

Health and Care Overview and Scrutiny Committee

Monday 17 October 2022

10:00

Council Chamber, County Buildings, Stafford

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John Tradewell
Director of Corporate Services
7 October 2022

A G E N D A

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 3 October 2022** (Pages 1 - 12)
4. **Staffordshire and Stoke on Trent ICS Workforce Update** (Pages 13 - 74)
Report of the Staffordshire and Stoke-on-Trent Integrated Care Board
5. **Workforce Planning - Health and Social Care** (Pages 75 - 80)
6. **Ockenden Report** (Pages 81 - 86)
Report of the Staffordshire and Stoke-on Trent Integrated Care Board
7. **Inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia** (Pages 87 - 104)
Report of the Staffordshire and Stoke on Trent Integrated Care Board
8. **Exclusion of the Public**
The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

Membership

Jak Abrahams	Lin Hingley
Patricia Ackroyd	Jill Hood
Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Thomas Jay
Rosemary Claymore	Jeremy Pert (Chair)
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Mark Sutton
Philippa Haden	Mike Wilcox
Phil Hewitt	Ian Wilkes

Notes for Members of the Press and Public

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**Minutes of the Health and Care Overview and Scrutiny Committee
Meeting held on 3 October 2022**

Present: Jeremy Pert (Chair)

Attendance

Patricia Ackroyd	Philippa Haden
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	Barbara Hughes
Rosemary Claymore	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Mike Wilcox

Also in attendance:

Peter Axon, Chief Executive Integrated Care Board (ICB)
Phil Smith ICB
Chris Bird ICB
Steve Fawcett, Clinical Lead UEC, ICB
Tracey Shewan, Director of Communications and Corporate Services ICB
Heather Johnson, Chief Nursing and Therapies Officer, ICB
Dr Lorna Clarkson ICB
Jenny Collier MPFT
Mish Irvine MPFT
Paul Bytheway UHNM
Mark Doherty WMAS
Richard Harling SCC
Andrew Jepps SCC

Apologies:

Jak Abrahams, Richard Cox, Phil Hewitt, Lin Hingley and Ian Wilkes

13. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

14. Minutes of the last meeting held on 11 July and 1 August 2022

Resolved:

1. That minutes of the meeting held on 11 July 2022 be approved and signed as a correct record subject to a change to the attendance of substitute member representing Lichfield District Council not Tamworth Borough Council.
2. That the minutes of the meeting 1 August 2022 be approved and signed as a correct record.

15. System Pressures

The Chief Executive ICB, introduced the report and provided context on the current pressures nationally and in Staffordshire. The impact of the Covid pandemic had brought about unprecedented levels of ill health, which increased demand and pressures on urgent and emergency care UEC, ambulance services, discharge and domiciliary care across the Country. Discussions relating to funding support systems locally and nationally were ongoing, including £500 million for social care support, the funding would be available but the difficulty across the system would be appointing staff and this was of significant concern moving into the winter pressures.

The Chief Delivery Officer, ICB, outlined the report and slides highlighting the current pressures and indicated that workforce, demand, and acuity of patients compared to pre-covid were the prevalent issues. Staffing capacity and flow had been impacted by Covid spikes and Covid levels were rising again. Handover delays at hospitals had been stressed as the issue causing public concern and Royal Stoke was receiving support relating to handover delays, but it was explained that all partners have a role to play in system flow and the report detailed the operational response for interventions being taken at each point of the pathway:

Interventions were grouped in areas:

- Pre-hospital
- In-hospital
- Discharge
- Learnings
- Winter Planning

The presentation did not detail the preventative work that was also taking place to look at long term sustainable solutions for the emergency care system.

Committee noted main messages from the presentation:

- There were significant pressures on domiciliary and care home provision and a discharge review was due to commence.
- System colleagues from Health and Care had built learning into forward plans and were working together, meeting daily to discuss escalations and agree tactical actions.
- Capacity plans were prepared to address additional winter pressures, including flu and covid, capacity plans work alongside existing plans for elective and cancer services.
- Additional capacity, workforce would be a challenge moving into winter.
- Flu and Covid boosters were rolling out, Committee supported the importance of individuals receiving both vaccinations.
- The relationship with Staffordshire and Stoke on Trent local authorities was good, there was an opportunity to consider what worked and what could be improved in the discharge review, and put in place quick wins and actions coming from the review, if possible, but not at risk of destabilising the winter plans.

The following comments and responses to questions were noted:

- A concern was raised about people queueing outside in poor weather for vaccines at the Fire Station in Leek. An apology was given to those people affected and a written response would be provided to Councillor Charlotte Atkins.
- Workforce numbers and initiatives to grow the workforce. It was understood that additional staff would be required, recruitment and retention of staff was a big issue and solutions were in place to address workforce issues, these included new roles, the public sector reserve model to support in case of escalations and training new to care people to create a new workforce. In addition to help work life balance ICB had employed three retention co-ordinators to support managers to look at ways to retain staff through rota management, flexibility etc. and the drive to recruit innovative and international staff was ongoing.
- The work life balance solution would be essential to retain and recruit staff. Finding the right balance between work from home and additional hours and the right flexibility.
- £5.7m capacity scheme funding and other funding had been invested in winter and transformative schemes. Funding was considered sufficient, but workforce was an issue.
- ICB Clinical and Professional Lead would oversee the system review on discharge. It was confirmed that Partner feedback had been received and the draft plan would be considered in the next few weeks. An update would be presented to committee in November 2022.

- It was considered important to have flexibility to deploy staff where needed. ICB had been very impressed with UHNM ability to deal with the elective backlog, for 78-week waits and managing expectations for 104 week waits. Members understood that it was essential to ringfence the dedicated support but noted it would be harder through winter pressures to mitigate risk across the system.
- Communication strategy. Issues relating to backlogs and waiting times had been communicated, members questioned how an individual would know their waiting time to receive treatment or diagnosis.
 - ICB Communications team advised that campaigns were underway to provide a range of information and publications about the winter vaccines and where to get support.
 - UHNM had carried out a validation exercise on contact details and had purchased a texting service to try to give people an estimated time on the waiting list. Members were advised that long waits had significantly reduced and would be down to single figures by November. They acknowledged that people had a choice to delay appointments where necessary due to life events.
 - MPFT Community Services had also carried out a validation exercise, to check contact details, there were no people waiting over 52 weeks.
- Delayed diagnosis position. Some specialist areas had workforce issues but generally there has been improvement in waiting times. Additional CT Scanning was in place on two sites and there was a plan to recover the 6 weeks position for cancer scans, but there was still a challenge with ultrasound scans. Staff training and other measures had resulted in a much improved position.
- In relation to the hidden backlog of people coming forward to GP practices post pandemic, this was difficult to manage, there may be hidden pockets of demand, but the individuals need to come forward. The number of GP appointments were back to pre-pandemic levels. There was still sustained pressure on GP services, the complexity and acuity of conditions presenting were generally higher than normal levels pre-pandemic. The ICB Communication team were running campaigns to encourage people who were concerned about health issues to come forward and get help.
- In relation to flow rates through the system and pinch points, the CE ICB advised that discharge process goes through several steps in the pathway and if it started to block at any stage the entire system stalls and there was a struggle to move people through the system. Urgent and emergency care (UEC) was thought of as a 'wicked problem,' the best way to simplify the problem was to look at small changes in the process, all elements were relevant, flow within each organisation is important as well as interfaces between organisations.

- Flow improvement initiative 'North Bristol' Pull model rather than a push model. Push model gives an impetus of flow asking organisations to proactively prepare for patients along the pathway. Consultants were looking at the flows and pathway in the system. This work was critical to improvement, pulling together a number of strands which were data based and making changes to move through the pathway.
- The initiatives in the report align to Winter Plan and would be implemented prior to Winter 2022. The impact of the initiatives would be circulated to committee in briefing notes.
- Call abandonment referred to 111 calls, but some people do call 999. The 111 call abandonment was low in Staffordshire and should be congratulated.
- Repeat admissions, discharge in a timely and safe manner. It was a fine clinical balance of when to discharge patients. Many were frail and elderly, they were not kept in hospital longer than necessary.
- In relation to winter demand and activity planning, figures were based on 2019 -20 activity plus flu and Covid numbers, current challenges relating to acuity levels were planned in. Assurance was given that winter demand was looked at and reviewed in light of current challenges.
- The Chairman highlighted that there may be opportunities to bring other partners into the system to help services at end-of-life pathway and to visit frail and elderly people to help prevent hospital re-admissions.

The Chairman thanked guests for their contribution to the meeting and for the work being done to mitigate and respond to pressures in the system.

Resolved:

That the Health and Care Overview and Scrutiny Committee note the progress report.

16. Integrated Care Board (ICB) Performance

The Chief Executive ICB and Director of Communications provided context and detailed data relating to NHS services performance in Staffordshire and Stoke-on-Trent. Senior representatives from ICB commissioning and provider organisations attended virtually to respond to members questions on the eight portfolios based on current priorities:

- Population Health, Prevention and Health Inequalities
- Planned Care
- Children, Young People and Maternity
- Frailty and Long-Term Conditions

- Primary Care
- Mental Health
- Learning Disability and Autism
- Workforce

Members had discussed several of the priorities and performance issues in the previous agenda item relating to systems pressures.

Committee noted the following comments and responses to questions:

- Text Reminder Service: All providers operated a text reminder or support service to patients on a waiting list and this was recognised as good practice to reduce the number of people not attending appointments (DNA's). Specific reminders were sent where appointments were in high demand to make best use of resource. Members asked for further evidence to be circulated relating to how consistent text reminders usage was across health and care services.
- Reaching people when their main language was not English. The Communications Manager advised that a lot of lessons had been learned through Covid and there had been work with partners and community leaders to reach many diverse communities.
- Free standing midwifery units for Samuel Johnson and County hospitals. Due to staffing pressures in maternity services, it was unlikely that the units would be open by December 2022. Safety and quality of service was paramount, and the staff shortages as a result of sickness had recently meant temporary closure of the main maternity unit. The Chairman advised that maternity matters were scheduled for the agenda on 17 October and would be taken up at that time.
- The Frailty Action Plan was moving forward. The strategy was agreed in 2020-21 by Clinical Commissioning Groups CCGs; the ICB operating model in the system had recently been signed off and frailty and long-term conditions was one of the seven portfolios. This enabled a change in ways of working in the Integrated Care System and assurance was given that this would be moved forward. The end of life programme would also be moved forward in the same portfolio in an effectively and timely manner.
- Primary Care face to face appointments: Challenge around access, the level of appointments offered equated to pre-pandemic numbers approx. 4,000 a month in Staffordshire. Challenges were around workforce and workload. Workforce - Recruitment and retention of GPs, digital locum appointments and primary care teams supporting practices with care of patients. Workload – complexity and acuity were issues, it was a mixed economy two-thirds face to face appointments, community pharmacists and some through patient choice and care at home e.g., blood pressure monitoring.

- Concerns were raised on consistency of practices to deliver same day appointments and flexibility for patients. This was part of the design feature of the contractual arrangements, the majority of practices did offer same day urgent offer appointments. There was also an enhanced access programme contracted at PCN level, this was an extended access offer provided by a number of practices.
- Management of referral to diabetes prevention service – the distance travelled to undertake assessments would be provided to members by written response.
- Communicating changes to community pharmacies: There was a campaign underway to explain to the public about changes to GP services. District and Borough Councils were assisting in delivery of the message and toolkits had been developed and shared with Communications teams in District and Borough Councils which would also be circulated to members.
- Concerns were raised about Mental Health Access Practitioner roles conducting telephone consultations. Members were advised that feedback and measuring success was underway to understand the success of operating telephone and video services. Assurance was given that questions had been clinically developed and that findings would be provided to members. Re-assurance was given that some feedback had been given that a telephone conversation was not felt to be an effective consultation.
- Mental Health:
 - Staff levels and CAMHS Service. Challenges around workforce, looking at diversifying workforce, there had been Government investment in mental health, ringfenced money for mental health was helpful. CAMHS was seeing the impact of mental health coming out of the pandemic.
 - Mental Health and wellbeing training for further discussion when the draft mental health strategy was considered.
 - Community mental health projects where was the funding, members requested a simple explanation of the paragraph in the report that confirmed mental health funding was ring fenced.
 - Mental health additional clinics for staff were arranged to respond to demand of staff, these could be accessed by staff as required, some are permanent others bespoke. A written response of where the clinics took place would be circulated to members for information.
 - Mental health support in schools would also be covered in the mental health session.
- The time between booking and receiving an appointment in primary care was of concern, with several red indicators being flagged. It was confirmed that further information sat below the figures submitted and these would be circulated for information.

- Comparisons between accident and emergency departments and four-hour trolley breaches. Members questioned the variance between providers and were advised that each service had unique circumstances that created a level of variation i.e. Royal Stoke was a National Trauma Service and the pressures in Stoke were significant, others sites had community services integrated with acute. They were all unique and unmapable and therefore could not be compared like for like.

The Chairman thanked the ICB representatives for the presentation and for the work they were doing. The data had enabled drilling down into the detail and provided an understanding of the action plans that sit behind the data

Resolved:

- 1) That Health and Care Overview and Scrutiny Committee note the performance update report.

17. Social Care Performance Update

The Director of Health and Social Care provided an update on social care performance.

Committee noted the following comments and responses to questions:

- In relation to 'maintaining a market for care and support that offer services at an affordable price'. The Director responded that the cost-of-living issues including cost of energy was putting pressure on care providers and that was being monitored along with implications for local authorities.
- Affordable cost of care. Assurance was provided that 'fee uplift' to providers was given with a clear indication that funds should be directed towards pay for staff. Providers that pay more tended to recruit and retain staff which had a levelling up effect.
- Models in terms of dealing directly with employees. Over the last decades the Local Authority direction was to greater outsourcing, Staffordshire was currently looking at enhanced home care as there was shortage of capacity affecting home care. The Council was unlikely to move towards large in-house services, it was more likely that gaps in the market would be dealt with as they arise.
- Financial assessments were of concern for two reasons, first excess of demand over supply, secondly some services may need review and redesign.
- The backlog in financial assessments may result in complaints relating to the charges for home care. Residents did not know what they were going to be charged and then complained when they had

retrospective bills. This leaves the Council open to financial risk and criticism when people accrue debt and cannot pay. This is one of the processes to review this year.

- In relation to the difference in rating between nursing care homes and care homes. Members understood that it was not likely that the rating was linked to funding. Care homes were able to bid, and they do that on economic viability of their business. A lot of support had been put into clinical specialism in the sector, including nurses seconded from NHS, clinical leadership and improved access to training. There were a wide range of approaches for improvement but there were still quality issues. CQC had changed the inspection regime over the Covid pandemic period, this had now changed again and there were plans to re-inspect homes that had required improvement for some time. Residential care homes tended to integrate into the community and nursing care tended to have the highest levels of frailty and risk.
- It was considered that including care homes that had no rating in the figures, whilst statistically correct, may be misleading in the data - with only 52% of community care homes good or outstanding, it seemed there was a way to go to improve. The Director advised that the rate of inspections of care providers could not be controlled, there were a lot not rated. SCC also used local intelligence and they used their teams to support providers. Members were advised that by applying SCC local intelligence to the unrated homes and overlaying CQC ratings, approximately 80% of all providers would be outstanding or good with fewer requiring improvement.
- In relation to exploring additional capacity to carry out financial assessments and the timeframe to catch up with backlog of financial assessments Members were advised that SCC was looking to increase capacity in the financial assessment team and to try to streamline the processes. Officers would look at a more limited range of information for the assessments and would be monitoring this and any other processes to speed up the assessments.
- Lasting Power of Attorney (LPA) and Court of Protection – Adult Social Care Reforms were expected next year and in preparation information would be reviewed and renewed for the public. Preparing for old age, which would include things about LPA.
- Home Care - A question was raised about sufficiency of home care workforce across the County to help people to live in their own homes. The aim was to have 90% care workers to maintain a consistent rate of care supply. To achieve this, factors such as enhancements for rural providers, short term gaps, new carers, had to be considered.
- There was a challenge around recruitment and retention of carers, vacancy rates of 6%, the gap was met through additional staff hours

and agency workers. SCC had put a lot of support into the sector through care market development team which provided access and support to learning and development, and by increasing the rate paid for home care last year.

The Chairman thanked officers for the report, he acknowledged that this was a challenged area and highlighted that it was a case of quality and availability. The Social Care Reforms and need to upskill and update information and processes moving forward would be considered at a future meeting.

Resolved:

1. That Health and Care Overview and Scrutiny Committee receive the update report.

18. The Future of Supported Living Services in Staffordshire

The Director Health and Care outlined the report detailing feedback from stakeholders on the future commissioning arrangements for Supported Living Services in Staffordshire.

Committee noted the following comments and responses to questions:

- Feedback – all eight District and Borough Councils did attend involvement session.
- There were five hundred people in supported living accommodation in Staffordshire.
- Joint Commissioning across Staffordshire. The Director indicated that services work closely with NHS and noted the suggestion to work towards integration in the future. It was clarified that North Staffs Combined process was ahead of the curve on commissioning services for a particular cohort, they had expertise in that field.
- With supported living the housing and care contracts were two different contracts. They had a right of tenancy regardless of change of care contract. The block contracts were 5-10 years (5 plus 5) there was a need to put a break clause into the contract for the provider to look at the market to see if it was still viable to continue.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee note the update report.
2. That the Director of Health and Care summarise the comments of the Health and Care Overview and Scrutiny Committee under paragraph 7 of the report to Cabinet on 19 October 2022.

19. Clinical Policy Alignment

The Chairman welcomed representatives of the ICB. Gina Gill outlined the report and process undertaken between 2018 to date to consult and consider the 'Difficult Decisions' now known as Clinical Policy Alignment. The five clinical areas under consideration had been through prioritisation and involvement processes, technical events, and refining proposals:

- Male and Female sterilisation
- IVF
- Hearing loss
- Breast Reconstruction and augmentation
- Removal of Excess Skin following significant weight loss

Quality and equality assessments had been undertaken and the proposals approved by ICB Board. The next stage would be to issue notice to change local policies and notify anyone who was on the waiting list of the change to policy. The assisted conception policy would fall under the Women's Health Strategy and a separate policy would be developed by May 2023.

The Chairman clarified that the report was before committee to comment on the way forward, not to re-invent the clinical process that had been robustly carried out.

Committee noted the following comments and responses to questions:

- It was expressed that people in North Staffordshire had not been able to have hearing aids for mild hearing loss for seven years due to an inconsistency in policy. In response to a request for assurance that clinical evidence was consistent, it was confirmed that although the evidence had moved on since 2015 when the six Clinical Commissioning Groups carried out their reviews, the evidence was based on clinical evidence by each CCG. It was acknowledged that the clinical evidence review had taken time to gather and evaluate all of the clinical evidence, then had to take into account guidance, costs etc all the time looking at new evidence to make sure the right decisions were being made for residents and the health authority.
- In response to a question about National Institute for Health and Care Excellence (NICE) guidance, national policy and local policy, Committee was advised that there was a role for clinical senate making sure guidelines were taken into account in local practice. Local needs were taken into consideration, and local control of commissioning decisions. ICB had now taken over the role of 6 CCGs and provided an ICB footprint which provides one policy to implement based on clinical evidence.

The Chairman welcomed the pragmatic approach taken by ICB in interweaving this clinical policy alignment work into the Women's Health Strategy.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee note the update report.

20. District and Borough Activity Update

The Chairman advised Members that an update for Stafford Borough Council would be circulated.

Resolved:

1. That the District and Borough Updates be noted.

21. Work Programme 2022-23

Members considered the work programme and suggested the following additions:

- Schedule a special Mental Health Strategy session
- Primary Care update and model for future delivery 28 November 2022
- Healthier Communities Workshop 28 November 2022
- Dentistry 20 March 2023

Chairman

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 17 October 2022

Staffordshire and Stoke on Trent ICS Workforce Update

Recommendation(s)

I recommend that:

- a. The Committee to note the Workforce overview for the Staffordshire and Stoke-on-Trent Integrated Care System (SSOT ICS).

Alex Brett, ICS Chief People Officer

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

- 1. Note the ongoing work across our programme that support addressing Workforce challenges within Staffordshire and Stoke-on-Trent.
- 2. Note the attached SSOT ICS People Plan and Annual Report for 20/21 which show the achievements of the ICS Workforce Function.

1. Background

- 1.2 Staffordshire and Stoke on Trent health and care partners have evolved considerably since 2018 in collaborating to identify, action and deliver solutions to the significant workforce challenges that we face. We are an exemplar System in terms of how we work in partnership with NHS and Social Care Providers to develop mutually beneficial solutions by carrying out meaningful engagement via our People, Culture and Inclusion Board committee structure.
- 1.3 Staffordshire and Stoke on Trent ICS is in the process of building our approach to delivering the National guidance for ICB People Functions to support a sustainable “One Workforce” within Health and Care. Building on our 20/21 People Promises; we have developed a reviewed People Plan which will describe where we intend to prioritise our workforce activities this year to move towards a more integrated, inclusive, supportive and accessible System approach for our People. Our priority areas will be decided based on where our activities can support the workforce supply risks in our System and also our areas of highest need from a Population Health/ reducing Health Inequalities perspective.
- 1.4 The People Plan is unapologetically an interim “living plan” and it will be revised and updated following the establishment of the formal SSOT ICB and following feedback from our workforce. During this process we will contribute to the development of our ICS Strategic direction ensuring that Workforce outcomes are aligned to Population needs of our County as defined by Population Health and Inequalities Data, Clinical Leaders and our Citizens. Assurance of our plans will be carried out in the “One

Workforce, People, Culture and Inclusion Committee,” with the input of our colleagues within NHSEI and Health Education England (HEE), which is a key committee of the ICB Board. We will monitor the progress of our programmes bi-monthly at the Programme Groups. We will track our progress via our own “collective measures of success” (which include specific locally developed metrics, outcomes and products) and also adherence to national/regional metrics devolved from our partners in NHSEI and HEE. We will work in close partnership with our regulators (NHSEI) and Staffside partners to ensure we achieve our goals.

