



EAST SUSSEX BETTER TOGETHER WORKFORCE STRATEGY 2016 - 2018

A strategy to create the workforce needed to deliver ESBT aspirations and the Sustainability and Transformation Plan for Sussex and East Surrey and thereby meet the needs of our population.

This will be achieved through partnership working with Provider Stakeholder organisations and a positive leadership culture that facilitates:

- the maximum involvement for staff;
- the promotion of their well-being;
- the opportunity for personal and professional development; and
- a commitment to fair, equitable and inclusive practices.

ESBT Strategic Workforce Group
October 2016

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- Annex D – Workforce Information Quarterly report
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Executive Summary

- 1.1 East Sussex Better Together (ESBT) epitomises a whole new way of working and is the transformation programme that brings together health and social care commissioning organisations in East Sussex (Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and East Sussex County Council) with the shared goal of improving services and health outcomes for the population.
- 1.2 The realisation of the ESBT programme requires however, a workforce that has the capacity and is equipped to deliver the new models of care at a time of unprecedented workforce supply issues across many key roles in both health and social care sectors.
- 1.3 Workforce leads from stakeholder organisations have therefore, come together to develop a workforce strategy that will deliver the workforce transformation that is required in terms of role design, training, workforce planning and the deployment of the health and social care workforce.
- 1.4 The strategy recognises that such a wide reaching transformation programme needs to be supported by a change management approach that is more fluid, innovative and prepared to take manageable risks. For this reason the strategy is designed to be flexible and able to respond to the evolving priorities of the ESBT programme whilst also being aligned with the draft workforce priorities set out in the Sussex and East Surrey STP at the time of publication.
- 1.5 The strategy's vision for the workforce is articulated in the form of nine aims (detailed at Appendix 2) which are to be achieved through prioritised objectives for each year of the strategy. The current priorities are set out in a separate document described as Annex A.
- 1.6 A key enabler to creating a workforce that is able to work differently in delivering integrated healthcare services is Organisational Development (OD) at provider level in order to achieve system transformation. In this respect, the strategy also describes examples of the key OD interventions to be applied in achieving this goal (see section 7).
- 1.7 Strategic workforce planning is considered to be crucial to the delivery of workforce strategy with the agreed approach explained at section 7.6. Within this section, the strategy addresses workforce supply issues through a range of recruitment and retention initiatives as well as considering the benefits to be gained through the design of new, blended or extended roles.
- 1.8 The strategy also recognises the need to address the current capacity crisis within Primary Care and sets out the mechanisms to be put in place to support delivery of the workforce priorities within the GP Five Year Forward View¹ and the previously published CCG Primary Care Workforce and Sustainability plan (available as a separate document Annex B). This includes creating a Community Education Provider Network (CEPN) for the ESBT footprint (see section 7.7).
- 1.9 The strategy has been co-designed and signed up to by the senior workforce leads within each provider stakeholder organisation. The strategy therefore, includes a set of working principles to facilitate jointly agreed solutions to ESBT workforce agenda issues (see Appendix 2) and applies equally to ESBT partner organisations.

¹ General Practice Forward View, Version number: 1, First published: April 2016:

