



Mid and South Essex
Health and Care
Partnership

Integrated Health and Care Workforce Strategy

February 2020



we will enable our workforce to deliver health and care solutions that are right for our community

Welcome from the Joint Chairs of the Mid and South Essex Local Workforce Action Board

As Joint Chairs of the Mid and South Essex Local Workforce Action Board (LWAB), we are delighted to present our integrated health and care workforce strategy to you. Over the past few months we have actively engaged with a wide range of local stakeholders, seeking their views on what should be the key focus of our workforce strategy and how they can help us to embed this strategy in our Partnership across mid and south Essex. This has enabled us to develop our vision for the workforce in our system as follows: ***we will enable our workforce to deliver health and care solutions that are right for our community***”.

The LWAB has strategic oversight of the wider system workforce transformation programme and is responsible for overseeing the implementation and delivery of the national workforce programme identified in the Long Term Plan, the Interim People Plan and Health Education England’s mandate. Working closely with colleagues in Social Care we have developed a strategy and associated action plan with a clear set of expected outcomes that will be monitored in a number of ways i.e. improvements in national staff survey results as well as key metrics on workforce data.

There have been a significant number of successful workforce transformation programmes that the LWAB have supported over the past three years and all the programmes are aimed at making the best use of the available workforce, and supporting them to achieve fulfilling careers in our system and we will continue to support a range of innovative programmes to attract new staff and retain the existing. Our integrated workforce strategy identifies a number of key innovative programmes to support the delivery of our Partnership’s ambitious 5 year strategy on the way that we will deliver health and care services for our communities to offer high quality care and an easily accessible route to getting help. If we are to achieve this aspiration then our workforce - the single most important factor in the quality of care and the way in which it is delivered - will be at the heart of this change and integral to realising our Integrated Health and Care Strategy ambition to be a fully Integrated Health and Care System by 2021.

We commend this strategy to you and look forward to working with our partners on the wider system workforce transformation programmes.

Sally Morris
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NHS Foundation Trust
Joint Chair MSEHCP LWAB

Phil Carver
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Executive Summary

Our health and care system has set out an ambitious strategy that delivers high quality, person centred and proactive care whilst focusing on preventing, reducing and delaying the need for support. We are changing the way we work together as organisations to harness the power our communities and residents have to take more control of their lives and wellbeing. Our system will be joined up, improve outcomes, and increase value. We will harness new technologies that offer an opportunity to deliver health and care on a more effective and tailored basis than ever before. We will deliver this by working together, as a single system, at greater scale where it makes sense to do so and in a more integrated way.

The Mid and South Essex healthcare system has considerable challenges in terms of maintaining a sufficiently sized, stable and appropriately skilled adaptable workforce. This is due to both its' geography and its' demographics as well as the nature of the health and care local system. Our staff is our most important asset; the lack of available personnel to fill vacant posts is also our biggest risk. Securing a sufficiently skilled workforce is a challenge for all partners in our system. In the NHS, vacancy rates are high, and this is creating pressures both in relation to service provision and finance (the locum /agency staff rate of 14% is higher than the average across the East of England). We are in close proximity to London, and trained, experienced staff are often attracted to work there; this is exacerbating our workforce pressures.

In social care, there are significant workforce challenges, particularly within the domiciliary care market, where there is a high turnover of staff and a number of provider failures. Attracting nursing staff and managers to work in care homes is also very challenging. It is often difficult to attract younger workers into the care market when they can obtain similar or higher salaries outside of care.

The LWAB has identified the following workforce transformation priorities to be taken forward in our system during 2020 - 2024:

- **Development of our Integrated Health and Care Workforce Strategy** – to develop a strategy for adoption and implementation in early 2020. To support the implementation of this strategy we will develop a high level action plan to be taken forward within health and care organisations and monitoring arrangements will be established on the agreed key workforce metrics.
- **Supply and retention** – improve retention and recruitment rates and monitor across the system; review current retention plans and develop rotational roles programme, adopt best practice examples from other employers; implement the NHSI retention model across all system NHS partners. We will conduct a thorough analysis of workforce intelligence across the system exploring to what extent utilisation of new workforce roles and skill mix changes can help current and future supply issues. Influence the local labour markets and engage with local communities by *growing our own*, focusing on *widening participation* and developing the associated public engagement necessary to provide greater clarity and understanding of career options in health and care.

