*What We are doing*	*What else we need to do*
Improve market management and take a whole systems approach to commissioning	Increase medical and nursing support for nursing and residential care. Invest in career development pathways and training for unqualified staff .	Commissioning for Outcomes programme in Change Academy. Integrate social care workforce in to NW London-wide planning.	Work with social care providers to coordinate the support provided to the workforce and address factors causing instability in the market including lack of training and development opportunities, high turnover rates and high vacancy rates
Implement accountable care partnerships	No specific workforce requirements noted	Systems Leadership development programme in Change Academy	
Upgraded rapid response and intermediate care services	No specific workforce requirements noted		Understand the current workforce including challenges Support recruitment for staff to increase capacity Development of new roles to support higher acuity patients to be managed outside of A&E and inpatient settings
Create a single discharge approach and process across NW London	No specific workforce requirements noted		
Improve care in the last phase of life	Training and education for GPs, Care Home staff and LAS crews. Building upon the training and education programmes in train across the sector, ensuring portability of skills and continued delivery to cope with high staff turnover rates in specific areas		

NHS
North West London Collaboration of Clinical Commissioning Groups

NHS
Health Education England

DA4

Title	*Delivery Plan Content*	*What We are doing*	*What else we need to do*
Implement the new model of care for people with serious and long term mental health needs to improve physical and mental health and increase life expectancy	Significant increase in the primary care mental health team which leads to fewer beds needed so a reduction in staff there.	Working with employers and commissioners from across NW London to develop an implementation plan to support the workforce to move to the new care model	
Addressing wider determinants of health	One of the deliverables is a workforce strategy/plan, the delivery roadmap has staff development to support more complex needs, development of wider workforce and physical health development training. There is note of a requirement on HEE to attract and retain workforce		
Crisis support services including delivering the 'Crisis Care Concordat'	No specific workforce requirements noted		
Implementing 'Future In Mind' to improve children's mental health and wellbeing	One of the deliverables is a workforce plan leading to increased skills and knowledge		Understand the labour market risks as there will be a need to recruit additional staff and these staff are likely to be in high demand across England Develop a plan to mitigate the risks including supporting recruitment and retention

North West London Collaboration of Clinical Commissioning Groups

Health Education England

DA5

Title	*Delivery Plan Content*	*What We are doing*	*What else we need to do*
Specialised commissioning to improve pathways from primary care and support consolidation of specialised services	[Plan not available]		
Deliver the 7 day service standards	Radiography career framework and recruitment campaign and the development of a radiology network	Developed the career framework. working with providers to support the introduction of practice educators for radiographers Recruitment event planned for early 2017	
Reconfiguring acute services	No specific workforce requirements noted	Continuing to support service transformations such as maternity and paediatrics. The next phase is likely to be frailty services	Implement clinical standards set out in the SaHF business case
NW London Productivity Programme			
Orthopaedics	No specific workforce requirements noted		
Procurement	Discussion about the need for procurement staff and developing common specifications and common training needs. There will be a Procurement Skills Network.		
Bank and agency	More shifts filled by NHS staff, improved roster management, pay rate harmonisation, better agency partnerships, bank staff integration	NW London bank and agency project set up to address high agency spend and support the project aims	
Back Office	[Plan not available]	Working with the HR Director network	Possible support for trusts to

		who are all tied into the London-wide streamlining work looking at options around HR consolidation	manage organisational change processes across multiple providers concurrently

5.2 Workforce activity in progress

This table details some of the activity in progress across the four work steams. It does not list all of the work in progress but is intended to give a view of the types, and breadth, of activity underway, together with an indication of progress.

