



Essex County Council

# Health Overview Policy and Scrutiny Committee

<b>10:15</b>	<b>Wednesday, 16 January 2019</b>	<b>Committee Room 1, County Hall, Chelmsford, CM1 1QH</b>
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**For information about the meeting please ask for:**

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## Pages

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### **Private Pre-Meeting, HOPSC Members Only**

To be held at 9:15am in Committee Room 6, County Hall.

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|----------|---|----------------|
| <b>1</b> | <b>Membership, Apologies, Substitutions and Declarations of Interest</b>  | <b>4 - 4</b>   |
| <b>2</b> | <b>Minutes</b>  | <b>5 - 11</b>  |
| <b>3</b> | <b>Questions from the Public</b><br><br>A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting.<br><br>On arrival, and before the start of the meeting, please register with the Committee Officer. |                |
| <b>4</b> | <b>East Suffolk and North Essex Foundation Trust (Ipswich and Colchester Hospitals) Strategy Development Update</b><br>To consider the report (HOPSC/01/19)   | <b>12 - 23</b> |

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|----------|--|----------------|
| <b>5</b> | <b>Recruitment Issues Update</b><br>To consider the report (HOPSC/02/19)   | <b>24 - 66</b> |
| <b>6</b> | <b>Member Updates</b><br>To consider the report (HOPSC/03/19)  | <b>67 - 67</b> |
| <b>7</b> | <b>Work Programme</b><br>To consider the report (HOPSC/04/19)  | <b>68 - 71</b> |
| <b>8</b> | <b>Date of Next Meeting</b><br><br>To note that the next Committee activity day is scheduled for 9.30am on Wednesday 06 February 2019, in committee Room 1, County Hall. Scheduled activity dates may be a private committee session, meeting in public, briefing, site visit, etc. - format and timing to be confirmed nearer the time. |                |
| <b>9</b> | <b>Urgent Business</b><br>To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.  |                |

### **Exempt Items**

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

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| <b>10</b> | <b>Urgent Exempt Business</b><br>To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency. |
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**Committee:** Health Overview Policy and Scrutiny Committee

**Enquiries to:** Graham Hughes, Senior Democratic Services Officer

**Membership, Apologies, Substitutions and Declarations of Interest**

**Recommendations:**

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

**Membership**

(Quorum: 4)

Councillor J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	Vice-Chairman
Councillor J Lumley	
Councillor B Massey	
Councillor M McEwen	
Councillor R Moore	
Councillor S Robinson	
Councillor C Sargeant	

**Co-opted Non-voting members**

**(max 4):**

Councillor P Tattersley (Braintree)  
Councillor T Edwards (Harlow)  
Councillor N Pudney (Maldon)  
Councillor V Ranger (Uttlesford)

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.30am on Wednesday 7<sup>th</sup> November 2018**

**Present:**

**County Councillors**

J Reeves (Chairman)	D Harris
A Brown	M McEwen
J Chandler	J Lumley
B Egan	B Massey
R Gadsby	R Moore
B Massey	S Robinson
C Sargeant	

**Co-opted District/Borough Councillors**

N Pudney  
Peter Tattersley

Graham Hughes and Peter Randall, Senior Democratic Services Officers, were also present in support throughout the meeting.

**1. Membership, Apologies, Substitutions and Declarations of Interest.**

Apologies had been received from Councillors Moore, Ranger & Edwards

The following Cllrs declared an interest:

Cllr Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust – however, she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matters on the agenda.

**2. Minutes**

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 10<sup>th</sup> October 2018 were approved as a correct record and signed by the Chairman.

**3. Questions from the Public**

There were no questions from the public.

**4. A & E and Seasonal Pressures Planning**

The Committee considered report HOPSC/38/18 which was supplemented on the day by a presentation from Essex emergency healthcare commissioners and providers.

Present at the meeting were:

**East of England Ambulance Trust**

Liz McEwan  
Essex Sector Head

David Allen  
Suffolk and North East Essex Sector Head

Isabel Cockayne  
Director of Communications and Engagement

**Hospitals**

Michelle Stapleton  
Group Director – Integrated Care Operations  
MSB group  
Mid Essex Hospital Services NHS Trust  
Southend University Hospital NHS Foundation Trust  
Basildon and Thurrock University Hospitals NHS Foundation Trust

Alison Power  
Director of Operations  
East Suffolk and North Essex Foundation Trust (ESNEFT)  
(Colchester and Ipswich Hospitals)

Stephanie Lawton  
Chief Operating Officer  
Princess Alexandra Hospital Trust  
(Harlow Hospital)

The joint presentation updated members on current A&E pressures and seasonal planning and was delivered by both the Ambulance Service and acute trusts in Essex

The presentation was split into four parts:

- Corporate/general update from the ambulance trust
- Update from ESNEFT
- Update from Mid Essex MSB group
- Update from Princess Alexandra Hospital trust

Following the presentation, members were invited to ask questions and:

- discuss the updates given by representatives from the East of England Ambulance Service (Ambulance Service) and the acute trusts in Essex on A&E pressures and seasonal planning.
- consider any follow-up work or investigation as identified during the discussion.

Key lines of enquiry included:

### **Ambulance service:**

- the background of current paramedics and ambulance drivers.
  - o Members were informed that, while paramedics were the most likely candidates to take on the driving and operating of ambulances, efforts were being made across the county to open new pathways to emergency service delivery to diversify experience and increase the number of ambulance drivers.
- Retention of staff with regards to both ambulance drivers and paramedics.
  - o Presenters assured members that work was going on to explore culture changes to retain as many qualified crew members as possible. Where Paramedics and Drivers were leaving the trusts, it was typically to join other NHS organisations or ambulance trusts so the expertise and training was not being lost. There are cases however, where paramedics have been going into a primary care environment.
- Disparity across the county in paramedic training.
  - o Presenters assured members that efforts were made to ensure that paramedics received equal levels of training across different areas.

### **ESNEFT**

- The nature of seasonal pressures in NE Essex and the outcomes of recent seasonal pressures workshops.
  - o Commissioners outlined inordinate pressures faced over summer and lessons learnt moving forward. Assurances were given that staff would always ensure that the most appropriate pathway is used on a case by case basis. This has often meant exploring options outside of the hospital. To this end, the acute trust was keen to assert that work has been ongoing with ECC and community providers to ensure that bridging services and hospital alternatives are fit for purpose.

- In terms of seasonal pressures workshops, it was noted that internal sessions had largely been very positive, with staff looking forward. There was a concern over a lack of collaboration between different organisations and service delivery pathways, but this has been selected to form the basis of future sessions. External workshops will be taking place all the way through to January.

## **MSB Group**

- Home care and efforts to alleviate strain on emergency departments throughout the winter months.
  - Work is taking place to bridge the service gap from acute to domiciliary care. Efforts have been made to ensure that specialist resource is used effectively to both monitor care pathways and evaluate to ensure that the patient is on the correct pathway. Load levelling has also been taking place between the three hospitals, ensuring movement to relieve capacity pressures.
  - It was particularly highlighted that up to 140 nursing and residential home beds had been lost in recent months and that the wider system needed to work together to find solutions for that reduced resource. A virtual ward (hospital at home service) was also being used.

## **Princess Alexandra**

- Improvements since 2015
  - Recent refurbishment of Accident & Emergency department due to central government funding.
  - An Urgent Care Centre had been established on site that incorporated primary care
  - There is now greater staff rotation to ensure skill sharing and contingency planning.
- Discharge planning.
  - Discharge planning begins upon entry to care – Accident & Emergency staff ensure that discharge is handled effectively and appropriately.
- Longevity of improvements
  - There is now greater awareness of pressures than before. New surgical beds allow for greater capacity and ability to handle inpatient pressures.



After all four presentations had been completed the Chairman then invited a more general discussion about common issues being faced by all the providers and the system as a whole.

- Winter pressures coordination
  - Load levelling – Increased demand means activity is on the increase. In order to meet pressures greater adaptation and collaboration has been necessary. Emergency care across Essex was now much better than before at working as a system rather than individual organisations and processes.
  - Direct access into wards has been discussed as an option to relieve admission pressures.
  - Appropriate referral pathways have helped people to safely remain at home.
  - Recruitment issues and retention – exploring ways to more effectively use resources.
  - Centralising of winter pressures planning/coordination centres.
  - Handover times at hospitals has significantly improved
  - The Ambulance Service were now also using Early Intervention Vehicles (EIV) staffed by both a clinician and occupational therapist with only 20% of calls attended by EIVs resulting in a subsequent admission to hospital compared to 60% for an ambulance.
  - There would now be more focus on planning for seasonal pressures throughout the year rather than just winter pressures.
- Readmission levels
  - Readmission levels have been reviewed on a monthly basis. Audits were carried out in concert with GP colleagues to identify themes and trends indicating inappropriate discharges and whether re-admissions were being judged as appropriate
  - Discharge options planned with partners to ensure that patients are discharged properly and safely. The witnesses stressed that every effort was made to ensure that all discharges from hospital were safe.
- Plans to recruit 330 new ambulance service staff
  - That number is over a long period of time. There currently is not the appropriate number of staff on the ground to deliver all the improvements necessary.
  - There is a plan B – there are other skill sets but paramedics take a long time to train. Interim services are being put in place as a stopgap.
  - Work to ensure that development pathways exist to allow people to progress into frontline roles.
- End of life planning.

- With relation to the acute trusts, a strategy is formed in concert with partners and charities. The conversation has moved beyond simply talking about resuscitation and onto wider options.
  - Closer work is taking place with care homes to ensure that this conversation is had at the right place, at the right time and appropriately.
  - The Ambulance Service also now had developed a strategy but acknowledged that more work still needed to be done on this issue'
- Patient feedback in both seasonal pressures planning and evaluation
- Patient panels are heavily involved in all steering groups and all key meetings with relation to seasonal pressures.
  - Volunteers factor into planning.
  - STP communications group has been working on a piece of work to greater inform public about approaching winter emergency care differently.
  - A significant piece of engagement work had been started by the Ambulance Service with its staff as part of ensuring it led to more regular staff engagement in future.
  - There was also a role to deliver more prominent Public Health messages as part of patient engagement.

**ACTION:** Councillor Reeves thanked the representatives for their presentation and for joining the committee. It was agreed that an update on the success of winter planning measures would be prepared for the committee in 6 months' time.

## **5. Member updates**

There were no member updates.

## **6. Work Programme**

The Committee considered and noted report HOPSC/39/18.

## **7. Date of the Next Meeting**

The committee noted that the next Committee activity day is scheduled for 9.30am on Wednesday 05 December 2018.

## **8. Urgent Business**

With the Chairman's consent, Councillor Sargeant highlighted ongoing issues with a new Care Navigation System being used by ACE for four GP surgeries in the Clacton Area. He suggested, and it was **agreed**, that the Chief Officer of the North East Essex Clinical Commissioning Group be invited to a future

meeting to update on the current status and performance of the new system and reassure members that lessons were being learnt.

*There being no further business the meeting closed at 12.47pm.*

**Chairman**

**HOPSC/01/19****Committee** Health Overview Policy and Scrutiny**Date** 16 January 2019**EAST SUFFOLK AND NORTH ESSEX FOUNDATION TRUST (IPSWICH AND COLCHESTER HOSPITALS)  
STRATEGY DEVELOPMENT UPDATE**

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

**Recommendation:**

- (i) To consider the update given on the development of East Suffolk and North Essex NHS Foundation Trust's strategy and clinical approach, (following the merger of Ipswich and Colchester Hospitals in July 2018).
- (ii) To consider the ongoing and distinctive roles of the HOPSC and the Joint HOSC (with Suffolk) in continuing to review this issue;
- (iii) To consider any follow-up work or investigation as identified during the discussion and the timescales associated with this work;
- (iv) To consider the arrangements for consultation and engagement with patients and wider stakeholders.

**Background**

The HOPSC and Suffolk Health Scrutiny Committee have agreed to establish a joint scrutiny committee, on a task and finish basis, to scrutinise, on a discretionary basis, activities taking place under the banner of the Suffolk and North East Essex STP which are likely to impact upon patients from both counties. This joint committee will also act as the mandatory joint committee in the event that an NHS body is required to consult on a substantial variation or development in service. The main focus of any cross-boundary discussions will be via the joint committee. However, this arrangement does not preclude the "home" committees from continuing to scrutinise aspects of the STPs individually, where it makes sense to do so.

The HOPSC has been briefed previously about the rationale for the merger of the two hospitals, with the initial focus being on robust governance structures, more sustainable finances and the most modern systems, technology and logistics.

The [Full Business Case](#) for the merger was published on 22 March 2018, and, at the conclusion of the regulatory process, East Suffolk and North Essex NHS Foundation Trust (ESNEFT) was formed on 1 July 2018.

Cont....

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At its meeting on [30 November 2018](#) the Essex and Suffolk Joint Health Scrutiny Committee received an update on the achievements and main challenges experienced by ESNEFT since the new organisation was created. Both the Suffolk Health Scrutiny Committee and the Essex Health Overview, Policy and Scrutiny Committee are now receiving an update today (16 January 2019), in their respective separate meetings, on the further development of the strategy and clinical approach. Update is attached in Appendix to this report.

## Update to Essex Health Overview and Scrutiny Committee: The development of the strategy for East Suffolk and North Essex NHS Foundation Trust

### 1. Overview

Since July, East Suffolk and North Essex NHS Foundation Trust (ESNEFT) has been developing its strategy and clinical approach. Though this work is still ongoing, the Trust intends to have a draft of the strategy agreed for wider engagement at the end of January. This paper provides the Committee with an update on progress to date, and an overview of the anticipated timescales and work to implement the strategy.

### 2. Context and drivers for the ESNEFT five-year strategy

The strategy should be compliant with the national and local context and latest standards and frameworks.

#### 2.1 National context

The strategy should be compliant with, for example:

- Getting it right first time (GIRFT) best practice guidance<sup>1</sup>
- National service specifications and commissioning frameworks
- Professional and service standards

And should be informed by:

- Kings Fund report *The Reconfiguration of clinical services: What's the evidence?* (2014)
- South East Coastal Clinical Senate report *The Clinical Co-Dependencies of Acute Hospital Services: A Clinical Senate Review* (2014)

#### 2.2 Local context

The strategy will be founded on the Suffolk and North East Essex Strategic Transformation Partnership strategy.