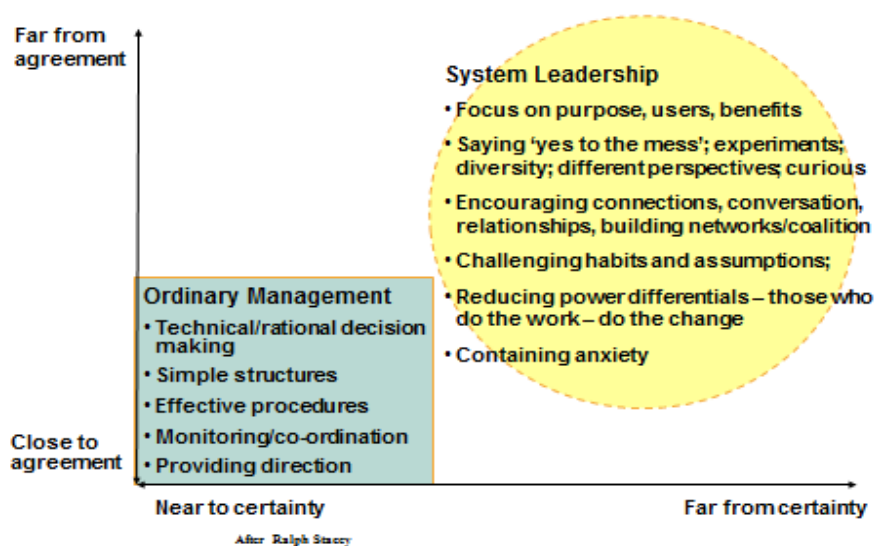
1. INTRODUCTION

- 1.1 East Sussex Better Together (ESBT) epitomises a whole new way of working and is the transformation programme that brings together health and social care commissioning organisations in East Sussex (Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and East Sussex County Council) with the shared goal of improving services and health outcomes for the population.
- 1.2 Working in partnership with provider organisations, the ESBT 150 week programme is focussed on delivering real improvements to health and care services for every single person that lives in the county through developing place based integrated care services that will:
- ensure every patient and client enjoys proactive, joined up care that supports them to live as independently as they can and achieve the best possible outcomes;
 - keep people as well as possible and act quickly when they become unwell or need help;
 - ensure people have access to the services when and where they need them;
 - help people stay close to home and minimise hospital admissions; and
 - ensure services are effective and affordable.
 - Ensure that prevention and the strengths and assets that people and communities themselves have are recognised as key components of the health and care system
- 1.3 The new model of care (described as the 6-2 box model and shown at Appendix 1) is recognised system wide and fully supports the delivery of the ESBT aspect of the Sussex and East Surrey Sustainability and Transformation Plan (STP)².
- 1.4 The realisation of the ESBT programme requires however, a workforce that has the capacity and is equipped to deliver the new models of care. Achieving the right staff, with the right skills in the right place at the right time is crucial albeit challenging given the current national and countywide workforce supply issues across many professions.
- 1.5 Corresponding changes in the design, training, planning and deployment of the health and social care workforce cannot be achieved by working in isolation but requires system wide transformation and an approach that responds well to such a complex and evolving change programme. For example, the 'Blue square, yellow circle model (shown below) which recognises the accepted norms for managing organisational change are no longer appropriate and that a more fluid, innovative and risk taking approach is needed.
- 1.6 Workforce leads from stakeholder organisations have therefore, come together to form a Strategic Workforce Group (see section 7.4) to develop a workforce strategy that is flexible and able to respond to the evolving priorities of the ESBT programme whilst also being aligned with the draft workforce priorities set out in the Sussex and East Surrey STP.

² *Work in Progress* Sussex and East Surrey Sustainability and Transformation Plan, 30 June 2016

Figure 1 – Graphic to summarise the ‘blue square, yellow circle’ transformation model

Technical problems v adaptive challenges



2. PURPOSE AND STATUS OF THE WORKFORCE STRATEGY

- 2.1 The main purpose of the strategy is to describe a shared vision to create an appropriately trained multi-disciplinary healthcare workforce that is flexible and equipped to deliver transformed and fully integrated care services to the ESBT population. This vision is articulated in the form of nine aims (detailed at Appendix 2) which are to be achieved through prioritised objectives for each year of the strategy. The current priorities are set out in a separate document described as Annex A.
- 2.2 Fundamental to achieving this system wide ambition is effective and meaningful partnership working between ESBT stakeholder organisations whose staff will be delivering the new service. A key purpose of the strategy therefore, is to formally describe the working principles to facilitate jointly agreed solutions to the numerous workforce and employment issues anticipated to arise when forming new multi professional teams from a range of employers and sectors.
- 2.3 For this reason, the strategy has been co-designed and signed up to by the senior workforce leads within each provider stakeholder organisation. A summary of the Partnership Working operating principles are given at Appendix 2.
- 2.4 The strategy also recognises the important role the CCG localities have in addressing the current capacity crisis within Primary Care which if left unresolved, will put patients at risk and have the potential to significantly stall the shift from acute based services to out of hospital care. A key focus of the Strategy is therefore, to support delivery of the workforce priorities within the GP Five Year Forward View and the previously published Primary Care Workforce and sustainability plan (Annex B) through creating a Community Education Provider Network (CEPN) for the ESBT footprint (see section 7.7).
- 2.5 The strategy is also designed to complement and aid delivery of local provider strategies as well as being an overarching document that provides direction to other ESBT workforce related plans such local Organisational Development (OD) plans to facilitate the system transformation that is needed (see section 7).