- 1.5 The full People Plan is included as Appendix 1. However the key strategic priorities are outlined below in Figure 1.4.1



- 1.6 The aim of our People Plan is to support the creation of a “One Workforce” which will deliver the SSOT vision of making Staffordshire and Stoke on Trent the healthiest place to live and work.” To enable this, the ICS will act as an **“Anchor Employer”** to set the pillars within which we will approach the employment of our health and care workforce; as well as our commitment to supporting the wider community in their health and wellbeing.
- 1.7 Our ICS Partners consists of the workforce within NHS Trusts, Local Authority, Social Care, Primary Care, Voluntary and independent sector staff in a wide variety of roles. We plan to develop workforce schemes which align to the individual organisational priorities of these partners, as well as delivering our overall ICS Strategic Goals. The way we will do this will develop over the coming years as the ICS matures, our specific shared objectives are clarified and our partnership relationships solidify.
- 1.8 Our aim is to work with these Partners to have more staff, **working together better** in a compassionate and inclusive culture - and help make our local area a better place to live and work. We will strive to affect positive change across the whole workforce; allowing collaboration, opportunities and increasing our overall staffing numbers. To

do this we will prioritise widening participation in groups which suffer from health inequalities by creating employment (in line with our ICS Partner's staffing gaps), volunteering and apprenticeship opportunities. This will help to develop a broader **talent pipeline**, and have a **positive direct impact on communities', families' and individuals' lives**. By doing this, we will ensure that our workforce reflects our population and has the technology and digital means to connect across sectors to improve population health and outcomes.

- 1.9 The work that we have carried out in 20/21 is outlined within our Annual Report which is included as Appendix 2.

2. The Challenge:

2.1 Staffordshire and Stoke on Trent Operational Plan 2022/23 Workforce Plan:

- 2.1.2 Staffordshire and Stoke-on-Trent partners have worked together to support the development of a truly System operational plan from a workforce perspective. The overall projections required for 2022/23 are outlined in Figure 2.1.2.
- 2.1.3 The System ICS workforce team have supported the Provider organisations in developing their plans but also in the assurance of their workforce growth from a triangulation and probability of successful recruitment perspectives.
- 2.1.4 There will be ongoing dialogue to ensure that the ambitious recruitment targets are met despite ongoing turnover. If there are any concerns with recruitment to particular business cases in specialise areas (e.g. A+E, anaesthetics or critical care), the System will develop solutions collectively and communicate with Regional colleagues about potential support required.
- 2.1.5 ICS partners continue to work collaboratively to address workforce risks and shortages. This is enabled via a robust reporting and governance structure via the ICS Deployment & Resourcing Group and System Workforce Strategic Workforce Planning Group.
- 2.1.6 The operational plan for 2022/23 has identified workforce growth in a number of key areas, such as the mental health workforce, primary care staff, Targeted Lung Health Check staff, Emergency Department staff, and recruitment to support 2 hour urgent community response.
- 2.1.7 **Primary Care:** Work will continue with practices and Primary Care Networks (PCNs) to understand the changes and growth and ensure the CCG Clinical Leads and Chairs are involved in workforce planning.
The system has recruited to 2 clinical champions for workforce (recruitment and retention) who are working to develop GP retention plans.
Supporting expansion of ARRS roles via Facilitators working with PCNs and Practices
- 2.1.8 **Mental Health:** Through the delivery of the ICS Mental Health Workforce Plan, partners are seeking to maximise opportunities to introduce new roles and new ways

of working including Nursing Associates, Physician Associates, Mental Health Wellbeing Practitioners, etc., and are undertaking ongoing deployment and expansion of a Nurse Degree Apprenticeship programme.

Workforce Growth expected in 2022/23 (Figure 2.1.2):

Workforce (WTE)	Change	MPFT *	NSCHT	UHNM
Total Substantive Workforce (WTE)	699.35	289.8	75.90	333.65

2.1.9 As at August 2022; it is acknowledged that the workforce numbers have not achieved planned growth, although recruitment activities have had successes there has been a significant number of people leaving the public sector nationally.

2.1.10 In addition, a mandate has been issued on reducing agency spending: Staffordshire and Stoke-on-Trent target to reduce from £34m to £25m. Each Provider Trust has robust internal plans in place to review and redirect agency usage where possible and their progress is being monitored in partnership with the System.

2.1 Staffordshire and Stoke on Trent Winter Planning

2.2.1 The System Winter Workforce Plan document will set out the workforce plan to support delivery of the 2022/23 Winter schemes across SSOT. The plan will outline the approach taken by the system; additional workforce numbers required to support each scheme; actions being taken to supply the additional workforce including provider and system level activities and escalated bank rates proposal; workforce risks. The plan is in the process of being finalised and will go through ratification via the clinical senate in October 2022.

2.2.2 Workforce supply is the biggest challenge in Staffordshire & Stoke on Trent; with Nursing vacancies at 13%, sickness approx. 6% (Covid-19 rates currently rising), and turnover has increased in the previous 3 months (particularly in UHNM).

2.2.3 A collaborative, innovative approach to workforce supply has therefore been adopted to reach untapped pools and provide attractive offers to incentivise staff.

2.2.4 The ICS People Function team has taken responsibility as ICS lead in workforce planning and assurance of additional workforce to support Winter Schemes. ICS Workforce Leads work in collaboration with NHS, Local Authority, Social Care, Independent providers and ICB to leads to understand the workforce required to deliver the schemes, explore alternative workforce models and skill mix required, and availability of current workforce to determine any gaps. Regular communication and involvement of partners through Delivery Groups ensures that plans for workforce scheme activity are monitored and reviewed regularly.

2.2.5 Providers continue assess and review their workforce models and additional capacity required for anticipated scenarios and surge. Providers are modelling their workforce internally, utilising a range of roles and skills across the schemes, adopting flexible

workforce models which respond to demand accordingly. Providers have plans in place to deliver the additional capacity utilising their internal available workforce through skill mix, redeployment and additional hours.

2.2.6 The main risks associated with the supply of workforce for winter escalation currently include:

- a. Sickness, turnover, vacancies, pensions changes, agreement on bank rates, availability of registered workforce
- b. In order to mitigate against the risks, provider and leads implementing a number of actions including targeted recruitment campaigns, retention activities, introduction of complete escalation rates, flexible working offers, Improvement work implementing new ways of working and developing internal efficiencies
- c. Workforce activities and schemes are outlined in the following slides:

Winter 2022/23 Workforce Schemes in Development:
Risks: System staff turnover/sickness/vacancies, Agency Cap (30% reduction in year), staff burn out, cost of living for community workers and increased operational pressures due to COVID/Flu/Elective Recovery

ICS Reserves	Winter Taskforce Proposal – Escalated Bank Rates	Recruitment to Providers	Retention
<ul style="list-style-type: none"> • Workforce Cell stood up • Builds on existing plans / campaigns • ICB staff onboard by October 2022 • Further recruitment: • NHS & LA Corporate Staff • Students & Seasonal workers • Care Reserves • General Reserves – live advert • Imperative that recruitment commences in September to achieve staff in post. • Pastoral & training activities will be offered to ensure that staff are ready, trained and services support them. 	<ul style="list-style-type: none"> • System CPO led programme being developed • System consistent rate proposed for high risk/priority areas • Nursing AND HSCWs • Offered to Internal Trust and System bank • Proposal to CPOs, CFOs & CEOs early September • Recruitment campaign in Sep • Will also address agency reduction target – e.g. block book bank not agency • Imperative that recruitment commences in September to achieve staff in post. 	<ul style="list-style-type: none"> • Workforce planning being carried out to understand WF impacts of internal Provider schemes • Imperative to plan for • - Internal NHS Provider recruitment via mutually beneficial methodology for all staff groups • Nursing, HCAs, Therapies and SC will be required • - Plan for System recruitment events/engagement • Workforce plan and plan recruitment for LA schemes/ ICS Team support • Imperative that recruitment commences in September to achieve training/ staff in post. 	<ul style="list-style-type: none"> • System CPO led programme • HEE investment directed to support high risk/priority areas to support Flexible Working • Retire and Return Hub at System level; create • System wide products delivered following initial research shows that staff would like to work flexibly • System Health and Wellbeing Offer • STAFF REDEPLOYMENT: • Imperative that advance notice is given to staff being asked to move to new services/Providers to support Winter both from HWB and operational planning perspectives

Staffordshire and Stoke-on-Trent Integrated Care Board 7

Winter 2022/23 Schemes – Current Workforce Actions (detailed workforce plan in development via Provider Engagement)

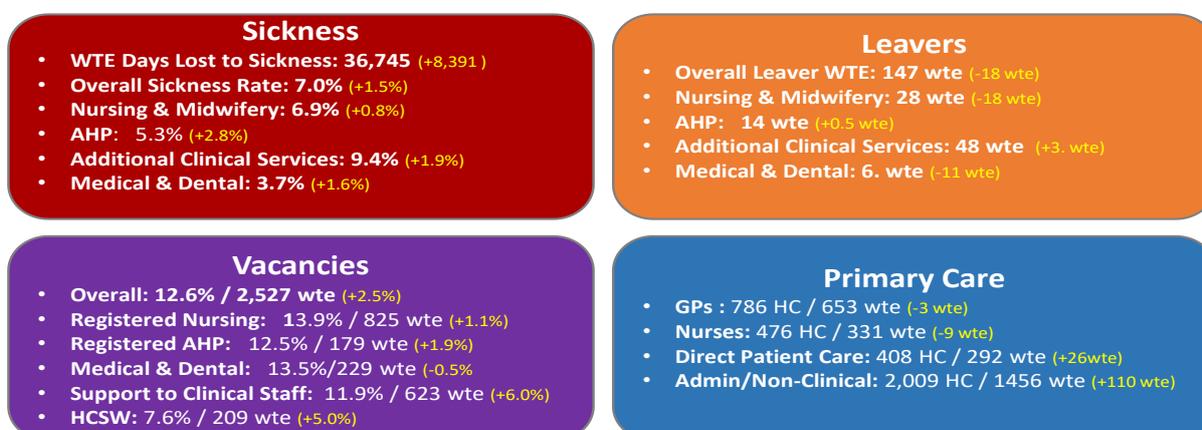
Vaccination programme	Virtual Wards	Escalation Beds	Care Homes	Home Care
<ul style="list-style-type: none"> Supply staff from People Hub to VC, TVT, CYP and PCN/CPs Training and compliance via ICS People Team Lead employer workforce assurance 	<ul style="list-style-type: none"> ICS Led recruitment Campaign MLCSU campaign design by 11th Sept ICS People Team to advertise by 12th Sept 	<ul style="list-style-type: none"> Build on 2021/22 campaign ICS led Recruitment Campaign Conversion of existing Hub staff Largescale training delivery & induction 	<ul style="list-style-type: none"> Incentives for existing staff TBC Step up Care Reserves recruitment Conversion of existing Hub staff Largescale training delivery and induction 	<ul style="list-style-type: none"> Incentives for existing staff TBC Step up Care Reserves recruitment Conversion of existing Hub staff Largescale training delivery and induction

Staffordshire and Stoke-on-Trent Integrated Care Board

6

3. Metrics, Performance against Plan and Forecasting/ Measurement Approach:

- 3.1 Our approach to gathering, analysing and taking actions as a System via Workforce Data has continued to improve. We currently have monthly dashboards which outline NHS and Primary Care staff metrics, for example, vacancies, sickness, turnover, appraisal rates, EDI information and we also overlay staff wellbeing data (e.g. staff survey results) with this. We also scrutinise the Skills for Care data regarding Social Care Providers and are in the process of adding more data to this baseline. It is vital that we include all partner data in our dashboards so that we can understand the whole System workforce challenge.
- 3.2 The data that we measure allows us to track progress, carry out forecasting to understand how the workforce may shift in the coming months and importantly identify areas where “deep dives” are required which have contributed to the decisions we make as a System regarding priority People Programmes.
- 3.3 The System NHS Trust and Primary Care Workforce Metrics as per August 2022:



- 3.4 The System closely measure performance against the recruitment required to fulfil the workforce numbers to deliver the Operating plan. As of August 2022 the System have not

attained the August 2022 planned position for Workforce. Therefore there are significant pressures on NHS Trusts to retain current staff and recruit the remaining staff by April 2023.

4. Workforce Risks

4.1 ICS partners continue to work collaboratively to address workforce risks and shortages. This is enabled via a robust reporting and governance structure via the ICS Deployment & Resourcing Group. The following areas are currently seeing an increased demand in services and workforce challenges:

NSCHT	Access /CMHT Duty/ Crisis Care Centre Adult Home Treatment Team Place of Safety Wards (1-7) PICU Assessment & Treatment Intensive support Team Darwin Centre and Intensive SH	MPFT	Staffing to all wards Community district nursing Out of Hours Teams Vaccination Delivery AHPs - Physiotherapy/ OT support to discharge, Dietetics Home First inc POLR
Local Authority	Home Care / POLR Care Homes	UHNM	Staffing to all wards Maternity Critical Care Urgent Care Portals Surgery/diagnosis Paediatric urgent care
Primary Care	Vaccination Programme Delivery Restoration of services		

4.2 Overall Workforce risks

- a. Overall staff sickness and isolation due to Covid-19 - recent rise in cases
- b. Surge in Influenza cases across West Midlands
- c. Overall staff attrition due to “burn-out.”
- d. Number of vacancies across all groups and growth required to deliver the operational plan and winter schemes
- e. Delivery of winter schemes due to additional workforce required and ability to attract/recruit/retain staff
- f. Maternity Workforce sickness and supply
- g. Ability to achieve the national agency reduction target
- h. Changes to NHS Pension de-incentivising staff from working post retirement on trust / system banks.
- i. Care / Nursing Home and Domiciliary care staff attrition and ability to attract staff to the market.
- j. Possible Nursing Strike Action - awaiting ballot outcome
- k. Energy price rises and subsequent impact on workforce and the population

4.3 Overall System Actions within Stoke on Trent in response to Workforce Gaps:

- a. Collaborative System Wide Workforce Planning in relation to delivery of Winter Plan, Operating Plan workforce growth and agency reduction
- b. Individual NHS Providers and Care organisations continue to accelerate recruitment campaigns to increase staffing numbers and deploying agency and bank workers where necessary.
- c. ICS Recruitment campaigns continue to the System Bank – the People Hub - with a steady stream of applicants, in partnership with NHS and Care partners. A combination of social media, radio adverts and events is hoped to bring new people into the sectors to increase supply from untapped pools.
- d. International recruitment is being carried out by UNHM and MPFT/NSCHT to increase numbers of registered nursing in the short term.
- e. The System Bank – SSOT People Hub – deploying staff into wards, vaccination programmes and care. Ongoing recruitment and retention activities to increase the pool available
- f. The ICS People Function is delivering System wide Apprenticeship schemes which leads school leavers into careers in Health and Care (Nursing and Social Care) and is also about to deliver a Pharmacy Tech apprenticeship.
- g. Recently developed ‘Journey into Work’ concept will provide a clear route into health and Care careers for school leavers, seldom heard communities and the wider population
- h. The ICS Retention Coordinators continue to work with Trusts and Primary Care to support and address hotspot areas and develop schemes to support the system in retaining staff.
- i. Our ICS outreach worker continues to work directly with Afghan, Syrian and Ukrainians refugees in the City to support them into educational, work experience and job opportunities in Health and Care.

Further detail on these schemes is provided below.

4.4 System Deployment Activity

- 4.4.1 Staffordshire and Stoke on Trent have a workforce cell in place which commenced as part of the response to COVID-19. All partners (Health and Social Care) are part of this group and it has evolved over time to carry out deployment of staff to areas of need in response to escalation but also to diagnose and develop collective solutions to workforce challenges as a whole.
- 4.4.2 Staffordshire and Stoke-on-Trent **People Hub** are deploying staff into wards, vaccination programmes and care. 775 people are registered as at 22/09/2022, with 1832 hours and 268 shifts worked across the system w/c 24/09/ 2022.
- 4.4.3 **System-wide Redeployment service:** 227 people redeployed, >£4.3m saved to date.

4.5 System Recruitment and Reservist Activity:

- a. Developing and implementing **Winter workforce supply and recruitment plans** with system partners, including system wide recruitment campaigns, events and targeted media to increase workforce supply and capacity
- b. **ICS Health and Care Reservist** programme: recruitment ongoing to Flexible and Ad Hoc Reserves and regular bank workers aligned to the ICS. The programme has been shortlisted for a HPMA award.

- c. **Reserve Registered Professionals** - targeting registered professional (Nurses, AHPs, Doctors – either already working or considering returning to practice) who can provide additional hours outside of their usual day job / commitments this Winter. Paid shadowing experiences within hospital settings and refresher training provided to suit individual needs.
- d. **Corporate Reserves** – programme currently being implemented with ICB corporate registered and non-registered staff who can be released from their day jobs during times of urgent need. Training and shadowing in areas of particular interest being arranged during periods of non-surge. Roll out planned across NHS and Non-NHS providers.
- e. **New 2 Care Recruitment Campaign:** Successful appointments and training commenced with first cohort. Second cohort recruitment commenced to support Winter. A combination of social media, radio adverts and events is hoped to bring new people into the sectors from untapped pools. Care Certificate level 'Rapid Induction Training' provided to all those who sign up.
- f. **Student focussed attraction and recruitment to Reserve positions** – engaging with **students** studying health or social care. Non drivers can be accommodated to work in supported living environments.
- g. **'Come Back to Care' campaign** in development between NHS and Local Authority partners to support the in-house Home care provision. The campaign and offer is aimed to attract those who previously left care to pursue other work or careers back into the sector. Offers in development but exploring childcare and driving lesson incentives
- h. A new **'Companion' volunteer role** has been developed this year to support Royal Stoke Hospital this Winter. 'Companions' will sit and chat / provide companionship to patients, support with contacting family members, help with making drinks and answer phones on busy wards. An invaluable role, making a difference to the experience of inpatients, particularly the elderly. Supported with a full training package and shadowing.
- i. **International recruitment** is being carried out by UNHM, MPFT and NSCHT to increase numbers of registered nursing in the short term.

4.6 Staff Retention

- 4.6.1 We are cognisant of the fact that staff turnover is rising (mainly due to the ageing workforce and burnout from working through the pandemic). It is imperative that we tackle the challenges of supporting staff to achieve work life balance within our Sector and we improve our value proposition to them.
- 4.6.2 We have carried out initial scoping of the hotspot areas for turnover within the sector and have employed a team of people to work directly with these to understand the challenges and develop solutions. Some solutions will be specific to the provider e.g. leadership however some will be applicable to the System as a whole e.g. improving rota management to enable colleagues to work flexibly.
- 4.6.3 The **ICS Retention Coordinators** continue to support and address hotspot areas and develop schemes to support staff retention: focus on embedding the culture change required for true flexible working – the main reason for leavers. Funding awarded for additional resource to support the programme, currently working with leads to implement the next phase.
- 4.6.4 **Retention Project Aim: 'to provide initiatives and interventions to aid the retention of our greatest asset – our employees, considering the varying needs**

throughout the employment lifecycle to retain happy, healthy employees and deliver exceptional patient care.'

4.6.4 Project Scope and activities:

- a. 12 month project initially, focussing on Hotspot areas.
- b. Targeted support to service areas included: Mental Health Inpatient and Community teams, Home First, Dietetics, Pathology and Critical Care
- c. Interventions and scheme design included: Exit Interviews, Stay Discussions, Workplace Experience discussions, New Starter Journey, Preceptorship experience, Case Studies, Rewards and Benefits, System review groups, GP retention Project support, ICS webpage and material development

4.6.5 Progress to date:

- a. Set project aims, objectives and scope
- b. Baseline data and information review
- c. Identification of hotspot areas
- d. Targeted support to hardest hit areas and interventions carried out including focus groups, exit interviews and surveys
- e. Website design work commenced
- f. Materials in development – flexible working
- g. Initiated policy review group
- h. Outlined long term plans for the programme and expansion across NHs and non-NHS providers

4.6.6 The actions for the next phase of the System wide programme are outlined below.

Retention Programme – Phase 2 actions

- 
- | | |
|---|--|
| 1 Flexible Working priority: identified as a key focus; confirmation of main deliverables / products required | 5 Additional resource decisions required: 3 x Retention partners – assigned to priority and hotspot areas with Retention priority area |
| 2 Internal discussions required for options: workload priority and HEE budget spend | 6 Connect with other work streams: local task and finish groups (flex and retention); OD, Leadership, HWB, Inclusion |
| 3 Timescales agreed: for recruitment of additional resource and project delivery | 7 Step-by-step approach: evidence based |
| 4 Appointment of an Executive sponsor for the project: to gain high-level support and engagement, supported by PCI Chair | 8 Steering group re-established: identify key leads to help drive project forward / gain buy-in from within organisations and support implementation of workstreams |

4.7 Wellbeing

4.7.1 The System have developed a **financial resilience toolkit** for colleagues to support and direct to resources, tips and tools for managing personal finances.