##### *Fixed Points*

- Emergency Department services on both sites
- Obstetric-led maternity services on both sites
- 24/7 acute medical take at both sites

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<sup>1</sup> [www.gettingitrightfirsttime.co.uk](http://www.gettingitrightfirsttime.co.uk)

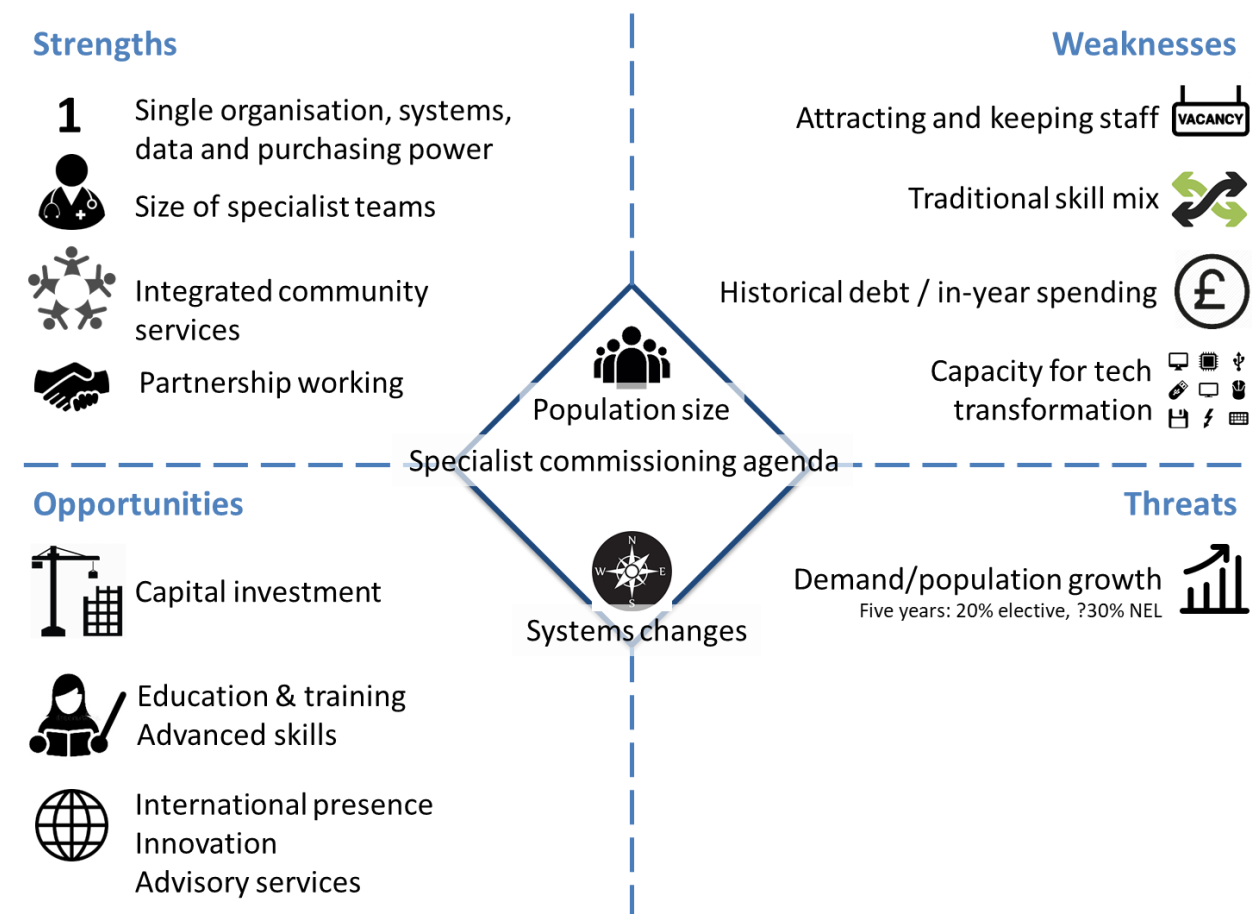
### *Broader principles – merger rationale*

The fixed points are supplemented by broader principles intended to guide the design of different parts of the model and ensure coherence:

- Provide hospital-based services appropriate to the needs of the local population
- Develop specialist services where improvements for patients from improved access and/or outcomes can be demonstrated
- Make best use of resources within a service and ensure co-dependent services work well together
- Enhance teaching and training to develop future clinical workforce
- Move at a pace that minimises disruption to services whilst maximising the delivery of benefits

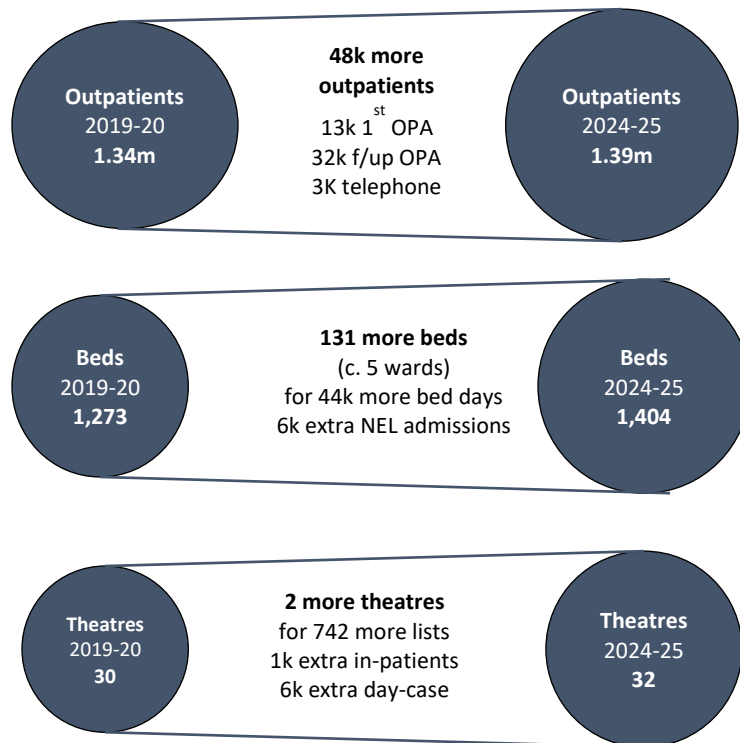
## 2.3 Drivers for the strategy

Below is an assessment of the strengths, weaknesses, opportunities and threats in the environment within which ESNEFT is currently operating. Those elements shown in the middle diamond have multiple dimensions, which could put them in more than one category.



## 2.4 The future in numbers

Without transformation of our model of care, the future of services faces significant challenges:



## 3. Ambition, objectives and themes of the draft strategy

### 3.1 Time matters – our philosophy

Our *time matters* philosophy runs through everything we do at ESNEFT. Too often, the way we organise care causes unnecessary stress and frustration. This is true for our patients, their families, and staff. We are making it our business to free up more of their time. This will save patients stress and it will give more time for staff to do the things that make a real difference.

### 3.2 Our ambition and strategic objectives

Our ambition is to offer the best care and experience.

To achieve this, we will:



Objective	Description	Key benefits	Examples
<b>Help people take control of their health</b>	People play the leading role in staying healthy, recovery from ill health and living well with long term illness. We will support, encourage and enable people to take control of their health and wellbeing.	<p>People are actively engaged in their health and wellbeing, staying well or recovering better</p> <ul style="list-style-type: none"> <li>• access to <i>my information</i></li> <li>• control of <i>my care</i></li> <li>• trusted advice <i>when I need it</i></li> </ul> <p>Risk is managed jointly between the patient and clinician</p> <ul style="list-style-type: none"> <li>• chronic conditions are monitored remotely</li> <li>• follow-up is by exception only</li> </ul> <p>Opportunities for prevention and health promotion are identified systematically and acted upon</p>	<p><b>Self-care</b> Supporting patients to manage their own care through clear advice, education, self-care technology (monitoring and triggers for action) and networks of support</p> <p><b>Self-service care</b> Enabling patients to take control of their appointments and health information, and to access advice and follow-up care online</p> <p><b>Health promotion</b> Working in partnership with our community to maximise health promotion, with support for physical and mental wellbeing</p> <p><b>Prevention</b> Making every contact count, to take every opportunity to prevent disease or its adverse effects</p>
<b>Lead the integration of care</b>	People want to receive care, support and advice from one system. The complex network of organisations involved can lead to this feeling very fragmented. We will take a lead in the integration of services to deliver a more seamless experience and better outcomes.	<p>People experience seamless care:</p> <ul style="list-style-type: none"> <li>• information is available at the right time and right place</li> <li>• people know what should happen next and when</li> <li>• handovers of care are minimised (we get it right first time)</li> <li>• multidisciplinary care is the standard way of working</li> </ul>	<p><b>One clinical community</b> Clinical collaboration across services and settings of care to improve pathways of care and information flow.</p> <p><b>A care system that supports the whole person</b> Integrated community services closely co-ordinated with primary and social care. A 'mentally healthy' system with services that support mind as well as body.</p> <p><b>Urgent care integration</b> Establishment of urgent treatment centres, including co-location with emergency departments to ensure that patients have consistent access to the</p>

		No-one comes to hospital, or stays in hospital except for medical needs	appropriate level of care. Access to specialist advice to support staff, patients and carers in the community. <b>Home first</b> Discharge after emergency admission, when medically fit, with decisions around long-term needs and support taken in a residential setting.
<b>Develop our centres of excellence</b>	When high intensity care is needed, we must get it right first time. We will organise our service in ways which give the best quality, access and experience of care. We will build on our strengths and seek to offer more services to our population.	Improved quality of care & workforce sustainability  Improved access to services  Repatriation and retention of activity	<b>Emergency care</b> Implementing the national urgent care model, including urgent treatment centres and integration of clinical pathways within Alliances e.g. REACT/STARR/FAB. Redesign of emergency department facilities at Ipswich and Colchester to improve access to specialist assessment and diagnostic imaging. Complex emergency specialist care  <b>Elective care</b> Implementation of GIRFT recommendations and national service standards. Outpatients as a 'consulting and diagnosis' service only – F2F follow-up as the exception. 23-hour day surgery at both sites 7-day consultant-led services Complex elective specialist care

<p><b>Support and develop our staff</b></p>	<p>We depend on our highly skilled staff to be able to offer excellent services. We will offer the best opportunities for personal development (through education, training and research), strong team development and a supportive environment in which to grow and develop a career.</p>	<p>Be an exciting and rewarding place to work and develop your career</p> <p>Enhance skills and create new roles in the trust</p> <p>Recruit and keep the best staff</p>	<p><b>Self-fulfilment – education, training &amp; research</b> Develop a multi-disciplinary faculty of education, research and innovation with ambition to gain the power to award higher education qualifications.</p> <p>Build academic partnerships with neighbouring universities and beyond, to increase our research output and partnerships with industry. Make posts more attractive - increasing time for research and innovation.</p> <p>Build on our centres of excellence for advanced skills and simulation training</p> <p><b>Psychological needs – support and encouragement</b> A development programme which supports leadership skills, team development and celebrate success.</p> <p><b>Basic needs – a great working environment</b> Supporting staff to do difficult work as easily as possible, with improved physical environments and access to and use of technology, as well as better staff amenities and personal welfare.</p>
<p><b>Drive technology-enabled care</b></p>	<p>New technology can revolutionise the quality, speed and experience of care. Our teams will be supported to drive in the introduction of</p>	<p>Pathways of care are shorter and with better outcomes</p> <p>Interaction with services is simpler and more reliable</p>	<p><b>Transformational medical technology</b> Supporting the introduction of new diagnostic techniques, interventions and supportive technologies (such as AI decision support) to create faster, more personalised pathways of care.</p>

	new diagnostic, treatment and information technology, to offer the best care and experience.	Care is safer because information is more complete and easily available	<p><b>A ‘patient portal’</b> Information about care belongs to the person involved. Our portal will <i>give control</i> to people by enabling access to appointments, online follow-up and advice, correspondence, test results and more. It will allow people to integrate information from wearable devices to enrich their care.</p> <p><b>Integrated information</b> Linking information within the ICS and beyond to give a full picture of a person’s care. This information will enable better decisions at the point-of-care and better planning for services across the ICS. For long-term conditions this would allow specialists to have ‘population oversight’ as well as offering one-to-one support.</p> <p><b>Automation</b> Using ‘virtual workers’ to speed up the processes that transfer information between our systems will improve consistency, safety and release time.</p>
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## 4. Clinical model considerations

Investment of £69.3m is available via the STP / ICS to support the *reconfiguration* of services through the development of our estates and equipment. Although this is a large investment, it is not sufficient to create two acute sites with identical service offers (indeed, they are not identical now).

A set of design principles has been proposed (see 4.1) which will be used when considering draft options for clinical configuration. These are based on ideas from the Trust's specialties over the last two years, GIRFT recommendations, national policy and research.

There are three core service elements that we are not considering changing:

1. 24/7 emergency departments
2. 24/7 acute medical take
3. Maternity services

It is important to note that we are considering options at this stage, not decisions. Decisions involving changes of service location are likely to be subject to public consultation in due course.

### 4.1 Clinical design principles

**1. Care should be delivered as conveniently for patients as possible**, subject to the following criteria being met:

- Care can be delivered in a clinically safe and appropriate environment, including at home and by telephone, video and remote monitoring
- There is a critical mass of patients eligible to access the service to meet the quality standards and efficiently with workforce available
- Supporting specialist diagnostic and treatment equipment and staff can be efficiently and economically provided in that location.

**2. Services may be located at both hospital sites** where one or more of the following apply:

- There is a direct service dependency with one or more of the three core services (24/7 ED, 24/7 obstetrics and 24/7 emergency admission) using the SE Coast Clinical Senate criteria
- There is a significant volume of activity that is delivered on an elective ambulatory care basis.

**3. Services may be concentrated to one hospital site** where one or more of the following apply:

- Peer reviewed evidence and professional standards supports the centralisation of services on the grounds of improved clinical outcomes or patient safety

- The cost of replicating high cost equipment would not represent good value
- Where in order to meet externally validated accreditation standards, the total case load for a procedure or group of procedures needs to be provided on one site
- Where specialist skills cannot be available at both sites 24/7

## 4.2 Constraints

As options for the configuration of clinical services are developed and considered, there are some constraints that will be taken into account. These are:

1. **Impact on patients.** The travel impact for patients, and the number of patients affected must be offset by the overall benefit of change.
2. **Existing clinical adjacencies.** Good adjacencies are likely to improve the efficiency, safety and quality of care. We will seek to make best use of existing adjacencies. Where current adjacencies are poor, there may be an opportunity to improve these.
3. **Best use of existing estate.** Any further capital investment is likely to be constrained for the foreseeable future. We therefore have to make best use of the estate we have currently. Requirements for beds, theatres, ITU and other infrastructure will need to be balanced across the existing estate.
4. **Maximising benefit from the capital investment.** Although the capital available through the STP is significant (£69.3m), there is a limit to the amount of estate reconfiguration that can be achieved. It is our duty to maximise the benefit achieved from this. Clinical service configuration cannot, therefore, be considered on a single specialty basis, but must be considered across the whole Trust. This may mean some compromises between maximising the benefit for a single specialty and maximising the benefit overall.

## 5. Next steps to implementation

The Trust anticipates that, based on the above considerations and in line with the reconfiguration of the estate supported by the £69.3m capital, some elements of our more detailed clinical proposals – particularly around the *Developing Our Centres of Excellence* objective - will require public consultation.

We are currently working up the scope of these proposals and expect to move to pre-consultation activity following the Trust Board's ratification of the final strategy.