3. SCOPE

- 3.1 This workforce strategy has been developed and agreed by all stakeholder organisations. The partnership working principles given at Appendix 2 therefore, apply to each of the ESBT Programme Board's partner organisations who are equally committed to delivering the strategy's aims and objectives. In doing so, each partner organisation welcomes and seeks opportunities for system wide working to fulfil ESBT's aspirations through its workforce.

4. KEY DRIVERS INFLUENCING THE WORKFORCE STRATEGY

- 4.1 The key drivers influencing ESBT's Workforce Strategy are as follows:

- ESBT market position statement and programme strategic goals
- Five Year Forward View³ (FYFV) including the FYFV for General Practice
- Sussex and East Surrey Sustainability and Transformation plan (STP) and the documented support to be provided by HEE KSS via local Workforce Action Boards (LWABs)
- Care Act 2014
- Creation of Community Education Provider Networks (CEPNs) to reflect the four localities that make up the Sussex and East Surrey STP
- ESBT's Primary Care Workforce Plan to address the current recognised capacity crisis in Primary Care, in particular the actions identified to be undertaken during 2016/17 through the CEPN and the Primary Care Workforce Action group
- ESBT provider stakeholders own organisational strategies, e.g. East Sussex Healthcare NHS Trust (ESHT) 2020 vision document and East Sussex County Council (ESCC) Plan
- National workforce supply shortages across a range of professions
- Development of new roles (e.g. Physician's Associate, Care Navigator, band 4 Associate Nurse)
- National changes to non-medical education funding and commissioning and impact on role of Health Education England (HEE)
A commitment to embedding prevention, self-care and asset based approaches at the heart of health and care services.

- 4.2 The ESBT aim to move to an Accountable Care⁴ model is also a major driver for change as is the decision to reform commissioning to a fully integrated model. The ESBT partners anticipate running a test-bed year of an Accountable Care model as a collaborative alliance between commissioners and providers starting in April 2017, and as part of this the following 'people and culture' capabilities will need to be developed:

- System-wide planning for workforce across primary, community, acute, mental health and social care
- Role redesign, including sensible approaches to delegation and demarcation between roles
- Training and development
- Organisational development on a system-wide basis (system development – SD)

³ Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, Version number: 1, First published: 22 December 2015

⁴ Accountable Care organisations in the US and England, testing, evaluating and learning what works, Kings Fund, March 2014

4.3 The 'leave' decision and the evolving outcome of the EU referendum provides a further dynamic to consider when developing recruitment and retention strategies to address workforce supply issues, given the current reliance upon the recruitment of EU staff. This is particularly the case in respect of addressing the vacancy gap for Doctors and nurses within the NHS and support staff in Care Homes. A recent report from the Kings Fund⁵ summarises five key issues to arise out of implementing 'Brexit' which will help inform plans at this early stage along with the emerging advice and guidance being provided by NHS Employers.

4.4 Reference has also been made to relevant research documents to assist with understanding the underlying causes of workforce supply issues and identifying potential solutions, such as:

- The King's Fund report - Supporting integration through new roles and working across boundaries⁶
- 'Mind the Gap'⁷ research and findings to inform the recruitment and retention of the different generations that make up the workforce
- Think Futures and Working Longer materials (NHS Employers)
- Making Time in General Practice⁸
- The Future of General Practice⁹
- Understanding the pressures in Primary Care¹⁰
- General Practice Nursing - *A Time Of Opportunity*¹¹

4.5 The strategy is also underpinned and informed by the following standards and examples of good practice:

- The NHS Constitution¹²
- CQC characteristics of a 'well led' organisation
- Francis report¹³
- Carter report¹⁴
- National values-based recruitment (VBR) framework (HEE)¹⁵
- NHS England's Equality Delivery System (EDS) and the Race Equality Standard (April 2015)