Activity by workforce theme	
Workforce planning and addressing staff shortages	
Workforce analytics	Leading national set workforce planning processes within NWL, data analysis and engagement to address arising workforce issues
	Use of the WRaPT tool to undertake in depth work planning that informs service change
	Workforce planning for non-NHS staff in collaboration with Skills for care
Workforce supply through education	Supporting education with a focus on Primary Care; 16 Physiotherapy BSc, 16 Occupational Therapy BSC, 20 Mental Health Nursing Programmes.
	Providing funding to support increases in placement capacity, with a particular focus on primary care and child nursing, including additional investment in mentor and Specialist Practice Teacher training
	Developing proposals for the establishment of an NWL Centre for ultrasonography training
	SASG – work stream to identify support and development needs for non-training/non-consultant doctors, which are often integral to Trust rotas.
	Ensuring robust mechanisms are in place to effectively monitor and manage the multi-professional quality of learning environments in line with the HEE Quality Framework
Addressing workforce shortages	In 2016/17 HEE NWL has continued to commission places on programmes for nurses wishing to move into general practice nursing (69 places in 16/17)
	Funding and support for return to practice projects (nursing and midwifery)
	Supporting workforce shortages in Emergency medicine through training review, post CCT fellowships and other initiatives.
	Supporting growth of the paramedic workforce. Investment in placement management and introducing a placement tariff. Supporting development of apprenticeships for Associate Ambulance Practitioner post
	Expanding the number of low intensity, high intensity and specialist IAPT practitioners to support expansion of services for adults with anxiety disorders and depression
Recruitment and Retention	
	Capital Nurse Foundation programme being implemented. Up to 350 nurses will start rotation programmes in 16/17
	Providing funding to support preceptorship programmes for all newly registered health professionals and ensuring integration with capital nurse rotation programme
	Bands 1-4: Creating local health and social care vocational networks, rolling out Care Certificate, piloting Higher Care Certificate and providing clear and effective development/career progression pathways to aid retention and reduce attrition and apprenticeships for reception/HCA staff
	Investment in post-registration training and career development for radiographers and interventional radiology professionals aimed at addressing workforce needs for 7 days services
	Trusts will receive £1m to support various retention initiatives aimed at reducing bank and agency spend
Primary & secondary Care	HEE NWL provides funding to Trust and to Primary Care organisations to support a wide range of professional staff and support workers to access courses, study days, conferences and other forms of development. The majority of spend is on courses relating to treatment and managing illness in specific services, followed by learning to support and develop others.
Community Care	Employment of clinical pharmacists in 17 general practice surgeries in NWL to resolve day-to-day medical issues and consult and treat patients directly as part of a three-year pilot led by NHW England, HEE, RCGP, BMA's GP Committee and the Royal Pharmaceutical Society
	Developing extended roles for Practice Nurses and Health Care Assistants to provide a childhood obesity service in General Practice (funded 15/16)
	HEE NWL is providing additional investment in non-medical prescribing programmes with a particular focus on community pharmacists working in general practice surgeries and general practice nurses
Secondary Care	Funding to support development of a multi-professional Advanced Clinical Practitioner in Emergency Care MSc programme with curriculum content and structure based on framework developed by The Royal College of Emergency Medicine
	Contributing to London and South East project to employ pharmacists with advanced roles in urgent care centres
	7 day Radiographer Workforce Project
	Bank and agency optimisation
Self –Care	NWL Public Health strategy has been developed and will make recommendations for work through this governance structure.
	Supporting the system-wide industrialisation of MECC as outlined by the London and South East Public Health Academy.
Mental health	See table below for more detailed activity
	Work with the Like Minded Mental Health Strategy Team, work includes: combating conduct disorders in the education system, addressing social isolation and loneliness and supporting workplace wellbeing.
	CAMHS eating disorder
Workforce Transformation; new ways of working	
New ways of working	Providing funding to support expansion in the number of Apprenticeships in Trusts and Primary Care and supporting the introduction of an apprenticeship levy

	Establishment of a Clinical Education Support Team to provide educational support and enhance consolidation of skills in newly qualified 'in specialty' neonatal nurses and provide coaching to support practice development and leadership skills
	Supporting the development of new educational programmes at Brunel University and Buckinghamshire New University to increase the number of Physician's Associate students with placements in NWL
	Development of the Medical Assistant role in General Practice to reduce the administrative burden on clinical staff and improve patient access. A development programme aimed at enhancing the skills and the role that reception staff can play in signposting patients to the most appropriate services.
	Integrating care by taking specialists out of hospital to support primary care for complex adult physical health through virtual clinics, enhanced email support, consultant outreach into large GP practices, and MDT meetings with enhanced education.
	An 'Improving Health Literacy' programme has been developed which will support tailored health literacy to priority patient groups; which will also include a patient empowerment programme targeted at receptionists, HCAs, practice nurses, practice managers and GPs.
	Supporting our future workforce in personalised medicine by working with the West London Genomics Medicine Centre . Work includes training needs assessments across the NHSE GMC Delivery Entities; developing, implementing and monitoring a plan to address the gaps through the utilisation of HEE Genomics Education Programme resources and HEE investment planning
	Integrated Sexual Health Service – a programme to transform how sexual health clinics are run, including significant development of online 'offer' and greater focus on primary care provision. A new clinical service specification developed which is being implemented in various forms across London.
	Internal Medicine Training (Shape of Training) – implementing a new training programme for medical trainees moving to a model of 3 year basic internal medicine training with 4 years specialism. Intended to produce a future workforce with skills required to support Acute take
	HEE Quality Framework
	CEPNs delivering leadership and localised strategy for community based care
	Establishment of a multi-professional NWL Simulation Leadership Network in order to inform and drive the effective development and delivery of simulation.
	Development of a programme to buddy-up Public Health registrars with GP Trainees, School Nurses, Health Visitors and Community Pharmacists to promote multidisciplinary teams and learning, and exposure to varied healthcare organisations.
Leadership and Organisational Development	
Change Academy	Systems leadership development (Change Academy)
	Emerging GP leaders network(Change Academy)
	Practice Manager Development Programme (Change Academy)
	Joint commissioning skills development (Change Academy)

