GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Workforce Strategy & 2017/18 Implementation Plan

We aim to deliver the fastest and most comprehensive improvements in the capacity and capability of the whole GM workforce to improve the health & well being of the population. Our target outcome is that Greater Manchester has a resilient workforce across Health & Social Care that feels sufficiently motivated, supported, empowered and equipped to deliver safe and effective services, drive sustainable improvements and positively influence the health & well being of the population.

V3.2

Greater Manchester Health and Social Care Partnership

Content

The Greater Manchester Workforce Programme

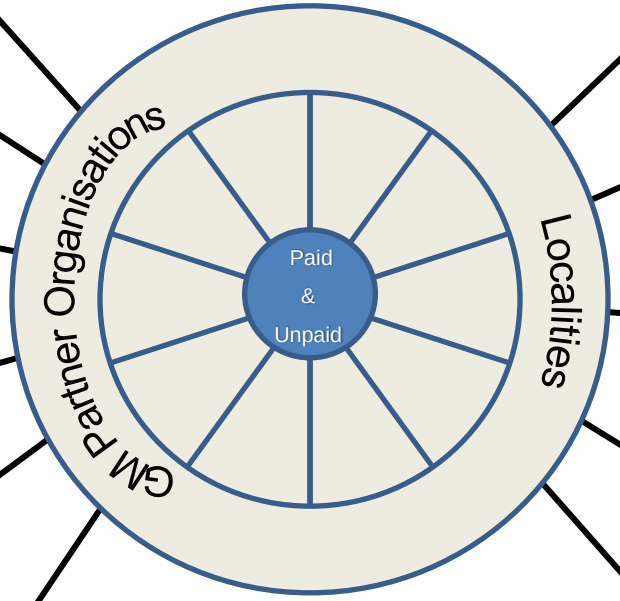
- The Greater Manchester Health & Social Care workforce programme was established to enable the fastest and most comprehensive improvements in the capacity and capability of the whole GM Health & Social Care workforce (paid & unpaid) to support the achievement of the transformation ambitions as defined in the GM strategic plan and the locality plans.
- The workforce programme is dynamic and has a focus on three main areas:
  - **Developing a comprehensive workforce strategy**: setting out the key priority areas of the GM workforce programme based on a detailed appreciation of the needs of localities, the transformation themes, the ambition of wider GM stakeholders and key national priorities.
  - **Supporting localities in improving and implementing their local transformation plans**: supporting the localities and GM transformation themes to develop and implement comprehensive workforce transformation plans, insights and interventions that are practical, implementable and address key strategic challenges.
  - **Establishing the GM Workforce Collaborative**: bringing together all key stakeholders across GM (localities, regional and national bodies across Health & Social Care), leveraging collective expertise, capacity and resources to implement initiatives, share best practice and accelerate the delivery of key workforce priorities
- The GM workforce strategy is proposed as a framework to create a shared understanding of key system level challenges. It does not replace the need for organisation level and locality level workforce plans. Instead, it provides a set of priorities that stakeholders agree are best addressed in a co-ordinated way at the GM system level to compliment locality plans and accelerate the implementation of the GM Strategic Plan.
- The strategy also:
  - provides a framework for a range of initiatives/solutions/interventions to be developed and implemented for all the workforce across all facets of Health & Social Care across Greater Manchester.
  - focusses on practical and deliverable long term solutions to key challenges.
  - the new GM Workforce Collaborative as the mechanism to drive implementation. This brings together local, regional, national and International partners, pooling resources as appropriate and co-ordinating action on key system priorities.
- The strategy will continue to evolve over time as lessons are learnt, policies change, new opportunities arise and new challenges emerge.

The Strategy builds on Greater Manchester's unique opportunities, priorities, challenges and partnerships

Key GM transformation themes & cross cutting Programmes

- Radical Upgrade in Population Health
- Transformed Community based care and support
- Standardised acute and specialist care
- Standardised clinical support and back office services
- Enabling Better Care
- Cross Cutting Programmes — Including:
  - Mental Health
  - Learning Disabilities
  - Cancer
  - Children's services

The locality & GM level plans



key messages

- Workforce strategy & planning
- Workforce Transformation
- Education, Training & Development
- Leadership, Talent & Development
- HR (including engagement & Partnership)

strategic priorities

1. **Talent Development and System Leadership**
2. **Grow Our Own**
3. **Employment Offer and Brand(s)**
4. **Filling Difficult Gaps**

A new Workforce Collaborative – Building Best Practice capacity & capability

Supply → Upskilling → New Roles → New ways of working → Leadership

The GM Workforce Strategy has Four Key Priorities, each with accompanying 17/18 implementation plans.

*The vision for GM as defined in the Strategic plan, is **"to ensure the greatest and fastest possible improvements to the health and wellbeing of the 2.8 million population of GM".** Key to achieving this vision is having the right GM workforce.*

*The ambition for workforce development is to **'deliver the fastest and most comprehensive improvements in the capacity and capability of the whole GM workforce (paid & unpaid) to improve the health & well being of the population'.** The target outcome is for Greater Manchester to have a resilient paid and unpaid workforce across Health & Social Care that feels sufficiently motivated, supported, empowered and equipped to deliver safe and effective services, drive sustainable improvements and positively influence the health & well being of the population.*

1 Talent Development and System Leadership

Pro-actively invest in nurturing the skills and competencies of our workforce

To do this, we will:	*Build on the Leading GM programme to further invest in Leadership & Talent Development for our front line leaders (across Health & Social Care including Registered Managers) to develop their competencies and capabilities to lead integrated services.*
	Implement a comprehensive development framework for carers and volunteers recognising, valuing and supporting their role in maintaining the health & wellbeing of the population.

2 Grow our own

Widening access for and accelerating talent development across a range of new and existing roles

To do this, we will:	*Establish a single shared gateway providing GM workforce with the support, information, guidance, tools and resources to enable upskilling, reskilling and personal development.*
	GM delivering one of the largest apprenticeship programmes in the UK with a clear and compelling career path for all – existing staff and new apprentices.
	Get into employment & education initiatives operational in all GM localities, including working across organisational boundaries to provide best placement experiences for health and social care professionals

3 Employment Offer and Brand(s)

Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for Health & Social Care professionals

To do this, we will:	*Define a GM benefits programme providing a range of consistent offers for current and future staff; as well as employment guarantee scheme(s) or similar incentives for students, newly qualified health & Social care professionals and apprentices.*
	Build a GM employer brand across Health and Social Care with a focus on improving quality, safety, diversity & inclusion and a healthy working culture
	Set up recognition and reward programmes and schemes at multiple levels across GM providing the opportunities to recognise and celebrate the positive contributions of the GM workforce – individually and collectively

4 Filling Difficult Gaps

Co-ordinated action to address specific long term skills & capacity shortages across Health & Social Care

To do this, we will:	*Systematically target key skills shortage areas to address short term needs whilst growing long term capacity & capability, nationally piloting 'STAR' approach with Health Education England (focussing on supply, upskilling, new Roles , new ways of working and leadership)*
	GM International established raising the profile of Greater Manchester as a top destination for health and social care professionals internationally.
	Establish centre(s) of excellence for workforce development (e.g. Teaching Care home, virtual learning networks, new medical school etc.) for a range of strategically important staff groups to raise competency levels and support continuous professional development for front line staff.

The GM Workforce Strategy directly aligns with key national and local drivers

NATIONAL

- NHS Leadership
- Social Care workforce integration
- NHS Non Medical Supply & Demand
- Delivering the 5 Year Forward View
- NHS HR Profession. Building capacity and capability
- Medical Education & training
- Reward strategy
- Staff engagement & experience
- Equality & Diversity

5 YEAR FORWARD VIEW

- Improve productivity and grow frontline workforce
- New roles investment
- Increase in medical students
- Address key shortages e.g. Emergency medicine
- Post Graduate accelerated learning programme
- Action on HWB staff. All Trusts to have plan in place 2017
- BME staff year on year improvements (appointments & bullying)
- NHS GP Service to support doctors with Mental Health & Wellbeing
- NHS staff passport to 'derisk' service change
- £2b reinvestment in 26,000 affordable homes

HEALTH EDUCATION ENGLAND

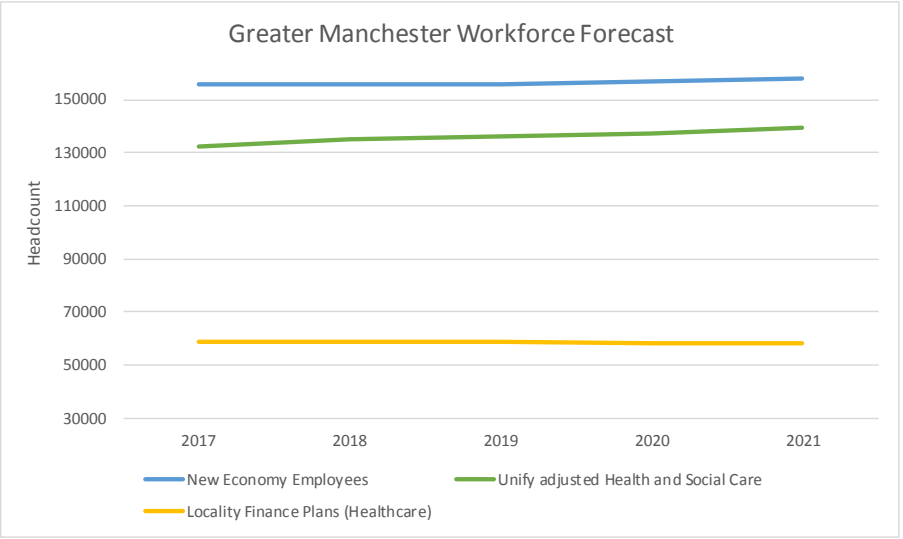
- To develop the workforce to improve out of hospital care
- To create the safest, highest quality health and care services
- To deliver value for money
- Preventing ill health and supporting people to live healthier lives
- Supporting research, innovation and growth
- Building the workforce for the future
- Improving services through the use of digital technology, information and transparency

GM MAYOR

- First fully integrated NHS and care service with single integrated teams
- Champion unpaid carers – particularly young carers – ensure they are identified and supported
- Increase control over workforce planning
- Incentives for those in training to stay and more to encourage young to enter training
- Over time work to bring social care staff into NHS family (training & reward)

Greater Manchester workforce - Developing the picture

- The Greater Manchester Health & Social Care economy is creating a shared narrative around the current and projected future workforce, based around the 3 scenarios described at locality and GM levels. To help inform this we have considered the emerging scenarios around the likely future workforce needs based on current and emergent plans:
    - **New Economy projections:** The policy, strategy and research group for Greater Manchester, New Economy, has produced a view on workforce size and likely workforce changes across Greater Manchester up to 2035, which includes the health and social care sector. The information here is taken from their draft Labour Market report, a final version of which is in development.
    - **Provider projections:** Providers identify workforce trends through 2 systems, of which we have used Unify as the data set. Unify is an NHSI online collection system for data collating, sharing and reporting. It provides a strong picture of NHS provider views, but additional information is needed from:
        - **Social Care National Minimum Data Set:** Provided by Skills for Care, the Social Care NMDS includes current and future projections for local authority staff.
        - **CCG Plans:** CCGs hold plans for changes in primary care workforce. This includes General practice staff and CCG staff.
    - **Locality projections:** There are two potential locality views - locality workforce plans and locality finance projections. For this analysis, we have used the locality view obtained through the finance process. At present, this view is incomplete, and the numbers for this scenario are therefore lower than the other scenarios. It will develop over time.
- A significant number of assumptions have had to be made to create and align data sets. These are available in a separate report. Whilst the quality is being further refined, the scenarios are suggesting that GM faces the need for a slightly growing workforce over the next five years and beyond. The biggest challenge will be reducing or addressing the predicted requirement to replace 16,900 staff per year over the next five years and beyond.



- The bottom-up locality picture identifies the lowest staff numbers in 2017. These figures are missing some significant staff groups, including all social care staff. (Localities are currently updating these, aligning them to their finance and activity projections)
- The variations in the provider and New Economy projections will be accounted for by the different sources of the data; a lack of information on organisations outside of GM but working on GM citizens; and inaccuracy in data collation.
- The overall picture is that GM has circa 158,000 employed staff (not including 19,000 self-employed staff that are not reflected in any graph) according to the wide data set this represents.

GM localities have developed plans and are driving forward a number of initiatives to address their workforce challenges

- Each GM locality is setting out their workforce plans and transformation priorities aligned to their local challenges and ambition.
- Whilst the specific priorities differ in parts, key themes identified include:
  - The need for working across organisational boundaries to improve patient outcomes. The plans recognise that this approach requires leadership development at all levels and the need for training and local capability building. There is also a recognition of the need for talent development in order to ensure retention at locality level. Some are addressing this through career ladders and/or targeted recruitment strategies.
  - Employment brand for the locality and joint approaches to targeting difficult to recruit posts.
  - The challenge of an ageing workforce, filling difficult gaps and replacement demand and the opportunity to more effectively utilise apprenticeships and preregistration nurse training to address these.
  - The creation of new hybrid and generic roles, including roles with dual professional qualifications and unregistered roles. A number of localities are introducing new roles including: Nursing Associates, Physicians Associates and Advanced Practitioners.
  - The need to support the contribution and training requirements of unpaid carers and voluntary groups.
  - The consideration of more Asset based approaches as a way of harnessing the whole community in delivering health and social care.
  - The requirement and opportunity to more effectively utilise technology to support the delivery of care in the future.

The strategy will be implemented via the GM Workforce Collaborative

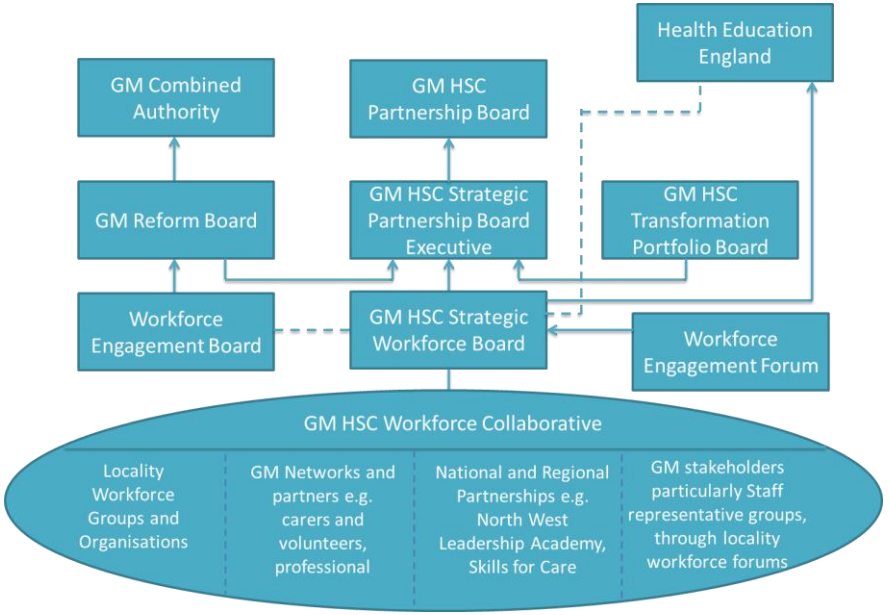
The Workforce Collaborative will be directly responsible to the GMHSCP Strategic Workforce Board, which is accountable to the GMHSCP Strategic Partnership Board and its Executive as well as the GM Reform Board. The Strategic Workforce Board will also continue to be accountable to Health Education England (HEE), as part of a unique MOU agreement, for exercising jointly its national responsibilities locally including ensuring an effective system is in place for planning education and training in the NHS, quality improvement in education and training, managing the funding HEE receives and discharging the Secretary of State's duty to ensure the supply of staff for the NHS. These statutory duties remain with Health Education England however the GMHSCP Strategic Workforce Board is also the HEE Local Workforce Advisory Board as part of the governance arrangements.

The Workforce Collaborative will be led by Janet Wilkinson, GMHSCP Director of Workforce. The Director will lead a small Collaborative team which will consist of;

- GMHSCP workforce team
- Delegated and assigned HEE team
- Programme teams supporting the delivery of the GM Workforce strategy
- Partnership funded people or teams where jointly agreed

The Director of Workforce will also manage the funds devolved to the Collaborative to ensure the delivery of the workforce strategy on behalf of GMHSCP, HEE and other partners.

It is envisaged that in line with the Collaborative approach outlined that much of the delivery of the Workforce Collaborative will be led by GM Localities working together or leading on particular initiatives on behalf of colleagues.



The Workforce Collaborative will launch its GM Workforce Awards in 2017 to recognise and reward achievement and best practice

The strategy will be implemented via the GM Workforce Collaborative (2)

The GM Workforce collaborative will act as the creative space where partner organisations across GM come together to drive the delivery of workforce transformation programmes out of mutual gains and in pursuit of a common cause. The Collaborative will:

- **Recognise and embrace staff representative groups including trade unions as key system partners.** We will strengthen existing collaborations with trade unions as strategic partners recognising their vital role in representing the views of the workforce and working in partnership at all levels, to develop and implement schemes in line with the strategy.
- **Embrace partnership Working - pooling resources and driving delivery:** Strengthen strategic partnership with key system partners including HEE, Skills for Care, North West Employers, NHS Leadership Academy as well as a range of education providers across GM, pooling resources as appropriate to ensure all GM organisations have full access to the tools, support and infrastructure they require to deliver their workforce strategies
- **Proactively engaging workforce (paid and unpaid) ensuring their needs inform the priorities and the solutions being put forward.** It will provide range of opportunities for the GM workforce to engage with the transformation leveraging their capacity, enthusiasm, expertise and insights to deliver sustained value
- **Provide a platform for all partner organisations across GM to share best practice and innovation**: This will extend to GM employers across the private and public sector and seek to offer co-ordinated insights and best practice to support service delivery, planning and decision making. It will establish centres of excellence widening participation to key institutions across all sectors of GM
- **Establish a learning and improvement culture across GM providing the appropriate platform and opportunity for learning by doing and innovation in the achievement of key priorities**. Wherever possible the emphasis will be on providing opportunities for localities to lead in the delivery of key priorities on behalf of the broader system
- **Invest in the right development opportunities (e.g. apprenticeships, leadership development, etc.) to develop local capacity and capability to deliver transformational change.** GM organisations and localities will be able to access support to establish clear skills pipelines to ensure local skills are secured and retained

Through the collaborative, GM will seek to establish a **Workforce Futures Centre** that will lead research and development of innovative insights on the future of work and its implications for workforce development locally, nationally and internationally.

The Workforce Programme faces a number of significant strategic risks (1)

All risks will be further reviewed, prioritised and managed via the Strategic Workforce Board and in line with the wider approach to risk management being adopted across the GM Health & Social Care Transformation Portfolio.

	Strategic Risks & Implications	Mitigation actions
1	There is a risk that BREXIT could present significant challenges in attracting and retaining certain groups of talent. This could create significant workforce gaps in key discipline areas, creating risks for current service delivery and impact on the ability to deliver transformation	The Collaborative will carry out a labour market analysis which will be on a 'live' digital platform and will continue to be updated as greater clarity is received on the final shape of BREXIT. Action will also be taken to co-ordinate the development of GM International to improve marketability and attractiveness of GM as an ideal destination to live and work internationally, whilst the strategy also focusses on solutions to 'Grow our own' solutions.
2	There is a risk that the workforce programme will require significant financial investment not all of which has been accounted for in locality & GM plans. Insufficient funding could limit the scale and pace of implementation	The GM Collaborative will work with national bodies including HEE, NHS England & Skills for Care to co-ordinate investments into workforce initiatives in order to maximise its impact for the benefit of all GM organisations. The locality and theme leads responsible for their various areas of work will also need to allocate some funding to drive forward the implementation of their workforce priorities.
3	There is a risk that Locality and GM plans may not yet reflect the scale of investment required to deliver sustainable improvements in the workforce	Localities will be encouraged to more effectively align their local workforce plans with their activity and financial plans, providing greater visibility on the need for investments into workforce initiatives in localities.
4	There is risk that the workforce strategies are not underpinned by enough quantitative information to enable informed decision making	The Collaborative will work with the respective statutory bodies to secure access to the appropriate information. This will ensure that synergies between reporting arrangements are maintained. The Collaborative will also continue to work with and provide assistance to the localities to ensure accurate data & information is being used to support future development of the plans. The centre for workforce futures, will also be established which will provide strategic analysis on key system challenges – to benefit of localities & GM partners. This will support local decision making.
5	There is a risk that the scale of the day to day operational challenges across Health & Social Care will distract from the transformation priorities and not encourage a more long term view of workforce needs	The Strategic Workforce Board will pro-actively engage with all key GM forums to ensure the long term ambitions and needs of GM remain firmly on the agenda and momentum is maintained at all times

The Workforce Programme faces a number of significant strategic risks (2)

All risks will be further reviewed, prioritised and managed via the Strategic Workforce Board and in line with the wider approach to risk management being adopted across the GM Health & Social Care Transformation Portfolio.

	Strategic Risks & Implications	Mitigation actions
6	The workforce plans are being developed in isolation to the wider transformation plans, particularly around new care models.	The locality workforce leads will continue to be supported to ensure they recognise the vital role they continue to play in the development of locally appropriate workforce plans. The Strategic Workforce Board working with locality workforce groups, will also seek to align in its activities with Portfolio Board to ensure that the workforce plans are consistently reviewed in the context of the wider locality plans – and the SROs recognise the value and importance of having robust local workforce plans to underpin the implementation of their new care models.
7	There is a risk that the programme will not maintain the right balance between Health & Social Care workforce needs, and the move towards establishing more integrated delivery arrangement.	The Collaborative is founded on the premise that it focusses on all Health & Social Care workforce. Care will be taken to ensure every programme of work is assessed against its alignment to the challenges faced in Health & Social Care. Proactive oversight arrangements will also be maintained including an annual independent evaluation of the performance of the Collaborative to ensure lessons are learnt and improvements made as required.
8	There is a risk that significant elements of the social care workforce challenge will be difficult to address because staff are not directly employed	The Collaborative will provide a mechanism for enabling pro-active engagement between social care providers and their front line staff. It will provide locality leads, accountable for these services with the platform to address this challenge in a co-ordinated and consistent manner across GM.
9	There is a risk of that GM workforce programme is being delivered against a backdrop of significant mismatch between forecasts of the future needs of the system. On the one hand, plans exist that show increasing demands for Health & Social Care services and the potential need for additional workforce; and on the other hand, the need to close the financial gap and its implications for workforce expenditure (which accounts for over 55% of overall spend).	The Collaborative will pro-actively engage with system leaders to establish the priority narrative and through the centre for workforce futures, provide the insight and analysis on the implications of plans being proposed at all levels. Being an enabler programme, the workforce programme will continue to ensure that all projects and specific activities undertaken directly align with the wider transformation priorities of the GM system. Whilst a common narrative needs to be refined, this will continue to be informed by the ongoing development locally and nationally.

Content

About this Section

This section provides an overview of the strategy and the approach taken to developing it.

Key messages:

1. *The GM strategy is grounded in the realities of the challenges, opportunities and ambitions of Greater Manchester*

2. *The strategy is a framework to create a shared understanding of system challenges and coordinate collective effort to address them. It does not replace the need for locality or organisation specific strategies to address workforce challenges.*

3. *The strategy was developed following extensive engagement – including with GM leaders, organisational leaders and directly with staff*

4. *The strategy will remain a living document and therefore reflects a point in time. It will continue to be refined over time as new priorities emerge and lessons are learnt.*

5. *This further refinement of the strategy will be led by the GM Workforce Collaborative, working in partnership.*

The Greater Manchester Workforce Programme

- The Greater Manchester Health & Social Care workforce programme was established to enable the fastest and most comprehensive improvements in the capacity and capability of the whole GM Health & Social Care workforce (paid & unpaid) to support the achievement of the transformation ambitions as defined in the GM strategic plan and the locality plans.
- The workforce programme is dynamic and has a focus on three main areas:
    - **Developing a comprehensive workforce strategy**: setting out the key priority areas of the GM workforce programme based on a detailed appreciation of the needs of localities, the transformation themes, the ambition of wider GM stakeholders and key national priorities.
    - **Supporting localities in improving and implementing their local transformation plans**: supporting the localities and GM transformation themes to develop and implement comprehensive workforce transformation plans, insights and interventions that are practical, implementable and address key strategic challenges.
    - **Establishing the GM Workforce Collaborative**: bringing together all key stakeholders across GM (localities, regional and national bodies across Health & Social Care), leveraging collective expertise, capacity and resources to implement initiatives, share best practice and accelerate the delivery of key workforce priorities
- This document presents the Greater Manchester workforce strategy setting out the changing landscape nationally and within GM – and its impact on workforce; the national and local workforce challenges; the key strategic priorities and action points proposed to address this and the delivery arrangements being established to deliver
- Whilst the strategy sets out the ambitions for Greater Manchester and the priorities, it reflects a point in time and over time will continue to evolve as lessons are learnt, policies change, new opportunities arise and new challenges emerge.

Stakeholder Engagement - Approach to developing the final GM Workforce Strategy

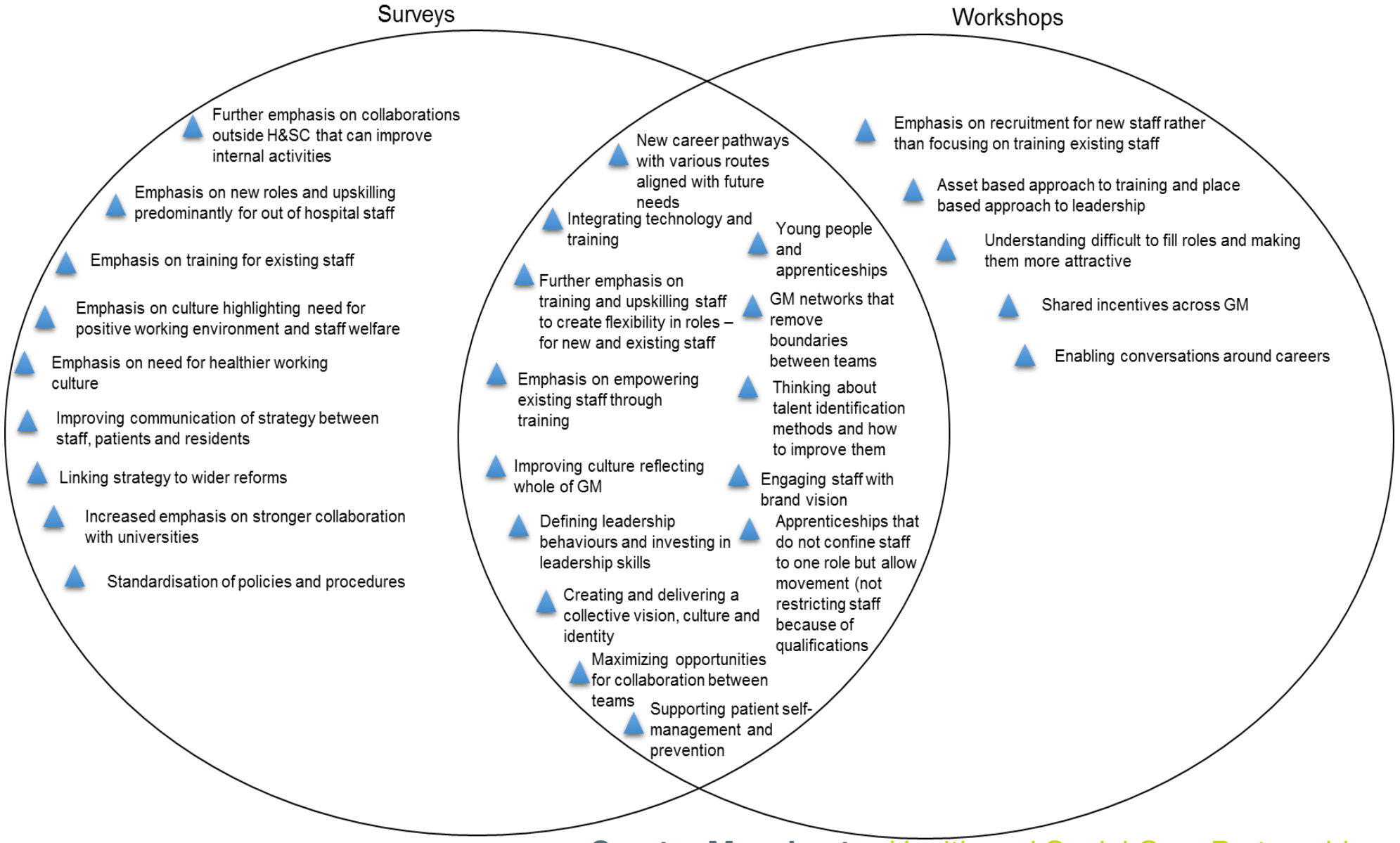
The framework for the GM workforce strategy was initially set out and endorsed by the Strategic Partnership Board Executive (SPBE) on the 30th January 2017. Following this, an extensive consultation process was then undertaken to provide opportunities for a range of stakeholders to shape the identified challenges and agree a set of defined actions and priorities to address GM's strategic challenges.

Three primary methods of engagement were used:

- **Locality Workshops**: All Localities participated in workshops held from the 3rd-5th April 2017 across Greater Manchester, the primary purpose of which was to provide collective input into refining the GM workforce strategy; support localities in accelerating the development of their locality plans; and provide opportunities for sharing good practice and challenges. The workshops were attended by local workforce teams from the 10 GM localities as well as representatives from Trade Unions, Health Education England, Skills for Care, North West Employers, NHS Leadership Academy, the University community and other key system partners.
- **Discussions at key transformation forums and Boards**: Discussions were held and are ongoing in a number of forums and Boards across GM providing the opportunity for system stakeholders to inform and own the GM workforce strategy. In total, over 30 forums and Boards were directly engaged across Health & Social Care – which included leaders from every organisation across Greater Manchester as well as staff partnership bodies across Greater Manchester.
- **Direct engagement with GM Staff**: The programme team was keen to ensure that the strategy was informed by and reflected the needs of staff across Greater Manchester. Therefore an online survey was developed and sent out to all GM Health & Social Care Organisations, which was then shared with staff via the local Communications leads in each organisation. A limited number of responses were received from staff across 34 organisations – all of which have been fully incorporated.

These engagements provided a direct opportunity for key stakeholders to shape and drive the development of the strategy.

Stakeholder Engagement – Summary of Key Observations



Stakeholder Engagement - How feedback shaped the workforce strategy (1)

Overall, the strategy was positively received across all areas as a good articulation of the key challenges faced in GM and a helpful framework to shape delivery/implementation.

	Feedback received	Action taken
1	Include more detail of implementation – need to know the "how"	The actions under the priorities have been amended to be more specific. This strategy document now includes the implementation plan
2	Include more workforce data	Workforce numbers and plans are now included however there is significant ongoing work to improve data and align it with service and finance plans.
3	Further emphasis needed on the key system stakeholders, particularly unions, in improving the quality of opportunities for staff across Health and Social care	Information on the Collaborative now includes point that it will *"Recognise and embrace staff representative groups including trade unions as key system partners at a Locality level as well as across GM"*
4	Further emphasis required on future proofing the workforce	The strategic actions have been revised under priorities of *'Talent Development and System Leadership'* and *'Filling Difficult gaps'* to recruit new and equip current workforce with appropriate skills and competencies
5	Further emphasis on establishing a culture of self-development, innovation and improvement	The description of the *'Talent Development and System Leadership*' priority has been revised from a focus on developing leaders and talent to "*nurturing the skills and competencies of our workforce"* – more inclusive and culture changing
6	Establish GM networks and maximise opportunities for collaboration within GM and with wider local and national stakeholders	The Collaborative governance structure, which is now detailed in this strategy, demonstrates that GM Networks will feed into the Collaborative working with national and regional partners.
7	Align more clearly and consistently the workforce governance and stakeholder engagement arrangements between the localities and GM Strategic Workforce Board	The terms of reference for the Strategic Workforce Board have been refreshed to clearly define governance arrangements and strengthen Locality connections. The terms of reference for the GM Workforce Engagement Forum are also being revised to ensure effective engagement processes are in place locally and across GM.

Stakeholder Engagement - How feedback shaped the workforce strategy (2)

	Feedback received	Action taken
8	Emphasis on training for existing staff	This has now been reflected, an example being the '*Grow our own'* priority where the action around apprenticeships has been further refined to specify that this includes *'existing staff'*
9	Invest in developing the right type of leadership skills at all levels. Alongside the continued theme of upskilling and providing extra training opportunities, improving leadership skills across all levels will ensure that GM have the right kind of leaders at each level to drive change	Under *'Talent Development and System Leadership'* priority, the action has been revised from 10,000 leaders going through #Leading GM programme to: *"Build on the Leading GM programme to further invest in Leadership & Talent Development for our front line leaders to develop their competencies and capabilities to lead integrated services."*
10	Need clear link to equality and diversity	A section has been added to this strategy which focuses on '*Diversity of Workforce at all levels'*
11	Require an overt description of who the workforce strategy encompasses	The strategy now details a clear description of the scope and what parts of the workforce are included.
12	Need to simplify strategy with fewer objectives	Priorities have been streamlined from 5 to 4 and accompanying action points to 2021 from 15 to 11. The action points have also been redrafted to make them clearer.
13	Focus required on retention and return of workers	This has now been reflected and an example is a report has been commissioned on the incentives and disincentives to Nursing and AHP careers. This will be linked to best practice and innovation in the recruitment, retention and return of staff and lessons will be applied to other staff groups in the future.
14	Need a more joined up approach in localities so locality discussions are connected more closely to GM priorities/activities to build understanding of wider impact and share best practice. Union reps would like feedback on the outcomes/agreements from meetings when issues/items escalated	We are reviewing the Workforce Engagement Forum terms of reference and membership and the ways this GM wide forum links to Local Workforce Engagement Forums being established in each locality. We are holding discussions with locality SROs and locality workforce chairs to strengthen locality workforce groups

Next Steps

- The strategy will remain a living document and will therefore need to be refined over time as new priorities emerge and lessons are learnt.

- It is anticipated that a mid-year review will be undertaken at the end of Q2 whilst an annual plan will be produced in Q4 each year to set out the delivery priorities for the year in line with the strategic priorities.

- This further refinement of the strategy will be led by the GM Workforce Collaborative, via the Strategic Workforce Board. In line with the approach undertaken in developing this strategy, any future updates will be developed following:
  - Detailed analysis of the workforce position to provide a sufficient baseline to inform decision making
  - Review of progress to date across all priority areas and a thorough reflection on lessons learnt

- The Collaborative will recognise and embrace staff representative groups, particularly the Trade Unions as key system partners

- The Collaborative will also extensively engage with localities to ensure that any proposed priorities are shaped by the needs of the GM localities and all programmes of work support the delivery of place based solutions.