⁵ Five big issues for health and social care after the Brexit vote, Helen McKenna, 30th June 2016

⁶ Supporting integration through new roles and working across boundaries, Helen Gilbert, June 2016, The King's Fund

⁷ Mind the Gap - Exploring the needs of early career nurses and midwives in the workplace Summary report from Birmingham and Solihull Local Education and Training Council Every Student Counts Project Dr K Jones PhD, RM,RGN, PGDip; A Warrren RGN, RSCN, PGCert (HE), MA (Cand); A Davies RGN, BSc (Hons), PGCert (Ed)

⁸ Making Time in General Practice – Primary Care Foundation and Primary Care Alliance, October 2015 prepare by Henry Clay and Rick Stern

⁹ Future of General Practice, December-February 2015, A report by ICM on behalf of the BMA

¹⁰ Understanding the pressures in Primary Care, May 2016, Kingsfund

¹¹ General Practice Nursing - *A Time Of Opportunity*, The Queens nursing Institute, 2016

¹² NHS Constitution, 26th March 2013

¹³ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, by Robert Francis, QC published on 6th February 2013

¹⁴ Operational productivity and performance in English NHS acute hospitals, An independent report for the Department of Health by Lord Carter of Coles, February 2016

¹⁵ NHS Employers Bulletin 27th October 2014, launch of National Values Based Recruitment (VBR) framework

5. AIMS OF THE STRATEGY

5.1 The ultimate aim of the strategy is to ensure that the workforce priorities going forward are relevant and enables delivery of ESBT's strategic priorities through the recruitment and retention of a skilled, flexible and responsive workforce.

5.2 The underpinning aims of the strategy have been informed by the priorities given in the Terms of Reference for the Strategic Workforce Group and the strive for quality services across ESBT partners.

5.3 The nine strategic aims are summarised as follows:

- To describe a shared vision of the future Health and Social Care Workforce and through the Strategic Workforce Group provides leadership to resolving emergent ESBT workforce issues, ensuring the strategy evolves to reflect the pace of change.
- To set out the operating principles for partnership working between stakeholder organisations.
- To provide a framework for workforce transformation supported by a range of Organisational Development (OD) enablers (summarised at section 7).
- To raise awareness of existing and forecast gaps in workforce capacity and/or capability that are to be resolved through robust and targeted workforce planning to ensure ESBT achieves the right staff in the right place with the right skills at the right time.
- To fulfil the workforce requirements within the FYFV for General Practice by addressing the current recognised capacity crisis within Primary Care. Through working in partnership with localities, the aim is to seek immediate, medium and long term solutions to ensure primary care is able to play its crucial role in the shift from hospital to community care whilst creating a sustainable service for the future.
- To provide a governance structure that facilitates a strategic and co-ordinated approach to addressing the education and development needs arising out of targeted workforce plans.
- To set up a Community Provider Education Network (CEPN) in order to maximise the opportunities for joint Education, Training and Development initiatives, with the initial focus on supporting sustainability in primary care.
- To support leadership development to ensure managers irrespective of sector, are able to effectively lead their teams through the complex change agenda and successfully make the transition to working differently to deliver new models of care.
- To develop the workforce to become advocates for the ESBT approach, reflecting the programme's values in all that they do: proactively embedding prevention and asset based approaches across the health and care system; applying the principles of behaviour change support and 'Making Every Contact Counts' (MECC); and to ensure there is a focus on prevention (primary, secondary and tertiary), self-care and health improvement across all ESBT services.

5.3 The strategy also aims to support the achievement of the current draft Workforce Development priorities within the Sussex and East Surrey STP which are summarised below:

- Priority 1: Address Agency spend/temporary staffing issues
- Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce
- Priority 3: A workforce to deliver place-based locality care across the ESBT footprint

5.4 The actions to be taken to achieve the strategy's aims are summarised in the table given at Appendix 3, which also indicates how these initiatives align with the STP draft workforce priorities given above.

6. YEAR ONE OBJECTIVES OF THE STRATEGY

6.1 The ESBT Strategic Workforce Group have agreed the objectives to be achieved during the first year of this strategy which are given at Annex A and reflect the priorities arising out of the aims given at section 5.

