

**SUSTAINABILITY & TRANSFORMATION PARTNERSHIP – WORKFORCE  
UPDATE REPORT**

**To: HEALTH COMMITTEE**

**Meeting Date: 19 September 2019**

**From: Stephen Legood, Director of People and Business  
Development, Cambridgeshire & Peterborough NHS  
Foundation Trust**

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University Hospitals NHS Foundation Trust**

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Cambridgeshire & Peterborough Clinical Commissioning  
Group**

**Purpose: This report provides a six-month update to Health  
Committee members on system workforce issues**

**Recommendation: The Health Committee is asked to consider the content of  
this report**

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## **BACKGROUND**

This report provides the Cambridgeshire Health Committee with an update of workforce activities and areas of focus for the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP).

In November 2018, the Cambridgeshire Health Committee received an update on workforce activities across the County and were particularly interested in GP recruitment for Cambridgeshire and Peterborough. At this meeting, it was agreed to provide a further update in six months. This report provides members with information on current progress, with a particular focus on GP recruitment.

## **MAIN ISSUES**

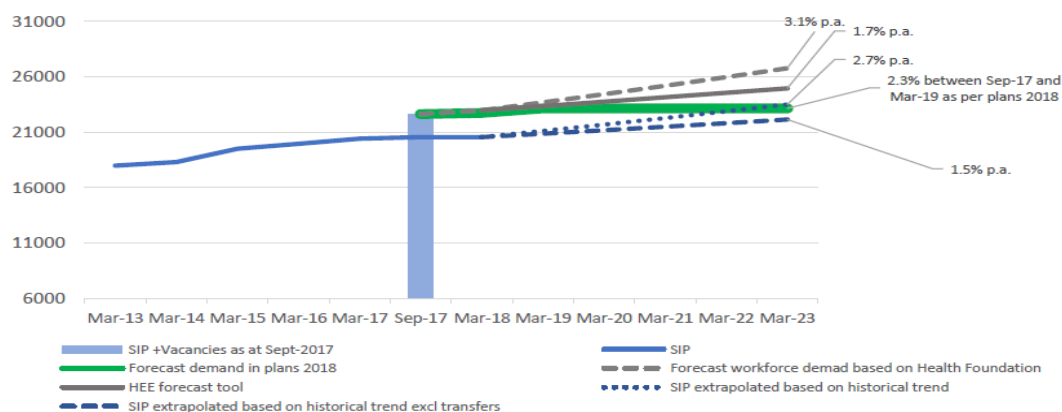
Health and social care workforce supply and retention remains a significant challenge in Cambridgeshire and Peterborough. Committee members will be aware, from previous briefings, that some of this is driven by national factors (e.g. nursing bursaries, numbers of university medical placements, etc.) as well as factors specific to Cambridgeshire & Peterborough. Although we have the advantage of having centres of excellence in the county, the high cost of living and transport problems, particularly in the south of the county, adversely impact recruitment and retention.

The System currently has a workforce of approximately 57,700 across both the NHS and care sectors and economic forecasts predict a need for a growing workforce. We recognise that, to prepare for the future, we need to develop new roles that support the way services need to be provided to local people in the future.

Committee members are asked to note that:

- Our workforce (not including primary care and social care) grew by 14% between 2013 and 2018/19;
- Our workforce plans, for the period 2017-2019, indicate that the demand for workforce will increase by 2.3% over that period (see figure 1);
- Projected hospital-based activity growth linked to population change indicates that, in the longer-term, a workforce growth of 1.7% per annum will be required at current levels of productivity to meet health needs of a growing and ageing population; and
- Staff numbers extrapolation using historical trends indicates a growth in the region of 1.5%-2.7%.

Figure 1: Actual staff in post (SIP) and future demand



## WORKFORCE

Although the economic forecasts suggest a growing workforce, it is not expected to keep pace with the forecasted growth in our population aged 65+. There may potentially be a shortfall of up to 13,500 workers by 2035. Therefore, our local circumstances require us to be innovative in how this potential gap can be addressed.

We already face recruitment and retention challenges, for example, due to the high cost of living, which further exacerbates national shortages. In particular, there are significant challenges within certain staff groups with high impacts on the current and future delivery of services: primary care including GP's, domiciliary care workers and healthcare support workers; and medical staffing, specifically at North west Anglia NHS Foundation Trust (NWAFT).

Across the social care and domiciliary care workforce, reducing Delayed Transfers of Care (DTOCs) requires real collaboration and a thriving and sustainable social care workforce, including domiciliary care workers. Locally, our turnover rates are 34% (Cambridgeshire) and 45% (Peterborough) – although the majority of leavers do not leave the sector, instead staff move between roles, with 71% of recruitment being from within the adult social care sector for Cambridgeshire and 47% for Peterborough. The average vacancy rate was 8% for all social care jobs. Throughout 18/19, we have continued to develop good relationships with our social and domiciliary care system partners who are represented on the workforce groups identified in appendix one.