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- **School for health and care** – we will develop a virtual school that will encompass opportunities for system-wide education and transformation, engagement with local schools offering work based placements, development of a system career framework to support development through level one - level five apprenticeships with a whole career pathway. This will better clarify the career pathways and options for nursing staff in order to deliver on the ambition that all staff have the opportunity of embarking on a 'career and not just a job'. The school will also host our talent academy, high potential programme and our preceptorship programme and develop over the next 4 years.

Our Workforce Strategy has been developed around 6 key themes:

- Employment brand and offer
- Creating flexible integrated teams and roles
- System leadership and talent development
- Improving our culture
- Filling difficult gaps through role and career development
- Digital and technological innovation

Our strategy identifies a range of actions and initiatives to be delivered at a system level and those to be taken forward by individual partners and at local place based level. A detailed action plan and outcomes framework supports implementation of the strategy with an agreed a set of key metrics to monitor and provide assurance to the LWAB.

Our workforce strategy covers the broad range of professionals that contribute towards the health and wellbeing of our population:

- This includes staff working in health and social care, and also recognises the close links we must make with voluntary, community and private sector organisations - whose capacity and capabilities will need to be harnessed to deliver the best outcomes for our residents.
- We recognise and support the vital contribution that volunteers, carers and families make as part of our workforce.
- We will also need to work closely with other partners, in particular schools, universities, and other academic institutions to secure and upskill our workforce.
- Our workforce strategy sits alongside, and is aligned to national strategies such as the Long Term Plan (LTP) and the Interim People Plan as well as local workforce strategies including local authority social care workforce strategies and those of individual NHS organisations and the Primary Care strategy.

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Workforce Core Principles

To deliver our vision of having an ***enabled workforce providing health and care solutions that are right for our community*** we have developed an agreed set of core principles to be adopted by all Partner organisations working in mid and south Essex. We will support our workforce to:

- Be capable and competent to deliver evidence-based, person centred services across the whole pathway;
- Embody the values of care and compassion, dignity and respect, openness, honesty and responsibility in everything they do;
- Be motivated, confident, compassionate and respected;
- Be rewarded and recognised for the contribution they make;
- Reflect the values, behaviours, diversity and character of our local community;
- Have the right number of people with the right skills in the right place;
- Work in new ways and have the flexibility, skills and expertise to respond to system requirements regardless of organisational boundary and setting;
- Be supported and encouraged to access education, training and other learning opportunities;
- Take advantage of opportunities provided by technology and innovation;
- Have effective leadership which drives partnership working, integrated care and engages and empowers people to thrive throughout their career.

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Our 6 Key Themes

In agreement with our key stakeholders our workforce strategy is built around the following key themes:

Employment brand (s) and offer

Nurturing a vibrant employment environment that makes mid and south Essex the best place to work for health and care professionals. Developing a standardised approach across mid and south Essex to attract people to come and work in health and care to ensure that our local communities are engaged in potential careers. Supporting the development of '*anchor institutions*' across the Partnership to develop employment policies with the explicit intention of supporting local recruitment and addressing population health and community needs.

Creating flexible integrated teams and roles

Increasing the flexibility and mobility of workforce groups across multiple organisations and settings, developing our Employment Licence to enable this to happen. The entry of millennials into the workforce has already resulted in changing expectations around work-life balance, flexible careers, rewards and incentives, relationships with employers and the use of technology.

System leadership and talent development

Supporting the development of compassionate system leaders to be the best they can be and to establish robust talent management principles to foster our approach to growing our own and retaining our high potential staff.

Improving our Culture

To develop a culture that redistributes power through enabling greater autonomy at all levels, modelling positive inclusive behaviours and distributive leadership.

Filling difficult gaps through role and career development

Take co-ordinated action to address specific skills and capacity shortages across health and care by growing our own and expanding career paths and entry routes, identify the future supply and building capacity on system approach to workforce planning, modelling and forecasting.

