



**North West London**  
Collaboration of  
Clinical Commissioning Groups

# **North West London Workforce Development**

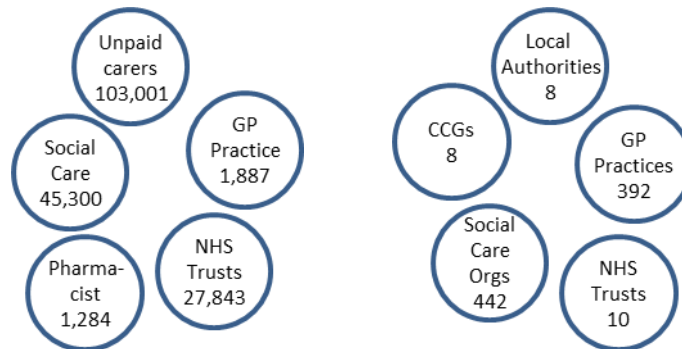
**North West London Joint Health Overview and  
Scrutiny Committee**

**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 in 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 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.

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.

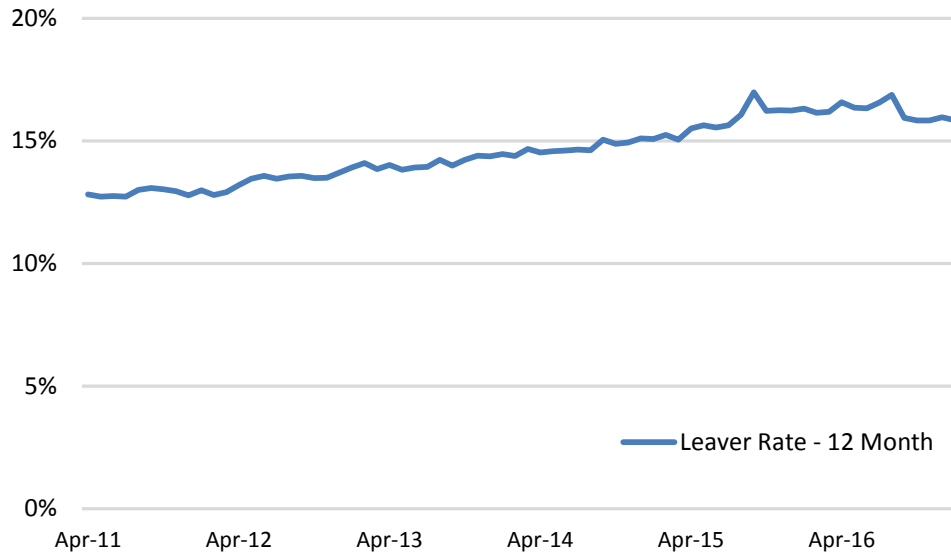
We are also aware that improvements in recruitment and retention lead to:

- 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.

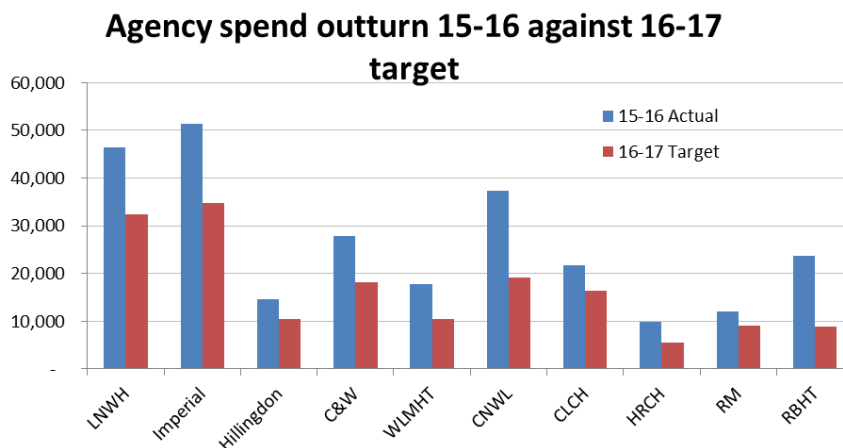
#### **General Practice Capacity**

- 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.