6.2 Implementation plans for subsequent years will be produced annually to ensure they remain responsive to the workforce priorities for ESBT.

7. OD ENABLERS TO SUPPORT IMPLEMENTATION OF THE WORKFORCE STRATEGY

7.1 Implementation of the Workforce Strategy will be supported by the following key enablers:

- A clear governance structure to provide assurance for the delivery of the workforce agenda;
- Partnership working operating principles
- Strategic Workforce Planning, including workforce information reporting to identify skills gaps to be addressed and to track progress against the plan;
- Creating a Community Education Provider Network (CEPN) for the ESBT footprint
- Agreeing a strategic and co-ordinated approach to joint Education, Training and Development (whilst CEPN is being developed)
- Best practice in recruitment to facilitate the appointment of staff who will promote the values of ESBT such as Values Based Recruitment. Other values based interventions will be considered once infrastructures are able to support these initiatives, such as Appraisal, Leadership development and Talent Management); and
- Staff involvement, Communication and Engagement.

7.2 An approach to system development is to be developed (Annex C) that sets out how local OD plans will contribute to achieving transformed services and ultimately, the move to an Accountable Care model. This will require a shift from stakeholders traditionally taking a 'self-interest' approach to one that prioritises what is best for the healthcare system as a whole. This includes actions necessary to develop a new 'organisational identity' for our local health and care system to support the change in culture and practice needed to deliver outcomes under a new model of Accountable Care.

7.3 The following paragraphs provide an overview of the key enablers that directly relate to year one of this strategy.

7.4 Workforce Governance structure

7.4.1 A Strategic Workforce Group has been set up that is chaired by the ESBT Head of Workforce Planning and has senior workforce representation from each of the ESBT provider stakeholder organisations.

7.4.2 The group is formally recognised and reports into the ESBT programme board (Terms of Reference are attached at Appendix 4).

7.4.3 An overview of the Workforce governance structure is given at Appendix 5.

7.5 Partnership working operating principles

7.5.1 Partnership working is vital to the successful implementation of this strategy and its objectives and takes many forms. For example:

- CCGs and stakeholder organisations working in partnership through the ESBT Programme Board;
- stakeholder employers working together to resolve system wide workforce issues through the ESBT Strategic Workforce Group;
- between commissioners and ESBT work streams to effectively manage project inter-dependencies and integration;
- partnership working with local staff representatives in provider organisations through the local consultation and negotiation mechanisms already in place
- staff engagement strategies within each provider organisation
- consultation and engagement with users of our services through the important role that Healthwatch plays in assuring quality and through public engagement events;
- ESCC trade union mechanisms
- Kent Surrey and Sussex Regional Social Partnership Forum (NHS); and
- With external partners such as HEE KSS, Skills for Care, Skills for Health,

7.5.2 This strategy focuses on the principles of partnership working to enable employer stakeholders to work together in seeking and agreeing mutual solutions to the range of workforce issues that will arise as a consequence of implementing such a complex transformation programme

7.5.3 These partnership working operating principles are summarised at Appendix 2 and will be shared with staff and their representatives within partner organisations.

7.5.4 Partnership working in respect of managing organisational change is to be managed through local organisational change policies initially with a view to agreeing an organisational change framework as and when the Strategic Workforce Group agrees is appropriate.

7.6 Strategic Workforce planning

7.6.1 Workforce planning for ESBT is to be based upon the Monitor model for strategic workforce planning as listed below;

- 1. Agree on approach to workforce planning**
- 2. Assess current workforce**
- 3. Model future workforce**
- 4. Model future workforce supply**
- 5. Plan actions to implement the new workforce plan (addressing gaps in supply)**

Stage 1 – Approach to workforce planning

7.6.2 The ESBT Strategic Workforce group proposed and sought agreement from the ESBT Programme Board that a ‘targeted’ approach to workforce planning be taken to meet the needs of multiple work streams, all at different stages of development. This approach will also ensure that workforce planning is meaningful and timely with implementation being supported by the Workforce Planning Resource Group (Terms of Reference attached at Appendix 6).