Content

About this Section

This section sets out the global, national and GM workforce position and challenges

Key messages:

1. *Global trends reduce ease of recruiting foreign staff into the UK*
2. *UK trend is one of significant workforce shortages in key roles*
3. *GM workforce is well positioned compared to other areas of the UK, but has considerable workforce challenges to overcome*

Context – Global workforce

- The UK operates within a global marketplace for staff. A House of Commons Library Briefing Paper (7783, 10 April 2017) highlighted that 12% of NHS Staff in England are nationals of a country other than the UK, with 5.5% from EU countries. The overall level of staff from outside the UK in Health and Social Care is roughly similar to the overall workforce, as can be seen from the table on the right.
- The Nuffield Trust (General Election Briefing 2017) has highlighted an additional reduction of 70,000 Social Care staff by 2025/26 if there is no further EU migration. The Kings Fund in their article "What Impact will Brexit have on the health and social care workforce" – 21 June 2017, identifies that 90,000 of the 1.3million adult social care workers come from the EU. The demand for foreign staff has been increasing – the number of non-British EU nationals working in the care system has increased by 40% in three years.
- The reliance on non-UK staff will not continue indefinitely. There are two key factors that indicate a likely reduction in available staff:
    1. **Brexit**: The Kings Fund report that EU nationals registering as nurses in the UK has fallen by 96% since the referendum. Uncertainty over residency and a weakened pound are two contributing factors.
    2. **Global workforce demand**: There is increased demand across the globe for skilled healthcare staff. Examples include: the Association of American Medical Colleges estimates a shortage of Doctors across the US of 40,800 to 104,900 by 2030; and anecdotal reports that Indian doctors are now seeing greater opportunities for quality assignments in India
- A piece of good news against this backdrop is that the North West, including Greater Manchester, is one of the lowest users of NHS staff from other EU countries, as can be seen from the table to the right.

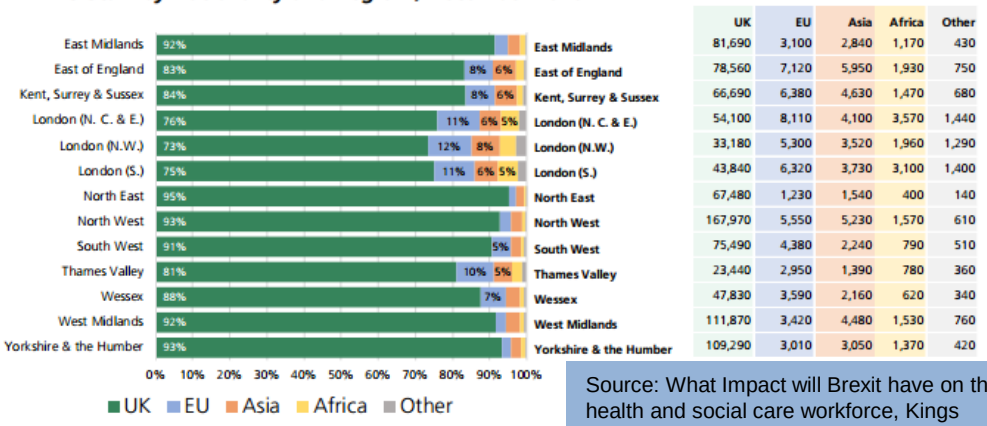
Source: House of Commons Library Briefing, 7783, 10 April 2017

NHS Staff by country grouping, December 2016 & September 2009

England, with comparison to wider economy. Headcount basis

	NHS 2016		Whole economy 2016	NHS 2009	
Country Grouping	*Number*	*% of total*	*% of total*	*Number*	*% of total*
UK	960,847	87.7%	*88.6%*	850,091	88.9%
EU (pre-2004 members)	**42,814**	**3.9%**	***3.2%***	**21,262**	**2.2%**
South Asia	24,523	2.2%	*1.2%*	26,668	2.8%
Sub-Saharan Africa	18,741	1.7%	*0.9%*	21,414	2.2%
South East Asia	17,585	1.6%	*0.3%*	15,413	1.6%
EU (post-2004 members)	**17,572**	**1.6%**	***4.0%***	**6,945**	**0.7%**
Latin America & Caribbean	2,767	0.3%	*0.1%*	3,487	0.4%
Oceania	2,551	0.2%	*0.3%*	2,572	0.3%
North America	1,951	0.2%	*0.4%*	1,773	0.2%
Middle East & Central Asia	1,508	0.1%	*0.3%*	1,798	0.2%
North Africa	1,484	0.1%	*0.1%*	1,373	0.1%
East Asia	1,214	0.1%	*0.3%*	1,432	0.1%
Europe (Non-EU)	1,062	0.1%	*0.1%*	916	0.1%
South America	781	0.1%	*0.2%*	807	0.1%

NHS Staff by Nationality and Region[6], December 2016



	UK	EU	Asia	Africa	Other
East Midlands	81,690	3,100	2,840	1,170	430
East of England	78,560	7,120	5,950	1,930	750
Kent, Surrey & Sussex	66,690	6,380	4,630	1,470	680
London (N. C. & E.)	54,100	8,110	4,100	3,570	1,440
London (N.W.)	33,180	5,300	3,520	1,960	1,290
London (S.)	43,840	6,320	3,730	3,100	1,400
North East	67,480	1,230	1,540	400	140
North West	167,970	5,550	5,230	1,570	610
South West	75,490	4,380	2,240	790	510
Thames Valley	23,440	2,950	1,390	780	360
Wessex	47,830	3,590	2,160	620	340
West Midlands	111,870	3,420	4,480	1,530	760
Yorkshire & the Humber	109,290	3,010	3,050	1,370	420

Source: What Impact will Brexit have on the health and social care workforce, Kings Fund, 21 June 2017

Workforce Challenges – National & Local Drivers

NATIONAL

- NHS Leadership
- Social Care workforce integration
- NHS Non Medical Supply & Demand
- Delivering the 5 Year Forward View
- NHS HR Profession. Building capacity and capability
- Medical Education & training
- Reward strategy
- Staff engagement & experience
- Equality & Diversity

5 YEAR FORWARD VIEW

- Improve productivity and grow frontline workforce
- New roles investment
- Increase in medical students
- Address key shortages e.g. Emergency medicine
- Post Graduate accelerated learning programme
- Action on HWB staff. All Trusts to have plan in place 2017
- BME staff year on year improvements (appointments & bullying)
- NHS GP Service to support doctors with Mental Health & Wellbeing
- NHS staff passport to 'derisk' service change
- £2b reinvestment in 26,000 affordable homes

HEALTH EDUCATION ENGLAND

- To develop the workforce to improve out of hospital care
- To create the safest, highest quality health and care services
- To deliver value for money
- Preventing ill health and supporting people to live healthier lives
- Supporting research, innovation and growth
- Building the workforce for the future
- Improving services through the use of digital technology, information and transparency

GM MAYOR

- First fully integrated NHS and care service with single integrated teams
- Champion unpaid carers – particularly young carers – ensure they are identified and supported
- Increase control over workforce planning
- Incentives for those in training to stay and more to encourage young to enter training
- Over time work to bring social care staff into NHS family (training & reward)

Context – National workforce

- The Kings Fund, in its Overview of the Health and Social Care workforce, identifies that the NHS employs 1.4 million people, and social care 1.6 million.
- It can be argued that the NHS has suffered staff shortages since its inception in 1948. The BBC Article "NHS Staff Shortages: Why so persistent" – January 2017 cites Stephanie Snow, a medical historian at our own University of Manchester. She highlights that rapid expansion in the first decade, combined with new technology, resulted in workforce shortages. In the 1960s, hospitals recruited en-masse from Pakistan, India and Sri-Lanka. Historically we have not recruited enough nurses and Doctors from within the UK.
- The current picture shows national workforce shortages in Health and Social Care. Examples include:
    - The Office for National Statistics reported in Feb 2017 that 117,000 job vacancies in Health and Social Care were advertised for the 3 months to January 2017 – 15% of all job vacancies in the UK.
    - Skills for Care, in its "The state of the adult social care workforce in England, 2016" document, reports that there are 90,000 vacancies for social care at present. Social worker vacancy rates stood at 11% for 2016.
    - Nursing shortages are also high. The Royal College of Nursing states that there are 24,000 nursing vacancies (Health and Social Care) with 11.1% of nursing posts unfilled.
    - The Royal College of Midwives highlights a shortage of 3,500 midwives.
    - The Nursing Times reported in June that 22 out of 69 Trusts running community hospitals have not met their targets for nurse staffing in the last 2 years to March 2017.

The shortfalls are hitting in a number of ways:

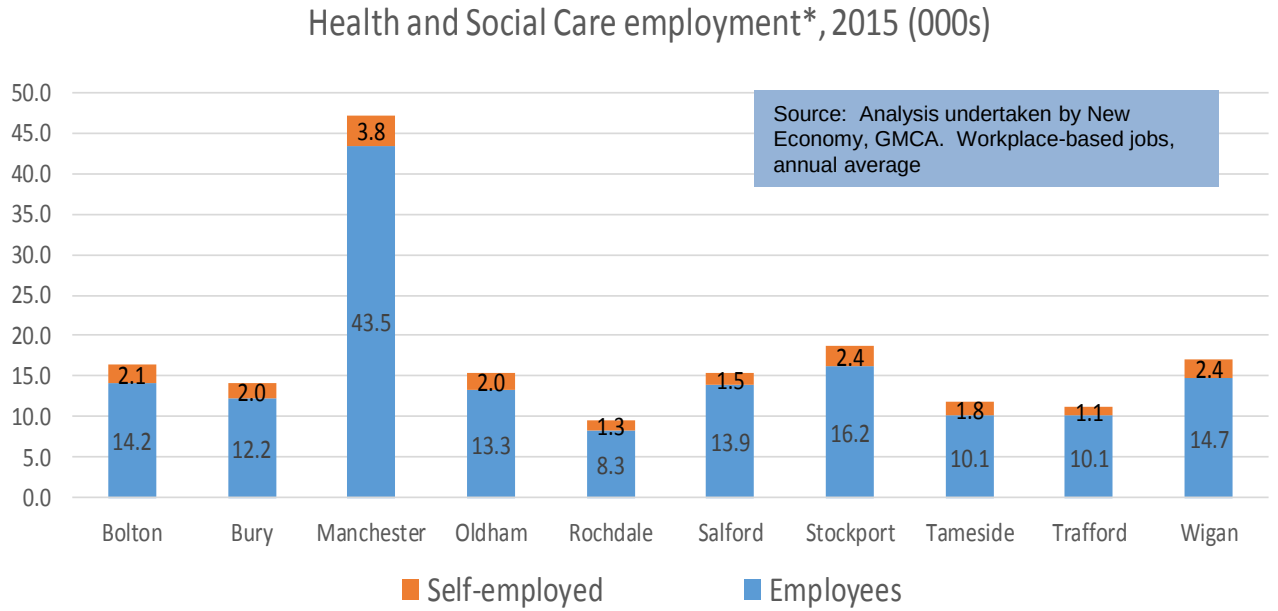
1. **Quality.** In the 2016 NHS Staff Survey, 47% of staff said that staffing levels were insufficient for them to be able to do their jobs properly. There are also many examples of acute staffing shortages affecting quality – see Francis Report 2013, Cavendish Review 2013, Berwick Review 2013, Keogh Mortality Review 2013 and Winterbourne 2012. Each of these reports highlighted staffing as a factor.
2. **Reliance on high-cost agency staff.** Agency staff cost the NHS £3.8 billion in 2016, and in Social Care, 10% of staff are not permanent (according to The Health Foundation).
3. **Access.** The Kings Fund Quarterly Management Report highlights that 2.5 million patients waited longer than 4 hours for treatment – an increase of 685,000 on the year before. 362,000 patients waited longer than 18 weeks for hospital treatment, up by 64,000. In Social Care, The Health Foundation highlight that despite the number of people aged over 65 living in England increased by 170,000 in 2016, the number of people receiving funded care fell by 2%
4. **Morale.** In the NHS Staff survey 2016, nearly 2 in 5 staff said that they had been ill in the last 12 months due to work-related stress. 20% of GPs report finding practice "very stressful" – (Commonwealth fund). Sir David Dalton himself identified a "High level of unhappiness" among Junior Doctors following the recent industrial action in 2016.

It is clear that the national workforce picture requires immediate attention due to the shortage of available staff.

Context – National workforce - Drivers for Change

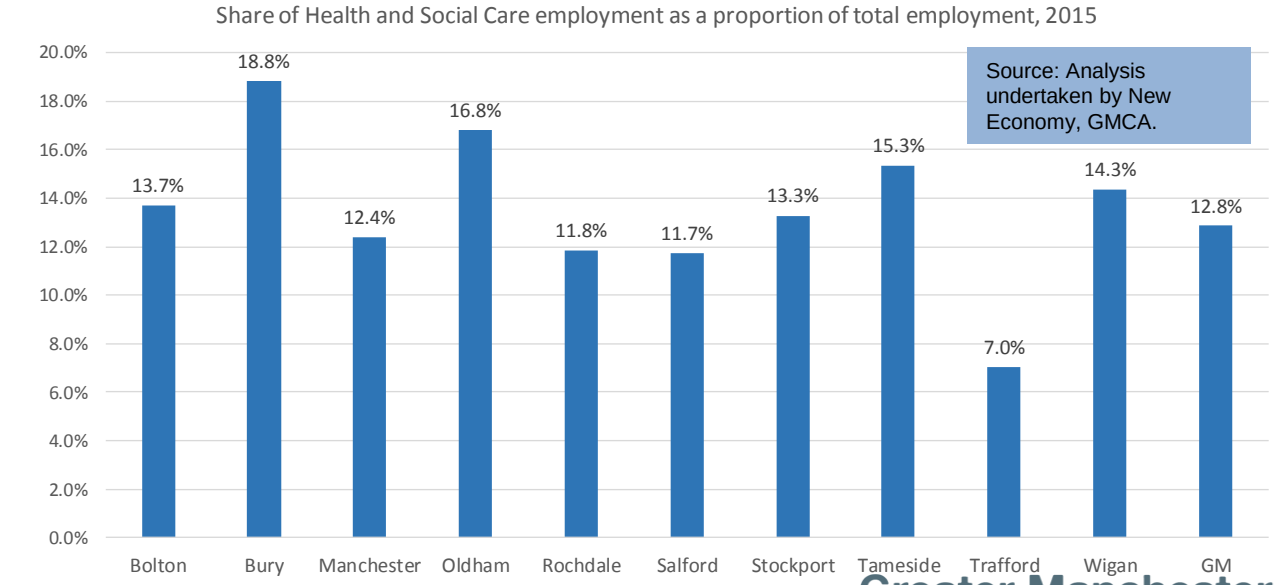
- The current position provides a clear driver for change, but the position does not stay still. There are a considerable number of factors that will require a change in the workforce – although this provides opportunities to address the current shortfalls, as well as presenting a risk that it will get worse.
- HEE sets out the national drivers for workforce change in its strategic framework updated in February 2017.
    - **Demand**: The UK population is expected to grow to 71 million, a 10% increase, by 2029. In that time the population over 85 will grow by 3.6 million. By mid 2039, more than 1 in 12 of the population is projected to be 80 or over.
    - **Supply**: More women are entering the workforce, and the overall workforce is getting older, likely increasing the number of part time workers. Staff in training want a better work/life balance, and want more time to care for patients.
    - **Technology, genomics and research**: Technology is growing rapidly, and people are taking up the opportunity that this offers. This will provide an increased opportunity to predict disease, greater connectivity, different models of operation and an increased ability to cure ill health.
    - **Wellness**
    - **Patient and citizen personal choice**: People will pull the system, and demand more personal choice. Information will make people more aware, and less tolerant of, variations in service. It is considered that the current trend away from being "grateful citizens" to "active consumers" will continue.
    - **Service redesign**: Service models are changing, both as a result of the factors above, and in their own right. There is greater demand for community provision, and greater need for specialised centres to ensure that the workforce keeps skilled in rarer (specialised) areas.
    - **Parity of esteem for mental health**: As well as the quality improvements in physical health expected, Mental Health services are increasingly being asked to "catch up" and ensure that there is parity of esteem for mental health conditions.
    - **Social/political**: Finally, social and political issues are challenging concepts of individual and collective responsibility. As people understand the risks that others are taking, to what extent will they continue to want to pool funding with them?
    - **Finances**: In 2015, the NHS alone accounted for 9.8% of GDP. Expected growth in required spend suggest increases of 6.2% in the short term, and higher than that in the medium and long term. With growth predicted to be circa 3% per year across OECD countries, and recent expectations below 2% in the UK, it is clear that pressure on budgets will remain indefinitely.
- As well as the current imperatives caused by staff shortages across the UK, the case for change presented above provides compelling drivers for workforce redesign across the UK, which will all impact on the plans for Greater Manchester.

GM Health and Social Care Workforce - Overview



There were 177,000 people employed in Health and Social Care in GM in 2015

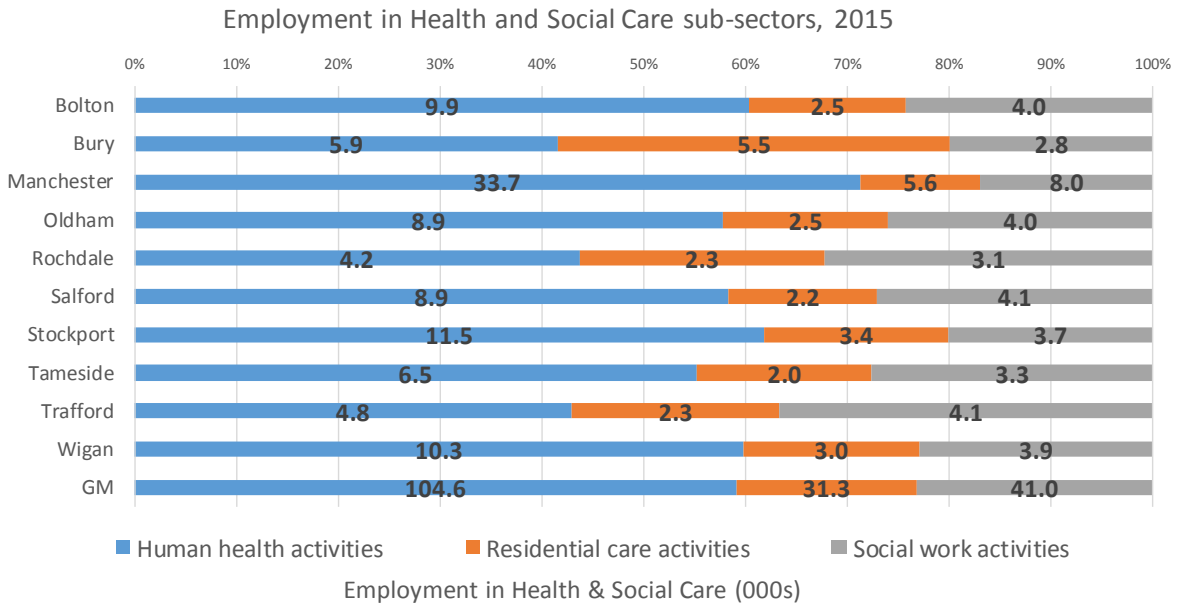
- H&SC workforce is concentrated in Manchester where over 47,000 of the jobs are located
- Just over one in ten people working in the sector in GM are self-employed
- Tameside, Bury and Wigan have the highest proportions of self-employed workers compared to the overall H&SC workforce. These are also some of the districts which rely most on H&SC for employment

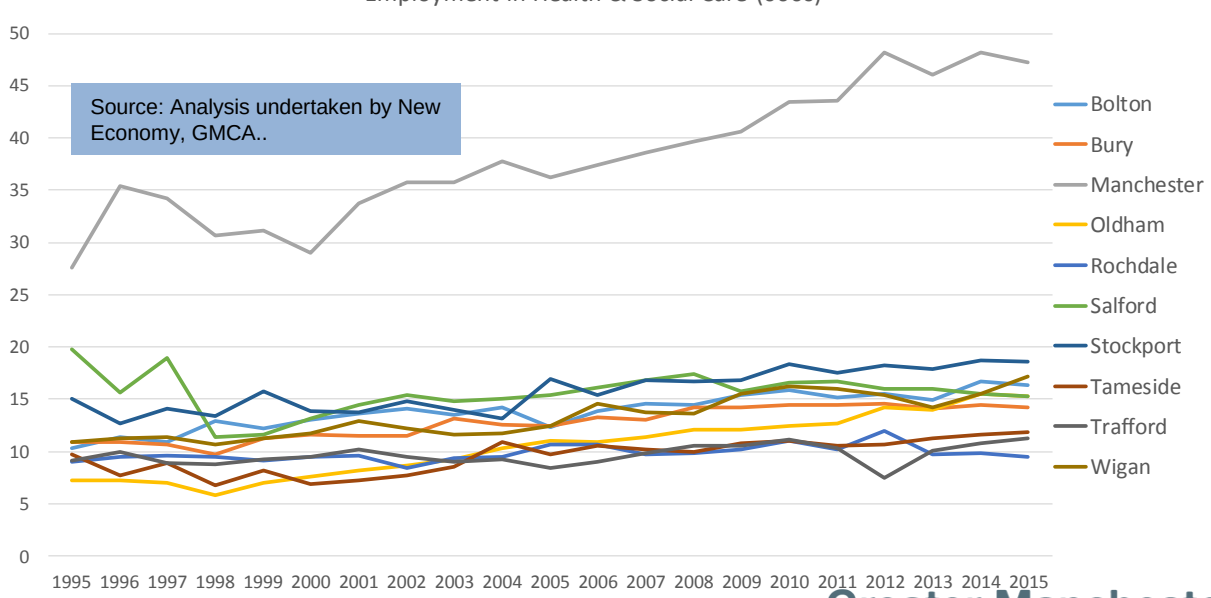


This represents 12.8% of the total workforce of 1,377,000

- The Health and Social Care workforce as a proportion of total employment in the district is highest in Bury (18.8%), Oldham (16.8%), and Tameside (15.3%)
- These areas are likely to depend most on the sector to provide employment for local residents and could suffer disproportionately from any cuts to jobs
- In contrast, the share of H&SC workforce is markedly smaller in Trafford than in any of the other districts

GM Health & Social Care Workforce – Overview





Source: Analysis undertaken by New Economy, GMCA..

Human Health is the largest sub-sector in the H&SC sector in each locality accounting for 60% of the workforce in GM overall, followed by Social Work (23%) and Residential Care (17%)

- Bury has the second largest number of Residential Care jobs (5,500) which accounts for nearly 40% of the H&SC workforce in the locality;
- Compared to the H&SC workforce in the area as a whole, Rochdale, Tameside and Salford have some of the largest shares of Social Work employment; however, Social Work also has a large share in Trafford

The workforce is growing. There has been a positive growth trend in levels of H&SC employment in GM over the last 2 decades of over a third (nearly 50,000 jobs) between 1995 and 2015

- Using 1995 as a reference point, Oldham, Manchester, Bolton and Wigan have seen the greatest increases in the size of their H&SC workforce, above the level of growth seen in the sector across GM as a whole
- Meanwhile, H&SC employment levels in Salford and Rochdale have been the most stable over this period.
- Similar trends can be seen more recently (between 2005 and 2015), with most localities seeing growth, except Salford, where employment remained flat, and Rochdale, where it declined a little

Greater Manchester – Key Strategic Challenges

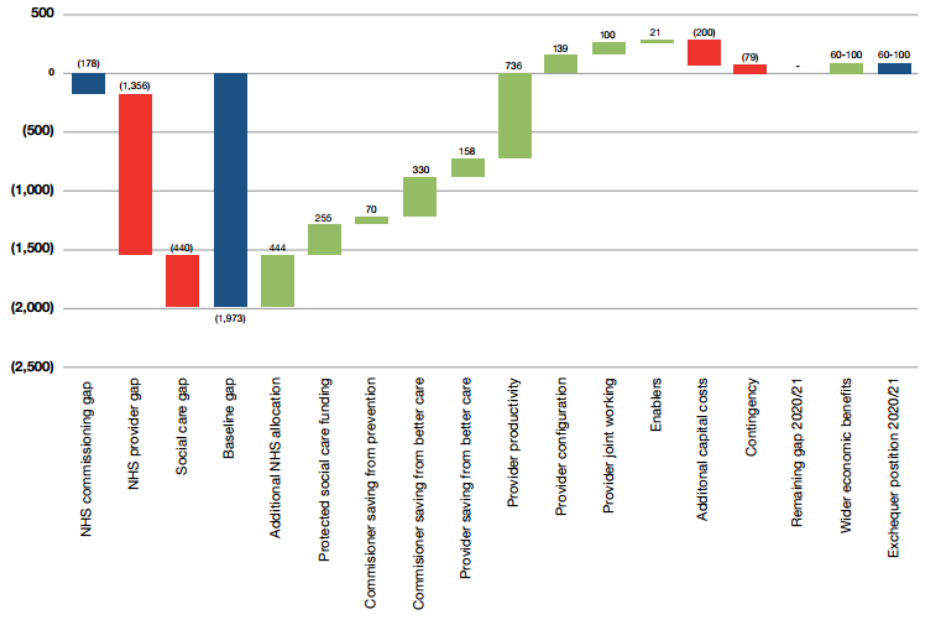
- The population of GM is **2.8 million** with forecast spend of **£7.7 billion on health and social care services**. This includes **£6.2 billion** on health services including mental health, GP services, specialist services and prescribed drugs and £1.5 billion on local authority, public health and social care services.

- After taking into account the resources that are likely to be available and the pressures that the Health and Social Care system will face over the next five years it is estimated that there will be a financial **deficit of £2 billion by 2020/21**. Alongside GM's fair share of on-going funding in line with NHS England's Five Year Forward View (which would close the gap by £700m) proposals were shown to deliver a further £1.5 billion of savings, after reprovision costs, from the following areas:
  - **£70 million** from prevention
  - **£488 million** from better care models delivered across NHS and LA commissioners and providers
  - **£139 million** from reform of NHS trusts
  - **£21 million** from commissioner collaboration
  - **£836 million** from NHS provider productivity savings and joint working.

Delivering these changes is estimated to cost £200 million in capital charges leaving a net saving of £1.3 billion

The integration of Health and Social Care is a fundamental part of the growth and reform strategy essential to GM's priority of reducing unemployment, supporting people back into work, and providing growth through innovation. It is a key driver to ensure that the Health and Social Care system becomes financially sustainable over time.

Impact of GM strategic plan on the health and social care challenges



Source: Taking Charge of our Health & Social Care in Greater Manchester, December 2015, page 48-49.

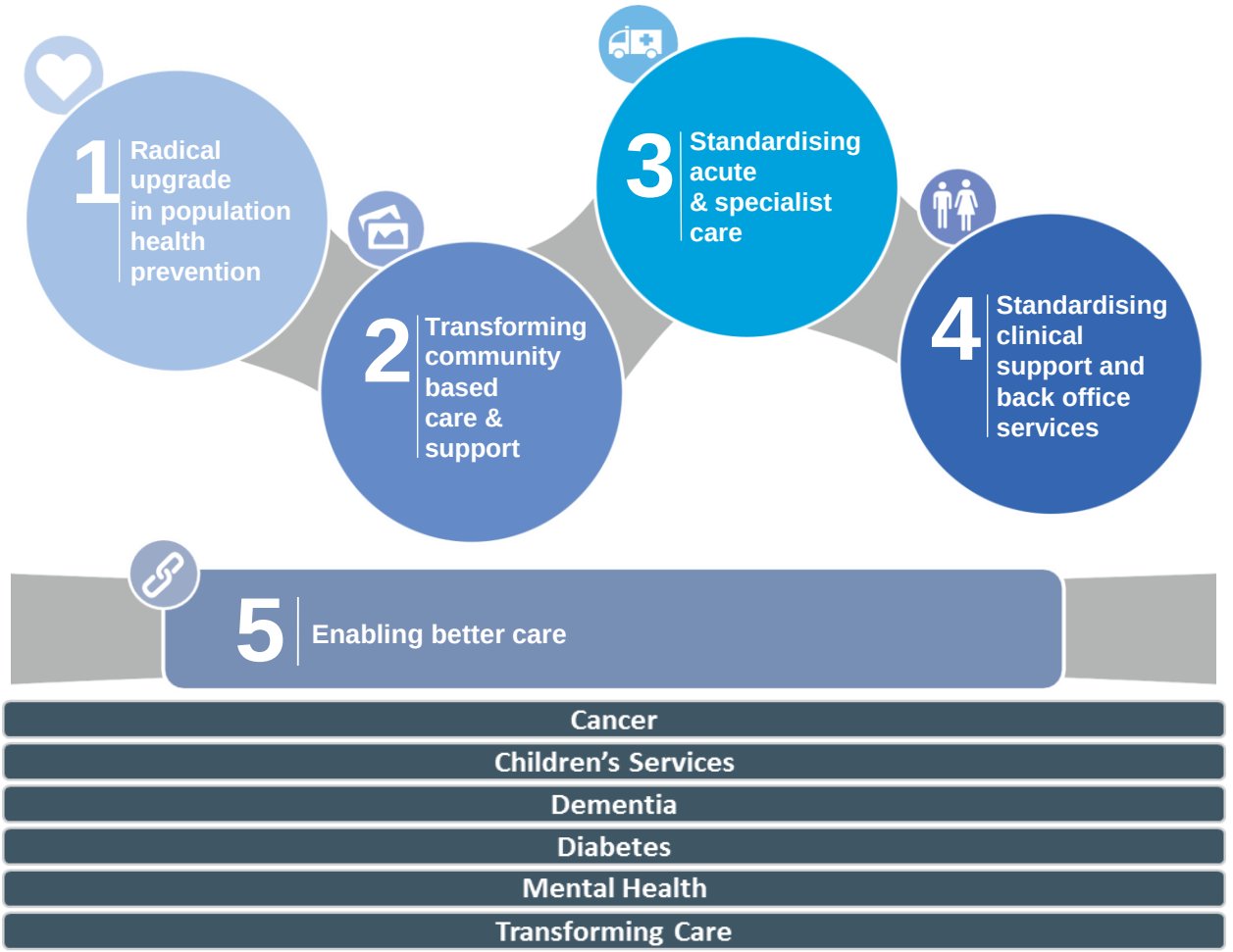
Greater Manchester – Key Strategic Challenges

The GM Health & Social Care Devolution Plan describes how the savings outlined on the previous slide will be achieved. Key to this is the implementation of the new models of care in line with a set of transformation themes outlined below. These provide the framework for a radical transformation of Health and Social Care and will significantly impact upon patterns of demand.
These are grouped into five main themes:

1. Radical upgrade in population health and prevention
2. Transforming community based care and support
3. Standardising acute and specialist care
4. Standardising clinical support and back office services
5. Enabling better care

A clear agenda for standardisation and integration :

- *"The tolerance of variation across health and social care service provision is one of our biggest challenges. In GM, our approach will see us no longer accept this wide variation of outcomes and service standards within and between organisations. GM will need to deliver a significant programme of standardisation".*
- *"Existing boundaries between organisations need to be removed. It is by removing these boundaries that efficiencies can be delivered and standardisation of service is achieved".*
- *"It is clear that integration is required across different levels; horizontally across similar services and organisations, and vertically through different care settings".*



Workforce Challenges – Skills & capacity challenges across Health & Social Care in Greater Manchester (1)

Skills shortages in the resident labour market

- New Economy research identified a shortage of young people coming into the care sector. The research also suggested that training providers should provide more information on what qualifications and courses are available including grants and financial support; and offer better funding, especially for those aged over 24 and for those that have already achieved baseline qualifications but wanted to change occupations
- Need to recruit and retain skilled clinicians at middle and consultant grades to work in areas of the greatest demand, e.g. emergency medicine, acute medicine and care of the elderly. Also an ageing workforce across many service areas, in particular social care; and address low pay issue which are causing recruitment difficulties.
- Skills shortages and replacement demand (due to retirement) will increase need to source significant labour across a range of occupations, in particular in nursing, caring, pharmacy, physiological sciences, and respiratory physiology.
- National shortages list includes: clinical neurophysiologists; consultants in emergency medicine, haematology and old age psychiatry; medical radiographers; anaesthetists; specialist nurses working in neonatal intensive care units; social workers working in children's and family services; specialists in paediatrics; midwifery and nurses – in particular within the independent care homes sector.
- Need to attract and retain more graduates in this sector based on promoting the attractiveness and quality of life enjoyed in GM, alongside Health Innovation career opportunities.
- Need to promote positive image of the sector to new entrants and returners to the labour market, including labour market intelligence and information about career paths and progression. Concentration of skills shortages in nursing care workers, independent care homes sector, and social workers working in children's and family services.
- Raising the number of apprenticeships and apprenticeship levy become important factors that should help address shortages. In addition, the Government have expanded tuition fee loans to 19 to 23 year olds at levels 3 and 4, and 19+ year olds at levels 5 and 6 (degree level) to provide a clearer path for learners to attain technical, specialist and management skills where an apprenticeship may not be suitable.

Workforce Challenges – Skills & capacity challenges across Health & Social Care in Greater Manchester (2)

Diversity of Workforce at all levels

- There is a recognition of the need to improve diversity and inclusion across all workforce groups ensuring equal opportunities for individuals and groups irrespective of race, gender, disability, religion or belief, sexual orientation and age.
- In the NHS, there is growing recognition of the challenges faced by BME staff who account for circa 20% the total NHS workforce. Key challenges identified in the 2016 Workforce Race Equality Standards (WRES) report which need to be addressed include:
    - White shortlisted job applications being 1.57 times more likely to be appointed from shortlisting, than BME shortlisted applications, who remain noticeably absent from senior grades within Agenda for Change (AfC) pay bands.
    - BME staff in the NHS are significantly more likely to be disciplined than white staff members.
    - BME staff remain more likely than white staff to experience harassment, bullying or abuse from other staff (though this fell very slightly last year).
    - BME representation at Board and VSM level remains significantly lower than BME representation in the overall NHS workforce and in the local communities served
    - BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression.
- Local Authorities in GM have defined local plans and priorities in line with the Equality Framework for Local Government (EFLG) with its emphasis on five key areas (Knowing your communities; Leadership, partnership and organisational commitment; Involving your communities; Responsive services and customer care; A skilled and committed workforce).
- Across all areas (race, gender, disability, religion or belief, sexual orientation and age), there is a need to consolidate on progress made to date and ensure that all partners across GM have a consistently high commitment to ensuring diversity and inclusion – for all workforce groups. Whilst each organisation sets and measures its compliance to equality and diversity standards, there is currently no consistent GM wide approach or a consolidated view of the performance of GM as a system against a set of universally agreed standards.

Skills gaps within the existing workforce

- The UK workforce research report, Skills for Health, also identifies skill gaps in the workforce, including: problem solving, oral communication, customer handling, teamwork and management and leadership skills. The implications of changes to Health and Care service provision towards the 'personalisation of care' will result in healthcare assistants needing to learn a wide range of skills and working practices to provide support that enables people to remain independent.
- Growing need to incorporate behavioural techniques/shift in the way in which patient care is delivered toward a pro-active rather than a re-active approach. Increasing convergence of technology and social care, workers at all occupational levels will increasingly be required to keep up with advances in technology to improve health outcomes. For example, care workers and personal assistants increasingly require ICT devices to monitor health and administer treatments in the home, and the rising use of telehealth.
- Social Care is likely to see a more diverse set of employers operating in the sector and a more joined up approach to service delivery by health and social care staff. This will present opportunities for exchange of ideas, as well as challenges relating to differing traditions and working patterns
- Sector can support continued staff development by providing dual route training opportunities and qualifications for new entrants to the sector, which would allow staff to pursue a health or social care career path. Support could also include sharing learning on recruitment and workforce planning to aid the delivery of personalised and integrated care.
- Need to plan and ensure sufficient numbers of skilled care workers to support rising number of patients in community care settings.

Workforce Challenges identified in GM Locality Plans (1)

Skills Shortages

- Local and national recruitment challenges for key roles such as Nurses, Social Workers, GP's and hospital based medical staff cause significant financial and service delivery challenges, with reliance on expensive agency workers.
- Limited formal succession planning methods in place in the integrated care service. There are potentially vulnerable positions, where specific knowledge or skills are held by an individual.

Impact of Transformation

- Volume and pace of transformational change affecting workforce to perform business as usual activities;
- Lack of current clarity about the design of future services and the future of posts – results in difficulty in retaining staff;
- Anticipated changes to delivering services – 24/7 day working currently in place in parts of the system.