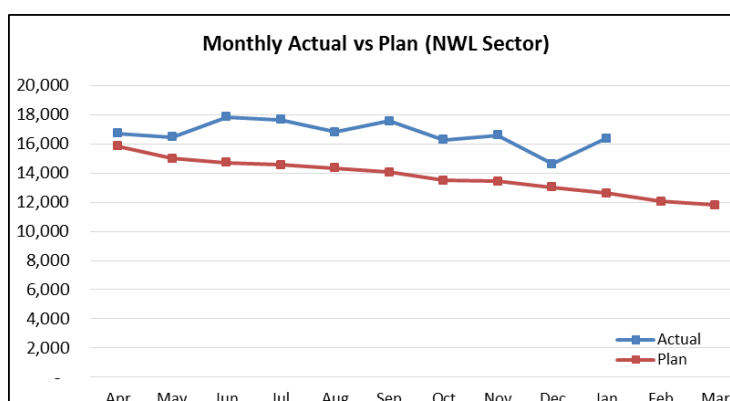
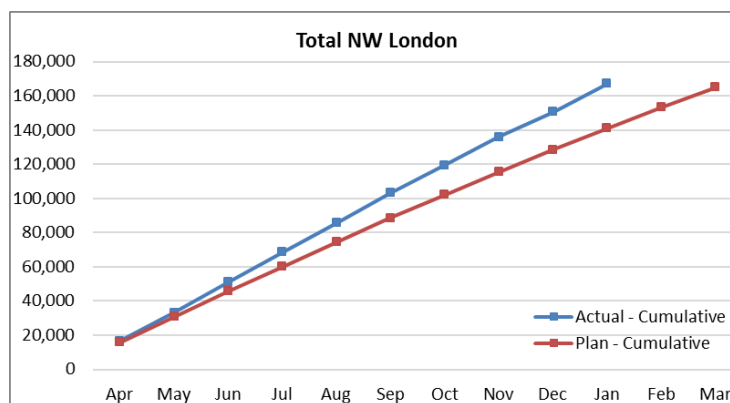


In July 2016 all ten trusts in NW London agreed to work collaboratively in the NW London Staffing Project agreeing to commit money to fund a shared project team to developing approaches to reduce agency spend.

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 1<sup>st</sup> 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

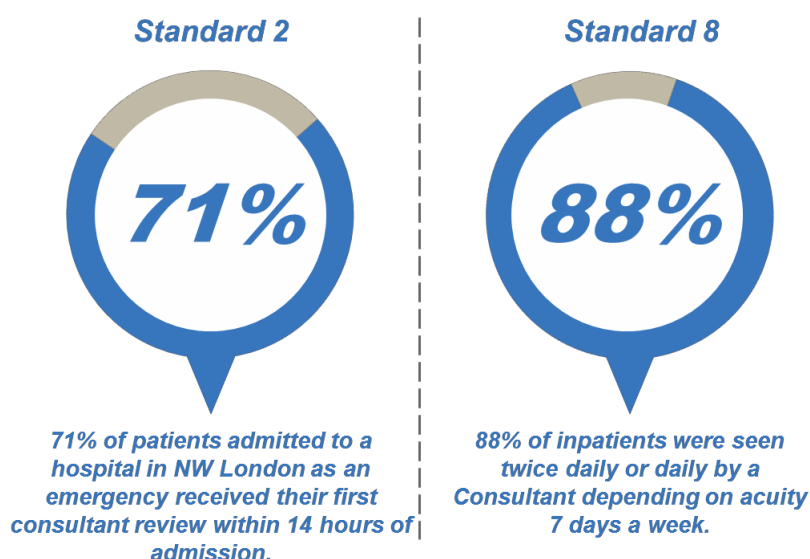
## Seven day pilots – November and December 2016

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.