7.6.3 Priority work streams are currently agreed to be:

- Primary Care
- Urgent Care
- Integrated Locality Teams (ILTs)

Stage 2 - Assessment of Current Workforce

7.6.4 Assessment of the current workforce is to be on a work stream basis with quarterly reporting of the following workforce metrics (Annex D):

- Current employer
- Funded establishments/Full time equivalents (FTE)
- Staff in post (headcount)
- Vacancy gap (% of funded establishment)
- Roles
- Skill Mix
- Age demographic
- Gender
- Ethnicity profile

7.6.5 This assessment will be informed by the regional workforce information collated and provided by HEE KSS to underpin the Sussex and East Surrey STP.

7.6.6 The first ESBT Workforce Information report published in September 2016 confirmed key concerns regarding the current workforce. For example:

- vacancy gaps that are described as ‘hard to fill’ posts, no longer just applies to nurses but across many of the professions and sectors involved in delivering ESBT programme initiatives;
- service provision is very much reliant upon an aging workforce with the majority aged over 50, increasing the likelihood of increasing retirements and the loss of extensive knowledge and skills to the service;

- there are staff groups that are predominantly a female workforce, whom often undertake caring duties and therefore more likely to be seeking breaks in their employment and/or flexible working arrangements which brings with it the challenge to back fill these important posts; and
- turnover rates within NHS organisations are around 10% which is about average for the sector whereas turnover within care services is much higher putting services at risk.

7.6.7 Solutions to address these concerns are considered when modelling the future workforce supply (see section 7.6.8 below).

Stage 3 - Model future workforce

7.6.8 Modelling the required future skill mix will be facilitated through the ESBT Workforce Planning Resource group working with the relevant project manager/work stream lead and will take account of the recognised workforce supply issues described at section 7.6.4 above.

7.6.9 In reality, the future workforce is not expected to be purely made up of traditional roles but will also be reliant upon roles designed to address the skills gap whilst also facilitating new ways of working. The future workforce is therefore likely to include:

- an increase in generic roles that can operate at below required professional qualification levels;
- the introduction of new roles (e.g. Physician's Associate, Band 4 Associate Nurse, Navigator role, and the Resource Officer type role in adult social care services);
- extended roles that offer staff the opportunity to develop beyond their traditional skill set;
- blended roles (working across professional boundaries on tasks that do not require statutory competence/qualifications); and
- an increase in apprenticeships and traineeships, potentially up to degree level.

7.6.10 The King's Fund report on integrated working advises that the development of new roles entails significant challenges with the current culture of protecting professional and organisational identities being one of the most prominent barriers to new ways of working. This is especially the case where established skills and roles are reconfigured.

7.6.11 The report goes on to propose that new roles designed to support integrated care by working across organisational boundaries are only effective when they part of a system-wide process of integration. It further advises that the support of senior leaders is crucial for establishing a framework for integration, legitimising new ways of working, and ensuring a climate and processes are established that enable practice to develop in the desired direction.

7.6.12 ESBT is a good example of putting these findings into action. Although it is also important to acknowledge the King's Fund proposition that the skills needed to deliver integrated care often already exist within the workforce and that the issue is how these skills are shared and distributed as part of an overall integrated system of care that spans organisational boundaries. This view is taken into account when modelling the future workforce supply (see 7.6.13 below).

Stage 4 - Model future workforce supply

7.6.13 Due to national NHS workforce planning and commissioning decisions made in recent years, it is predicted that there will remain a workforce supply issue for the next 2-3 years.

7.6.14 The EU referendum decision for the UK to leave the EU may also impact upon supply of the workforce to both health and social care sectors.

7.6.15 There are also workforce supply issues in respect of primary care given the insufficient numbers of doctors in training combined with retirement risk posed by the fact that almost 50% of GPs are aged over 45, with 28% aged 55 plus within Hastings and Rother.

7.6.16 There are similar concerns regarding practice nurses, with over 50% being aged 55+.

7.6.17 The supply of other staff groups in primary care however, such as community pharmacists is of less concern as the opportunity to work in new models of care provides an attractive option, although this is sometimes at a cost to other providers in the system (e.g. 'robbing Peter to pay Paul' scenario). Solutions therefore need to be identified that reduce this risk and better serves the system as a whole.