## 6. Timescales

<b>End January</b>	Draft strategy agreed for wider stakeholder engagement
<b>Feb onwards</b>	Stakeholder engagement with the draft strategy
<b>End March</b>	Trust Board agrees final strategy for implementation
<b>April onwards</b>	Implementation commences

## HOPSC/02/19

**Committee** Health Overview Policy and Scrutiny

**Date** 16 January 2019

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### **RECRUITMENT ISSUES AND WORKFORCE TRANSFORMATION IN HEALTH AND SOCIAL CARE**

Report by Graham Hughes, Senior Democratic Services Officer

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#### **Recommendation:**

- (i) To consider the update given on recruitment;
  - (ii) To consider the structure of a follow-up session that could focus on specific sectors, providers, job roles or other aspects.
- 

#### **Suggested HOPSC rationale for session and outcomes required**

Seek assurance that the challenges and issues have been recognised and defined at both local, sector and more strategic levels (STP/ICS footprints).

Seek reassurance that there is adequate planning in place to address current shortages (recognising that it may not be possible to resolve solely by recruitment actions).

To seek reassurance from, and understanding of, the different levels of planning and actions being taken.

To understand if there remains certain issues and challenges that cannot be resolved and understand why.

To decide if, as a HOPSC, there is any influence or actions that the HOPSC can have/take to facilitate actions being taken.

To understand if, as local representatives, there a role for HOPSC members to promote careers in Health and how can this be done.

Cont.....



Cont...

## **Background**

Issues around recruitment and staff retention have been regularly highlighted in many HOPSC discussions. Members have asked for a specific agenda item on recruitment. In planning this item with Health Officers, and in consultation with the HOSC Chairman, the following has been agreed in principle:

1. That a consolidated report be prepared from Health incorporating the three STP footprints (through their respective Local Workforce Action Boards) and input from Health Education England;
2. To split consideration of the issue and concentrate the session on 16<sup>th</sup> January to understanding the scale of the problem and specific challenges and the structures and partnerships that have oversight of the issues.
3. That the discussion on the 16<sup>th</sup> can then determine possible focus for a follow-up session that may look at specific sectors, providers, job roles or other aspects as regards more detail on actions being taken.

## **Structure for the update**

Health have been requested to cover the following in providing an update:

### The scale of the problem and specific challenges

Re-confirmation of issues, numbers and if there are unique issues in certain providers/sectors/STPs. Some trend data.

Breakdown by type of post (e.g. nurses, clinicians, HCA, support staff), organisation, sector and by STP footprint

Need to understand the scale of the problem (understanding the levels of vacancies in each sector, issues and challenges around retention in sectors) .

Is there also an issue around the numbers actually completing training courses?

### Structures and partnerships (who has a role in overseeing and addressing recruitment issues?)

Who oversees recruitment? What body gets data looking across the whole system? Explain the different roles.

National leadership and Regional NHS England role?

Role of Health Education England

Each STP has a Local Workforce Action Board - need to understand the role of the LWAB and membership and how it relates to the recruitment activity of individual providers etc. What strategies and remit does it have?

What other recruitment oversight is there?

The role of individual providers.

Actions and solutions being taken (as indicated above, it is suggested that detailed discussion on this can be framed for a follow-up session, possibly with a focus on specific sectors, providers, job roles or other aspects)

Understand where solutions are being sought at

(i) National level - inc. funding – any representations being made to Govt?

(ii) Regional/strategic training and workforce initiatives – HEE, Anglia Ruskin - career development through various education and training programs, flexible working options, more variety to roles etc. What plans for smarter working solutions where cannot recruit to get out of the problem?

(iii) STP level initiatives.

(iv) sector level – e.g. specific initiatives for primary care

(v) individual provider level,

(vi) where there is work across the Essex system.

### **Social care analysis**

It was also agreed during a HOPSC private planning session in October that the recruitment discussion should also include social care to reflect increasing integration of health and social care services and resulting inter-dependencies. Accordingly, Essex County Council has also provided an update for this item and will be represented on the day to participate in the discussion.

# HOPSC/xx/19

**Committee** Health Overview Policy and Scrutiny

**Date** 16 January 2019

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**Report from:** The mid and south Essex LWAB  
The north Essex and Suffolk LWAB  
The Herts & west Essex LWAB.

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**Report Sponsors:**

Sally Morris, CEO of EPUT, mid and south Essex STP Board Sponsor for Workforce Transformation, mid and south Essex STP Partnership Board member, Co-Chair of mid and south Essex LWAB,

Phil Carver, Local Director East of England, for Health Education England, mid and south Essex STP Executive Sponsor Workforce Transformation, Co-Chair of mid and south Essex LWAB.

Tom Cahill, CEO of Herts Partnership Trust, Co-Chair of Herts & west Essex LWAB

James McClean, Local Director Health Education England, Co-Chair of Herts and west Essex LWAB

Victoria Robertson, Head of Workforce, OD and Corporate Services, North East Essex CCG

## **1. The Role of Health Education England (HEE) to support workforce transformation**

### **1.1 Governance of HEE**

Health Education England (HEE) is responsible for ensuring that our future workforce is available in the right numbers and has the necessary skills, values and behaviours to meet patients' needs and deliver high quality care. The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system is in place for education and training in the NHS and public health system.

To this end HEE's Mandate deliverables and objectives set by the Department of Health and Social Care for 2017/18 cannot be delivered by HEE alone, but rather depend on strong partnerships with NHS delivery partners, the higher education sector and professional and regulatory bodies who set the standards and curricula for education and training. By working with these bodies in partnership rather than in isolation, cultivating positive relationships and being responsive to feedback, HEE will ensure that the NHS and public health workforce truly meets the requirements for delivering high quality patient care now and in the future.

### **1.2 Regional structure of HEE (EoE)**

Through Health Education England (HEE) local offices, Local Workforce Action Boards (LWABs) are established to align and develop the workforce to meet STP priorities. The LWABs in mid & south Essex, Suffolk & north east Essex and Herts & west Essex report into local STP Boards and are seen as enabling functions. In addition each local LWAB across Midlands and East will feed into the Local Education Training Board (LETB) regional meetings.

The LWABs have 2 core areas for responsibility:

- Supporting STPs across broad range of workforce and HR related activity
- Local delivery of HEE mandate and strategic priorities affecting STPs

### **1.3 Support to systems via LWAB**

In order to support the LWABs to deliver the STP workforce priorities and local HEE mandate, HEE local teams will also locally take action to ensure:

- Availability of workforce intelligence
- Supply pipeline for the identified future workforce
- Workforce development and transformation enablers
- Quality is built into every aspect of education and training
- Leadership and organisational development is embedded across the STP

### **1.4 Workforce transformation initiatives and funding arrangements**

STP ambition funds (Workforce Transformation) for use within the financial year 2018-2019 (April 18 to March 19) from HEE to LWABs should directly contribute to the delivery of one of the eight investment themes listed below and the overarching goal of

ensuring the NHS workforce have the clinical skills to enable and not constrain workforce and service change.

Eight themes within STP ambitions investment:

1. Upskilling and developing the support worker;
2. Upskilling our registered professionals and others to take on extended & advanced roles including non-medical prescribing in priority service areas (i.e. upskilling under this heading is broken down into a more detailed menu by care group and clinical priority programme; cancer, the child and new-born, primary care, integrating care teams, mental health, learning disabilities, long term conditions, urgent and emergency care, and leadership);
3. Supporting patient safety and person centred care (i.e. education responses and upskilling to embed person centred care, proactively address any patient safety risks, awareness and impact of human factors);
4. Supporting career progression, career advice, guidance and support for transition into employment and onward career development, return to practice, developing specialty and associate specialist (SAS) doctors;
5. Enabling apprenticeships (i.e. enabling supply routes and pathways into apprenticeships, supporting collaborative efforts to maximise the use of the NHS apprenticeship levy, supporting delivery of integrated apprenticeship programmes;
6. Promoting prevention and population health and well-being;
7. Workforce modelling and redesign;
8. Delivering Local Workforce Action Board priorities (supporting local education and workforce system development, resilience and sustainability including streamlining, development of excellence/collaborative centres, pump priming local faculty development).

Each LWAB across Midlands and East regions allocation for 18/19 was £508,320. HEE is required to assure the Department of Health and Social Care (DHSC) that Workforce Development funding will be spent according to the above nationally developed 'menu' of themes. Therefore, all LWABs undertook a robust funding allocation process and successful projects are required to report on progress.

- 1.5 It is clear from workforce intelligence, that simply plugging the gap in supply will not be sufficient to deliver the plans of the STPs and service changes planned. The change in workforce requires a transformation to the approaches to use of current roles, establishment and embedding of new roles and skilling the workforce to be ready for change and working in new ways. The training and education delivery for learners through university curricula will also need to move from the traditional models into system approaches. This may include new roles, dual roles, and extension of existing modes of delivery including work based learning opportunities. The HEE model for workforce transformation helpfully identifies 5 themes; Supply, New Roles, New Ways of Working, Upskilling, and Leadership in The Star. There are many approaches under trial, in use, or planned across the 44 STP's in England, many of which provide evidence of where specific approaches have delivered measurable and improved outcomes. Therefore it is desirable to utilise the evidence already available in adopting some of these approaches, rather than adopting multiple, or untried innovations. To support this, Health Education England has developed an approach to workforce transformation which is based on evidenced outcomes from pilots, Vanguards and other best practice examples across the country.

## HEE Transformation

**NHS**  
Health Education England



1. Supply
2. Up-Skilling
3. New Roles
4. New Ways of working
5. Leadership

*All driven by strategic planning and modelling*

### 1.6 The Workforce Profile

The proportion (ratio) of NHS workforce per 1,000 population is lower than the Midlands and East average ratio, and much lower than the M&E average ratio per 1,000 population aged 70+, which presents a challenge to the system. There is about the same workforce ratio per 1,000 population in General Practice compared with the Midlands & East average ratio, but less when measuring against Midlands & East average per 1,000 population aged 70+. The ratio of social care workforce per 1,000 population is less than the Midlands and East average ratio and is also lower than the M&E average ratio per 1,000 population aged 70+.

The total NHS staff turnover is significantly greater than the M&E average. Within social care, there is a high turnover of regulated professional staff (22.1%) and direct care staff (35.8%). For the NHS workforce, there is a greater than average vacancy rate reported across most major job roles when compared with M&E with Medical Consultant vacancy rates lower than the M&E average. The overall vacancy rate in social care is 7.1%, of which the Regulated Professional staff have the highest vacancy rate at 20.4%. Overall there has been a reduction within the NHS workforce since 2015 across most staff groups except 'Medical and Dental staff'.

General Practice workforce shows a steady decline in GP practitioner numbers, whereas other clinical staff have increased. For medics, the rate of leaving the NHS in the last two years increased substantially and is worse than the Midlands & East average. In line with the national picture, for nursing staff, the rate of leaving the NHS over the past four years has increased and is worse than the M&E average. Including retirement, the main reasons for leaving may be shifting to work-life balance and to seek promotion.

## 1.7 Postgraduate Medical Training

There was a record National GP Trainee recruitment round for 2018 and for East of England Local Office, there were more GP Trainees recruited against the target, with all posts in Essex filled. The fill rates of secondary care training programmes vary across the 7 acute and mental health trusts, varying between 68% and 85%. Most programmes have a high fill rate, but there are a number of “shortage specialties” which mirror the national pattern (Psychiatry, Geriatrics, Acute Medicine, Stroke Medicine and Diabetes & Endocrinology). HEE has plans in place to maximise recruitment and retention in these areas and the new Medical School at ARU Chelmsford Campus should help with future local recruitment and the development of the “transformed” workforce.

## **2. Oversight by NHS England/NHS Improvement**

NHS England (NHSE) and NHS Improvement (NHSI) hold quarterly oversight meetings with STP Partnership Boards in the East of England to review the progress and development of the STP and its delivery of the plan. As part of this review information is provided on the various workforce transformation initiatives that are being undertaken across the system.

In addition NHSE and NHSI respectively work directly with STP partner organisations to support the development and transformation of the NHS workforce. NHSI works with providers to support these organisations with improvement in performance, financial performance and delivery. They gather information and data via NHS Digital on the workforce.

NHSE works directly with the Clinical Commissioning Groups to oversee the primary care workforce transformation and monitor detailed workforce plans for primary care. NHSE has allocated additional funding to the mid and south Essex STP as it has been identified as an 'Intensive Support Site' status for a local GP Retention fund'. NHSE support has been provided to ensure that the 2019/20 plans are funded to all STPs.



### 3. The role of the Local Workforce Action Board (LWAB)

#### 3.1 Nationally LWABs have two areas of responsibility:

1. Supporting STPs across a broad range of workforce and HR related activity
2. Local delivery of the HEE mandate and strategic priorities affecting STPs

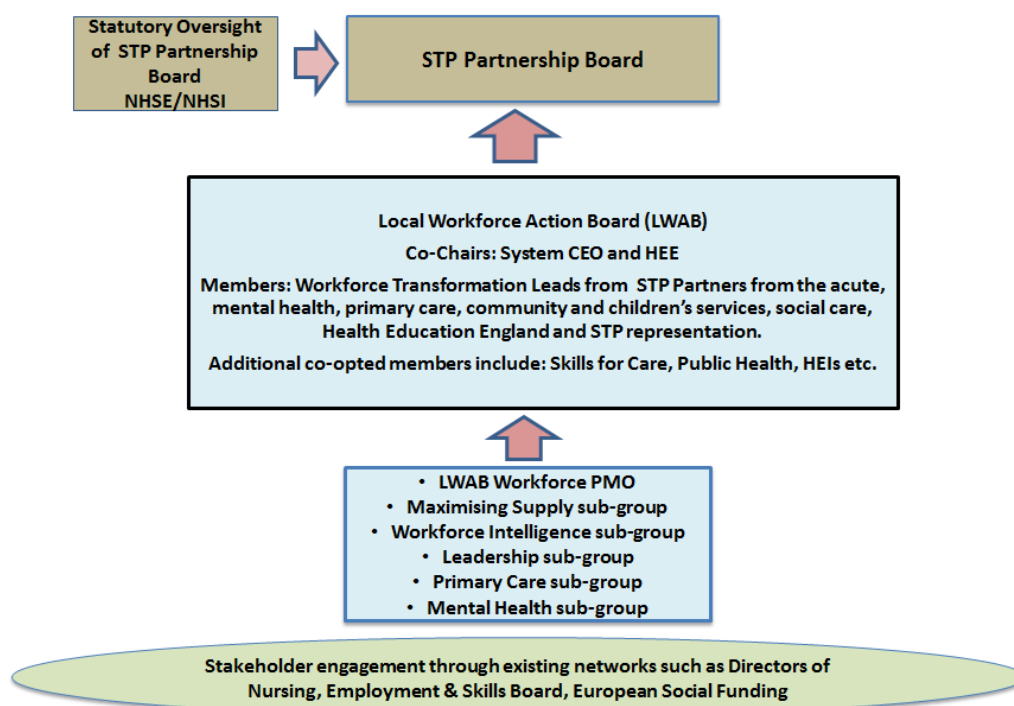
#### 3.2 Its core functions form the pillars of the HEE offer to STPs and include:

- developing a clear understanding of the current and currently foreseeable future workforce – through robust workforce intelligence,
- development of a robust workforce strategy,
- development of a workforce transformation plan
- leadership and OD support to enable staff, patients and carers to confidently and competently lead change across pathways, organisations and systems.
- Engagement with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations

#### 3.3 In many STPs the LWAB reports directly into the STP Partnership Board and an example of the governance arrangements in mid and south Essex is shown below. Each LWAB may be configured slightly differently. However most have established a number of sub-groups to support delivery of the LWAB work programme with membership made up of volunteers from STP partner organisations particularly those who have a portfolio or lead on workforce transformation/development/recruitment and retention and organisation development.