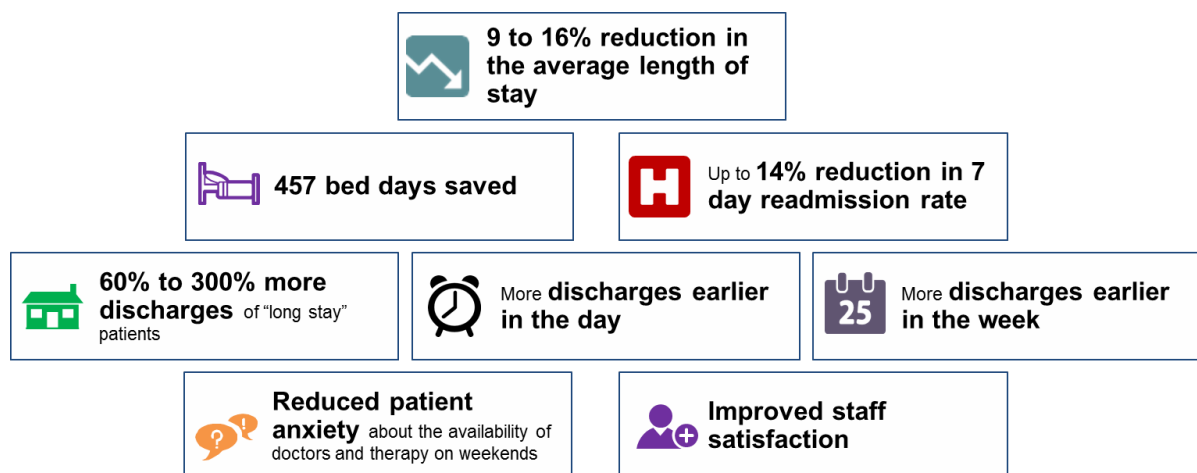
Instead, NW London as a sector focused on the desired clinical outcomes and pursued a value for money solution to meet the clinical standards of seven day services through adapting the model of inpatient care and improving ways of working. It was felt that by refocusing the consultant workforce input 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 263,791 scans 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 than 1450 healthcare staff in 60 professions.

<b>PIE</b>
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
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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) 2 <sup>nd</sup> reg CN
Midwifery	BSc	20-month 2 <sup>nd</sup> 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	
<p><b>Planned:</b> 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:</p> <ul style="list-style-type: none"> <li>• Provide participants with an understanding of the concept of self-management, collaborative partnership working and how health coaching can improve health</li> </ul>	<p><b>Actual:</b> 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. <b>Coaching definitions</b> – comparing and contrasting coaching with other interventions, such as mentoring,</p>

<p>behaviours and increases patient enablement, leading to a more resilient, independent cohort of patients who may access services more appropriately in the future.</p> <ul style="list-style-type: none"> <li>• Provide participants with an understanding of how health coaching can improve the quality of interactions with patients</li> <li>• Provide participants with core health coaching skills using a health coaching model as a framework in which to use them effectively.</li> <li>• Encourage participants to use 'real life' patient examples rather than role playing or fictional scenarios.</li> <li>• Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors.</li> <li>• Encourage participants to think about how to apply coaching with their patients.</li> <li>• Equip participants with the confidence to be able to have coaching discussions with patients</li> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> </ul>	<p>exploring its principles and how they can be in tension with more traditional consultative methods.</p> <p><b>T-G.R.O.W</b> – 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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• <b>7 cohorts of 2 day health coaching training</b></li> <li>• <b>200 clinicians, health and care professionals trained in health coaching.</b></li> </ul> <p>Participant feedback:</p> <p><i>"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</i></p>
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	<p><i>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></p> <p><i>“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></p> <p><i>“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.”</i></p>
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### Health Coaching Train the Trainer:

Outputs/Deliverables	
<p><b>Planned:</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• The course should involve teaching coupled with co-delivery/supervision</li> <li>• 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’</li> <li>• Ensure participants leave the course with the knowledge, skills and confidence to lead their own health coaching training sessions</li> <li>• Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors</li> <li>• The provider will work closely with</li> </ul>	<p><b>Actual:</b></p> <p>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:</p> <p>They could be trained to be eventual Coaching for Health trainers – building the capacity within NWL.</p> <p>These individuals are part of existing networks where they may be able to create new opportunities, expanding the scope of the programme.</p> <p>Hence the programme involved a Train the Trainer component, initially reaching out to the network of trained Coaches across North West London:</p> <ul style="list-style-type: none"> <li>• <b>75 expressed an interest in becoming trained as a Coaching for Health Trainer.</b></li> </ul>

<p>the Change Academy team to ensure we select the right participants to become Health Coach Trainers.</p> <ul style="list-style-type: none"> <li>• The provider will work with the Change Academy to decide the success criteria and how to evaluate the course.</li> </ul> <p>2. Run a short training course to 'convert' current clinicians who have coaching qualifications to become health coaches:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Encourage participants to use 'real life' patient examples rather than fictional scenarios.</li> <li>• Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors.</li> <li>• 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.</li> <li>• Equip participants with the confidence to be able to have coaching discussions with patients'</li> <li>• 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.</li> <li>• The provider will work with the Change Academy to decide how to evaluate the course and the success criteria.</li> <li>• Consider using participants from</li> </ul>	<ul style="list-style-type: none"> <li>• <b>14 completed the two day Train the Trainer programme (having participated in the core course as an attendee).</b></li> <li>• <b>10 of these have co-trained with one of Osca's Lead Trainers as part of the quality assurance process.</b></li> <li>• <b>2 have been quality assured as full Trainers (able to train themselves).</b></li> <li>• <b>8 have been quality assured as Co-trainers.</b></li> <li>• <b>1 has been able to organise their own training so far (but far more have tried).</b></li> </ul> <p>The quality assurance process continues into Phase 2 of the programme.</p>
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<p>part 2 for coach trainers from part 1 to conduct their co-delivery courses on.</p> <p>3. Course Structure and Provision:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Courses should be structured in such a way as to provide delegates with the optimum opportunity to engage and practise their skills.</li> <li>• Key course aims and learning objectives should be clearly defined in order to gain CPD accreditation for the course.</li> <li>• A safe and secure learning environment should be provided for delegates at all times to encourage them to engage fully in the training.</li> </ul>	
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**Next Steps:**

**Health Coaching for Community Leaders**

Outputs/Deliverables	
<p><b>Planned:</b> <b>Key Deliverable 1:</b></p> <p>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.</p> <p><b>Key Deliverable 3:</b></p>	<p><b>Actual:</b> Currently in planning phase, to be delivered by June 2017.</p> <ul style="list-style-type: none"> <li>• <b>Engagement event with community leaders to identify content and approach</b></li> <li>• <b>Up to 25 community leaders from across North West London to complete 2 day health coaching training.</b></li> </ul>

<p>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.</p>	<ul style="list-style-type: none"> <li>Continued support available for newly qualified health coaches as refresher sessions, networking events and master classes.</li> </ul>
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**Health coaching for Carers:**

Outputs/Deliverables	
<p><b>Planned:</b> 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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Provide participants with an understanding of how health coaching can improve the quality of interactions with the people they care for.</li> <li>Provide participants with core health coaching skills using a health coaching model as a framework in which to use them effectively.</li> <li>Encourage participants to use 'real life' examples rather than role playing or fictional scenarios.</li> <li>Allow ample opportunities for practising the skills learned, and receiving feedback from peers and tutors.</li> <li>Encourage participants to think about</li> </ul>	<p><b>Actual:</b> Currently in planning phase, to be delivered by June 2017.</p> <ul style="list-style-type: none"> <li><b>Two engagement workshops with carer organisations from across North West London to identify content and approach for health coaching training.</b></li> <li><b>4 cohorts of health coaching training to be delivered by July 2017. This will training 100 unpaid carers across North West London.</b></li> </ul>

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.	
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## 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.