We are working in partnership to implement national and local initiatives to make roles attractive e.g.; funding/leadership development; staff development; provider support and guidance.

In March 2019, a system-wide workforce event saw over 50 key stakeholders from across Cambridgeshire and Peterborough health and social care, as well as higher education institution communities, explore workforce needs and priorities for 2019 and beyond. Recognising that our staff are integral to delivering the requirements of both Partner and System plans, this group focused on describing key actions to support our existing staff, as well as to attract additional staff.

Utilising funding from Health Education England, we are actively working to bridge the workforce gap, highlighted above, as well as build roles and careers for the future. This work includes:

- Providing opportunities for mid salary scale staff career pathways, including personal development and positive learning experiences; developing peer support networks across the System to aid understanding of pressures and conflicting demands faced by system partners; problem solving; and innovation;
- System-wide branding and attraction collaboration, bringing together all partners to attract staff into the County, – branding the system as a great place to work, live and have a career;
- Improving collaborative working – This includes improving relationships with key universities and academic establishments to encourage health and care as the career path to follow;
- Maximising the use of apprenticeships;
- Working closely together to target schools, careers services, the armed forces and others in a coordinated approach to attract the workforce of the future;
- Enabling and allowing easier movement of staff across the system through a signed workforce Memorandum of Understanding between partners;
- Focusing on the outputs of the NHS staff survey to identify areas of best practice in staff engagement and to replicate these across the system;
- Delivering the Mary Seacole (A national staff development programme) local NHS Leadership Academy training to over 300 staff from across the County and implementing a (Frimley 20:20) leadership programme for systems leaders and others in public service, working on crucial integrated neighbourhoods' activities; and
- A number of Task and Finish Groups (see appendix 1), are working to improve:
  - Staff supply and education;
  - Recruitment, attraction and retention;
  - Staff health and wellbeing, including mental health and improving the working lives of our staff;
  - How we roster staff to most efficiently meet demand; and
  - Reduce reliance on temporary staffing.

We are currently designing a System Workforce Strategy, across health and care, to articulate how the system will address the workforce challenges collaboratively. This Strategy will integrate into the local system response to the NHS Long term Plan, and will include:

- Plans to increase the number of undergraduate nursing degrees (25%); reduce the nursing vacancy rate to 5% by 2028; further widen participation investment in apprenticeships; build Allied Health Professional (AHP) (e.g. Physiotherapists, Occupational therapists) capacity; and annual national recruitment campaigns;
- Increase routes into training; provide access to online nursing degrees; improve access to clinical placements; and offer a five-year NHS job guarantee;
- Increase medical school places; shift the balance in specialist versus general roles to meet patient need; and newly qualified two-year fellowships for medical staff;
- Adopt the state-backed indemnity (insurance) scheme for GPs from April 2019; and
- A focus on improving the working lives and mental health and wellbeing support for the entire workforce.

## PRIMARY CARE AND THE GP WORKFORCE

A key challenge is sustaining our primary care workforce, with a particular focus on retaining existing staff, particularly those approaching retirement age. Attraction initiatives to encourage GPs to work in our system include international recruitment of GPs, and post certificate completion of training (CCT) fellowships.

### Primary Care Workforce Targets 2019/20

As part of our partner Clinical Commissioning Group (CCG) planning process, workforce targets for primary care have been revised and resubmitted. These targets have been reviewed and accepted by NHS England.

National Workforce Reporting System (NWRS) data is reported by GP Practices on a quarterly basis. The latest report received in June 2019 records workforce data for December 2018 – March 2019. The table below describes actual workforce numbers reported to date, with the approved trajectories for 2019/20:

Primary care Workforce data 2017 – 2020												Planned Growth 19/20
		Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	
GP (Excl. registrars) FTE	Trajectory					478	473	469	491	494	496	4.90%
	Actuals	500	494	488	488	478	465					
Nurses FTE	Trajectory					330	331	330	333	333	332	0.20%
	Actuals	328	330	333	333	330	336					
Direct Pt Care FTE	Trajectory					274	274	276	279	281	283	3.50%
	Actuals	266	279	279	287	291	289					
Physician Associates FTE	Trajectory	0			0	0	0	1	1	1	1	0%
	Actuals	0			0	0	0					
Pharmacists FTE	Trajectory					17	18	20	23	25	29	61%
	Actuals	10	15	14	18	17	18					
Admin Staff FTE	Trajectory					1005	1,003	1,003	1,003	1,005	1,005	0.20%
	Actuals	999	1,009	1004	1,017	1,005	987					

The CCG Primary Care team continues to work with member practices to ensure the data quality is improved and maintained, which will support accurate quarterly reports for all workforce groups moving forward.