#### Mid and South Essex STP LWAB Governance Structure

**NHS**  
Health Education England



3.4 The LWAB oversees and ensures that the LWAB Workforce Strategy is aligned with and enables the implementation of the various national workforce strategies such as:

- *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027* - the mid and south Essex LWAB provided feedback to the proposed document during the consultation period in 2018. This strategy condenses and considers the outputs of major workforce plans for the priorities laid out in the Five Year Forward View – cancer, mental health, maternity, primary and community care and urgent and emergency care. It has been developed by the whole health and care system. Final publication is expected in early 2019.
- *Stepping Forward to 2020/21: Mental Health Workforce Plan for England* – this strategy sets out a high level road map and reflects the additional staff required to deliver the transformation set out in the Five Year Forward View for Mental Health.
- *The Cancer Workforce Plan – Delivering the Cancer Strategy to 2021* - **developed** in partnership with NHS England and the Five Year Forward partners. It sets out a delivery plan that ensures the NHS in England has the right numbers of skilled staff to provide high quality care and services to cancer patients at each stage in their care – from accurate early diagnosis and treatment to living with cancer and end of life care. The plan responds to the independent Cancer Taskforce which set out a strategy to radically improve diagnosis, longer term quality of life and experiences for people who are affected by cancer in England.
- *Next Steps on the Five Year Forward View* – published in April 2017.
- *GP Five Year Forward View* – published in April 2016
- *The NHS 10 Year Plan* – has identified mental health, cancer, cardiovascular disease, children's services and health inequalities as the top priorities for the NHS. A priority will be the overhaul of cancer screening service and reforming early diagnosis and intervention will depend on the NHS workforce. Further information is awaited on publication to review the system workforce strategy and requirements.
- *Social Care Green Paper* for adults – publication delayed until early 2019.

#### 4. Executive Summary for mid and south Essex LWAB

The mid and south Essex STP (MSE STP) plans are based on new models of care, which moves activity away from traditional acute hospital bases and into the out of hospital settings within Primary Care and the Community. Those plans require the appropriate supply and retention of a workforce, trained and competent to deliver these changes. The Local Workforce Action Board's (LWAB) responsibility is to identify and address the workforce challenges and opportunities that lie within this transition for the mid and south Essex system. The current STP plan describes this in a high level sense to 'right size' the hospitals and provide more care out of hospital and increase the capacity of a different staff mix than currently available. This will require transformation of the workforce both for current staff as well as future approaches to supply, including the adoption of new roles and upskilling where appropriate.

There are a number of workforce challenges and opportunities that have been outlined by the STP Partnership Board which inform and have been translated into a STP Workforce Strategy to be implemented by the system via the mechanisms of the LWAB. The accepted priorities include;

- **Provide training and development for new 'generic care worker' roles** to support the locality model that provide low level health and care support.
- **Provide opportunities and training for Advanced Nurse Practitioners (ANPs) or equivalents**, who can take responsibility for managing the care of individuals with complex needs in a community setting
- **Increasing numbers of non-GP staff, including Physician Associates (PAs), Allied Health Professionals (AHPs), nursing staff and care navigators** to support the larger practice model with broader skill mix.
- **Adopt a variety of supply approaches** to ensure we commission sufficient capacity for the future as well as pursuing short term schemes such as return to practice. Identifying the particular priority areas i.e. **adult acute nursing**.
- **Ensure that the STP makes best use of opportunities that the ARU medical school brings to the area to enable a more self-sufficient approach in medical supply in the longer term**; many students train locally and through provision of exciting and innovative training programmes it is hoped many will stay in the area
- **Reduce the variability in the quality of clinical and non-clinical leadership** across the system.
- **Enhance our reputation for research and innovation to increase the attraction of MSE STP for highly skilled staff and leaders**. The hospital group (MSB, Mid, Basildon, Southend) have established an innovation group, led by Professor Tony Young, national clinical lead for innovation.
- **Deliver a significant reduction in the current reliance on locum and agency staff** to both improve quality of care and reduce spend

- **Ensure Clinical staff consistently operate at the top of their skills set** to make best use of expertise and resource
- **To train people and offer development so that staff can ‘rotate’ through posts and gain experience in a range of settings – hospital, primary care, home care** to deliver the change to system delivery rather than institution based.

#### 4.1 Our Key Challenges

Gaps in the nursing workforce both in acute hospitals and community-based services are one of the most significant challenges for the mid and south Essex system. During the consultation on the proposed reconfiguration of services at the acute hospitals the STP outlined how one of the main drivers for the proposed changes is the dual challenge of workforce shortages combined with the need to achieve national clinical guidelines and standards. Currently patients experience a lack of timely access to specialists on some acute sites owing to clinical workforce shortages; provision of extended hours and seven-day consultant cover is also a challenge and consultants in some specialities are required to cover onerous on-call arrangements. Some services also struggle to provide round the clock care, and there is high agency and locum spend across the system. The proposals to transfer activity across the three acute Trusts will help to alleviate the problems with the workforce challenge and it is not expected that an increase in staff numbers in the acute sector will be required to deliver these services.

Moving services into the community however presents additional workforce challenges. Across the MSE STP, there are total of 175 member's practices, serving a population of approximately 1.2m. According to Health Education England (HEE), the MSE STP is the most significantly challenged primary care workforce in the country. Issues are not just focused on the general practice workforce but also on the practice-nursing workforce. As at September 2018, 33% of GPs forecast to retire in the next three years. This is significantly higher than the national average of 21%.

The MSE STP has developed a clear vision for Primary Care in the future that is detailed within the Primary Care Strategy which the HOSC has previously discussed.

The mid and south Essex LWAB has historically focused on the health workforce, however there is increased recognition that joint planning of health and care workforce is required and appropriate representation at the LWAB is being sought across mid and south Essex from the three local authorities. Skills for Care who support the Local Authorities with workforce transformation receive funding directly from HEE and they have developed a separate programme of workforce skills development. Skills for Care represent the care workforce and are members of the LWAB sub-groups on behalf of Essex, Thurrock and Southend Councils.

We have identified the following most significant risks associated with the workforce in our STP:

- Recruitment and retention of nurses across the MSE system
- High level of GPs retiring over the next 3 years
- Difficulty in recruiting GPs to primary care/Essex
- Difficulty of retaining staff who train in Essex and leave the area
- Increasing demand and ageing population

## 4.2 LWAB Activity

Over the past 12 months the mid and south Essex LWAB has been responsible for the delivery of many workforce transformation initiatives as well as contributing to the on-going review and iteration of the LWAB Workforce Strategy aligned to the various national workforce strategies e.g. *Facing the Facts, Shaping the Future for Health and Care Workforce*. Key outputs include:

- The development of an STP workforce baseline data reporting tool which will enable the system to have detailed reports on a quarterly basis rather than the annually published data set; this will be focussed on clinical and primary care. Social care data will also be mapped across but is collected nationally by Skills for Care on behalf of the Local Authorities.
- The implementation of the national Trainee Nurse associate programme offering 36 placements across partner organisations;
- Scoping the development of an *MSE Partnership Leadership Passport* to enable greater movement and rotation of staff across the system to assist with retention of existing staff and review of how we can improve supply; standardisation of system leadership behaviours and role modelling will also be included to assist develop the system leaders of the future. This will also support a system approach to talent management and compliment the activity being taken forward as a pilot site for the *High Potential Programme of the NHS Leadership Academy*.
- A range of leadership development opportunities for all staff including the Essex Mary Seacole programme, STP Preceptorship Programme to support newly qualified registered nurses; health coaching to help create a culture in which clinicians and others can better support people to self-manage and change behaviour etc.

## 4.3 Future priorities

- A focus on recruitment and retention by undertaking a review of recruitment processes across the footprint to maximise effectiveness and develop a cohesive approach enabling rotation of staff across the STP partner organisations to support the new models of care; development of contractual arrangements to support rotation of staff and a smoother on-boarding process; developing a system approach to raising awareness of the variety of opportunities available in mid and south Essex in health and care with a detailed planned marketing approach for the mid and south Essex system with STP partner organisations working collaboratively.
- The Leadership sub-group are developing options for a system approach to raise awareness of diversity and inclusion to try and increase a more diverse representation at senior level in our system.

Future work plans for the LWAB include the development of a system workforce plan, system approach to recruitment and retention, system approach to talent management ensuring that the LWAB initiatives supports the development of an STP organisation development plan which will be developed by the STP OD Oversight Group.



4.2 Working in partnership across the system the LWAB have developed a Workforce Strategy approved by the STP Board in November 2017 and a further iterations and revised action plan which was supported and agreed in February 2018. The Workforce Strategy identifies the following priority areas:

- Identify and address the workforce challenges and opportunities
- Focus on recruitment and attraction alongside retention of the highly skilled staff currently in the workforce
- Identify ways to increase the capacity of different staff mix than currently available.
- Identify ways to adopt new roles to transform the workforce for the new models of care.

The workforce strategy will be refreshed on an annual basis and/or in alignment with the identified priorities of the STP and national workforce policy requirements. A summary of our strategy presented at the first LWAB stakeholder engagement event held on 24<sup>th</sup> February 2018 is shown below:

OVERALL OBJECTIVES	WORKFORCE CHALLENGES	OUTCOME MEASURES
<p>The STP plans are based on new models of care, which moves activity away from traditional acute hospital bases and into the out of hospital settings within Primary Care and the Community. Those plans require appropriate supply and retention of workforce, trained and competent to deliver these changes. We will work in partnership across the system to develop a workforce strategy that will:</p> <ul style="list-style-type: none"> <li>• Identify and address the workforce challenges and opportunities</li> <li>• Focus on recruitment and attraction alongside retention of the highly skilled staff currently in the workforce</li> <li>• Identify ways to increase the capacity of different staff mix than currently available.</li> <li>• Identify ways to adopt new roles to transform the workforce for the new models of care.</li> </ul>	<p>Workforce undersupply – high vacancies, 13% vacancy rate (non-medical) vs. 7% national figure            Imminent retirements, 33% of GPs next 5-10 years e.g., 20% of practices have all of their GPs aged over 54 years            an insufficient training pipeline            Increased demand for a new 'generic care worker' role to support the locality model that provide low level health and care support.            Increased demand for skills ANPs or equivalents, who can take responsibility for managing the care of individuals with complex needs in a community setting            Increasing numbers of non-GP staff, including physician assistants, AHPs, nursing staff and care navigators to support the larger practice model with broader skill mix.            Large number of Band 5 nursing vacancies e.g. adult acute nursing.</p>	<ul style="list-style-type: none"> <li>• Improvement in % turnover of staff</li> <li>• Number of staff rotating across sectors</li> <li>• Number of new roles created</li> <li>• Reduction in agency/locum spend across the system</li> <li>• Collaborative bank established</li> <li>• Number of apprenticeships established in each year</li> <li>• Training pipeline/talent management map across system developed</li> </ul>
DELIVERABLES	INTERDEPENDENCIES	WORKFORCE IMPACT (by 2020/21)
<ul style="list-style-type: none"> <li>• Conduct a gap analysis and provide baseline of workforce intelligence across the system</li> <li>• Establish a sustainable workforce that provides an opportunity to develop new roles in the community</li> <li>• Establish an <i>MSE passport</i> to support our staff with the opportunity to move between organisations, improving understanding of care delivery across the system</li> <li>• Develop and educate the workforce enabling staff to be confident and competent to deliver services to patients</li> <li>• Utilisation of the apprenticeship scheme to increase capacity providing career progression for those looking for a professional role.</li> </ul>	<ul style="list-style-type: none"> <li>• Generic worker roles to support Localities/hub development</li> <li>• Integrated urgent care procurement mix of 'new roles' including Emergency Care Practitioner/Urgent Care Practitioners and Advanced Nurse Practitioners.</li> </ul>	<p><b>Acute Hospitals</b></p> <ul style="list-style-type: none"> <li>• Single management across sites</li> <li>• Compliant clinical rotas</li> <li>• Common training and appraisal</li> <li>• Use of technology and telemedicine</li> <li>• New role development, ANPs, ECP</li> <li>• Increased use of therapists to facilitate patient discharge</li> <li>• No. of nurses Band 5</li> </ul> <p><b>Local health and care</b></p> <p>96 additional GPs under traditional workforce model as GPFV target            26 Clinical Pharmacists            35 New ANPs            24 Physician Associates            60 Mental health therapists aligned to practices</p>

## 5. System Workforce challenges in mid and south Essex:

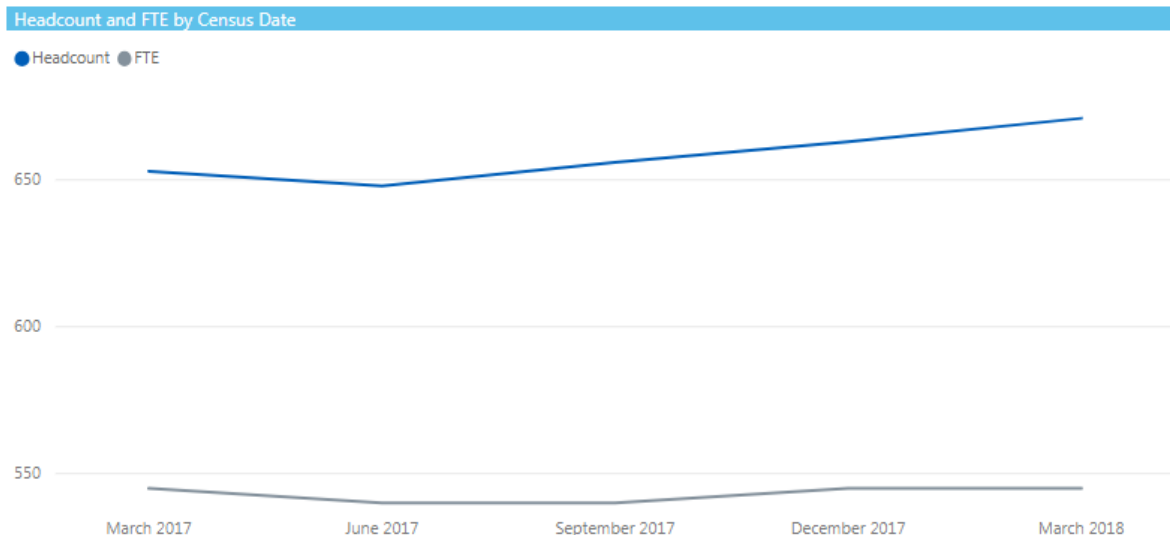
**5.1** Specific workforce challenges for our STP are detailed below by service sector primary care, maternity, acute, community and mental health services.

