



Title:	Draft response to Workforce Consultation
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Strategic Partnership Board

22 March 2018

1. Purpose

- 1.1. This paper sets out the draft response to the Health Education England (HEE) consultation 'Facing the Facts, Shaping the Future' due on 23rd March 2018.
- 1.2. The HEE consultation will inform the Workforce Strategy for England to 2027.

2. Action required by Board members

- 2.1. The Strategic Partnership Board is asked to **comment** on the draft response and **agree** the approach.

3. Partnership considerations

The HEE consultation provides an opportunity for health and social care partners to submit a collective response.

4. Draft Consultation Response

23 March 2018

To whom it may concern:

We write to respond to the consultation on 'Facing the facts, Shaping the future: A draft health and care workforce strategy for England to 2027'. This response represents a collective view from the London Health and Strategic Partnership Board (SPB) and focuses on cross-sectoral issues at pan-London. Please note that constituent partners of SPB and partnerships across different spatial levels in London will be submitting their own responses directly.

The London Health and Care Strategic Partnership Board has been set up to provide oversight and leadership to ensure improvements to health can happen as quickly as possible. The Board brings together partners from across the health and care system in London. Their aspiration is to make London the healthiest city in the world and they are committed to working together to improve the health and wellbeing of all Londoners. Further information including membership and terms of reference can be found at the Healthy London Partnership website¹.

1. Context

Over the last two years, partners across health and care in London² have come together with national bodies³ to explore how delegation and devolution could enable further and faster transformation of health and care in the capital. In November 2017, London and national partners signed the London Health and Social Care Devolution Memorandum of Understanding (MoU)⁴. The people who work in health and care are critical to achieving London's transformation goals. As such, workforce transformation formed a core component of the MoU with commitments to support recruitment and retention, training and development, roles that cross health and care and collaborative governance and delivery.

London partners at local, sub-regional and regional levels aspire to secure and support a world-class workforce across health and care. London has committed to build on its position as the home of popular and world-class health education to develop new roles, secure the workforce it needs and support current and future staff to forge successful and satisfying careers in health and social care.

¹ <https://www.healthylondon.org/our-work/london-health-care-strategic-partnership-board/>

² All 32 London Clinical Commissioning Groups (CCGs), London Councils representing the 32 London boroughs and the City of London, and the Greater London Authority (GLA), PHE (London region), NHS England (London region) and NHS Improvement (London region).

³ HM Treasury, the Department of Health (including Community Health Partnerships and NHS Property Services), the Department for Communities and Local Government, the Department for Work and Pensions, the Department for Culture, Media and Sport (DCMS), the Department for Education, NHS England, Health Education England, NHS Improvement, Cabinet Office, the Care Quality Commission, the National Institute for Health and Care Excellence and Public Health England.

⁴ L London Health and Social Care Devolution Memorandum of Understanding (MoU) November 2017 https://www.london.gov.uk/sites/default/files/nhs_hlp_memorandum_of_understanding_report_november_2017.pdf

2. Summary

DN: To follow once content agreed.

3. Introduction and overarching points

London welcomes the commitment of national partners to develop a system-wide, national health and care workforce strategy. This is particularly important as we consider the scale of challenge of planning for and delivering a workforce that is 'fit for the future' to be considerable, particularly given the challenges of recruitment, retention and the impact of 'Brexit'. However, we are concerned about the degree to which there is alignment between national policy-makers, and suggest that strengthened cross-sector working would help ensure that health and care workforce issues can be effectively and sustainably addressed. Key areas of concern, which may merit further exploration, include:

- Whether 'Facing the Facts' represents a sufficient and proportionate response to the considerable scale of the workforce challenge
- Consideration of challenges affecting recruitment and retention of EU and overseas workforce. In particular, whether:
 - Sufficient focus is being given to continued flexibility around recruiting highly skilled workers from the European Economic Area workers in health and social care as part of the Brexit negotiations.
 - Sufficient priority is being given to the risks of reduced overseas recruitment. In London, we are seeing reductions in overseas applications for training places following changes to the nurse bursary and the potential implications of Brexit. London has a higher percentage of EU and overseas workforce in both health and social care and is therefore at increased risk.
- Whether greater flexibility could be granted to local and regional organisations on funding and the ability to set rates of pay, to enable a more tailored response to workforce challenges by geography.