4.7.2 Continue to **collate and share system wide resources** to promote to colleagues.

4.7.3 The **staff psychological wellbeing hub** has now received more than 550 referrals. A wellbeing workshop programme has been released for July including focus on Financial Wellbeing, Self-Care and Supporting Carers. Twitter activity to promote engagement, workshops and campaigns has increased. Commissioning of dedicated resource from IAPT to ensure timely access to support and in the process of being commissioned. Extended opening hours to be piloted and evaluated.

4.8 Equality, Diversity and Inclusion

4.8.2 **Spring Inclusion School** held May 2021 with an audience of approx. 160 participants from across the system and beyond. The session, led by John Amaechi OBE, received high acclaim and a score of 9.7 out of 10 in our feedback. Further Inclusion School sessions in development.

4.8.3 **Being Uncomfortable with Race and Difference** sessions continue to be rolled out / available on request. Approximately 300 system attendances to date.

4.8.4 **New Futures / Stepping Up:** The core programme for New Futures concluded on 13 May. The final day included attendance by senior leaders from across the system. Participant groups presented their journey to this senior audience. Candidates are now progressing their additional development opportunities, including utilisation of the Strengths Deployment Inventory (SDI) work personality profile and access to a series of coaching meetings. A briefing on the Scope 4 Growth (S4G) career conversations tool is being arranged. Access to this tool and places will also be made available to the Stepping Up Alumni. A full Stepping Up (Stepping up and New Futures cohorts combined) alumni event is in planning for the Autumn.

4.8.5 **Equality Delivery System** is progressing. We are in the process of finalising report contents and stakeholder consultation for the 2021 EDS (period 2020-21) ready for publication, and work has commenced on the 2021-22 version (for publication by end March 2023). The 2020-21 process is part of a Test phase in support of NHS England and NHS Improvement (NHSEI) and the 2021-22 process is part of the national pilot of the proposed new format. The new (test and pilot) process focusses on a joined-up system approach, reviewing related services across the ICS, with an emphasis on shared learning and growth. Services being reviewed are Learning Disabilities services and Interpretation and Translation services. In future years, 3 services will be reviewed.

4.8.6 **Pilot of Differently Abled Buddy Scheme** a great success. The scheme, initially funded through the WDES Innovation Fund, seeks to offer buddying support to new colleagues with a disability, neurodifference or long term health condition (or existing colleagues with a recently diagnosed disability, neurodifference or long term condition) from someone with a similar condition. The scheme has been highly praised by initial participants (buddies and buddied) and has been extended for a further 3 month period. All participants said they were more likely to declare their disability and that they found the scheme helpful; all but one said that the scheme helped them feel welcome within the organisation (the other response remaining neutral). The majority also said that the scheme had positively

influenced their decision to stay with the organisation (two responses neutral). Wider application of the scheme across the system is now being considered.

- 4.8.7 **System celebrates Stoke Pride:** the ICS took part in Stoke Pride on Saturday 18th June. The event was a colourful celebration of inclusion and representatives from across the system enjoyed engaging with the local community to share details of our organisations and our approach to inclusion. We also took part in the Pride March for the first time. Pronoun badges were given out and were a huge hit with all visiting our stall. The system Psychological Wellbeing Hub additionally represented the system for the first time.

4.9 Leadership/Coaching

- 4.9.2 **Coaching collaborative** current focus is on development and growth of internal talent pool. Currently developing 1-3 year vision for coaching & mentoring partnership, will share once in draft. SSOT Partnership Case Study, to articulate shared learning and benefits, delivered at 16th June WMEmployers.

- 4.9.3 **NHS Leadership Academy and SSOT High Potential Scheme** graduation event for Cohort 1 took place on 7th July with excellent attendance from system partners including as part of the buddy model for Cohort 2 working with Shropshire, Telford and Wrekin. Applications open for Cohort 2, with roadshows taking place across both systems (so far 59 attended). Continue to recruit to supportive roles: assessors, coaches, mentors. Continue to work closely with the National Leadership Academy to shape assessment process and training.

4.10 Widening Participation / Education Training and Development

- 4.10.1 **Reboot of the Education, Training and Development Group**, inaugural meeting focussing on Social Care. Workshops planned for Nursing, AHP and Pharmacy. Projects already identified to progress and link with other activities e.g. Clinical Placements, Schools and Colleges engagement

- 4.10.2 **Clinical Placement project kick off** meeting took place with Nursing leads to commence scoping of the project and support required. Advertised project lead role

- 4.10.3 **System wide rotational HCSW apprenticeship** programme ongoing with 3 cohorts in place, all progressing well

- 4.10.4 System wide bid to **HEE for level 3 rotational Pharmacy Apprenticeship**, approved. Next step: recruitment

- 4.10.5 **ICS Virtual Work Experience** successfully ongoing, Primary Care went live in May 2022, Acute in October. Maternity will be the next programme

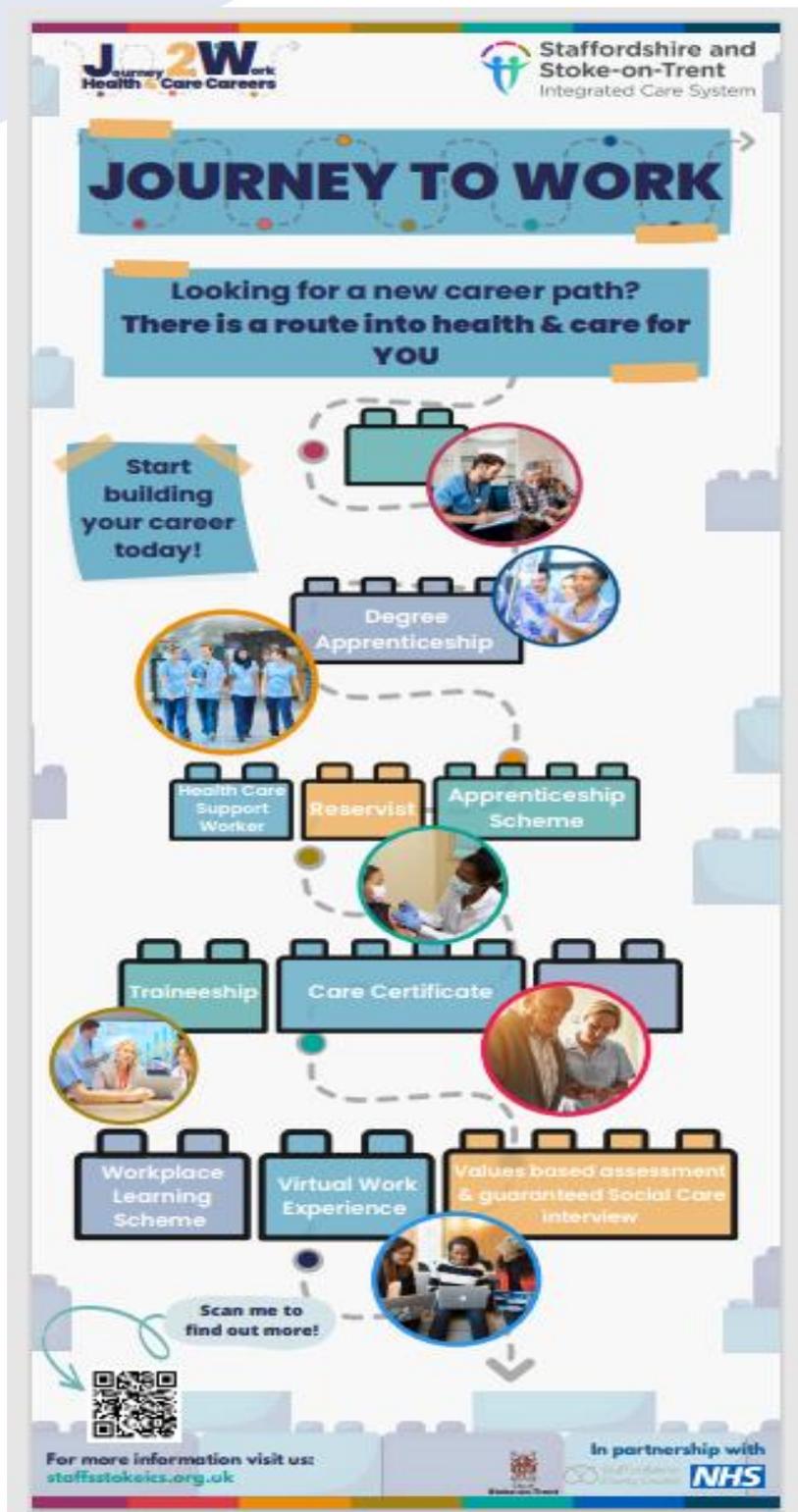
- 4.10.6 **ICS Outreach Adviser** currently supporting 12 individuals on a 121 basis into employment. This programme has achieved:
- Direct case managing **16** individuals from seldom heard communities, most of which are refugees.

- b. Project has so far engaged with **57** individuals across a range of interventions supporting refugees into Healthcare roles via interventions such as Careers advice and guidance, work experience/volunteering brokerage, group work/information sessions and Job application support/in-work mentoring.
- c. Working alongside DWP, Landau, Staffordshire Chambers, Refugee Action, Local Authorities, Employers, VAST and NHS departments across systems.

4.10.7 **Highlights of the programme include:**

- a. Cardiology Observership arranged to commence 14th September. Supported individual from Amity onto a Health and Social Care course starting September with an additional WEX placement at UHNM (due to start August or October half term). Supporting 2 individuals with ENIC applications.
- b. Developed and delivered a Dentistry session for young people supported by Amity Hub looking at both health promotion and careers. Also co-ordinating mentoring for a young person.
- c. Working with Stoke College on a Traineeship programme focussed on seldom heard communities
- d. Developing a healthcare information day for Amity to include Pharmacy and Midwifery related careers and developing the community aspect of Journey to work.
- e. Currently discussing a recruitment toolkit to support employers with recruitment of people from seldom heard communities in partnership with Skills for Care and Staffordshire LEA

4.10.8 **Journey to Work:** This concept was created to encourage people to take the relevant development for them to lead to a career in Health and Care. There are 3 main routes: those in education, those either in other careers or unemployed and those from seldom heard communities who need additional support to become ready for work. Individuals will be able to get advice to point them to the right opportunity depending on their background and current skills/competencies. Our Journey to Work is outlined in the Figure below.

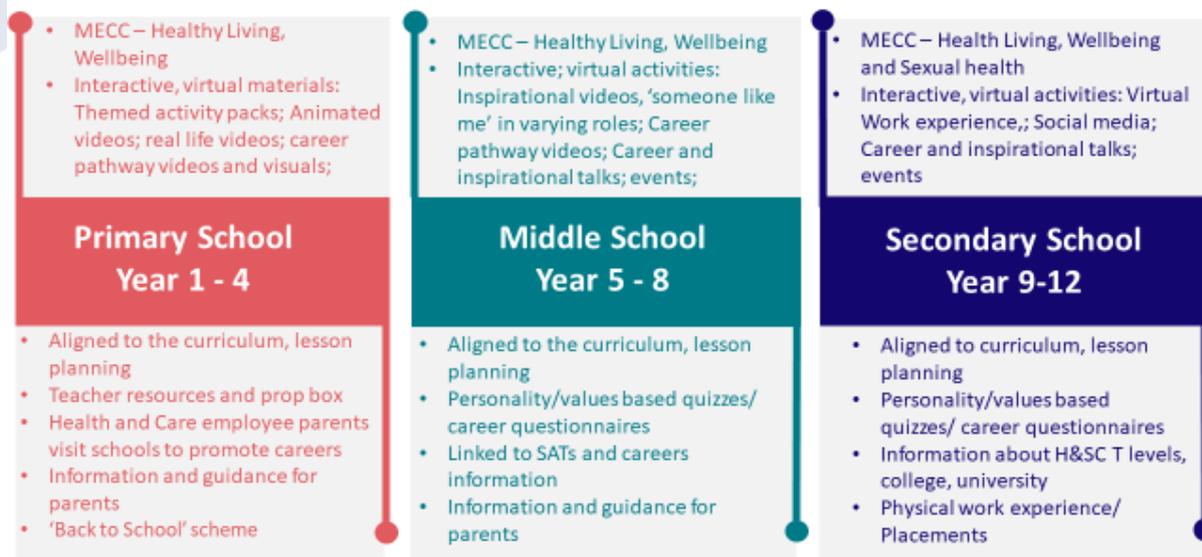


- 4.10.9 **Schools Engagement:** We are working with the pilot schools to develop resources for children from the ages of 5-16 which are aligned to their curriculum and offer the experiential learning that young people benefit so much from.
- 4.10.10 Health and Social Care staff from across the County are being encouraged to support this programme by offering to carry out activities like “talk to a Physio”

online, visiting schools in person and supporting the development of our Virtual Work Experience content. The programmes are outlined in Figure 4.10.11 below.

Schools Career Engagement

Staffordshire & Stoke-on-Trent Integrated Care System People Programme



Health & Care Careers Schools Engagement

Staffordshire & Stoke-on-Trent Integrated Care System People Programme

Engagement and promotion of Health and Care Careers from an early age to increase awareness and knowledge – improving our future supply pipeline

- 1 5 pilot schools – Primary, Middle and Secondary
- 2 12 month pilots - Formal launch Sept 23 for all schools
- 3 Whole System Partnership working
- 4 Consolidate the work of individual providers
- 5 Physical and virtual interactions; materials and resources
- 6 Register of Health and Care ambassadors
- 7 Trialling resources with wider schools, drip feed from Year 1 to 12
- 8 Toolkit accessible for all schools – linked to curriculum
- 9 Links to other programmes – virtual work experience, apprenticeships
- 10 Bringing Health and Care careers to life



Stoke Minster CoE Academy



Staffordshire and Stoke-on-Trent Integrated Care System

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4.11 Support to Maternity Workforce

4.11.1 UHNM

- Remain significantly challenged staffing wise – had to close last week for a couple of days other than to booked inductions
- Birthrate+ assessment completed; increase in staffing required – business case going through UHNM approval process
- Recruitment and Retention Midwife in post
- Lead midwife for IR (job share) in post
- Band 6 clinical Educator (job share) commenced in post in September 2022
- Neonatal matron – permanent appointment commenced in post in October 2022
- Recruiting to 12m Band 6 neonatal post to lead on improvement plan (HEE funding)

4.11.2 UHDB

- Director of Midwifery will be leaving in coming months (relocation abroad)
- Staffing challenges remain – heightened due to significantly higher than average maternity leave rate within the department
- Birthrate+ assessment completed; increase in staffing required – business case going through UHDB approval process

4.11.3 General Workforce Updates

a. Review of Career Pathways/Apprenticeships

Through the recent HEE Workforce Development Funding process, a commitment was made through the ICB People Board to fund the development of five individuals to undertake a Midwifery Apprenticeship at UHNM; this will support a much needed increase to the Midwifery supply pipeline and the development of an apprenticeship pathway and potentially in the longer-term a system wide career pathway, across multiple providers.

Since this initial commitment was made, additional funding has been secured from HEE, which will support the development of a further five individuals to undertake a Midwifery Apprenticeship at UHNM. A total of £50,000 is therefore available to support a total of ten midwifery apprenticeships.

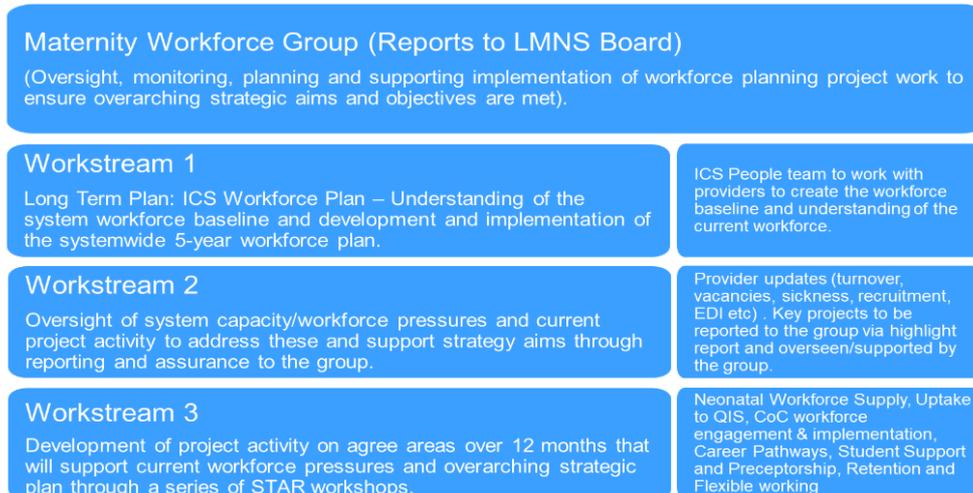
Following initial discussions between UHNM, HEE and the ICS People Function, it has been agreed that a business case will be required to be submitted as soon as possible in order to recruit to these ten posts. The work undertaken as part of the MSW skills, competency and career ambitions mapping exercise will support UHNM to identify potential candidates for these apprenticeships.

b. ICS Maternity and Neonatal Workforce Group

This working group was established to bring together partners working across the ICS/LMNS in relation to workforce challenges and subsequent workforce plans and initiatives. The group is aligned to the LMNS governance structure, and its aim is to bring partners together in order to agree upon areas for collaboration.

Previously we have had good engagement within the group, with a plan agreed for some key areas of focus for system working, aligned to local and national drivers (see figure 1). However, in recent months providers have lacked capacity to be able attend meetings with workforce colleagues due to increasing service demands.

The Maternity and Neonatal Workforce Group Plan



We need to agree with Board members the best way to re-initiate system working through an approach which is a better fit for partners and in an approach, they are able to commit too, considering ongoing service demands and capacity.

c. Multi Professional Education and Training Investment

During the summer, the HEE Quality and Commissioning Team undertook a scoping exercise with NHS Providers to understand the education and training needs of the future workforce for 2023-25. This took place in order to understand the demand for various educational programmes, some of which are currently commissioned; others may be considered for future investment, if there is sufficient demand and if they also align to the Long Term Plan.

Due to the development of the ICBs, the information gathered has been collated and reviewed at system level and will now feed into the Multi-professional Education and Training Investment planning process (METIP). Data was reviewed and queries have been made where any data did not align to system ambitions and any available workforce plans e.g. sonography training and Return to Practice.

This has been a new approach to the METIP planning process and feedback is being sought from providers/ICBs regarding how the process can be adapted in coming years to best meet the needs of the system and align to multi-year planning processes.

5 Conclusion and Next Steps

- 5.1** It is clear that the workforce challenge in Staffordshire and Stoke on Trent remains significant. Therefore it is imperative that we understand the areas that we can have the most impact working together as a System and also that Trusts lead on independently (sharing learning where appropriate). Therefore the System Workforce team will be analysing the workforce metrics to ascertain the areas of greatest need. Following this deep dives will be undertaken in areas identified as highest risk; both from an activity/performance perspective but also staff experience. These deep dives will allow us to continue to evolve our System programmes and evaluate the impact of the current projects to assure us of their efficacy.
- 5.2** The vision is for the Workforce Programmes to be developed and delivered in partnership via the concept of “mutuality” and that Provider Collaboration will create the traction we require to make the impact we need.
- 5.3** It is clear that, although great progress has been made, a significant cultural shift is required to develop the behaviours and beliefs to truly work as a System. Therefore significant work is being carried out from an OD perspective from ICB Board level into the wider partners.
- 5.4** The hope is that by making incremental gains, in the right areas, which have been developed and delivered for the mutual benefit of our Partners, we will begin to see the green shoots of progress towards a truly “One Workforce.”