HR (including Terms and Conditions):

- Sickness absence in the NHS and public sector causes huge financial challenges, but also problems for continuity of service provision. We recognise the need to support the health and well-being of our workforce and again will share resources and best practice where appropriate.
- The Urgent Care Alliance works across localities to respond to these challenges. It is in the process of developing a longer-term strategy that will include planning to recruit, retain and deploy staff across the health and social care system as we move towards establishing the Integrated Care Organisation that will bring providers of health and social care together through a single contracting arrangement. This will provide opportunities to create new roles and career pathways as we work together with commissioners to develop new and integrated models of care provided at home or in the community to improve efficiency, quality and outcomes for local people.

Recruitment and Retention:

- Greater Manchester Health and Social Care economies, in common with others across the country, face numerous workforce challenges. Many Councils find it difficult to recruit and retain skilled social care staff, such as social workers, and the difficulties experienced by primary care practices and acute, community and mental health trusts in recruiting and retaining doctors, nurses and other staff are well evidenced at the national level.

Workforce Challenges identified in GM Locality Plans (2)

Workforce transformation

- There are many opportunities within our workforce redesign to explore how we harness some of these opportunities to assist young people to develop skills and employment (apprenticeship standards, cadet schemes, internships, higher level apprenticeships and graduate schemes), explore how we contribute to reducing long term worklessness (voluntary working, vocational training) and support people with disabilities to participate in employment opportunities.
- Whilst overseas recruitment to these posts is taking place, the medium/long term solution is the redesign of roles across boundaries and professions, which maximises the contribution of staff around public and patient needs. These include the developing role of the Advanced Nurse Practitioner (ANP), the new roles of Nurse Associate and Physician's Assistant. Other developments include the introduction of a generic support worker role integrated across Health and Social Care, to support Advanced Practitioners in the Neighbourhood Teams. In relation to Registered Nurses, as well as the nationally commissioned student nurses, Bolton has also commissioned pre-registration nursing places with University of Bolton.

Filling difficult gaps

- The key challenge for Trusts is the adequate supply of clinical staff both Registered Nurses and Medical staff, particularly Consultants and Middle Grades in Urgent and Emergency Care. The gaps in the clinical workforce result in a reliance on agency and bank working which in turn impacts on the levels of bank and agency hours worked, which then impacts the financial position.

Skills development

- The drive for efficiency and capacity in relation to areas such as core skills development, system wide leadership development and mandatory training also presents an opportunity for collaboration across employers.
- The introduction of the Apprenticeship levy and expansion of Apprenticeships also provides inter-organisational opportunities.

Stakeholder involvement

- We recognise that employment itself is a wider determinant of health and wellbeing and that health and social care providers make a significant contribution to supporting and enabling the employment of local people.

Workforce Challenges: Improving Staff Engagement and the Employer Offer and Brand(s) (1)

One of our four strategic priorities is to nurture a vibrant employment environment that makes Greater Manchester the best place to work for Health and Social Care staff through our employment offer and brand(s) initiatives. In doing so, it is recognised that all organisations in the GMHSCP need to improve the focus on staff engagement, diversity and inclusion as well as a healthy working culture. GM organisations are recognised as having some of the best employment practices nationally. However, there are also variations. Working together through the Workforce Collaborative, we aim to support rapid improvement and share best practice, building on a number of local initiatives and success stories, some of which are shown below:

Bolton Council, *who have some of the best quality care homes in the country, have launched the Care Homes Excellence programme, to improve the health, care and experience of those living in care homes. The programme is a collaborative between the Council, Bolton CCG, Bolton NHS Foundation Trust, Care Home Providers, service users and their families. Amongst the key aims they are developing ways of enhancing the opportunities available to care home staff, to learn and improve. They are also developing ways of involving volunteers from the local community to support care home residents.*

Bury Council *is recognising the efforts its staff and volunteers are making to improve services through its STAR (Special Thanks and Recognition) Awards. Categories for nominations include:*

Going the extra mile

Supporting the community through volunteering

Maximising performance through commitment to learning and development

Creating positive impacts through partnership working

Wigan Council *was recently voted the best big council to work for nationally by its staff in an independent survey conducted by Best Companies Ltd, the company that compiles the list of the Sunday Times 100 Best Companies to work for. The survey measures how engaged the staff are with their work. The council has demonstrated improved results in all areas including leadership, personal growth and well being. Best Companies also found Wigan Council is one of the best employers in the UK because it listens to staff, they are encouraged to share their ideas about the future and they contribute valuable money saving ideas to help improve services for residents.*

Salford Council, *responding to staff survey concerns about job insecurity, stress and wellbeing has launched a Workforce Health and Wellbeing Strategy working with the University of Salford.*

Workforce Challenges: Improving Staff Engagement and the Employer Offer and Brand(s) (2)

The recently released results from an NHS national staff survey for GM organisations highlight that GM is currently:

- Very close to the national average on Staff Engagement
- Slightly worse than the national average on Health and Wellbeing
- Slightly better than the national average on Bullying and Harassment

Highlights from the latest GM NHS Staff survey results include:

Staff recommendation of the organisation as a place to work or receive treatment

- GM score 3.76, up very slightly from last year and equal to the national average.
- Best performing trusts in GM: The Christie FT (4.25); Wrightington, Wigan and Leigh (4.03) Greater Manchester West MH FT (3.87)

Percentage of staff able to contribute towards improvements at work

- GM score 72%, equal to last year, slightly below national average 73%, which was also static, so no change in GM or nationally on this.
- Best performing trusts in GM: The Christie FT (78%); Pennine Care (76%); Central Manchester University FT (76%); Greater Manchester West MH FT (76%)

Percentage of staff feeling unwell due to work related stress in last 12 months

- GM score 36%, a 2% improvement from the previous year, but still slightly worse than national average which has stayed static at 35%
- Best performing trusts in GM: The Christie FT (32%); University Hospital South Manchester FT (32%); Central Manchester University Hospital FT (33%); Wrightington, Wigan and Leigh (33%)

Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

- GM score 58%, a 2% improvement from the previous year, but still slightly worse than the national average (54%), which has also improved by 2% in the same period.
- Best performing trusts in GM: The Christie FT (48%); 5 Boroughs Partnership FT (51%); Pennine Care (52%); Wrightington Wigan and Leigh (52%)

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- GM score 21%, a 1% improvement from last year and notably better than the national average of 24%
- Best performing trusts in GM: 5 Boroughs Partnership FT (15%); The Christie FT (17%); Greater Manchester West MH FT (18%); Pennine Care (18%)

Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse

- GM score 51%, a significant improvement/increase of 8.5%. GM is performing better than the national average of 48%, which has improved also in the same period at a lesser rate of 2%.
- Best performing trusts in GM: Greater Manchester West MH FT (69%); Manchester Mental Health and Social Care (65%); 5 Boroughs Partnership FT (62%)

Workforce Challenges: Improving Staff Engagement and the Employer Offer and Brand(s) (3)

The importance of staff engagement has been evidenced in numerous research studies. In the NHS, Professor Michael West has evidenced that the more positive the experience of staff, the better the outcomes and that engagement has many significant associations with patient satisfaction, patient mortality rates, staff absenteeism and turnover. The more engaged staff members are, the better the outcomes for patients and the organisation (Prof Michael West, J Dawson: Employee engagement and NHS Performance, King's Fund 2012). We are looking to build on this research, through the new Workforce Futures Centre and extend it to include Local authorities, Social Care as well as volunteers and carers.

The Mayor and Leaders of the GMHSCP have recognised the need to improve the ongoing engagement of staff and the public in the design and implementation of GM and locality strategies. This will be a priority focus for the newly established Joint Working Group.

The GMHSCP is also committed to the creation of a transformational, whole population 'Working Well' system. The system will have four key focus areas;

- Working Well (in work)
- Working Well (early help)
- Working Well (work and health programme)
- Working Well (care and support)

It is recognised that the Working Well programme is only deliverable by engaging and working positively with employers, particularly SME's. There is also an opportunity for public services to lead by example, both in terms of supporting the health of the workforce and employment of local people. A GM Employment Charter aligned to the GMHSCP Workforce Strategy, may support the development of this theme.

The Collaborative will recognise and embrace staff representative groups including trade unions as key system partners. We will strengthen existing collaborations with trade unions as strategic partners recognising their vital role in representing the views of the workforce and working in partnership at all levels, to develop and implement schemes in line with the strategy.

Key Messages

- *Improving staff engagement as part of the Employer Brand and Offer strategic priorities is essential*
- *The GM Employer Brand pilot initiatives will apply to local authorities and social care staff as well as carers and volunteers*
- *The Workforce Collaborative will help to support the delivery of the GM 'Working Well' strategy*
- *The Mayor and Leaders of GMHSCP recognise the need to improve the ongoing engagement of staff and the public in the design and delivery of GM and Locality strategies*
- *The Collaborative will recognise and embrace staff representative groups including trade unions, as key system partners.*

Summary & next steps

- GM works against a background of national workforce shortages in key roles, reduced ease of bringing in non-UK staff especially from the EU
- GM has similar challenges to the UK as a whole, but has a clear view on where those challenges are
- GM is well equipped to address the challenges through devolution and this strategy.
- Locality ideas and plans will be the key driver for improvement, supported by central GM strategic actions to support (e.g. combined effort on international recruitment).
- The Mayor and Leaders of GMHSCP recognise the need to improve the ongoing engagement of staff and the public in the design and delivery of GM and Locality strategies
- The Collaborative will recognise and embrace staff representative groups including trade unions, as key system partners.

Content

About this Section

This section sets out the workforce challenge facing Greater Manchester, and the steps that are being taken to address it, based on the available workforce numbers.

Key messages:

1. *There is a clear numerical picture emerging of workforce levels and challenges across GM and the localities.*
2. *The critical challenges for GM are in meeting the demand for staff caused by turnover, and the addressing of key "hard to fill" areas.*
3. *Training will address part of the issue, but the strategy will focus on recruitment, retention and return of staff as well as workforce transformation.*

Overview

- Globally, demand for healthcare is increasing. Many traditional sources of healthcare staff for the UK – India, Pakistan, Sri Lanka for example - are now more likely to retain staff. Brexit has seen a sharp downturn in the number of staff applying to work in the UK.
- Across the UK, Health and Social Care is suffering an acute workforce shortage, adversely impacting on quality, access, morale and costs. In addition, the workforce will face significant drivers for change including the ageing population, opportunities for technology and genomics, and changing patient and citizen expectations.
- Greater Manchester has its own workforce shortages, although its lower reliance on non-UK staff has resulted in less pressure than in other areas of the UK.
- The Greater Manchester Health & Social Care economy needs to continue to build a clear narrative around the current and projected future workforce. This narrative will help engage the public and staff in the planned redesign of care models, as well as permitting challenge and engendering discussion. It is also vital in developing strategies to ensure that we have the right staff groups available in the right numbers to meet the future needs of citizens.
- Developing this clear narrative is complex, as there are multiple views on the current and future picture; localities have not yet developed their change plans; and there are high levels of potential inaccuracy in the collection and analysis of the information.
- There are 3 scenarios that we can use:
    - New Economy – A high-level view from the Policy & Strategy group in GM, setting out census data, adjusted through an Oxford Economic model.
    - Provider view – a detailed view from providers that use the Unify data collation tool, adjusted to include the missing groups of GP, CCG and Social Care Staff.
    - Locality view - a detailed, bottom-up view provided by localities with their financial projections.
- These scenarios do not align due to the different sources, different groups included and the inherent inaccuracy risks. However, they provide a picture in which there are not expected to be large scale headcount reductions. Whilst the New Economy picture shows an increasing picture across the next five years, and into the future, others show small reductions. As we have seen elsewhere, it is likely that this relatively low overall drop in staff levels and pay bill is a result of:
    - Changing skill mix, with a greater focus on unqualified roles or upskilled lower grade roles taking on some tasks. This is borne out by the analysis of the locality submissions.
    - Efficiencies in the use of workforce.
    - Significant reduction in bank and agency spend,.
- However, this outcome will only be realised if the localities are able to develop their new models of care and attendant workforce models.
- This transformation will take time, and in the meantime we still have a challenge. Using the high-level, New Economy scenario shows us that we will need to “recruit” 16,900 staff per year, of a total 177,000 workforce in H&SC. This is required to match expansion and replacement demand.
- This will either require recruitment, improving retention, training or other interventions – of which the key planned element is the transformation of services across GM as noted above.

Greater Manchester workforce - Developing the picture

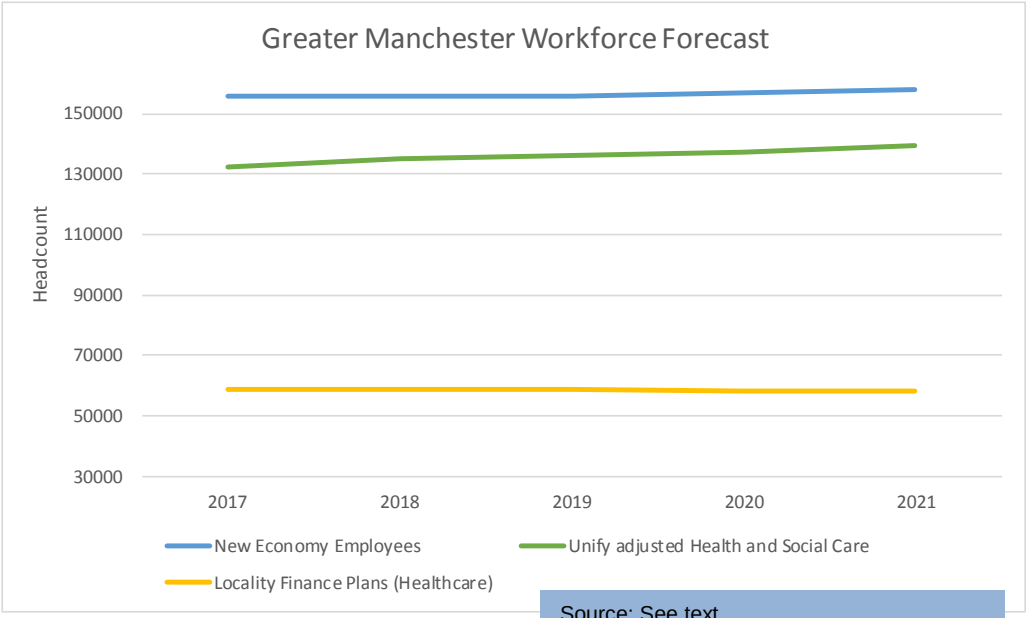
- The Greater Manchester Health & Social Care economy is creating a shared narrative around the current and projected future workforce, based around the 3 scenarios described at locality and GM levels. This narrative will help engage the public and staff in the planned redesign of care models, as well as permitting challenge and engendering discussion. It is also vital in developing strategies to ensure that we have the right staff groups available in the right numbers to meet the future needs of citizens. With this picture, we are in a strong position as we have a single version that can be amended as further sources are identified and data improved.

- Developing this picture is not a simple process, because:
    - There are multiple views presented by various agencies. As analysis is based on different sources, there are variations in the numbers presented, which cannot easily be reconciled.
    - Localities are developing their responses to the clinical, financial, volume, workforce and other challenges that they face. A more complete picture of a redesigned workforce needs to develop as that work is advanced.
    - The quality of workforce data is poor – there are omissions from many of the sets, and not all are completed to a standard template. Large scale adjustments for difference in collection methods (conversion from WTE to headcount) and for allocation of organisation workforce across localities, creates large likelihood of error.
- However, the information we have is better than many economies; what is presented here is the clearest picture of workforce available, and we have a clear plan to improve the picture.
- The analysis presented here reflects the breadth of workforce across the Health and Social Care sector. To help inform the further development of a shared narrative we have devised three scenarios:
    - **New Economy View:** The policy, strategy and research group for Greater Manchester, New Economy, has produced a view on workforce size and likely workforce changes across Greater Manchester up to 2035, which includes the health and social care sector. The information here is taken from their draft Labour Market report, a final version of which is in development.
    - **Provider view:** Providers identify workforce trends through 2 systems, of which we have used Unify as the data set. Unify is an NHSI online collection system for data collating, sharing and reporting. It provides a strong picture of NHS provider views, but additional information is needed from:
        - **Social Care National Minimum Data Set:** Provided by Skills for Care, the Social Care NMDS includes current and future projections for local authority staff.
        - **CCG Plans:** CCGs hold plans for changes in primary care workforce. This includes General practice staff and CCG staff.
    - **Locality view:** There are two potential locality views - locality workforce plans and locality finance projections. For this analysis, we have used the locality view obtained through the finance process. At present, this view is incomplete, and the numbers for this scenario are therefore lower than the other scenarios. It will develop over time.
- A significant number of assumptions have had to be made to create and align data sets. These are available in a separate report.

Greater Manchester workforce - Scenario overview

Workforce baseline and future scenarios

- The three scenarios are set out, right.
- The bottom-up locality picture identifies the lowest staff numbers in 2017. These figures are missing some significant staff groups, including all social care staff. A new cut of the data, aligned with finance and activity information is being prepared by the localities by the end of July 2017. The variation between the provider and New Economy views will be accounted for by the different sources; a lack of information on organisations outside of GM but working on GM citizens; and inaccuracy in data collation. The overall picture is that GM has circa 158,000 employed staff (not including 19,000 self-employed staff that are not reflected in any graph) according to the wide data set this represents.
- The key difference highlighted here is the trend. New Economy and the adjusted provider view identify a required increase in staff over the 5 years (2311 (New Economy), 6949 (adjusted provider)), whereas the Locality view is highlighting a very small reduction across the same period (<300 staff). The key difference is that New Economy and the social care element of the adjusted provider view is assuming that the process will remain the same, whereas the localities are looking to change models in the face of growing demand. The final position is likely to fall between these ranges, but it may be difficult for localities to effect enough change in the time to bring the number closer to their scenario.
- None of these lines reflect the estimated 280,000 carers that work across Greater Manchester. Focus is being placed on this group through an expanded Carers Advisory Group.



Source: See text

- Even if the localities were able to realise their, largely static, view of staff requirements, there would still be a requirement for staff recruitment or increased retention. The following slides use two data sources:
  - The New Economy (this time including self-employed staff) to highlight the replacement challenge, as well as highlighting variation in the picture across the localities
  - The Unify data to show the likely annual expansion demand, vacancies and base staff numbers.
- Whilst we have no data for likely workforce requirements beyond 2021 for the adjusted provider and locality scenarios, New Economy highlight a continuing increase in demand to 2035.

GM Health & Social Care Workforce - Future projection overview

Expansion demand	2015-2020 (000s)		2015-2035 (000s)	
	Total	Average p.a.	Total	Average p.a.
Bolton	-0.7	-0.1	0.2	0.0
Bury	-0.5	-0.1	0.6	0.0
Manchester	0.5	0.1	4.6	0.2
Oldham	-0.9	-0.2	-0.4	0.0
Rochdale	-0.9	-0.2	-0.4	0.0
Salford	0.3	0.1	2.1	0.1
Stockport	0.2	0.0	1.9	0.1
Tameside	-0.3	-0.1	-0.1	0.0
Trafford	0.4	0.1	1.0	0.0
Wigan	1.1	0.2	1.6	0.1
GM	-0.5	-0.1	10.5	0.5

Source: Analysis undertaken by New Economy, GMCA.

According to the latest Greater Manchester Forecasting Model, future demand for H&SC workers in GM due to expansion/new job creation is predicted to be relatively modest, with around 10,500 new jobs created in the sector between 2015 and 2035. Expansion demand is predicted to be highest in Manchester (4,600), Salford (2,100) and Stockport (1,900).

Replacement demand	2015-2020 (000s)		2015-2035 (000s)	
	Total	Average p.a.	Total	Average p.a.
Bolton	9.0	1.5	29.4	1.4
Bury	7.9	1.3	25.0	1.2
Manchester	23.3	3.9	86.9	4.1
Oldham	10.2	1.7	34.1	1.6
Rochdale	10.2	1.7	34.1	1.6
Salford	16.3	2.7	59.8	2.8
Stockport	7.6	1.3	23.2	1.1
Tameside	7.1	1.2	21.4	1.0
Trafford	3.5	0.6	10.5	0.5
Wigan	9.8	1.6	31.4	1.5
GM	101.4	16.9	342.4	16.3

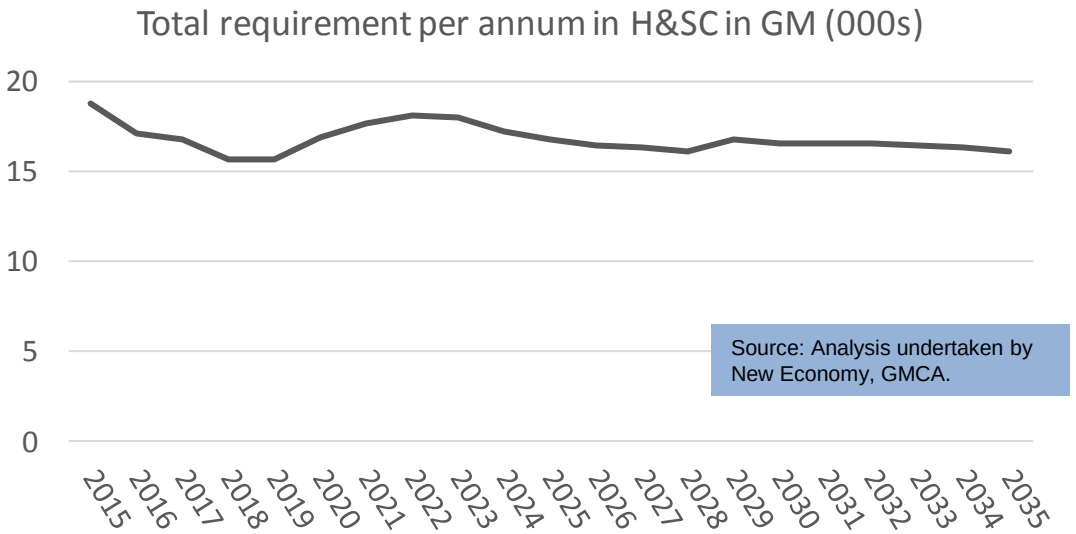
Source: Analysis undertaken by New Economy, GMCA.

However, the replacement demand (i.e. the number of people required to replace existing workers due to moving to another job in a different sector, unemployment, inactivity, retirement, migration, or death) forecast in the H&SC sector in GM is considerable, with around 16,000 workers required on average per annum up to 2035, equal to over 340,000 workers in total by 2035.

- Manchester and Salford are predicted to see highest levels of replacement demand (approximately 4,000 and 2,800 workers per annum, respectively).

GM Health & Social Care Workforce - Future projection overview

Total requirement	2015-2020 (000s)		2015-2035 (000s)	
	Total	Average p.a.	Total	Average p.a.
Bolton	8.3	1.4	29.6	1.4
Bury	7.4	1.2	25.6	1.2
Manchester	23.8	4.0	91.6	4.4
Oldham	9.3	1.6	33.7	1.6
Rochdale	6.0	1.0	19.8	0.9
Salford	16.6	2.8	61.9	2.9
Stockport	7.8	1.3	25.1	1.2
Tameside	6.7	1.1	21.3	1.0
Trafford	3.9	0.6	11.5	0.5
Wigan	11.0	1.8	33.0	1.6
GM	100.9	16.8	352.9	16.8



The total future requirement for H&SC workers in GM (equal to expansion demand plus replacement demand) is just under 17,000 workers on average per annum up to 2035, amounting to 353,000 jobs in total.

- Manchester and Salford are predicted to need the highest numbers of workers over the next two decades, while the requirement will be smallest in Trafford and Rochdale, roughly in line with the current distribution of H&SC workers in GM.
- According to forecasts, the total Health and Social Care labour requirement per annum in GM is predicted to rise from 2018, peaking at over 18,000 in 2022, before levelling off to around 16,000 per annum between 2025 and 2035.

Whilst there are fluctuations in additional staff required each year, the number remains above an additional 15,000 each year.

- This scale of workforce challenge requires significant transformation, backed by short, medium and long term recruitment and retention measures.

Key observations

- GM has built a picture of workforce demand based on three scenarios to develop a shared narrative of workforce requirements.
- There is a consistent high-level picture, which is being aligned to the local plans as they become available.
- GM may face the need for a slightly growing workforce over the next five years and beyond. However, the biggest challenge will be reducing or addressing the predicted requirement to replace up to 16,900 staff per year over the next five years and beyond.

GM Staff Group Analysis – Overview

- The workforce across Greater Manchester consists of eight broad categories. These groups can be broken down into more detailed sub-groups using the available data. We have analysed this data, including vacancy information to identify areas of workforce shortage and likely impact due to size.
- From the previous literature reviews highlighted in previous pages of this strategy, we have identified key 'hard to fill' groups.
- Finally, we have engaged with staff across GM with regard to where the most acute shortages are.
- We are focusing the efforts of the strategy on a combination of groups as a result. The key groups that we will consider are:
  - Nursing: Whilst there is significant training activity, there is a very high replacement demand. Current training will leave a shortfall of 600.
  - Medical staff: More than 300 additional consultants will be required each year.
  - Social care staff: As the largest staff group, replacement demand of over 6000 staff will need to be met. We do not have a picture of training in this space at present.
  - AHPs: Whilst there are issues with the balance of staff in the sub-specialties, the overall level of AHPs being trained matches the replacement demand of circa 450 staff
  - Specific elements including:
    1. Children's services: Vacancy rates are not high relatively. An additional 19 consultants, 18 other doctors and 118 Paediatric nurses will be required. Nursing is completely covered by training places. The picture for Paediatric consultant training for 2016/17 is conflicting – with two scenarios showing over and under supply.
    2. Radiologists and Radiographers: Therapeutic radiography training will exceed demand, but diagnostic radiography training will not meet demand even without attrition. Considering significant rises in diagnostic tests of at least 5% per year , radiology and radiography staff will require additional focus.
    3. Emergency Medical staff: Current data shows 7% vacancy rate, or 16 staff, although anecdotal evidence suggests that this is higher. This does not include significant issues with Junior Doctor availability. The current levels will require an additional 14 Emergency Medical Consultants and 15 other doctors, which will only partially be met by training.
    4. Mental health staffing: Mental health vacancies are predominantly in nursing and are running at 40%. Replacement demand will require more than 250 staff. The commissioning of staff aimed to reduce that potential deficit by 200 staff per year, This will leave a remaining deficit of about 100 per year in recovering the shortfall over 5 years
- These four plans are based on "more of the same" so we are focusing specific "Hard to Fill" reports in 2017 in these areas to look at innovative workforce solutions as well as best practice in recruitment, retention and return of key staff groups. This work will also be closely aligned with the national work programme now being instituted by NHSI and HEE – for example, 2 Trusts are receiving direct assistance from NHSI on the retention of staff.
- The vacancy picture illustrated by the data described underestimates that seen anecdotally. Further work maybe required to determine the exact position.

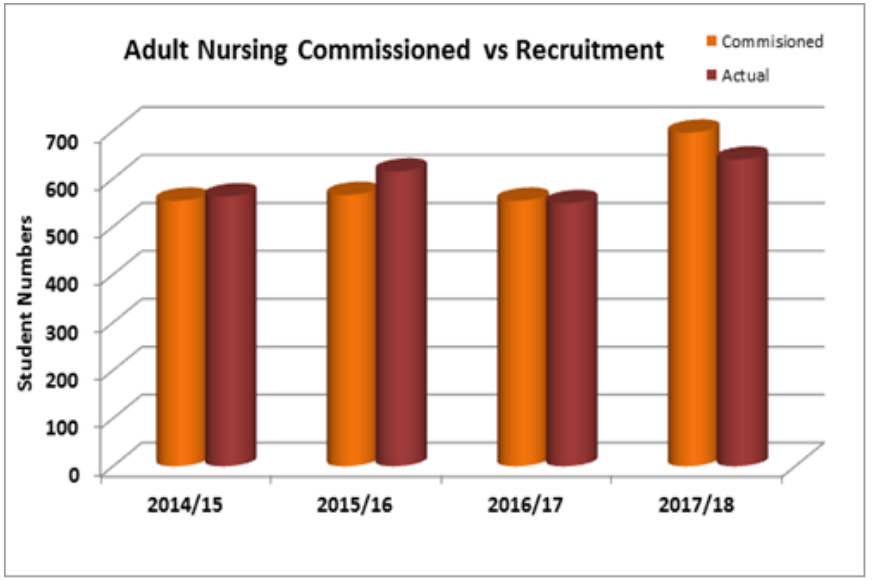
Adult Nursing – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Acute, Elderly and General (adult nurses)	11081	834	8%	11915	11996	11864	11761	11731	-46	1274	1229

- Using expected Health & Social care staff expected replacement demand from the New Economy source, combined with Unify information (which does not include Primary Care or Social Care nurses) highlights the staffing requirements for adult nursing as follows:
  - Current vacancy rate of 8% (834 staff).
  - Expectation that staff numbers may actually fall very slightly by 46 staff per year.
  - Even considering the reduction in requirements, replacement demand will require an additional 1229 nurses per year.
- The commissioning of adult nursing staff aimed to reduce that potential deficit by 650 staff per year, although take up is closer to 600. Output may be 100 fewer, unless we address attrition.
- The deficit will need to be addressed through retaining staff, recruitment from other sources and system and workforce redesign to reduce reliance on nurses. 200 Nurse Associate roles are currently being developed across GM.
- Further analysis is provided on the following pages.

Commissioned and recruited staff



Adult Nursing – Position Summary

Key messages distilled from the current workforce and future workforce scenarios

There is a national commitment to increase the number of nursing training places.

GM have been working hard to address the nursing shortages across all sectors for the past 2 years delivering a number of initiatives including the introduction of new roles, local recruitment and retention programmes, commissioning non NHS funded independent nursing programmes, return to practice and international recruitment programmes.

Workforce processes were traditionally designed to provide comprehensive analysis to establish the underlying root causes of the issues across nursing and midwifery measuring the geography, skill, competency, specialisms and pressures across a sector and system. In most cases individual variables across organisations were considered or explored in isolation without a clear understanding of how these affected other components across a wider system.

Commissioning numbers in GM were previously based on demand data within the context of the resources available and modelling of future requirements, however historical data shows that no set criteria linked the approaches taken by organisations to meet supply and demand shortages.

Key messages – Health Education England

Commissions from HEE NW for the majority of pre-registration degrees ceases for all except masters level in Sept 17. Masters will cease to be commissioned in 18/19. Further to commissioned numbers of adult nurses in GM the University of Bolton have been delivering small cohorts of direct entry adult nurses since 16/17 (earlier in Lancashire). This data has not been included. The GM Delivery group has worked with trusts and all 4 HEIs across GM to agree numbers of students above the 16/17 baseline. Numbers will be split across cohorts though the graph represents Autumn intake only as the best current data. Nationally there has been a drop in applications of 25%.

The overall shortfall against baseline predicted nationally has been successfully overcome in GM for the Autumn intake. Attrition rates on nursing courses has been improving, consequently anticipated outputs are increasing year on year for those currently on commissioned programmes. The impact on attrition of the move to self funding is unknown.

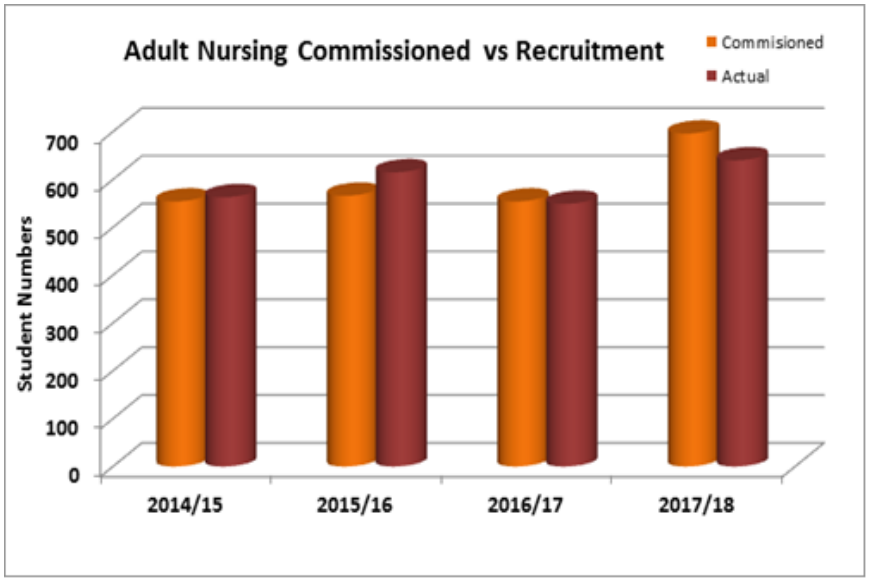
What success looks like locally.

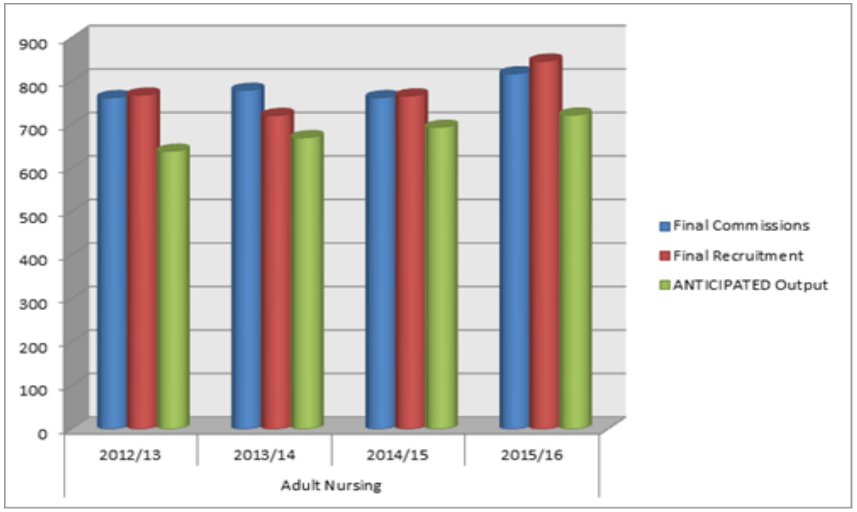
GM has been pro-active as the newly formed GM Delivery Group with the support of the GMHSCP has identified an additional 420 pre-registration Nursing and Midwifery student commissions based on the service demand and national targets to observe an increase in GM HEIs 2016/2017 commissions by:

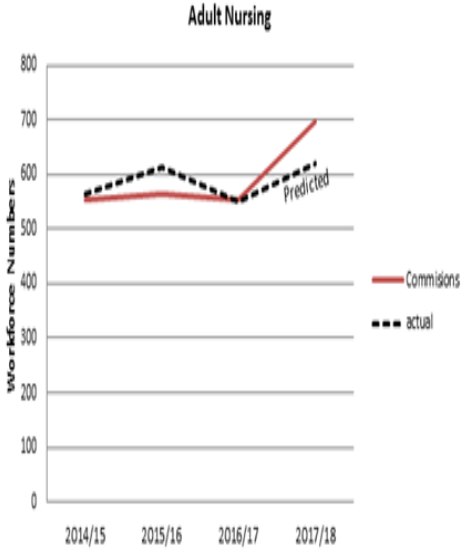
- Pre-registration adult nursing (up to 25%)
- Pre-registration mental health nursing (up to 7%)
- Pre – registration children's nursing (up to 30%)
- Pre-registration midwifery (up to 18%)

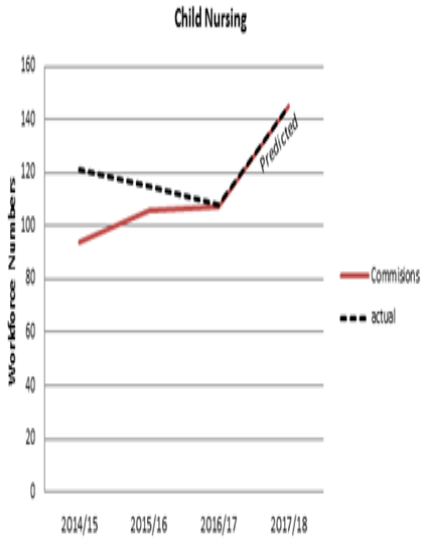
Nationally there has been a drop of 23% in nursing applications. The overall shortfall against baselines predicted nationally has been successfully overcome in GM for the Autumn intake for the nursing and midwifery cohorts.