- Work being planned and not yet started
- Work progressing slowly/ in need of further development
- Work being progressed

5.3 Key Activities - Improving outcomes for children and adults with mental health needs

An overview of current activity aimed at improving outcomes for children and adults with mental health needs and learning disabilities in NWL is listed below. The list is not exhaustive but highlights key examples. End of life care and the mental health needs of people with physical health needs are not specifically covered but are highlighted, where relevant.

Mental Health and Wellbeing Transformation
Central London Community Healthcare (CLCH) are working to implement a band 5 programme to develop this staff group to be confident and competent in their practice to enable them to meet the implementation of the out of hospital strategy to a diverse and complex patient group. The programme aims to support these nurses in the transition to delivering nursing services in the community and build upon existing CLCH competency frameworks and specifically develop those in

relation to End of Life, Mental Health and Compassion in Care.
Nursing Academy - the West London Mental Health Trust (WLMHT) are making a strategic investment into nursing practice further supporting the development, recruitment and retention of the nursing workforce. To ensure they have "right skills, in the right place, at the right time". Within this the Trust has identified four quality practice improvement areas requiring immediate focus.
Partnerships in innovation: perinatal MH.
Capital Nurse Project – rotation for MH nurses (refer to section on Capital Nurse)
CC4C(Connecting Care for Children) pilot to improve emotional wellbeing and resilience in children by education and development of community champions (Public Health(PH)project)
Significant investment funds agreed for 2016/17 including Out Of Hospital specifications, GP diplomas, MIND training to the non-specialist workforce and CYP commissioner development.
Dementia and End of Life Care End of life care is not covered within the Like Minded programme but has been included as within HEE it is linked with the Dementia work stream.
Dementia care champions programme at CLCH - Tier 3 programme to health and service areas not able to engage in the first two programmes.
Developing excellence in dementia care – a programme to support the development of a new career pathway for unqualified nursing staff to join and stay with LNWH NHS Trust therefore improving the ability to recruit and retain staff.
Training for dementia care - awareness in North West London. Project in CNWL.
Engaging people with dementia and their carers as partners in training and education. Project in CLCH
CLCH compassion in practice continuation - dementia care champions - provide an integrated programme for Learning and Development.
Learning Disabilities
Project Search: Internships for young people with learning disabilities. The aim of this project is to provide supported internships within Imperial College Healthcare NHS Trust for young people with learning disabilities. The longer term aim of Like Minded is that all organisations become Learning Disability employer friendly.
Pre-Registration Nursing Placement Capacity Project. This project is being undertaken by Central and North West London NHS Foundation Trust and aims to investigate how placements can be more effectively utilised within one trust that hosts a mixture of child, mental health, learning disability and adult nursing students.
Additional opportunities to support the learning disabilities agenda are being explored in the NWL team's wider work on apprenticeships and bands 1-4
Work with the HEE national team and the Transforming Care Partnership for NWL to help implement their objectives and deliverables.

London Economics

Health Education England

Modelling the relative costs of retention in the nursing professions

Lizzie Smith
Local Director, HEE NWL

Helen Mansfield
Head of Information Development, HEE

Overview

Health Education England

1. **STP/Local office level model**
   - Complete (nursing/community nursing)
   - Scenarios
   - Outcomes

2. **Trust Level Model**
   - Progress to date (pilot projects underway)
   - Worked examples
   - Conclusions

3. **Medical Model**
   - Tender exercise complete subject to contract
   - Clinical radiology, emergency medicine, obstetrics, paediatrics, trauma and orthopaedics

Project Background

NHS
Health Education England

- Budget challenges
- Demonstrate the relative economic impact of investment/retention
- Project Initiated by HEE NWL in 2014
- Initially a London wide model, then adapted to local teams
- Initially nursing and midwifery professions and community nursing
- 10 year model
- Utilised data from the HEE finance model, and the 2014/15 planning process
- Stakeholder engagement to agree assumptions (nursing leads, planners, commissioners, finance)

The overall model structure

The model is split into **two components** (informed by various sources)

(1) **The <u>composition of the current and future workforce</u>** including…..