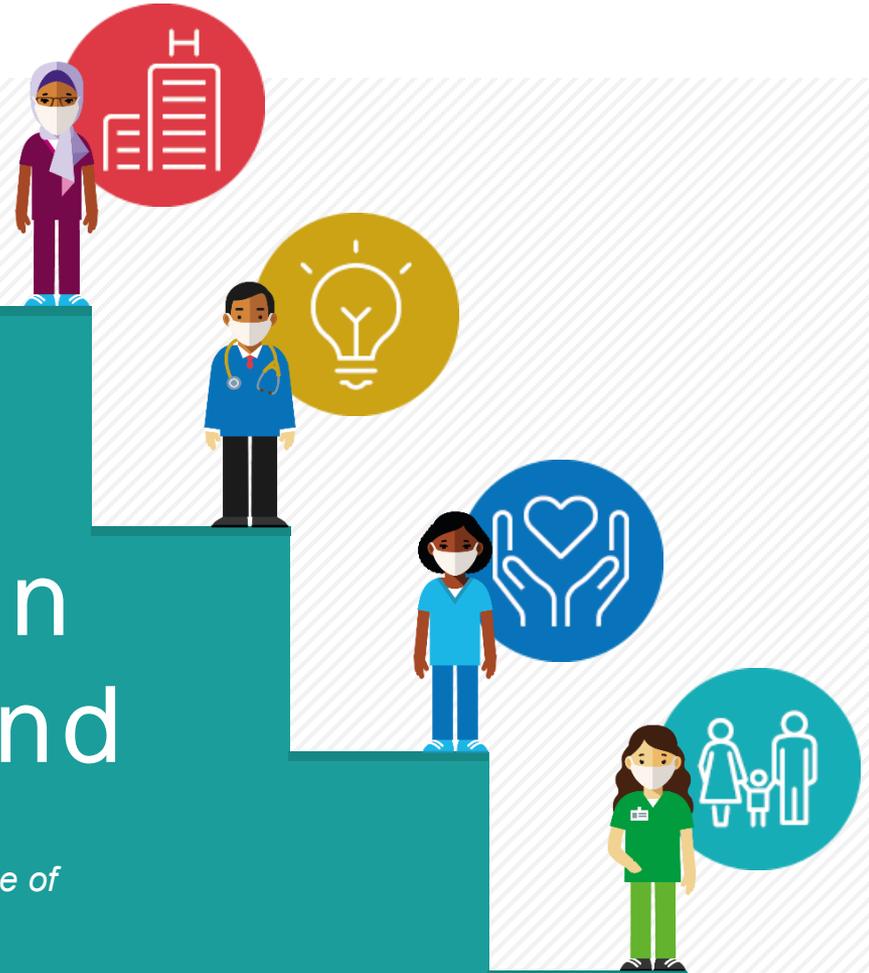
List of Background Documents/Appendices:

1. Staffordshire and Stoke on Trent ICS People Plan
2. Staffordshire and Stoke on Trent Annual Plan 20-21
3. Staffordshire and Stoke on Trent People Metrics as at August 2022.

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STAFFORDSHIRE AND
STOKE-ON-TRENT

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Interim People Plan 2022-23 and Beyond

"Our NHS is made up of 1.3 million people who care for the people of this country with skill, compassion and dedication."

Our Approach... an Interim Plan

Staffordshire and Stoke on Trent ICS is in the process of building our approach to delivering the National guidance for ICB People Functions to support a sustainable “One Workforce” within Health and Care. Building on our 20/21 People Promises; this document will describe where we intend to prioritise our workforce activities this year to move towards a more integrated, inclusive, supportive and accessible System approach for our People. Our priority areas will be decided based on where our activities can support the workforce supply risks in our System and also our areas of highest need from a Population Health/ reducing Health Inequalities perspective.

This document is unapologetically an interim “living plan” and it will be revised and updated following the establishment of the formal SSOT ICB. During this process we will contribute to the development of our ICS Strategic direction ensuring that Workforce outcomes are aligned to Population needs of our County as defined by Population Health and Inequalities Data, Clinical Leaders and our Citizens. Assurance of our plans will be carried out in the “One Workforce, People, Culture and Inclusion Committee,” with the input of our colleagues within NHSEI and Health Education England (HEE), which is a key committee of the ICB Board. We will monitor the progress of our programmes bi-monthly at the Programme Groups. We will track our progress via our own “collective measures of success” (which include specific locally developed metrics, outcomes and products) and also adherence to national/regional metrics devolved from our partners in NHSEI and HEE. We will work in close partnership with our regulators (NHSEI) and Staffside partners to ensure we achieve our goals.

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“ Our workforce is our greatest asset in providing high quality care for our populations, however we also recognise the significant workforce challenges we face across health and care. As we embark on the exciting journey of developing Integrated Care Systems, we know that we need to harness the collective effort of our workforce to meet the demands we face, having greater impact on what we can achieve together, reducing duplication and working across boundaries. We are therefore determined to work as “One Workforce” where “operating as a whole is greater than the sum of the parts.”

Shokat Lal, Chair of the ICS People, Culture and Inclusion Committee

Staffordshire and Stoke-on-Trent's “One Workforce”

The aim of this plan is to support the creation of a “One Workforce” which will deliver the SSOT vision of making Staffordshire and Stoke on Trent the healthiest place to live and work.” To enable this, the ICS will act as an “**Anchor Employer**” to set the pillars within which we will approach the employment of our health and care workforce; as well as our commitment to supporting the wider community in their health and wellbeing.

Our ICS Partners consists of the workforce within NHS Trusts, Local Authority, Social Care, Primary Care, Voluntary and independent sector staff in a wide variety of roles. We plan to develop workforce schemes which align to the individual organisational priorities of these partners, as well as delivering our overall ICS Strategic Goals. The way we will do this will develop over the coming years as the ICS matures, our specific shared objectives are clarified and our partnership relationships solidify.

Our aim is to work with these Partners to have more staff, **working together better** in a compassionate and inclusive culture - and help make our local area a better place to live and work. We will strive to affect positive change across the whole workforce; allowing collaboration, opportunities and increasing our overall staffing numbers. To do this we will prioritise widening participation in groups which suffer from health inequalities by creating employment (in line with our ICS Partner's staffing gaps), volunteering and apprenticeship opportunities. This will help to develop a broader **talent pipeline**, and have a **positive direct impact on communities', families' and individuals' lives**. By doing this, we will ensure that our workforce reflects our population and has the technology and digital means to connect across sectors to improve population health and outcomes.

How do we get to one workforce?

Engage and involve the workforce in designing how we achieve, supported by digital platforms, provide tools and opportunities for them to work with their peers to redesign ways of working, rotational roles, cross sector working



Our ICS Leadership Compact



Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.



Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be open to **changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.



Openness & Honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.



Leading by Example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.



Respects

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to **understand** others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.



Kindness & Compassions

- We will show **kindness, empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.



System First

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire & Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.



Looking Forward

- We will focus on **what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

People, Culture & Inclusion Governance Structure

- The projects and overall deliverables within the programme will be assured via the specific outcome measures (e.g. metrics, KPIS, qualitative data) under the governance structure below
- The outcome measures and benefits realisation will be determined at the start of each project, with continual review and evaluation as milestones are met and transformation programmes embedded
- Performance indicators will be developed, agreed and evaluated in partnership with provider organisations/sectors
- The Interim People Plan is a living document that will morph as the ICS develops. Each iteration will be taken to Partner Organisation Boards to ensure there is system buy-in and support. Where there are significant financial outlays required, or fundamental changes in workforce practice; individual projects will be cited to individual Organisation Executives/ Boards
- The plan will be formally reviewed and updated every 6 months

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Covid-19 Learning & Achievements 2 Years On...

What advancements have been made as a System?

New Ways/Flexible Working

- Led Midlands National Reservist pilots, model now approved for roll-out
- Overseas nurses recruitment continued, trialling a new joined up approach to future cohorts
- Flexible / mobile working models grow
- ICS Retention programme kick off
- Continued staff mobilisation through Workforce Cell



Identified/Supported New Training Needs

- Leadership to manage impact of Covid
- Digital training needs/guidance/support
- Expanding clinical staff skills to support understaffed areas
- Partnership working with education providers
- Staffordshire Training Hub supported the development of general practice staff



Adapting Roles: Sharing Skills & Resources

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- Student nurses/doctors undertaking paid placements
- Conversion & training of vaccination staff to support clinical capacity (e.g. HCA, Care Homes)
- Redeployment of 'Corporate' Nurses, AHPs, and admin to support surge

Staff Health & Wellbeing

- Launch of ICS Staff Psychological & Wellbeing Hub inc: support & resources, shared across sectors; Psychological & physical initiatives, guidance & support
- Supporting At Risk Staff groups



Partnership & Collaborative Working

- Working with partners across the system to support redeployment of staff inc CCG, MLCSU, CCU, Private
- Developing new plans/initiatives as a result of Covid-19 and vaccines
- New to Care Home Care and Care Reserves campaigns – NHS & LA

Digital & Virtual Innovation

- New systems, software & devices
- Remote working/video consultations
- Virtual training/meetings/conferences
- Digital readiness assessment underway, to inform ICS Digital Strategy



Staffordshire and Stoke on Trent ICS Context

SSOT Workforce Data (Feb 22)

Staffordshire and Stoke-on-Trent has a Population of 1.1 million



NHS Trusts (SC SOON)

11.14%
Vacancy Rate

Target 8-12%

11.12%
Turnover Rate

Target 8-12%

5.72%
Annual
Absence Rate

Target 4.5%

Substantive Staff Group	WTE Mar22
Registered Nursing	5,188.22
Admin & Estates	3,163.67
Medical & Dental	1,472.15
AHP	1,105.05

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SSOT ICS Vision



“Working to make Staffordshire and Stoke on Trent the healthiest places to Live and Work.”

- Improve outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

Key Workforce Risks



- Workforce Supply/ Ageing Workforce
- Health and Wellbeing ➔ Burnout ➔ Turnover
- Capacity of the System to work in Collaboration
- Changes to NHS Pension

Social Care: Social Workers (Children and Adults), Home Care Workers, Care Home Nurses

NHS: Nursing, Therapies, Histopathology, MH acute Nursing, Specialist Medical roles

Primary Care : GPNs, GPs

The Money



- £3.1 Billion overall spend
- 0.5% activity increase expected
- Cost increase up to 1%

Challenge to meet overall £200 million deficit

OUR ICS CONTEXT AND SSOT PRIORITY AREAS

OUR PEOPLE ENABLERS

Health Inequalities in SSOT

- We have one of the largest gaps in life/healthy life expectancy in the Region
- SOT is the 14th most deprived local authority in England
- 8.8% of Staffs and 17.8% of SOT identify as non-white British
- 50%+ people have 2 long term conditions
- 50% people over 65 have some degree of frailty
- We have higher than national average numbers of citizens with obesity, diabetes, strokes, heart disease, deaths from cancer under 75 years
- Higher than average infant mortality and smoking during pregnancy
- Significant Mental Health needs in all ages
- Loneliness and isolation

Community Engagement

- Commitment to engaging service users and citizens
- Reaching out to our population to support the development of our people schemes
- Link into System-wide observatory of local intelligence which identifies HIs
- Link with Local Equality Advisory Forum and Communities2gether
- Work closely with education providers (schools, colleges, HEIs) to develop solutions based on local need

“Someone like me”

- Our Widening Participation activities focused directly on areas of specific need as identified by HI data and Community Engagement
- Creating a more inclusive culture within our own organisations to support a system-wide cultural shift, challenging perceptions, educating and providing personal insight, in order for people to better recognise, identify and challenge inequalities.
- Creating an environment where staff voices influence through Trust and System-wide staff networks creating change and raising awareness of inequalities

How the ICS is already tackling Health Inequalities

- Creating educational opportunities and care closer to home
- Creating jobs, development opportunities that are accessible to the demographics of our population:
- Community Champions
- Specific programmes to support increased knowledge of HI (using population health) Vaccine inequalities, PCN approaches to neighbourhood health inequalities, digitally enable care provision, prevention and protect the most vulnerable from COVID-19 and restore services.
- Our Widening Participation activities focused directly on areas of specific need as identified by HI data and Community Engagement
- Creating a more inclusive culture within our own organisations to support a system-wide cultural shift, challenging perceptions, educating and providing personal insight, in order for people to better recognise, identify and challenge inequalities.
- Creating an environment where staff voices influence through Trust and System-wide staff networks creating change and raising awareness of inequalities

ICS People Approach and Place Based Working

- People Function established to enable the workforce elements of the ICS Strategy **delivering the 10 ICS People Function Domains.**
- Supporting workforce planning, development and training at PLACE level; engaging with local clinical leaders/citizens to develop specialised solutions
- Engaging in Provider Collaborations to enhance workforce productivity and experience; across organisational/System boundaries
- Ensuring workforce efficiency by reviewing and developing universal solutions to transaction functions
- ICS-wide OD, Leadership, Inclusion and Staff Health and Wellbeing approaches to support ICS transition and cultural transformation

Sustainability

- Carbon Zero by 2030
- Education for workforce
- Reduction of travel/waste of resource

Digital

- People Function programmes supporting the delivery of the Digital Vision
- Digital Leadership module within system-wide development programmes
- “Empowered Patients
- Digitised Care
- Population Health
- Infrastructure and Service
- Capability and Innovation
- Invisible Boundaries”



“One Workforce”

ICS People Plan 10 Domains

1

Supporting the health & wellbeing of all staff



6

Educating, training & developing people & managing talent



2

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Growing the workforce for the future & enabling adequate workforce supply



7

Driving & supporting broader social and economic development



3

Supporting inclusion & belonging for all, & creating a great experience for staff



8

Transforming people services & supporting the people profession



4

Valuing and supporting leadership at all levels, and lifelong learning



9

Leading coordinated workforce planning & intelligence



5

Leading workforce transformation and new ways of working



10

Supporting system design & development



Looking after our people

Supporting the health & wellbeing of all staff



What we've achieved...

HWB steering group supports System wide governance of this programme | Launched an ICS-wide, clinically-led staff psychological referral hub, integrated into existing support and supplemented by development of an ICS-wide Health & Wellbeing offer at various levels of intensity depending on need for individuals and teams | Established staff equality networks for Race, Disability and LGBT+ | The Disability network supported the development of the Inclusion school | Men's health network and Menopause Matters groups | Recruitment of ICS Retention Coordinators | Regional Covid Vaccination Workforce Retention Programme lead held by SSOT ICS so wider learning can be shared locally

In Year Delivery

- Development and sign off of an ICS wide Staff Health and Wellbeing Strategy.
- Further promotion and outreach of staff health and wellbeing support available.
- System wide Health and Wellbeing event.
- Scope for Growth Conversations supporting the Health and Wellbeing of our workforce.
- Promoting the 'Looking after your team and Looking after you too programmes' in primary care.
- Support and training offered to non-clinical practice staff in Well Being, as well as clinical to equip and empower.
- Develop offers to Retain the workforce at system level e.g. People Hub & Reserves, career conversations, flexible working options and support.
- Retention Coordinators in place and scoping System needs
- Development of an ICS wide Wellbeing Ambassador approach

Future Plans...

- ICS workforce and Psychological support team work closely together to support development of new Wellbeing initiatives linked to evidence.
- Annual ICS Well Being Events
- Well Being Champions across the ICS = community of practice
- Broader Psychological support offer across ICS inc Social Care & Primary Care
- Develop further Wellbeing offers linked to Population Health Data
- Introduction of Wellbeing Ambassadors in Primary Care
- Implement learning from SSOT Regional Wellbeing project within SSOT
- Research good practice in private sector to improve the employment cycle
- ICS Retention programme delivery continues, evaluation undertaken and recommendations considered for next stage of the programme.
- Focus on Retirement and options to return, with schemes to support registered and unregistered to remain in the system
- Test 'Try before you buy' schemes inc. work experience, shadowing and job swaps
- Deep dives into staff experience, reward and recognition offers

How we will measure success...

- Triangulate and monitor people metrics to provide intelligence and inform programmes of work to address; sickness absence, staff survey, HWB Hub access, pulse surveys. Collection of sickness information in non-NHS and Local Authority
- ICS Retention programme delivery, informed by metrics and insights review.
- Commence National Flex NHS programme locally – scale & spread.
- Continued feedback and pulse check at network meetings and each network has a Board level sponsor who will escalate any issues reported.
- System wide staff survey results analysis.



What we've achieved...

System Workforce Cell and People Hub Team well established, 80+ requests to mobilise and deploy staff processed | Recruitment and deployment of over 1200 staff to support vaccination programme delivery | Continued delivery of ICS Redeployment Service | Designed and delivered a number of innovative system People Hub recruitment campaigns to support surge (community hospital) and Home Care (in partnership with Stoke CC) | Agreement on capped system bank escalation rates | SSOT Reserves | Home Care (new to care) campaign in partnership with SOT CC | Establishment of the ICS AHP Faculty, The Workforce Race and Inclusion Strategy (WREI) for Midlands and for ICS includes High Impact actions for Inclusive recruitment | Recruitment of ARRS Facilitators to support the ARRS workforce and PCNs | GP Fellowship programme continued

In Year Delivery

- Health and Care wide recruitment planning in shared “high risk” areas; joint roles, flexible contingent workforce, continue International Recruitment.
- Joint approaches to communication of campaigns with the population and relevant Providers both in Health and Care
- Further recruitment to the System People Hub to support System wide (health and care) as required
- Move Health and Care Reserves working within SSOT
- Commence work on local GP recruitment/retention plan via appointment of Clinical Retention Champions
- GP and GPN Fellowship schemes
- Recruitment of more ARRS facilitators for Primary Care
- System wide Retention Coordinators' recommendations made and action commenced
- Link up Retention planning between Health and Care to create joint outcomes
- System wide NHS Staff Survey analysis and joint plan in place
- Increased Widening Participation activity in schools/colleges; wider than Cornerstone Schools – scope joint delivery potential between Health/Care
- Launch of Virtual Work Experience programmes; Mental Health and Primary Care
- Focus on increasing access to Health and Care roles from SSOT seldom heard communities
- Cohort 4 of System Health and Care Apprenticeship
- System Pharmacy Technician Apprenticeship in partnership with Primary Care/Training Hub

Future Plans...

- Recruitment to 'hard to fill' staffing groups at System level
- Retention activities embedded across Health and Care to reduce turnover
- System wide approach to engagement with schools/colleges; promoting all health and care careers
- Movement towards System by default approach to Contingent Workforce and ICS Collaborative Bank
- System approach to Widening Participation activities to attract seldom heard communities
- System wide Work Experience Portal; cross sector approach
- System wide workforce strategies developed for professional groups inc AHP, Pharmacy, Nursing, Practice Managers, Social Workers
- Refresh of the Primary Care workforce strategy (CCG, Training Hub and ICS).
- Development of a 'GPN school' and further refine GPN Strategy
- Targeted engagement work (at scale across System Partners) with wider community aligned to tackling health inequalities.
- Streamlining recruitment processes across the ICS, utilising digital platforms
- Improved staff experience via. Retention activities and OD/culture/leadership programmes.
- Virtual Work Experience programme for Social Care
- Workforce planning across clinical pathways - Case for Change, H2, Cancer, Maternity & UEC.
- Using workforce planning tools to plan at Place level.
- Implementation of the System Workforce Race and Inclusion Strategy Actions inc 3 priority areas: inclusive recruitment and building a diverse workforce, inclusive leadership, understanding and addressing local health and wellbeing inequalities throughout workforce.

How we will measure success...

- Measurement of workforce metrics; staff in post, WRES data, turnover, system wide “new post” data.
- Workforce data informs planning and supply activity across the system, down to Place.
- Performance of the system wide workforce cell. Demonstrate future workforce planning across the sector to build new roles.
- System wide staff survey analysis; The WRES aspirational targets highlight the required representation of Black Asian and Minority Ethnic staff at Leadership level for ICB and for partner NHS organisations.



What we've achieved...

ICS WRES Recruitment High Impact Action Plan, System Staff Networks and the EDI leads group have enabled joint learning and actions | Equality networks thrived with System Board level sponsors | Inclusion School - Journey continues: Autumn Inclusion School on Disability and Neurodiversity complete | Cultural Education Change Programme delivered to system very senior leadership | Inclusive Talent Management approaches | Joint working on development of the New Futures programme across the System | Delivery of "Ourselves as Collective & Compassionate Leaders" | Content on the Clinical & Quality Leadership Development Programme | Widening Participation Activities focused on seldom heard communities | ICS Apprenticeship recruitment and Refugee / Seldom heard Community

Project

In Year Delivery

- Sustained focus on inclusion to influence leadership and development of the System
- ICS Workforce Dashboard to include WRES information
- System Wide Reciprocal Mentoring - Preparing for launch early in 2022-23 using NHS Leadership Academy Reciprocal Mentoring Programme framework.
- Continue Inclusion School journey
- Staffordshire and Stoke on Trent Stepping Up – Cohort 4
- Scope 4 Growth Talent Management Career Conversations.
- 'Comfortable being Uncomfortable' cultural education programme roll-out being extended to more leaders and teams.
- Nominated Clinical Director EDI Champion (Staffs Training Hub)
- Work of Out Reach Project Manager and Retention Coordinators.
- Widening participation from seldom heard groups - ICS Outreach Project in supporting Refugee community into roles with our sector
- System wide inclusive recruitment
- New Futures Diverse Leadership Programme
- WDES Differently Abled Buddy Scheme (Provider pilot)

Future Plans...

- Leadership OD and Inclusion programme and the Workforce programme to further inform the development of an inclusive culture across the ICS.
- Cultural Education Programme wider System roll out
- Inclusion School Journey to continue.
- Stepping Up/New Futures alumni support, to include ongoing development opportunities and tracking of career progression.
- Reciprocal Mentoring evaluation and learning lessons undertaken and acted upon across system.
- Extend support to non-NHS system partners on developing inclusion.
- Development of the NHS Rainbow Badge programme on a system-basis, including extension of principles to non-NHS partners.
- HPS cohort 2 – increasing participation from those from ethically diverse communities
- Triangulation of system WRES and WDES data with the current and development of EDI System Metrics
- Diverse characteristics are proportionally represented across the ICS

How we will measure success...

- Workforce Metric info re WRES & WDES data & EDS, turnover, sickness, recruitment. Collection of sickness information in non-NHS and Local Authority
- System wide staff survey and pulse surveys.
- Using employee engagement scores to measure delivery of the NHS People Promise and focus on action for improvement.
- Feedback from System Staff Networks .



What we've achieved...

