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Paper D

System Workforce Strategy

Sheffield Accountable Care Partnership (ACP) Board

Date: 21st June 2019

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1. Purpose

This paper outlines the work done to date to develop a system workforce strategy and outlines the next steps and timescales planned to develop a complete draft strategy for consultation.

2. Introduction / Background

The development and implementation of a workforce strategy across the ACP is an integral part of the action plan arising from the 2018 CQC Local System Review. With an initial focus on developing a workforce strategy specifically for Older People's Care, the remit has recently been extended to develop this into an all-age system workforce strategy.

Staff and public from across the system have been involved in the strategy's development. This has included a system-wide steering group, two staff and public workshops and separate public engagement events. Further work is now underway to ensure that the resulting strategy is an accurate and holistic reflection of the needs of our entire workforce.

3. Is your report for Approval / Consideration / Noting

Noting

4. Recommendations / Action Required by Accountable Care Partnership

The ACP Board is asked to consider the work completed to date, the outlined priorities for the next 12 months and the planned next steps:

- To mobilise this strategy will require wholehearted commitment and advocacy across the ACP. Will you support this approach?
- Are there any gaps in the engagement / involvement of specific staffing groups / other stakeholders, as described above?
- Are there any further workforce considerations that should be incorporated within the strategy?

5. Other Headings
N/A
6. Are there any Resource Implications (including Financial, Staffing etc)?
Not at this point, any staffing or financial implications that emerge through the development of the final strategy will be outlined when that strategy is presented for approval.

System Workforce Strategy

21st June 2019

1. Introduction

The CQC Local System Review (LSR) on Older People's Care in 2018 recommended that:

'System leaders should develop a workforce strategy across health and social care and include providers in the VCSE sector to ensure a competent, capable and sustainable workforce'.

The CQC Local System Review Action Plan commits to:

*'Develop a joined up city-wide strategy for the **workforce** across NHS, SCC, VCSE, and private sector that makes progress on shared strategic workforce issues, delivers a great staff and user experience and ensures stronger engagement with the front-line'.*

In September 2018, GE Finnamore was appointed to support the ACP team in developing the workforce strategy. The first steering group meeting, comprised of representatives from each ACP member, met in October 2018. Staff and public engagement events were held between December and February, with feedback from these events used to develop the emerging strategy. This paper provides information on:

- the process used to develop the draft strategy
- key themes of the strategy
- next steps
- the core risks identified through the development of the strategy, which have the potential to limit its impact

2. Context

2.1 Local Context

There are some core and ongoing pieces of work which will influence future workforce requirements across the ACP. The development of joint commissioning and a new model of care for patients at risk of admission to hospital, have both been agreed in principle by ACP partners – our workforce strategy will need to respond to and enable the new model of care, supported through the new commissioning arrangements.

The proposed priorities for joint commissioning for 2019/2020 are:

- To develop a service improvement framework for frailty that better incentivises the system to invest in a set of preventive interventions though a risk sharing arrangement.
- To develop a partnership approach to SEND, in the context of the Ofsted / CQC inspection and local required outcomes and resources.
- To consolidate and build on our integrated mental health work.

The priority of joint commissioning to develop a service improvement framework for frailty, has been informed by the proposed model of care for patients at risk of admission/ frailty, developed through clinicians working together across primary and secondary care. The model comprises five main changes, which are as follows:

1. Strengthened, **bold integrated neighbourhood development with a single system approach**
2. Provision of **high quality, enhanced access** to GP support (and wider MDT support) in **Nursing and Residential Homes** as standard
3. One standard, scaled up approach to **care planning** across the system

4. A single integrated **"Super SPA"** for Sheffield for adults, bringing together the three "single points of access" across STH SPA, SHSC and Social Care
5. Scaled up **rapid advice, diagnostics and same day emergency care**

Whilst little within here is completely new, the scale and coverage of different themes of the model is considerably different alongside our proposal that the system should work together on this to deliver maximum impact. The "Super SPA" is significantly different and proposes an integration of existing single points of access across SHSC, STHFT and Social Care.

- There are other key strategic cross-city care developments which this workforce strategy needs to be mindful of – for example the work in the city on End of Life and the city-wide dementia strategy - ensuring that Sheffield's 7000 dementia patients have access to good quality, responsive and person-centred support close to / at their place of residence, reducing avoidable hospital admissions.