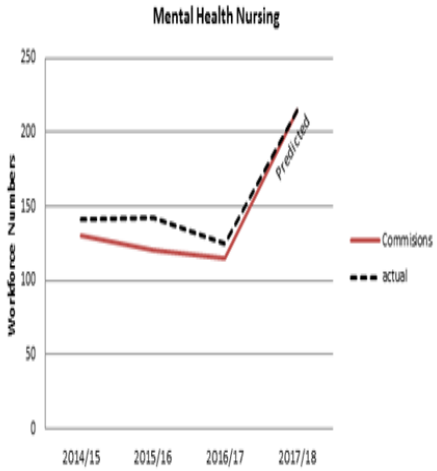
HEE - Commissioning, Recruitment and Output Nursing & Midwifery

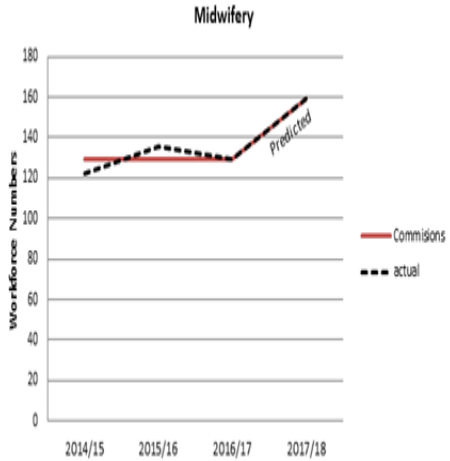












Doctors (not GPs) – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
All Consultants	2717	183	7%	2901	2945	2978	2975	2968	17	310	327
All other doctors excluding F1/FY2	1949	-29	-1%	1920	2041	2030	2018	2009	22	205	228
Grand Total	4666	154	3%	4820	4986	5007	4992	4977	39	516	555

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information highlights the staffing requirements for doctors as follows:
  - Current vacancy rate of 7% for consultants (183 staff). Data shows that there are no vacancies for staff grades etc, but anecdotal evidence suggests otherwise.
  - Expectation that numbers will need to rise by 39 per year.
  - Total demand will be for 555 doctors, including 327 every year to deal with expansion and replacement.
- The commissioning of doctor training aimed to reduce that potential deficit staff per year, presents a complex picture that requires further analysis. However, from North West information provided by HEE, we have estimated that an average of 366 doctors will reach CCT stage in Greater Manchester and Cumbria and Lancashire each year for the next five years (maximum 506 in 2017). HEE sources estimate that between 65% and 85% of these could recruited into GM.
- This will leave a shortfall that will need to be addressed through transformation, retaining more doctors or recruiting them from other sources.

Key messages distilled from the current workforce and future workforce scenarios

Key issues across the medical workforce are evident across all levels especially emergency care, psychiatry, clinical and interventional radiology.

Demand for secondments and alternative routes through education are very high as providers look to maximise internal opportunities with clear evidence that the future shortages in junior doctors is of a concern in GM.

GP expansion programmes:

- Training GPs – more number than ever before
- Expanding professions such as physician associates and clinical pharmacists
- Raising the profile of the GP in medical schools
- HEE's 'There's nothing general about general practice' recruitment campaign
- Increase in domestic medical students in England
- Review of medical workforce numbers across specialties

Doctors – Position Summary

Key messages distilled from the current workforce and future workforce scenarios

In GM and Lancashire & South Cumbria there are currently 4,186 post-graduate medical trainees at different levels of trainees on a broad spectrum of 72 medical programmes.

The table highlights the fill rates for the supply of trainees during the 2016 reporting period comparing a North West and England view of where some specialities are not achieving a 100% fill rate. This illustrates the impact differentiate between geographies and specialties, and 'knocks on' to the supply from a national and regional level.

Experience of planning for Clinical Radiology, Emergency Medicine and Paediatric recruitment demonstrates fundamental complexity facing the system as a whole in planning the medical workforce. The table highlights an uneven distribution of the medical workforce and of trainees. It is clear that providers, commissioners, national strategies, and wider stakeholders should not rely just on 'conventional' medical training places and trainees to either grow the number of specialists or resolve current rota supply problems.

Unfilled Training Posts 2016

		North West			England Total		
Specialty and Level	**Level**	**Posts**	**Accepts**	**Fill Rate %**	**Posts**	**Accepts**	**Fill Rate %**
Core Psychiatry Training	1	55	43	78.18	425	343	**80.71%**
General Practice	1	483	353	73.08	3250	2691	**82.80%**
Paediatrics	1	41	41	100.00	379	352	**92.88%**
Obstetrics and Gynaecology	1	29	29	100.00	230	228	**99.13%**
Clinical Radiology	1	28	28	100.00	212	212	**100.00%**
Paediatrics	2				10	6	**60.00%**
Emergency Medicine	4	2	2	100.00	97	25	**25.77%**
Psychiatry of Learning Disability	4	3	0	0.00	32	16	**50.00%**
Psychiatry of Learning Disability and Child and Adolescent Psychiatry	3	2	2	100.00	4	2	**50.00%**
Child and Adolescent Psychiatry	4	14	4	28.57	60	33	**55.00%**
Emergency Medicine	3	2	2	100.00	47	33	**70.21%**
Paediatrics	4	5	5	100.00	70	58	**82.86%**

Fill Rates correct as at 21/07/2016 taken from the Oriel Recruitment system

Key messages – Health Education England

- Trainees rotate on regular occasion and can move between and across STP footprints as part of the programme. The stock-take changes year on year dependent upon where trainees are in programmes, how many new trainees are recruited to programmes, the desirability of programmes.
- Medical training can take approximately 7 years to complete, and trainees can be full time, part time, out of programme, Foundation academic, NIHR academic or local academic and for some specialties ST7 and ST8 can give an unsubstantiated estimate of CCT output but again is not exact as they may defer, go out of programme, fail ARCP7, move to another ST route.
- There is a growing problem of FY2's not continuing immediately into training grades, with a consequent gap in training middle grade numbers.

Doctors – Position Summary

Estimated new consultant numbers

Year	2017	2018	2019	2020	2021
Projected CCT Outputs (GM, C&L)	506	424	330	303	270
Potential GM Recruitment	329 - 430	276 - 360	215 - 281	197 - 258	176 - 230

- The table above represents an estimate of new consultant numbers from training. This is based on projected CCT outputs and comes with some considerable caveats. The information is based on a snapshot, and (as always) relies on the base information being correct in the system used (Intrepid). Training is not always linear, and some may move faster or slower than expected, or drop out altogether. It does not include the 6 months grace that trainees are eligible for when they finish training. It is also based on 65%-85% of the combined Cumbria & Lancashire and Greater Manchester figure, as the GM figure is not recorded – this percentage represents a range of potential recruitment from the total field into GM. For all of these reasons, the data will be less reliable into future years.

Key messages distilled from the current workforce and future workforce scenarios

- With global demands dictating the reliance on international recruits it is becoming more and more in demand for Providers as fewer trainees become available from UK sources for many years. Increases in training places in any particular specialty or geography simply favour the popular at the expense of the less popular.
- From a future supply perspective investment should, in principle, be calibrated to output sufficient new CCT holders to meet future demand. This in turn entails exploring a range of potential futures (demand scenarios) and assessing risks of over and under supply in the context of these scenarios.
- Future supply analysis rests on assumptions about intake to training, attrition, transition from training to the workforce, and workforce dynamics including age/gender related working patterns, retirement, other leavers, and joiners from sources other than training.
- From a current supply perspective providers struggle to fill ‘middle grade’ rotas. Increasing the number of trainees is frequently cited as part of the solution, without necessarily recognising the underlying trainee supply constraint or considering the consequences for future CCT supply.

Social Care – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Direct care	50274	51507	52503	53577	55495	1305	5377	6683
Managers	4803	4918	5012	5114	5297	124	514	637
Professional	2759	2827	2885	2943	3053	74	295	369
Other	7404	7587	7738	7901	8191	197	792	989
Grand Total	**65239**	**66840**	**68138**	**69536**	**72036**	**1699**	**6978**	**8677**

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information highlights the staffing requirements for social care as follows:
  - Expectation that staff numbers will rise by 1305 for direct care and 74 for professional grades
  - Considering replacement and expansion demand for direct care will see a total annual demand of 6683 for direct care and 369 for professional staff.
- The commissioning of social care staff is currently unknown.
- The deficit will need to be addressed through retaining staff, recruitment from other sources and system and workforce redesign to reduce reliance on social care staff.

Key messages distilled from the current workforce and future workforce scenarios

- We are awaiting a view on training in this sector, which will be available in a later version

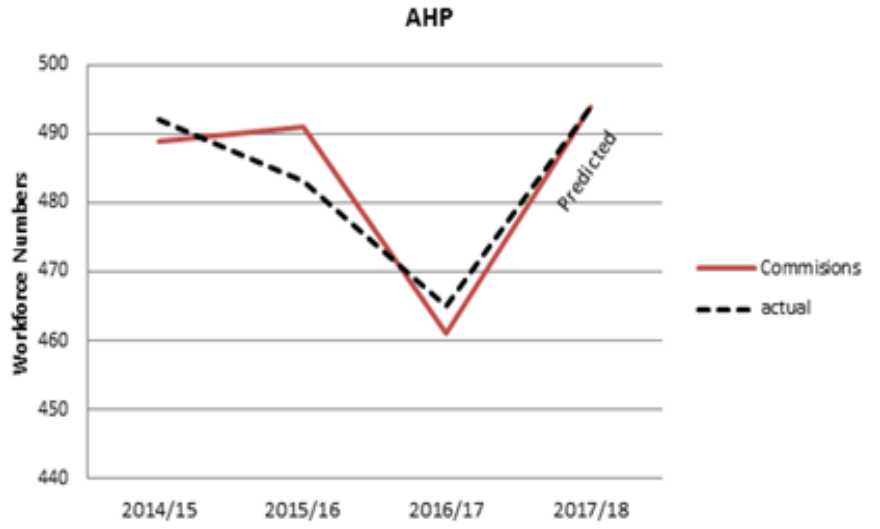
Allied Health Professionals– Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Allied Health Professionals	4151	142	3%	4293	4259	4196	4186	4155	-34	459	425

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information highlights the staffing requirements for AHPs as follows:
  - Current vacancy rate of 3% (154 staff).
  - Expectation that staff numbers will actually fall very slightly by 34 staff per year.
  - Even considering the reduction in requirements, replacement demand will require an additional 425 AHPs per year.
- The commissioning of AHP staff aimed to reduce that potential deficit by 450 staff per year.
- The level of recruitment overall matches, however there are issues with regard to the sub-specialties within it, as we will consider later with the review of radiography.

Commissioned and recruited staff



Allied Health Professionals– Position Summary

Key messages distilled from the current workforce and future workforce scenarios

Commissions and recruitment for AHPs show aggregated figures for the following courses delivered in GM;

- Physiotherapy
- Occupational Therapy (OT)
- Diagnostic Radiography
- Speech and Language Therapy (SLT)
- Podiatry
- Prosthetics and Orthotics (P+O)

Commissioning figures dropped in 16/17 due to over supply of physiotherapists, and reduced demand for Speech and Language Therapists and Occupational Therapists.

AHP courses have been commissioned for a larger footprint than the STP area. P+O is the sole course in England with placements across the country. The two SLT courses and podiatry train for the NW region with placements representing this.

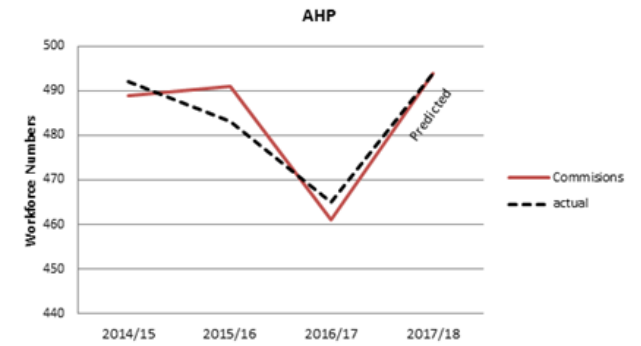
GM does not have provision for the following AHP courses e.g.

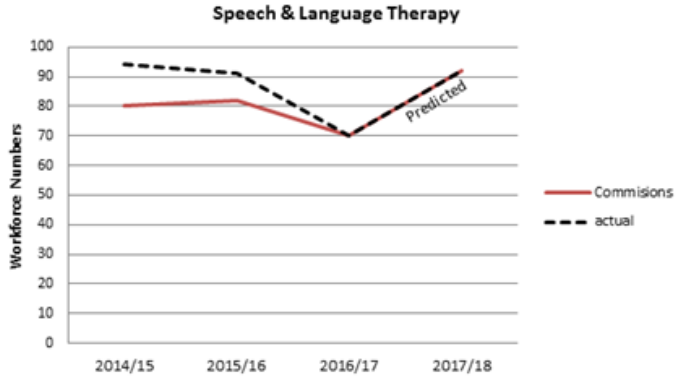
- Therapeutic Radiography
- Operating Department Practitioners
- Paramedics
- Orthoptics

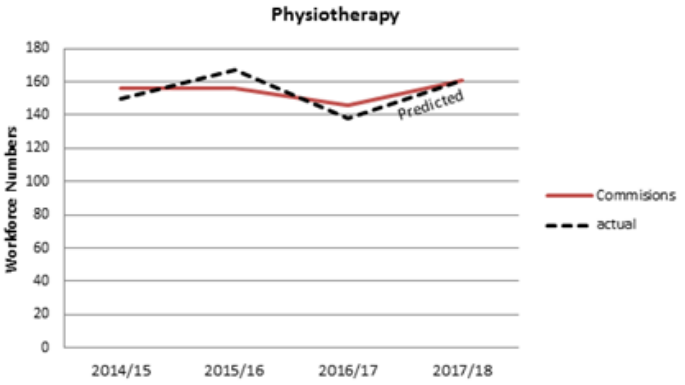
We have excluded Dental Hygiene therapy and Pharmacy as they have unique commissioning and recruitment conditions.

The overall picture shows an increase in target and predicted AHP numbers. HEIs have uplifted recruitment targets as demand for the majority of AHP courses from learners is high. Figures do not relate to system need and there is a potential risk of oversupply. The increase in numbers also reflects an increase in the recruitment of international students within GM, driven by both the popularity of both the courses and the city as a destination for learning.

Podiatry is the only course with a decreased target recruitment figure.







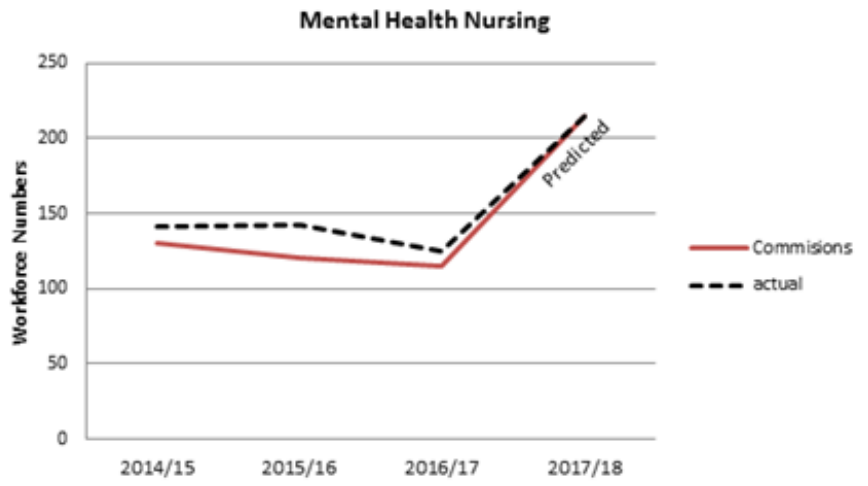
Mental Health Staff – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual	Annual	Total
Child and Adolescent Psychiatry consultant	20	0	2%	21	39	39	39	39	5	2	7
Forensic Psychiatry consultant	11	1	10%	12	12	12	12	12	0	1	1
General Psychiatry consultant	120	116	97%	236	130	130	130	128	-27	25	-2
Learning Disabilities (LD nurses)	75	2	2%	77	77	77	79	79	1	8	9
Medical Psychotherapy consultant	0	0	0%	0	0	0	0	0	0	0	0
Old Age Psychiatry consultant	14	3	19%	16	32	32	32	32	4	2	6
Other doctors excluding F1/F2 trainees coded to any of	243	-109	-45%	135	239	228	224	224	22	14	37
Psychiatry (MH nurses)	1370	538	39%	1909	1948	1945	1929	1914	1	204	205
Psychiatry of Learning Disability consultant	0	0	0%	0	2	2	2	2	1	0	1
Psychotherapy	35	24	69%	59	59	59	59	59	0	6	6
Grand Total	1888	576	31%	2464	2538	2524	2506	2489	6	264	270

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information, highlights the staffing requirements for mental health staff are as follows:
  - Mental health nurses represent almost all vacancies – with a 40% vacancy rate.
  - The current levels will require an additional 200 staff per year to deal with replacement demand. This would be 40% higher if all vacancies were filled.
- The commissioning of mental health nursing staff aimed to reduce that potential deficit by 200 staff per year. This will leave a remaining deficit of about 100 per year in recovering the shortfall over 5 years.
- The deficit will need to be addressed through retaining staff, recruitment from other sources and system and workforce redesign to reduce reliance on nurses.

Commissioned and recruited staff



Radiology & Radiography Staff – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Clinical Radiology consultants	179	12	6%	190	199	201	201	201	3	20	23
Radiography (Diagnostic)	882	32	4%	914	919	896	894	891	-6	98	92
Radiography (Therapeutic)	130	1	1%	131	135	136	140	142	3	14	17
Total	**1191**	**44**	**4%**	**1236**	**1253**	**1233**	**1235**	**1234**	**-1**	**132**	**132**

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information, highlights the staffing requirements for Radiologists and Radiography staff are as follows:
  - Overall vacancy rate of 4% (44 staff)
  - There is no expansion demand according to the numbers, but more than 130 staff will be required to replace annual attrition. Given that radiology tests are increasing 5% each year, it is likely that there will be expansion demand of at least that level.

- HEE NW PGMDE team have undertaken a Deep Dive for this specialty and have created a bespoke local model to forecast and interrogate trainee behaviours. The audience need to be mindful with this specialty of the shift towards Interventional Radiology training. This is a specialty that has been influenced by national policy on recruitment/intake numbers and a further year of increased intake has been commissioned for 2017/18. Alongside this, it is important to note that the increases negotiated within the 2017/18 Investment Plan are commitments for a programme based increase rather than a single year recruitment increase. There are complexities in this specialty that need to be considered including where training can be delivered across the region in order to meet curricula requirements.

Commissioned and recruited staff

Programme	Total Programme Outturn Potentially Available to GM Area				
	Apr16-Mar17	Apr17-Mar18	Apr18-Mar19	Apr19-Mar20	Totals
Diagnostic Radiography	42	41	42	52	**177**
Therapy Radiography (NW Area)	34	44	41	41	**160**

Expected Radiology Consultant outturn (see caveats on main doctors slides)

Year	2017	2018	2019	2020	2021
NWN Clinical Radiology	15	20	17	17	12
GM Clinical Radiology	10-13	13-17	11-14	11-14	8-10

- Diagnostic radiology commissioning will be 40 short at current levels.
- Therapeutic radiography will exceed the replacement demand.
- Radiology training posts are estimated to be at least 9 short per year, with 11-14 radiology consultants expected per year over the next 5 years (based on 65%-85% of total C&L and GM CCT outturn).
- Radiology and diagnostic radiography staff will remain an issue and will require additional attention as part of the strategy.

Emergency Medical staff – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Emergency medicine consultants	104	2	2%	106	115	115	116	116	3	11	14
Other doctors excluding F1/F2 trainees coded as working in A&E	146	14	9%	160	154	154	153	152	-2	17	15
Grand Total	**250**	**16**	**6%**	**266**	**269**	**269**	**268**	**268**	**1**	**28**	**29**

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information, highlights the staffing requirements for Emergency Medical staff are as follows:
  - Current 6% vacancy rate, 16 staff, although this may be understated by the data. This does not include significant issues with Junior Doctor availability.
  - The current levels will require an additional 14 Emergency Medical Consultants and 15 other doctors.

- The commissioning of Emergency Medical staff aimed to reduce that potential deficit by 9-12 staff per year. This will leave a remaining deficit of about 2-5 per year. The deficit will need to be addressed through retaining staff, recruitment from other sources and system and workforce redesign to reduce reliance on nurses. It will require further attention through the strategy.

- The vacancy picture illustrated by the data described seems to underestimate that seen anecdotally. Further work maybe required to determine the exact position.

- HEE NW PGMDE team have undertaken a Deep Dive for this specialty. This specialty really needs to be viewed along with the ACCS 'feeder' specialties. HEE NW have undertaken in depth work with training programmes to understand the current cohort of trainees and their predicted progression at this point in time. The audience also need to be cognisant that HEE are approaching the 4th year of nationally driven increased intake into ACCS. It is a complex specialty to forecast as it includes a number of variances arising from trainee behaviour and progression trends. It is key to highlight there are known areas where progression is held up (e.g. exam failure at ST3/CT3 and ST6) but there are also trends which need further work before we can be confident of the effect on the trainee pathway (deviation of specialty at ST4 level and pathways for those trainees who do not opt for run-through training).

Expected Emergency Medicine Consultant outturn (see caveats on main doctors slides)

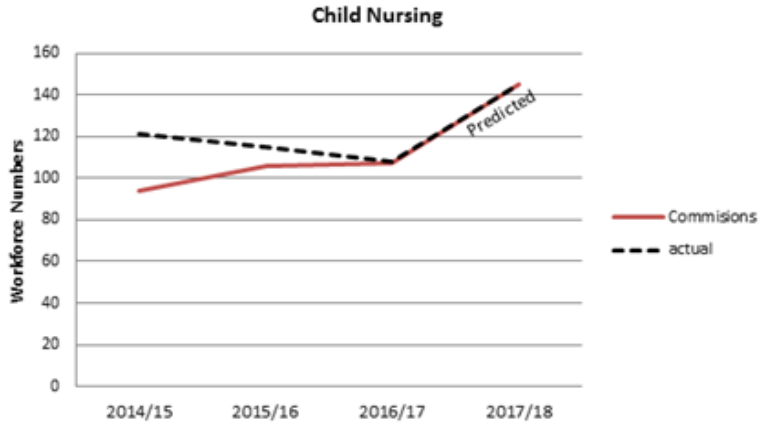
Year	2017	2018	2019	2020	2021
NWN Emergency Medicine	14	15	14	18	11
GM Emergency Medicine	9-12	10-13	9-12	12-15	7-9

Children's Services Staff – Position Summary

Current and predicted staffing levels considered against the expected replacement demand

Role	Current staff	Vacancies	Vacancy %	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Paediatrics consultants	179	4	2%	182	182	181	181	180	0	19	19
Paediatric Cardiology consultants	6	0	0%	6	6	6	6	6	0	1	1
Other doctors excluding F1/F2 trainees coded to any of the above	164	3	2%	167	169	169	168	167	0	18	18
Paediatric Nursing (Child nurses)	1030	13	1%	1043	1081	1072	1070	1067	6	112	118
School Nurses	289	11	4%	300	296	292	288	285	-4	32	28
Grand Total	1669	31	2%	1699	1733	1720	1713	1706	2	182	183

- Using New Economy expected Health & Social care staff expected replacement demand, combined with Unify information, highlights the staffing requirements for children's services staff are as follows:
  - Vacancy rates are not high
  - An additional 19 consultants, 18 other doctors and 118 Paediatric nurses will be required to address minor expansion demand, but high replacement demand.
- The commissioning of Children's nursing staff aimed to reduce that potential deficit by 140 staff per year – even accounting for attrition in recruitment, this should fully address the issue.
- HEE NW PGMDE teams are yet to embark upon a Deep Dive for this specialty but have highlighted the need for it. It is a complex specialty that has a highly feminised trainee workforce. There is also a high level of Less than Full time working patterns which need to be fully modelled in our forecasting predictions. It is suggested that this Specialty is heading towards over production, however this has been challenged locally and there is some work yet to be done to understand the detail of this – the analysis of UNIFY data compared with HEE training data indicates that there will be a shortfall. There is also a link with Wales for this specialty for the Cheshire & Mersey Programme which needs to be fully understood in terms of how this affects/contributes to both the local training programmes and the local services.



GM NHS Trusts Apprenticeship Programme (June 2017)

Trust Name	2015/16 Apprentice-ship Starts	Indicative Levy Payment 2017/18 £s	Forecast levy spend May 2017 to March 2018 £	Approx Headcount	Indicative Public Sector Target 2.3%	May 2017 to March 2018 Forecast Apprentice Starts
Bridgewater Community Trust	17	419,452	188,470	3,133	72	101
Bolton NHS FT	32	765,824	614,133	5,240	121	150
Central Manchester University Hospitals NHS FT	180	2,334,000	1,009,900	12,708	292	419
Christie Hospital NHS FT	12	423,420	114,601	2,715	62	66
Pennine Acute Hospitals NHS Trust	83	1,825,000	123,400	9,306	214	186
Salford Royal NHS FT	37	1,098,500	267,663	6,966	160	187
Stockport NHS FT	32	765,264	250,000	5,159	119	100
Tameside & Glossop Integrated Care NHS FT	19	508,000	126,586	4,014	92	84
University Hospital of South Manchester NHS FT	19	1,300,000	1,300,000	6,448	148	217
Wrightington, Wigan and Leigh NHS FT	85	693,948	543,955	5,045	116	96
5 Boroughs Partnership NHS FT	Information not provided	501,000	188,470	3,480	80	101
Greater Manchester Mental Health NHS FT	26	673,659	TBC	4,753	109	252
Pennine Care NHS FT	0	860,019	185,230	5,800	133	130
North West Ambulance Service	10	992,875	952,683	6,312	145	144

- As part of its collective response to the implementation of the Apprenticeship levy, GM's public sector organisations have been working together to identify joint mechanisms and activity to add value to the investment each organisation will make individually through the Apprenticeship Levy.
- The GM Workforce Strategy has clear links to the Public Sector Apprenticeship Approach. Work to date has been presented to the Strategic Workforce Board to ensure alignment across the broader public sectors and reflects and supports the underpinning pillars of the new Strategy. Discussions continue to take place around Health and Social Care Workforce plans at Locality and GM Wide levels and the role Apprenticeships will play in the future creation of the required workforce.
- The position is dynamic as organisations continue to develop and refine their workforce plans and requirements aligned to Locality and Transformational Plans but overall achievement of the 2.3% target in 2017 is predicted for GM based on the projected forecast data shown below. The GM NHS Apprenticeship Strategy has articulated 6 key aims including a target of 7,500 starts on the apprenticeship programmes by 2020 across GM NHS organisations and NWAS.
- The table provides an illustration of GM NHS (Provider) organisations, with CCG data to be added. It is also recognised that this slide does not contain data for all 34 organisations, particularly Local Authorities but will be updated at a later date as and when the data becomes available

Key observations

- There are critical staff groups that the workforce needs to focus on because of size, importance or due to current challenges. These include nurses, direct social care staff, doctors and AHPs, with specific focus on children's services, radiology & radiography, mental health and emergency medical staff.
- There are significant training schemes in place to address the replacement demand and current vacancies of these critical groups. These will partially address the issues.
- The analysis consistently shows that training will not be the only answer for these groups, and that the strategy must focus on "Grow your own" plans, retention and return to work initiatives; on transformation; and on innovative solutions through the "Hard to Fill" pilots.
- The GM Health & Social Care economy needs to replace 16,700 staff per year in the next 5 years to meet demand.

Content

About this section

This section sets out strategic priorities, actions and how these will be implemented in 2017/18, including milestones, benefits and risks

Key messages:

1. *Four strategic priorities have been identified*
   - *Talent Development & System Leadership*
   - *Grow our Own*
   - *Employment Offer and Brand(s)*
   - *Filling Difficult Gaps*
2. *To address these priorities, eleven strategic action points, to be achieved by 2021, have been specified*
3. *Plans and milestones are in place, particularly in relation to implementation for 2017/18*
4. *Strategic risks have been acknowledged and will be addressed through a range of mitigating actions*

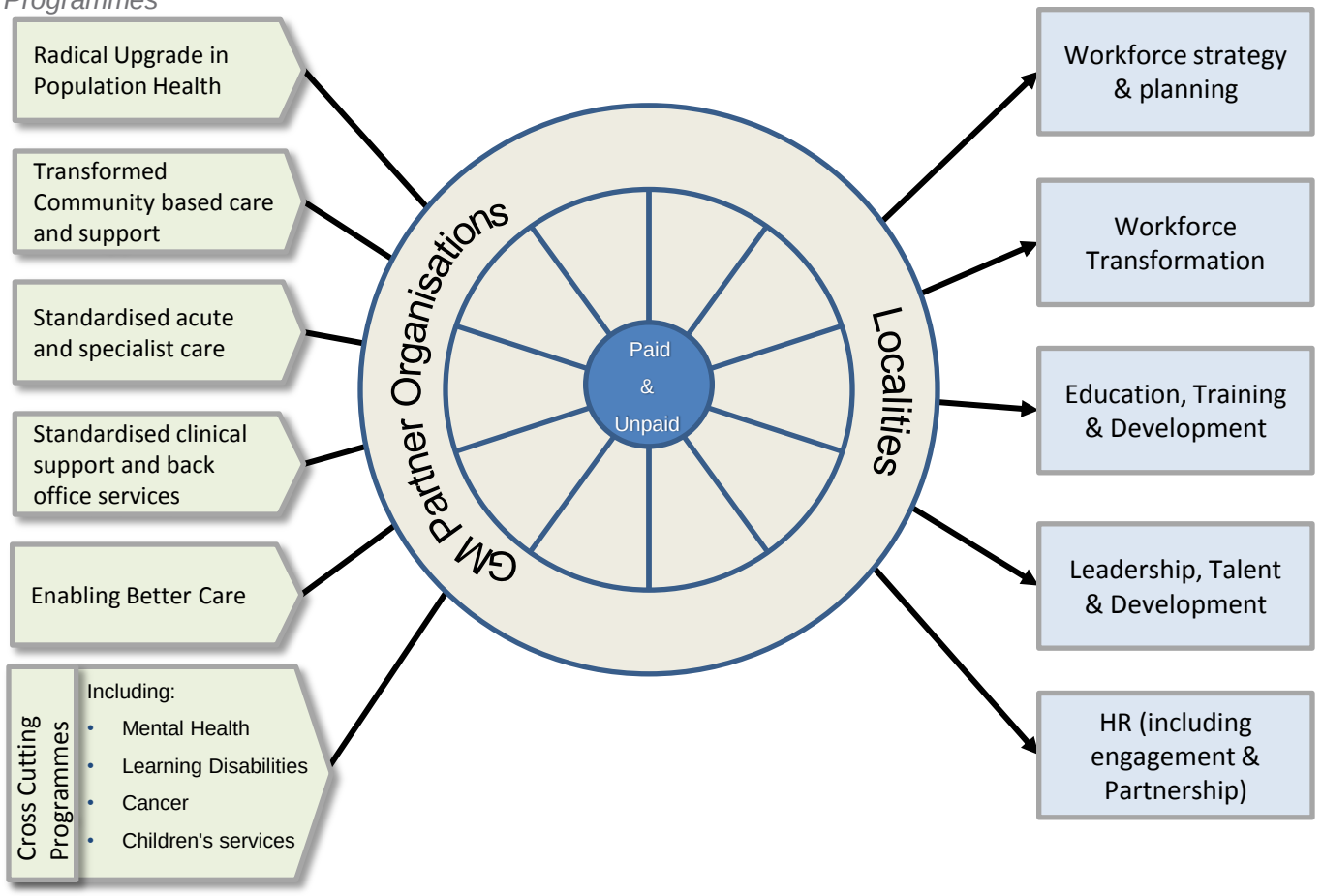
The Strategy builds on Greater Manchester's unique priorities and challenges

Key GM transformation themes & cross cutting Programmes

The locality & GM level plans

key messages

strategic priorities



1. **Talent Development and System Leadership**
2. **Grow Our Own**
3. **Employment Offer and Brand(s)**
4. **Filling Difficult Gaps**

A new Workforce Collaborative – Building Best Practice capacity & capability

Supply → Upskilling → New Roles → New ways of working → Leadership

The GM Workforce Strategy has Four Key Priorities, each with accompanying 17/18 implementation plans.

The vision for GM as defined in the Strategic plan, is ***"to ensure the greatest and fastest possible improvements to the health and wellbeing of the 2.8 million population of GM".*** *Key to achieving this vision is having the right GM workforce.*

The ambition for workforce development is to ***'deliver the fastest and most comprehensive improvements in the capacity and capability of the whole GM workforce (paid & unpaid) to improve the health & well being of the population'.*** *The target outcome is for Greater Manchester to have a resilient paid and unpaid workforce across Health & Social Care that feels sufficiently motivated, supported, empowered and equipped to deliver safe and effective services, drive sustainable improvements and positively influence the health & well being of the population.*

1 Talent Development and System Leadership

Pro-actively invest in nurturing the skills and competencies of our workforce

To do this, we will:	*Build on the Leading GM programme to further invest in Leadership & Talent Development for our front line leaders (across Health & Social Care including Registered Managers) to develop their competencies and capabilities to lead integrated services.*
	Implement a comprehensive development framework for carers and volunteers recognising, valuing and supporting their role in maintaining the health & wellbeing of the population.

2 Grow our own

Widening access for and accelerating talent development across a range of new and existing roles

To do this, we will:	*Establish a single shared gateway providing GM workforce with the support, information, guidance, tools and resources to enable upskilling, reskilling and personal development.*
	GM delivering one of the largest apprenticeship programmes in the UK with a clear and compelling career path for all – existing staff and new apprentices.
	Get into employment & education initiatives operational in all GM localities, including working across organisational boundaries to provide best placement experiences for health and social care professionals

3 Employment Offer and Brand(s)

Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for Health & Social Care professionals

To do this, we will:	*Define a GM benefits programme providing a range of consistent offers for current and future staff; as well as employment guarantee scheme(s) or similar incentives for students, newly qualified health & Social care professionals and apprentices.*
	Build a GM employer brand across Health and Social Care with a focus on improving quality, safety, diversity & inclusion and a healthy working culture
	Set up recognition and reward programmes and schemes at multiple levels across GM providing the opportunities to recognise and celebrate the positive contributions of the GM workforce – individually and collectively

4 Filling Difficult Gaps

Co-ordinated action to address specific long term skills & capacity shortages across Health & Social Care

To do this, we will:	*Systematically target key skills shortage areas to address short term needs whilst growing long term capacity & capability, nationally piloting 'STAR' approach with Health Education England (focussing on supply, upskilling, new Roles , new ways of working and leadership)*
	GM International established raising the profile of Greater Manchester as a top destination for health and social care professionals internationally.
	Establish centre(s) of excellence for workforce development (e.g. Teaching Care home, virtual learning networks, new medical school etc.) for a range of strategically important staff groups to raise competency levels and support continuous professional development for front line staff.