Sustainable workforce planning is essential to achieving our ambitions for primary care services. The funding landscape that underpins our workforce and workload commitments is complex, with multiple stakeholders including NHS England and Health Education England (HEE), with national and regional led programmes (bidding processes).

We continue to work with our local Training Hub to ensure we secure maximum investment to deliver a local workforce and workload plan that will secure a sustainable workforce and create a positive working environment for primary care services.

## Primary Care Networks

Cambridgeshire and Peterborough have established 21 Primary Care Networks (PCNs) which will operate within the STP footprint and Alliance geography from 1 July. PCNs are an essential building block of Integrated Care Systems. A new Network Contract (called a DES), backed by financial entitlements, has been established. PCNs will cover a typical population of 30,000-50,000 – and cover 100% of our geography since 1 July 2019.

The new GP Contract is being implemented and, through a new Additional Roles Reimbursement Scheme, PCNs will be guaranteed funding for up to an estimated 20,000+ additional staff, nationally, by 2023/24, including:

- Clinical pharmacists (from 2019/20);
- Social prescribing link workers (from 2019/20);
- Physiotherapists (from 2020/21);
- Physician associates (from 2020/21); and
- First contact community paramedics (from 2021/22).

The Additional Roles Reimbursement scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, physiotherapists, and first contact community paramedics; and 100% of the costs of additional social prescribing link workers. We recognise the importance of the wider primary care workforce and the need to develop a community multi-disciplinary team (MDT), as set out in the new GP contract and the NHS Long Term Plan. More GP's, social prescribers and pharmacists will help reduce pressure and stabilise primary care and the domiciliary workforce.

Our CCG is currently focused on providing PCNs with opportunities in regard to the new roles for 2019/20. Social Prescribers may be new to some PCNs, however, currently the Local Authority and Community Voluntary Services (CVS) employ this role and there is an opportunity to work with these colleagues moving forward. One option is that CVS could potentially employ the social prescribers, on behalf of the PCNs, however, it would be dependant on the social prescribing model the PCN may choose to implement.

## GP Forward View (GPFV) Investment 2019/20 and 2020/21

It was announced in March 2019 that funding for four GPFV programmes would be allocated by NHS England as a committed investment for two years. Money will be received in June 2019 and June 2020 for each whole year as one tranche of money and not by programme. The programmes are:

- Practice Resilience;
- GP Retention;
- Reception and clerical staff training;
- Online Consultation; and
- Practice Nursing (2020/21 only).

To underpin the funding, a Memorandum of Understanding (MOU) between NHS England and the STP has been established to clearly identify the expected deliverables regarding GPFV spend in 2019/20 and the roles and responsibilities of each party in ensuring key deliverables are achieved.

The CCG will be the host recipient of the funding and will lead the development of the plans on behalf of the STP, as agreed by the STP Board on 20 May 2019, via the CCGs Primary Care Commissioning Committee. A high-level plan of how the System intends to spend the funding allocation was submitted and approved by NHS England and NHS Improvement regional team at the end of April.

The specific workforce plans included:

- Practice Resilience – The CCG, working alongside the LMC, will facilitate an open, fair and transparent bidding process for all GP Practices to bid for funding to support practice resilience. Bids will have to fit into the following criteria:
  - Rapid intervention and management support for practices at risk of closure;
  - Diagnostic services to quickly identify areas for improvement support;
  - Specialist advice and guidance e.g. operational, HR, IT, management and finance;
  - Coaching, supervision, mentorship as appropriate to identified needs;
  - Practice management capacity support;
  - Co-ordinated support to help practice struggling with workforce issues; and
  - Change management and improvement to support individual or groups of practices.

Case studies to demonstrate how these allocated funds have supported practices to be more resilient will be shared to support the wider system.

- GP Retention Programme - Successful investment for this priority will provide the platform to achieve agreed workforce trajectory targets for 2019/20. A programme of events is already being delivered to support GP retention and recruitment in 2019/20. However, to build on this the CCG are working with the Training Hub to develop and deliver the 2019/20 GP Retention programme of work. To support this, the Training Hub is in the process of completing the 2019/20 Training Needs Analysis of all staff groups. Feedback from this will inform how the existing programme can be strengthened and investments directed to attract and retain our GP workforce. Planned investments include:
  - Recruitment to a 'GP Single Point of contact' and First Five GP lead;
  - Delivery of CCG led Educational Events;
  - Further development of branding and attraction tools (webtools & engagement events); and
  - Deliver local initiatives focussed on GP Portfolio careers, GPs Returning to work and transitional support for newly qualified GPs (range of options including extended appointment times, local fellowships, protected learning time and support networks).
- Reception and clerical staff training and Online Consultation – GP Practices will be required to evidence delivery of at least two high impact actions set out in the GPFV (including Online consultations; Reception and clerical training; and Time for Care). The CCG has previously successfully bid for places on the national programmes of support and commissioned Care Navigation training (Bronze, Silver & Gold levels). Practices have been engaging in these programmes over the past two years and the CCG has monitored uptake. Targeted support will be considered locally, specifically for those practices that have not demonstrated engagement and/or achievement of at least two of

the high impact changes. Following the Training Hub Training Needs Analysis the existing programme will be strengthened. Current planning investments to include:

- Care navigation training (Bronze & Gold level);
- Review of licence to continue MiDoS Contract & Maintenance – to develop a directory of services to support care navigations and social prescribing, aligned with local delivery models;
- Conflict Resolution for Reception Staff; and
- Leadership opportunities and support for development of Practice Managers.

## **CONCLUSION**

The STP continues to face significant challenges in relation to workforce centred around supply, high cost of living, infrastructure, travel and transport; and progress across health and care organisations can be complex and slow. However, with the focus given to workforce in the last 12 months, progress is being made. The development of the task and finish groups, outlined above, will enable pace and support the delivery of the aspirations of the NHS Long Term Plan, collectively.

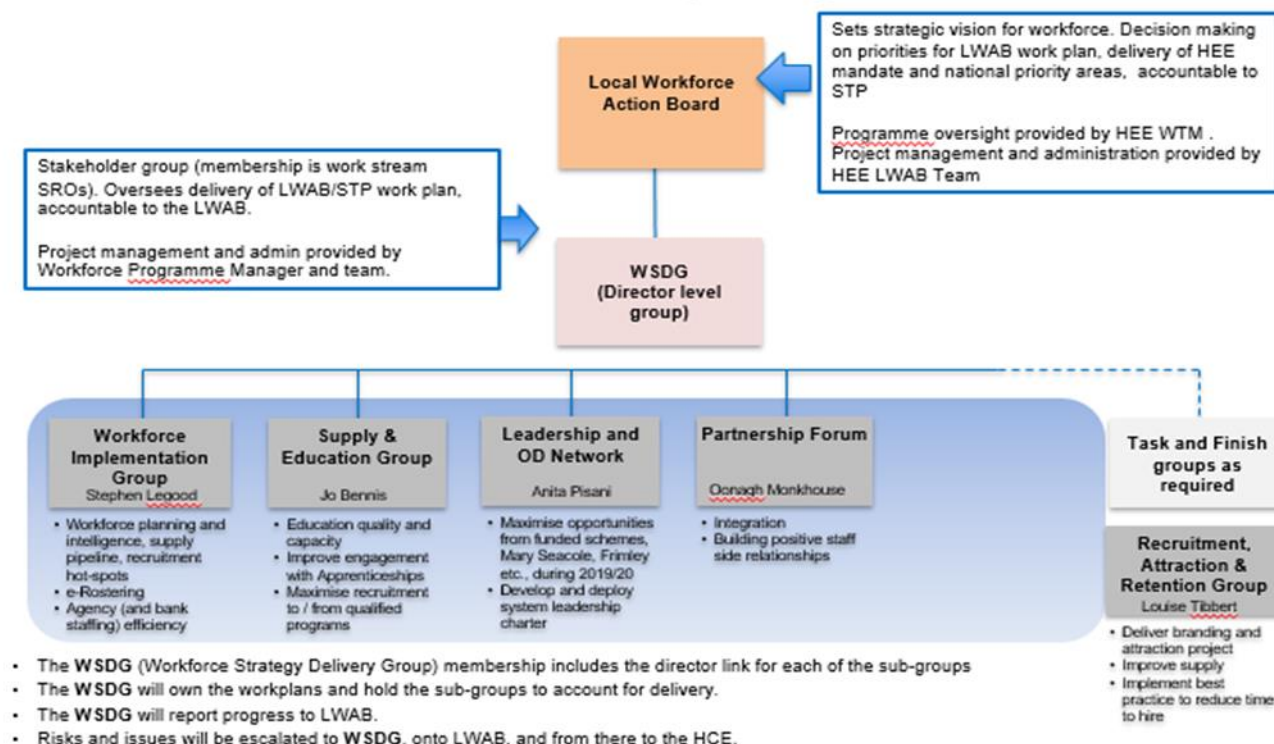
It is clear that, to meet our workforce challenges as a system, we must continue to work together, building ever closer relationships across health and social care. Only together can we deliver the workforce of today and tomorrow, ensuring we have the right numbers of staff, with the right skills, values and behaviours, at the right time and in the right place, feeling supported to do work of high quality and to improve the health and wellbeing of our population.



## Appendix 1 – LWAB and Workforce Strategy and Delivery Group Governance and Operating Model.

**Fit for the Future**  
Working together to keep people well

### Governance and Operating Model



**Fit for the Future**  
Working together to keep people well

### Governance and Operating Model