ICP North Leadership Development Pilot SYSTEM CONNECTS programme, 120 staff, 2 Trusts, system wide potential: Platinum & Gold - Masterclasses and cohort sessions underway | Scope for Growth - career conversations: SSOT confirmed as pilot site | Leadership Pathway has been drafted for entry level roles | Staffs Uni joint project to ensure the college is better preparing young people with the skills needed for the future | HPS Cohort 1 continues with completing due for Q1 2022 and plans for Cohort 2 to launch Q1 2022 | System Connects programme reaching circa 120 colleagues | Delivery of "Ourselves as Collective & Compassionate Leaders" content on the Clinical & Quality Leadership Development Programme delivered to Cohort 2

In Year Delivery

- PbP North Leadership Development Programme Systems Connects 120 people, 2 Trusts, system wide potential: Platinum & Gold. Masterclasses and cohort sessions underway.
- "Our System Connects" programme reaching circa 60 Band 7 (Gold) & 60 Band 8 (Platinum) leaders from across the System.
- Scope for Growth pilot to include a Train the Trainer model, Community of Practice, 3-5 year career plans for initial groups, target groups identified as High Potential Scheme 1 & 2, Stepping Up Programme/ Stepping Up Alumni.
- Potential & Development Conversation toolkit completed
- Training Hub roll-out of leadership courses and CPD across General Practice, informed by practice-led TNA e.g. Practice Management, Leadership Series.
- High Potential Scheme Cohort 1 completed, cohort 2 commenced
- Build a HPS support network: coaches, mentors, sponsors, assessors.
- West Midlands Coaching Collaborative to support ICS.
- Development of Diverse Coaches.
- Completion of Systems Connects Gold and Platinum Leadership Programme.
- New Futures diverse leadership programme delivered
- Talent pipeline/ leadership development activities within Social Care in partnership with Skills for Care

Future Plans...

- Expansion of our Leadership Programme for Band 6 professionals following the success of the Gold & Platinum System to enable a passport approach to development ensuring an inclusive offer more widely.
- Collaboration has commenced with regional stakeholders including UHNM, MPFT, Derby & Burton Trusts on the system New Futures programme (equivalent Stepping Up) ready for launch March 2022.
- Development of System wide talent development tools.
- System wide careers events offering information about roles across the whole sector; NHS, Social Care and Primary Care.
- Introduce core offer to support PCN development in conjunction with the Midlands Leadership and Lifelong learning team. Additionally, OD Practitioners will work with PCNs on their progression through the maturity matrix
- HPS Cohort 2 – 2 year programme to commenced with a Buddy model with STW ICS.
- Scope for Growth Career conversation tool to form part of all Inclusive talent leadership programmes.
- Inclusive Talent Leadership Programme to be utilised across system wide leadership talent pool.
- Alumni Leadership development to incorporate: New Futures, High Potential Scheme, System Connects.
- System coaches and mentors support all leadership programmes

How we will measure success...

- Increased number of Ethnic Diverse colleagues in leadership positions.
- Increased numbers of SSOT colleagues taking part in the various leadership programmes/events.
- Career tracking for Leadership courses Alumni.
- System Staff Survey results.
- Development and embedding of products such as System wide talent development tools.

Leading workforce transformation and new ways of working



What we've achieved...

Led and developed Midlands Reservist Pilots | Implemented SSOT Reservist and People Hub contingent workforce models inc. three flexible offers | Currently 645 workers registered with the People Hub | Designed and commenced recruitment of contingent workforce in partnership with Staffordshire and Stoke on Trent Councils | System wide development and leadership opportunities | System Connects Programme allowing collaboration across Trusts | Enhancing staff experience through Health and Wellbeing activities at System level

In Year Delivery

- Increase People Hub resource /scope of practice through **joint** campaigns with wider system partners and continue to develop training packages & pastoral offer.
- Further develop ICS Reserve model inc. emergency 'Step Forward' workforce.
- Contribute towards and inform the ICS Digital assessment from a workforce perspective. Develop refreshed
- Digital People Strategy.
- Refresh of ICS People Programme website.
- Pilot Digital Staff Passport at system level with People Hub.
- Commence ICS People APP development.
- Scope use of platforms to support system staff sharing e.g. Allocate/Patchwork, NHS Jobs3.
- Lead System-wide Workforce Planning to support clinical transformation pathways e.g. Cancer, Maternity, Urgent Care and wider Staffordshire/Stoke on Trent Case for Change.
- Lead on Workforce components of operational and strategic planning at System level.
- Continue the development of a System wide workforce dashboard and performance metrics.
- Outreach work to ensure our opportunities are tailored to local workforce and deliver the needs of our population

Future Plans...

- Launch of ICS People APP.
- Implement Digital Staff Passport.
- Introduce Digital Champions Network.
- Development of a digital career pathway across the system, to consider rotations and innovative placements; inc ICS apprenticeship.
- Establishing strong links with education providers to engage future workforce, promote NHS & Care digital and tech careers and to scope training and education.
- Development of a Digital Leadership Programme including virtual classes and e-learning packages.
- Pilot Reserves model across sectors with engaged private providers.
- Continuing work with VAST /Support Staffordshire to collaborate further with the sector.
- Continue to build Volunteer aspect of contingent workforce
- Long Term Volunteer buddy schemes.
- Alignment of core training programmes and competencies across the system.
- Create and update key and clinical roles descriptions to better reflect the roles of the future.
- New joint roles and career pathways across the System

How we will measure success...

- New roles designed and implemented across the system.
- New career pathways designed.
- Development of products e.g. Digital Leadership programme/job descriptions.
- Workforce plans at System level.



What we've achieved...

Supported HEE funding assignment/delivery inc TNA, system wide apprentices, clinical supervision, cancer, maternity, wellbeing enabler project | Successfully delivered two system apprenticeship cohorts and launched third with focus on Ethnic Diverse and seldom heard groups | Successfully shared £449k Levy funds across the system in 2021 to support 80 apprenticeships in Care Home, Hospices and Home Care providers | System coaching offer through the West Midlands Employers Coaching and Mentoring Pool established for the SSOT system | Talent Steering Group overseeing succession pathways for system and collectively developing an approach where all partner organisations can collaborate to provide development offers across the system for all staff at all levels | Inclusive Talent Management process launched Jan 22 | ICS pilot site for Scope for Growth

In Year Delivery

- Refresh and launch of ICS System Wide Education, training and development Group. Partners inc. NHS, LA, Social Care, Voluntary, Staffs Training Hub, CCG, Further Education & Higher Education providers.
- Working more closely with Education Providers
- Gather higher and further education and destination data and intelligence.
- Scope system wide approach to Clinical Placements expansion and digital platforms to support understanding of placement capacity, develop plans with partners to improve capacity and experience
- Delivery of cohort 3 of System Wide Graduate Apprenticeship.
- System wide Pharmacy Technician Apprenticeship scheme development and launch in partnership with Staffs Training Hub.
- Commence planning for ICS Career Pathway progression e.g. Nurse Associates, Trainee Nurse Associates, Degree Apprenticeship, and pathway experience at System Level
- Continued delivery of System wide Apprenticeship Levy Share
- Expansion of Coaching Pool, drive to recruit and train coaches from a diverse background eg: stepping up
- GP-S coaches in Primary Care
- General Practice Pathway to progress and retain using apprenticeships
- Developing leadership offers within Social Care to support retention and good staff experience

Future Plans...

- Develop new courses with Higher Education partners which respond to system need and workforce planning indications, informed by national and local drivers
- Review system wide training delivery to find collaborative solution.
- Develop further Health and Care work experience and information sharing opportunities for all groups
- Implement system wide Clinical Placement Expansion programme in collaboration with partners, and introduce digital platform to understand and increase capacity.
- System approach to commissioning training places and overall engagement with HEIs.
- Development of further ICS career pathways in line with system priorities, informed by workforce planning.
- Leadership Pathway designed to extend the opportunities for Leadership Development from Exec Pathway in early career potential applicants for entry level roles.
- Proposals to be discussed for developing senior leads as Career Coaches to support developmental & career conversations with high potentials and career development toolkit on the intranet
- Focus on developing an offer for Admin and clerical staff – training, career progression inc NHS, LA, Social Care, Primary Care
- Develop system training Academy (2-5 years)

How we will measure success...

- Understanding the needs of our whole system from a training and education perspective collectively
- Delivering more training across organisational boundaries
- Understanding of and increase in clinical placement capacity



What we've achieved...

Commenced Asylum and refugee project and recruited an ICS Outreach Advisor | Involvement in ICS Sustainability Planning group | First Traineeship programme cohort commenced successfully | Supported two Step Into Work cohorts | HEE Trailblazer GP Fellows employed - specific focus on deprivation, focus on health and third sector organisations e.g. homelessness, drug and alcohol services | Working with local voluntary sector initiatives to encourage diverse workforce and widening participation projects i.e. employing/work experience with sensory loss communities | Working with diverse community groups (Communities 2gether group) looking for initiatives for encouraging employment and training uptake from these communities | Working with schools and Higher Education to identify local initiatives to support education and employment for people from recognised deprivation index communities | Joint project with Staffs Uni to ensure the college is better preparing young people with the skills needed for the future | Draft Leadership Pathway has been designed to extend the opportunities for Leadership Development at System Level | System wide approaches to Work Experience, Career pathways and volunteering inc. virtual offer

In Year Delivery

- ICS Widening Participation Strategy agreed and action plan implemented.
- Continue support to workplace learning schemes e.g Step into work, Princes Trust, Traineeships, T Levels, Staffordshire Cornerstone Employer.
- Virtual Work Experience
- Offering job opportunities to disadvantaged or seldom heard communities including Refugee/ Out Reach project.
- Wellbeing Enabler project – linked to inequalities & Mental health priorities.
- Development of workforce specific actions to support Green NHS Sustainability Plan.
- Understanding of workforce experience and inequalities at organisation and system level through WRES, staff survey/feedback (F2SU), H&W, psychological wellbeing hub, staff equality networks, gender pay and ethnicity pay gap reports.
- Through accountability and sustainability of Staff equality networks: understand and identify areas of inequality, enable workforce as representative of, and link with our local diverse communities.
- System wide NHS Staff Survey Action Planning

Future Plans...

- Working with education institutions to develop the local future workforce across the health and care system.
- Further engagement and involvement with wider seldom heard communities to promote jobs in our system
- Understand service user experience and staff understanding of health inequalities and impact on population health and access to services/information.
- Further work with the Staffordshire and Stoke on Trent LEP to link into work being done in the private sector to support those from seldom heard communities find educational opportunities and work.
- System wide approaches to Widening Participation embedded and joint activities in place.
- System Career Pathways (including Apprenticeships) with various starting points to allow participation (Traineeships)
- Virtual Work Experience Portal
- Digital enablers e.g. APP/Passport
- Robust work directly within Communities to identify how to create opportunities for them
- Appointment of Ambassadors to promote careers in health and care.
- More recruits from seldom heard communities in all NHS Trusts, Local Authorities and ICS People Programmes

How we will measure success...

- Recruitment from “disadvantaged communities”.
- Wider scope of work experience up take.



What we've achieved...

System forum of People Directors (NHS) in operation for some time | Best practice sharing via system groups | ICS People, Culture and Inclusion Board well established with programme boards bringing people professionals together to collaborate on key system people matters | Career development conversations taking place with OD Talent Bank to identify gaps to inform future careers | Partnership/collaboration in place with NHS Trusts to review/scope the potential for a transformed approach to the delivery of the following services at System level; Occupational Health, Workforce Planning and Intelligence and Recruitment | SSOT System-wide OD diagnostic completed system wide OD diagnostic completed

In Year Delivery

- Establishment of ICB People Function.
- Commencement in post of ICB NED lead for "One Workforce" People, Culture and Inclusion Committee.
- Appointment of Chief People Officer.
- Delivery of HR & OD efficiencies programmes focussing on multiple contracted service providers, provision of HR&OD functions and optimising the utilisation of Robotic Process Automation (RPA).
Current projects focussed on:
- Occupational Health
- Move towards 1 OH Provider across the ICS
- Recruitment
- Standardise and streamline processes across ICS - explore options for delivering at scale.
- Workforce Planning/Information.
- ICS-wide planning and reporting functions scoped.
- Implementation of PCN organisational development plans which supports clinical and managerial leadership support including coaching, workshops, masterclasses and diagnostic work.
- Scope clinical placement provision within the System

Future Plans...

- Consider Provider Collaboration and delivering at scale in wider People functions. E.g. Clinical Placements
- Continue to provide OD and system development support and capability to organisations, provider collaboratives, clinical networks and other formal collaborative arrangements within the ICS.
- Work on Navigating Change Masterclasses, bitesize learning and supporting toolkit as part of the ICS People Transformation workstream has commenced as part of a system wide Health & Wellbeing offer.
- Deliver benefits realisation of 1 OH Provider.
- Introduce RPA processes and maximise efficiencies through ICS recruitment processes.
- ICS workforce planning and reporting functions established

How we will measure success...

- Reduce variation in service levels.
- Reduce variation in outcomes.
- Decrease multiple providers and therefore contracts and contract management.

Leading coordinated workforce planning & intelligence



What we've achieved...

Development and submission of the system Operational plan for 2021-22 across NHS and Primary Care | Supporting Clinical workforce planning across the system including vaccination programme, UEC, Mental Health | ICS People Metrics & Dashboard developed inc all NHS Trust | Workforce Data sharing agreement in place for some time | Agreement on capped system bank escalation rates | System wide Equality Impact Assessments in place for recruitment and staff transition | Development of PCN ARRS workforce plans | Collaborative development of a 21/22 GPN Strategy (CCG, Training Hub and ICS) | Increased workforce planning skill / resource at system level with the appointment of additional workforce planning managers

In Year Delivery

- ICS People Metrics & Dashboard to inc Social Care & Primary Care Workforce planning across clinical pathways - Case for Change, Operational, Cancer, Maternity & UEC.
- Using ICS level data for planning inc workforce, population and health inequalities.
- Utilise the STH Primary Care TNA data + Focus Groups to assess workforce risks including retention, retirement.
- Workforce Cell delivery in response to System Pressures
- Performance management of agreed ICS NHS Workforce Metrics
- Delivery of Strategic Workforce Planning in relation to Operational Plans
- More Workforce Planning expertise at System level
- Use population health data and demographics to workforce plan identify areas to focus recruitment and widening participation activities in Health and Care
- Support social care managers to complete WF national minimum data set
- Social Care clear on projected future needs of RGNs and plan to achieve this

Future Plans...

- Developing overarching dashboards both quantitative and qualitative data, incorporating information at a Trust/Provider and system level which will allow us to track the benefits realisation of our collective endeavours e.g. Staff Experience, Workforce Sustainability Dashboards.
- Ensure project outcomes are recorded and impact evaluated to allow us to prioritise the work at system level, creating value for money
- Incrementally increasing system-wide working by influencing wider stakeholders via digital platforms, data and direct feedback from our workforce/ service users.
- Using workforce planning tools to plan at Place level.
- Collaboration/streamline Agency/Bank rates at System level.
- Dashboard and metric development and assurance at System level.
- Commence working on a Workforce planning tool across whole sector.
- Increased workforce planning capability and capacity across the System via training/mentoring/community of practice.
- Continue workforce planning across clinical pathways - Case for Change, H2, Cancer, Maternity & UEC.
- More staff working in Health and Care from seldom heard communities.

How we will measure success...

- Live workforce plans in place which clearly identify our workforce gaps and actions plans to address with innovative solutions.
- System wide workforce picture including NHS, Social Care, Primary Care and voluntary sector.



What we've achieved...

Well established Shadow ICS Board with full Provider engagement, anointment of ICS Board Chair, following national recruitment processes | Appointment to Acting ICS Chief Executive role | Appointment to 5 Non-Executive Director roles including Chair of the System People, Culture and Inclusion Board (to transition to Committee) | ICS Governance structure agreed | TUPE/HR processes in place with affected CCG workforce

In Year Delivery

- Appointment of mandated ICB Director(s) level posts.
- Appointment of Chief People Officer/Partner for the system.
- Supported transition of current CCG workforce into new ICS/ICB structures.
- HR processes to be undertaken with affected workforce as mandated posts are appointed to linking to support offers available.
- Health and wellbeing & leadership/OD support available for staff affected by change processes.
- Formalised ICS People Function as part of the new ICB structure.
- Creation and delivery of ICS OD programme – Lessons learned OD support, ICB board development, culture and behavioural change support across ICB, ICP and PCN's, including clinical leadership and place-based focus.

Future Plans...

- ICB structures and functions established, in place and operating
- Safe ICB Staff transfer complete and roles and responsibilities established.
- People Plan reviewed to directly align to the ICS Strategic Aims and Population Needs.
- Transfer of System People functions to new ICB People function.
- ICB/ICS system wide OD strategy and programme developed to support evolution and development of new ICB/ICS.
- Ongoing support to the emerging future functions ICS/ICP/ICB.
- Supporting design, delivery and embedding of clinical leadership approach.

How we will measure success...

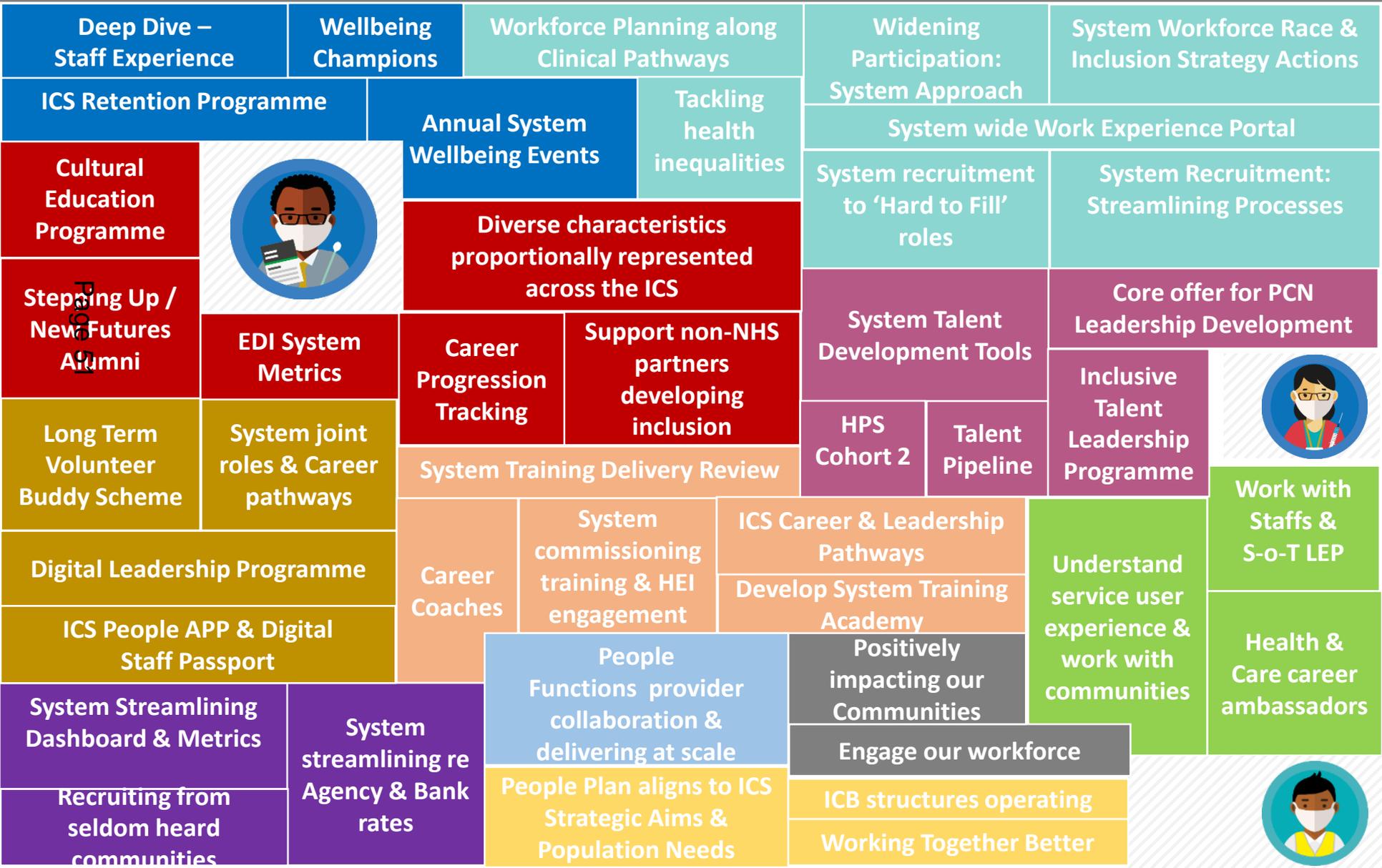
- Safe transfer of staff to the new ICB/ICS with roles and responsibilities defined.
- Change processes complete for affected staff.
- Functions in place and ready to operate.
- Readiness to operate assessment complete and assurance given by NHSEI.