Our detailed response addresses the following issues:

- A. Integration of health and social care and supporting new care models
- B. Governance and strategic delivery
- C. Training and development
- D. Recruitment and retention

A. Integration of health and social care and supporting new care models

There is a widely acknowledged need for more joined-up, personalised care which puts the citizen, rather than the service, at the centre of the system. Better integration of health and social care is important to meet the needs of our growing and ageing population in a way that meets their needs and improves efficiency. This requires health and care professionals to work in more integrated ways across organisational boundaries. Some newer models of delivery have gone further and include combined health and care roles.

CASE STUDY: Lewisham has plans for hybrid roles for care at home as part of its “Neighbourhood Community Teams”

- Lewisham aims to develop a more flexible workforce to work and support residents in their own homes. New roles need to be generic, bridge organisational differences and focus on outcomes.
- Four virtual multi-disciplinary teams (“Integrated Neighbourhood Community Teams”) of social care staff, district nurses and occupational and physiotherapists have been created. The teams are aligned to GP practices and multi-disciplinary meetings now take place in each practice. This way of working has enabled greater information sharing and collaboration across the system. There are approximately 200 staff working within these Neighbourhood Care Teams.
- The teams are organised on the neighbourhood footprint and funded by pooled budget arrangements.
- Four Neighbourhood Co-ordinators, funded by pooled budget arrangements, work across health and social care to improve multi-disciplinary working for those people with complex health and social care needs. The team facilitates effective liaison between formal and informal health and care providers across Lewisham. The Co-ordinators have been in post since November 2015 and the role is now considered to be highly beneficial by the Neighbourhood Community Teams. In 2016/17, the team responded to 1254 requests for support.
- Taking inspiration from the Dutch Buurtzorg model, which has no distinction between nursing and domiciliary care roles, Lewisham’s aim is to develop these Neighbourhood Community Teams further – establishing combined health and care roles across domiciliary care, district nursing, social work, therapists and community mental health workers. The model being developed under the aims to combine and flex the roles of those health and care professionals who visit and support people in their own homes.

Our systems work in London and insights from the devolution pilots have demonstrated the importance of staff and employers developing cross-sector understanding and relationships. Employers will be required to think differently about workforce strategies, organisational development and training. Training for current and future health and care leaders will need to have a strong system leadership focus.

The London work has identified structural and process challenges to creating a more integrated workforce, which need attention nationally, regionally and locally. These include:

- pay and performance management arrangements for joint roles or those that cross health and care;
- the ability to co-locate health and social care staff; and
- siloed regulation of different professional groups.

We would welcome a stronger reflection of the ambition to integrate health and care in the Strategy to provide confidence that this will receive sufficient national focus. We note that the overwhelming focus of the document is on the NHS workforce with relatively little focus on social care and integration.

We also note that the Department of Health and Social Care and Skills for Care are running a linked consultation to seek views and evidence on what actions could be taken to address workforce challenges specific to the adult social care sector.

Our view is that these pieces of work should be taken forward together with the ultimate strategies supporting and reinforcing each other. We strongly believe that health and care workforce issues need to be considered holistically if we are to truly enable more integrated models of care.

RECOMMENDATION

We request that in the development of the final health and care workforce strategy every effort is made to reflect the ambition for more collaborative working between health and social care. We would welcome a single NHS and social care workforce strategy based on the findings of the two consultations.

B. Governance and strategic delivery

We welcome the acknowledgement of the challenging nature of workforce planning for an organisation as “large and complex as the NHS” (pp18). Integrating with social care adds a further level of complexity.

If we are committed to holistic consideration of health and care, this must be reflected in all levels of planning and in leadership. A significant proportion of London’s devolution MoU focuses on efforts to improve collaboration between health and care leaders to realise our collective ambitions. We believe that it is important to have multi-level cross-sectoral leadership that spans health and care. In London, we have established a London Workforce Board (LWB) to bring health and care partners together for the first time to discuss collective workforce challenges and opportunities.