Implementation Plan – 17/18 & 18/19 Programmes (Talent Development & System Leadership)

1	Talent Development and System Leadership	Pro-actively invest in nurturing the skills and competencies of our workforce
2	Grow our own	Widening access for and accelerating talent development across a range of new and existing roles
3	Employment Offer and Brand(s)	Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for Health & Social Care professionals
4	Filling Difficult Gaps	Co-ordinated action to address specific long term skills & capacity shortages across Health & Social Care

TALENT DEVELOPMENT AND SYSTEM LEADERSHIP – WORK PROGRAMMES

Action points to 2021	Operational Plan Actions 17-18	Target Outcomes (to April 2019)	Anticipated Benefits

Build on the Leading GM programme to further invest in Leadership & Talent Development for our front line leaders to develop their competencies and capabilities to lead integrated services.	• Agree specification for a GM programme by August 2017
	• Commission programme by October 2017
	• Deliver cohorts 1 & 2 by November 2017 and January 2018
		• Leadership programme delivered which focuses on:
		  ○ integrated service improvement
		  ○ talent management
		  ○ leader networks
		  ○ mentoring and coaching
		• At least 50 people will benefit in 2017/18
		• 250 people in 2018/19
			• Ensures that emerging leaders of Integrated neighbourhood teams (in all localities) are supported to attain the skills and competencies required to deliver a safe and effective service
			• Widens diversity and inclusion of front line leaders

Implement a comprehensive development framework for carers and volunteers recognising, valuing and supporting their role in maintaining the health & wellbeing of the population.	• Identify core skills and competencies required using strength based conversation tool • Design a development framework by November 2017 • Deliver support programme to include mandatory training from December 2017	• Development framework adopted across GM • Electronic Portal in place for carers and volunteers with links to GM Greater Jobs and Careers hub • Programme delivered in localities and neighbourhoods GM wide	• Carers and volunteers recognised, valued and supported • Carers and volunteers fulfil their aspirations in employment and education • Young carers thrive and develop educationally, personally and socially

Implementation Plan – 17/18 & 18/19 Programmes (Grow our own)

1	Talent Development and System Leadership	Pro-actively invest in nurturing the skills and competencies of our workforce
2	Grow our own	Widening access for and accelerating talent development across a range of new and existing roles
3	Employment Offer and Brand(s)	Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for Health & Social Care professionals
4	Filling Difficult Gaps	Co-ordinated action to address specific long term skills & capacity shortages across Health & Social Care

GROW OUR OWN - WORK PROGRAMMES

Strategic Action points to 2021	Operational Plan Actions 17-18	Target Outcomes (to April 2019)	Anticipated Benefits
Establish a single shared gateway providing GM workforce with the support, information, guidance, tools and resources to enable upskilling, reskilling and personal development	• Establish GM 'Jobs Gateway' by May 2017 • Develop proposal for NHS Careers Hub to support both health and social care by Oct 2017 • Develop suite of products to support and signpost learners to develop transformational working – on-going to March 2018	• Careers hub offer includes health & social care • Coordinated locality based approach to engaging schools, FE and other education partners to attract local talent & 'GET INTO' the health & social care sector • Suite of information, guidance, tools and resources to enable upskilling, reskilling and personal development	• Provides opportunities to widen participation • Provides a co-ordinated platform to engage with schools and local institutions developing the current and future workforce • Supports the recruitment of the future GM Health & Social Care workforce
Get into employment & education initiatives operational in all GM localities, including working across organisational boundaries to provide best placement and work experiences for health and social care professionals	• Broaden the ways into training, education and employment in health and care organisations by Sept 2017 • Increase the opportunities for people to try new experiences of work by Sept 2017 • Provide improved opportunities for career progression, including into registered professions by March 2018	• Common approach across all health and care organisations in support of Get Into Employment and Talent for Care • Agreed strategy for career progression and work experience • % increase in GM students taking first posts in GM Health and Social Care organisations • Best practice for clinical placements and work experience adopted and spread	• Increases the pool of talent entering health and care employment, training and education • Consistent GM offer of support for progression and development • Reduces staff shortages • Engages the community and support greater workforce diversity to reflects communities in GM
GM delivering one of the largest apprenticeship programme in the UK with a clear and compelling career path for all – existing staff and new apprentices.	• Agree approach to accelerate the expansion of apprenticeship opportunities across Health & Social Care in co-ordination with the wider GM Public Sector initiative by July 2017 • National Apprenticeship targets achieved across GM by March 2018	• GM approach to apprenticeships across health, social care and public sector • Number of GM HSCP apprenticeships increased by at least national target of 2.3%. • Pathway for apprenticeships agreed across health, social care and wider public sector	• Grows the overall H&SC workforce in GM • Provides accelerated development opportunities • Enables targeted action on difficult to recruit areas as well as continuing development for current staff

Implementation Plan – 17/18 & 18/19 Programmes (Employment Offer & Brand(s))

1	Talent Development and System Leadership	Pro-actively invest in nurturing the skills and competencies of our workforce
2	Grow our own	Widening access for and accelerating talent development across a range of new and existing roles
3	Employment Offer and Brand(s)	Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for Health & Social Care professionals
4	Filling Difficult Gaps	Co-ordinated action to address specific long term skills & capacity shortages across Health & Social Care

EMPLOYMENT OFFER AND BRAND(S) - WORK PROGRAMMES

Action points to 2021	Operational Plan Actions 17-18	Target Outcomes (to April 2019)	Anticipated Benefits
Define a GM benefits programme providing a range of consistent offers for current and future staff; as well as employment guarantee scheme(s) or similar incentives for students, newly qualified health & Social care professionals and apprentices.	• Define and agree scope of GM Benefits scheme with Joint NHS/LA HRDs by September 2017 • Launch initial range of offers by March 2018 • Commission and produce report on incentives/disincentives to Nursing and AHP careers to improve recruitment, retention and return to practice	• Distinct and differentiated GM Employment Offer • Initial incentive scheme for specific targeted workforce defined and launched in collaboration with the GMCA	• Significant reduction in attrition rates for newly qualified healthcare professionals. • Encourages workforce to remain within GM footprint. • Develops longer term stability of the workforce and assists recruitment, retention and return programmes.
Build a GM employer brand across Health and Social Care with a focus on improving quality, safety, diversity & inclusion and a healthy working culture	• Identify 6 'fast track' health and social care organisations by July 2017 • Agree research programme with NHS Quest/Prof Michael West by August 2017 • Evaluation completed by December 2017 with expansion programme agreed by March 2018	• 50% of GM organisations working in partnership to develop 'Top 20' employer practice • Employer Best Practice extended to pilot localities/organisations for carers and volunteers • Approach agreed as to evaluation and further expansion of membership.	• Creates a strong brand for GM as an attractive place to live and work; • Enables employers to extend the existing network and research into 'top 20 best employer practice' into health and social care – sharing leadership lessons, tools and techniques; • Improves employee satisfaction and help to improve recruitment and retention.
Set up recognition and reward programmes and schemes at multiple levels across GM providing the opportunities to recognise and celebrate the positive contributions of the GM workforce – individually and collectively	• Scope out current initiatives by September 2017 • Launch the annual GM paid and unpaid workforce awards (including carers and volunteers) – building on existing organisational and local schemes in December 2017	• 2 annual awards ceremonies have been held • Best practice adopted and shared through Workforce Collaborative	• Recognition and value of contribution of workforce, volunteers and carers • Enhances the satisfaction and morale of GM workforce, volunteers and carers which will contribute to maintaining stability within the workforce • Raise profile of best practice within and beyond GM

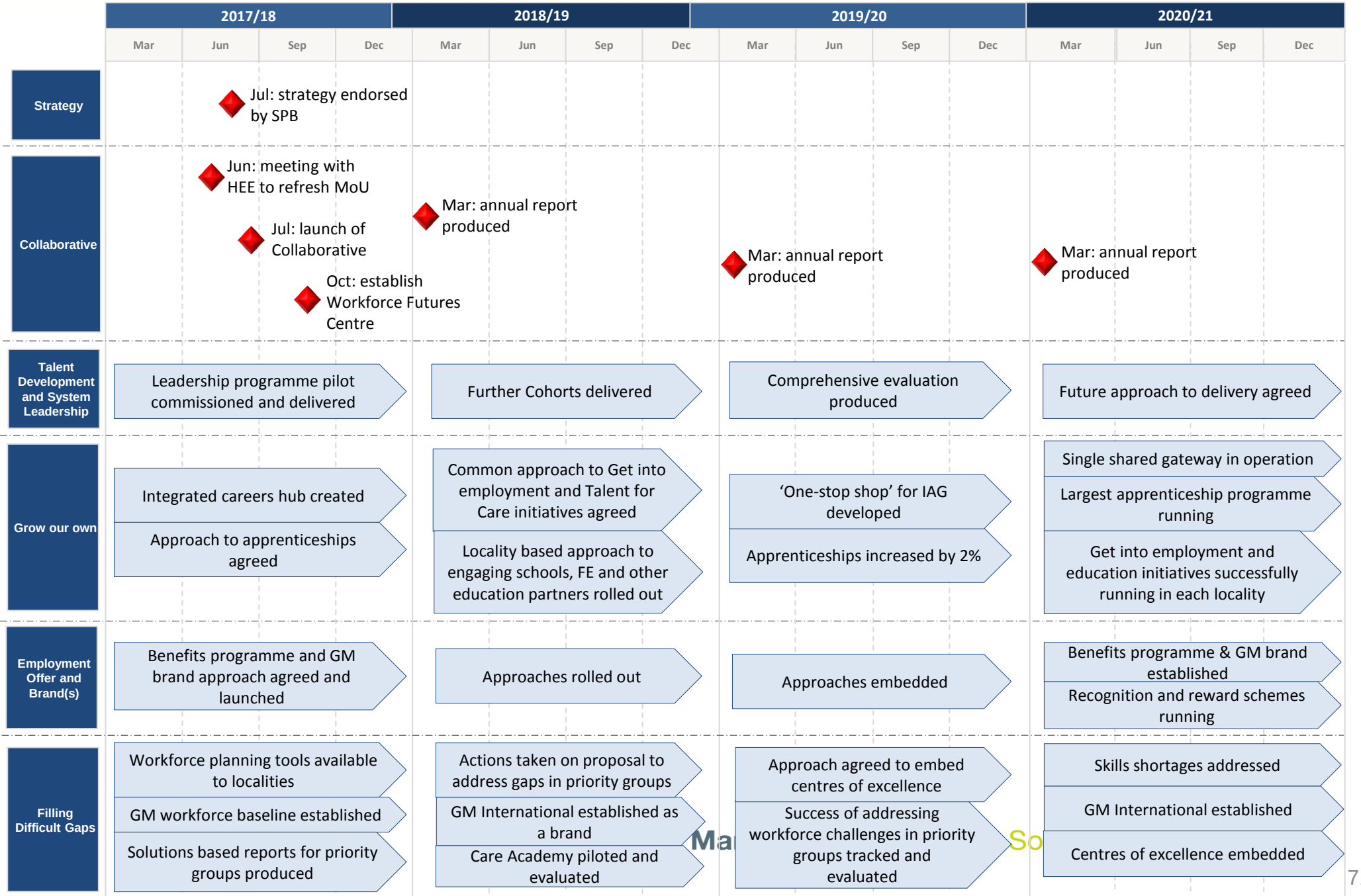
Implementation Plan – 17/18 & 18/19 Programmes (Filling Difficult Gaps)

1	Talent Development and System Leadership	Pro-actively invest in nurturing the skills and competencies of our workforce
2	Grow our own	Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for Health & Social Care professionals
3	Employment Offer and Brand(s)	Widening access for and accelerating talent development across a range of new and existing roles
4	Filling Difficult Gaps	Co-ordinated action to address specific long term skills & capacity shortages across Health & Social Care

FILLING DIFFICULT GAPS– WORK PROGRAMMES

Action points to 2021	Operational Plan Actions 17-18	Target Outcomes (to April 2019)	Anticipated Benefits
Systematically target key skills shortage areas to address short term needs whilst growing long term capacity & capability, nationally piloting 'STAR' approach with Health Education England (focussing on supply, upskilling, new Roles and new ways of working, leadership)	• Provide targeted support programme to localities to improve workforce plans and accelerate workforce transformation investment • Commission a Health & Social Care Labour Market Analysis, the first GM sector report, by July 2017 • Produce solutions based reports on hard to fill priority groups: o Radiology/Radiography September 2017 o Middle Grade doctors October 2017 o Children's services December 2017 o Mental Health March 2018 • Pilot workforce transformation and planning modelling for GM strategic Theme 3 commencing August 2017 and roll out to other GM Strategic Theme areas	• Annual investment programme agreed and implemented • Health & Social Care sector report refreshed and digital format by March 2018 • Key actions from reports implemented and 3 more reports commissioned • All themes key workforce plans and transformation priorities being implemented based on learning from pilot	• Localities develop a more comprehensive and in-depth workforce intelligence to support transformation, planning and implementation • Develops targeted solutions for strategically important workforce challenges for GM; serves as exemplars for how similar challenge areas can be addressed in the long term.
GM International established raising the profile of Greater Manchester as a top destination for health and social care professionals internationally.	• With employers, HEE Global Health Exchange, NHS Employers and education providers develop a clear shared employment offer initially for overseas doctors by Aug 2017 • Develop offer for pre-employment support and advice, access to posts and educational offer for international recruits by December 2017 • Expand opportunities for overseas experience/exchange for student/learners by Sept 2017 • Pursue partnership with HEE as a national pilot area for International recruitment and education by September 2017	• Support the recruitment of up to 100 overseas doctors to GM • GM International established as a brand and package of support developed. • Aim for significant recruitment of other professions, including nursing • Increase opportunities of global exchange for GM health and care students	• Will build GM as a centre of excellence for international professionals with opportunities to earn, learn & return and recruitment too hard to fill vacancies. • Supports transfer of skills and knowledge to GM on a global footprint
Establish centre(s) of excellence for workforce development (e.g. Teaching Care home, virtual learning networks, new medical school etc.) for a range of strategically important staff groups to raise competency levels and support continuous professional development for front line staff.	• Confirm participating partners by July 2017 • Pilot the Teaching Care Homes initiative working with MMU promoting care homes as community hubs for effective leadership of care provision, workforce development and quality improvement with GM proposal by November 2017 • Support new medical school application linked to new Frailty Centre	• Match funding secured from universities and/or other participating partners. • First teaching care home established as a hub with networked centres of excellence across GM • Provision of opportunities for local leadership and workforce(paid/unpaid) development • Successful GMC application and nationally funded programme	• Provides a structured and academically rigorous development environment for care workforce in GM; • Provides enhanced opportunities • Enables the development of new models of workforce to be aligned with the needs of the emerging new models of care

Implementation plan and Priorities – Key System Level Implementation Milestones (tbc)



The Workforce Programme faces a number of significant strategic risks (1)

All risks will be further reviewed, prioritised and managed via the Strategic Workforce Board and in line with the wider approach to risk management being adopted across the GM Health & Social Care Transformation Portfolio.

	Strategic Risks & Implications	Mitigation actions
1	There is a risk that BREXIT could present significant challenges in attracting and retaining certain groups of talent. This could create significant workforce gaps in key discipline areas, creating risks for current service delivery and impact on the ability to deliver transformation	The Collaborative will carry out a labour market analysis which will be on a 'live' digital platform and will continue to be updated as greater clarity is received on the final shape of BREXIT. Action will also be taken to co-ordinate the development of GM International to improve marketability and attractiveness of GM as an ideal destination to live and work internationally, whilst the strategy also focusses on solutions to 'Grow our own' solutions.
2	There is a risk that the workforce programme will require significant financial investment not all of which has been accounted for in locality & GM plans. Insufficient funding could limit the scale and pace of implementation	The GM Collaborative will work with national bodies including HEE, NHS England & Skills for Care to co-ordinate investments into workforce initiatives in order to maximise its impact for the benefit of all GM organisations. The locality and theme leads responsible for their various areas of work will also need to allocate some funding to drive forward the implementation of their workforce priorities.
3	There is a risk that Locality and GM plans may not yet reflect the scale of investment required to deliver sustainable improvements in the workforce	Localities will be encouraged to more effectively align their local workforce plans with their activity and financial plans, providing greater visibility on the need for investments into workforce initiatives in localities.
4	There is risk that the workforce strategies are not underpinned by enough quantitative information to enable informed decision making	The Collaborative will work with the respective statutory bodies to secure access to the appropriate information. This will ensure that synergies between reporting arrangements are maintained. The Collaborative will also continue to work with and provide assistance to the localities to ensure accurate data & information is being used to support future development of the plans. The centre for workforce futures, will also be established which will provide strategic analysis on key system challenges – to benefit of localities & GM partners. This will support local decision making.
5	There is a risk that the scale of the day to day operational challenges across Health & Social Care will distract from the transformation priorities and not encourage a more long term view of workforce needs	The Strategic Workforce Board will pro-actively engage with all key GM forums to ensure the long term ambitions and needs of GM remain firmly on the agenda and momentum is maintained at all times

The Workforce Programme faces a number of significant strategic risks (2)

All risks will be further reviewed, prioritised and managed via the Strategic Workforce Board and in line with the wider approach to risk management being adopted across the GM Health & Social Care Transformation Portfolio.

	Strategic Risks & Implications	Mitigation actions
6	The workforce plans are being developed in isolation to the wider transformation plans, particularly around new care models.	The locality workforce leads will continue to be supported to ensure they recognise the vital role they continue to play in the development of locally appropriate workforce plans. The Strategic Workforce Board working with locality workforce groups, will also seek to align in its activities with Portfolio Board to ensure that the workforce plans are consistently reviewed in the context of the wider locality plans – and the SROs recognise the value and importance of having robust local workforce plans to underpin the implementation of their new care models.
7	There is a risk that the programme will not maintain the right balance between Health & Social Care workforce needs, and the move towards establishing more integrated delivery arrangement.	The Collaborative is founded on the premise that it focusses on all Health & Social Care workforce. Care will be taken to ensure every programme of work is assessed against its alignment to the challenges faced in Health & Social Care. Proactive oversight arrangements will also be maintained including an annual independent evaluation of the performance of the Collaborative to ensure lessons are learnt and improvements made as required.
8	There is a risk that significant elements of the social care workforce challenge will be difficult to address because staff are not directly employed	The Collaborative will provide a mechanism for enabling pro-active engagement between social care providers and their front line staff. It will provide locality leads, accountable for these services with the platform to address this challenge in a co-ordinated and consistent manner across GM.
9	There is a risk of that GM workforce programme is being delivered against a backdrop of significant mismatch between forecasts of the future needs of the system. On the one hand, plans exist that show an increasing demand for Health & Social Care services and the potential need for additional workforce; and on the other hand, the need to close the financial gap and its implications for workforce expenditure (which accounts for over 55% of overall spend).	The Collaborative will pro-actively engage with system leaders to establish the priority narrative and through the centre for workforce futures, provide the insight and analysis on the implications of plans being proposed at all levels. Being an enabler programme, the workforce programme will continue to ensure that all projects and specific activities undertaken directly align with the wider transformation priorities of the GM system. Whilst a common narrative needs to be refined, this will continue to be informed by the ongoing development locally and nationally.

Content

About this section

This section sets out summaries of the locality workforce plans and transformation priorities in order to illustrate the workforce agenda and challenges for each locality.

NOTE: The data used to produce the analysis was drawn from:

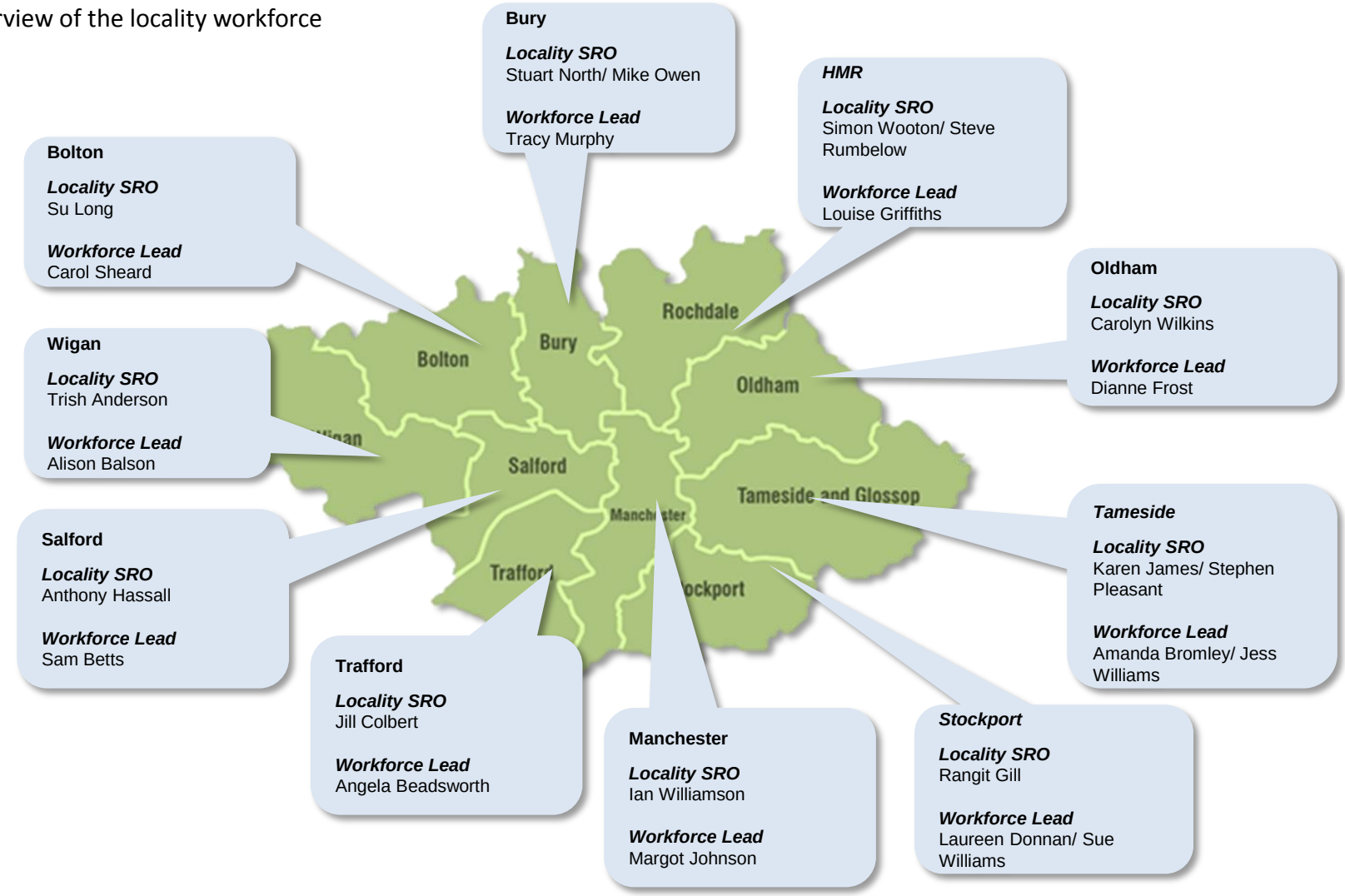
- New Economy forecast is based on likely demand due to population growth.
- Unify adjusted Health and Social Care data compiled from
  - NHS providers: Unify 5 year forecast x 1.25 to convert to headcount.
  - GP and CCGs: NHS Digital 2016 data, assumed to be constant until 2021
  - Social Care data: NMDS data forecast supplied by Skills for Care June 2017
  - % of employees from providers across locality boundaries allocated by contract income as agreed by Directors of Finance, excluding Local Authority staff

Key messages (from all locality plans):

1. *There is a need to create a culture that empowers staff to work across organisational boundaries.*
2. *Leadership development at all levels will be required to deliver cross boundary working.*
3. *The demand for the proportion of staff providing direct Social Care increases along with the overall size of the workforce.*
4. *The value of the unpaid workforce is recognised along with the need to improve collaboration and training of these groups.*
5. *Asset based approaches are becoming widely recognised as a way of harnessing the whole community in delivering health and social care.*
6. *Improved use of technology is required to enable the most efficient use of the workforce.*

Improving Locality Transformation Plans

This section provides an overview of the locality workforce strategies



Bolton – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Pooled health and social care budget: £42.4m (2017/18)

Population: 280,000

Male life expectancy: 61.5 yrs

Female life expectancy: 61.8yrs

Health workforce: 54%

Social Care workforce: 46%

Providers

- Bolton NHS FT
- Greater Manchester Mental Health NHS FT
- GM Mental Health NHS FT
- Bolton Council
- Primary Care
- Voluntary Sector
- Care Homes
- North West Ambulance Service
- Out of hours GP (BARDOC)

Workforce Transformation priorities

Talent Development and system leadership:
- Leadership training for care home managers

Grow our own:
- Expansion of apprenticeships
- Preregistration nursing training commissioned
- Nurse associates at Bolton FT
- Health Improvement Practitioners

Brand:
- Overseas recruitment
- Fewer barriers between organisations
- Bolton as the “best place to work”

Filling difficult gaps:
- New roles, ANP, Nurse Associate, Physicians assistant, generic Support worker
- Collaboration across employers- ladder of opportunity
- Training care home staff to reduce non elective admissions
- Primary care workforce redesign
- Working across a larger footprint where necessary

Key workforce challenges

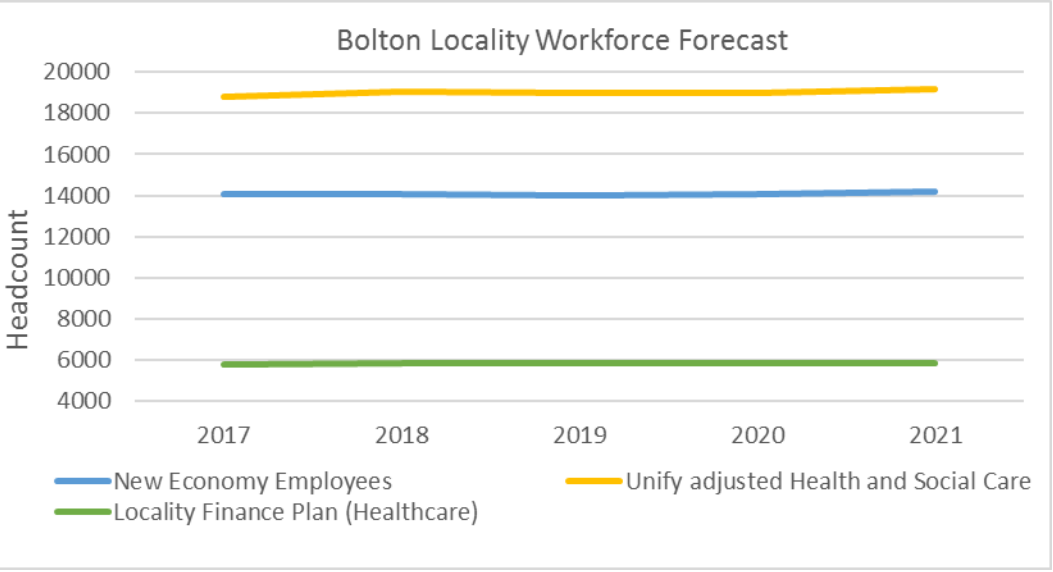
- High demand for and cost of temporary staff
- Lack of registered nurses, urgent and emergency care medical staff
- Developing a workforce more representative of the population
- High attrition rate in care sector
- Ageing workforce
- Developing an attractive employment proposition for all staff across the system

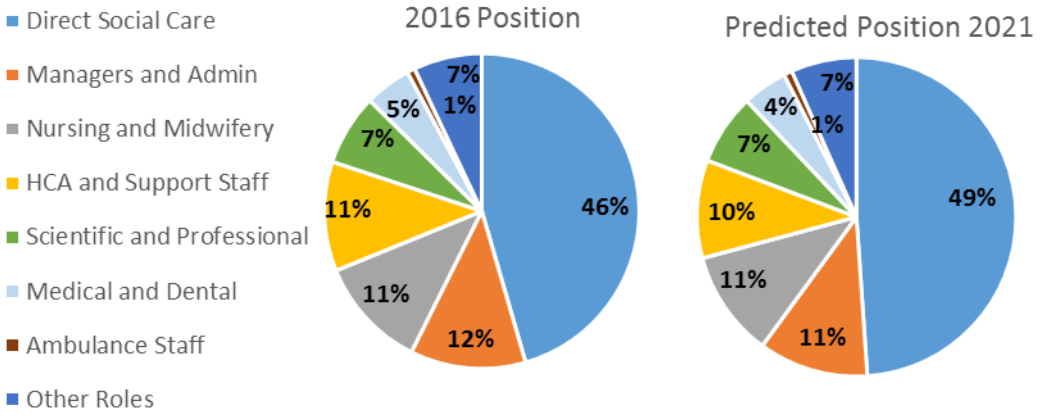
Ambition

- **New role developme**nt and co-production of a ‘place-based’ and integrated approach to commissioning and service delivery
- **Partnership skills** to deliver asset based development, which means really understanding the local associations and networks in areas,, e.g. Community Asset Navigators
- **Education, leadership** and development: ensuring standardisation, ‘cross-boundary’ collaboration involving staff across multiple service areas of expertise.
- **Diagnostic skills**: Supporting the focus on longer term prevention and early identification with targeted interventions
- **Communication and engagement**: Based on need to improve the health literacy of the public.
- **Technology Enabled Care**: Aids and equipment enabling people, their carers and families and in care homes to monitor their own health

Bolton – Key Priorities and Activities

Workforce Data





Predicted Role Distribution

New Economy data forecasts an overall 0.7% (97) rise in the workforce, while adjusted Unify data shows an increase of 2% (380). Both of these data sets are demand based, reflecting a predicted population increase.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a 1.23% rise (74) in the workforce that we have data for, reflecting the expected results of planned interventions in the locality. The vision for Bolton is the development of a single care workforce, requiring more flexibility and generic roles with fewer barriers both between roles and between organisations. The modelled expenditure of the same workforce in 2021 would be £390m. In addition to the data shown it is estimated that a further 32000 volunteers contribute to the social care workforce, representing a value of £11.5M .

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 46% to 49% (880) of the workforce.
- Nurses increase by 32 but remain as 11% of an increased workforce.
- Other roles (including bank and agency) are forecast to remain relatively stable at 7%
- Medical and dental staff are forecast to reduce from 5% to 4% (20)

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Bury – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care budget: £TBC

Population: 187,500

Male life expectancy: 78 yrs

Female life expectancy: 81.6 yrs

Health workforce: 50%

Social Care workforce: 50%

Providers

- Bury CCG
- Bury GP Federation
- Pennine Care NHSFT
- The Pennine Acute Hospitals NHS Trust
- BARDOC
- Greater Manchester Police
- Greater Manchester Fire and Rescue Service
- Six Town Housing
- Private Providers
- Voluntary Sector
- LCO Alliance
- North West Ambulance Service

Workforce Transformation priorities

Talent Development and system leadership:

- Develop future leaders through higher apprenticeships
- Progression across organisations- participation in the North West Employers TTT (Temporary Talent Transfer) programme

Grow our own:

- Look for opportunities for apprenticeships
- New roles include physician associates, clinical pharmacists

Brand:

- Flexibility across organisational boundaries

Filling Difficult Gaps:

- Greater use of non medical workforce

Key workforce challenges

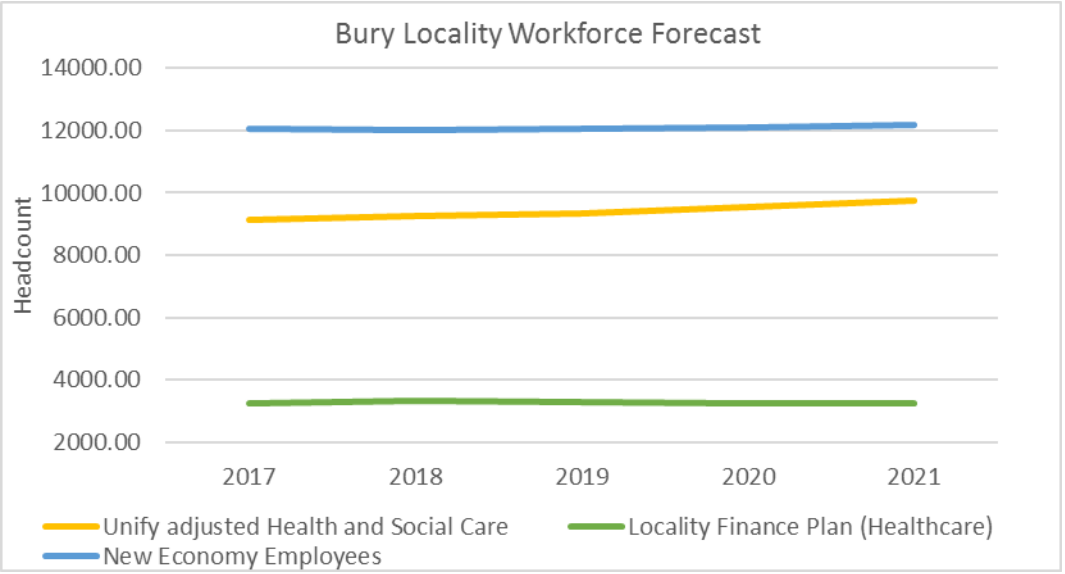
- Workforce behavioural change to support self care- creating dependency
- Difficult to fill roles across mental health
- Ageing workforce

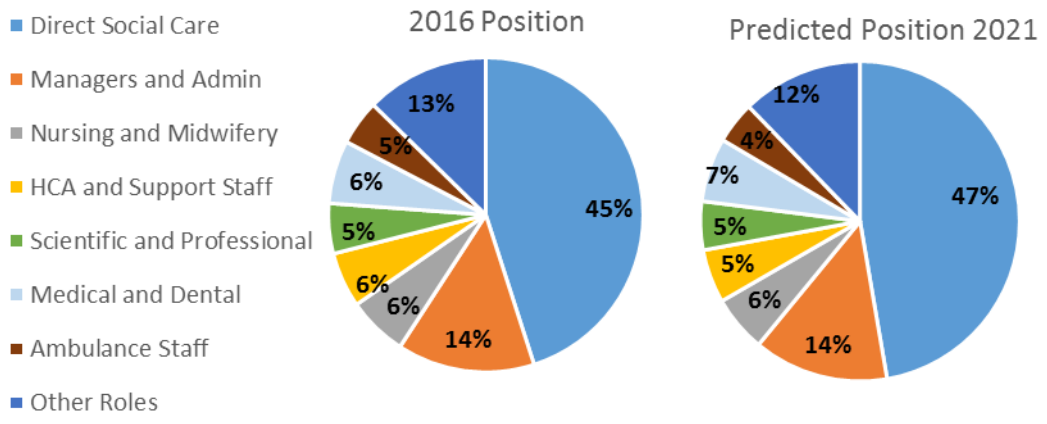
Ambition

- **Behavioural change**: Ensuring effective workforce leadership to support behavioural change and explore how staff can work in multi-disciplinary teams
- **Leadership**: Develop leaders across GM who can lead not only within and behalf of their organisations and professions and on behalf of 'place'.
- **Coproduction**: Developing knowledge and experience of coproduction of services, links to developing and stimulating the third sector and managing volunteers.
- **Integrated assessment and recording**: Data sharing and data management skills support better data sharing and intelligence about communities.
- **Common purpose:** Establishing a common vision and shared sense of purpose across partners, engaging with and motivating staff at all levels