7.6.18 A range of initiatives to increase workforce supply will therefore be applied, recognising that much of the future workforce are in fact those that currently deliver health and social care services within East Sussex (as explained above at 7.6.12). For example:

- meaningful and relevant leadership and change management programmes to support and retain staff through the transformation to integrated services;
- participating in HEE KSS workforce transformation initiatives to up skill staff;
- commissioning education and training programmes through the CEPN, that address identified skills gap and build capacity in associated roles;
- innovative recruitment initiatives including advertising to attract people into the service from other sectors that may have transferable knowledge and behaviours and the potential to learn new skills;
- retention and reward strategies to ensure invaluable experience, knowledge and skills are retained within the system, particularly in respect of the older workforce to help retain key professionals such as Doctors, Nurses and Social Workers;
- engage with 'return to practice' and retainer programmes supported by HEE KSS
- effective succession planning and supporting managers in managing talent within their teams to enable employers to 'grow our own' staff;
- maximising the opportunities and benefits to be gained through apprenticeships/traineeships;
- continued recruitment from the EU (subject to the implications of 'Brexit'); and
- continued recruitment from overseas (subject to the current immigration rules such as points based system, shortage occupation list and the WHO code of practice).

Stage 5 - Plan actions to implement the required new workforce plan (addressing gaps in supply)

7.6.19 The actions to implement workforce plans will be agreed with the relevant work stream lead/project manager ensuring they are timely and responsive to the current climate whilst also ensuring they meet system wide priorities.

7.6.20 This approach will include seeking out opportunities for integrated working with other ESBT work streams such as the re-appraisal of job roles to avoid unnecessary doubling up and ensure value for money.

7.7 Creating a Community Education Provider Network (CEPN)

7.7.1 It has been recognised by Health Education England Kent Surrey and Sussex (HEE KSS) that there are a number of current barriers and challenges to achieving the aims for sustainability in general practice (as set out in the Five Year Forward View for General Practice). In order to address these challenges, HEE KSS is investing in the development of CEPNs with the aim to bring primary care professionals and system wide providers together to offer multidisciplinary education, training and placements.

7.7.2 The definition of a CEPN provided by HEE KSS is as follows:

The CEPN is a Delivery Board that consists of groups of primary and community care organisations that come together as a group of like-minded providers to collaborate on: workforce, education, training and placements, creating an integrated and multi-disciplinary approach in response to workforce planning.

7.7.3 The ESBT Programme Board also recognised the benefits a CEPN will bring to creating the future workforce and, having secured HEE KSS seed funding, has overseen the setting up of a CEPN for the ESBT footprint.

7.7.4 The ESBT CEPN will be fully operational in time to receive the Sustainability Transformation Plan (STP) development monies from HEE KSS. This funding is to be allocated via CEPNs, giving the network a leading role in determining the education and development priorities to ensure delivery of the Sussex and East Surrey STP.

7.8 ESBT Strategic approach to Joint Education, Training and Development

7.8.1 Whilst the CEPN is being developed and its focus remains the sustainability of primary care, the ESBT Strategic Workforce Group is to have lead responsibility in agreeing how to address the development needs arising out of the workforce planning undertaken for other priority work streams (currently Urgent Care and Integrated Locality Teams).