Digital and technological innovation

To upskill our staff to enable them to deliver personalised health and care and solutions that enable people to 'live well', giving patients and citizens more control over their health and wellbeing. Genomics, digital medicine and AI will have a major impact on patient care in the future. There is a need to raise awareness of genomics and digital literacy among the health and social care workforce. The latter requires the development of the skills, attitudes and behaviours that individuals require to become digitally competent and confident. Workforce engagement with the planned use of new technology is critical to success and without this it will fail and no improvement will be achieved. We will ensure that our workforce are educated, equipped and enabled to be successful in using technology that allows them to focus on caring for patients and citizens. As new services are designed with users in mind, making the systems intuitive to use and

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adoption less of a hassle is important to ensuring the safety of the people being cared for is not overlooked.

Our key themes are aligned to the Long Term Plan and Interim People Plan criteria and ensures that our workforce strategy is robust as we develop into an Integrated Care System.

Interim People Plan Priorities:	LTP Workforce Priorities:
<ul style="list-style-type: none">1. Making the NHS the best place to work2. Improving the leadership culture3. Tackling the nursing challenge4. Delivering 21st Century Care5. A new operating model for workforce	<ul style="list-style-type: none">1. Workforce Implementation Plan2. Expanding the number of nurses, midwives, AHPS and other staff3. Growing the medical workforce4. international recruitment5. Supporting current staff6. Enabling productive working7. Leadership and talent management8. Volunteers

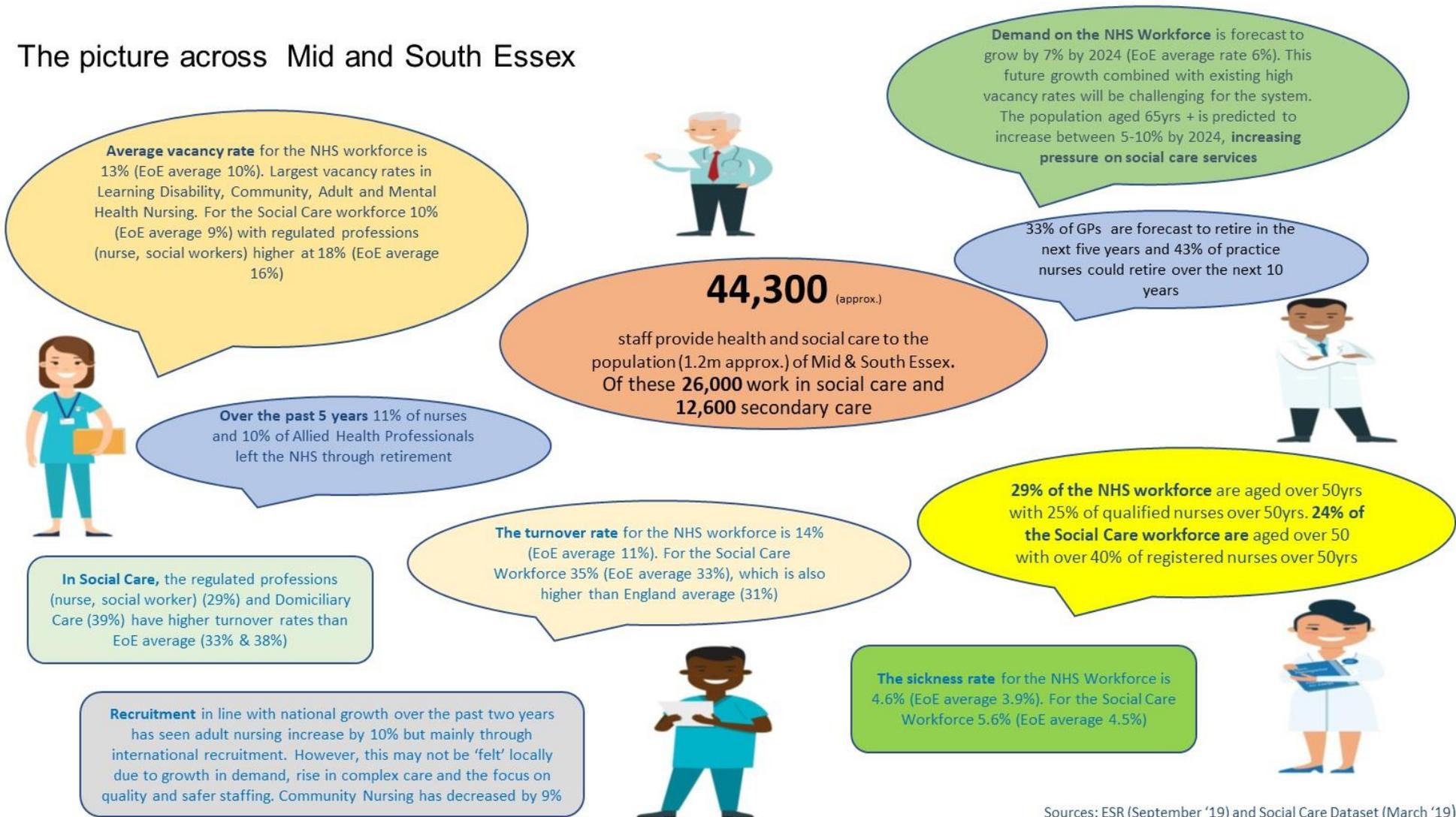
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Our Workforce Strategy on a page