Bury – Key Priorities and Activities

Workforce Data





Predicted Role Distribution

New Economy data forecasts an overall 1.2% (144) rise in the workforce, while adjusted Unify data shows an increase of 9% (813). Both of these data sets are demand based, reflecting a predicted increase in the population.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a 0.5% reduction (18) in the workforce that we have data for, reflecting the expected results of planned interventions in the locality. Integrated Neighbourhoods is one of the key deliverables of Bury's Locality Plan. Transformational 'shifts' will require new knowledge, skills and competencies. There may be new roles, or roles which move from one part of the health and social care system to another in order to maximise impact.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 45% to 47% (563) of the workforce.
- Nurses remain as 6% of an increased workforce.
- Other roles (including bank and agency) are forecast to increase by 64 but change from 13% to 12% of an increased workforce.
- Medical and dental staff are forecast to increase from 6% to 7% (48)

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Manchester – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care budget: £TBC

Population: 520,200

Male life expectancy: 75.6yrs

Female life expectancy: 79.8 yrs

Health workforce: 65%

Social Care workforce: 35%

Providers

- *Single Hospital Service* Pennine Acute Hospitals NHS Trust; Central Manchester Hospitals NHSFT; University Hospitals of South Manchester NHSFT)
- *Local Care Organisation* (Manchester CC; Community care (CMHFT, UHSMFT); Primary Care;
- Out of hours GP
- GM Mental Health FT
- Care Homes
- North West Ambulance Service

Workforce Transformation priorities

Talent Development and system leadership:

- Agree a leadership framework
- Planned and systematic approach to harmonising culture
- Broadening Talent for Care, enabling the creation of a cross sector skills and a full career ladder for all
- Major cultural shift to a new way of working, centred round prevention and empowerment of service users and delivering efficiencies
- Leadership to bring GPs into LCO
- Distributing leadership and sharing decision making to front-line professionals
- Building internal OD capability
- Single clinical leadership and governance

Grow our own:

- Widening access/accelerating talent development across new and existing roles
- Development of workforce in primary care

Brand:

- Establishing clear, compelling and consistent offers to improve staff wellbeing, increase retention and attract talent
- A culture of inclusiveness

Filling difficult gaps:

- Reviewing how the acute can fill gaps for more junior doctors, take services out of hospital, and maximising consultant time
- Understanding service user need and to map this to the skills required

Key workforce challenges

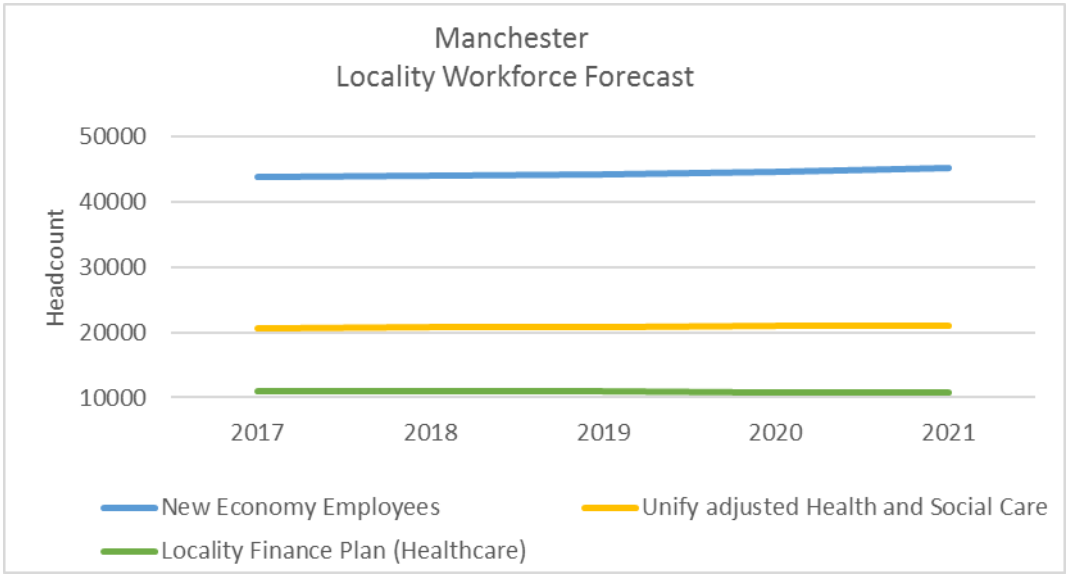
- Multiplicity of system change & impact on morale
- Ageing workforce: proportion eligible to retire within 5 years: 23% (1,401 fte) nurses, 25% medical group (410 fte), 1/3 GPs
- Feminisation of the medical workforce (more time out from careers and need for flexible working)
- Recruitment and retention is challenging (e.g. emergency medicine, acute medicine and interventional radiology, GPs, and social workers)
- Staff in defined professional roles with different employers and different employment terms presents a challenge to integration
- How to maximise the potential for the use of changes in technology

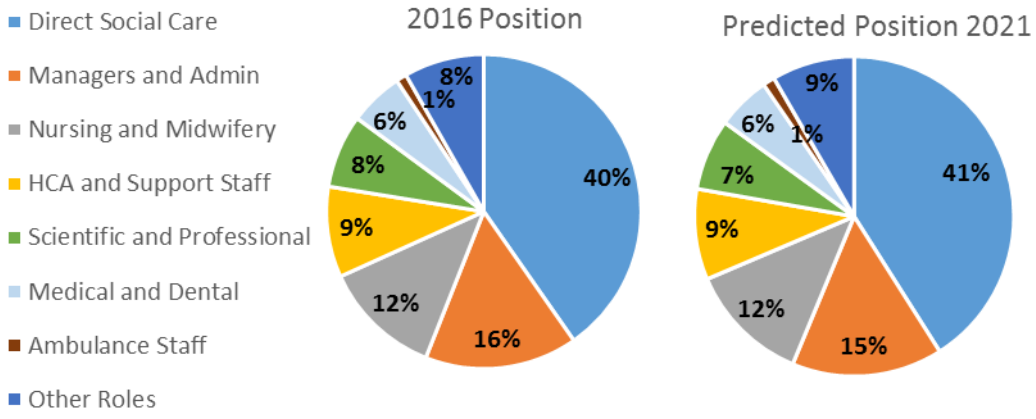
Ambition

- **Leadership and commissioning skills**: management and leadership skills to ensure a more adaptable and multidisciplinary work force.
- **Organisational change and partnership skills**: to effectively bring together a number of staff groups and develop a new culture
- **Asset based development, coordination, co-design and coproduction**: focus those who are at risk of hospital intervention.
- **Communication skills**: raise awareness build collaborative networks with the voluntary, community and social enterprise sector.
- **Education and imparting new knowledge**: include the development of partnership working
- **ICT skills:** skills to adopt and develop joined up, real-time electronic case management. Develop telemedicine and telecare equipment.
- **Workforce planning skills** and knowledge: Workforce profiling and future planning including role re-design and competency based planning

Manchester – Key Priorities and Activities

Workforce Data





Predicted Role Distribution

New Economy data forecasts an overall 3% (1353) rise in the workforce, while adjusted Unify data shows an increase of 2.3% (467). Both of these data sets are demand based, reflecting a predicted population increase.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a 1.1% reduction (115)in the workforce that we have data for, reflecting the expected results of planned interventions in the locality. The ambition for Manchester is radical reshaping of the health and care system, so that more patients will be supported in the community closer to home. 20% of care delivery will transfer from the acute sector into the community resulting in a shift of resource. There will also be a stronger focus on self-reliance, self-care and wider (non-medical) community based support mechanisms

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 40% to 41% (315) of the workforce.
- Nurses increase by 72 but remain as 12% of an increased workforce.
- Other roles (including bank and agency) are forecast to increase from 8% to %
- Medical and dental staff are forecast to remain at 6% of an increased workforce

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Oldham – Key Priorities and Activities

High level summary of workforce challenge & implementation priorities

Locality facts and figures

Joint health and social care budget: £430m

Population: 230,823

Male life expectancy: 77.2yrs

Female life expectancy: 80.7yrs

Health workforce: 50%

Social Care workforce: 50%

Providers

- Oldham Council
- Oldham Partnership
- Pennine Care NHSFT
- The Pennine Acute Hospitals NHS Trust
- Primary Care
- Voluntary Sector
- Care Homes
- North West Ambulance Service
- Out of hours GP

Workforce Transformation priorities

Talent Development and system leadership:

- Create an environment that allows staff to learn, practice and adapt new ways of working
- Develop the capability to lead the transformation and provide our staff with reassurance and support through it
- Foster common beliefs, behaviours and expectations
- A new leadership approach that has its foundations in 'place'
- Determine how we will recognise and develop our talent to ensure their progressions and retention

Grow our own:

- Support and up-skill informal workers such as carers and volunteers
- Opportunities to assist young people to develop skills and employment to see caring as a career option
- Maximising the effectiveness of the apprenticeship levy
- Understand the learning needs of the future state

Filling difficult gaps:

- LA sectors are recovering well following the recession, providing an increasing range of local employment opportunities for people

Employment Brand

- Develop one culture and work ethic across all organisations

Key workforce challenges

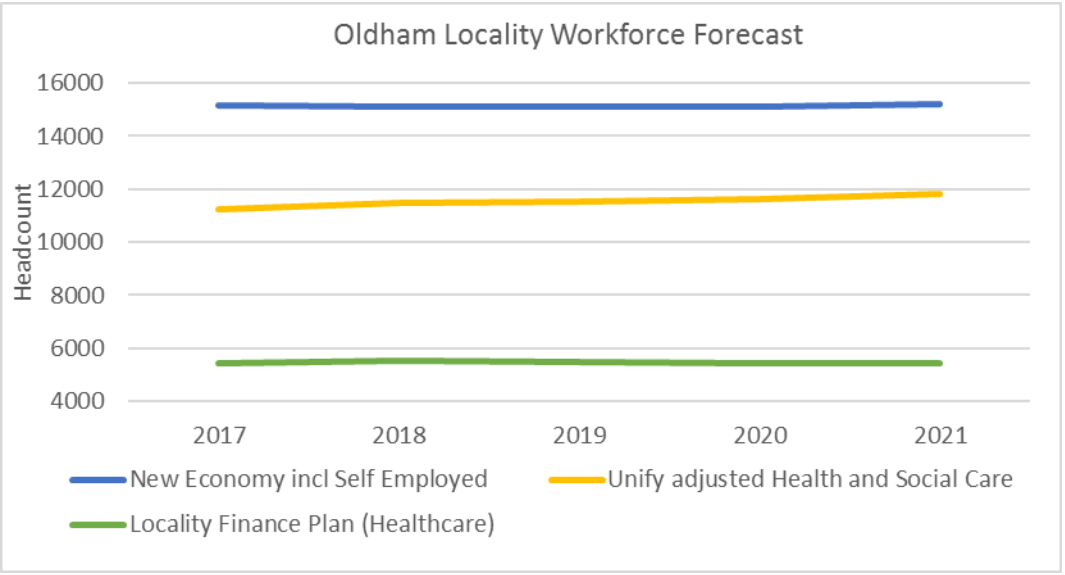
- Develop the workforce profile, underlying trends and key issues
- Difficulties recruiting and retaining doctors, nurses and other staff in primary care and acute, community and mental health trusts
- Retaining skilled social care staff, such as social workers
- Some reliance on external agencies creating fragility to the care provision. Private and third sector providers struggle to recruit and retain staff,
- Mobility of labour across GM
- Managing the change as well as the cost of change

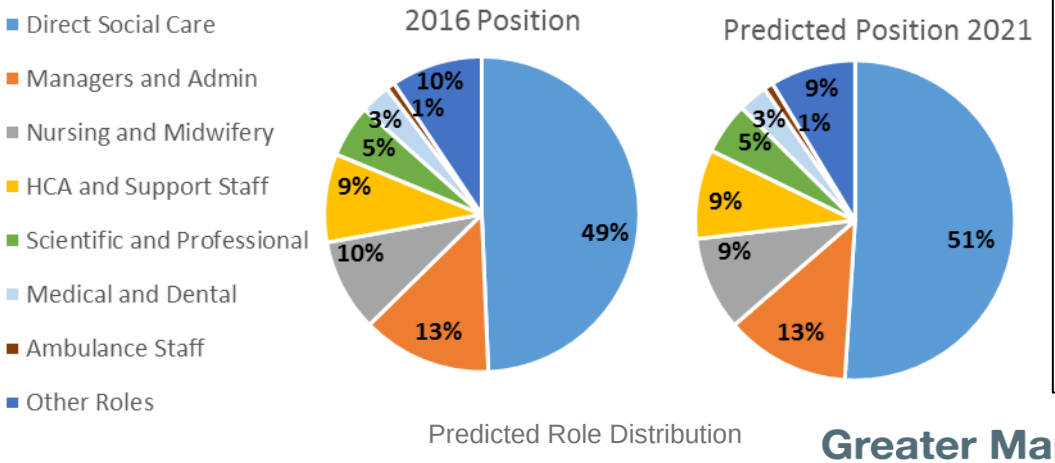
Ambition

- **Leadership and effecting cultural change**: Facilitate joint working across multiple disciplines and leadership on behalf of 'place'. Ensure people can solve problems within their control.
- **Workforce planning skills and knowledge:** Knowledge regarding our current workforce across primary care and voluntary and social care services ensuring appropriate resourcing.
- **Engaged workforce**, passionate about the aims of the locality
- **Empowerment and co-operative ethos:** Skills and knowledge to invest in community and asset based approaches
- **Partnership skills**: with voluntary, community and faith sector
- **Education and imparting new knowledge**: supporting change in the workforce to focus on prevention of ill-health,
- **Managing and promoting innovation in the workforce**: ensure that staff understand and foster a culture of social prescribing.

Oldham – Key Priorities and Activities

Workforce Data





Predicted Role Distribution

New Economy data forecasts a small overall 0.24% (31) rise in workforce, while adjusted Unify data shows an increase of 5.6% (623). Both of these data sets are demand based, reflecting a predicted population increase. Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows remains stable for the workforce that we have data for, reflecting the expected results of planned interventions in the locality. Oldham Locality plans to operate as a system rather than within organisational boundaries, integrating delivery and pooling NHS and local government resources. There are 24,322 carers in Oldham, which add to the social care resource. Oldham finds it difficult to recruit and retain skilled social care staff, doctors, nurses and other NHS Trust staff.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 49% to 51% (560) of the workforce.
- Nurses increase by 72 but reduce from 10% to 9% of an increased workforce.
- Other roles (including bank and agency) are forecast to reduce from 10% to 9% (15)
- Medical and dental staff are forecast to remain stable at 3%

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Rochdale – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care budget: £TBC

Population: 213,000

Male life expectancy: 77.2 yrs

Female life expectancy: 80.7yrs

Health workforce: 41%

Social Care workforce: 59%

Providers

- Rochdale Borough Council
- The Pennine Acute Hospitals NHS Trust
- Pennine Care NHSFT
- Primary Care
- Out of hours GP
- Voluntary Sector
- Care Homes
- North West Ambulance Service

Workforce Transformation priorities

Talent Development and system leadership:
- Build trust across organisations
- Cultural change to encourage integration, and innovation where learning and risk can flourish (and away from a blame culture)
- Development of a clear, shared agenda and understanding system leadership
- Developing a pipeline of future leaders

Grow our own:
- Support the apprenticeship, skills, education and employment agendas
- Focus on hard to reach groups who may have experienced barriers to employment

Brand:
- Raise the profile of caring roles and to help potential future employees understand the diverse range of roles available
- Tackle the social determinants of health through employment opportunities
- Joint approach to employee recruitment/ retention, commonality of t's and c's

Filling difficult gaps:
- Supporting third sector delivery and capacity
- Identify core competencies/generic roles
- Collaborative training needs analysis
- New roles are already developing such as hybrid roles, generic roles, roles with dual professional qualification frameworks, qualified unregistered roles

Key workforce challenges

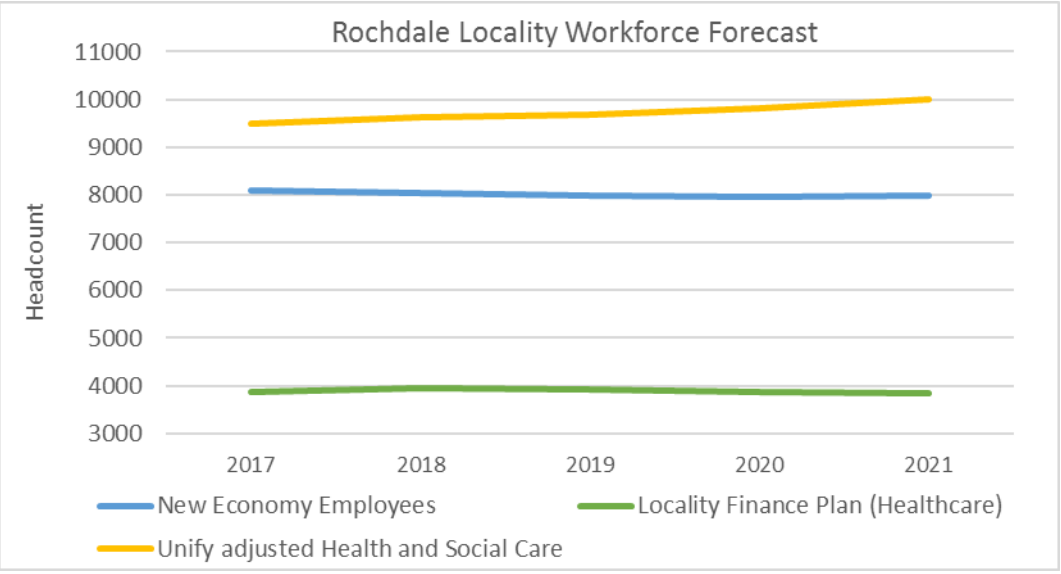
- Balancing business as usual and transformation
- Managing the change & impact on morale
- Ageing workforce, e.g. in GM, 50% of the health workforce is over 45yrs
- National shortages in emergency and acute medical workforce are evident
- There is a high turnover amongst care workers
- Children's social care recruitment is challenging (vacancy rate of 18%), staff move across GM
- CfWI forecasts a 33% growth in demand for adult social care services by 2030
- Home care workers on zero-hours contracts and less than the minimum-wage or living-wage
- No consistent approach to workforce planning

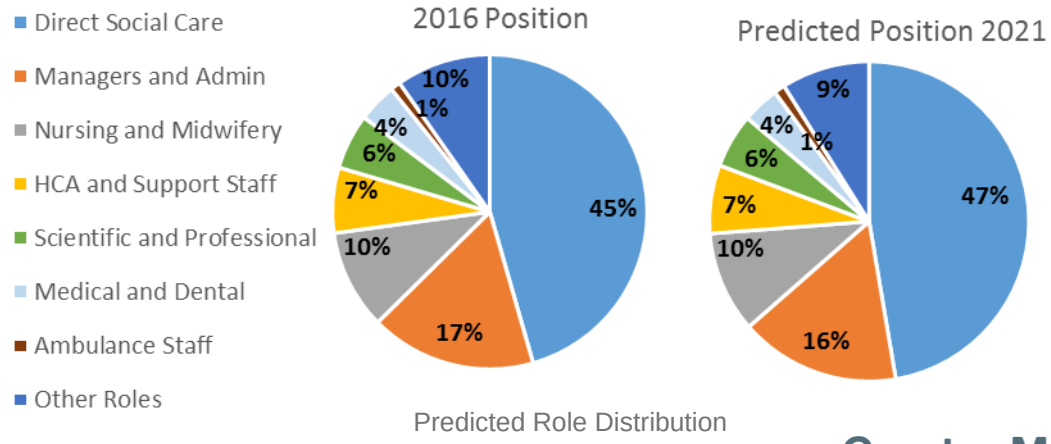
Ambition

- **Evidence and intelligence:** to track the impact of change, move away from reactive services to preventative
- **ICT**: Promoting skills for shared IT systems and data
- **Leadership and collaboration**: Clear and open clinical leadership promoting full integration across traditional boundaries.
- **Coproduction and engagement**: Skills to manage the co-production of plans with our population, providers and stakeholders
- **Asset based development**: Working collaboratively as Public Sector Organisations.
- **New roles**: Development of the Primary Care workforce including new clinical roles (for example physician associates), integration of pharmacists into general practice. Secondary care nurses' conversion to practice nurses, increasing the number of Advanced Nurse Practitioners and the implementation of social prescribers

Rochdale – Key Priorities and Activities

Workforce Data





New Economy data forecasts an overall 1.2% (99) reduction in workforce, while adjusted Unify data shows an increase of 8.7% (823). Both of these data sets are demand based, reflecting a predicted increase in the population.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a small 0.6% (23) reduction in the workforce that we have data for, reflecting the expected results of planned interventions in the locality. Rochdale's focus will be on holistic person centred care with a significant emphasis on self-care and prevention with an expectation that integrated services be developed around the person using them. Additional capacity is created by around 65000 volunteers

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 45% to 47% (456) of the workforce.
- Nurses increase by 64 but remain as 10% of an increased workforce.
- Other roles (including bank and agency) are forecast to reduce from 10% to 9% (16)
- Medical and dental staff are forecast to remain stable at 4%

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Salford – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

- **Pooled health and social care budget: £240million (adults)**
- **Population: 242,000**
- **Male life expectancy: 76.7 yrs**
- **Female life expectancy: 80.8yrs**

- **Health workforce 62%**
- **Social Care workforce: 38%**

Providers

- Salford City Council
- Salford Royal NHSFT
- GM Mental Health NHS FT
- Primary Care
- Out of hours GP
- Voluntary, Community, and Social Enterprise Sector Workforce
- Care Homes
- North West Ambulance Service
- GM police, Fire & Rescue

Workforce Transformation priorities

Talent Development and system leadership:

- Create a culture of 'place'
- Create a high impact learning culture
- Ensure that there is sufficient workforce capacity to support the delivery of transformation
- Have a wider definition of system leadership including community and voluntary groups, carers, families
- System leaders to have compelling narrative and common communications
- Ensure staff have the space and time to innovate
- Need the ability to lead and manage large-scale change, aligned with the Greater Manchester Leadership Framework

Grow our own:

- Develop a core set of priority social value goals for our city (e.g. pay Living Wage)
- Adopt a joint approach across partners
- Consider different types of employment and training initiatives e.g. apprenticeships and graduate traineeships

Brand:

- Charter for Employment Standard launched 2013 – common approach across employers
- Overcoming barrier of employees on different terms and conditions

Filling difficult gaps:

- Profile the resource, capacity, skills and knowledge available & required

Key workforce challenges

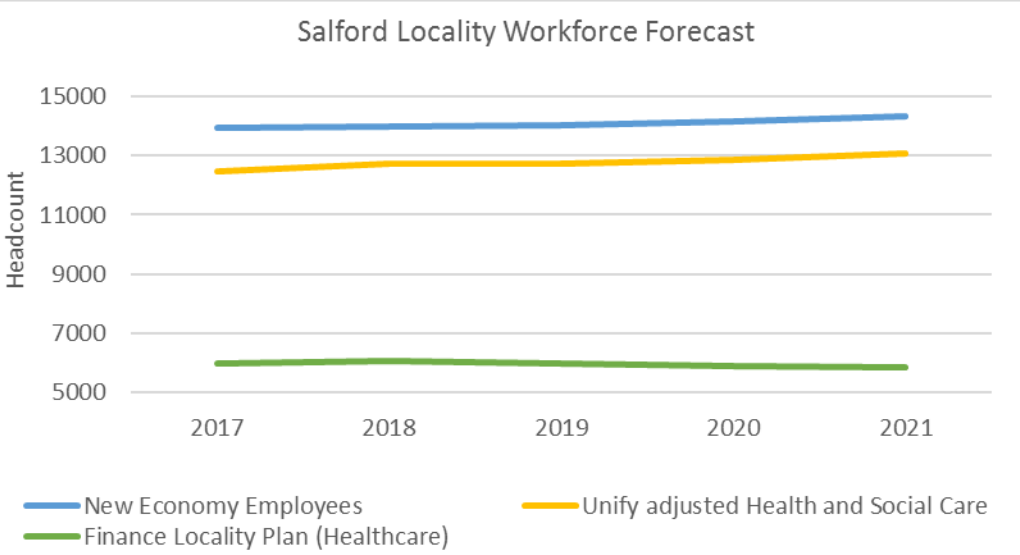
- Increased demand (workload & 7 day services) and decreased funding means we need to deliver services differently
- Need to improve effectiveness and efficiency
- Difficulty in recruiting/ retaining people with the rights skill (e.g. children's social workers, GPs)
- The opportunities provided for learning and development are seen as limited in some sectors
- The ability to gather and understand workforce data for some sectors
- Need for a cultural and behavioural shift for all the organisations to a place-based approach
- Widening participation - how can we support local residents into employment?

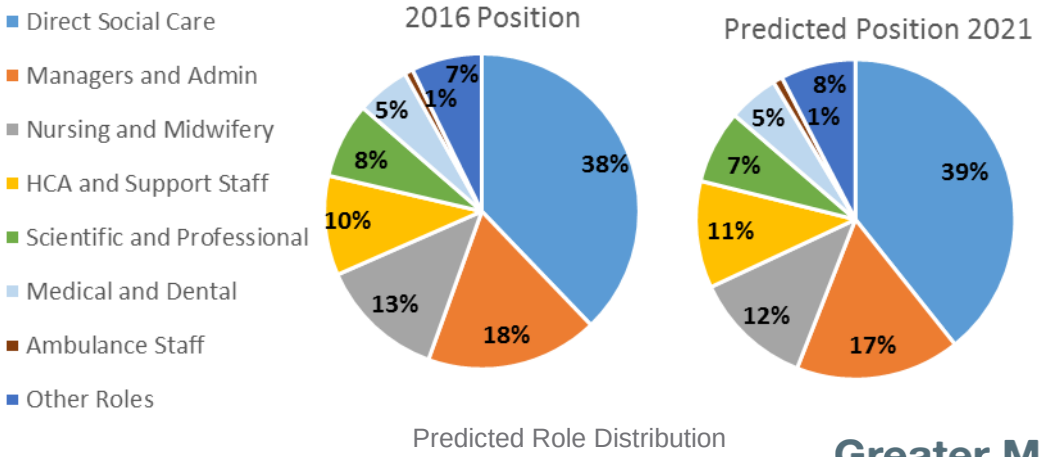
Ambition

- **Leadership and management**: Developing leadership capability and connecting primary and secondary care leaders together at all levels.
- **Culture:** Develop a shared culture that promotes asset based thinking, supports innovative ways of working
- **Employee engagement**: Strategies that will enable the transition and transformation of services and co-production of new models of delivery and job roles.
- **Learning and development**: Develop the skills, knowledge and behaviours to operate in different operating models and across boundaries.
- **Employment conditions**: Utilise evidence about the Living Wage produced by the Institute for Health Equity

Salford – Key Priorities and Activities

Workforce Data





New Economy data forecasts an overall 3% (402) increase in workforce, while adjusted Unify data shows an increase of 4.7% (583). Both of these data sets are demand based, reflecting a predicted population increase.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a 2.3% (141) reduction in the workforce that we have data for, reflecting the expected results of planned interventions in the locality.
Salford priorities include expansion of the workforce delivering primary medical services and increased numbers delivering care in a community setting. There will be creation of new roles to reduce duplication including advanced and assistant practitioners and physician associates. In addition to the paid workforce, one in ten people are providing unpaid care.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 38% to 39% (392) of the workforce.
- Nurses remain stable but reduce from 13% to 12% of an increased workforce.
- Other roles (including bank and agency) are forecast to increase from 7% to 8% (86)
- Medical and dental staff are forecast to remain stable at 5%

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Stockport – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care budget: £490M

Population: 286,000

Male life expectancy: 79.7 yrs

Female life expectancy: 83.0 yrs

Health workforce: 55%

Social Care workforce: 45%

Providers

- Stockport Council
- Stockport NHS Foundation Trust
- Pennine Care
- GM Mental Health NHS FT
- Primary Care
- Out of hours GP
- Voluntary, Community, and Social Enterprise Sector Workforce
- Care Homes
- North West Ambulance Service

Workforce Transformation priorities

Talent Development and system leadership:
- Distribute leadership as close to the front line as possible
- Develop a new collaborative leadership strategy and development programme (Joint leadership development programme for neighbourhood teams, Team leader training, Integrated leadership structures)
- Widespread communication of the Stockport Together vision
- Build on/enhance existing community assets
- Employ an asset-based approach to change and roll out training to staff at all levels

Grow our own:
- Use of apprentices
- New role development (more 'generic' roles) to deliver across traditional boundaries
- Development of new roles and advanced practice

Brand:
- Complimentary training strategy, including a 'skills passport'

Filling difficult gaps:
- Gap and training needs analysis to assess our immediate training and recruitment needs
- More integrated workforce to ensure we are an attractive locality
- Better co-ordinate some support roles that have huge variances in the employment offer

Key workforce challenges

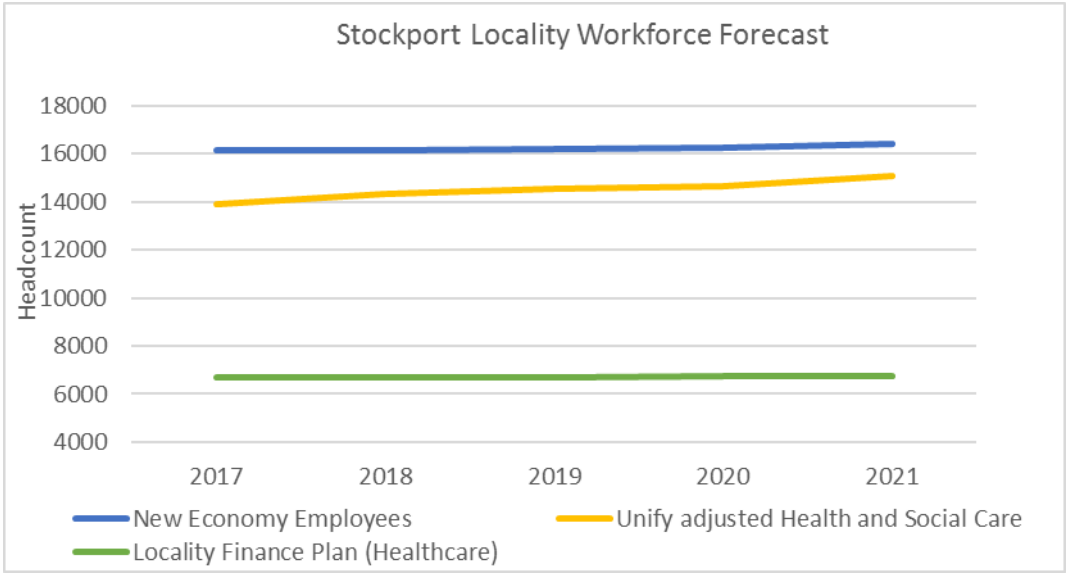
- Recruitment and retention – clinical and social care shortages and high attrition rate in the care sector
- An ageing workforce
- Staff remain in defined professional roles, often on different employers t's and c's
- No local freedom to flex national t's and c's
- Culture change is needed to support new organisational forms and personalised care delivery
- Resilience building of services and workforce, carers and community assets
- New role development to deliver the services across previously traditional boundaries
- Other localities can be more attractive

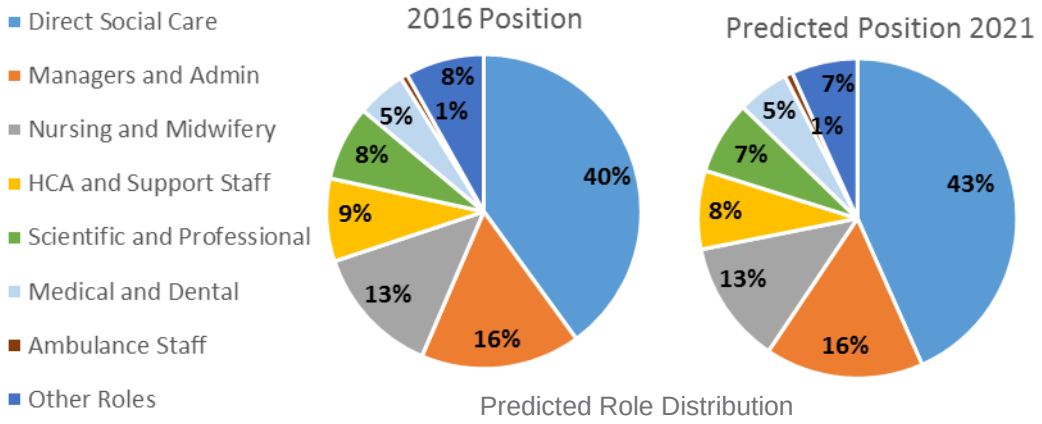
Ambition

- **Empowerment:** Influencing system wide decisions that will have a positive impact on health, and building a supporting culture Engagement and co-production: involving the public in the planning and design of the system reform
- **Leadership and collaboration**: Build more effective relationships between teams by sharing allocation meetings, developing personal trust between professionals, with agreed outcome and workload.
- **Systems and Standardisation**: establish professional attitude, competencies and a common language across services. Develop a common approach to change and quality improvement
- **Evidence and intelligence**: Develop a baseline of the current health and social care workforce, which will be used in modelling scenarios
- **ICT**: Adoption of modern the value of different professions and distributing leadership to the appropriate level.

Stockport – Key Priorities and Activities

Workforce Data





New Economy data forecasts an overall 1.5% (247) rise in the workforce, while adjusted Unify data shows an increase of 8.3% (1151). Both of these data sets are demand based, reflecting a predicted increase in the population.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a stable picture in the workforce that we have data for, reflecting the expected results of planned interventions in the locality. Stockport aims to integrate teams into a proactive, community-based model that shifts a significant proportion of care out of the hospital and closer to home. This will require role development (more 'generic roles) to deliver the services required across previously traditional boundaries.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 40% to 43% (535) of the workforce.
- Nurses reduce by 99 but remain as 13% of an increased workforce.
- Medical and dental staff remain at 5% of an increased workforce
- Other roles (including bank and agency) are forecast to reduce from 8% to 7% (167).

