

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*



Tower Hamlets Together: Health and Social Care Workforce Strategy 2021- 2024



Purpose and Aims

Introduction

Tower Hamlets Together (THT) is all about health and social care organisations working closer together to improve the health and wellbeing of people living in Tower Hamlets. This means a more coordinated approach to providing services, reducing duplication, and improving the overall experience and outcomes for the people who need them. One of the keys to delivering this vision is the THT workforce. As a partnership, we know that our staff are the single most important factor in the quality of care and the way in which it is delivered. The quality of experiences and outcomes for people who use our services are a direct result of their interactions with staff. To achieve our ambitions for THT, we need a workforce equipped with the right skills, values and behaviours to deliver our health and care services. We need to ensure we have a workforce fit for the future, equipped to deliver our vision and provide quality care and support to our residents, and that reflects the diversity of our local population.

Why do we need an integrated workforce strategy?

Workforce is recognised as one of the biggest challenges facing the health and social care sector today. There are significant shortages in key roles across the NHS and social care. To meet rising demand as our population grows and their health needs become more complex, we need more people working in our local health and care system, and we need for our staff to work in different ways. It will be important to have a culture of high staff satisfaction, where people are encouraged to stay within the system and feel empowered to grow and develop into their roles. Strong and effective leadership will be key, and we need to ensure there is a leadership plan in place which supports and develop our leaders. It is also essential that we are diverse and inclusive and improve our approach to the workforce, race and equality standard. Ultimately, we want to ensure we have a modern health and care system, one which is robust and equipped to manage the needs of a growing and ageing population. Central to this will be an integrated workforce delivering primary, community health, and care services. Achieving the right staff, with the right skills in the right place at the right time is crucial albeit challenging given the current national workforce supply issues across many professions. Corresponding changes in the design, training, planning and deployment of the health and social care workforce in Tower Hamlets cannot be achieved by working in isolation but requires system wide transformation. This workforce strategy identifies the THT workforce priorities which supports the delivery of the partnerships vision and objectives whilst demonstrating our values in all that we do.

Aim of the Strategy

This Workforce Strategy sets out our approach to ensuring we have a health and social care workforce that delivers care at the right time; in the right way; in the right place; by the right person, with the right skills and values. It will act as a guiding framework for THT and the organisations within it to support and develop the health and social care workforce in Tower Hamlets. This strategy is not designed to replace or supersede the inter-organisational strategies of THT partner organisations, but instead to support their direction setting so that organisational workforce strategies demonstrate alignment with THT integrated workforce priorities. The strategy will support partner organisations by setting out key workforce priorities and recommended actions that can be taken together to enable a strong and sustainable workforce for the future in Tower Hamlets. We strongly believe this focus will support the systemwide transformation needed to provide the people of Tower Hamlets with a better quality of life and a better quality of care, supported by a workforce who are engaged, highly skilled and competent.