### 5.2 Primary Care

General Practice is widely acknowledged to be under pressure. Member practices are being asked to see patients with more conditions and of greater complexity. Our patient's needs are changing and increasing as our population gets older and suffer from more complex conditions, GPs have to deal with the challenges that this brings. CCGs understand that our practices are struggling; workload is rising and will continue to do so if we do nothing. We also note that the funding has not kept pace with demand; newly qualified trainee doctors are choosing different ways of working e.g. as locums and portfolio careers. In addition many trainees training in Essex live in London and return there after gaining their qualification; and current staff are leaving or retiring early. As a result, this makes it difficult to recruit new GPs to the system, especially in Essex in view of excellent transport links and close proximity to London.

#### 5.2.1 Primary Care Data Trends

The NHS Digital data set demonstrates that the mid and south Essex baseline of GPs in September 2015 was 586 (WTE). Following a review of the recent publication of the Minimum Data Set (MDS), as at September 2018, the current baseline is 542 WTE. Although this has decreased since September 2015, the graph below provides a trend of the STP position since March 2017 compared to March 2018 that highlights an increase during this time. This graph compares the headcount to WTE of locums, providers, retainers and salaried GPs for our STP. (*source: NHS Digital*)



The table below provides an accurate position for the STP from March 2018 to September 2018 (source NHS Digital):

<i>Source: NHS Digital</i>	<b>STP WTE GPs (excluding registrars)</b>	<b>STP WTE GPs variance from previous quarter</b>
<b>March 2018</b>	548	+3
<b>June 2018</b>	538	-10
<b>September 2018</b>	542	+4

The variance against the September 2020 target set by NHS England is **140 WTE**.

### 5.2.3 Primary Care - Actions and next steps

To address this significant risk, the STP has invested in a Workforce Team to work across the STP to lead on workforce retention, development and recruitment. The STP Workforce Team manages the STP Training Hub which has been developed as a multi-stakeholder group, including, NHS Trusts, GPs and other Primary Care staff all working towards the shared goal of a more sustainable Primary Care workforce.

In addition, the STP Workforce Team and Training Hub work closely with the Essex Local Medical Committees, the Royal College of GPs and Health Education England to ensure there is appropriate level of leadership

With regard to the NHSE target for September 2020 of an additional 140 WTE GP workforce, we have more accurately predicted the total of GPs the STP needs to provide the appropriate level of care for our patients. We have taken this figure ( 140 WTE) and built in a number of assumptions on retention, recruitment, and other workforce initiatives to provide a more accurate picture of the primary care landscape.

Any workforce modelling is based on the assumptions stated which will be reviewed and monitored quarterly in line with our NHS England trajectories to ensure we are on track to meet our targets. We will also review what we may need to adjust or re-model in the light of implementation of our 'at scale' and integrated models of care.

While there is a target set for increased number of GPs, we recognise the need for increasing and enhancing the multidisciplinary team that supports general practice.

Following implementation of our local workforce plans, each CCG lead has identified key priorities to help aid and address the level of demand required in their area to ensure a sustainable, more manageable workload for Primary Care. This will also enhance the experience for patients.

#### Key actions include

- Working with the local GP Training Programmes (GP specialty training takes place at Southend, Basildon, Chelmsford, Harlow and Colchester) by attracting more newly qualified GPs with initiatives that include Tier 2 visa sponsorship, promotion and support offered to those considering a GP fellowship or portfolio career . HEE are promoting post CCT fellowships with funding for CPD



- Building new portfolio roles which are particularly attractive to GPs in the first five year of practice. These new 'Network GP' roles will enable GPs to have dual roles working e.g. four sessions in a GP practice and four sessions in a specialism examples of which are;
  - a) Mental Health
  - b) Acute Respiratory
  - c) Dermatology
  - d) 111/Out of Hours
- Working with GPs who are seriously considering leaving general practice or are considering changing/reducing their role of working hours
- Support GPs to reduce their hours to work a minimum of four clinical sessions per week as a salaried GP rather than leave the profession altogether.
- Pastoral support to GPs with a single point of access dedicated telephone line and email address to have a confidential impartial discussion about their career aspirations
- Supporting member practices with vacancies and introducing suitable candidates
- GPs have access to mentors or training opportunities to become a mentor
- Access to a local facilitated networks, HR and pension support
- Involvement of the development of local neighbourhoods and implementation of the Primary Care Strategy to help shape future models of care
- Implementation of longer, 15 minute appointments for GPs to manage the complex and patients with long term conditions

#### 5.2.4 Primary Care – GP Retention

The mid and south Essex STP has 'Intensive Support Site' status for a local GP Retention funding allocated by NHS England. The STP is required to design and implement a local programme from September 2018 and completion by March 2019. The local GP retention fund focusses on the following groups:

- ❖ GPs who are newly qualified or within their first five years of practice;
- ❖ GPs who are seriously considering leaving general practice or are considering changing their role or working hours;
- ❖ GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical).

The STP is utilising part of their Training Hub to act as a single point of access for GPs to be able to discuss opportunities available to them. This includes a dedicated telephone and NHS.net email address. The team also works closely with the HEI/HEE leads in each area to form an introduction with trainees to build a platform of communication between them and opportunities available in the area.

In addition, the Training Hub works in collaboration with the Essex Primary Care Careers development centre to help and reduce ongoing difficulty with recruiting, developing and retaining GPs in the STP. This includes a virtual workforce platform which is a dedicated website containing details of training courses, vacancies, useful information on living and working in Essex and for the NHS.

A 'career service' will also be provided to personalise support packages for GPs in their early stages of their career. The aim would be to explore the GPs particular

circumstances and organise the right package of support specific to the GPs needs. This includes:

- ❖ Administrative infrastructure to support Tier 2 visa applications (including information on how to apply and sponsorship advice for employing practices) and supporting the process to apply for the national Medical Performer's list etc.;
- ❖ Matching GPs to practice offering the type of job the GP is looking for, part time, working late or early etc.;
- ❖ Matching GPs to portfolio careers;
- ❖ Support for partners and families – jobs in the area, housing, schools etc.;
- ❖ One stop advice service to signpost to various national and local schemes available (Fellowships and preceptorships etc.)

### 5.2.5 International GP Recruitment (IGPR)

The MSE STP have been one of two national pilot sites in the country recruiting GPs from overseas since February 2017. Under this pilot, a bid was approved by NHS England to recruit 50 GPs from overseas across the CCGs in the STP. The IGPR programme is a welcome addition to the developments already underway for Primary Care workforce.

The MSE STP has been a trailblazer for the initial pilot that is highly regarded as 'Gold Standard' by Health Education England and NHS England. Through a robust and collaborative governance process and notwithstanding significant challenges, we have established an effective and efficient local scheme. In addition, the NHS England national scheme has been developed based on the lessons learned from the Essex pilot.

The table below provides an overview of the candidates that have been recruited to date:

<b>Total GPs on the scheme</b>	<b>11</b>
Total GPs in the preparatory phase (lasts six months)	2
Total GPs in the Induction Refresher Scheme (IRS) phase (last six months)	3
Total GPs completed IRS phase and are working as a WTE salaried GP	6
GPs due to commence employment in January 2019	1
Total GPs going through the recruitment process	4

The main source of recruitment has come from Romania and Lithuania. Other countries have included Poland, Portugal and Spain.

### 5.2.6 GP Member practice vacancies

In addition to the variance in the September 2020 (140), target of WTE GPs (682) an audit has been undertaken to understand the number of vacancies that are currently open to recruitment.

The audit has highlighted that there are 39 vacancies out to recruitment across the STP.

Of the 39 vacancies:

- ❖ 36 are for a salaried GP
- ❖ Two are for a practice nurse
- ❖ One is for an Emergency Care Practitioner

This is an on-going piece of work to ascertain relationships with all member practices to keep a record of their vacancies and once they are filled. Promotion of these posts can be circulated via various different sources, which include:

- ❖ Newsletters and social media campaigns
- ❖ CCG websites
- ❖ Essex Primary Care Careers virtual platform
- ❖ Via newly established networks for GP Trainees

### 5.3 Maternity Services

Maternity services in mid and south Essex have seen significant change and development in the last decade, driven by an ambition and vision to deliver the best care to women, babies and families. Critical to delivering this is the safe, sustainable and productive staffing of maternity services.

Maternity staffing is central to delivering the triple aim of health and wellbeing, care and quality, and funding and efficiency, as described in the *Five Year Forward View* and in the *Leading Change, adding Value Nursing Framework*. It is increasingly evident that personalised care leads to safer care and better outcomes. It is also well recognised that when staff work in well-led positive environments and are supported to take pride in their work, outcomes for women and babies improve.

The current climate in Essex is challenging in many ways. Increasing acuity of births and the lack of availability of maternity staff reported by the Royal Colleges are significant issues for many units including those in mid and south Essex. It is recognised that modernising maternity services will require new ways of working to support midwives and obstetricians, anaesthetists and neonatologists, as well as ensuring that staffing numbers are adequate and appropriate.

In mid and south Essex commissioners, providers and higher education institutions will work together in designing and redesigning the current and future workforce. To develop these new ways of working and support staff, Better Births suggests we will need certain preconditions, these include:

- ❖ empowered staff who are supported and able to establish their own ways of working that meet the needs of the women and babies they care for

- ❖ high quality maternity leadership that backs innovative ways of working and the design and maintenance of a workforce capable of providing continuity of carer
- ❖ a culture of learning and continuous improvement to maximise quality and outcomes, which includes multi-professional training
- ❖ staffing levels adequately planned across each maternity unit and hub across the STP
- ❖ a board-level champion for maternity to help clinical board members and the head of midwifery highlight and act on maternity issues raised at board level.

#### 5.3.1 Our Local Maternity System (LMS) will ensure the STP has a safe and effective workforce by:

- ❖ Use of NICE guideline NG4 (2015) for midwives. This guideline makes recommendations on safe midwifery staffing requirements for maternity settings, based on the best available evidence
- ❖ Use the National Quality Board guideline, Safe, Sustainable and Productive Staffing guideline (2017) which includes advice on using:
- ❖ Birth-rate Plus to measure staffing levels within the STP maternity units. This tool is useful as it looks not only at the midwife-to-birth ratio but considers the mother and baby's acuity and complexity, making it maternity-unit specific.
- ❖ Recommending providers undertake regular reviews of training commissions for all professional groups including midwifery, medical and AHPs.
- ❖ Ensuring organisations' workforce plans align with STP requirements and the local maternity system. These plans should be multi-year plans built around the local population's needs and developed with HEE and STP commissioners of maternity services.
- ❖ Develop a maternal workforce transformation strategy based on an assessment of the gap between the current capacity and capabilities of staff to deliver the vision within Better Births and in particular the need to improve choice, personalisation and safety. Develop a workforce transformation plan to deliver the strategy.
- ❖ The LMS will develop links to Health Education England and the Local Workforce Action Board (LWAB) to ensure that transformation of the maternity workforce is a priority and matches the needs of the population within the STP.

Within mid and south Essex STP there are already areas of good practice with units undertaking or planning to undertake Birth Rate Plus. In mid Essex for example this led to an increase in the midwife establishment by 20 staff to reflect increases in the acuity of mothers. Units also work with maternity service commissioners, using public health data predicting birth rate increases to guide commissioning workforce plans and investment. The three units also take a proactive approach to recruitment, with a rolling programme of advertising for posts based on predictions of leavers through for example retirement. This helps to reduce the risks of significant staffing shortfalls.

## 5.4 Acute services

5.4.1 Southend University Hospital Foundation Trust, Basildon & Thurrock University Hospital and Mid Essex Hospital report individually to the joint MSB board on their workforce data and workforce challenges. All three Trusts are focussing on the challenges of the nursing and medical supply. There are a considerable number of nursing vacancies across the three Trusts reported in the last quarter. The Trusts are continuing to focus efforts on reducing expenditure on agency staff and locum costs however there are still a number of long-term agency staff bookings to provide safe services in high vacancy areas such as Women's and Children's services.

5.4.2 The three trusts are working collectively on developing a targeted improving retention programme to be rolled out across the group. It is recognised that the loss of top talent can have a negative impact on morale leading to reduced productivity and, often, the departure of other talent. The trusts are working with partners across the system through the LWAB sub-groups to share areas of best practice and to review case studies from other NHS organisations on how a system approach can be developed to improve retention particularly for clinical roles. The Directors of Nursing network are reviewing and considering a number of initiatives that could be implemented supported by workforce transformation funding from the LWAB.

5.4.3 Some of the retention initiatives being taken forward across the sites include the following

- For staff who are within their first three months of employment, a new programme commenced where they have been invited to meet with the Site Directors to have a greater understanding of the vision and goals of the organisation
- The Nursing and Midwifery Retention Programme continues to be developed, led by the Director of Nursing, including afternoon tea with DoN for longer serving Nurses and HCAs
- Career conversations are being introduced 18months into employment along with a 30 day Questionnaire for new starters;
- Recruitment Welcome packs, staff mentorship programmes are all in development.
- Online anonymous Exit Interviews are being implemented to understand reasons for leaving. Some of the top 3 reasons for leaving (from Exit Questionnaire analysis) are Career Progression, Relocation and Retirement.

The Trusts are also looking at ways to upskill the support workforce so that they can carry out some functions currently undertaken by the registered workforce competently and safely. This may help enable the registered workforce to '*work at the top of their registration*' (i.e. focus on functions requiring specialist expertise).

## 5.5 Community Services

5.5.1 There is an increasing pressure to recruit to nursing posts. With the increase in competition from other Healthcare providers, particularly GP practices some of who are able to pay outside of the national Agenda for Change pay scales this has the potential to drive market costs up across the system. Data trends also indicate a high turnover in the nursing roles and there is shortage of experience competent nurses to work autonomously in community settings.

## 5.6 Mental Health Services

5.6.1 Essex Partnership University Trust (EPUT) provides mental health community services for the MSE STP and several other STPs in Essex, London and Kent. The Trust enrolled on Cohort 2 of the NHS Improvement Programme in February 2018 and developed and implemented a one year Recruitment and Retention Action Plan. A retention co-ordinator was recruited to support the delivery and implementation of the following key objectives and the detailed initiatives that have been in place for the workforce:

### **1. Reduce Turnover rate to 13.5% (stretch target 13%)**

At the time of putting this target in place EPUT's turnover rate was 15.2%. As at 30 November 2018 the Trust turnover rate was 11.5%, for mid and south Essex services of the Trust the turnover rate was 9.9%.