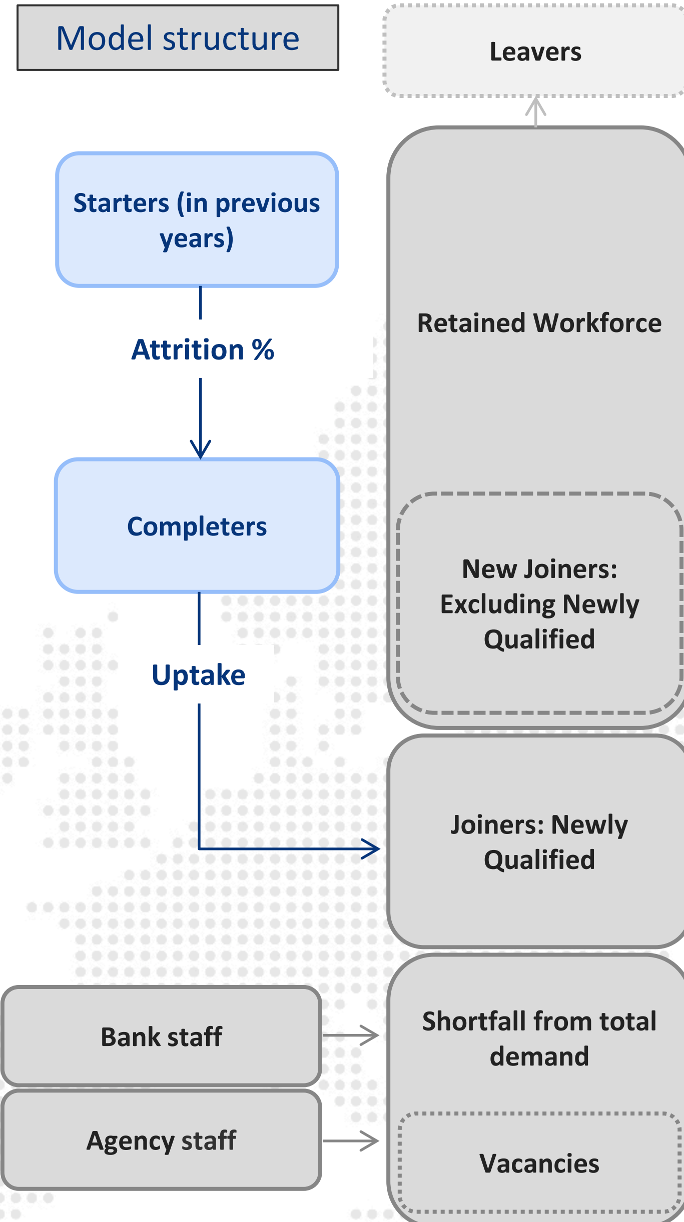
- Historic and future commissions
- New joiners (Excluding newly qualified staff)
- Retained NHS staff (and staff leavers)
- Workforce uptake
- In-course attrition
- Bank and Agency usage

2) **<u>Costs associated with these workforce elements</u> (2016 to 2025)** including…..

- Education costs (including salary support)
- Staffing costs
- Recruitment and retention costs

Main data sources: Investment plans, ESR data, eWorkforce data, NHSI submissions, National Finance Model.

Other information sources: Royal College of Nursing, National Nursing Research Unit, McKinsey & Co., Liaison, Migration Advisory Committee.