The purpose of the LWB is to facilitate integrated working and meaningful discussion about workforce issues at a London level. The LWB provides a forum for partners to exchange ideas and proposals, discuss relevant issues of joint concern and seek to reach an aligned view on matters concerning workforce skills, development and transformation to support London's health and care ambitions, now and in the future. Membership is drawn from health and social care partners at all local, sub-regional and regional geographies.

We have found that a lack of a clear workforce baseline across existing professions, care settings and London geographies makes it particularly challenging to accurately forecast future workforce needs. The existing maturity of understanding around the impact on the workforce of new models of care and interventions; and the implications of proposals for community, mental health, primary care and acute care, means there are limited clear assumptions on which to base future forecasts for workforce demand.

The London Workforce Board will support a joint approach to data and developing a shared baseline, training and workforce development. Collaborative approaches will also aim to make the best use of associated funding, such as from the apprenticeship levy, through joint programmes wherever possible. By working in close partnership, including with employers and trade unions, we have an opportunity to explore ways to support more integrated health and care roles. The London Workforce Board is building on local and STP-level partnership approaches, consistent with the principle of subsidiarity.

We believe the benefits of this approach, which could be applied across other geographies, are:

- More collaborative working between health and care staff to support new models of care. This will help to deliver higher quality care and extended services to consistent standards.
- Joint health and care training and workforce development where appropriate, co-location of health and care staff where this supports joint working, and supporting combined roles across health and care.
- The ability for a region to develop new roles, secure the workforce it needs and support current and future staff to forge successful and satisfying careers in health and care.
- Improved recruitment and retention, particularly for social care, primary care and mental health.

RECOMMENDATION

- Proposals to address the complexity of workforce planning include consideration of all parts of the health and care system
- Consideration be given to streamlining responsibilities and roles of national level organisations and increasing flexibility of collaborative working between them
- National partners formally back the London Workforce Board approach, built on the principles of subsidiarity, as a pilot and consider its application across other spatial areas
- National partners support and engage with London's work to establish an accurate workforce baseline that will support development of processes to ensure that London's health and social care workforce reflects London's diversity.

C. Training and development

If we are to support new care models, we also need to train and develop our workforce together. This may require innovative approaches to funding and delivery. London partners, with the relevant central Government departments, are working to harmonise training and development activity with efforts championed by the GLA and London Councils to maximise opportunities for links with further education colleges and local training efforts to support unemployed Londoners.

C1 Giving priority to Continued Professional Development (CPD) funding

Where organisations do not provide their workforce with sufficient personal and professional development opportunities and support within their existing roles, it leads to high turnover.

London's health and social care employers are working to provide a strong training and development offer to support staff retention. We are concerned that when London is facing challenges to recruit and retain staff London's Local Enterprise and Training Boards (LETBs) are cutting Continued Professional Development (CPD) funding.

RECOMMENDATION

The strategy should explore mitigations to the risks posed by the reduction of CPD budgets by LETBs.

C2 Co-funding approaches

In developing the MoU, London partners identified the importance of coming together to co-fund a partnership delivery vehicle enable collaborative resourcing and delivery for aligned objectives. The London Workforce Board is working within the existing statutory framework, to establish a collaborative, London-wide workforce delivery system with HEE, Skills for Health and Skills for Care working together on key training and development priorities.

London partners have recognised the need for joint health and care training and workforce development, to support integrated working as a key enabler to new models of care. To achieve this, HEE, Skills for Health, Skills for Care, the DfE, DH and London partners have committed through the Health and Social Care MoU to the following, so far as is possible in accordance with the legislative framework and statutory accountabilities:

C3 Flexibility around pooling resources

Empowering the London Workforce Board to seek agreement amongst member organisations to pool resources where appropriate and achievable within the legislative framework, for spending on joint projects. This will include consideration of HEE's delegated transformation and development funding. Any pooling and subsequent spending will respect the governance, statutory accountabilities and priorities of member organisations.