Approach

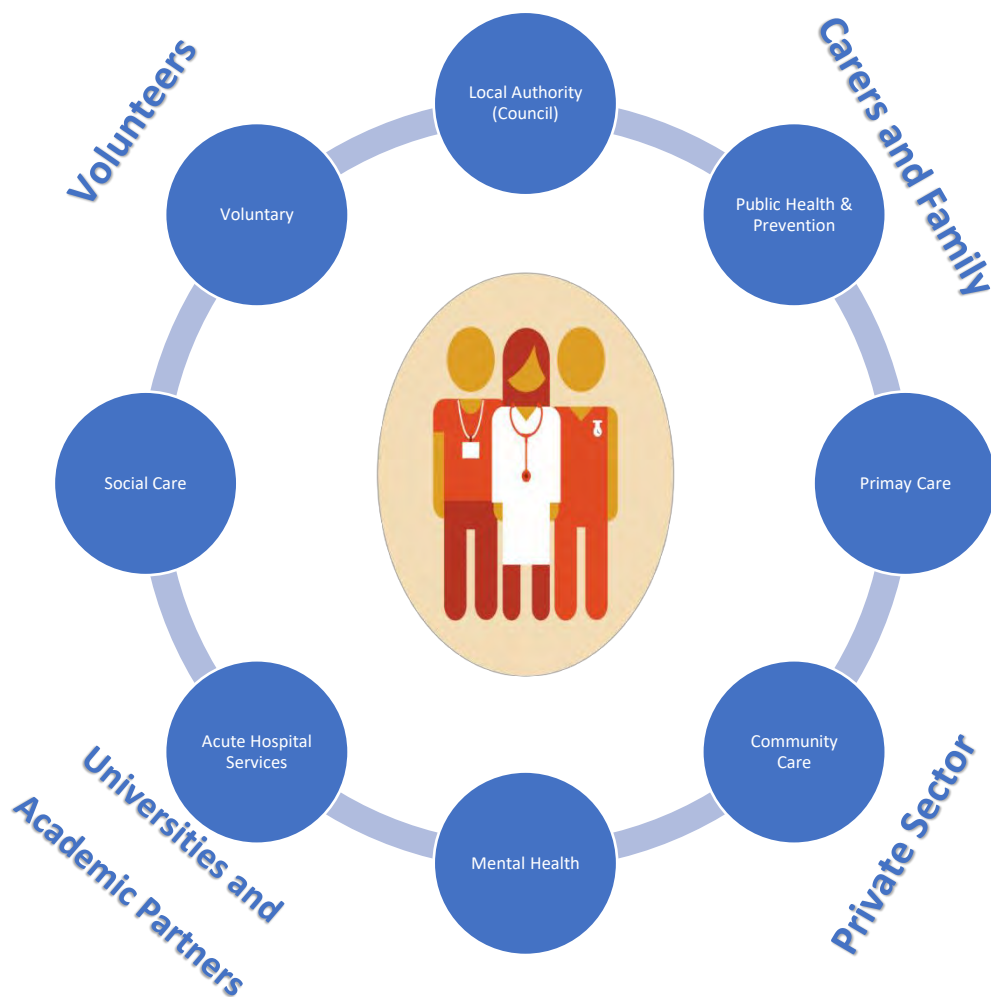
THT is a partnership comprised of health and social care providers and commissioners who each have their own pressures and opportunities. This strategy has been developed through conversations with workforce leads across the THT partnership, including consideration of the current workforce plans of each organisation to examine the implications for the future workforce, in order to ensure that this strategy is aligned with local needs. The strategy has also been Reference has also been made to relevant research documents to assist with understanding the underlying causes of workforce supply issues and identifying potential solutions¹

¹ This includes government policy and legislation highlighted later in this document, and also the following research documents:

- The King's Fund report - Supporting integration through new roles and working across boundaries
- 'Mind the Gap' 7 research and findings to inform the recruitment and retention of the different generations that make up the workforce
- Think Futures and Working Longer materials (NHS Employers)
- Understanding the pressures in Primary Care, Kingsfund
- General Practice Nursing - A Time Of Opportunity, The Queens nursing Institute, 2016
- Five big issues for health and social care after the Brexit vote, Helen McKenna, 30th June 2016
- CQC characteristics of a 'well led' organisation/CQC Local System Reviews, *Beyond barriers: how older people move between health and care in England*
- 'Shared Delivery Plan: 2015 to 2020, Department of Health and Social Care Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027, Health Education England

Who is this strategy aimed at?

➤ Our workforce strategy covers the broad range of professionals that contribute towards the health and wellbeing of people living in Tower Hamlets



➤ This includes staff working in health and social care, and also recognises the close links we must make

with voluntary, community and private sector organisations, whose capacity and capabilities will need to be harnessed to best meet the needs of our population.