STP/Local Office Model

Illustrative scenarios considered

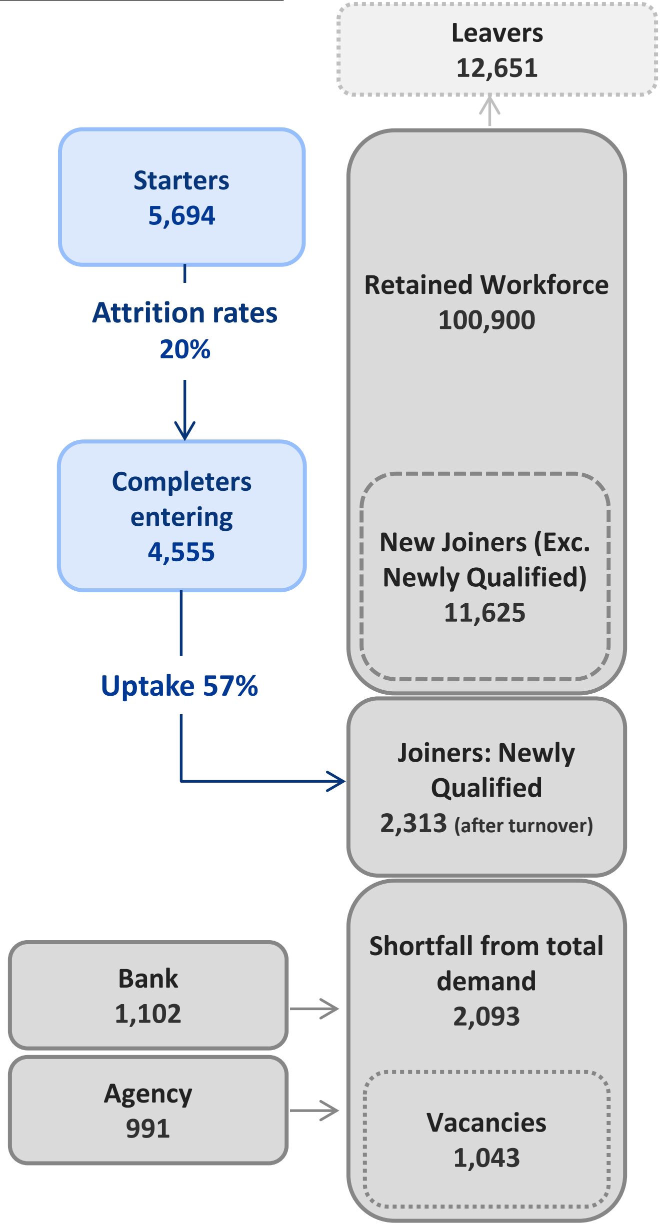
Health Education England

Five independent scenarios modelled

- Increase the number of commissions by 25 per annum
- 4 percentage point reduction of in-course attrition rates
- 1 percentage point reduction of workforce turnover rate
- 1 year '*managed rotation*' – all newly qualified nurses remain in NWL for 1 year
- Reduce use of agency staff by half

Baseline scenario – Adult nursing (2016/17 – 2025/26)

Summary WTE



Summary costs

	Cost (£m)
	Baseline
Education Commissions*†	**£268.9**
Substantive NHS workforce	**£4,381.6**
Retained workforce	*£3,856.0*
New Joiners: Excluding Newly Qualified	*£444.5*
New Joiners: Newly Qualified	*£81.1*
Shortfall from total demand	**£96.3**
Bank staff	*£41.8*
Agency staff	*£54.5*
Recruitment & retention costs	**£49.9**
Total	**£4,796.7**

*This excludes commissioning costs of £46.7m between 2012/12 and 2015/16 that have already been incurred in order to *generate* Newly Qualified Joiners in 2016/17.
†The 2015 Comprehensive Spending Review suggests that students will move on to the standard student support system from September 2017. Under this scenario and assuming no change in demand for places, HEE will bear a lower cost of commissioning than that presented here (by £100.1 million), as students/graduates and HMT will both contribute towards tuition fees costs. Assuming a RAB charge of 45.1%, the cost to students/graduates will be £45.2m compared to £55.0m for HMT (corresponding to a reduction in costs of £100.1m for HEE). Note: Differences in total costs and sum of individual components is due to rounding

Observations

1. The total cost of education commissions stands at **£268.9m**, or **£47,200** per starter (i.e. pre attrition and uptake) or **£103,500** per completer entering the profession.
2. The total salary bill for substantive staff stands at **£4.38bn** compared to **£0.042bn** for Bank Staff and **£0.055bn** for Agency staff.

Summary of scenarios

- In order of potential savings

Scenario	Education commissions	Core NHS workforce	Bank/Agency staff	Recruitment & retention	Total
Baseline	£268.9m	£4,381.6m	£96.3m	£49.9m	**£4,796.7m**
3. Reduce the turnover rate by one percentage point	-	+£19.5m	-£33.4m	-£1.6m	**-£15.5m**
4. Retain newly qualified staff for one extra year	-	-£1.7m	-£9.5m	-£0.3m	**-£11.5m**
5. Replace half Agency staff with Bank staff	-	-	-£8.4m	-	**-£8.4m**
2. Reduce the in-course attrition rate on 3-year courses (20% to 16%)	+£5.0m	-£0.4m	-£0.4m	-£0.1m	**+£4.2m**
1. Increase the number of education commissions by 25 in each year	+£8.7m	-£0.3m	-£0.8m	-£0.1m	**+£7.5m**

Note: Differences in total costs and sum of individual components is due to rounding

Trust Level Model (Nursing)

LE London Economics

1. The model would support consideration of the potential costs and benefits of various retention policies – a '**retention tool**' for use within Trusts.