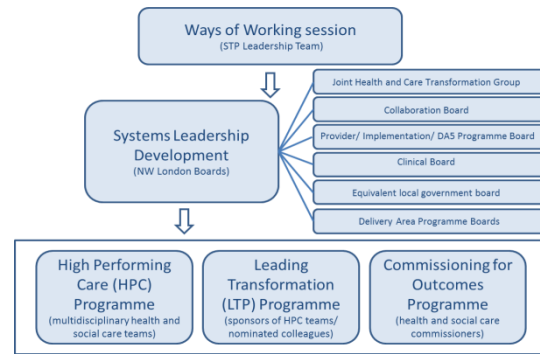
Change Academy programmes are designed to **empower and support our entire workforce** including social care, unpaid workforce (carers) and citizens. It aims to **create a behavioural shift** within the leadership and teams in NW London so that once outcomes are agreed, authority and accountability is 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
<p><b>Integrated Rehabilitation and Reablement Service [IRRS] in Brent</b></p> <p>The project aims to <b>reduce inequality by improving access for vulnerable older people into a high quality and efficient IRRS</b>. 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.</p>

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**

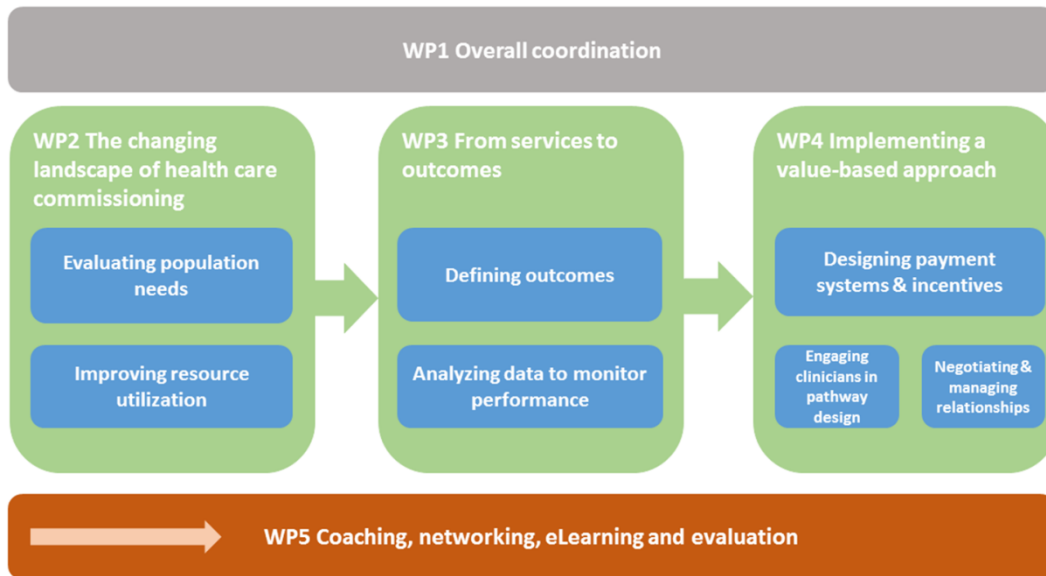
The NW London STP is clear that moving towards Accountable Care ways of working is one of our top strategic goals. A critical step towards that goal is single commissioning. The Commissioning for Outcomes programme will support health and social care teams on their accountable care trajectory to get 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