C4 Apprenticeship levy

We welcome the increased focus on apprenticeships within the health and care sector. Given local government's strong track record of delivering apprenticeships, we believe there is a significant opportunity to promote cross sectoral working, new career pathways spanning health and social care and enhance integration of health and care models.

London partners are working to ensure that employers within an integrated health and care workforce can take advantage of the opportunities offered by the apprenticeship levy. Consistent with the national policy to enable transfers between employers by 2018, this will include the ability to transfer funds between individual employers within an integrated health and care system. Together with the delegated HEE transformation and development funding, this has the potential to enable integrated training and workforce development.

We understand that take up of the Apprenticeship Levy has been slow across NHS organisations. Given the scale of the NHS in London this poses a significant risk of net loss of funds from London.

We welcome the ability for employers to pool and transfer up to 10% of their Apprenticeship levy and will support and encourage London organisations to use this as an opportunity to promote integrated approaches across health and social care.

Given the resourcing challenges in health and care, there may be opportunities to go further, for example by ring-fencing any unused apprenticeship levy funds within London. The overall aim of retaining this funding in London would be for reinvestment in apprenticeships and sharing learning from successful approaches and supporting increased uptake in areas which have experienced challenges. We would welcome increased flexibility for organisations and localities which want to take this further.

RECOMMENDATIONS

We would welcome:

- Consideration of national approaches to collaborative training and delivery, including resource implications
- Consideration by Departments for Education and Skills and Health and Social Care around potential flexibility of the apprenticeship levy and in particular:
 - Exploring the rules around the percentage and arrangements for pooling.
 - Exploring opportunities for retaining apprenticeship levy funds within London, with a health and social care ring fence.

C5 Innovative approaches to integrated health and social care training

Discussions at the London Workforce Board have enabled consideration of opportunities to broaden the exposure of trainees to

- broader health and care roles, for example consideration of exposure to social care as part of multi-disciplinary team training at medical school.
- system-wide approaches, with consideration given to the wider determinants of health and opportunities to signpost into broader community and specialist support for example through social prescribing.

CASE STUDY(s) to follow

Passporting case study (HEE to provide)

CASE STUDY

The 'City and East London Excellence Centre' is one of 10 National Skills Academy for Health Excellence Centres, bringing together employers from the NHS, independent sector and voluntary sectors to implement high quality skills programmes for support workers including promoting the highest quality of apprentice opportunities and training

London partners have identified the need to build real opportunities to develop career paths that cross geographical boundaries.

RECOMMENDATIONS

Consider broadening the exposure of health and care trainees to wider parts of the health and care system e.g. the potential for social care and public health to become established parts of medical training.

Consider ways to accelerate the adoption of innovative approaches, for example passporting, across the health and social care system.

D. Recruitment and retention

London is recognised as a centre of excellence for health training and education; locally, nationally and internationally. This is made possible through:

- innovative local clinical and non-clinical education and training workforce models, commissioned via LETBs working closely with local partners
- unique training opportunities. For example, in specialist services using cutting edge technology and techniques
- links to high-quality, internationally-renowned research in health and healthcare subjects providing a centre of excellence for health training
- the contribution of London medical and higher education institutions in their delivery of health training and education.

Despite the London health and care system training a significant proportion of the workforce, more than a third of the workforce who train in London subsequently choose to move away. Costs of living and working in London contribute to challenges in recruitment and retention of staff. Research for the London Workforce Strategic Framework⁵ found that London has a unique workforce profile, and can be a challenging place to live and work:

- turnover is high, and there are significant recruitment challenges in some areas
- many newly qualified professionals leave London shortly after completing their training.
- the most cited reason is the high cost of living, in particular the lack of affordable housing

⁵ Ibid

There are currently recruitment challenges across London with shortages in a range of social and primary care roles. For example, in North East London alone, 17.5% of registered roles in social care lie vacant. In London, workforce gaps are experienced across many staffing groups, including urgent and emergency consultants, mental health nursing teams and GPs. There is a lack of sufficient workforce capacity in certain care settings to meet patient demand for services (e.g. in the delivery of cancer diagnostics in secondary care). London's health and social care workforce is an ageing workforce, with 15% of London GPs aged 60 and over compared to 8% in the rest of England. Staff turnover is recognised as being higher in London than in other regions (e.g. for NHS111 attrition rates for health advisors are between six and 41%, and clinical advisors are between three and 36%)⁶.