As part of EPUT's strategy to improve the experience for all new starters and to retain the workforce the following has been introduced;

- Invite new starters to join EPUT social media at offer stage. A target was set to increase social media followers by 10% and this has currently increased by 68%.
- An Induction Information pack has been implemented that provides new starters with organisational information such as key contact details for support services, where to locate key documents and access information.
- Implemented a 3 month call back system to understand the positive and negative experiences of all new starters. A target of 75% positive feedback was set for the year and this is currently at 81%. All negative feedback is shared with HR Business Partners for them to take forward with the relevant services to be resolved.
- Improved flexible working and implemented a flexible working toolkit for all staff and managers to access
- Improved retirement planning and financial advice in place for staff and their partners
- Communicate development pathways for all bands for staff to access as part of the appraisal and supervision process.
- Have a Staff Engagement Team who delivers regular staff engagement, health and wellbeing campaigns, cultural sessions, and team development days across all services/teams of the Trust.
- Plan and monitor senior leadership visibility across all services of the Trust.
- Put in place Talent management process, aligned to succession planning.
- Developed and implemented Equality staff networks and champions.

### **2. To improve key finding scores for bullying and harassment – National Staff Survey**

- Have undertaken a trust-wide anti-bullying campaign
- Developed and implemented anti-bullying toolkit and guidance document for workforce to access
- Implemented 'You Said We Did' section on the intranet to communicate concerns raised by staff and what we did to address them

3.1 EPUT's overall vacancy rate as at 30 November 2018 was 10.9%, for the mid and south Essex STP the vacancy rate was 11.6%.

The initiatives that have been put in place to support the reduction were as follows:

- 3 recruitment days held at Thurrock, Brockfield and Chelmsford which resulted in permanent appointment of 13 qualified Band 5 Nurses. Also engaged approximately 20 Health Care Assistants to the in-house bank.
- Implemented refer a friend and buying and selling annual leave schemes as incentives to engage and retain our workforce.
- Transformed our operational services shift patterns to 12 hours which gives the workforce a better work life balance.
- Continued with rolling adverts since April 2018 for all hard to recruit posts
- Implemented a 'Why I love working here' campaign and are now taking videos of the workforce and placing these on the website and NHS Jobs.
- Implementing TRAC system in January 2019 to streamline the processes for new candidates and also reduce processes for managers with the aim of also reducing recruitment timescales to 8-10 weeks.



## Herts & West Essex Local Workforce Action Board Report.

### 1. Executive Summary

The HWE LWAB has been established as a work stream of the HWE STP, to provide a forum to collaborate across the STP geography to address and progress workforce challenges and opportunities. Each organisation is represented by a HR / Workforce director and or a Director of Nursing supported by HEE with input from HEIs, Skills for Care and the STP. The agenda of the LWAB is structured around six core sub-stream and direct links to the STP clinical work streams.

The operating model of the LWAB ensures a system approach to common challenges such as attraction and recruitment whilst recognising the need for organisations to progress their respective workforce strategies seeking to benefit from best practice and avoid duplication.

Work is underway to develop a STP workforce strategy that provides a single STP vision for the transformation of the current workforce to a sustainable future workforce that is resourced and deployed to deliver future services of the STP. It is recognised that to achieve this, the LWAB with its respective member organisations must mitigate today's service and workforce challenges whilst at the same time develop new and alternative roles and ways of working to deliver services differently in the future.

### 2. Role of the Local Workforce Action Board in Herts & West Essex

HWE Governance to Support Transformation:

Chair Tom Cahill, CEO Herts Partnership Trust  
Co-chair James McClean Director HEE,

Local Workforce Action Board (Quarterly)

- ☐ Stakeholder partnership oversight of the development and implementation of STP workforce transformation priorities
- ☐ Identification and delivery of the STP Workforce work stream priorities in line with STP priorities and strategy
- ☐ Ensure appropriate governance and programmes are in place

**Membership:** representatives of NHS Provider and commissioning organisations, Local Authority workforce and service leads, HEIs, Skills for Care and HEE

STP Workforce Workstream Meeting (Monthly)

- ☐ Leadership steering group overseeing the delivery of the work stream priorities through the delivery groups
- ☐ Responsible for the delivery of the STP workforce workstream priorities
- ☐ Local oversight of the delivery of the HEE mandate and strategic priorities affecting the STP

**Membership:** Workforce Workstream Sub-stream SROs, HEE and STP workforce lead

**Overall purpose:** To ensure that we have the right highly motivated workforce, with the right skills and ways of working to be able to meet both the current and future needs of our population. Specific areas of focus are:



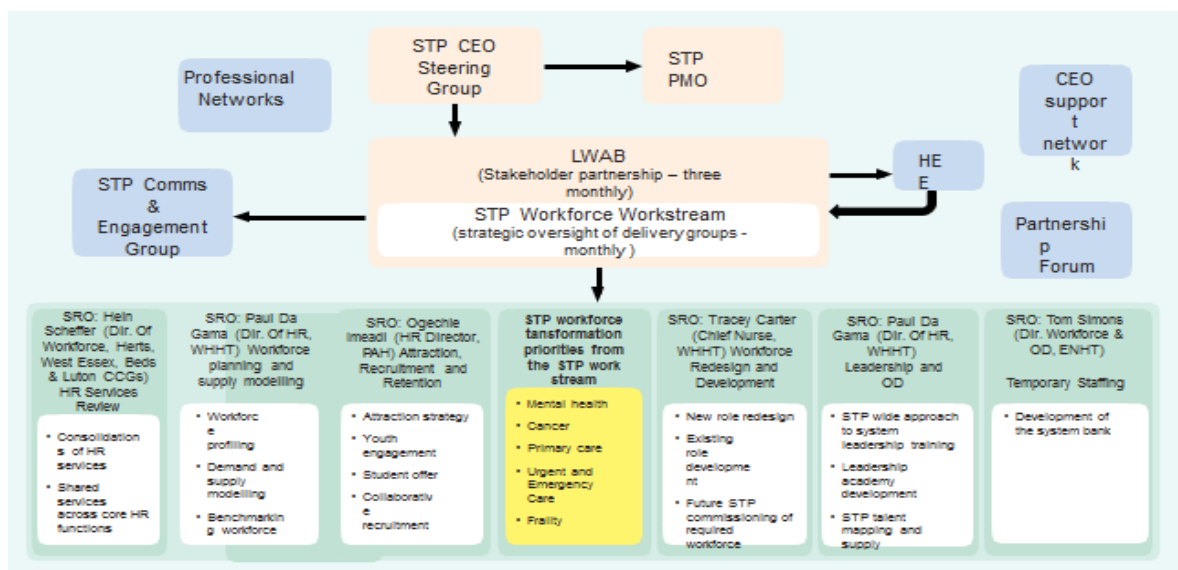
- ❑ Maximise the attraction and retention of staff across H+WE
- ❑ Develop approaches to understand current and future workforce requirements
- ❑ Ensure the development and design of existing and new roles to meet the needs of the public
- ❑ Develop leadership capabilities to meet the needs of the evolving system
- ❑ Develop approaches to maximise efficiency and effectiveness of workforce processes and support e.g. temporary staffing, OD, Mandatory Training

Underpinning these – develop an overall workforce strategy

To achieve these aims there are six sub-workstreams with ambitious transformation agenda's led by Directors from the system:

- ❑ Attraction, Recruitment and retention– Ogechi Emeadi (HR Director Princess Alexander Hospital Trust)
- ❑ Workforce planning and design – Paul DaGama
- ❑ Temporary staffing – Tom Simons
- ❑ Workforce redesign and development – Tracey Carter
- ❑ Leadership and OD – Paul DaGama
- ❑ HR services review – Hein Scheffer

These link into the clinical workstreams e.g. Primary Care, Frailty and Mental Health. (See separate slide for Governance Structure below).



### 3. Specific System Workforce challenges:

There are significant but identified current / medium term workforce challenges in HWE:

- Great place to live, but high accommodation and living costs, many commuters
- High Vacancy Rates – 12.4% (Some N+M 20%)
- High Turnover Rates – 14.2%
- Bank / Agency WTE 11.6%
- Mental Health Workforce future potential gap 400 WTE+
- Need 155 more GP's + 154 PN's by 2020/21
- Aging workforce
- Growing gap in nursing challenges – supply

The attraction, recruitment and retention workstream recently presented a strategy which was agreed by the LWAB which looked at system wide interventions that could support local workforce challenges. This builds on local successes and taking a 'one workforce' perspective and spreading best practice through a combination of web-based information, use of apps, recruitment and attraction events and developing a consistent work offer. This will now be brought together as the Hertfordshire and West Essex Talent Academy (based on a recognised model in Lincolnshire).

### 4. Recruitment/Retention challenges

VACANCY RATE						
Trust	Vacancy Rate Q3 17/18	Vacancy Rate Q4 17/18	Vacancy Q1 18/19	Vacancy Q2 18/19	Q2 18/19 Ranking (current)	Change Q1 to Q2
Princess Alexandra	10.0%	10.0%	12.6%	12.4%	5	□
SICKNESS RATE						
Trust	Sickness Rate Q3 17/18	Sickness Rate Q4 17/18	Sickness Q1 18/19	Sickness Q2 18/19	Q2 18/19 Ranking (current)	Change Q1 to Q2
Princess Alexandra	3.85%	3.90%	3.30%	3.42%	4	□
AGENCY AS A % OF PAYBILL						
Trust	Agency Rate Q3 17/18	Agency Rate Q4 17/18	Agency Q1 18/19	Agency Q2 18/19	Q2 18/19 Ranking (current)	Change Q1 to Q2
Princess Alexandra	6.00%	5.70%	6.60%	4.50%	1	□
Labour Stability Index						

Trust	Stability Rate Q3 17/18	Stability Rate Q4 17/18	Stability Q1 18/19	Stability Q2 18/19	Q2 18/19 Ranking (current)	Change Q1 to Q2
Princess Alexandra	86%	88%	88%	88%	2	□

### ***Vacancy rates (highlight specific roles)***

- As at November 2018 the Trust was challenged by a 25.8% nursing vacancy rate, this however is the lowest rate since June 2018 for registered nursing. The number of vacancies has also declined monthly since August 2018 where the vacancy rate peaked at 28.2%.
- We have seen a reduction of nearly 3% over the three month period (Sept-Nov) owing to a number of both recruitment and retention initiatives that have been recently employed.

### ***Initiatives in place by individual organisation***

- Recruitment to our nursing vacancies remains a challenge, particularly across our medical and surgical wards. We have reviewed our advertising campaigns, implementing an increased focus on social media and radio advertising throughout 2019.
- We are also working with an agency to conduct a refresh into the appearance of adverts and benefits we offer to our staff as well as the sell of working at PAH
- New and alternative roles to registered nursing are also being explored as we seek to complement the nursing role with developmental pathways such as Associate Nurses.
- On the retention side, in an effort to ensure both existing staff and new starters stay with the organisation we have embedded our nursing retention plan; which focusses on developing staff via career clinics, creating bespoke rotation programmes for those seeking experience in an alternative setting, and encouraging where possible, flexible working and facilitating those wishing to return to practice

### ***Oversees recruitment***

- Given the lack of supply locally and nationally the trust has employed an increased focus towards international recruitment. We have been highly successful in converting internationally trained nurses to UK Registered; over July, August and September 2018 all OSCE candidates passed their practical nursing exam first time, our 100% pass rate far exceeds the 73% national average over the same period.
- We have also commissioned international recruitment campaigns in both India and the Philippines in 2018 with over 100 nurses interviewed and offered jobs, with anticipated deployment in the spring of 2019.
- At the Princess Alexandra Hospital we are very proud of our school and college liaison work and activity, which begins at primary school and continues right through to secondary schools and local FE colleges, working in close liaison with our vocational education team to promote our apprentice

roles and career opportunities directly to schools and colleges in the local area and further boost our future talent pipeline.

## Work Experience

- The work experience and careers programme at PAHT is well established and has become an example of best practice for other organisations. We are one of very few hospitals offering a clinical based work experience to young people aged 14 and 15. Each year the Trust facilitates 170<sup>+</sup> work experience placements for students aged 14 and over.

## Careers

- Work related learning and careers activities are important in assisting schools to achieve the 'Gatsby Benchmarks'. During the academic year 2017 – 18 PAH attended 23 work related learning activities totaling 60.5 hours of activity and reaching over 1950 young people. These activities assisted the schools to meet the requirements of the benchmarks 2, 4, 5 and 6.

Event	Date	Venue	Time	Students
Event in a Tent Careers Carousel	Thursday 14th September 2017	PAH EIAT	14:00 - 16:00	50
Careers Carousel	Thursday 21st Sept 2017	St Mary's School	10:00 - 13:30	120
Post 16 Careers Event	Wednesday 18th October 2017	Park Inn	15:30 - 19:30	50
Tanys Dell Harlow 70	Wednesday 8th November 2017	Tanys Dell Primary School	09:00 - 12:00	60
AHP Day	Friday 10th November 2017	PAH EIAT	10:00 - 15:00	N/A
Careers Talk	Tuesday 28th November 2017	Bishops Stortford College	08:30 - 10:30	100
Careers Carousel	Friday 15th December 2017	St Mark's School	08:45 - 09:10	100
Mock Interviews	Friday 15th December 2017	Steward's Academy	08:00 - 15:30	12
Careers Fest	Thursday 25th January 2018	Epping Forest College	15:00 - 20:00	300
Careers Carousel	Friday 26th January 2018	St Mark's School	08:45 - 09:10	25
Mock Interviews	Tuesday 6th February 2018	Steward's Academy	08:00 - 12:30	8
Careers Carousel	Friday 23rd February 2018	St Mark's School	08:45 - 09:10	20
Year 9 Careers Day	Thursday 8th March 2018	Leventhorpe School	11:00 - 13:30	60
Harlow College BMS Visit	Thursday 8th March 2018	PAH Pathology Department	15:00 - 16:00	8
Careers Fair	Tuesday 13th March 2018	Birchwood High School	09:00 - 16:00	660
Careers Carousel	Wednesday 14th March 2018	BMAT STEM Academy	13:00 - 15:00	40
Open Evening	Wednesday 9th May 2018	BMAT STEM Academy	18:00 - 20:00	25
Open Evening	Thursday 17th May 2018	BMAT STEM Academy	16:00 - 19:00	25
Recruitment Visit	Monday 18th June 2018	Harlow College	10:00 - 11:30	30
Abbotswold Primary School Council Visit	Tuesday 19th June 2018	PAH	10:00 - 12:00	15
SELF Programme	Friday 29th June 2018	Abbotswold Primary School	10:00 - 11:30	60
Futures Day	Tuesday 3rd July 2018	Leventhorpe School	14:15 - 15:30	32
Careers Talk	Friday 13th July 2018	Ingatstone AE School	14:00 - 15:30	150

## STEM

- There are currently 14 PAH staff registered as STEM (Science, Technology, Engineering and Mathematics) Ambassadors supporting the Trust in providing opportunities to develop our future talent pipeline, promote the hospital as a responsible employer and provide targeted careers information to young people and the wider local community.