Summary of In Year Delivery 2022-2023

System Staff Health and Wellbeing Strategy		Retention Co-ordinators	++ Health & Care Reserves		Cohort 3: System Health & Care Apprenticeship		GP & GPN Fellowship	ARRS Facilitators	
System wide well being Event		Scope for Growth Conversations		System NHS Staff Survey	Pharmacy Technician Apprenticeship	Jobs access for seldom heard communities		Virtual Work Experience	
Stepping Up	Inclusion School			Clinical Retention Champions	System Health & Care Recruitment	People Hub Recruitment			
System Reciprocal Mentoring	Out Reach Project Manager		Clinical Director EDI Champion		Diverse Coaches	Our System Connects			
Talent Management Career Conversations		New Futures Diverse Leadership Programme		High Potential Scheme Cohort 1 completed				Scope for Growth	
ICS People Programme Website		Digital People Strategy		GPS Coaches: Primary Care	GP Apprenticeships	Potential & Development Conversation Toolkit		Leadership development within Social Care	
Step Forward Workforce	System Workforce Planning	System Apprenticeship Levy Share	System Education, Training & Development Group			ICS Widening Participation Strategy			
ICS People Metrics include Social & Primary Care	Workforce planning across clinical pathways		ICB Director Appointment (inc. Chief People Officer)	System Approach Clinical Placements	Wellbeing Enabler Project			System Staff Survey Action Planning	Workforce Green NHS Plan
Workforce Cell response to System Pressures	System Workforce Planning Expertise		HR & OD efficiencies programme	Refugee/ Out Reach Project		Workplace Learning Schemes			
ICS OD Programme	Formalised ICS People Function	Anchor Employer	ICB People Function						

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Summary of Future Delivery Plans (2-5 Years)



How will our plan represent our Workforce Views?

- It is imperative that this plan **represents the workforce** and is not a “top down” strategic document which would be unrecognisable to front line workers. In order to ensure that the initial draft is accurate we have taken feedback from Provider representatives from across the Health and Care sector. They have fed in themes from their own engagement with their workforce; outlined their organisational workforce challenges and reviewed the current priority areas for our People, Culture and Inclusion Programmes.
- This plan and **priority action areas for 22/23** has been drafted following this feedback, however the following actions will be taken with various staff groups during the next 12 months as we continually refine our direction:
- **Involvement via various engagement means** including digital platforms /tools, webinars, events, forums, face to face workshops (as appropriate) and staff surveys.
- **Establish links** with existing forums, networks and groups including Staff Networks and via system-wide trade union partners (inc. NHS, CCG, Local Authority, Primary Care, Voluntary and Independent sectors)
- Ensuring there is **ICB senior leadership ownership** and buy-in to gain System wide commitment.
- **Taking feedback from service user groups** regarding the priority areas for them for the development of our workforce.
- Reviewing, with expert partners, the **potential further use of technology** as an enabler to support collaboration across the System.



STAFFORDSHIRE & STOKE-ON-TRENT Integrated Care System; People Programme Annual Report 2020-2021

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Introduction

This annual report will explore the achievements, current undertakings and plans for the future of 2022/2023 for Staffordshire & Stoke-on-Trent's Integrated Care System People Function.



“National models will be based on Staffordshire, recruitment figures very impressive”

**John Drew,
National Temporary Staffing Lead**

.....

“Exemplar system in mobilisation, workforce supply & innovation”

**Steve Morrison,
Regional NHSEI Workforce Director**

.....

“Thanks to the team for the collaborative, supportive & positive response to their requests”

**Kath Frain,
Stoke City Council**

.....

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Foreword



"Our People Programme has worked collaboratively with our Partners to develop innovative workforce solutions, often at great pace, to ensure that we maximise efficiency and assure workforce supply. I am incredibly proud of how our People have responded to the COVID-19 Pandemic. The grit, determination and willingness to support our population at their time of greatest need has been truly humbling."

Neil Carr, CEO Midlands Partnership Foundation NHS Trust/ SRO for Workforce Staffordshire and Stoke on Trent ICS.



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"Wow what a year and how far we have come! Staffordshire and Stoke on Trent People Programme have responded and innovated in the face of the COVID-19 Pandemic. We have worked in Partnership to support all sectors of our community and ensure the resource is flexible enough to respond to the changing demands. Our collaboration has grown exponentially throughout the Pandemic and we are determined to 'lock in' these new pathways of working for more improvement to come in 2021."

Alex Brett, Director of People Midlands Partnership Foundation NHS Trust/ Director of People Staffordshire and Stoke on Trent ICS.



Our Achievements

2020-21



Appointed
32 Apprentices
(Inc System Apprentices
& Care Home TNA's)
& Organised **36 Step**
Into Work Placements



**System People
Hub Established**

**Integrated System Wide
Workforce Planning**
(Inc Workforce Development
funding)



**Staffs & S-o-T
Workforce
Database**

**Volunteer Buddy
System
Initiated**



Apprenticeship Levy
Transfer has utilised:
£978k
for
216 apprenticeships



**Developed System
Wide Website**

**Established Strong
Partnership Working
With Primary &
Social
Care**



The Redeployment
Service has saved:
£4.3million
& Redeployed:
225 members of staff



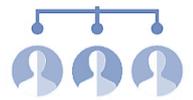
**System Wide
Retention
Framework**



**Clinical
Workforce
Planning**



900+  
**Staff, New Recruits &
Volunteers engaged in
Supporting during the
Pandemic**



Created New Roles
(Inc Well Being Enabler
& System Clinical
Placement Facilitators)

**Mental Health
Plans**



**The ICS
is a Cornerstone
Employer
Supporting 80
Schools**



What advancements have been made as a System?

New Ways/Flexible Working

- Retire & return / Bring Back Schemes
- Overseas nurses joining temp register
- Flexible working arrangement aided by digital
- Centrally coordinated mobilisation through Workforce Cell across i.e. NHS, CCGs, LA, Care Homes, 111



Identified/Supported New Training Needs

- Leadership to manage impact of Covid
- Digital training needs/guidance/support
- Expanding clinical staff skills to support understaffed areas
- Partnership working with education providers



Adapting Roles: Sharing Skills & Resources

- Student nurses/doctors undertaking paid placements
- Registered staff undertaking training to support clinical capacity (e.g. insulin admin, 111, Care Homes)
- Redeployment of Nurses, AHPs, Dentists, General Practice workforce



Staff Health & Wellbeing

- Additional support & resources in place and shared across sectors
- Psychological & physical initiatives, guidance & support (counselling, coaching, helplines, etc)
- Supporting At Risk Staff groups, inc BAME



- Sharing best practice, resources, skills & staff
- Liaising with partners across the system & further re deployment of staff
- Developing new plans/initiatives as a result of Covid

Partnership & Collaborative Working



Digital & Virtual Innovation

- New systems, software & devices
- Remote working/video consultations
- Virtual training/meetings/conferences
- New digital infrastructure to release capacity, ensure infection prevention, whilst still delivering services.



Collaboration Across the Pandemic

70+

Requests processed by the **Workforce Cell**

to mobilise workforce to support in a variety of settings across our system



Staffs & S-o-T's **Bring Back Staff** scheme delivered and

employed **54** health and care workers



Staffs & S-o-T Health & Care

People Hub has recruited over

1200 members of staff to support during the pandemic



1059

People Hub and partner workforce deployed across

3 Vaccination Centres



146 Step

Forward staff offered to work outside their day jobs in new organisations to support us



Other business has continued...

Operational Plans, People Plan, SWIM Tool, Step into Work, Apprenticeships, Redeployment





Staffordshire and Stoke on Trent Workforce Cell

The People Function took the role of the Workforce Cell for the ICS. This role was the point of coordination and processing of all actions relating to the supply, efficient utilisation and deployment of workforce across the System during the pandemic. The team evolved to become a conduit between organisations and sectors; working in partnership to support the Health and Care organisations with their critical workforce gaps.

Staff mobilisation across the pandemic

- Creation of a System Staff mobilisation function & processes; streamlined and fast-tracked movement of workforce via MOU
- Processed over **70** staff mobilisation requests in total, varying WTE requests
- Deployed staff to support: **Social Care | Testing | PCNs | Critical Care | Care Homes | Hospital Wards inc. Acute, Community & MH | Community services**

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Bring Back Staff for Region

- Carried out the role of System lead for BBS for the Midlands and led the region to become the **UK's top in employment of 'BBS' Staff - 751 HC**
- For Staffordshire and Stoke on Trent our **'BBS' Bring Back Scheme**, successfully delivered and employed **54** Health and Care workers in Staffordshire and SOT
- Campaigns and lessons have been shared with Midlands pilot systems and Nationally



People Hub Development, Recruitment & Brand

People Hub Development

- As a direct response to Covid-19 and the additional workforce demand, the ICS People Function in collaboration with system partners, created a System Bank; Staffordshire & Stoke-on-Trent's Health & Care People Hub.
- The team has developed system recruitment and bank processes, with support from colleagues across sectors. These processes have been shared with other system pilots and utilised to support implementation of their People Hubs.
- **1200** people have been on-boarded or are currently being on-boarded or deployed across a variety of sectors & settings including Testing, Vaccination Centres, ICU, Community, Care Homes and Primary Care.

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Recruitment

- A wide range of people stepped forward to join our system from a variety of backgrounds including pilots, cabin crew, unemployed, hair and beauty, hospitality and more. They have retrained in clinical and care delivery to support in the response to Covid-19.
- Nearly 700 applications were received following our local campaigns. We have on-boarded over 300 staff from the national NHSP campaign and a variety of other individuals from various routes internal and external to our system.

Branding and campaigns

- Developed bespoke, attractive campaigns and branding representative of our communities to take forwards and build upon in future. This included Students, University staff & Corporate colleagues
- Our external recruitment campaign had over 400 applicants in less than 2 weeks.
- Created our 'Step Forward' Campaign, which has been utilised by Derbyshire and Shropshire and shared with the National team to inform development of the NHS/Care Reservist model.



Our Vaccination Response

- The ICS People Programme have acted as the Lead for the System in assurance for the Vaccination Programme.
- Strategic workforce planning was carried out in partnership with the lead employer (MPFT) and Primary Care Networks & Commissioners to identify workforce requirements.
- In order to fill the workforce supply gap; extensive recruitment was carried out to build a flexible, contingent workforce to support delivery of Covid vaccinations across the NHS and in Primary Care.
- The vaccination workforce is a combination of paid employees, "mutual aid" staff that have Stepped Forward to support, volunteers and bank staff from local NHS employers. There has been significant partnership working across NHS, Social Care, Councils, Fire Service, Military, Primary Care and Voluntary sector to staff centres and hubs.
- **People Hub staff supporting the programme: 1059 on-boarded and available or have worked in Vaccination centres, 20 on-boarded on behalf of and working across 6 PCN sites, 333 Volunteers, 146 Step Forward Mutual Aid, 560 MPFT Bank Staff along with numerous staff redeployed from their day jobs within MPFT**
- As well as recruitment, the ICS Team have offered training, supervision to People Hub staff and ongoing rota support to the Vaccination Centre sites.
- We are able to flex workforce availability based on vaccine supply and have developed training packages for staff to move into other health and care roles when vaccine supply was low
- The team are currently communicating with the staff to ensure retention for future programmes of work including Reservists and potential winter vaccine booster delivery.



Development of NHS/Social Care Reserves

Following the success of the BBS programme regionally, Staffordshire and Stoke on Trent were awarded the regional lead role for the development of the NHS/Social Care Reserve.

- The Midlands are recognised as the lead pilot system and are used as an example of good practice in deployment & movement of staff; informing National evaluation & Business Case.
- Staffordshire and Stoke-on-Trent are currently leading the 4 pilot areas in the Midlands (Nottinghamshire, Birmingham & Solihull, Shropshire and Derbyshire) and are designing a locally determined Reserve model based on the National outline.
- It is envisaged that our Reserves will add an additional layer of workforce as a contingent resource that will be deployed only when required.
- There will be clinical and non-clinical reserves and it is likely that they will be deployed to support wards/care homes/domiciliary care during Winter and also to deliver specific programmes of work e.g. Vaccination Boosters.
- Recruitment will be carried out from our current People Hub pool but also from external partners e.g. civil contingencies, students and the public.
- In 2021, a specific campaign will be aimed towards those from hard-to-reach communities in order to reduce health inequalities e.g. BAME population and 'deprived' communities.
- There will be local reserve teams aligned to system priorities at ICS and place level with clinical leaders as role models to ensure our vision and values are clear.



Redeployment Service

- This service supports the redeployment of staff across NHS Trusts to reduce the number of staff that are made redundant due to organisational change programmes.
- The team also work with our Council partners to support exploring alternative roles through management of change processes.
- Since the commencement of this programme in 2018; approximately £4.3 million has been saved in redundancy costs and 225 people redeployed.
- 11 employees are actively being managed by the service.
- Processes to increase redeployment opportunities across the sectors are in development, building on the successes of People Hub and Staff mobilisation (primary and social care).

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Step into Work

The HEE/DWP programme for DPW customers aged 19+ to undertake health and care training by local providers and work experience placements. Work experience placements have been unable to take place due to lockdowns, however training providers and the ICS team have provided alternative activities virtually with health and social care employers and signposted to the People Hub Recruitment campaign to support the Covid response. Two cohorts are now complete with 12 candidates successfully completing the programme. Cohorts 3 and 4 planning is underway in the south of the County.

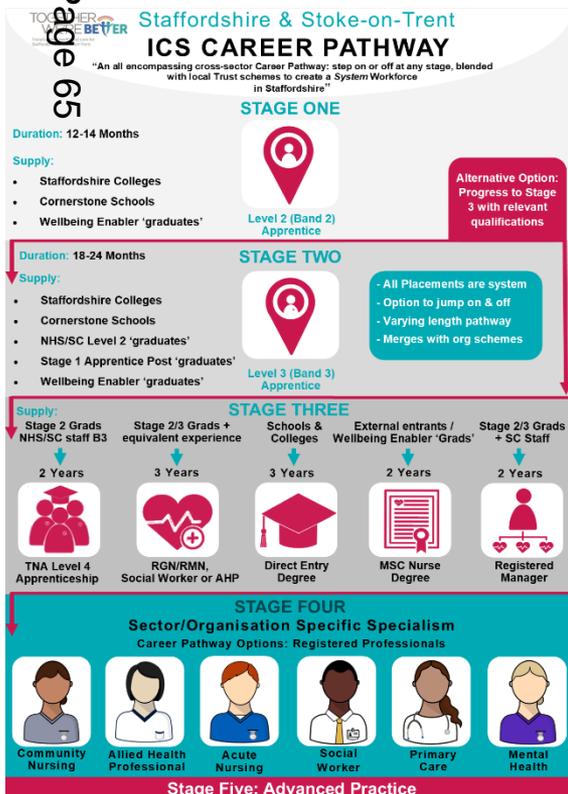


Apprenticeships & Levy Share

The system recognises the importance of developing innovative workforce supply initiatives and attractive career opportunities to the future workforce. The ICS People Function and system partners have successfully facilitated the sharing of Levy funds and the development of rotational apprenticeship schemes.

Apprenticeship Levy Share: Levy funds transfers have been supported across the sector since 2019. Apprenticeships have been funded in both Primary Care and Social Care organisations. Roles such as Trainee Nurse Associates (TNA), Healthcare Support Workers and Senior Leaders have been supported to develop their knowledge and skills.

2020 -2021 : £978,000 has been shared over 216 apprenticeships **2021-22 :** 31 levy share applications have been received to date. Plans are in place to support the Primary Care TNA and Pharmacy Technician programmes and an engagement exercise to scope out further applications is in process.



Rotational Apprenticeships: The ICS Health and Care Career Pathway was developed by the ICS People Function Team in 2019. The aim of the scheme was to offer an attractive 'earn while you learn' career pathway, providing vital experience, skills and knowledge across multiple care settings.

To date, rotational placements have been offered within Mental Health, Social Care, Primary Care and Elderly Care services. Our first cohorts of End of Life HCSWs and generalist HCSWs have completed their Level 2 training and now have moved into Level 3 apprenticeships. New HCSW L2 & L3 cohorts commenced in January 2021. Planning is in place for recruitment to Cohort 3 L2 HCSW and a Primary Care based Level 3 Pharmacy Technician apprenticeship to address skill shortages within the Pharmacy workforce. This rotational scheme will provide a holistic learning experience for future Pharmacists working in Primary Care.

Future focus: It is well documented that those from a BAME background and those who live in deprived communities often suffer inequalities in access to work opportunities and health care. The aim is to address both of these factors by taking a true widening participation approach to our recruitment to apprenticeships in 2021-22 and beyond. We will actively engage with local communities, group leaders, schools and Staff Equality Networks to ensure that the offer is accessible to all. A pre-education offer is under development with local colleges to both encourage applicants and support individuals who wish to work in the sector who may not have previously considered doing so.



Workforce Planning

- Development and submission of the system Operational plans for 2020-21 & 2021-22 across NHS and Primary Care.
- Recognised regionally and nationally as an exemplar system in Mental Health workforce planning. Plans include NHS, Social Care and Voluntary Sector provider workforce modelling and development.
- Leading the system Covid Vaccination Programme workforce planning and development.
- Supporting Clinical Workforce Planning across the System including PCBC.

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Staffs & S-o-T Workforce Database & Development of Metrics

- Prior to the pandemic, we began capturing staff in post information across NHS, Primary Care, Council and Social Care organisations in a central database. Whilst NHS information was captured at a regional level, this didn't include our other system providers and partners.
- During the pandemic, this work has moved onto the development of metrics, dashboard and database in collaboration with partners, following a national & regional approach.
- The metrics will support system level oversight of our workforce, turnover, sickness, vacancies and other KPIs to inform workforce priorities and programme focus.
- Phase 1 = NHS and Councils; Phase 2 = Social Care and Primary Care



Allocation of Health Education England Funding 2020-2021

Planning for annual workforce development funding commenced early 2020 using well embedded governance processes tried and tested in previous years. Plans were in place to ensure that designated funding was swiftly allocated to agreed projects to address local workforce priorities and the Health Education England (HEE) Mandate. System partners, associated plans and processes have had to morph and adapt in direct response to the challenges that the Covid-19 pandemic has brought to both the local population and our system workforce during 2020/21.

Allocation of funding: System workforce priorities before and up to the beginning of the pandemic have been focused on ageing workforce profile; Lack of trainee supply pipeline; Digital workforce development; Lack of work experience opportunities; Deployment of staff across the sector; Retention of current staff; Hard to fill vacancies; Development of existing employees.

A 'Virtual Think Tank' took place in May 2020 to refresh the workforce priorities, taking into account the learning from wave 1 of the Covid-19 pandemic. This process was repeated following wave 2.

HEE provided each STP with a workforce transformation allocation in 2020/21. For Staffordshire and Stoke on Trent STP, this allocation was £551,000. A breakdown of this allocation is provided in the table.

Objective	Funding	Description
LOOKING AFTER OUR PEOPLE		
Health & Wellbeing	£204,000	Health and Wellbeing/OD Leadership Programme
		Leadership Development – Social Care
		Wellbeing and Recovery College
BELONGING IN THE NHS		
Belonging	£107,000	Culture and Patient Experience
		Lets Work Together
NEW WAYS OF WORKING & DELIVERING CARE		
New ways of working	£110,000	Wellbeing Enabler
		Digital – inc online work experience
		Expansion of the Nurse Associate
GROWING FOR THE FUTURE		
Attract, Recruit, Retain	£130,000	ICS Apprenticeship Career Pathway
		People Hub (Flexible working, retention)
TOTAL	£551,000	

What's next in 2021-22:

Apprenticeships

- Cohort 3 of System Wide Graduate Apprenticeship – focus on BAME & Deprivation
- System wide Pharmacy Tech scheme
- Supporting first Traineeships



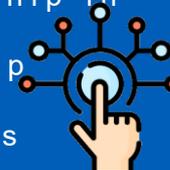
Tackling Health Inequalities

- Offering job opportunities to those from hard to reach communities
- Traineeships
- Offering support/guidance in Corner-Stone schools
- Joined up workforce planning utilising population health data at ICP



Digital

- Launch Virtual Work Experience programmes – Mental Health & Primary Care
- Develop Digital Champions Network;
- System Digital TNA and digital literacy
- Digital Leadership in partnership
- Scope & develop digital roles & career pathways



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Cornerstone

- Development of teacher support/information/ virtual events ongoing.
- Lesson plans to support English, Maths and Health and social care curriculum and link back to health and social care careers.
- Work with hub schools to develop & launch virtual work experience
- Targeted work with schools



Equality, Diversity & Inclusion

- Implementing the High Impact Actions Plan for Staffordshire and Stoke on Trent
- Widening participation from hard to reach groups
- Changing our practices not the other way around.



Volunteers

- Continuing our work with VAST and Support Staffordshire to collaborate with the sector.
- Implement Volunteer Buddy project
- Continue with Volunteer aspect of contingent workforce



Workforce Planning

- Workforce planning across clinical pathways to support Case for Change.
- Using workforce planning tools to plan at Place level.
- Increasing workforce planning skill and resource within the ICS.
- Using ICS level data to support planning



Workforce Assurance

- Finalise and introduce People Metrics, agreed by the system
- SWIM Tool Action plan delivery and review of maturity assessment aligned to ICS Formation
- Monitor and report progress and impact of People programmes to the ICS Partnership Board and Regional regulators



Contingent Workforce

- Define the matrix of workforce supply solutions for the ICS.
- Increase the resource and scope of practice of the People Hub (System Bank).
- Develop the NHS Health and Care Reserve model for the ICS.
- Recruit, train and deploy our Reserves.