Employment Brand and Offer	Flexible integrated teams (FIT)	System leadership and talent development
Making mid and south Essex the best place to work and live	Rotational role development	Leadership compact embedded across system
Targeted attraction and retention strategies	Passport to enable staff to work across organisational boundaries	System wide approach to talent management and talent mapping
Influencing the development of affordable housing and improved transport infrastructure for staff	Joint roles allowing flexible deployment across our integrated system	Bring leaders across professional groups and organisations together – system leadership alumni network
Improving our culture	Filling difficult gaps, role and career development	Digital and technological innovation
System wide approach to embed the right culture and behaviours	Mid and south Essex Partnership school of health and care	Support staff to implement new technology
Role modelling of behaviours by all staff, compassionate and respecting others	Career development framework across health and social care	Enable technology to work anywhere within the system
Inclusive, diverse workforce	Developing our staff to work differently	Increase productivity and capacity by adopting technology

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The picture across Mid and South Essex



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OUTCOMES FRAMEWORK AGAINST THE SIX KEY THEMES

We have developed a workforce outcomes framework to help us track our progress against our six key themes where we believe, by working together in partnership, we can make a difference. Below is a selection of indicators that we will use to monitor our progress.

(NB: when we refer to data we will use the system data from the Qlik tool, NHS staff survey results, Primary Care workforce data, GP Maslach Survey, data from HEE to benchmark with other systems, Skills for Care (social care workforce data).

THEME	How will we know we have made a difference?	What metrics will be used to track progress?
Employment brand and offer	<p>We will have a more diverse and inclusive workforce representing the communities we work with</p> <p>There will be a greater number of local people working in health and care</p> <p>We will have a comprehensive work based placement scheme in place and greater engagement with local schools/colleges</p> <p>We will have more staff return to practice sharing their wealth of knowledge and experience</p> <p>Standardised recruitment and on-boarding/induction process in place across system partners, reducing duplication and improving efficiency</p> <p>We will have a greater level of participation with the voluntary, third-sector workforce</p>	<p>How are we making MSE a better place to work?</p> <p>System workforce data on:</p> <ul style="list-style-type: none"> • Reduction in turnover rates • Retention rates improve • Reduction in vacancies and long term vacancies • Reduction in sickness absence • Reduction in agency costs • International recruitment • Return to Practice data <p>NHS Staff Survey Results</p> <ul style="list-style-type: none"> • Higher level of engagement rate with the national NHS staff survey across the system • Equality, Diversity & Inclusion • Health and wellbeing • Immediate Managers • Morale • Staff Engagement

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THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	<p>Realisation and delivery of affordable housing scheme for health and care workers</p> <p>Influence private and independent sectors – recognise our roles as market makers and our ability to influence the private sector through commissioning</p>	<ul style="list-style-type: none"> • Team Working • Safe Environment, Bullying & Harassment • Safe Environment, Violence <p>Social Care Data – responses to surveys can be included.</p>
<p>Flexible integrated teams and roles</p>	<p>Partnership sign-up and participation in the Employment Licence</p> <p>Greater number of staff working across organisational boundaries</p> <p>Rotational roles programmes adopted for higher number of professional staff groups</p> <p>Adoption of new roles to support changes in service delivery</p> <p>Higher number of joint health and care roles working in primary, secondary and care settings</p> <p>Greater flexibility around system finances – funding follows the role</p>	<ul style="list-style-type: none"> • Number of partners in the Employment licence scheme • Number of staff given the licence/applying for the licence • Range of new roles in place and workforce planning data reports use of new roles • Number of staff on the specific rotational roles programmes • Number of clinical support staff moving into professional roles
<p>System leadership and talent development</p>	<p>Establishment of a system talent board</p> <p>All partners have a robust approach to recognising and supporting potential/talent management</p> <p>Career coaching conversations taking place across all partners</p>	<ul style="list-style-type: none"> • Reduction in the turnover of Executive roles/Board level vacancies • Proportion of partners rated outstanding for leadership – CQC well led or other review • Leadership stability across the system