## Primary Schools Outreach

- The academic year 2017 – 18 saw an increase in invitations to deliver careers related learning to pupils in local primary schools. During this period PAH staff delivered workshops to 120 pupils in school years 2 and 3.
- The Trust also facilitated a visit and tour of the hospital for 15 pupils aged 7-11, who were members of the School Council at a local primary school.

## Collaborative Working

- As a Trust we work collaboratively with other organisations to promote a joined up approach to the recruitment of young people to the organisation and the wider NHS. For example, we actively support the BMAT STEM Academy which aims to work with industry expertise to recruit the future of Science, Technology, Engineering and Mathematics. As a major local employer we

support this aim by delivering enriched careers related learning activities and supporting work experience opportunities for their learners.

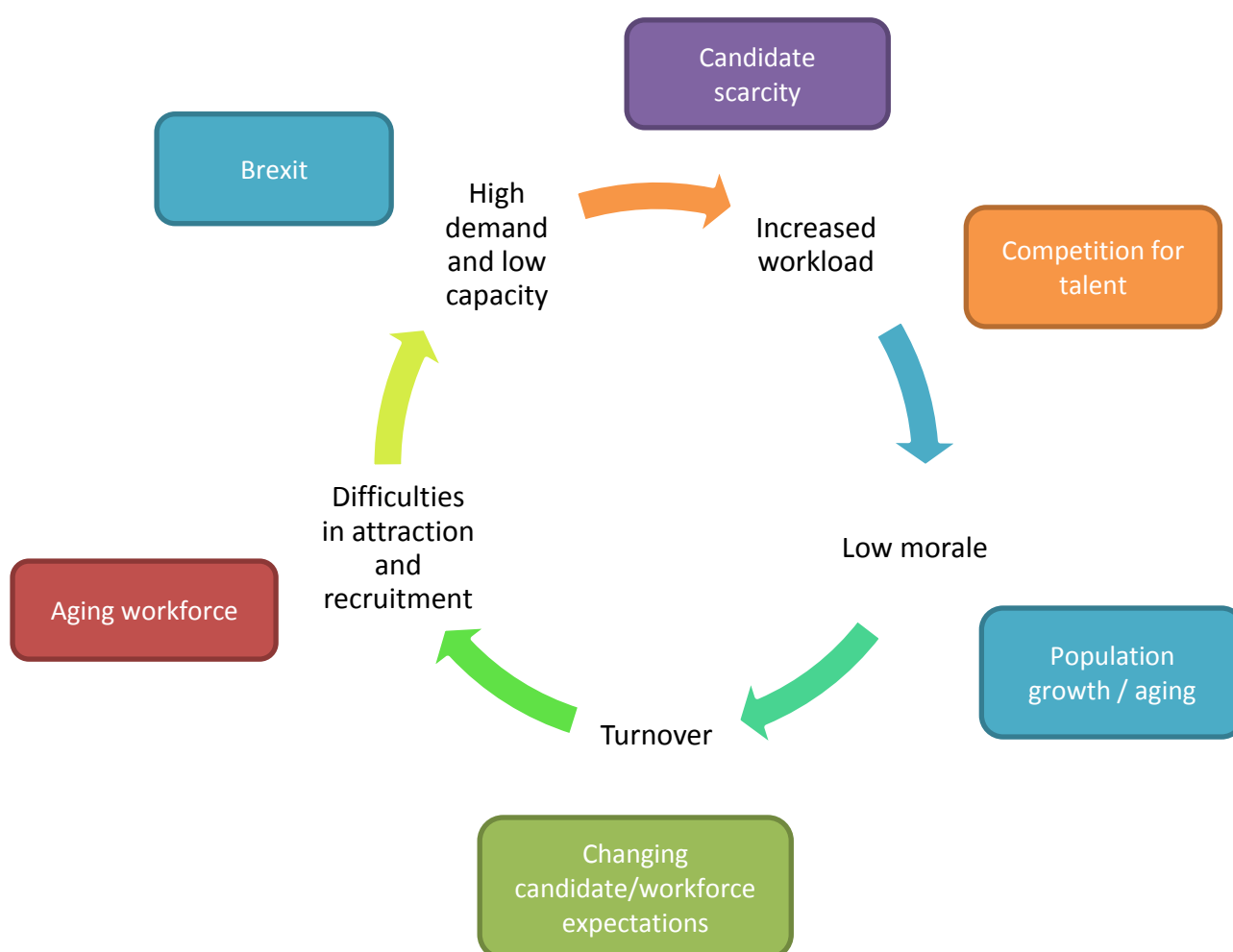
- PAH was also invited to participate in the 'Changing Lives' project which aims to tackle the issue of young children being exploited by gangs, tackling anti-social behaviour and gang related crime. The project funded by Harlow Council and with support from Essex Police, offers after school activities and workshops to raise the aspirations and offer opportunities to some of the most vulnerable young people in the area. PAH staffs have been involved in delivering various workshops to the young people on the project, ranging from problem solving activities to health related learning.

## Suffolk and north east Essex Executive summary and information

### 1. Executive summary

The Suffolk and north east Essex STP has committed to changing the shape of health and social care services for its population by shifting the centre of care away from hospitals into local communities as people are supported to take control of their own health and wellbeing. This shift will also contribute towards returning to financial balance through transforming care pathways to offer alternatives away from high cost hospital settings into the community and developing extended roles to offer care/treatment from different health professionals instead of consultants or GPs.

### 2. Workforce challenges



High vacancy rates and understaffed services create high workload for staff and impact negatively on staff morale. Best practice evidence suggests strong correlation between workload, morale and increased staff turnover rates which can also lead to difficulties in attracting and recruiting new candidates. All this is compounded by the external factors affecting all sectors and industries such as Brexit and aging workforce resulting in the overall perception of candidate scarcity and driving competition

between employers to source best candidates. We are also aware also the changing candidates' expectation which require employers to continually change their recruitment and employment practice to respond to those changing behaviours and preference (Millennials and Generation Z).

The local data analysis shows that within the STP we have serious workforce challenges in the following areas:

- Increasing NHS vacancies (9% in March 2019)
- Forecast demand (establishment) reduction by -0.5%
- Ageing workforce – imminent retirements/loss of experienced staff (NHS: 18% by 2021)
- Insufficient supply, especially adult, mental health and learning disabilities nurses, A&E doctors and GPs
- Over-reliance on international recruitment
- Shrinking pool of potential young employees

### East Suffolk and North East Essex Foundation Trust

At the end of 2017/18, the East Suffolk and North East Essex Foundation Trust directly employed 4,722 staff (4,119 full time equivalents). The Trust has reviewed its acuity staffing levels on the wards, resulting in an increase in the establishment required to meet patient need safely.

Despite the number of full time equivalent (FTE) staff in post increasing by 385 since the previous year, staffing remains a concern and at challenge the hospital.

#### Number of Trust Staff

	Headcount	Establishment (FTE)	Staff in post (FTE)
31 March 2017	4,314	4,346	3,734
31 March 2018	4,722	4,606	4,119

#### Sickness Absence levels

Measure	2017/18	2016/17
Total WTE calendar days lost	52,986	49,687
Total staff employed in period with absence	3,031	2,829
Total staff employed in period with no absence*	2,535	2,279
Average working days lost per employee	11.22	11.52

### 3. Key workforce statistics

The data below for Suffolk and North East Essex STP is in line with the trends within the overall Essex data set

- Workforce per population (ratio per 1,000)
  - The ratio of the local workforce per 1,000 population is lower than the Midland & East (M&E) average ratio; much lower than the M&E average ratio per 1,000 population aged 70+

- The ratio of general practice workforce per 1,000 population is similar to the M&E average ratio
- The ratio of social care workforce per 1,000 population is marginally greater than the M&E average ratio; but less than the M&E average ratio per 1,000 population aged 70+
- Turnover
  - Total NHS staff turnover is greater than the M&E average
  - Within social care, there is a high turnover of regulated professional staff (24.6%) and direct care staff (28.7%)
- Vacancies
  - Many staff groups for the local workforce have a higher vacancy rate than the M&E average
  - Consultant vacancy rate is 12.5% in Suffolk and North East Essex compared to 9.3% average in M&E
  - The overall vacancy rate in social care is 6.0%, which is better than the M&E average of 6.7%

#### **4. Local Workforce Action Board (LWAB)**

The Suffolk and North East Essex Local Workforce Action Board (LWAB) has been working collaboratively to map the changes required to our workforce to deliver the region's STP vision and individual programmes within the STP plan.

The Suffolk and North East Essex LWAB has identified the following workstreams as being a priority across the STP with identified leads for each area providing updates and insights at LWAB meetings:

- GP Forward View
- Mental Health Forward View
- Merger of the Acute Trusts
- Apprenticeships
- ACOs/ACSS

#### **5. LWAB priorities and objectives of the LWAB workstreams**

LWAB priorities have been grouped into the following five categories, although there are clearly some commonalities and interdependencies between them:

- Workforce planning - To establish a system-wide, shared and transparent approach to workforce planning to facilitate innovative outcomes based around the needs of the STP population
- Workforce supply and retention - To approach the workforce as a shared resource and ensure that individuals' needs and values are understood and addressed as a way of increasing workforce supply and retention across the STP footprint.
- Training and education - To support recruitment, retention and new ways of working through broadening our approach to training, development and career pathways
- Health and wellbeing - To ensure that organisations place a greater emphasis on valuing and supporting the health and wellbeing of their employees



- Organisational transformation and culture change - To achieve a shift to working as one system which puts the patient at the centre and supports the move towards more collaborative organisational models such as ACOs and ACSs.

Running concurrently to these are two more specific areas of priority historically identified by the LWAB: the GP Forward View and Apprenticeships. These have been integrated and addressed within the five categories as and where appropriate.

<b>Workforce Planning, Training and Education</b> <b>Lead: Lisa Nobes</b>	<b>Organisational Transformation and Culture Change</b> <b>Lead: Amanda Lyes/James Cross</b>	<b>Health Wellbeing &amp;</b> <b>Lead: Laura Taylor Green</b>	<b>Mental Health Forward View</b> <b>Lead: Amanda Lyes</b>	<b>GP Forward View</b> <b>Lead: Amanda Lyes</b>
<p>Workforce Planning:</p> <ul style="list-style-type: none"> <li>• Workforce Intelligence (Leigh Howlett)</li> <li>• Recruitment and Retention</li> <li>• Careers promotion</li> </ul> <p>Training and Education</p> <ul style="list-style-type: none"> <li>• Upskilling workforce (Melissa Dowdeswell)</li> <li>• Apprenticeship (Laura Mallett)</li> <li>• Talent for Care (Julie White)</li> <li>• New roles (Laura Mallett for TNA)</li> <li>• ACP upskilling (Melissa Dowdeswell)</li> </ul>	<p>Coaching (Carole Hughes)</p> <p>Self leadership (Carole Hughes)</p> <p>OD group (Amanda Lyes)</p>	<p>Essential Worker Housing/Disposal of NHS Property (Laura Taylor Green)</p>	<p>Mental Health First Aid and Awareness Training (Anthea Hockly)</p> <p>SNEE Mental Health Workforce Group (Rachel Sestak)</p>	<p>Training Hub (Julie White)</p> <p>Primary Care Education and Training (Julie White)</p> <p>Medical Locum bid (Sharon Mason and Saffron Rolph Wills)</p>

## 6. A snapshot of initiatives in place by work stream

### ➤ Workforce planning

Work is underway to develop a shared, system-wide approach to workforce planning that will enable a more detailed, accurate and agreed assessment of current supply estimates (based on intelligence gathered), future need in terms of volume and skill mix, and role development/substitution. This, in turn, will inform the development of new career pathways and training and education initiatives (more detail below).

### ➤ Workforce supply and retention

The system is developing roles that can be shared across the services and work where the patient/population need is greatest. Examples of this are already emerging within the STP such as Mental Health professionals who are employed by the Mental Health Trust but working within Primary Care or Emergency Care Professionals employed by the Ambulance Trust and working across Primary Care.

In Primary Care, the focus has been on developing Essex Primary Care Careers (formerly EPIC) as a recruitment marketing function with the aim of becoming the central, unified recruitment and careers function for Essex general practice, providing both internal consultancy to general practice employers as well as external candidate relations and developing a strong candidate facing general practice Employer brand. The primary objective of the Essex Primary Care Careers is to deliver on the Workforce Supply Strategies of the Essex CCGs and their respective STP workforce strategies in the areas such as: Attraction, Recruitment and Promotion. The key deliverables include:

- Development of Essex Primary Care Careers brand including articulation of the brand attributes and value proposition
- Transformation of the current website into a Recruitment and Careers Portal allowing easy posting of vacancies and easy application process improving candidate experience
- Implementation of an applicant tracking systems enabling an end-to-end candidate management and recruitment/workforce analytics
- Delivery of recruitment marketing campaigns focusing on social media targeted advertising
- Attracting diverse talent by engaging with and recruiting from less represented groups in the community
- Overall candidate engagement via local and national recruitment fairs as well as delivery of dedicated primary care career fairs across Essex
- Early career promotion, working with ECC and local schools/colleges
- Practice recruitment support & education including the delivery of the Annual Essex Primary Care Conference - Workforce Matters.

With the current model already delivering tangible recruitment outcomes for the local primary care, its scalability is being explored to extend to the local alliance or even STP level in order to provide sustainable career promotion and workforce supply channel for the wider system.

Across the Mental Health service, work has been undertaken in the sphere of reducing the overall vacancy rate by attending recruitment days, implemented refer a friend and buying and selling annual leave schemes as incentives to engage and retain workforce. Operational services shift patterns have been transformed to 12 hours which gives the workforce a better work life balance. The Trust continued with rolling adverts since April 2018 for all hard to recruit posts and implemented a 'Why I love working here' campaign and are now taking videos of the workforce and placing these on the website and NHS Jobs. EPUT are also implementing TRAC system in January 2019 to streamline the processes for new candidates and also reduce processes for managers with the aim of also reducing recruitment timescales to 8-10 weeks.

#### ➤ Training and education

With an identified need to provide career progression pathways for key roles, the LWAB is looking to shift from training for a specific job role to training for a career.

There is also a need to broaden education for some key medical roles. For example, there is evidence that whilst the system is currently designed to equip GPs and Consultants with the skills they require for their clinical work, there is little in the way of equipping them with the business and management skills that they require to run a practice / clinical teams. A Clinical Leadership programme delivered by the King's Fund is currently underway across the STP bringing together local GPs and Hospital and Mental Health Consultant two cohorts are in place due to train 36 individuals by June 2019.

To specifically support the development of GP trainees and GPs within 5-7 years from qualifying, Essex Primary Care Careers has supported the delivery of the Next Generation GP programme in Essex with 40 GPs signed up to the programme, it is schedule to run between November 2018 and March 2019.