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Tameside and Glossop – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care commissioning budget: £477M

Population: 220,800

Unemployment: %

Male life expectancy: 77.3 yrs

Female life expectancy: 80.7 yrs

Long-term sick and inactive:

Health workforce: 50%

Social Care workforce: 50%

Providers

- Tameside MBC and Derbyshire CC
- Tameside and Glossop Integrated Care NHS FT
- Pennine Care NHS FT
- Variety of Primary Care providers
- Voluntary, Community, and Social Enterprise Sector Workforce
- Care Homes
- North West Ambulance Service

Workforce Transformation priorities

Grow our own:

- Develop new roles and services e.g. Extensivists to manage high risk patients & support general practice
- Develop new and enhanced roles (e.g. Prescribing Pharmacists, Care Navigators and Advanced Nurse Practitioners)
- Increasing apprenticeship posts
- Support for Carers
- Roll out of comprehensive Organisational Development programme

System leadership:

- Care Together; the integration programme across the economy developed by 3 statutory bodies
- Aligned leadership with clear vision Senior and operational system leadership team development
- Action learning for Neighbourhood Teams
- Wider workforce engagement

Filling difficult gaps:

- Sector-wide analysis of the workforce, 6 step model for workforce planning based on Bosma/Brookes Population Centric
- Succession planning in GP Commissioning
- Implementation of WRaPT
- Working with education providers to develop new education & training opportunities
- Wide engagement on the challenge and significant opportunities within T&G to work differently in an innovative, supportive and learning environment

Key workforce challenges

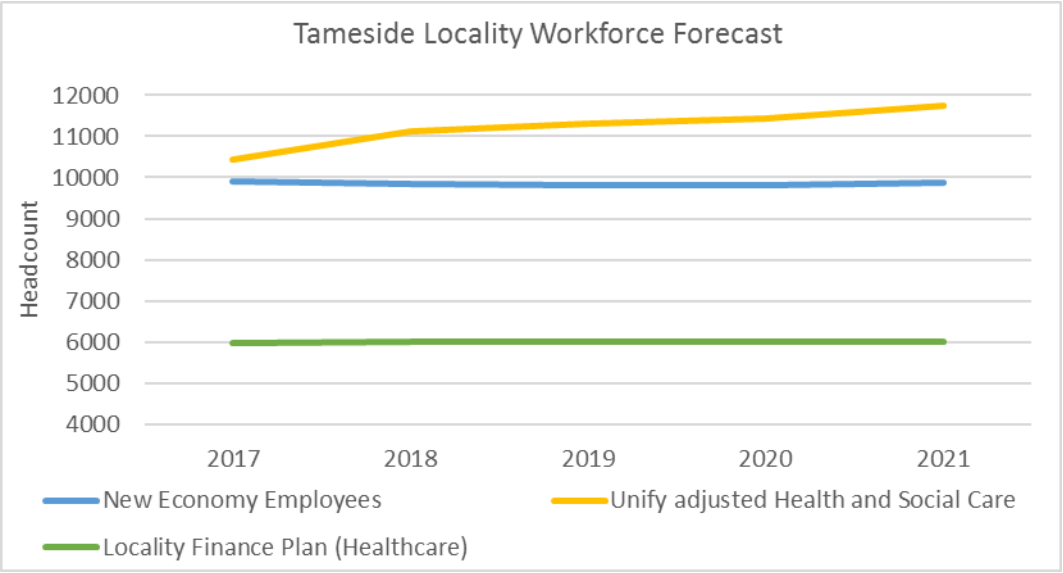
- Recruitment issues and shortage of GPs, Medical Staff in A&E, Medicine, Radiology; Band 5 nurses, District Nurses and social workers
- Engaging and involving whole workforce in transforming services and developing a new culture across T&G
- National frameworks for terms and conditions
- Development of new roles
- Significant unpaid workforce of volunteers and carers who also need to be considered

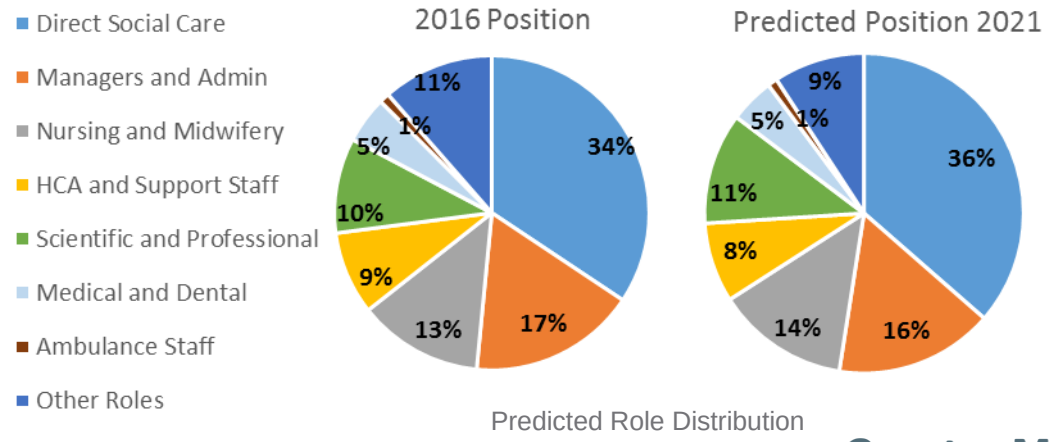
Ambition

- **Transformation:** through extensive engagement and involvement with the whole workforce, develop new place based services which encourage resilience and self care, embrace new technologies, provide improved support and care at home and in communities and thereby enable all staff to have a good work life balance and rewarding careers.
- **Transaction**: by moving staff groups into the ICFT, reduce silos and boundaries to facilitate better patient pathways and optimal working. Develop the organisation to be an employer of choice with a wide range of opportunities for staff including innovative roles, excellent training and support.
- **Leadership and collaboration:** through aligned clinical, political and managerial leadership, ensure all staff are clear on the vision, involved in the journey and feel supported in the changes required to deliver improved service provision and raise healthy life expectancy in T&G.

Tameside and Glossop – Key Priorities and Activities

Workforce Data





New Economy data forecasts a small overall 0.3% (31) reduction in workforce, while adjusted Unify data shows an increase of 8.6% (811). Both of these data sets are demand based, reflecting a predicted increase in the population.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan shows a stable picture in the workforce that we have data for, reflecting the expected results of planned interventions in the locality.
The Tameside and Glossop Care Together vision is to significantly raise healthy life expectancy through a place-based approach. This will result in reduction in the hospital based workforce and allow greater investment in the neighbourhood workforce, while protecting existing services from de-stabilisation during transition and minimise double running.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 34% to 36% (865) of the workforce.
- Nurses increase from 13% to 14% (306) of an increased workforce.
- Medical and dental staff remain at 5% of an increased workforce
- Other roles (Inc. bank and agency) reduce from 11% to 9% (26).

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Trafford – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care budget: £420.4m

Population: 234,700

Male life expectancy: 79.9 yrs

Female life expectancy: 83.5 yrs

Health workforce: 49%

Social Care workforce: 51%

Providers

- Trafford Council
- Central Manchester University Hospitals NHS FT & UHSM NHS FT
- GM Mental Health NHS FT
- Pennine Care NHS FT
- Primary Care
- Out of hours GP
- Voluntary, Community, and Social Enterprise Sector Workforce
- Care Homes
- North West Ambulance Service
- Police, Fire, Housing, etc.

Workforce Transformation priorities

Talent Development and system leadership:

- Comprehensive workforce development plan covering: Shared Leadership Programmes, Emotional intelligence for change, Managing change, Coaching, resilience etc.
- Develop values based leadership and workforce development programmes that incorporate "Together Trafford" and GM values
- Introduce a pan Trafford Training Pledge – to offer development opportunities to work across the system in a flexible and mobile way

Grow our own:

- Encourage more younger people into employment
- Consider developing new roles, e.g. Integrated Care Associate role.
- Consider development of Apprentices in NMoC along with Health Care certificates
- Create career grading, and robust succession planning
- Better workforce planning to include skills audits and the use of performance management frameworks to develop people into hard to fill roles.

Brand:

- The Trafford Pledge offers work experience placements, employment opportunities, work trials, apprenticeships or mentoring support
- We are working with the Trafford Partnership to create "Trafford Together" brand with shared values and messages about our vision for Trafford as a place.

Key workforce challenges

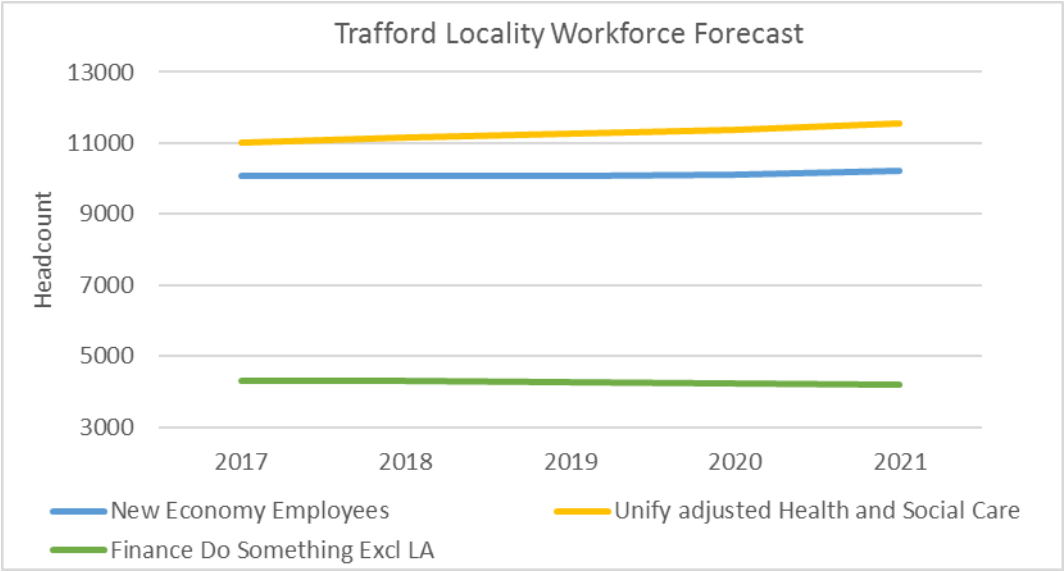
- To facilitate a cultural shift from prescribing 'services' to harnessing the skills and potential of local communities, families and individuals
- Better use of technology to be digitally focused.
- Ageing workforce
- Above average employment rates and skill levels mean low paid social care roles are hard to fill.
- Collaborate across boundaries towards an integrated Local Care Organisation (LCO)
- Effective supervision for a dispersed workforce
- We don't have common redeployment options across the system with different t&c's in place
- The move to 7 day and 24/7 working
- Career structure and training to progress
- Developing leadership behaviours in operational management.

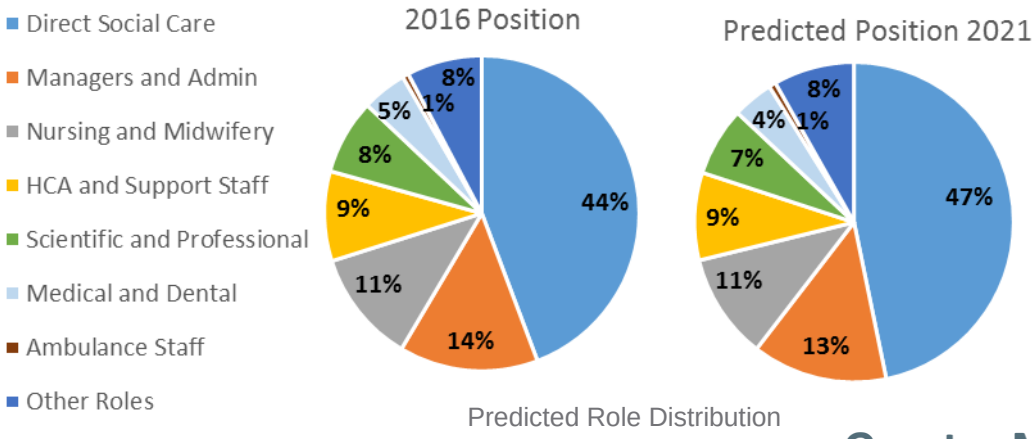
Ambition

- **Workforce reform** : across systems, services and processes, workforce behaviours, values and ethos, with freedom to focus on what's important to individuals and families.
- **Integrated teams**: flexible teams that are working together to achieve shared goals, with less overlap and more collaboration.
- **Leadership:** Authentic and collaborative leadership that is leading from place, democratically astute and empowering, and focused on better outcomes.
- **Asset based approach** - recognising the strengths of people and places, enabling them to build upon these to help themselves to overcome challenges and make the most of opportunities.
- **Engagement, co-design, and coproduction:** continue to ensure that citizens are at the centre of our services. Working with statutory, voluntary and private sector organisations to identify opportunities and structures to improve health and outcomes.

Trafford– Key Priorities and Activities

Workforce Data





New Economy data forecasts an overall 1.4% (144) increase in workforce, while adjusted Unify data shows an increase of 5.2% (571). Both of these data sets are demand based, reflecting a predicted increase in the population.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan forecasts a 2.4% (102) reduction in the workforce that we have data for, reflecting the expected results of planned interventions in the locality. Too many patients are accessing hospitals who could be treated in community settings Trafford's response is the integration of health and social care with an extensive community out of hospital services over four neighbourhoods aligned with the Trafford Co-ordination Centre. Health and social care teams will work closely with local GPs to ensure area needs are met and core services will include district nursing, specialist palliative care and physiotherapy.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 44% to 47% (384) of the workforce.
- Nurses remain at 11% of an increased workforce.
- Medical and dental staff reduce from 5% to 4% (34)
- Other roles (including bank and agency) increase by 89 remaining at 8% of the workforce.

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff.

Wigan – Key Priorities and Activities

High level summary of workforce challenge & Implementation Priorities

Locality facts and figures

Joint health and social care budget: £TBC

Population: 321,000

Male life expectancy: 77.7yrs

Female life expectancy: 81.2yrs

Health workforce: 44%

Social Care workforce: 56%

Providers

- Wrightington Wigan and Leigh NHS FT
- Bridgewater Community Healthcare NHS FT
- North West Boroughs Partnership NHS FT
- Wigan Council
- Wigan CCG
- Primary Care
- Care Homes
- Hospice Care
- Voluntary Sector

Workforce Transformation priorities

Talent Development and system leadership:

- ICS career pathway across organisations
- Training needs analysis
- Secondment principles across organisations
- Networking opportunities
- System leadership programmes

Grow our own:

- Local apprenticeship frameworks

Brand:

- Asset based approach central to everything we do
- Local and overseas recruitment campaign
- Employment passport to transfer service
- Be Wigan onboarding
- Wigan strategic narrative
- Psychological contract alignment
- Employee engagement

Filling difficult gaps:

- Alternative workforce models - Nursing Associates, Physicians Associates, Advanced Practitioners
- GP fellowship scheme pilot
- Earn, learn and return international recruitment programme for medical staff

Key workforce challenges

- Recruitment of nurses, social workers, GPs and hospital based medical staff
- Reliance on agency workers
- Some partner organisations cross locality boundaries so can't commit to Wigan only approach
- Capacity to deliver asset based training
- Ageing workforce in key groups

Ambition

Engagement, culture & partnership working

- Tailor and embed an asset based approach
- Align psychological contracts, workforce adaptability & readiness for change
- Shared vision and onboarding
- Partnership working with trade unions

Education, skills & leadership

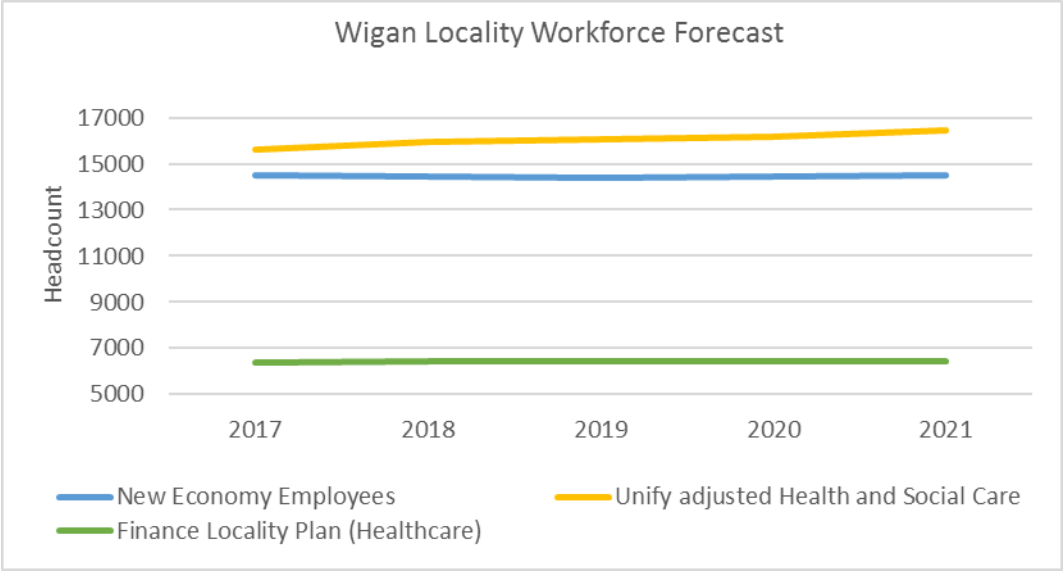
- System leadership development programme
- 1st line management development
- Shared apprenticeship approach
- Robust learning needs analysis

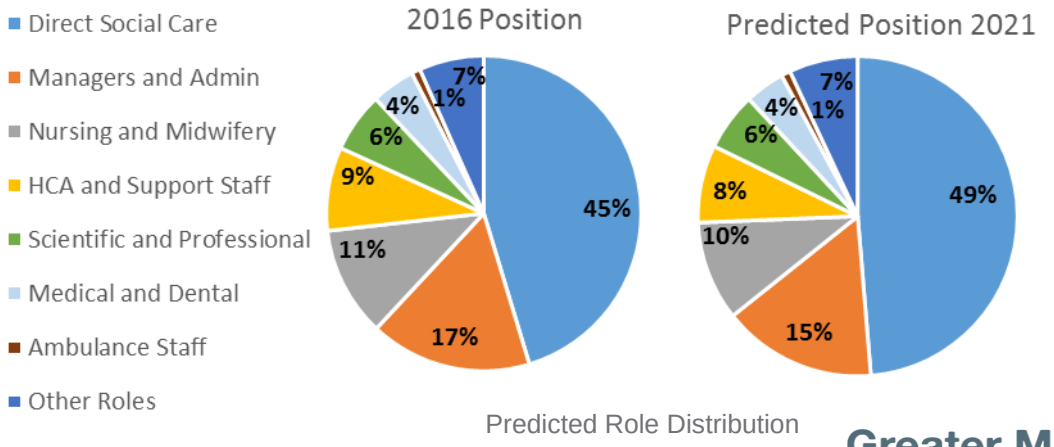
Workforce models

- Inclusion of non-employed workforce
- Employment passport
- System wide workforce planning

Wigan– Key Priorities and Activities

Workforce Data





New Economy data forecasts a stable workforce, while adjusted Unify data shows an increase of 5.1% (795). Both of these data sets are demand based, reflecting a predicted increase in the population.

Differences in the data sets can be partly explained by: Conversion from WTE to Headcount; Proportion of the workforce from providers spanning localities; Workforce employed by providers outside of the GM footprint; and different sources.

The locality Healthcare finance plan forecasts minimal change in the workforce that we have data for, reflecting the expected results of planned interventions in the locality.
Wigan locality recognises that significant changes are required in delivering health and social care, pressure and demand for services must be reduced by working with our residents and patients, using an asset based approach.

As a consequence of planned changes and expected growth:

- The proportion of direct social care is forecast to increase from 45% to 49% (1256) of the workforce.
- Nurses numbers remain stable and reduce from 11% to 10% of an increased workforce.
- Medical and dental staff remain stable at 4%
- Other roles (including bank and agency) increase by 151 remaining at 7% of the workforce.

Whether the changes identified are successful, or if the expected increase predicted by New Economy and the adjusted Unify come to pass, the locality will still need to actively recruit and continue to redesign to address the expected 11% per year replacement demand for staff. (N.B data for North West Boroughs NHS Partnerships is not included).

Content

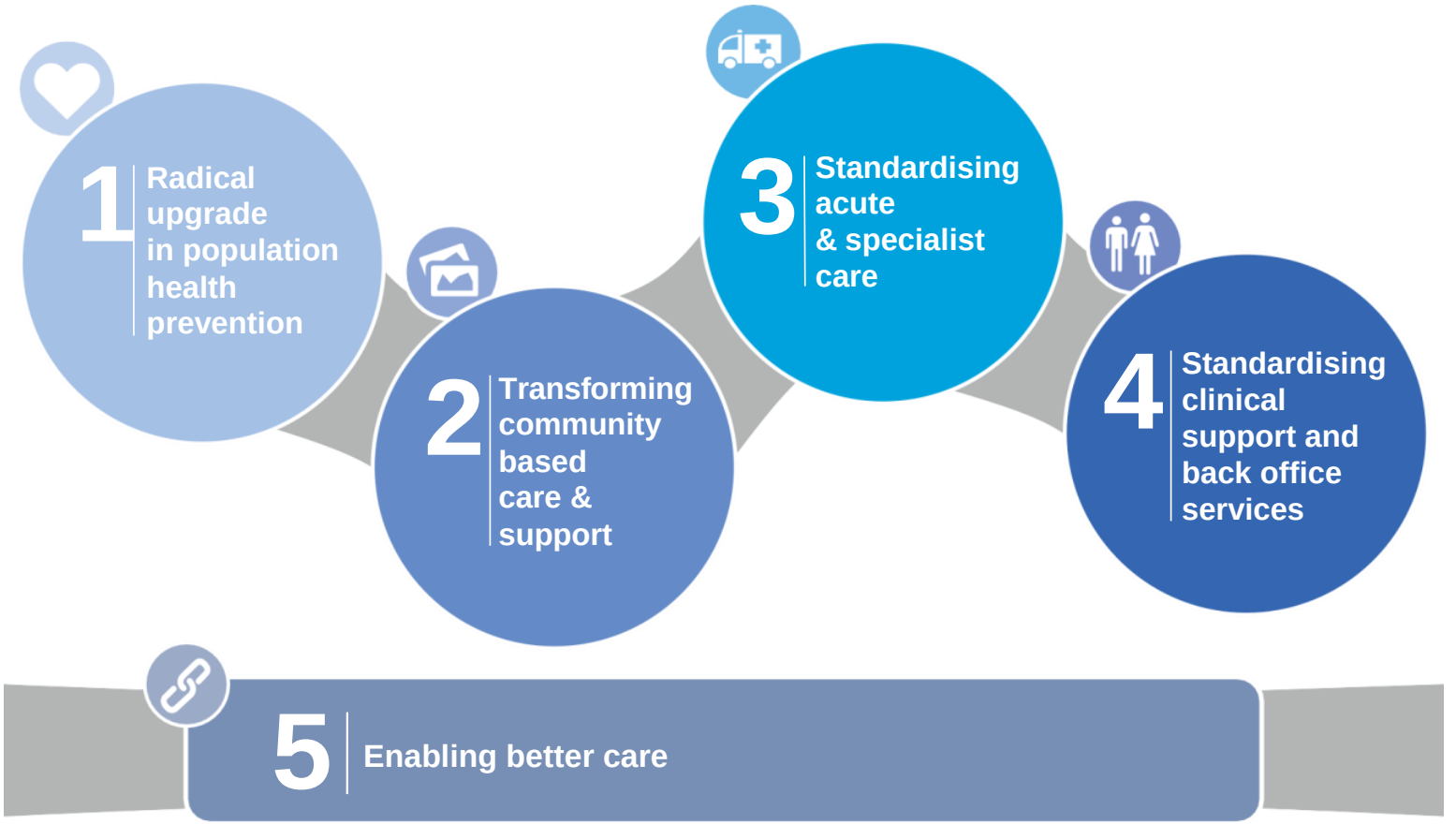
About this section

This section sets out the workforce priorities for each GMHSCP Transformation Theme and a number of the cross cutting themes and their alignment to the four workforce transformation priorities

Key messages:

1. *Workforce is a key enabler of transformation within all themes*
2. *The four workforce transformation priorities broadly align with the workforce capacity and capability challenge the themes recognise they face*
3. *The priorities as defined are still being developed and agreed by the various theme leads through their respective governance channels – and therefore will be subject to change*
4. *There is further work required to develop more detailed workforce plans within each theme to ensure there is the capability and capacity within the workforce to deliver transformation*

GMHSCP Taking Charge Theme Workforce Transformation Priorities



- Cancer
- Children's Services
- Dementia
- Diabetes
- Mental Health
- Transforming Care

GMHSCP Taking Charge Theme Workforce Transformation Priorities

- Discussions have taken place in recent months with leads and teams of the transformation themes, cross cutting themes and other enablers to instigate thinking about workforce in the context of each thematic area

- Some themes are further on in producing their own workforce plans whereas others are still in the early development stages.

- Engagement will continue to ensure workforce is a key consideration in delivery of transformation in the context of each theme

- The following slides set out the current workforce challenges and priorities for: themes 1 to 4, Mental Health, Social Care, Cancer and Children's Services

- Between July to September 2017, there will be further engagement with: Estates, Digital, Transforming Care, Dementia, Diabetes, Commissioning, Incentivising Reform, Medicines Optimisation, and LCOs

Theme 1: Radical Upgrade in Population Health Prevention

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

- **2.8 million population across GM but predicted to increase by 3%, with an ageing profile, and people aged over 70 predicted to increase by 15.2% by 2021**
- **GM has significant health inequalities both in relation to England averages and across GM between local authorities and within them.**
- **GM life expectancy is below the national average, and there are poorer levels of healthy life expectancy.**
- **Rates of employment are lower – 70.5% compared with 74% across England**
- **9.8% of adults reported they had a long-term condition or disability that significantly impaired their everyday activities**

Key workforce challenges

- Shifting culture/expectations to make population health (PH) 'everyone's business'
- Ageing workforce and need to improve succession planning
- No clear PH career framework in Local Authorities
- Differentials in Ts & Cs across system leads to recruitment issues and discourages mobility
- Operationalising Making Every Contact Count (MECC)
- Prevention services not sufficiently prioritised within resource allocation decisions impacting on workforce capacity

Ambition

A strong, effective unified public health function equipped to lead and support coordinated system wide action to improve and protect the public's health and reduce health inequalities.

A whole GM workforce & leadership equipped to deliver a radical upgrade in prevention and mobilise a stronger social movement for health.

Leading to:

Detailed and shared system understanding of health risks, needs & assets within communities and across populations.

Robust evidence based policies and programmes to address population health priorities.

Ability to implement & coordinate policy and programmes at scale to protect health & achieve population level improvements in health outcomes and reduce inequalities.

Ability to ensure all populations have access to appropriate and cost effective care including health promotion and disease prevention services.

Workforce Transformation priorities

Talent Development & System Leadership :

- Need to establish integrated multi-disciplinary teams
- Public Health England sharing the learning and resources from its own approach to talent management and leadership development
- Embed population health within GM system leadership programme
- Deliver an enhanced public health practitioner registration scheme

Grow our own:

- Move away from reactive, expensive, short-term post filling - more streamlined and collaborative approach regarding recruitment and induction
- Opening up careers in population health to younger people and/or make the sector more attractive – PH apprenticeships
- Develop agreed career pathways framework for GM PH system
- Embed PH training into undergraduate curriculums for identified workforce groups

Employment Offer and Brand(s):

- Piloting the electronic 'skills passport' currently being developed to enable movement across the system

Filling Difficult Gaps:

- Undertake gap analysis across system and develop/ commission training and development routes to address gaps
- Extend role of community pharmacies to increase enhanced services - harnessing existing parts of the workforce by upskilling, re-training and re-deploying staff
- Creation of roles such as health and wellbeing coaches - Holistic and hybrid roles by introducing new and extended care programme approaches – e.g. care co-ordinators & care navigators

Theme 2: Transforming Community Based Care & Support

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

There are currently around 2000 points of delivery for primary care across GM, with somewhere over 90% of all NHS patient contacts taking place therein.

Thousands of people are treated in hospital when their needs could be better met in the community.

Key workforce challenges

- Pressure on primary care from other parts of the health system, resulting in increased workload.
- Problems recruiting and retaining GPs
- A third of GPs hope to retire within the next five years, and a fifth of current GP trainees plan to move abroad.
- In practice nursing, over 64% of practice nurses are over 50, and only 3% are under 40.
- 'Organisational inertia' can be a barrier to different ways of working to improve service delivery and the quality of care.
- Cultural and professional resistance to change

Ambition

For most people, seeing a doctor or nurse at their registered general practice or a visit to a dentist, optician or pharmacy is their first port of call and main contact with health and care services. We will expand on that traditional concept of primary care to foster a much wider primary care system including, for example; physiotherapy, midwifery, podiatry, social care along with voluntary organisations in order to enable people to access the most appropriate professional and service directly. This sort of community-based primary care is the bedrock of our health system in Greater Manchester, and we want to make the most of it.

We need to look to the future and make sure our primary care system is sustainable and able to cope with the demands made on it and in years to come. We must have the right workforce to care for people effectively.

In order to do so we must develop and upskill a sustainable primary care workforce with a focus on wellbeing, prevention and restorative health, whilst empowering our patients, carers and communities to take greater responsibility in their health and wellbeing. The development of robust systems will support the primary care workforce to deliver consistently high quality care, assured against evidence based standards.

Workforce Transformation priorities

Talent Development & System Leadership :

- Programme of organisational development for primary care will cultivate local primary care leaders who can provide system leadership as well as support for frontline staff.

Grow our own:

- We want to retain our trainee practitioners within GM through a variety of initiatives such as the expansion of the remit of Enhanced Training Practices (HTPs); creating opportunities for portfolio working in order to extend the experience and skills of newly qualified practitioners as well as working with local training providers and institutions to develop innovative training programmes aligned to the changing landscape of primary care .

Employment Offer and Brand(s):

- We want to make primary care an exciting place to work and pursue a career.

Filling Difficult Gaps:

- Expand on the traditional concept of primary care to foster a much wider primary care system, better utilising roles such as clinical pharmacists in general practice, group consultations and increased inter-professional working across all primary care contractors
- Expand the primary care workforce. Building existing good practice in GM e.g. the use of Health Trainers in Bolton and volunteer 'neighbourhood connectors' in Salford to provide support to people in the community
- Improving the way different health and care professionals work together to get the most from what each profession brings to primary care services and individual patient care

Theme 3: Standardising Acute & Specialist Care

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

- **Theme 3 projects cover services that account for two thirds of all hospital activity**
- **They represent 61% of in scope acute costs in GM**
- **In scope services represent £1.6bn of £2.7bn of in scope spend.**

Key workforce challenges

- Vascular and Paediatric workforce redesign are priorities, but there is a requirement for redesign across a range of specialties
- There is an acute shortage of Radiologists and Radiographers
- Middle Grade Doctor shortages across many specialties
- There are Urgent Care staff shortages across hospitals in Greater Manchester
- Healthier Together has identified the need to increase the surgical workforce and recognise training within non- hub sites

Ambition

The overall ambition is the creation of "single shared services" for acute services and specialist services to deliver improvements in patient outcomes and productivity, through the establishment of consistent and best practice specifications that decrease variation in care; enabled by the standardisation of information management and technology.

It is a wide ranging programme aimed at streamlining hospital care across Greater Manchester, focused on:

- Improving the safety and quality of hospital services whilst reducing the variation in clinical care and outcomes.
- Increasing the productivity of acute care.
- Streamlining the interface between hospital and out of hospital services to:
  - Avoid emergency admissions.
  - Reduce very long lengths stay in of acute hospitals.
  - Introduce seven day working where required.
- Increasing collaboration across organisations.

The theme aims to transform:

- Paediatrics (including specialised children's services), and maternity
- Respiratory and cardiology
- Benign urology
- MSK and orthopaedics
- Breast services
- Neuro-rehabilitation
- Vascular
- HIV
- Ophthalmology

Workforce Transformation priorities

To ensure that theme 3 achieves its full potential to improve patient care, it will need to deliver:

- New models of clinical care
- New ways of working
- New models of workforce.

Priority areas of work are yet to be agreed and could include:

Talent Development & System Leadership :

- Initiatives to be developed

Grow our own:

- Develop sustainable process for workforce transformation in Greater Manchester
- Consider patient flow in urgent care to redesign workforce
- Undertake workforce redesign of 2 specialties, for example Vascular and Paediatrics

Employment Offer and Brand(s):

- Initiatives to be developed

Filling Difficult Gaps:

- Review two hard to fill areas, for example:
  - A&E Middle Grade Doctors
  - Radiology & Radiography

Theme 4: Standardising Clinical Support & Back Office Services

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

In GM there are 10 local authorities, 12 CCGs and 15 trusts with a mixed economy approach to Finance support ranging from hosted shared service to in house arrangements.

Key workforce challenges

- Developing a new shared model may cause capacity and flexibility constraints
- Difficult to recruit experienced Biomedical/Clinical Scientists
- Change in work locations may lead to a loss of both senior and junior staff.
- Excellent communication mechanisms and staff involvement will be required to minimise the loss of key staff
- Agency staff usage in aseptics
- Issues recruiting to consultant radiologist vacancies
- Radiology services unable to meet demand within planned capacity, with significant reliance on unbudgeted outsourcing, overtime payments, bank and agency staff.

Ambition

Corporate services, through shared service delivery models, to be supplied to public sector organisations on a regional footprint that is wider than the STP.

To deliver high-quality, resilient corporate functions across GM to common standards that saves at least 20% of current costs within 5 years.

To generate significant efficiencies through organisational collaboration that will deliver consistency in corporate functions across GM and significant financial savings.

Appropriate centralisation of pathology and radiology services in line with the recommendations set out in Lord Carter's 'Review of Operational Productivity in Hospitals'.

Workforce Transformation priorities

Talent Development & System Leadership :
- Seek solutions that retain existing talent and skills but which uses that capability in a different way
- Development of system leadership in pathology
- Bringing together clinical and financial leadership under the corporate review

Grow our own:
- Collaborate with local universities to develop a robust training programme that will attract talent to the area.
- Remote working to help tackle issues of recruitment or retention amid a national shortage of Radiologists**.**

Employer Offer and Brand(s):
- All public sector organisations in GM have common business functions
- Pathology - standardisation of grade banding across GM
- Centralised, collaborative GM approaches

Filling Difficult Gaps:
- Advanced practitioners Biomedical Scientists carrying out dissection (cut-up) instead of medical staff in specified circumstances.
- Associate Practitioners. Band 4 staff trained to carry out specific tasks traditionally carried out by Biomedical/Clinical Scientists
- Develop skills in workforce planning to provide forward-looking, strategic advice
- Develop specialised roles in pathology
- Review of training, roles and responsibilities in pharmacy
- Development of new models of radiology service provision across GM

Cross Cutting Theme – Mental Health

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

Complex and fragmented commissioning for GM's 2.9 million residents across 10 LAs, 12 CCGs and 82 Mental Health and wellbeing programmes

Approximately 683,000 adults in Greater Manchester have a mental health or wellbeing issue and with an ageing population prevalence will increase leading to potentially longer periods managing disabilities, a higher rate of benefit claimants and higher numbers of hospital admissions

GM has a higher mental health need than the national average, of all Clinical Commissioning Groups (CCG's) only Oldham and Trafford have a lower level of long-term mental health issues than the national average.

Key workforce challenges

- Preparing the workforce to work as part of an integrated and joined-up system.
- Staff must be more adaptable and resilient in order to respond to systems-wide changes, and more multidisciplinary, in order to drive integrated care.
- Ensuring Mental health is prioritised in the workforce
- Defining and quantifying the staffing requirements, type of workforce needed in the future and associated costs.
- Engagement with health and social care organisations in transforming their HR, OD and communications to reflect the requirements of integrated care.
- Cultural and behavioural change to ensure that mental health is everyone's business

Ambition

Prevention:
Place based and person centred life choice improving outcomes, population health and health inequalities through initiatives such as health and work

Access:
Responsive and clear access arrangements connecting people to the support they need at the right time

Integration:
Parity of mental health and physical illness through collaborative and mature cross-working across public sector bodies & voluntary organisations

Sustainability:
Ensure the best spend of GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating & improving IT & investing in new workforce roles

Workforce Transformation priorities

Talent Development & System Leadership :
- System Leadership to drive new models of care
- Changes to working practices and training to facilitate a culture of shared leadership accountability
- Introduce a development programme for GPs, troubled families key workers and other frontline workers to identify mental health needs in children.

Grow our own:
- Workforce is trained in a range of disciplines, knowledge of the relevant services for referral. Core skills related to MH are defined and consistent across GM.

Employment Offer and Brand(s):
- Workplace and employment support
- All public and private sector employers promote good employment practice for MH and employees will be supported to feel happy at work and helped to achieve life satisfaction
- Work with organisations and provide recommendations around how to embed the competencies required for cross-organisational collaboration in recruitment, inductions, development, promotion and in internal communications and within each organisation's values.

Filling Difficult Gaps:
- Strengthen the role of the GP as an initial point of contact, and ensuring there is a consistent care co-ordinator role with the right skills and competencies across GM.