2. This would include:
   - the **number, composition** and **associated costs of qualified nurses** in the Trust
   - the **incidence** and **costs of Agency staff** to fill any shortfall from total demand
   - the **cost** and **potential benefits** of various **options aimed at reducing staff turnover**

3. **Hypothetical retention policies** for the following areas can be **designed** and **analysed – this shows how this can be applied locally**:
   - Travel
   - Housing
   - Student debt
   - Pay
   - Childcare

Trust Level Economic retention tool

- The economic retention tool models:
  - The **composition of the workforce** in 8 nursing and midwifery professions; and,
  - The **associated costs** with the different elements of the workforce

- The tool can be adapted to estimate the monetary impact of a reduced staff turnover rate

This provides an estimate of the **economic benefits** of lower reliance on Bank and Agency staff

- Using dummy data for a NHS Trust, the tool estimates that:

1 percentage point **reduction** in the turnover rate (over 10 Years)

£2.3m cost savings over 10 years in Adult Nursing across all pay bands and divisions

Leavers
1,832
-70

Turnover 15.0%

Retained Workforce
9,825
+439

New Joiners (Excl. Newly Qualified)
1,420

Joiners: Newly Qualified
544 (after turnover)
+6

Vacancies
2,216
-445

Sickness absence
452
+15

Unfilled Vacancies
111
-22

Bank
1,227
-218

Agency
1,104
-198

NHS staff (Cover)
226
+8

Staff-in-Post – 11,789

Shortfall

Establishment – 14,004

Quantifying the impact of retention policies

LE London Economics

- It is inherently difficult to quantify the impact of retention policies on the underlying turnover rate
- **An extensive literature search** was performed to gather relevant evidence from **survey analyses** and **impact assessments** relating to nursing retention policies
- Using survey data from 1997 to 2012, an **Institute of Fiscal Studies** study (2015) found that:

For every **10%** increase in pay for nurses in NHS positions in London

The short-run supply of nurses in NHS positions in London increased by **7%**

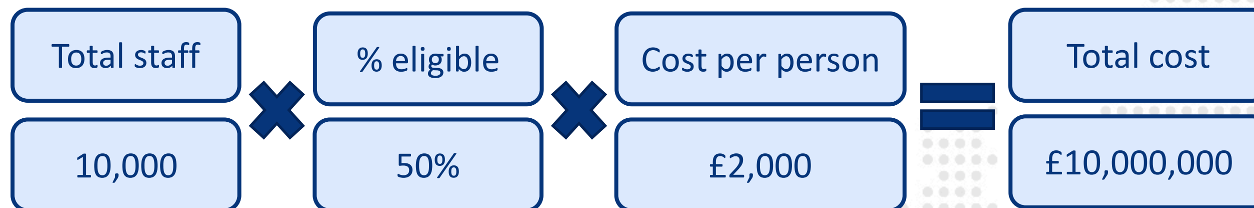
- This is compared to a 0.6-0.7% increase in other UK regions, i.e. the elasticity is **heterogeneous**
- In economic terms, the **short-run price elasticity of supply of NHS nurses in London is 0.7**
- An increase in supply can be modelled as a reduction in the turnover rate in the economic retention tool
- Therefore, by calculating the **pay-equivalent uplift** associated with any retention policy, the impact on the staff turnover rate can be estimated
- This allows us to provide an indication of the costs and benefits associated with different retention policies

Worked example

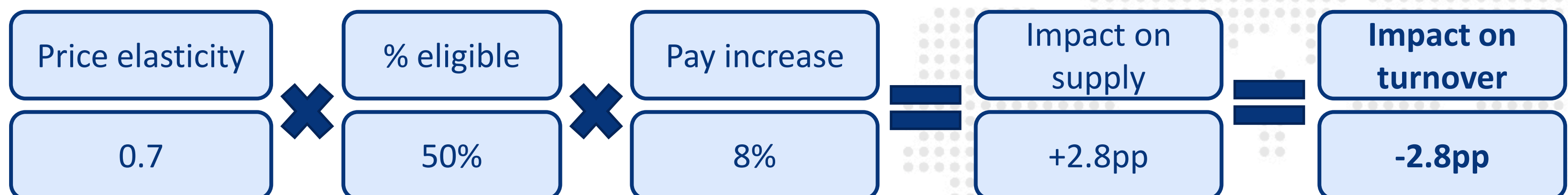
- Suppose a NHS Trust is considering to offer a **travel subsidy** to all staff that use public transport to get to work

  → Assume 50% of staff use public transport to get to work (and there is no induced effect)