Working at 'Place'

- As we move towards an ICS infrastructure; carry out local planning to determine local needs with local partners.
- Ensuring that System wide projects are translated to Place level and embedded



Retention

- Refresh system retention framework & plans
- New Horizons Hub refresh & launch – schemes, website
- Flexible Working Charter & exemplar/innovative practice sharing
- Alternative offers to retain in Staffs & SOT e.g. People Hub and Reserves



Further Collaboration

- Continued work with Primary Care and the Training Hub to do joint strategic planning for training/workforce development.
- Working more closely with wider partners e.g. YMCA, Fire Service on joint programmes of work.



We have developed with system partners during the pandemic, our **Local People Plan**, which sets out our system commitments to our People; our workforce, our most valuable asset. Looking forward; we will focus our work programmes on priority areas, delivering high impact projects to address the gaps and deliver the changes required to transform, retain and sustain our workforce.

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Appendix 1



SSOT SWIM Submission Summary

- 1. Looking after our People**
Overall Maturing
 System investing in physical, mental health & wellbeing
 Next Step: working as system on Medical Staffing and Primary Care
- 2. Belonging in NHS/Care**
Overall Maturing, Thriving in some areas
 Strong system focus on EDI and Leadership development
 Next Step: system talent approach and recruitment practices
- 3. New Ways of Working**
Overall Developing, Thriving in some areas
 Innovative approaches to career pathways and new role development across org boundaries
 Next Step: reenergising digital plan, ICS/ICP workforce modelling
- 4. Growing the Workforce**
Overall Maturing/Thriving
 Collaborative approach with partners to develop future workforce, approach to widening participation
 Next step: ICS/ICP workforce planning, aligned to population health and new models of care
- 5. Operating model to support People Plan delivery**
Overall Developing
 Robust governance and infrastructure to oversee and progress People Plan delivery. Networks in place
 Next step: Agreed People Metrics in place and resource to deliver programmes



Completed with our system partners recently, the SWIM (System Workforce Maturity Matrix) assessment and action plan outlines our current system maturity against the People Plan priorities. The assessment shows that overall as a system we are starting from an advanced point in our collaboration and approach to workforce supply and transformation as a system.

Alongside the People Plan, this action plan will address our current gaps and support an increase in our system maturity. The aim is to achieve 'thriving' status in all 5 domains to effectively support the formation of the ICS and ICPs, and fully deliver our People Promises.

Appendix 2

Staffordshire and Stoke on Trent ICS – People Plan Delivery 2021-23



0-6 months



6-12 months



12-24 months



- Refresh ICS Workforce Governance and Planning to ensure delivery of programmes
- Completion of System Self-Assessment (SWIM) Tool, development and delivery of Action Plan
- Stop take and review of People Hub processes, plans and offer. Continuation of recruitment to the People Hub to assure contingent workforce
- Continue to support system workforce mobilisation, supplying workforce to support escalations, surge
- Commence Reserves Programme; develop business case and branding, support National model development, carry out recruitment
- Agree and implement People Board Workforce Metrics and development of workforce dashboard inc. WRES /WDES – action plan at System level
- Delivery of Health and Social Care Apprenticeship Pathway Cohort 3 – focus on Inclusion.
- Delivery of the 6 High Impact Changes to Recruitment Processes at System Level to support Inclusion.
- System Redeployment service
- Support Restoration and System Recovery Workforce Planning
- Finalise Digital Work Experience/ website.

- Strategic System Workforce planning and development support to ICS, ICPs and clinical system pathway redesign
- Step into Work Cohort 3 Commenced
- Digital: Launch Virtual Workforce Experience programme; Develop Digital Champions Network; System Digital TNA; Digital Leadership programmes New roles & careers
- Support to Public Consultation programme inc. workforce engagement and planning
- Implement Wellbeing Enabler role to support Mental Health priorities
- Delivery of Apprenticeship Pathway Cohort 4 and further system apprenticeships, Social Care, TNA schemes, Volunteer buddy pathways,
- System Apprenticeship Levy share
- Deliver programmes to support improvement in participation of EDI groups in all recruitment taken place within the System
- Develop and commence delivery on Retention schemes within the System.
- Refresh website to include People Hub, Reserves and re-energised New Horizons Hub. Develop ICS Workforce APP
- Work with leaders from the Voluntary sector to develop a “volunteer contingent workforce” who can be deployed across the System as required.

- Use of technology and platforms to support system wide staff deployment and sharing e.g. Cloudstaff, NHS Jobs3
- Embed “System by default” approach to workforce by clear performance management and assurance of workforce KPIs/metrics, development of associated action plans/projects to support improvement
- Digital: Staff Passport, implementation of ICS Workforce APP
- Further develop People Hub and Reserves models to embed the new source of contingent workforce at System Level.
- Development of the New Horizons Hub: encompassing system retention framework, young people’s engagement, future workforce, attraction strategy
- Delivery of Health and Social Care Apprenticeship Pathway Cohort 5
- Expansion of Redeployment Service, building on Covid-19 mobilisation and MOU principles

SSOT ICS WORKFORCE: AUG-22



12 month Growth (Sept 21 – Aug22)
Substantive: +36 wte / +0.2%
Bank: +276 wte / +28%
Agency: +34 wte / +11%
Vacancies: +530 / +2.4%

Substantive: Aug-22 represents the lowest level of Substantive WTE since Oct-21 and has **decreased** by 54 wte since last month and 101 wte since the start of 22/23

Page 73

Bank: Aug-22 is lower than **Apr-22** (-61 wte) but has increased from **Jul-22** by 73 wte

Agency: Aug-22 agency usage represents the **second lowest** level in the last 12 months with only **Sept-21 (303 wte/-34 wte)** has seen lower.

Vacancies have **decreased** in the last 3 months by 136 wte but remain slightly higher than **Apr-22 (+19)**

888 Shifts/5,549 hours undertaken by Hub Staff in **Aug-22**.
4,339 Shifts/26,854 hours since **Apr-22**

Nursing, Midwifery and Health Visiting Staff

- **Substantive: 5,117 wte**
- **Bank: 396 wte**
- **Agency: 219 wte**
- **Agency Spend: £0.6M**
- **Vacancies: 874 wte / 12.5%**
- **Sickness: 9,259 wte Days / 5.4%**
- **'Burnout' Sickness: 2,754 wte Days / 1.6%**
- **Leavers: 31 wte**
- **Joiners: 40 wte**

Registered Allied Health Professional Staff

- **Substantive: 1,264 wte**
- **Bank: 16 wte**
- **Agency: 22 wte**
- **Agency Spend: Not Available**
- **Vacancies: 171 wte / 11.9%**
- **Sickness: 1,388 wte Days / 3.8%**
- **'Burnout' Sickness: 456 wte Days / 1.2%**
- **Leavers: 10 wte**
- **Joiners: 16 wte**

Health Care Support Workers

- **Substantive: 2,402 wte**
- **Bank: 310 wte**
- **Agency: 63 wte**
- **Vacancies: 206 wte / 7.8%**
- **Sickness: 6,747 wte Days / 8.5%**
- **'Burnout' Sickness: 1,780 wte Days / 2.2%**
- **Leavers: 20 wte** ↕
- **Joiners: 64 wte**

↕ Excludes 1 WTE with Leaver reason of Promotion and Destination of NHS Organisation

Sickness

- **Overall Daily sickness** – Remained stable and predictable throughout most of September but a significant increase starting on 26th Sept, peaking at 6% / 1,315 HC on 29th and still evident as at 2nd Oct (5.5%/1,200 HC), saw levels increase beyond the 30 day average of 5.1%
- **Covid Related sickness** – Covid Related absence saw a significant increase above the 0.8% average from 26th Sept with a peak on 30th Sept and 1st Oct of 1.3%/290 HC. As at 2nd Oct rates remain significantly above the average and upper statistical limits with 1.2% / 265 HC absent.
- **Monthly Sickness Rate** - Increased significantly since Sept-21, peaking at 12.8% in Jan-22. Aug-22 (5.4%) saw the lowest absence rate in the last 12 months and is in line with the monthly Average rate seen between Apr-19 (pre-pandemic) and Aug-22.
- **Absence due to "Burnout" (Anxiety/stress/depression/other psychiatric illnesses)** - Improved after a period of pressure lasting all of 2021/22 and peaking in Dec-21 with 1.9% of all absences attributed to this reason. 5 of the last 6 months since Mar-22 have seen rates remain stable at 1.5%/approx. 7,924 wte days per month
- **Trust and System level Health and Wellbeing offer is in place and being utilised.**
- **Ongoing Retention work will also positively impact 'Burnout'**

Aug-22
5.4%
33,014
wte Days

Leavers*

- Prior to Mar-22, and a large number of retirements at UHNM causing a peak of 242 WTE at ICS level, Monthly WTE lost to Leavers had remained **consistent and predictable** since Apr 2019. From Apr-22 Leavers had returned to just above average across the ICS but Aug-22 saw another sharp increase with 184 WTE leaving.
- Leavers from MPFT and NSCHT remain consistent whilst UNHM have been **elevated since Jun-21** with signs of **further deterioration since Jan-22 and an increase in Aug-22**.
- **Retirement** – Where reason is known, Retirement accounts for the majority of WTE Lost since Apr-19 (1,444 WTE) with an average of 35 per month. Aug-22 saw 25.5 WTE lost to retirement; the lowest amount since Nov-21
- **Work/Life Balance** - Second highest reason for leaving with 938 WTE lost since Apr-19. In recent months WTE lost due to Work/life Balance has begun to rise sharply with 73 wte lost between Jun-22 and Aug-22.
- **Partners are working in collaboration to improve retention via a System-wide retention plan; this will include focussed Retention resources for highest impacted areas and an overall System Lead for Retention.**

Aug-22
184
wte

Primary Care

Sept 2021 – Aug 2022

- **GPs: 794HC / 661 wte (-49 wte)**
- **Nursing: 483 HC / 337wte (-4 wte)**
- **DPC: 4413 HC / 297 wte (+25 wte)**
- **Admin/Non-Clinical: 2,016 HC / 1,459 wte (+72 wte)**

* Care has been taken to remove Leaver reasons associated with Aug Medical rotations. Despite this there are a large number of Medical and Dental staff at UHNM in Aug-22 with **Voluntary Resignation - Other/Not Known** ESR Leaver Reason. It is likely that the spike seen in Aug-22 is due to rotations ending being categorised in this way. Further investigation is required to confirm this.

Health and Care Overview and Scrutiny Committee - Monday 17 October 2022

Health and Care Workforce Update

Recommendation

- a. I recommend that the Committee consider the ongoing challenges and support to the adult social care workforce, and current and potential longer-term initiatives.

Local Members Interest:

NA

Report of Cllr Julia Jessel, Cabinet Member for Health and Care

Summary

1. As is the case across the country, the adult social care workforce in Staffordshire faces considerable challenges in retaining and recruiting sufficient staff with the right range of skills. Alongside current actions to support recruitment and retention, these challenges are best addressed collaboratively with employers, training and skills organisations, the NHS and other partners. We are co-producing a strategy to address these challenges as far as possible within the funding available.

Key data relating to the adult social care workforce in Staffordshire

2. Our local workforce data comes from a range of sources and surveys, which have been updated at different stages before, during and since the Covid pandemic. While there are a range of estimates from different survey sources, the best estimate of the size of the sector comes from Skills for Care - their data relates to 2020/21 and is due to be updated in October 2022.
3. Based on this data, approximately 21,000 people work in adult social care in Staffordshire. The vast majority (approximately 18,500) work in the independent (private and voluntary) sector. Approximately 12,000 people work in residential and nursing care, 7,900 in domiciliary care, and 1,000 in day services and community services. An estimated 1,600 are Personal Assistants, providing care to an identified person (this includes Personal Assistants who provide care to children, and provide care on behalf of the NHS).
4. 87% of the workforce is female and 13% male. The average age is 44, with 10% of the workforce under 25, 64% aged between 25-54 and 26%

aged 55 or above. 91% of the workforce is white, with 9% from Black and other communities. 93% of the workforce is British, with 3% from the European Union and 4% from countries not in the European Union.

Recruitment and retention

5. Based on the 2020/21 Skills for Care data: turnover was 28.2% with 64% of leavers remaining in the sector; the vacancy rate was 6.5%; and the sickness rate was an average of 9 days annually. There was an average of 8.9 years of experience in the sector, with a third of the workforce having more than 10 years of experience.
6. However, since this data was collected, and particularly since the end of lockdown, the vacancy rate has increased, and the Staffordshire vacancy rate is now estimated to be over 10% – with the greatest challenge being to recruit and retain sufficient registered nurses (in care homes).

Qualifications and skills

7. Across the adult social care workforce, excluding professional roles and based on the 2020/21 Skills for Care data, 46% have a relevant qualification, with 1% at entry level/level 1, 23% at level 2, 18% at level 3, and 4% at level 4 or above. This compares with 45% across England. 54% of the workforce had completed or were working towards the Care Certificate, compared to 46% across England.¹

Current actions to support the adult social care workforce

8. The Council continues to support the adult social care workforce in Staffordshire through:
 - a. The Council's discretionary fee uplift for its commissioned services as part of the 2022/23 MTFS included a 12% uplift for home care (recognising some of the specific challenges of pay and travel costs in this sector), partly supported through the Better Care Fund.
 - b. The promotion of a wide range of wellbeing and resilience resources, available to the social care sector as well as the NHS, including our Think Well Counselling service, Instructor Live and Wellbeing Webinars, alongside the Wellbeing Hub.
 - c. Regular communication to the sector setting out a range of resources, good practice and training, including on-line training

¹ Although the Care Certificate is available to all, the main target is workers who are new to social care

- d. A recruitment campaign which includes videos and other materials featuring people from the Staffordshire workforce and supports a better understanding of the range of roles available in adult social care.
- e. The Social Work Learning Academy which supports recruitment, retention, learning and development for social work across the Council and MPFT, and the Care Market Development Team, which provides a range of expertise and support to the wider adult social care market (whether it is commissioned by the Council or not)
- f. Events to support and recognise staff working across the whole sector, including the twice-yearly Managers Quality Network Forum and the annual Dignity in Care Awards.
- g. Administration of the Workforce Development Grant to support training and development in the care market (£149k of funding in this financial year).
- h. Joint development with the local NHS of a Care Reserves model to provide some potential support to care services in the case of a very short-term staffing gap
- i. Increased access to a range of NHS expertise and training relevant to the sector.
- j. The Quality Assurance Team and Provider Improvement Response Team support services to identify good practice opportunities and materials as part of an improvement methodology
- k. Our Vivup lifestyle benefits portal is now live for the whole adult social care workforce, offering a range of lifestyle savings and practical money management advice.
- l. The Council's new applicant tracking system, transfer back of the applicant tracking process to the Council, and changes to adverts and recruitment materials should improve both the pace and the experience for applicants.

Further work with partners

- 9. Since March this year, we have brought together a Steering Group of partners (including SCC, the NHS, the LEP, Skills for Care, providers, boroughs and district, universities, and colleges amongst others) to co-produce a strategy for the social care workforce – including adults and children's services, and across the whole market

10. We carried out two surveys in June and July, and a range of focus groups with frontline employees or prospective employees, with 323 responses and around 70 people attending the focus groups. While many respondents were positive in terms of job satisfaction and advocacy for the social care sector, there remain huge challenges in recruiting staff, and some real difficulties in retaining staff.
11. From the survey and other intelligence, there are challenges relating to pay, benefits, work/life balance, stress, training and development, career progression, and the perception of the sector (i.e. that social care is not positively viewed or appreciated in comparison with the NHS).
12. During the autumn, potential actions to address as many of these issues as possible are being brought together by the Steering Group. These include improved and co-ordinated training and skills development; a better, more attractive, Journey into Work; potential further support for values based recruitment; targeted support to improve capabilities for managers and clinical leads; pro-actively sharing resources for wellbeing; a stronger programme of apprenticeships and work experience, and more opportunities to develop careers pathways; potential further development of an academy approach; and a programme of visibly valuing and promoting the sector (e.g. building on our Dignity in Care Awards). We are also reviewing whether there is any potential to support non-drivers into the home care market.
13. In relation to the challenges of pay, the Steering Group recognises that any major financial investment would need to be carried out by the relevant organisations. In terms of the Council's investment in adult social care, we are undertaking other work at present to set out our approach to market sustainability in the context of available national funding for adult social care reform

Link to Strategic Plan

14. Be healthier and independent for longer.

Link to Other Overview and Scrutiny Activity

15. Considerations of workforce challenges in the NHS.

List of Background Documents/Appendices:

N/A

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Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 17 October 2022

Ockenden Report update

Recommendations

I recommend that:

- a. Overview and Scrutiny Committee (OSC) receives and takes note of the content of the report – recognising progress towards improving maternity and neonatal services whilst also acknowledging the challenges maternity services are currently facing.
- b. OSC receives a further update in January 2023 on the national and relevant local developments following the imminent publication of the East Kent Maternity report and subsequent recommendations

Report of Heather Johnstone: ICB Chief Nursing and Therapies officer

Summary

This paper provides a briefing to Staffordshire OSC following the publication of the Ockenden final report into maternity services and Shrewsbury and Telford NHS Trust Maternity services (March 2022).

It summarises the 15 immediate and essential actions (IEAs) which were recommended to Government following the review.

The OSC should note the significant amount of work undertaken by providers in order to implement the initial 7 immediate and essential actions following the interim report in 2020. Whilst there has been no mandate to implement the 15 actions from the 2022 report, each provider has undertaken benchmarking exercises and continue to develop improvement programmes around the themes in the report

The OSC should also note the continued pressures each maternity and neonatal service are currently facing due to the ongoing challenge of workforce gaps.

Report

1. Background

1.1 On 30th March 2022, Donna Ockenden's final report following her independent review of maternity services at the Shrewsbury and Telford Hospitals NHS Trust was published.

- In total 498 cases of stillbirths were reviewed and graded, the majority of which were between 2000-2019
- One in four of these were found to have major or significant concerns, and if managed appropriately could have had a different outcome
- 12 Maternal deaths were considered and concluded that none of these had received care in line with best practice and a Third of these may have been prevented

1.2 The report describes the failings suffered by families during their maternity care and makes 15 additional recommendations to add to the initial 7 following the interim report. The 15 recommendations have been themed under what are described as 4 key pillars:

1. Safe staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

1.3 The immediate essential actions (IEA's) are collated in chapter 15 of the report and the narrative endorses the latest Health and Social Care committee report 'The safety of maternity services in England' (2021) where a number of actions, such as increasing maternity funding and ring fence training budgets, have already been enacted. Each of the actions has a number of 'must be dones' and makes the overarching recommendation to Government that it should commission a working group, independent to the maternity transformation board, that has joint RCM and RCOG leadership. This group would guide the maternity transformation programme around implementation of these IEAs and the recommendations of other reports currently being prepared.

- | | |
|------------|--|
| Action 1: | Workforce planning and sustainability |
| Action 2: | Safe staffing |
| Action 3: | Escalation and accountability |
| Action 4: | Clinical governance and leadership |
| Action 5: | Clinical governance – incident investigations and complaints |
| Action 6: | Learning from maternal deaths |
| Action 7: | Multidisciplinary training |
| Action 8: | Complex antenatal care |
| Action 9: | Preterm births |
| Action 10: | Labour and birth |
| Action 11: | Obstetric anaesthesia |
| Action 12: | Postnatal care |
| Action 13: | Bereavement care |
| Action 14: | Neonatal care |
| Action 15: | Supporting families |

The following links take the reader to the full report and also the press conference held by Donna Ockenden and is worth watching.

[OCKENDEN REPORT - FINAL \(ockendenmaternityreview.org.uk\)](http://ockendenmaternityreview.org.uk)

[Ockenden Maternity Review - Findings, Conclusions and Essential Actions - YouTube](#)

2. Action required to date

2.1 On April 1st ICS, CCG, LMNS and Trust leads received a letter from the NHS Chief Executive, Chief Nursing Officer and National Medical Director with a strong recommendation that everyone, regardless of their role, reads the report. The letter also stipulates some specific actions to be taken:

1. Every Trust board is to have robust Freedom to Speak Up training for all managers and leaders and a regular series of listening events
2. A dedicated maternity listening event should take place in the coming months.
3. Staff in maternity services may need additional health and wellbeing support.
4. Local action needs to be taken to ensure women have the necessary information and support to make informed, personalised and safe decisions about their care.
5. This includes a specific action on continuity of carer: *'All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.'* (IEA 2, Safe Staffing page 164)
6. In line with the maternity transformation programme, trusts were asked to submit their MCoC plans by 15 June 2022. In doing so, they were advised that they must take into account this IEA in ensuring that safe midwifery staffing plans are in place. Trusts were therefore required to immediately assess their staffing position and make one of the following decisions for their maternity service:
 - a. Trusts that can demonstrate staffing meets safe minimum requirements can continue existing MCoC provision and continue to roll out, subject to ongoing minimum staffing requirements being met for any expansion of MCoC provision.
 - b. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.
 - c. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC and for existing MCoC provision, should immediately suspend existing MCoC provision and ensure women are safely transferred to alternative maternity pathways of care, taking into consideration their individual needs; and any midwives in MCoC teams should be safely supported into other areas of maternity provision.
7. Boards must assure themselves that any recent reviews of maternity and neonatal services have been fully considered, actions taken and necessary assurance of implementation is in place.
8. Maternity services should discuss their progress with the seven EIAs in the interim Ockenden report before the end of March (i.e. immediately at the time of

publication) and discuss their position with their LMNS and return to regional teams by 15/4/22.