2.2 National Context

The NHS Interim People Plan was published earlier this month. This outlines national NHS workforce plans under the following headings:

- Making the NHS the best place to work
- Improving the leadership culture
- Tackling the nursing challenge
- Delivering 21st century care
- A new operating model for workforce
- Developing the full people plan.

The Plan outlines a high level view of the priorities for the coming 12 months, with a number of commitments made around next steps that NHS England / NHS Improvement and Health Education England will take. In addition, there are a number of requirements for ICS's to develop and submit workforce plans. We need to work closely with SY&B ICS to define exactly what the priorities will be for workforce at place and ICS level, to ensure alignment of our plans with each other, and with government requirements. A summary of the Plan is included as Appendix A, or you can access the full plan HERE.

3. The Process

The steering group met monthly between October and April, and made the decision early on to focus on those areas of our workforce who deal primarily with 'older people' as defined by the CQC - people aged over 65 - as the work has arisen out of the need to respond to the LSR. There was always a clear recognition however that very few of our services impose this age restriction, and equally that age and the prevalence of health conditions and /or care need are not directly correlated. For this reason, the ACP's EDG agreed to extend the remit of this workforce strategy to develop an all-age, cross system strategy. This requires further work to ensure that all parts of our workforce are represented – this is outlined further below.

The steering group has led the process to date through:

- Collating data to inform the strategy
- Communicating the staff and public workshops (as appropriate) to ensure the right people had input to the strategy
- Running the public engagement workshops (through Healthwatch)
- Facilitating conversations at the staff and public workshops
- Refining and prioritising the actions that were identified through the public engagement.

Two principles underpin all of the recommendations made within the emerging strategy:

i. That this system-level strategy should complement, not replace, individual organisational workforce strategies, and
ii. 'Workforce' in this strategy refers to anyone who contributes to health and social care across Sheffield. This includes staff within ACP partners, staff within organisations outside the ACP partnership who contribute significantly to the sector and also to unpaid volunteers and carers.

3.1 The Workshops

2 staff and public workshops were held, in December 2018 and January 2019. 141 staff attended from across the ACP partners and other organisations involved in health and social care across the city. Some (4) members of the public also attended these events. The first workshop presented the case for change to the group (feedback from the LSR plus local, national and international data on health and workforce trends and projections) and asked them to identify barriers to change followed by their ideas for overcoming those barriers. The second workshop built on these ideas by asking participants to develop their original ideas into more comprehensive and practical solutions. These solutions are outlined in the draft strategy.

The public engagement activity was led by Healthwatch. One workshop was dedicated to exploring their views around the Older People's workforce strategy, a further three workshops had a broader ACP theme which incorporated elements of the workforce strategy.

In addition to the workshops, there was an online questionnaire that enabled a greater number of staff and the public to contribute their views. Feedback from this questionnaire and the workshops has all been integrated within the draft strategy.

4. <u>Data</u>

The collation of local, national and international data has identified some interesting trends that we need to be mindful of, both to set the context and ensure we are realistic in our expectations of the workforce, and also to direct the our efforts into areas where there is likely to be greatest needs.

The global and national data has shown us that:

- While the numbers of older people are growing in the UK, the growth is slower than across the rest of Europe and further afield. In terms of our workforce, this means that we are competing with job opportunities globally; if we hope to attract the best people to work in our system we need to be able to compete on a global scale with lucrative international offers against the backdrop of Brexit uncertainty, a complex immigration and visa system and a general perception that the UK does not welcome an immigrant workforce.
- A study into adult social care has shown that 21% of 20-55 year olds have considered a career in the sector. The 2 primary reasons for not pursuing this as a viable option have been cited as a lack of awareness of how to apply, and perceived unsuitability related to qualifications.

The population data for Sheffield tells us that:

- Sheffield has marginally fewer older people than the rest of Yorkshire and the Humber and the UK. We are however expecting this to grow – from 16% of Sheffield's population in 2016 to 20% by 2041.
- The main causes of illness in Sheffield are cardiovascular disease, cancer, mental ill-health, musculoskeletal disease, neurological and respiratory conditions, and the main causes of death, cancer, cardiovascular, neurological and respiratory disease. Smoking is responsible for around 12% of all morbidity and 20% of all deaths. Obesity is the second most common modifiable risk factor. These risk factors and outcomes are not equally spread across the population.