- If there are 10,000 staff in the substantive workforce, 5,000 will use public transport
- The cost of the travel subsidy is equal to £2,000 per person
- Therefore the total cost of the retention policy is:



- The average annual salary for the staff covered by the policy is **£25,000** per annum
- The travel subsidy may be viewed as a pay increase of **8%** (£2,000 divided by £25,000)
- Therefore, the turnover rate will fall by:



Retention policies modelled

LE London Economics

Travel

- Nurses using public transport to travel to work are offered a free travelcard
- LFS analysis suggests that 50% of nurses working in London use public transport to travel to work (consistent with ONS analysis of 2011 Census)
- A 100% take-up is assumed for all eligible nurses

Housing

- Council tax payment and utility bills (electricity, gas and water) are paid by the Trust for all nurses
- Family Spending Survey (ONS, 2014) suggests that average council tax payments in London are £634 per adult per year and £883 per adult per year for utility bills
- A 100% take-up is assumed for all eligible nurses

Student debt

- Student loan repayments are paid by the Trust for all Newly Qualified staff
- Repayment of 9% on additional income above £21,000
- A 100% take-up is assumed

Pay

- A pay increase of 2.5% is offered to all NHS staff
- A 100% take-up is assumed

Childcare

- Nurses with up to 5 dependent children are offered childcare support
- LFS analysis suggests that 44.4% of nurses working in London have at least one dependent child aged 14 or under
- The median cost of childcare by age is taken from the Childcare and early years survey of parents 2014-15 (Department of Education)
- A weighted average cost of childcare is calculated using a uniform distribution across age
- A 100% take-up is assumed for all eligible nurses

Summary

Note: Reported total costs and benefits are aggregated over a 10 year period. The reported average annual cost per staff are for those covered.

Travel

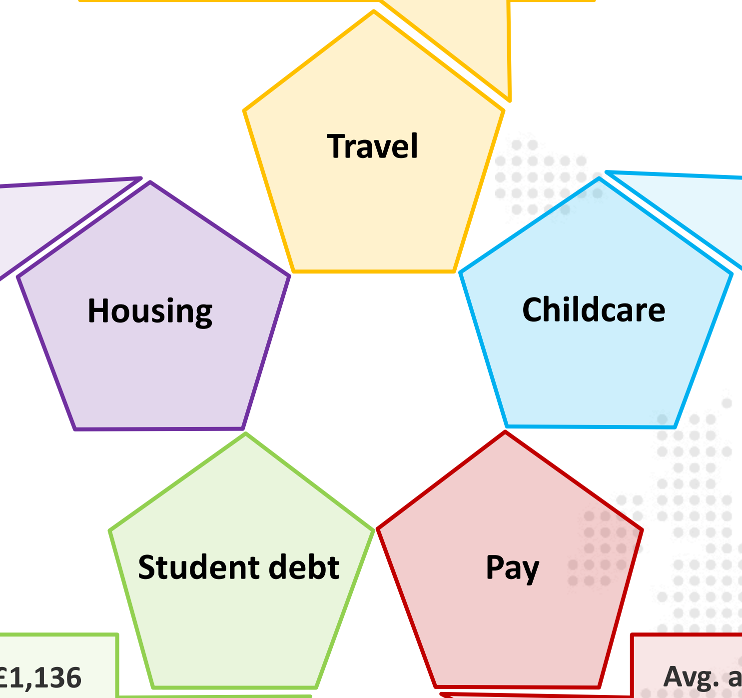
Avg. annual cost per staff	£2,318
Coverage	50%
Reduction in turnover (pp)	-2.37
Total cost (£m)	-£5.8
Total benefit (£m)	£1.4
Net savings/costs (£m)	-£4.4

Housing

Avg. annual cost per staff	£1,650
Coverage	100%
Reduction in turnover (pp)	-3.37
Total cost (£m)	-£8.5
Total benefit (£m)	£2.0
Net savings/costs (£m)	-£6.5

Childcare

Avg. annual cost per staff	£4,863
Coverage	44.4%
Reduction in turnover (pp)	-4.40
Total cost (£m)	-£11.4
Total benefit (£m)	£2.7
Net savings/costs (£m)	-£8.7



Student debt

Avg. annual cost per staff	£1,136
Coverage	100%
Reduction in turnover (pp)	-2.29
Total cost (£m)	-£1.3
Total benefit (£m)	£0.5
Net savings/costs (£m)	-£0.8

Pay

Avg. annual cost per staff	£836
Coverage	100%
Reduction in turnover (pp)	-1.70
Total cost (£m)	-£4.2
Total benefit (£m)	£1.0
Net savings/costs (£m)	-£3.1