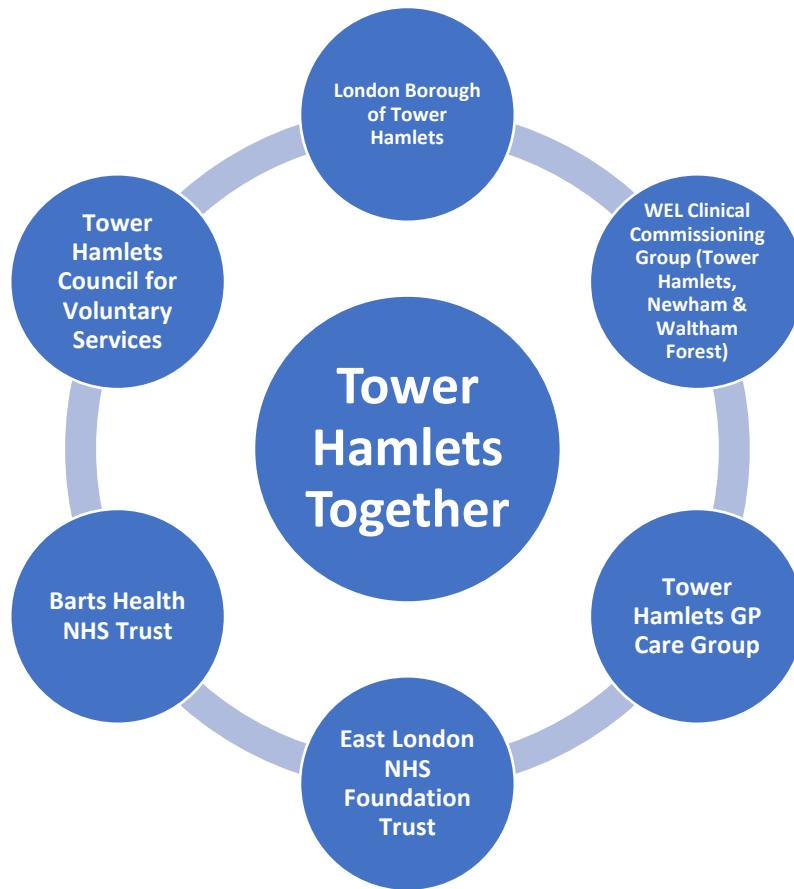
➤ We recognise the vital contribution that volunteers, carers and families make as part of our workforce.

➤ We will also need to work closely with other partners, in particular schools, universities, and other academic institutions to secure and upskill our workforce.

➤ Our workforce strategy therefore sits alongside, and is aligned to, a number of local workforce strategies including local authority social care workforce strategies and those of individual NHS organisations.

Tower Hamlets Together (THT)

THT is a partnership of health and care organisations that are responsible for the planning and delivery of prevention and health and care services:



We have six key principals that governs how THT operates, and which in turn will drive this workforce strategy:

All money is public money and that all staff work for the benefit of Tower Hamlets residents

Every penny counts, and there are no gaps in services between different agencies

Services meet the identified needs of Tower Hamlets residents

THT will review and reorganise services and budgets where necessary to ensure that it achieves the maximum health and care improvements from its collective resources

Assume there is no new investment due to national policies – and budgets will reduce

Partnership working through THT is 'how we do business' in Tower Hamlets

Background and Context

Key Drivers

There are several factors at a local, system and national level which dictate our workforce needs. The health and care system in Tower Hamlets do not operate in isolation, with a range of connections within and outside of the system at a national, regional, and local level. This strategy must therefore be cognisant of these connections moving forward and their impact, whether they be national policy, social and cultural trends, or other drivers so that it is effective and deliverable. Key examples are outlined as follows:

Local places and neighbourhoods

- Our system is made up of a partnership of health and social care providers and commissioners which each have their own pressures and opportunities. The strategies of these organisations, and their implications for the future workforce, have been considered to ensure that this strategy is aligned with local needs

System

- The priorities of THT, our integrated health and care partnership is a key driver in what our future workforce requirements will be. Our current workforce position, future ambition, changing demographics, and medium term financial plan all influence this workforce strategy

National

- A number of national reviews, strategies and policy documents will have an impact on the way that health and care are delivered in Tower Hamlets in future. These include the recently published NHS Long Term Plan, and an upcoming Health Education England workforce strategy and Adult Social Care Green paper. Additionally, national political decisions which aren't directly within the health and care landscape are likely to have an impact on future workforce requirements, for example Brexit.

There are a number of key national policy developments that have helped to shape our priorities around our workforce. Consideration has been given to the following²

The Five Year Forward View (2014) (3)

Describes how the NHS needs to evolve in order to meet the challenges of people living longer with more complex needs as well as take advantage of the opportunities brought by new technologies to improve care. It acknowledges the need for an appropriately skilled workforce that is able to deal with today's challenges and adapt to changing models of care. These new models require a workforce which is reflective of their local community, has the right numbers, skills, values and behaviours with the ability to work across organisational boundaries. Need to consider new roles, ways of working, working patterns, terms and conditions and reward to develop the future workforce.

The Five Year Forward View for Mental Health (February 2016) (4)

Focuses on the future of Mental Health within the NHS. More robust workforce planning is required for mental health and it should be promoted as a profession of choice. Workforce gaps need to be identified and filled and the right training and support provided for staff. We need to improve our staff morale, wellbeing and resilience.