D1 Incentivising staff retention

The high cost of living in London means that recruiting and retaining staff remains a significant challenge. Opportunities to examine pay, housing and transport are all under exploration

As part of the devolution MoU, London partners and DH have committed to explore London weighting in this context. At the inner and outer London weighting boundaries, and particularly where there is limited geographical difference between organisations/sites, staff tend to migrate to inner London given higher cost area supplements. This happens within and across organisations. Inner London weighting has increased by only £531 from 2008 to 2017 with outer London increasing by just £372. We contend that this has not kept pace with the increases in cost of living across London, in particular housing and transport costs. We believe that there is increasing evidence that the failure of London weighting to keep pace with wider costs is negatively impact on London ability to recruit and retain staff.

The fact that for some comparable roles there is significant pay discrepancy between NHS and social care staff can be problematic as it leads to staff moving from social care roles into NHS jobs, leaving social care even more understaffed. This is particularly true for nursing.

Where there is a lack of affordable housing and transportation, this impacts on a region's ability to attract new members of staff for existing vacancies. There is a trend for staff to travel further to get to work in inner London organisations. The rising cost of transport in London influences where people choose to work, impacting employers' ability to recruit and retain staff. Transport links, and the accessibility of where employers are geographically located, are also an important factor. Known factors that improve the retention of the existing primary and community care workforce are where staff have a clear career path with roles and responsibilities defined at each stage of their career;

⁶ London Workforce Strategic Framework, Healthy London Partnership. 2016
<https://www.healthylondon.org/wp-content/uploads/2017/11/London-Workforce-Strategic-Framework-March-2016.pdf>

opportunities to expand their knowledge and expertise throughout; and ways of working that support them to be released to receive development training.

RECOMMENDATION

Adequate consideration of the opportunities to support staff through pay, housing and transport considerations

D2 Changing perceptions of health and social care careers

A cause of high vacancy rates across certain professions, care settings and geographical locations in London is as a consequence of the lack of perceived attractiveness of these careers. There are specific challenges recruiting in certain parts of London. Reasons vary but include affordability, publicised challenges with local providers, and financial incentives. Some professions (e.g. those delivering care in the community and across primary care environments) are sometimes viewed as less desirable by prospective staff. This may be due to poor publicity or perceived underinvestment. A lack of exposure to training and working in these areas means that many staff are not aware of the benefits of working in this sector in comparison to other sectors (e.g. acute hospital settings).

CASE STUDY (DN: to follow but could include one or more from the following)

Hackney (Homerton) example where they proactively support work experience for local schools.

In Northeast London they are starting to have a single front door to health and care careers through a single website that talks about the opportunities of these careers within that geography – so that enables economies of scale when having these conversations with local schools etc.

In Newham, Tower Hamlets and Waltham Forest, as part of 'Transforming Services Together', HEE and Skills for Care commissioned research and local intelligence gathering into local attitudes in to working in health and social care. This work aims to ensure that future recruitment and retention initiatives are developed in line with local need and aspirations.

We welcome the strategy's approach towards changing perceptions of nursing and inspiring a new generation to take up nursing careers. London intends to build on the successful Capital Nurse programme and bring the learning from the Mayor of London's 'Teach London' model⁷ which brings together teacher training opportunities across London into a single portal and uses the Mayor of London's networks and communications channels to promote them.

⁷ <https://www.london.gov.uk/what-we-do/education-and-youth/teach-london>

RECOMMENDATION

We could like to see NHS staff being encouraged to use their volunteering days to visit schools as ambassadors for health and care careers and encouraging and supporting local young people into training.

More broadly we would like to see consideration given to increasing collaboration with schools and a pipeline to attract young people into health and social care careers.