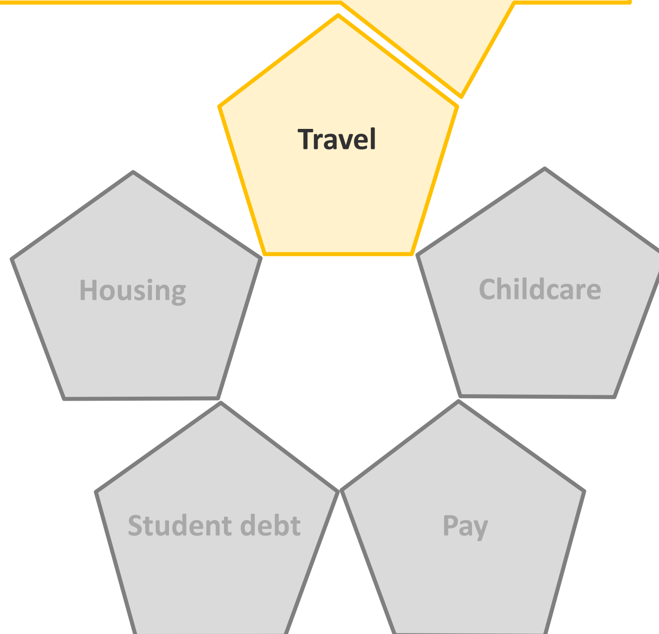
Targeted retention policies

LE London Economics

- So far, the analysis has assumed that the elasticity of supply is homogeneous – that is, all nurses respond to changes in pay in the same way
- In reality, the elasticity of supply is **heterogeneous** – e.g. it could be +0.2 for some group of nurses and +3.0 for others, such that the average is +0.7)
- Therefore, to maximise the policy impact, retention policies that **effectively target** particular groups of staff will be more beneficial as they **reduce the deadweight loss** that is associated with staff who would have remained independent of the of the policy change
- On the following slides, two examples are provided showing the potential benefit of a targeted retention policy

Targeted retention policy: Example 1

	Zones 5 and 6	Zone 6 only
Avg. annual cost per staff	£475	£548
Coverage	35%	20%
Reduction in turnover (pp)	-1.10	-1.05
Total cost (£m)	-£0.8	-£0.5
Total benefit (£m)	£0.6	£0.6
Net savings/costs (£m)	-£0.2	£0.1



Travel: If we knew that elasticity among nurses using public transport was heterogeneous, e.g.

Travel card	Annual cost	Elasticity	% of staff using public transport
Zones 1-6	£2,364	3.2	20%
Zones 1-5	£2,208	0.3	15%
Zones 1-4	£1,860	0.0	10%
Zones 1-3	£1,520	0.0	5%

→ A retention policy subsidising travelcard costs above the annual cost of a Zones 1-4 travelcard for nurses travelling from Zones 5 or 6 is associated with a net cost of £0.2m

→ However, a retention policy **specifically targeting those travelling in from Zone 6 only** is associated with net savings of £0.1m

Next steps

LE London Economics

- Local offices now using the STP model across HEE areas
- Conclusion of the pilot work on the trust model (few bespoke projects)
- Development of the local model for medical (Clinical radiology, emergency medicine, obstetrics, paediatrics, trauma and orthopaedics)
- Linking up with other key work on retention and bank and agency
- Opportunities to join up across North West London

Joint Health Overview & Scrutiny Committee to Provide Continuing Scrutiny of the Development of 'Shaping a Healthier Future' Proposals.

Procedure for Electing Chairman and Vice-Chairman at First Meeting

The Senior Committee & Governance Officer from the host borough will lead the proceedings until a Chairman is appointed.

Chairing of the JHOSC

- There will be a Chairman and one Vice Chairman of the JHOSC.
- It is assumed that in addition to chairing meetings of the JHOSC these Members will act as a Member Steering Group for the JHOSC.

In Advance of the Meeting

- A list of nominations received prior to the meeting for Chairman and Vice Chairman will be sent (by email) the day prior to the meeting to members of the JHOSC, and copies tabled on the day of the meeting.
- The list of nominees will display name, party and their borough.
- Nominees can put themselves forward for both the position of Chairman and Vice-chairman.
- Additional nominations will be sought at the meeting.

Suggested Voting Process

- All nominations will need to be seconded to proceed to a vote.

Voting for a Chairman

- A vote (by show of hands) will be taken. The Senior Committee & Governance Officer will declare the results.

THE ELECTED CHAIR WILL BE ASKED TO LEAD THE PROCEEDINGS

Voting for a Vice Chairman

- The elected Chairman will then preside over the election of the Vice-Chairman, if required.