The General Practice Forward View (2016) (5)

Focuses on the transformation and stabilisation of General Practice. It describes a bold ambition to create and extra 5,000 GPs and 5,000 non-medical staff across England over five years, growing the workforce and improving the use of wider, multidisciplinary workforce.

The Interim NHS People Plan (2019)(6)

Outlines plans to make the NHS the best place to work, improve the leadership culture, tackle the nursing challenge, deliver 21st Century Care and embed a new operating model for workforce.

The NHS Long Term (2019)(7)

Primary care networks were introduced as part of the NHS Long Term Plan. GP practices were able to join networks with populations of around 30,000-50,000 to create fully integrated community-based health services. The PCNs will be required to deliver seven national service specifications and will receive funding for new roles.

WE ARE THE NHS: People Plan for 2020/21 (2020)(8)

Sets out what NHS staff can expect from their leaders and from each other. It builds on the NHS response, to date, to the COVID-19 pandemic and the interim NHS People Plan. It focuses on how all health and care services must continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

² Full copies of these documents and the priorities can be found using the following links:

3<https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

4<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>


5<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

6https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf

7<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>


8<https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all>

The Current Workforce Crises in Health and Social Care




The number of people employed by NHS providers in England this decade has grown at just half the rate of the 2000s, despite growing need. As a result, the NHS reports a workforce shortage of around 100,000 staff. The issues in social care are even greater. Workforce shortages stand at around 122,000. This equates to a vacancy rate of around 8% for both the NHS and adult social care, compared with a vacancy rate of under 3% for jobs across the UK economy. It is projected NHS shortages could grow to up to 200,000 by 2023/24, and at least 250,000 by 2030³.

In adult social care, around one in 10 social worker and one in 11 care worker roles are reportedly unfilled. The vacancy rate is highest in London. The demand for social care workers is expected to rise in line with the UK's ageing population. Skills for Care⁴ have estimated a need for 650,000 to 950,000 new adult social care jobs by 2035



Nursing remains the key area of shortage (of over 40,000), and this could double by 2023/24 and grow to over 100,000 by 2028/29. The number of nurses has grown at just one-third the rate of both doctors and clinical support staff in the past 5 years. The Interim NHS People Plan identified nursing shortages as “the single biggest and most urgent we need to address.” This is partly due to the integral role of nurses in delivering the NHS Long Term Plan, but also due to the absolute number of vacancies. There are significant shortages in learning disability, primary and community nursing, whilst the mental health nursing workforce dropped by 11% between 2009 and 2019.

This is partly caused by a failure to train enough nurses. In 2011 the number of training places was reduced by more than 10%. The removal of the nurse bursary in 2017 was designed to allow higher education to expand places but it has had limited impact on the number of students in training. Numbers are far below the 25% expansion planned, one in four nurses don't complete their studies in the expected time and there are fewer mature students training in areas of mental health and learning disability.



Despite a 2015 target for 5,000 additional GPs by 2020, the number of qualified permanent GPs has fallen. Primary care services employ 130,000 staff, with the NHS currently having 2,500 FTE fewer GPs than it needs and a projected gap of 7,000 FTE GPs within five years, if current trends are maintained. Temporary staff and doctors in training are making up a greater proportion of the GP workforce. Due to the falling number of GP's and the rising population, the


³ <https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce>

⁴ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf>

number of patients that each qualified GP is responsible for continues to grow. This issue is exacerbated in more deprived areas.



One consequence of the failure to train and retain staff is that the UK is heavily reliant on international recruitment. The policy of freedom of movement and mutual recognition of professional qualifications within the European Union means that many health and social care professionals currently working in the United Kingdom have come from other EU countries. The social care sector employs a quarter of a million people from beyond the UK. In London, 40% of social care staff are from overseas. However, Brexit has had, and will continue to have, an impact on this. At least 5,000 nurses sourced from abroad a year need to be recruited until 2023/24 to reduce shortages⁵. However, data from the Nursing and Midwifery Council shows that the number of nurses and midwives from the European Economic Area (EEA) on its register has fallen for the last three years in a row. Numbers arriving from Spain, Italy, Romania, Portugal and the Republic of Ireland have slowed down. Looking forward, under the government's new immigration system, UK visa applicants will be subject to a series of mandatory rules, including having a job offer that's on a list of eligible occupations with a minimum salary of £20,480. Most frontline roles in social care are ineligible for the post-Brexit skilled worker immigration route or on the official list for job shortages in the UK. The Shortage Occupation List includes senior care workers and nursing assistants, however it excludes social care workers in less senior roles. A new fast-track health and care visa launched in July 2020 also omitted social care workers. In summary, a post Brexit restrictive immigration policy will make it even harder to fill vacancy shortages across health and social care.