9. Trusts must also provide reliable data in the provider workforce return with executive level oversight.

2.2 It is important to note that there has been no mandate to act on the 15 essential actions from the 2022 report. Some of these recommendations require a coordinated response to implementation to ensure safety e.g. centralised monitoring.

2.3 The report into maternity services in East Kent is due for publication on 18th October 2022 following which it is anticipated that NHSE National Maternity team will issue a revised improvement framework to include all of the safety recommendations from each report

3. Current LMNS position as at 10/10/2022

3.1 The LMNS board receives monthly updates verbally and formally every quarter on progress against the 7 IEA's of which there are 45 sub categories.

3.2 Each maternity provider has submitted returns to NHSE demonstrating their compliance against the actions.

3.3 The NHSE regional maternity team, in partnership with the LMNS, have also undertaken an insight visit at each Maternity and Neonatal service provider to review the progress against 7 IEA submissions.

3.4 UHNM have received their report following this visit and are developing an action plan.

3.5 At the time of writing, UHDB have yet to receive their final report.

4. Points for celebration

1. Each of our local maternity and neonatal providers have undertaken a significant amount of work to improve their governance processes to ensure the line of sight from floor to board is clearer. For example: UHNM have developed an assurance map.

2. The executive teams at our providers have a much better understanding of maternity and neonatal services and are able to articulate the challenges and risks.

3. All of our maternity services have examples of innovative approaches to improving recruitment and retention for example, international recruitment.

4. UHDB have been able to maintain one of their continuity of carer teams in Burton.

5. Points for concern

1. Significant workforce gaps continue to impact on the ability to provide a full service as follows:

- FMBUs are closed with no confirmed date for opening in either unit.
- Continuity of carer teams at UHNM are suspended (in line with Ockenden recommendations and the subsequent letter to systems).
- Home births are being intermittently suspended.
- The co-located midwifery led unit at Stoke is also intermittently suspended in order to accommodate inductions of labour within the space.

2. Full compliance with consultant ward rounds on delivery suites twice daily 7 days per week is still a challenge to achieve in both UHDB and UHNM
3. Responding to high profile national cases such as those detailed in this report requires multi-professional collaboration and partnership and it is anticipated that Trusts will need to consider their organisational development requirements to ensure a proactive approach to improving culture.

Link to Strategic Plan

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

Our purpose

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

Link to Other Overview and Scrutiny Activity

N/A

Community Impact

N/A

List of Background Documents/Appendices:

See links within body of report.

Contact Details

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Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee Monday 17 October 2022

Inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia

Recommendation(s)

I recommend that:

- a. The committee receives the update around the programme of work.
- b. The committee receives the requests for further information set out by the committee during the 1 August 2022 meeting.

Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and Midlands Partnership NHS Foundation Trust (MPFT)

Report

1. Background

- 1.1 This paper provides an update on the programme to find a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre. Previous updates have been presented to this committee in July 2019, October 2019, October 2020, February 2021, August 2021, October 2021, March 2022 and August 2022
- 1.2 At the most recent meeting, the background to the programme and the process taken to date was outlined.
- 1.3 To re-iterate, at this point no decision has been made, and the business case will still need to undergo a robust assurance process and potential further involvement activity.

- 1.4 As the proposal involves the permanent reprovision of inpatient beds at an alternative site and a reduction in the number of beds for older people, due to an enhanced community offer, this is considered service change.
- 1.5 The NHS has to meet certain statutory and regulatory requirements when considering service change. The paper presented in August 2022 explained the current position in this process.
- 1.6 The paper also outlined the proposals that were considered, how a single viable proposal was reached and the potential impact of that proposal.

2 Outcome from August 2022 meeting

- 2.1 That the Health and Care Overview and Scrutiny Committee note the report relating to inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia.
- 2.2 That the comments and requests for further information of the Health and Care Overview and Scrutiny Committee be considered to strengthen and clarify matters in the business case for Inpatient services when next considered:
 - a. The importance of communication and raising awareness of the community mental health offer, the patient pathway and the measures of success.
 - b. Key performance indicators (KPIs) were lacking in the business case.
 - c. Mental Health Inpatient Service user satisfaction rating data for 2022 requested
 - d. Evidence of transport and support provided for relatives visiting St Georges Data would be provided re vacancies for the South Staffs mental health services requested.
 - e. The longer-term commitment in terms of the Community Mental Health Services.
 - f. Clear transport policy needed to look at impact on visitors due to a centralised site.
 - g. Clarity whether the Community Services were ringfenced.
 - h. Greater detail in terms of the transport mapping.
 - i. Technology complimenting human contact – more clarity on this needed.
 - j. Safety aspects – there is a need to be satisfied.
 - k. Discussion with wider partners about future commissioning at George Bryan Centre if it were not a mental health inpatient facility along with local need and timescales in ICP.

3. MPFT and ICB Response

a. The importance of communication and raising awareness of the community mental health offer, the patient pathway and the measures of success.

MPFT operates a 24/7 helpline ([Urgent Help :: Midlands Partnership Foundation Trust \(mpft.nhs.uk\)](https://www.mpft.nhs.uk)) and people are able to self-refer to Improving Access to Psychological Therapies (IAPT) services ([Staffordshire and Stoke-on-Trent Wellbeing Service \(staffsandstokewellbeing.nhs.uk\)](https://www.staffsandstokewellbeing.nhs.uk)). Referral to specialist services mainly comes via the GP, including the mental health practitioners in primary care.

Figure 9, of the business case, shows how a patient with severe mental illness currently navigates the mental health system. It illustrates how, wherever possible, the patient is cared for in community settings including their own home, with the help of a Hospital Avoidance Team, rather than in an inpatient setting, and how the care 'wraps around' them to provide not just clinical but social support.

This is achieved through a multi-disciplinary team approach, drawing upon skills of the wider team to support patient and their family/carers. There is also additional support, demonstrated in Figure 10 -this shows the voluntary sector provision for services to support mental health patients in the community.

Newsletters are distributed regularly (see below for an example newsletter from August 2022) to a wide range of stakeholders.



CMHT Stakeholder
Newsletter - August 2

If the council are keen to nominate a Mental /Health Champion, MPFT would be happy to work with that individual to ensure residents are aware and informed of local services.

Section 2.4.6 of the business case contains case studies which demonstrate how the patient pathway works for patients and their carers and measures of success are outlined in section (b) below.

b. Key performance indicators (KPIs) were lacking in the business case.

As part of the monitoring and assurance mechanisms with NHSE the ICB is required to provide updates around a range of key performance indicators across all of the NHS LTP priorities including Community Mental Health and inpatient care. Assurance meetings between the ICB and NHSE take place monthly around these metrics. An example of some of the metrics associated with inpatient care is in the table below:

12 hour A&E breaches - adults/ children	The proportion of mental health A&E attendances (Type 1 departments) that breached 12 hours for those aged 18 and over/ 0-17
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	An inappropriate out of area placement for acute mental health IP care is defined as when a person with assessed acute MH needs who requires adult MH acute IP care, is admitted to a unit that does not form part of their usual local network of services and doesn't usually admit people living in the catchment of the person's local community MH service.
Adult mental health inpatients receiving a follow up within 72hrs of discharge	Discharges followed up within 72 hours of discharge from psychiatric inpatient care
Admissions With No Prior Contact (All Inpatients)	Admissions with no prior contact with community MH services
Adult Acute Long Length of Stay (60 Days +)	Rate of people discharged per 100,000 in the RP from adult acute beds aged 18 to 64 with a length of stay of 60+ days
Adult Acute Long Length of Stay (90 Days +)	Rate of people discharged per 100,000 in the RP from older adult acute beds aged 65 and over with a length of stay of 90+ days

In addition, the ICB System Performance Committee has oversight of the performance against the national standards as does the ICS Mental Health Programme Board. Performance with individual providers is monitored through contracts as routine. Metrics are scrutinised at a provider level, ICB level and benchmarked with comparators across the Midlands.

As part of the ICS Community Mental Health Transformation Framework Programme there is a specific work stream Evaluation, Outcomes and Performance Quality (EOPAQ) group. This group has been established to locally determine additional measures and metrics to demonstrate the impact of the programme, including those developed by patients and family and carers, in addition to the nationally mandated measures.

We will look to include these metrics within the regular performance report from the ICB moving forward.

c. Mental Health Inpatient Service user satisfaction rating data for 2022 requested



Hospital Inpatient 1
April 20 to 30 April 22



Hospital Inpatient
New 1 May 22 to 9 Se

User satisfaction data is included for the period 1 April 2020 – 9 September 2022. These friends and family reports are shared quarterly across the Trust at various committees, including Trust Quality Governance Committee meetings through to the Care Group Quality Governance Committees and Performance and Quality forums. All services within the Trust can access the survey feedback system at any time.

d. Evidence of transport and support provided for relatives visiting St Georges

Ward staff will do what they can to support visiting arrangements. This is an informal arrangement and is not recorded. Examples of what can be done include being flexible about visiting times.

During the COVID-19 pandemic, MPFT used technology to enable patients to keep in touch with people outside hospital. This will continue.

In response to feedback received during the engagement process about the additional travel that visitors will need to undertake to see their friends and relations who have

been admitted to St George's Hospital, MPFT reviewed its existing transport arrangements.

The only transport arrangements in place are the commissioning of a Non-Emergency Patient Transport Service (NEPTS). This is a non-urgent pre-booked transport service to and from NHS funded points of care (excluding GP appointments) for patients, who are too ill or otherwise physically unable to make the journey themselves.

This policy does not cover visitors and so could not be used in the circumstance under consideration.

So, given the only existing arrangements are not transferrable to this situation, MPFT has drafted a standard operating procedure that will apply only to the programme to find a long-term solution for inpatient mental health services in south east Staffordshire and only to support the transition from one location to the other. (George Bryan Centre to St George's Hospital).

This is being shared with key stakeholders for comment, including the voluntary & community sector. The Overview and Scrutiny Committee is invited to consider a response and the draft SOP is attached. This has not yet been through MPFT's governance arrangements and so can still be influenced. If there is another round of involvement or statutory consultation, this may be used to further shape the standard operating procedure to ensure as many views as possible are considered.

d. (2). Data would be provided re vacancies for the South Staffs mental health services requested.

The Trust is unable to split this data by locality, but below is MPFT data for the Staffordshire and Stoke-on-Trent care group (mental health).

Staff type	Workforce Plan	Current workforce (Aug 2022)	Gap
Medical and dental (substantive total)			
of which Career/staff grades	7.7	4.90	-2.80
of which Consultants (including Directors of Public Health)	16.2	14.64	-1.56
Registered nursing staff (substantive total)			
Community and in-patient Nursing staff	147.02	145.09	-1.93
(blank)	13.3	16.40	3.10
Registered scientific, therapeutic and technical staff (substantive total)	44.27	32.91	-11.36
of which registered allied health professionals	19.15	13.20	-5.95
of which registered other scientific, therapeutic and technical staff	25.12	19.71	-5.41
Support to clinical staff (substantive total)			
of which other clinical support	25.9	21.76	-4.14
of which support to health care scientists and other ST&T	11.14	11.40	0.26
of which support to nursing staff	74.28	67.94	-6.34
Total NHS infrastructure support (substantive total)			
of which Admin and Estates staff	0.8	0.80	0.00
			0
			0

A major challenge is the difficulty of recruiting staff. Nursing staff, including mental health nurses, are on the national shortage occupation list. Allied Health Professionals and Band 8A Psychologists are also on the shortage list.

In terms of recruitment to support sustainability, MPFT is currently running a huge recruitment drive. It has employed a talent acquisition specialist to support advertising and to seek out people from different employment backgrounds, not just the NHS. There are also two members of staff dedicated to recruitment supporting the operational managers for services across community and inpatients. They are focusing on areas that have had the most challenge in terms of workforce replacement across the whole of mental health inpatient and community services.

There are no national staffing tools for Community MH service with the exception of IAPT where the provision is compliant. However, Community MH services have adopted the following strategies for workforce

We have 4 Integrated neighbourhood teams across Southern Staffordshire, MPFT have utilised Mental Health weighted population index when reviewing the composition and size of our community teams to ensure the right resource across our geography

- Caseloads are RAG rated daily to minimise impact on in-patient services
- Caseloads are RAG rated daily to minimise impact on in-patient services

In order to mitigate workforce risks, MPFT have sub-contracted activity the voluntary sector to work with the NHS in a more integrated way, working to service specifications and providing holistic non-clinical support in areas such as housing, finance and day-to-day living.

e. The longer-term commitment in terms of the Community Mental Health Services.

The Mental Health Investment Standard (MHIS), set by NHS England, requires all ICB's in England to increase their planned spending on Mental Health services by a greater proportion than their overall increase in budget allocation each year. The MHIS compliance statement is a statement to the public from NHS commissioners of healthcare (ICB) stating whether the ICB has met the MHIS.

Section 2.4.5 in the business case outlines how integrated working has been implemented, and section 4.5.3 provides details about the work MPFT is doing with the voluntary sector to support each patient in a holistic way. A number of these

contracts are expiring in 2023 – MPFT and the ICB are committed to ongoing investment in voluntary sector services which work in conjunction with the clinical service model.

The LTP's commitment to developing "*fully integrated community-based health care*" involves developing multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites.

There are currently (August 2022) 11 whole time equivalent (WTE) Mental Health Practitioner roles in place within primary care networks across the MPFT geographical area. These roles are jointly funded by primary care.

There are an additional 15 WTE practitioners due to start in October 2022. They will be further expansion in 2023/24. The Staffordshire and Stoke-on-Trent ICB are currently in discussion with Mercian PCN around 2 WTE practitioners that have yet to be agreed to be recruited too.

f. Clear transport policy needed to look at impact on visitors due to a centralised site.

Please refer to section (d) for a response related to transport impact.

g. Clarity whether the Community Services were ringfenced.

The change from assessing and treating people in the ward at the George Bryan Centre to treating them in the community was in line with the general move towards mental health care based in the community wherever possible. Staffordshire and Stoke-on-Trent have secured funding to implement this national model locally, with the following figures showing the new money associated with Community Mental Health Transformation for all adults with severe mental illness (SMI) including older adults, called Service Development Funding, this is ring fenced for this purpose only. We have also shown in the table below the existing spend on community mental health services, adult community crisis and improving access to psychological therapies (IAPT), across the ICB. These services form part of the Mental Health Investment Standard (MHIS) as outlined in section e. The table below demonstrates our increasing investment in community mental health services.

Community Mental Health Expenditure 2019/20 to 2022/23

		2019/20 £000's Recat Plan	2020/21 £000's Recat Plan	2021/22 £000's Actual	2022/23 £000's Forecast
1. Community A – community services that are not bed-based / not placements (MHIS = Mental health Investment Standard)	MPFT	0	0	19,214	20,999
	NSCHT	0	0	21,894	23,209
	Other Providers	0	0	7,842	9,546
	Provider Split Unavailable	50,325	54,337	0	0
	Sub Total - MHIS	50,325	54,337	48,950	53,754
Adult Community Crisis	MPFT	0	0	2,114	2,457
	NSCHT	0	0	2,409	2,470
	Other Providers	0	0	863	1,050
	Provider Split Unavailable	3,488	4,285	0	0
	Sub Total - MHIS	3,488	4,285	5,386	5,977
Improving Access to Psychological Therapies (IAPT)	MPFT & NSCHT	11,666	14,536	14,544	14,736
	Provider Split Unavailable	0	0	0	0
	Sub Total - MHIS	11,666	14,536	14,544	14,736
Adult Mental health Community (SDF & SR) (SDF = Service Development Funding)	MPFT	0	0	1,048	2,573
	NSCHT	0	0	1,048	2,573
	Other Providers	0	0	75	75
	Provider Split Unavailable	0	0	0	0
	Sub Total - SDF	-	-	2,171	5,220
TOTAL Community Mental Health	MPFT	11,666	14,536	36,920	40,764
	NSCHT	-	-	25,351	28,252
	Other Providers	-	-	8,780	10,671
	Provider Split Unavailable	53,813	58,622	-	-
	Total	65,479	73,158	71,051	79,687

h. Greater detail in terms of the transport mapping.

We recognise that the travel analysis undertaken and included in the appendices is a technical document. As part of any future involvement activity, we will ensure that this information is explicit and accessible for the public.

Sometimes it can be necessary to travel further from home for specialist treatment – for mental healthcare as well as physical healthcare.

From listening to patients and carers since 2019, we have heard that their biggest worry is around travelling to visit loved ones at St George's Hospital in Stafford, compared with visiting the George Bryan Centre.

- We know that public transport does not cover all areas in Staffordshire, which means people need to walk to their local public transport connection or rely on neighbours family members to even start their journey at a local bus stop or at the train station
- Lack of direct services can mean getting two or three buses each way. This is especially difficult for older carers or family members
- Buses don't run all evening, so it is hard for some family members to visit in the evenings. This could mean they can only make visits on their days off.
- Traveling by car can take over 50 minutes to travel from some parts of Tamworth to Stafford (no real difference in travel time between peak travel and weekend)
- Because of rising fuel prices, the public have also told us that they are worried about the cost of travel, whether by public transport or by car.

Although some families would experience difficulties with the additional costs and travel time needed to visit loved ones at St George's Hospital, this may be balanced by the advantages for patients in terms of the specialist treatment they can receive there.

i. Technology complimenting human contact – more clarity on this needed.

During the COVID-19 pandemic, MPFT used digital devices, including tablets, to enable people on their wards to speak (and see) people at home. They used a video consultation platform called OneConsultation and Microsoft Teams. This will continue.

MPFT also have a dedicated webpage to support carers with technology and this also signposts to organisations who can provide hands on support if required.

[Digital Training and Support :: Midlands Partnership Foundation Trust \(mpft.nhs.uk\)](https://mpft.nhs.uk)

j. Safety aspects – there is a need to be satisfied.

1 in 5 people will develop a mental health concern during their life. MPFT have been commissioned to deliver a range of services to support the spectrum of provision and complexity that services users may require in the community and in-patient services when required. To support our staff to manage risk and ensure the safety of our staff MPFT have a number of policies designed to keep staff and patients safe, these include health and safety, lone working and risk management.

k. Discussion with wider partners about future commissioning at George Bryan Centre if it were not a mental health inpatient facility along with local need and timescales in ICP.

There are mental health services available in Tamworth locality via a range of community venues. The community mental health team for south-east Staffordshire is currently based at the Sir Robert Peel hospital. We are working with a range of voluntary sector providers who will provide services with a footprint in Tamworth. Tamworth Library and Humankind offices in Tamworth are venues that are currently used in the locality. MPFT have been allocated capital investment through NHS E/I to locate a crisis café in the Tamworth area, we would expect this scheme to be ready in the next 12 months, we are mobilising interim solutions to support the local population.

Conversations about the physical building are out of scope for the ICB and will be led by MPFT following this process.

MPFT is actively working towards bringing Cherry Orchard back on line as an adult mental health community venue and the current plan is to deliver this by March 2023 (subject to planning).

l. Aligning proposals in line with the MH Strategy

The national mental health strategy is to support patients better by caring for them in their usual place of residence as much as possible, with inpatient stays only where there is no alternative.

This business case has been developed in line with the wider strategy for mental health services in Staffordshire and Stoke-on-Trent and the NHS Long Term Plan.

The revised Staffordshire Mental Health Strategy is being led by Staffordshire County Council with support from the ICB. The Strategic objectives and deliverables that are articulated within the NHS Long Term Plan and will be reflected in the new strategy.

We recognise this work has connections with the involvement activity for the Community Mental Health Transformation Programme and the Mental Health Strategy for Staffordshire.

4. Next steps for the programme

- 4.1 NHS England and the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) have agreed to pause the NHSE Assurance Panel planned for September 21st, 2022 relating to inpatient services for adults and older adults experiencing severe mental illness or dementia living in south east Staffordshire.
- 4.2 We jointly agreed that a short pause would allow the ICB to reflect further on the feedback received from our stakeholders. We will look to set another date later this year.
- 4.3 Once the outcome of the NHS England assurance process is known, the ICB will decide whether to proceed with further involvement activity to understand if any new considerations have come forward.
- 4.4 A Decision-Making Business Case (DMBC) will then be developed, which will include outcomes from any further involvement activity.

5. Strategic Plan

- 5.1 On 1 July 2022, Integrated Care Boards (ICBs) replaced clinical commissioning groups (CCGs), becoming the statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care System (ICS).
- 5.2 Working with partners in Staffordshire and Stoke-on-Trent, the ICB have agreed on an ambitious vision which is ‘working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.’
- 5.3 Their purpose is as follows:
 - If you live in Staffordshire or Stoke-on-Trent, your children will have the best possible start in life and will start school ready to learn
 - Through local services, we will help you to live independently and stay well for longer
 - When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

6. Other overview and scrutiny activity

- 6.1 Since 2016, the partnership has attended Committee meetings to update on progress against the transformation programme. Today’s meeting is a continuation of this ongoing conversation.
- 6.2 The most recent update on inpatient mental health services was in August 2022, when the business case was shared with members.

7. Summary

- 7.1 The information outlined above is in response to queries raised by the committee.
- 7.2 We will return to the committee with the outcomes from the NHS England assurance process.

8.0 Contact Details

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