In Primary Care, the local Training Hub is being established as a vehicle to drive the training needs analysis and to address the educational requirements of the current as well as future workforce (linking with workforce planning and commissioning education delivered by the local HEIs, FECs and other training providers depending on the skills mix requirements). The Training Hub has been focusing on:

- GP Fellowship and Nurse and Physician Associate Preceptorship development
- Development / sponsorship of Health Ambassadors
- Practice Manager Development (ILM qualification)
- Workforce Planning / TNA and Mentorship development
- Prescribing and Pre-registration training
- Nurse post registration training
- Single Point of Access for GP career support

➤ Health and wellbeing

Organisation across the system are working on developing OD strategy aimed at reducing sickness and turnover levels as well as improving the national staff survey outcomes in the areas of staff health and wellbeing.

Across the Mental Health service, EPUT have set specific targets to:

- reduce turnover rate
- improve key finding scores for bullying and harassment in the National Staff Survey

Across the East Suffolk and North East Essex Foundation Trust (ESNEFT) action plans are in place to ensure a representative and supported workforce via a wide range of recruitment campaigns, training and development opportunities and by increasing the Diversity Champion Programme. The trust committed to Promoting the Workforce Race Equality Standard and the Disability Equality Standards, including within local research: Support for Sight. The Trust specifically targets equality and diversity programme of work with the Board leads for the protected characteristics. Flexible working arrangements review with flexible options available to all staff consistent with the needs of the service and the way people lead their lives are also being promoted.

➤ Organisational transformation and culture change

The critical workforce integration and transformation is taking place at the Alliance levels across the Suffolk and North East Essex STP, beginning with the leadership development and identification of the key values and grounds for joint working across Health and Care.

The background of the slide features a warm, light-colored surface with two rows of paper cutouts of people. The cutouts are in various colors (pink, purple, brown, blue, yellow, green) and are holding hands in a circular formation, creating a sense of community and support. The text 'Adult Social Care in Essex' is overlaid in a dark purple font on a semi-transparent white band across the middle of the image.

# Adult Social Care in Essex

# Adult Social Care

We have a legal duty to meet a wide range of needs and we currently support about 17,000 adults with social care needs at any one time.

- 10,800 of these are older people,
- nearly 3,500 people with learning disabilities,
- 2,250 people with physical or sensory impairments,
- over 550 people with mental health needs.

We assess and review around 5,000 carers a year. (Financial Pressure in relation to the cost base for Learning Disabilities)

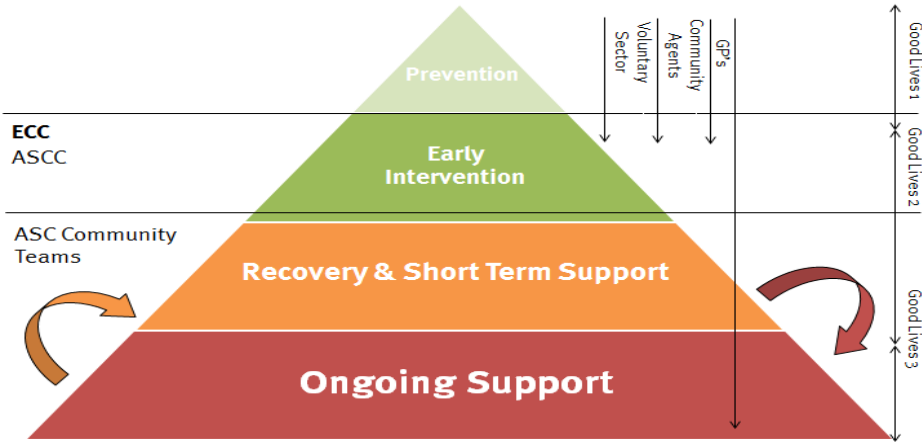
Anticipated growth in demand over the next 3 years - 7% in Older Adults & 10% in Learning Disabilities.

# Challenges we face

- Managing our increasing demand
- Shortage of qualified Social Workers and permanent Occupational Therapists
- Vacancies in our service have reduced over the last 12 months, due to targeted recruitment, however, still higher than we would like.
- Challenging provider market
- Health integration
- Effective resource utilisation
- Reactive nature of the current service
- Making system wide changes
- Community and partnership engagement
- Our current habits and behaviours can inhibit us in addressing the above

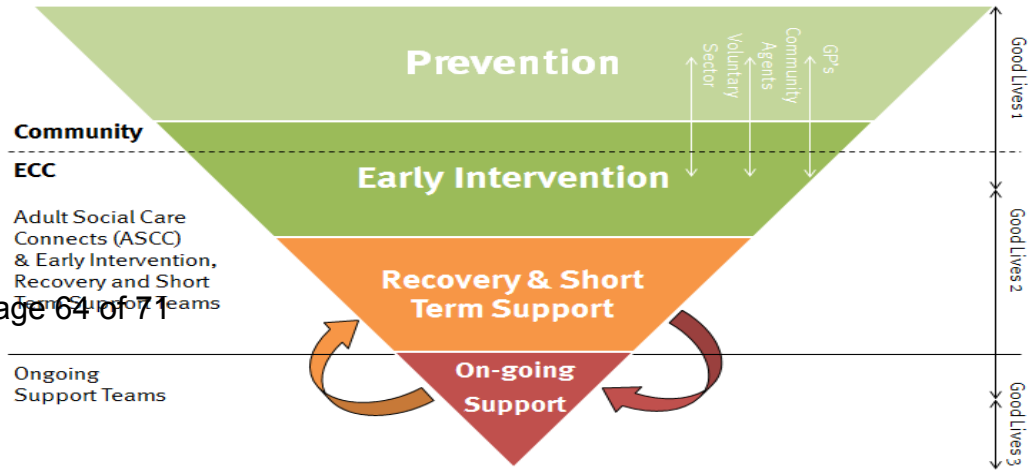
# Adult Social Care

## Current Model



...to early intervention, recovery and enabling people to live independently for as long as possible.

## Future Model



A transformational shift from a focus on long-term care and support...



# New structure implemented 1 April 2018

- New teams focusing Early Intervention & On-going Support
- Deputy Team Manager introduced, to develop Social Care Management skills.
- Workloads have been mapped to create more realistic caseloads
- Senior Social Workers can focus on practice and complex cases.
- Workforce split of 70% Qualified, 30% Unqualified,
- More permanent OT resource - primarily completing prevention, early intervention and recovery type work

# Our current Workforce

Vacancies	November 2017	November 2018
Adult Social Care	16.4%	12.7%
Mid	24.9%	22.6%
North	23.1%	16.4%
South	29.7%	18.1%
West	19.4%	15.4%

**In November 2018, 13.6% of the workforce was agency, this compares to 17.1% in November 2017.**

**We are in the process of developing a Strategic Workforce Plan, which will be sharing with partners within the new financial year.**

**HOPSC/03/19**

**Committee** Health Overview Policy and Scrutiny

**Date** 16 January 2019

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**MEMBER UPDATES**

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

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**Recommendation:**

To discuss and note updates given by members.

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The HOSC Chairman and Vice Chairmen have requested that there be a standard agenda item to receive member updates (usually orally but advance briefing papers can be included in agenda packs if preferred)

Members are encouraged to attend Board and other public meetings of their local health commissioner and providers and report back to the HOSC any issues of interest and/or relevance to the committee.

In particular, there are two HOSC members who serve as ECC representatives observing the following bodies who may wish to update on their attendance at any recent meetings:

Councillor Anne Brown (North East Essex CCG)

Councillor Beverley Egan (Castle Point & Rochford CCG);

In addition, issues arising from the work of the Joint HOSCs established with (i) Suffolk and (ii) Southend and Thurrock respectively, should also be highlighted.

Note: in view of the all-committee private planning session held in December and the Christmas and New Year break, no Chairman and Vice Chairmen meeting has been held since the last committee meeting.

	AGENDA ITEM 7
	<b>HOPSC/04/19</b>
<b>Committee:</b>	<b>Health Overview Policy and Scrutiny Committee</b>
<b>Date:</b>	<b>16 January 2019</b>
<b>Enquiries to:</b>	<b>Name: Graham Hughes</b>  <b>Designation: Senior Democratic Services Officer</b>  <b>Contact details:</b> 033301 34574 <a href="mailto:Graham.hughes@essex.gov.uk">Graham.hughes@essex.gov.uk</a>

## **WORK PROGRAMME**

### Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

### Formal committee activity

The current work programme, developed as a result of work planning sessions and subsequent discussions between the Chairman and Vice Chairmen, is attached (Appendix A). The most recent work planning discussion was undertaken in private session in December 2018 as part of an annual review exercise.

### Joint Committees/Task and Finish Group activity

The Committee participates in two Joint Committees with neighbouring authorities as detailed on the second page of the Appendix to this report.

There is no Task and Finish Group activity at present.

### **Action required by Members at this meeting:**

- (i) **To consider this report and work programme in the Appendix and any further development or amendments;**
- (ii) **To discuss further suggestions for briefings/scrutiny work**

## Essex Health Overview, Policy and Scrutiny Committee

### Work Programme as at 7 January 2019

Date	Theme	Topic	Focus	Approach (full committee unless indicated otherwise)	Next steps
Ongoing	Quality and Transformation of Services	Sustainability and Transformation Partnerships	Review the restructure and reorganisation of services being proposed	Ongoing work in Joint HOSCs. High level governance role for Essex HOSC	
6 February 2019	Quality and Transformation of Services	NEE Essex update on (i) urgent care review and (ii) plans for Clacton and Harwich Hospitals	Follow-up session to discussion at October 2018 HOSC meeting	(i) Review Independent report on community beds consultation (ii) Review clinical and transport models	
6 March 2019	Community healthcare (prevention and early intervention)	Community providers	In September 2018 looked at the broader role and contribution to wider system.	Follow-up session looking at local performance and local variations	
10 April 2019	Capacity and financial sustainability	Princess Alexandra Hospital sustainability	Initial session in September 2018 looking at plans for capital funding of potential re-build.	Consider Pre-consultation Business case (March 2019)	Also consider site visit in February or March.
10 April 2019	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Urgent care services update. Consider NHS111 arrangements and other out of hours arrangements	Introductory formal session held with commissioners and primary care representatives in October 2018	
10 April 2019	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Contribution to wider system and the STP plans. Review more detailed locality changes arising from finalised CCG plans.	Introductory formal session held with commissioners and primary care representatives in October 2018	
May 2019	Quality and Transformation of Services	Sustainability and Transformation Partnerships	Review the structure and reorganisation of services	Strategic overview across footprints. Seek evidence of joint working across footprints. Development of Integrated Care Systems.	Further update to be scheduled. NHS England to be invited to detail how they maintain oversight and direction of STPs.
May/June 2019	Capacity and financial sustainability	Ambulance service, A&E pressures/bed management.	Relationship between ambulance performance and hospital capacity pressures. Further review of delayed transfers of care (DTOC)	Representatives from Ambulance Trust and hospitals to be present	Follow up to November 2018 session/review of winter performance

## Essex Health Overview, Policy and Scrutiny Committee

### Work Programme as at 7 January 2019

**To be programmed:**

TBC	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England	Introductory formal session – as agreed during December 2019 work planning discussions	
TBC	Capacity and financial sustainability	Temporary move of mental health wards in South Essex; creation of additional inpatient beds and associated temporary ward moves	HOSC formally consulted in October 2018. Endorsed the view that urgent patient safety concerns required urgent temporary action to be taken	Work on future permanent service model expected to finish by April 2019. Formal consultation to be scheduled after that.	HOSC to be consulted as part of a full engagement process on the future permanent model for older people's dementia services.
TBC	Capacity and financial sustainability	The temporary relocation of CICC to Maple Ward, Rochford Hospital to facilitate the St Lukes Primary care development	HOSC formally consulted in October 2018. Endorsed the temporary measures proposed.	Work on future permanent service model expected to finish by August 2019. Formal consultation to be scheduled after that.	HOSC to be consulted as part of a full engagement process regarding the future permanent model
TBC	Quality and Transformation of Services	Hospital mergers	(i) Legal merger process. (ii) clinical services integration	Work may be undertaken in Joint HOSCs.	(i) Joint HOSC reviews (ii) TBC
TBC	Quality and Transformation of Services/Equity	Mental health	Partnership working, service changes, access to services	Full Committee reviews: Sept 2017 and April 2018.	Next steps tbc
TBC	Community healthcare (prevention and early intervention)	Hip fractures/Falls Task and Finish Group	Actions and recommendations arising		
TBC	Quality and Transformation of Services	Patient feedback and concerns	Possibly including analysing some complaints data and speaking with patient forums and service user groups.	Suggested during work planning discussions as part of Annual review exercise in December 2019 - TBC	TBC
TBC	Community healthcare (prevention and early intervention)	Virgin Care 0-19 contract	Raised in December 2019 during discussions on work planning as part of an Annual Review exercise,	Review is being led by the People and Families Policy and Scrutiny Committee. HOPSC members to be invited to join site visits of Family Hubs and follow-up session with commissioners and Virgin Care	TBC

## Essex Health Overview, Policy and Scrutiny Committee Work Programme as at 7 January 2019

### Joint Health Overview and Scrutiny Committees (JHOSCs) looking at plans from Sustainability and Transformation Partnerships (STPs)

#### 1. *JHOSC looking at the Mid and South Essex STP (Joint Committee with Southend-on-Sea Borough Council and Thurrock Council)*

This Joint Committee was established to be the scrutiny consultee for a formal public consultation launched by the STP for various proposed service changes. At the time of this report being written the JHOSC had held four meetings in public and a number of private briefings. Link to [Joint HOSC agenda papers](#)

The Joint Committee had been intending to continue beyond the formal consultation process and look at issues around clinical transfers, family and carer transport arrangements when patients are transferred away from their local hospital for specialist treatment, specialist clinical care pathways and the financial sustainability of the plans. However, the STP plans have now been referred to the Secretary of State by Southend-on-Sea Borough Council and, as a consequence, the JHOSC's work has been paused.

Essex HOSC nominated JHOSC members: Cllrs Egan (Lead Member), Lumley, Moore, Robinson (substitutes: Cllrs Chandler, Reeves and Reid).

#### 2. *JHOSC looking at the Suffolk and North East Essex STP (Joint Committee with Suffolk County Council)*

This Joint Committee was established in anticipation of a formal consultation being launched by the STP for various service changes. It has held two meetings in public and number of private briefings whilst formal proposals are being developed by the STP and the new combined acute trust (previously Colchester and Ipswich Hospitals). The most recent 'in public' meeting of the JHOSC was on 30 November 2018 when it discussed governance issues and the development of an Integrated Care System. Link to [Joint HOSC Agenda papers](#)

Essex HOSC nominated JHOSC members: Cllrs Brown (Lead Member), Harris, Sargeant, Wood (substitute: Cllr Erskine).

**Task and Finish Group reviews** - None at present