As a major employer, typically providing better pay, terms and conditions, and career progression than social care can afford, the NHS has a significant impact on the social care workforce. More must be done to support social care – for instance, matching pay increases in the NHS would cost £1.7bn by 2023/24.

⁵ <https://www.health.org.uk/publications/reports/closing-the-gap>

Our THT Workforce Plan

What we want to achieve

Against this challenging national health and social care workforce backdrop, we want to ensure that our health and care workforce:

- Has the necessary capacity, in the right places, to meet changing demand across the system;
- Works in new ways across professional and organisational boundaries;
- Has the required skills, capabilities, and roles to deliver future model of care; and
- Is empowered to deliver change by our culture and leadership

Workforce capacity

- Our healthcare workforce will need to remain around the same overall size as is budgeted for now, yet mitigate against rising demand for services. The social care workforce will increase in line with changing demographics.
- Workforce capacity will shift towards planned and preventative care, with a relative increase in workforce numbers across primary, community and mental health services
- There will be more growth in generalist roles relative to those with highly specialist skills
- There will be a reduced reliance on temporary staff, in particular external agencies, to fill gaps in capacity

Ways and places of work

- Our workforce will need to be person centred rather than organisationally focussed
- Staff will be able to work anywhere, in anyway across the system to deliver integrated care and improved outcomes for our population
- Multidisciplinary working across traditional organisational and professional boundaries in neighbourhoods and primary care networks will be common place
- Digital technology will enable us to improve and streamline routine processes, enabling staff to prioritise supporting people's health and wellbeing

Culture and Leadership

- There will be collective leadership at all levels of the system, which is inclusive and compassionate
- More diversity in our leadership that reflects the diversity of our workforce and our resident
- Our leaders will put the needs of the population first; before that of their individual organisations
- A collaborative and trusting culture that enables staff to work in different ways
- Empower staff to put change in to action and do the right thing by people
- Talent will be shared across the system
- Our leaders will champion the adoption and spread of new technology

Capabilites and Roles

- A more flexible skills base working across a wider range of health and care support needs
- Better understand each others' roles and the value we add
- Make best use of specialist skills
- We will need new roles
- Improved digital competence and confidence
- Ability to use new tools and better interpret data