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THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	<p>Compassionate leadership becomes the norm Collaborative partnership working across health and care with integrated teams</p> <p>Success of the high potential pilot</p> <p>Success of the system leadership alumni</p>	<ul style="list-style-type: none"> • Higher number of participants on the Regional Aspire together Executive Development Programmes • Participation rates on system leadership development programmes • System talent map and future pipeline review
<p>Improving our culture</p>	<p>More diverse workforce</p> <p>Greater awareness of unconscious bias</p> <p>Compassionate leadership becomes the norm</p> <p>Demonstrating respect</p> <p>Nolan Principles and NHS Constitution lived experiences</p> <p>People actively listening and being present</p> <p>Leadership compact behaviours role modelled</p> <p>Greater levels of staff engagement and wider opportunities for staff to become engaged</p>	<p>NHS Staff survey results</p> <ul style="list-style-type: none"> • Equality, Diversity & Inclusion • Health and wellbeing <ul style="list-style-type: none"> • Proportion of partners rated outstanding on leadership • Reduction in the number of bullying and harassment grievance claims <p>System workforce data on:</p> <ul style="list-style-type: none"> • Reduction in turnover rates • Retention rates increase • Reduction in vacancies and long term vacancies • Reduction in sickness absence • Reduction in agency costs

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THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	<p>Improved communications across the system, simplified and easy to find information on system level programmes</p> <p>Greater awareness of how our system works what our priorities are</p>	<ul style="list-style-type: none"> • WRES data outcomes • % of total workforce in leadership roles from protected characteristics
<p>Filling difficult gaps, role and career development</p>	<p>Targeted attraction and retention strategies – best practice learning adoption so that we do all we can to make staff want to join and stay in our system.</p> <p>School of health and care established</p> <p>Local career development framework implemented Improved education and training, training portfolios and pathways</p> <p>System passport capturing training, experiential learning to aid movement across organisations into new roles</p> <p>Ensure full apprenticeship levy utilisation across the system and consider pooled levy options</p> <p>Development of joint apprenticeships across the system Closing the gap between supply and demand</p> <p>Specific targeting on roles such as Band 5 nurses, domiciliary care workforce</p>	<p>System workforce data:</p> <ul style="list-style-type: none"> • Greater number of GPs and practice staff • Review of apprenticeship levy spend/accrual • Monitoring of staff accessing coach/mentor from system network • Monitor no. of new roles such as care navigators • Growth in advanced clinical practice roles • Growth in clinical support roles • Growth in other clinical roles in general practice i.e. clinical pharmacists • System workforce plan and future supply modelling in place • Finance, activity and workforce triangulation reporting from operational planning

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THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	<p>System approach to developing the nurse associate role</p> <p>Reduce the grade creep between primary and secondary care for similar roles</p> <p>Developed our system wide approach to workforce planning, financial investment and activity planning</p> <p>Standardisation of the internal transfer scheme</p> <p>Standardisation on system leadership programmes delivered</p> <p>Coaching and mentoring network in place across the system</p>	
<p>Digital and technological innovation</p>	<p>An agile workforce enabled by technology to work anywhere within the system</p> <p>Effective adoption of digital healthcare technologies at scale, with a focus on clinical outcomes and on promoting effective and consistent staff engagement.</p> <p>Improved knowledge of our population health management information and how we can use this to improve patient outcomes and assist in the design of new models of care.</p> <p>IT systems will be compatible across the partnership and shared care records will be in place</p>	<ul style="list-style-type: none"> ● Staff survey results ● Internal staff engagement forums ● Induction feedback reviews ● Assess implications of national review and initiatives such as Model Hospital and Carter Review ● As outlined in the Topol Review see an increase in the number of clinician, scientist, technologist and knowledge specialist posts working in partnership with academia and/or the health tech industry to design, implement and use digital, AI and robotics technologies.