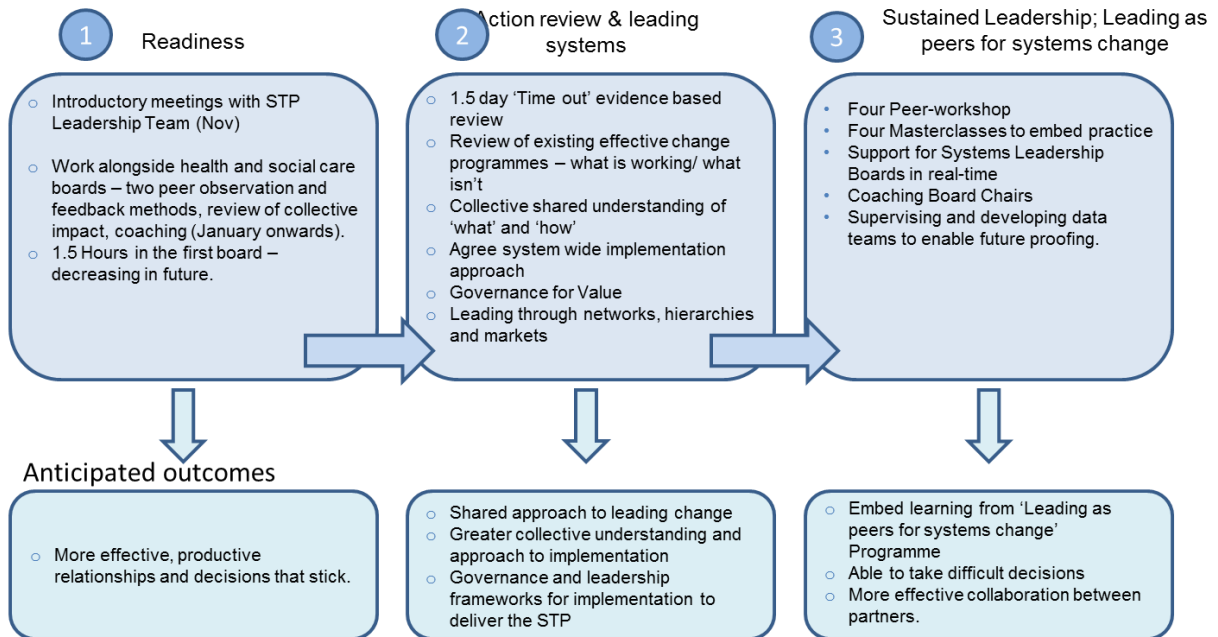
North West London is engaging with the significant challenges to health and social care on the basis of successful collaborations and development of quality services within and between providers and commissioners.

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
<p><b>Systems Leadership Development</b> Improving collaborative working and partnership behaviours through peer review and practical support for Boards and leaders.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Trust and relationships between different providers across patient pathways with distributed leadership around a shared purpose.</li> <li>• Generate and promote different types of dialogue around the provision of care with a legacy of collaborative working across the Strategic Delivery Boards</li> <li>• Courageous leaders who are self-aware and thrive in uncertainty who own and enable change</li> <li>• A collaborative, interconnected, and</li> </ul>

	enhancing landscape
<p><b>High Performing Care (HPC) Programme</b>  Delivering system change through high performing teams across health and social care, using improvement methodology underpinned by data enabled evidence-based decision-making.</p>	<ul style="list-style-type: none"> <li>• Outcomes linked to the STP delivery areas and transformational skills across the 8 teams.</li> <li>• A greater understanding of models and theories of systems change and how they might apply within their area.</li> <li>• Professional and personal development.</li> <li>• Familiarity with data interpretation, using it to address variation and add value. (% increase in knowledge and understanding about data interpretation)</li> </ul>
<p><b>Leading Transformation Programme (LTP)</b>  HPC team Sponsors will receive development to support their teams through coaching and action learning sets.</p>	<ul style="list-style-type: none"> <li>• Leaders who understand how to put patients and service-users at the heart of care solutions.</li> </ul>
<p><b>Commissioning For Outcomes</b>  Develop the skillsets among health and social care commissioners to effectively commission for value and outcomes in the context of emerging ACPs.</p>	<ul style="list-style-type: none"> <li>• Commissioners have the skills and understanding to undertake single commissioning, and develop new ways of working, on their accountable care trajectory</li> </ul>

## 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 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.