Our priorities

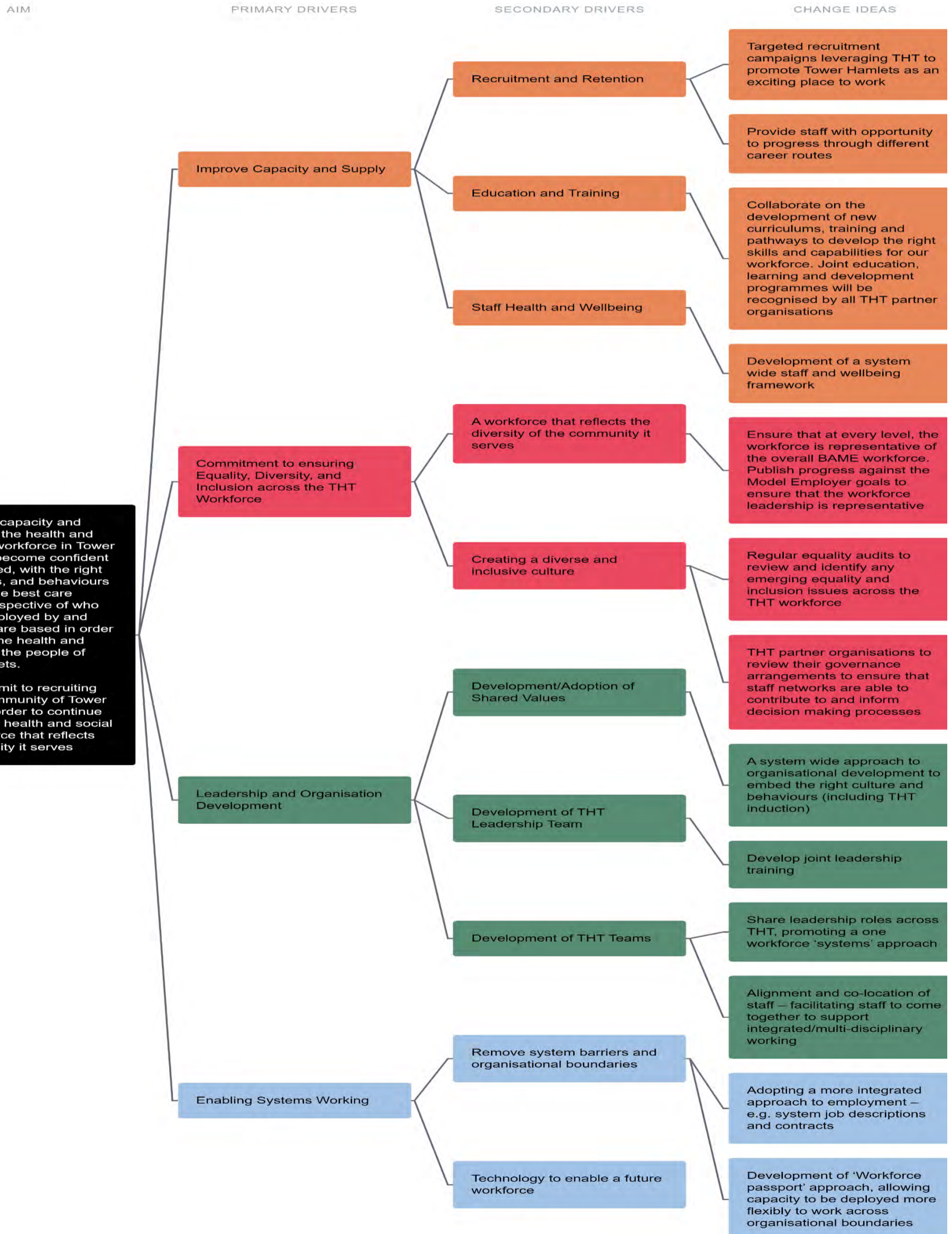
The driver diagram below sets out our aim and priorities for our workforce strategy, and some of the key change ideas that we will undertake as a partnership to achieve our aim.

Key

PRIMARY DRIVERS = Key areas we will need to influence; big topics or areas we will need to work on in order to achieve our aim

SECONDARY DRIVERS = These are the things we need to put in place to positively influence the Primary Drivers

CHANGE IDEAS = These are the ideas/action areas we need to complete in order to help us towards the aim. All change ideas should have an effect on at least one Secondary Driver. By association, all Change Ideas are expected to help achieve the aim



Priority 1: Improve Capacity and Supply

What is this priority about?

Recruitment and Retention:

In order to ensure our workforce has the necessary capacity to meet changing demand across the system, we need to attract, recruit and retain high calibre, appropriately skilled and experienced staff who share our values and demonstrate supporting behaviours to ensure the provision of safe integrated care of high quality.

Education and Training:

Our workforce planning needs to create the skills and career paths that allow people to work flexibly across the system as services evolve over time to meet the population's changing needs. Improving education and training will be vital to develop a flexible THT workforce that can support people with a wide range of health and care needs. Increasing our involvement over the development of our future workforce will help us to develop staff within THT through our own training programmes and enable us to create new training pathways which support new roles and job descriptions.

Our vision

We will make grow our capacity and supply, and make Tower Hamlets Together a great place to work by:

- Creating opportunities to help young people in Tower Hamlets consider a career in health and social care
- To raise awareness of existing and forecast gaps in workforce capacity and/or capability that are to be resolved through robust and targeted workforce planning to ensure THT achieves the right staff in the right place with the right skills at the right time. We will develop baseline intelligence to support workforce planning and support real time workforce management.
- Developing specific and targeted campaigns for shortage professions;
- Retention and reward strategies to ensure invaluable experience, knowledge and skills are retained within the system to help retain key professionals such as Doctors, Nurses and Social Workers
- Widening access to education and learning for all of our current and future workforce
- Supporting, training and developing our existing workforce to work in new ways or perform new roles within the system. This will be achieved through providing new and innovative routes into education, and recognising experience and skills acquired through non-traditional routes
- Look at developing a system-wide apprenticeship scheme and pooled levy, focusing on core workforce requirements across the system.