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THEME	How will we know we have made a difference?	What metrics will be used to track progress?
	<p>Greater use of technology in delivery of care at home</p> <p>IT will be of an overall standard for the whole workforce, easy to access, sharing of information and standardisation of systems talking to each other</p> <p>Using technology to work more efficiently and sustainable reducing unnecessary travel</p> <p>Greater use of teleconferencing across the system. Implementation of new technology such a genomics, digital medicine and artificial intelligence.</p>	

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KEY METRICS AGREED FOR MONITORING PURPOSES UNTIL 2024

Current Position

As a system to support delivery of our Partnership 5 Year Strategy and meet the requirements of the Long Term Plan we have forecast that in line with demand our overall growth in workforce needs to increase by just over 7% by 2024. This is slightly higher than the average rate across the East of England (6%) but as at March 2019 we had the highest number of vacancies at 13.4% than the East of England average at 10.4%. The forecast of this growth has been driven by the MSE Group and Essex Partnership University NHS Trust. This future growth combined with existing high vacancy rates will be challenging for our system to provide enough supply to meet future demand.

Currently the overall vacancy rate for registered Nurses and Midwives is above the EoE average, with the largest vacancy rates in Learning Disability nursing, Community nursing, Adult nursing and Mental Health Nursing.

Although there are variances between the three local authorities (direct care vacancy rates are 12 % in Essex, 10% in Southend and 3 % in Thurrock) we are all experiencing an increased difficulty in filling care and support roles within Social Care. Although nearly two thirds of workers remain in care, there is significant turnover of those role providing direct care (Essex 33%, Southend 39% and Thurrock 50%).

This coupled with the increased need for existing and new roles needed to support the growth in those 65 + (especially those presenting with a greater complexity of needs including both physical and mental ill health) means that recruiting and retaining a Social Care workforce will remain a significant and ongoing challenge.

The recruitment and retention of domiciliary care workers, care home management and registered nurses in care homes is a significant issue within Adult Social Care.

Forecast Growth

Our predictions in our forecasting highlight areas of significant growth are in Adult nursing, Paediatric nursing and Registered Midwives;

The workforce skill mix is also forecast to change, with the ratio of registered nurses to consultants increasing and above the EoE average. Further work needs to be undertaken across the system in forecasting the growth of new roles such as nursing associates, IAPT Practitioners, ACPs and Physician Associates.

We also anticipate that the demand for apprentices will increase for registered Nursing and Midwifery, STT staff, Support to Clinical staff and NHS Infrastructure Support staff; however in all known apprenticeship roles, our system lags behind regional forecast demand.

Adult social care is looking to develop a number of new roles and increasing our work with partners to develop roles that can span across health and social care.

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We are expecting to see significant growth in the Primary Care workforce as a result of the newly negotiated GP contract, the Network DES and the Additional Roles Reimbursement Scheme. Through this scheme groups of practices, as PCNs, are able to receive 100% reimbursement for roles covered by the scheme up to their financial envelope. These roles will be identified and agreed by each PCN to help them deliver the contractual requirements and improve practice sustainability.

Across Mid and South Essex this could equate to almost 200 additional roles being appointed within and across General Practice in 2020/21, rising to circa 550 by 2023/24. Over the next year we will work with Clinical Directors and Primary Care Networks to understand their desired workforce and provide support where appropriate and required to recruit to these roles. This could take the form of bulk recruitment, shared employment and/or rotational roles dependent upon local needs.

It is proposed that to support implementation of our workforce strategy and associated interventions under each of the key themes we monitor the following metrics and set ourselves these ambitious goals:

AGGREGATED AT SYSTEM LEVEL

Metric	2020/21	2021/22	2022/23	2023/24
Vacancy Rate NHS	12%	11%	10%	9%
Vacancy Rate Direct Care	22%	21%	20%	19%
Absence Rate NHS	4%	3.5%	3%	2.5%
Absence Rate Direct Care	5%	4.5%	4%	3.5%
Turnover/attrition NHS	13%	12%	11%	10%
Turnover/attrition Direct Care	40%	39%	38%	37%

Additional metrics will be developed when the People Plan and Standard Operating Framework are fully published. This will enable us to provide assurance as an ICS on the wider workforce transformation agenda.

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