Cross Cutting Theme – Social Care

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

If GM was a single unitary authority it would be ranked in the bottom third for service user satisfaction and the bottom quartile for the quality of its residential and nursing care.

Service providers in GM support over 26,000 residents with care at home at a cost of £71m per year. 7,405 people with learning disabilities receive support costing circa £300m per year; whilst there are 17,881 residential and nursing home beds currently operating at 90-100% occupancy in the GMCA region and over 280,000 carers.

70,000 people across GM provide care for someone else for more than 50 hours per week.

Ambition

Help more people to live independently, at home for as long as possible, accessing community opportunities and living the lives they choose to live. We want to reduce reliance on acute health care services and institutional forms of care, and support a range of options that enable people to self-manage and find solutions that make sense to them.

Key workforce challenges

- A lack of capacity and resource in local authorities and partners to bridge the move to new models of care
- Growing acuity of need putting increased pressure on resources and capacity.
- Ts & Cs often compare badly with other sectors e.g. retail
- Lack of nursing capacity in nursing homes
- High turnover of domiciliary care workers and Registered Managers
- Careers in care are not well defined and supported with training, skills development and opportunities to progress
- The image of care as a career is poor
- Significant proportion of the workforce is not directly employed by GM health and social care organisations, but by third party providers that differ widely in size and approach
- Workforce transformation for adult social care needs to address ways in which these third party workers can best be supported, encouraged and rewarded to deliver the necessary outcomes

Workforce Transformation priorities

Talent Development & System Leadership :

- Peer development approaches
- Recognising the importance of leaders in the delivery of high quality outcomes
- Defining the attributes of good leaders, identifying and supporting leaders to grow their skills
- Encouraging development planning across the whole workforce

Grow our own:

- Reduce turnover of social care workers
- A universal offer for carers around information, advice and support
- Workforce reform and the development of new skills, career pathways and new roles
- Developing a GM approach to care apprenticeships, building the profile of care roles and making it a career of choice
- Supporting recruitment, retention and development of the workforce to raise standards and improve sustainability (Care at Home workstream)
- Develop strategy to improve image of care as a career, regardless of employer

Employment Offer and Brand(s):

- A GM market position statement and market management approaches
- A single set of GM quality standards and commissioning frameworks
- Challenging performance that impacts on the delivery of GM ambition
- Commitment to carer friendly policies and employer accreditation
- Building the profile of care roles and making it a career of choice
- Improving reward and recognition for care workers
- Reducing turnover of care workers

Filling Difficult Gaps:

- Establishing new care roles with increased skills and career pathways
- Approach to widen trials of an additional role to bridge the gap between senior care workers and nursing assistants within Care at Home
- Understanding what types of role are needed, in what quantity, and how this may change over time
- Reviewing different workforce models across localities and assessing whether some work better than others at reducing difficult vacancies
- Identifying ways to mitigate where difficulties remain
- Develop strategy to recruit and retain domiciliary care workers, Registered Managers and nurses in care homes

Cross Cutting Theme – Cancer

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

In 2014, 14,500 people were diagnosed with cancer in Greater Manchester, compared to 13,800 in 2011.

In 2014, cancer was responsible for 6,700 deaths in the region.

89,200 GP referrals for suspected cancer to Greater Manchester's hospitals in 2014/15, up from 77,800 the year before.

The National Audit Office estimated cancer related costs for the NHS in England of £6.7bn in 2012/13

Key workforce challenges

- Develop a modern, skilled and flexible workforce able to deliver new models and approaches to care
- Good quality, knowledge about and access to this training is not equitable across the workforce.
- Staff working in community services are often in small teams or in groups or individual practice, meaning access to high quality education and information can be difficult.
- Workforce education needs to support rapid translation of research into practice and sharing of best practice across the system.
- GM requires a system to ensure that those in the informal social care system have access to education
- Ensuring access to a CNS or other key worker for all cancer patients to coordinate their care
- Growing demand for 'diagnosticians' due to unfilled or hard to fill posts and significant growth in activity. Significant capacity issues both with generically skills and sub specialties of radiologists, pathologists and endoscopists.

Ambition

- Reduce Adult smoking rates to 13% by 2020
- Increase one-year survival to more than 75% by 2020
- Prevent 1,300 avoidable cancer deaths before 2021
- Offer class-leading patient experience
- Exceed national standard for starting treatment within 62 days of urgent care referral
- Ensure recovery package is available to all patients reaching completion of treatment by 2019
- Everyone involved in cancer care and prevention will have access to worldclass cancer training, education and information at their fingertips
- To deliver the GM cancer plan domains which requires a workforce which are equipped to:
    - engage with the public in cancer prevention and early detection
    - Deliver leading cancer care in the North West and UK
    - Respond to the needs of those affected by cancer through treatment when living with and beyond cancer and into palliative and end of life care

Workforce Transformation priorities

Talent Development & System Leadership :

- Person and Community Centred Approaches, focusing on the assets within communities, the skills and knowledge, the social networks and the community organisations which are the building blocks for good health.
- Defined regional clinical leadership for diagnostic modalities
- Develop a fair and equitable single service cancer education model across Greater Manchester
- Comprehensive programme of CPD events for the cancer workforce, including social care
- Co-ordinated programme of education for all secondary care staff involved in delivering each cancer pathway
- Develop new models of blended CNS working between primary, secondary and community care to improve co-ordination of both the diagnostic pathway and aftercare of cancer patients

Grow our own:

- Develop pathway for developing new research support staff, using apprenticeship frameworks

Employment Offer and Brand(s):

- Developing a comprehensive communication and patient experience programme, delivered to all levels of staff and available across the whole system.

Filling Difficult Gaps:

- Review multidisciplinary team (MDT) working across cancer services. Assess the need for a standardised GM approach to MDT working and explore the potential for innovative MDT models in some cancer pathways.
- Training the health and social care workforce as 'ambassadors' who can help support public health messages on lifestyle, immunisation and screening to reach a wider audience
- New models of aftercare and combination of CNS and 'navigator/coordinator' type posts, addressing evolving skill mix

Cross Cutting Theme – Children's services

High level summary of workforce challenge & Implementation Priorities

Thematic facts and figures

- **GM has more than 5,000 looked after children and 4,000 care leavers**
- **More than half of GM's local authorities perform below the national average on key outcome indicators, such as rates of school readiness, child obesity and numbers of first time entrants to the criminal justice system.**
- **Education outcomes for 2015 showed less children achieved a good level of development aged 4-5 than national average**
- **GM was 2.8% below national average for 5+ A-C at KS4 despite level 4 results at KS2 being just above.**

Key workforce challenges

- Skills and competence of paediatric and midwifery workforce in line with RCM and RCPCH.
- Skills and competence of wider community in developing an asset based approach.
- Development of workforce to enable children and young people to be managed closer to home.
- Development of advanced roles within maternity services to fulfil national recommendations e.g. midwife sonographers, advanced midwife practitioners
- Extended period to train existing staff to specialist roles.
- Recruitment gaps in several disciplines including medical, nursing and midwifery
- Culture change
- Skills and competence of workforce to work in an integrated way with shared outcomes and role within early help.
- Requirement to improve specific knowledge around child development
- Cost of evidence based intervention training
- Freeing up time of professionals who have limited capacity to attend training
- KPIs and single service policies/specifications driving behaviours

Ambition

To deliver the fastest and greatest improvement in the health and wellbeing of the 770,000 0–25 year old children and young people of Greater Manchester, creating a strong, safe and sustainable health and care system that is fit for the future.

Improved child safeguarding and better outcomes for looked after and adopted children, including care leavers.

Adopt an asset based approach that enables children and young people to have the fullest life possible and which supports them, their families and other carers in informed decisions

Maternity services to be safe, more personalised, with choice offered at every opportunity, while ensuring that maternity care is tailored to women, their baby and their families.

For children and young people with long term conditions to be managed closer to home.

Improved child, infant and young people health outcomes.

No child to be treated in hospital if care can be provided to the same or better standard at home or in the community.

More GM Children will reach a good level of development cognitively, socially and emotionally.

Workforce Transformation priorities

Talent Development & System Leadership :

- Development of a framework to develop system leaders
- Joint locality leadership teams
- Develop crosscutting leadership that will allow GM services to integrate with locality services

Grow our own:

- GM Social Work Academy
- Universal hubs in communities - raising aspirations and attainment in education and employability
- Co-commission pathways to further study and employment
- Co commission evidence based interventions and develop a way for them to be sustainable across GM (train the trainer pool across GM)

Employment Offer and Brand(s):

- Co-commission advice and guidance services against an agreed employability outcomes framework at a GM level, whilst enlivening the young people's bridge from education to employability through an innovative and co-designed set of interventions alongside the local private sector

Filling Difficult Gaps:

- Increased multi-disciplinary working
- Develop/grow clinical supervision across GM that can support directly into locality services
- Review current workforce and skill match to see if it is fit for purpose for the future ambition to be achieved.

Content

About this section

This section sets out the delivery vehicle for the Workforce Strategy: the Workforce Collaborative

Key messages:

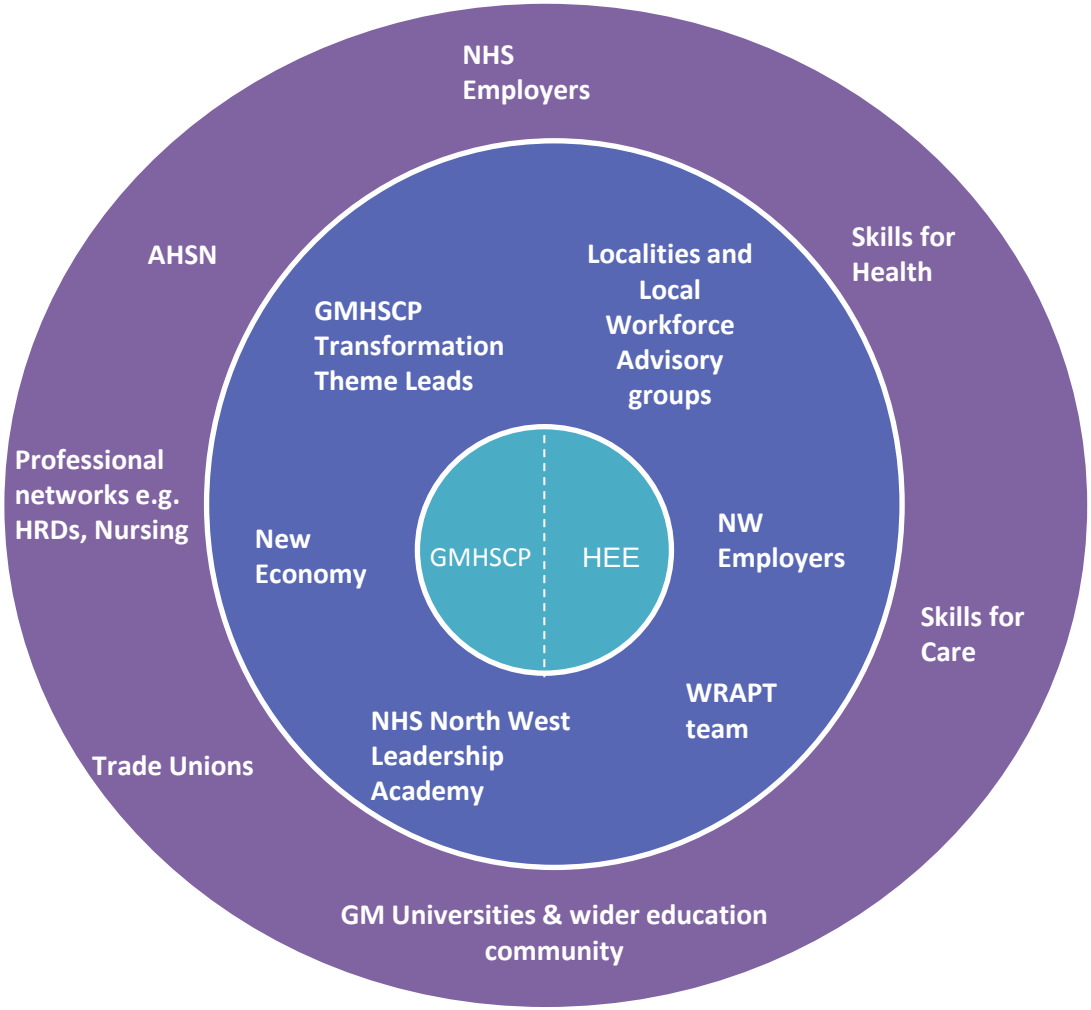
1. *The Workforce Collaborative will be made up of a core team from GMHSCP & HEE but will also draw on the resources and expertise of other key stakeholders and partners*
2. *The Workforce Collaborative will be directly responsible to the GMHSCP Strategic Workforce Board, which is accountable to the GMHSCP Strategic Partnership Board and its Executive*
3. *The Strategic Workforce Board will also continue to be accountable to Health Education England (HEE), as part of a unique MOU agreement*
4. *£3.2m funding is available to deliver 2017/18 implementation plan*
5. *There have been some major achievements to date across Health & Social Care in GM and through the Workforce Collaborative best practice will be further promoted and shared*
6. *The Workforce Futures Centre will provide a digital platform to accelerate the delivery of the workforce for tomorrow in health and care*

Purpose: The Strategy will be delivered via the GM Workforce Collaborative

The GM Workforce Collaborative will act as the creative space where partner organisations across GM come together to drive the delivery of workforce transformation programmes out of mutual gains and in pursuit of a common cause. The Collaborative will:

- Embrace partnership working - pooling resources and driving delivery
- Proactively engage workforce ensuring their needs inform the priorities and the solutions being put forward.
- Recognise and embrace staff representative groups including trade unions as key system partners at a Locality level as well as across GM.
- Provide a platform for all partner organisations across GM to share best practice and innovation
- Establish a learning and improvement culture across GM providing the appropriate platform and opportunity for learning by doing and innovation in the achievement of key priorities.
- Invest in the right development opportunities (e.g. apprenticeships, leadership development, etc.) to develop local capacity and capability to deliver transformational change.

Through the collaborative, GM will establish a **Workforce Futures Centre** from October 2017 that will lead research and development of innovative insights on the future of work and its implications for workforce development locally, nationally and internationally.



Principles: The Collaborative will be underpinned by a consistent set of principles

The Collaborative's approach to delivery will be consistent with the GMHSCP principles;

- **Focus on people and places** rather than organisations, pulling services together and integrating them around people's homes, neighbourhoods and towns
- **Design things together and collaborate**, agreeing how we do things once collectively, to make our current and future services work better
- **Be financially sustainable** and this must be secured through our plans and service reform
- **Join our budgets together** so we can buy health, care and support services once for a place in a joined up way
- **Be fair** to ensure that all the people of Greater Manchester can have timely access to the support they require
- **Be innovative**, using international evidence and proven best practice to shape our services to achieve the best outcomes for people in the most cost effective way
- **Strive for the best quality services** based on the outcomes we want within the resource available

Governance arrangements

The Workforce Collaborative will be directly responsible to the GMHSCP Strategic Workforce Board, which is accountable to the GMHSCP Strategic Partnership Board and its Executive as well as the GM Reform Board. The Strategic Workforce Board will also continue to be accountable to Health Education England (HEE), as part of a unique MOU agreement, for exercising jointly its national responsibilities locally including ensuring an effective system is in place for planning education and training in the NHS, quality improvement in education and training, managing the funding HEE receives and discharging the Secretary of State's duty to ensure the supply of staff for the NHS. These statutory duties remain with Health Education England however the GMHSCP Strategic Workforce Board is also the HEE Local Workforce Advisory Board as part of the governance arrangements.

The Strategic Workforce Board, which has recently updated its membership and terms of reference, working through the Collaborative, will;

- Produce an annual plan to deliver the workforce strategy
- Provide oversight and advice on the Locality Workforce and transformation plans and produce a GM Workforce Plan
- Ensure delivery of agreed delegated HEE mandate and other national priorities through an annual agreement (currently in the form of an MOU)
- Produce an annual Workforce Collaborative report

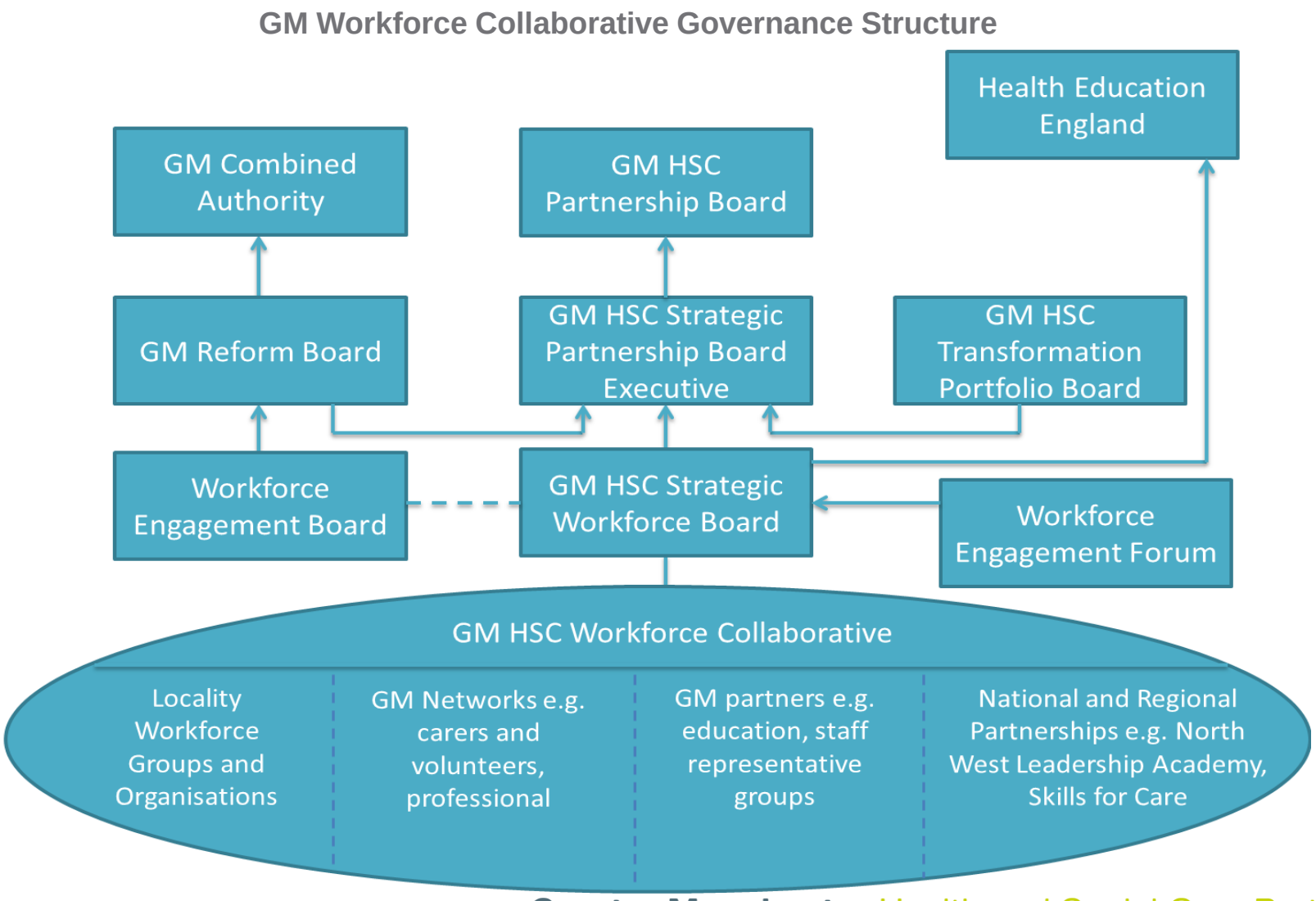
The Workforce Collaborative will be led by Janet Wilkinson, GMHSCP Director of Workforce whom will be line managed by Nicky O Connor, the GMHSCP Chief Operating Officer, who is also a member of the Strategic Workforce Board, Strategic Partnership Board Executive and Chair of the Transformation Portfolio Board. The Director will meet monthly with the Chief Operating Officer and Andrew Foster as the Chair of the Strategic Workforce Board to ensure alignment and delivery of priorities. The Director will lead a small Collaborative team which will consist of;

- GMHSCP workforce team
- Delegated and assigned HEE team
- Programme teams supporting the delivery of the GM Workforce strategy
- Partnership funded people or teams where jointly agreed

The Director of Workforce will also manage the funds devolved to the Collaborative to ensure the delivery of the workforce strategy on behalf of GMHSCP, HEE and other partners.

It is envisaged that in line with the Collaborative approach outlined that much of the delivery of the Workforce Collaborative will be led by GM Localities working together or leading on particular initiatives on behalf of colleagues.

The governance is aligned to the GM Health & Social Care Partnership and HEE



GM Workforce Collaborative Resources - Summary

- The Collaborative resource to support the 2017/18 delivery plan is;

Resources 2017/18	£M
• GMHSCP and HEE Core Team 2017/18	0.7
• GMHSCP Workforce Transformation Fund 2017/18	1.0
• HEE GM Workforce Transformation Fund 2017/18	1.0
• GMHSCP Workforce Funds c/f 2016/17	0.5
Total	**3.2**

- Additional funding to support workforce development for localities (£28.8m*) and GM Taking Charge Themes is being, and will need to be, accessed through the relevant GM Transformation Funds set out below and in line with the principles set out on slide 117.

TF initiative	Size of Fund CSR Defined	Size of Fund Range
1. Radical upgrade in prevention	£450m	£75m-£100m
2. Transforming care in Localities		£250m-£275m
3. Standardising acute care		£25m-£40m
4. Standardisation of support and back office		£15m-£30m
5. Enabling better care		£40m-£60m

*Approximation based on an average of those bids making an explicit statement about investment into workforce. Represents approx. 11% of the total TF investment requested in the bids received to date (June 2017)

HEE – Overview of GM Funds 2016/17 (2017/18 to be confirmed)

HEE also commits significant funds within GM to support the delivery of the national mandate and GM Workforce Strategy, summarised below

Funding Groups	£m	Recipient	Status
Medical & Dental Undergraduate Tariff	59.4	NHS	Ongoing
Postgraduate Medical & Dental	105.6		
Secondary Care Training Posts (incl Foundation)	78.5	NHS (placement & salary)	Ongoing
General Practice Speciality Training Posts	19.5	GP (placement & salary)	Ongoing
Dental Foundation	4.7	NHS	Ongoing
Lead Employer	1.4	2 Trusts on behalf of NHS	To 17/18
Hospital Non-Contract, Education Centres	0.7	NHS	Ongoing
Public Health	0.8	Location of Training Post	Ongoing
Physician Associates	0.5	NHS/HEI	Ongoing
Non Medical	97.0		
Nursing and AHP Tuition	49.9	HEI	CSR
Nursing and AHP Salary Support	11.9	NHS	CSR
Non-medical Tariff	7.6	NHS/Non-NHS	Consultation
Professions Complimentary to Dentistry	1.3	HEI	CSR
Student Bursaries	23.0	Students	CSR
Post-Registration Programmes	6.3	NHS	CSR

The majority of funding that HEE allocates or distributes to GM is activity driven and is based on national payment mechanisms and tariffs that predominantly go to NHS providers. As a result of higher education funding reforms for non-medical education the funding associated with university tuition fees and student bursaries will be distributed through HEE. Underpinning the allocation of training places and funding are the quality requirements set out by the HEE Quality Framework and regulators and medical colleges. Workforce development funding needs to support the delivery of the HEE Mandate, workforce transformation and other nationally determined priorities set by the DH or ministers. Again HEE would look to working with GMHSCP to ensure there are mechanisms to influence investment in support of GM workforce priorities.

Workforce Collaborative Fund Principles

- The Workforce Collaborative fund will adopt the same principles used for access to GM Transformation Funds outlined below;

Alignment to GM Strategy	Readiness to Deliver	Stakeholder Engagement	Robust Financials	Foundation for Further Transformation
• The proposal will need to demonstrate alignment to the GM transformation initiatives in both its strategy and vision as well as its plan design. • This will include creating a link between the programme and GM/STP outcomes as well as articulating how the proposed solution will close the financial gap.	• The proposal will need to demonstrate that it is ready to be delivered. • This will include demonstrating: ➢ Project management infrastructure is in place ➢ The local system is capable of delivery ➢ The intervention specifics, such as target patient groups have been developed	• In order to be successful, applicants need to provide evidence of wider stakeholder support. • This will need to be in the form of: ➢ Formal sign-offs and agreements ➢ Evidence of co-design ➢ Patient engagement	• Proposals will need to clearly demonstrate that the Locality 5 year financial and activity plan contributes to closing the gap and underlying opportunity for GM (or specific Localities). • The programme or strategic actions specific finance template should demonstrate the investment ask, impact on activity and finance and therefore the return on investment (ROI) or Cost Benefit Analysis.	• Final proposals will need to demonstrate the replicability and forward planning involved in their programmes. • This will include: ➢ Identifying the evaluation framework in place ➢ Identifying the approach to sharing best practice and lessons learnt

The five criteria will be the same for all applications to the Fund, however the requirements will be adjusted to ensure they are appropriate.

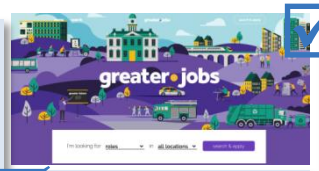
- In 2017/18 GM and HEE will for the first time have a single process to access joint workforce transformation funds from 2018/19 onwards through the Collaborative arrangements.

- Partnership and match funding principles will also be utilised to maximise resources e.g.
  - Organisations participating in Employer Brand initiative will be required to provide match funding.
  - North West Leadership Academy and North West Employers will provide significant resources in support of Leadership and Talent.

Workforce Collaborative: A New portal for sharing and promoting best practice

There have been some major achievements to date across Health & Social Care in GM…

- *Greater.jobs launched by GM Local Authorities as a single shared portal where locally available jobs across the public sector are advertised*



- *Stockport nursing, mental health, social care and voluntary sector staff have now officially come together as new team to run a 'transfer to assess' service at Stepping Hill*
- *Successfully launched the #leading GM programme, a cross public sector initiative to develop a consistent set of skills & values for delivering change in GM.*
- *DWP supporting social care employers with their recruitment issues as well, and Skills for Care is working with DWP towards a whole GM approach for social care.*
- *Registered Managers Networks established across the whole of GM to offer those in this role with peer to peer support to reduce turnover.*
- *Knowledge exchanges established bringing together clinicians from secondary and primary care to enable sharing of best practice and development of working relationships*
- *Be Wigan' a shared culture that illustrates its fresh and unique approach to public service, celebrating its people and their achievements and focusses on its future and how they will achieve our priorities*
- *UHSM launched GM Cares Learning Management System – enabling Acute/Community/Social Care/GPs/Charities access to a learning platform that provides training to support areas such as Cancer*
- *The Greater Manchester NHS Careers & Engagement Hub launched improving the information and support available to people who are looking for careers opportunities in the NHS throughout the region.*

- *Locality developing a common approach through the 'Care Together Programme' which provides a joint engagement approach with other significant stakeholder who are part of the care together programme such as GPs and the third sector must also be adopted*
- *Effective workforce group in place supporting the Transforming Care work in Learning Disability Services in GM. Joint Training Partnership established to support the change agenda.*
- *Stockport NHS have Cultural Ambassador roles who promote the values of the organisation in a changing climate.*
- *Launched the come back to nursing programme*
- *A number of Trusts have led the way on a Cancer Awareness Programme which has helped increase cancer specific knowledge for those health care workers who are non specialists across Manchester and the development of the Mentor Register Process.*
- *Employers in GM, with support from Skills for Care, have established 7 'I Care Ambassador' Services to assist with their recruitment issues. These services use front line staff to deliver sessions on working in social care to schools and colleges.*
- *Strong partnership across GM to support the Assessed and Supported Year in Employment (ASYE) for social workers in both Children's and Adults Services.*
- *UHSM developed a new approach to Apprenticeship Recruitment by developing internal systems and processes, and also utilising TRAC which is being taken as national best practice*
- *Significant progress made in establishing a consistent approach to mandatory training and other staffing processes in line with ambitions of establishing a flexible workforce*
- *Health Education England celebrated record numbers of GP Trainees*
- *A Cultures Dashboard has been created by CMFT incorporating HR, OD and patient outcome data to gain insight around effective leadership cultures and the delivery of patient outcomes.*
- *Secured over 240 Nursing Associate places (12% of 2,000 national pilot places) for Greater Manchester*
- *Bridgewater Community Healthcare NHS FT developed 'staff engagement champions' who have volunteered a small amount of their time to improve communication and engagement across the Trust .These are identified by Gold lanyards and each borough that we work in has developed staff engagement groups so that staff can drive through the pledges that have been made.*
- *1st MOU signed with Health Education England – ensuring a co-ordinated approach to supporting localities and deploying resources*
- *All GM Localities developed comprehensive workforce plans that recognise the breadth of challenges across Health & Social Care.*

Workforce Collaborative: New Awards for Recognising & Rewarding Achievement

- The Workforce Collaborative will launch its GM Workforce Awards in 2017 to recognise and reward achievement and best practice

- There has also been national recognition of current GM workforce best practice

Bolton NHS have been shortlisted in the best use of staff FFT category at PENNA (Patient Experience Network National Awards) and have been asked to present on their staff/patient metrics at the awards showcase in July 2017

Bolton NHS have been awarded an inaugural Lotus Award by Engage International based on values and culture around the Barrett model. One of only three NHS England organisations to win this year

CMFT has been awarded winner of the Association of Graduate Recruiters Award

UHSM's Learning and Development Team were nominated for an HPMA award for 'HR Team of the Year' and have been shortlisted down to 3, winner to be decided at an awards evening in June

The Workforce Planning & Intelligence department at CMFT has been shortlisted for the HPMA Award in HR Analytics for the development of the CMFT's Electronic Workforce Information Portal (eWIP) which provides a one-stop shop for managers and HR practitioners for workforce information, analysis and the delivery of improved HR processes

Wrightington, Wigan and Leigh NHS FT have been named as finalists for 'Best digital initiative in HR/L&D' under the CIPD People Management Awards 2017 for a system to monitor staff opinions

UHSM's Careers Engagement/Veteran Lead has been shortlisted for the National HEE Widening Participation Award for Health Ambassador

The Pennine Acute Trust's Community Crisis Response Service in North Manchester won the 'Improving Safety in Primary Care' award in Patient Safety Awards 2016

Establishing a new GMHSCP Workforce Futures Centre:

To respond to workforce challenges we will build a Strategic and Innovative environment which:

Leads research and development of innovative insights on the future of work and its implications for workforce development locally, nationally and internationally.

This can only be achieved by utilising the opportunities of the digital world by enhancing a creative space to **workforce plan**, **model future workforce**, **network**, **research, learn and transform** the workforce, **challenge existing system process** and **discover workforce opportunities** and **solutions**.

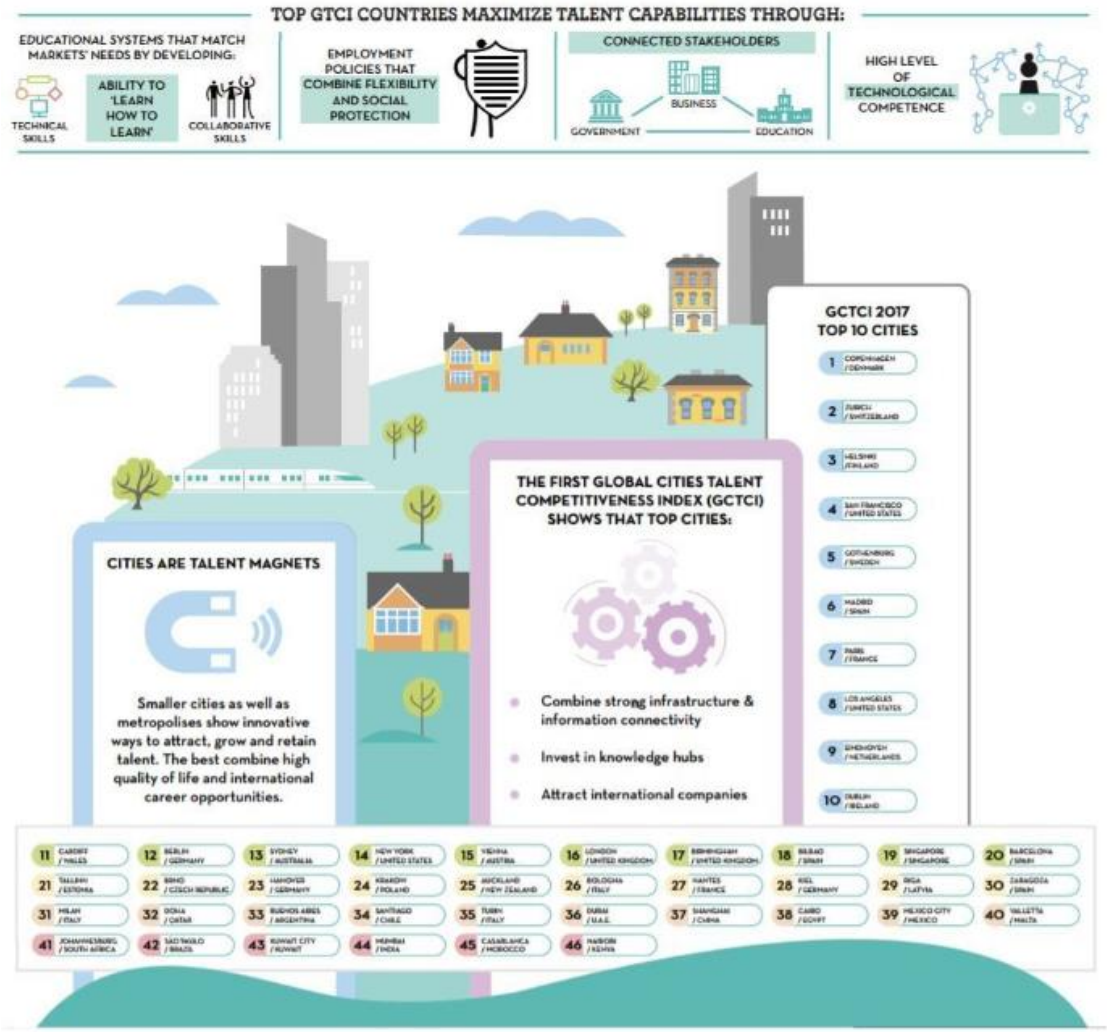
Workforce Futures Centre: Digital domains

The Workforce Futures Centre, to be established from October 2017, will provide a digital platform for the user to access a wide range of information from internal resources, partners and products by offering:

- Talent Identification and Succession Planning – **Thought Leadership**
- Performance Management – **Evidence Based Benchmarking**
- Scenario modelling – work based assessments – **Tools and Techniques**
- Case Studies – **Knowledge - What success looks like**
- Forums to network – **Sharing and Spreading best practice**
- Workforce Solutions – **Innovation and System Thinking**

The Centre will help create and accelerate the delivery of the workforce for tomorrow in health and care as part of the proposed new Workforce Collaborative collectively committed to innovation, leadership and learning outcomes.

Achieving the ambition will require a sustained focus on making GM a top destination for talent



This will require a focus on:

- Understanding the future of work – the opportunities and the challenges this might bring and how best to prepare for it
- The broader skills economy beyond health & social care alone – linking into the ambitions of the reform programme of the GMCA and GMs growth ambitions.
- Supporting leaders and talent at all levels and in all settings to be the best they can be
- Learning and sharing with other top cities across the world

Source: https://www.weforum.org/agenda/2017/01/develop-talent-connect-and-shape-the-future-of-work-a-call-for-responsible-leaders