D3 Attracting EU and overseas staff

London is likely to be disproportionately affected by Brexit:

- The highest concentration of staff with other EU nationalities is in London. One-third of all EU NHS staff work in London. In North West London, those with EU nationality make up 12% of all NHS staff. There are 37 NHS trusts where over 10% of staff are estimated to be nationals of other EU countries as of April 2017; 30 of these are in London and the South East.
- After steady increase from 2012-2016 the rate of inward migration from EU to the NHS workforce the rate has fallen. Nationally, the EU workforce more than doubled in the five-year period from in 2012 to 2017. However, the rate of EU workforce growth could be reducing. From March 2013 to 2016, the EU workforce showed an average year on year increase of 24.5%; between March 2016 and March 2017, this growth was reduced to 9.5%
- The Nursing and Midwifery Council believes there are several factors contributing to these trends, including: employers' recruitment choices; the UK's exit from the European Union; language testing for those joining the register; and, changes to the socio-economic conditions in EU countries.
- Social care in London is heavily reliant on overseas staff. London has higher numbers of EU workers (13%, 24,000) than any other region in England.
- 8 of the 10 local authorities with the highest proportions of non-British EEA nationals were in London.

London is experiencing particular difficulties in recruiting and retaining in the following skills gaps/ shortage occupations:

- Emergency medicine
- Allied Health professionals in particular paramedics, radiographers
- Nurses, in particular mental health nurses and midwifery
- Social care

RECOMMENDATIONS

We encourage national partners to make the strongest possible representations to government in discussions around Brexit to aim for a deal that ensures health and care can recruit the health and care staff that it needs.

The Migrant and Advisory Committee should give consideration to ensuring a flexible approach to immigration from the EU and overseas to meet shortages in health and care workforce. This is particularly important in lower skilled, lower paid roles.

4. Next steps

We are keen to support HEE in its work so far as possible, and ensure that the national direction of travel is aligned with our ongoing regional programme of work. If it would be helpful to discuss further, please contact gus.wilson@london.gov.uk

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Appendix 1

Facing the facts, Shaping the future: A draft health and care workforce strategy for England to 2027 consultation questions

Do you support the six principles proposed to support better workforce planning; and In particular will the principals lead to better alignment of financial, policy, and service planning and represent best practice in the future?

Areas to explore may include:

- What more can be done to help staff work across organisations and sectors more easily?
- What data do we need to ensure we can plan effectively, and how do we align across
- workforce, finance and service planning?
- For what sort of measures/plans/proposals should the Workforce Impact Assessment be used?

What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

Areas to explore may include:

- Are there fresh ideas for attracting more people to work in the NHS, either as new recruits
- or returners?
- What scope is there to extend workforce flexibility using ideas such as credentialing,
- transferable qualifications, scope of practice and others?

How can we ensure the system more effectively trains, educates and invests in the new and current workforce?

Areas to explore may include:

- Are there any specific areas of curricula change or new techniques such as gamification or
- new cross cutting subjects like leadership, public health or quality improvement science that
- should be taught to all clinicians?
- How does the system ensure it spends what is needed on individual CPD and gets the most
- effective outcomes from it?

What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

Areas to explore may include:

- What more can be done to create careers not jobs for all staff, regardless of qualifications, entry level and current skills?

- What reforms are required to medical education and training to deliver the doctors the system needs in the future but also supports the needs of the system now?

How can we better ensure the health system meets the needs and aspirations of all communities in England?

Areas to explore may include:

- What more can be done to attract staff from non-traditional backgrounds, including where we train and how we train?
- How we better support carers, self-carers and volunteers?

What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

Areas to explore may include:

- What more would make it more attractive to work or stay in the NHS as you progress through different careers stages?
- What should the system do to ensure it is flexible and adaptable to new ways of working differing expectations of generations?

Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

Areas to explore may include:

- What opportunities are there for making a difference through skill mix changes, staff working flexibly across traditional boundaries, and enabling staff to work at the top of their professional competence?
- What more can be done to deploy staff effectively and reduce further the use of agency staff?
- What more should we do to help staff focus on the health and wellbeing of patients and their families?
- What are the most productive other areas to explore around management and leadership, technology and infrastructure?

What policy options could most effectively address the current and future challenges for the adult social care workforce?