- We are becoming an increasingly multi-morbid city, with more people having two or more long terms conditions (23% of the population) than having just one. While the prevalence of multi-morbidity increases with age and is present in most people aged 65 years and older, the absolute number of people with multi-morbidity is higher in those younger than 65 years i.e. onset of multi-morbidity occurs 10–15 years earlier in people living in the most deprived areas compared with the least deprived, with socioeconomic deprivation particularly associated with multi-morbidity that includes mental health conditions.
- The annual rate of increase in both life expectancy and healthy life expectancy in the UK is slowing down at an alarming rate. The Sheffield trends are significantly worse than national ones and the gaps between the most and least deprived areas in the City are worsening.
- Health inequalities in the city are stark; There is a difference of 25 years between the number of years a woman can expect to live in good health depending on where she was born, and the difference in the number of years lived in poor health is 14 years between the wealthiest and most deprived areas of the city.

Consistent staffing data across the ACP partners is difficult to collate, with Primary Care and the VCS being particularly sparse in available data. From the data that is available to us, we know that:

- Vacancy rates stand at approximately 13%, with sickness absence rates at 6%. This undoubtedly places a great deal of pressure on the system which we should aim to address.

5. 2019/20 Priorities

We have identified 5 priorities for 2019/20, through the work completed to date. These are:

i. The requirement to understand the capacity and demand issues. Some parts of our system have very limited consolidated information around workforce and / or current activity levels. Where there is data available, it is not consistent across the system. We will develop good understanding of both workforce and population health data to inform future planning to implement the new integrated model of care
ii. Developing a person-centred city is central to the Shaping Sheffield Plan. We will develop a set of organisation development approaches to embed this way of working in our frontline staff, firstly prioritising those at B2 and equivalent across all health and social care organisations.
iii. A broader focus to the priority on those at B2 and equivalent, addressing recruitment and retention issues in this group, plus joined up career planning.
iv. Care home staff have the potential to make a significant contribution to reducing the numbers of urgent admissions to hospital. There are currently numerous pockets of support being targeted at care homes, running the risk of overburdening an already stretched workforce and forcing them to disengage from the wider system. We urgently need to pull all of this activity into a co-ordinated package of support for this section of our workforce.
v. The impact of leadership and culture on our workforce cannot be under estimated. We will implement and embed system leadership and organisation development programmes to ensure that our workforce is motivated, capable and confident.

5.1 Funding

We have recently secured investment of £60,000 from HEE to support the implementation of this workforce strategy. There is the potential of further funding sources to support this work in the future, as ‘workforce’ has been identified as a priority for ICS’s to address, and the Interim NHS People Plan hints that additional funding for workforce will be made available through ICS’s. We intend to invest the funding secured to date in:

a. Developing the maturity of the available primary care and VCS data, to enable more accurate planning and investment in prevention.
b. Funding a development programme focused on person-centred approaches and prevention activity, to develop those in Band 2 / equivalent roles. This would ideally adopt a blended learning approach: a combination of online and face-to-face modules to embed new behaviours. Due to the size of this cohort, we would need dedicated resource to facilitate these sessions; either a consultant-led approach or via a secondment opportunity.
c. To integrate the children's voice and priorities into this strategy, as well as those of the hard to reach and vulnerable adults (more detail below).

6. Next Steps

We are currently in the process of seeking feedback from those parts of the workforce not engaged to date. A workshop is being held on the 4th July to particularly secure feedback from across the children's workforce and those working with vulnerable and hard-to-reach adults, who would typically be under the age of 65. We have to date identified the following groups as either 'vulnerable' or 'hard-to-reach':

- Those suffering from alcohol and / or substance misuse
- Those who are suffering / have suffered from violent domestic and / or sexual abuse
- Homeless groups
- Particular hard to reach communities, eg the Roma community

We will refine the priorities outlined in (5) above in line with feedback received from these groups.

It is intended that a draft strategy will be ready for consultation from August 2019. This will be circulated around all ACP partners and more widely across the system, including specifically with Trade Unions, with executive teams and core interest groups (we are currently liaising with organisations for them to identify core groups in their areas). A final version of the strategy will be presented at ACP Board for sign-off in October 2019.

7. Questions for the ACP Board

a. To mobilise this strategy will require wholehearted commitment and advocacy across the ACP. Will you support this approach?
b. Are there any gaps in the engagement / involvement of specific staffing groups / other stakeholders, as described above?
c. Are there any further workforce considerations that should be incorporated within the strategy?