Priority 2: Commitment to ensuring Equality, Diversity, and Inclusion across the THT workforce

What is this priority about?

The disproportionate impact of COVID-19 on BAME communities and colleagues has shone a light on inequalities and created a catalyst for change. We will continuously improve equality, diversity and inclusion for our THT workforce. We will continue to develop values-based processes and create a culture of care where staff feel empowered to raise concerns, innovate and continuously improve.

Our vision

We want to continue to look after our staff, and foster a culture of inclusion and belonging by:

- Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community. This will include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes.
- Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.
- Review our governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes. This will include staff networks that look beyond the boundaries of their organisation to work with colleagues across THT partner organisations.

Priority 3: Leadership and Organisational Development

What is this priority about?

Leadership:

Excellent leadership at all levels is key to the delivery of the THT organisational vision and associated priorities. Therefore, critical to the success of delivering this strategy and making it real is the need to develop leadership and vision that is shared and understood and linked directly to effective organisational development and sustainability of our workforce. We want to develop collective leadership at all levels of Tower Hamlets Health and Social Care system, which is person centred and not organisationally to focused to help empower staff to deliver better outcomes for people.

Organisational Development:

We want to develop our THT workforce to be fully integrated to support future partnership ambitions and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.

Our Vision

We will support the development of THT and the leaders and managers within the partnership to ensure our staff have the skills to carry out their roles now and are developed to take on new roles in the future by:

- Introduce a partnership wide talent management system and career development framework, along with developing and identifying potential career opportunities at a senior level for staff across all professions.
- Shared executive responsibilities and roles across our health and care system– promoting a ‘one workforce’ approach and delivering efficiencies.
- Develop system leadership networks, bringing THT leaders across professional groups and organisations together to promote ‘one workforce’ approach.
- Widen the opportunities for all professions, nursing, allied health professionals, psychology, medical, social care to develop into leadership roles.
- Enabling effective planning and workforce modelling to meet service changes. This includes increasing the pace of development of new roles, expansion and advancement of current roles. We need to escalate the shift of care provision from secondary (hospital) settings, to primary care and community settings that are closer to home.
- Sharing talent, putting the needs of our residents, patients and service users above those of the individual THT partner organisations and sharing talent where it is needed most.
- Develop a THT system wide approach to organisational development in order to embed the right culture and behaviours in our workforce
- Develop a consistent, system wide health and wellbeing framework for THT staff, learning from best practice already implemented across the partnership

What is this priority about?

THT needs a workforce that can respond to the rapidly changing needs of the health and social care landscape. For example, The NHS Long term plan recently set out plans for a new 'service model for the 21st Century' that includes a focus on new and integrated models of care. The THT workforce strategy therefore needs to help facilitate the development of new ways of working through organisation development and taking advantage of technology to help the THT workforce work flexibly across the health and social care system. This will enable us to deliver a more joined up health and social care service.

Our Vision

We will ensure that our workforce is person centred rather than organisationally focused. This will mean that our staff can work anywhere, in any way, across the system to deliver integrated care and improved outcomes for our population. We will do this by:

- Adopting a more integrated approach to employment, for example this will include THT job descriptions and contracts, allowing capacity to be deployed more flexibly
- Further alignment and co-location of staff across THT, facilitating staff to come together to support integrated/multi-disciplinary working
- Develop a workforce passport approach that would enable staff to work across organisational boundaries, making it possible for staff to work where they are needed most by patients and service users.
- Develop closer links with the voluntary and private sectors in order to support the system to harness the capacity of local volunteers and our wider partners
- Implement a single bank of temporary staff operating across THT - enabling temporary staff to work flexibly across the system and reduce the reliance on agency staff
- Develop the THT infrastructure and tools to enable the workforce to deliver care through new technologies.
- Upskill or workforce to become competent, capable and confident to use new digital technology as its introduced
- Adaption of current THT roles, and development of new ones and ways of working as a result of adoption of new technologies throughout health and social care

Governance and Next Steps

This workforce strategy will be governed by the Tower Hamlets Together Workforce and Organisational Development subgroup. This group will be responsible for coming up with an action plan and monitoring the progress of these actions.

The THT Workforce and Organisational Development subgroup will report back to Tower Hamlets Together Board, who will have an overall oversight of how this strategy and its action plan fits in with the other key pieces of work taking place across the partnership.