7.8.2 A flow chart that summarises the decision making process to be applied is given at Appendix 7.

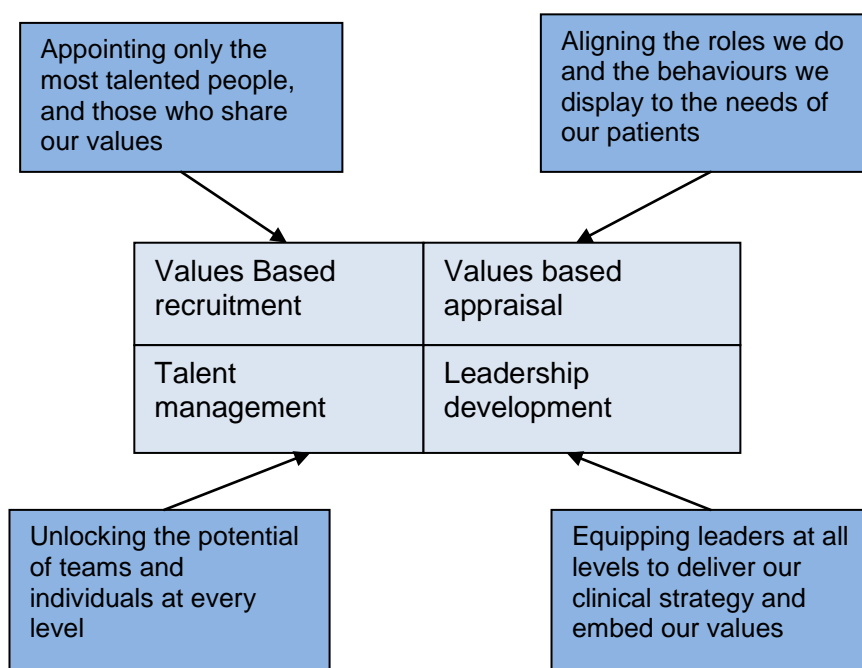
7.8.3 The underlying principle for any education, training and/or development request to the ESBT Strategic Workforce group will be that the proposal demonstrates how it will benefit the implementation of system wide integrated services.

7.8.4 A clear criteria will be provided to ESBT work stream leads and project managers, along with guidance on completing their training proposal using a template that is to be available electronically via the ESBT intranet.

7.9 Values based interventions (Values Based Recruitment – VBR)

7.9.1 Through various sources, it is recognised that there are four key values based OD interventions as shown in the diagram below.

Figure 2 - Four key values based OD interventions



7.9.2 The ESBT Strategic Workforce Group agrees that the initial focus is to be on implementing recruitment practices that promote the appointment of staff that reflect the values of ESBT such as Values Based Recruitment. Employers will be able to draw on a range of resources including the HEE National values-based recruitment (VBR) framework.

7.9.3 The aim of introducing VBR is to ensure appointed staff demonstrate that their behaviours reflect the values of ESBT/employing organisation whilst also providing a more robust framework for assessing knowledge and skills.

7.10 Staff involvement, engagement and communication

7.10.1 There are a range of methods already in place to ensure staff are fully informed of ESBT aspirations and how their role may be affected. For example, through:

- provider organisations staff engagement strategies;
- provider organisations staff consultation and negotiation mechanisms;
- implementation of the CCGs communication and engagement strategy; and
- staff engagement initiatives such as that undertaken by Healthwatch on behalf of the CCGs

7.10.2 As implementation of the ESBT programme progresses and the impact on staff becomes clearer, levels of anxiety and risks to the retention of staff will increase. In anticipation of this crucial time, the ESBT Strategic Workforce group will assess the level of staff engagement and communications required and make recommendations to the CCG Communications and Engagement function.

7.10.3 Provider stakeholders will also cascade agreed staff engagement messages through their own internal communication channels with the aim of ensuring a consistent message across the system.

8. RESOURCES REQUIRED TO DELIVER THE WORKFORCE STRATEGY

8.1 Resources (financial, HR capacity and capability) required to deliver the strategy are to be determined year on year in line with the priorities to be achieved.

8.2 Current known resources to deliver year one of this strategy are:

- ESBT Workforce Lead
- ESBT Head of Workforce Planning (1.0 wte until end of December 2017)
- ESBT Workforce Information Analyst (0.6 wte for 12 months)
- ESBT admin support
- CEPN Project Manager and project support (0.6 wte for 6 months)
- Primary Care Practice Tutor (1.0 wte, on secondment and funded until September 2018)
- Involvement of ESBT work stream and project leads and other key roles such as the CCG primary care co-commissioning team.

8.3 It is also recognised that this strategy cannot be delivered without the full involvement of the relevant workforce leads within provider stakeholder organisations. This commitment is likely to be on top of 'the day job', putting pressure on their capacity and therefore, the resourcing of dedicated time may be needed to free up 'head space' to resolve the complex workforce issues expected to arise as the ESBT programme progresses.

9. WORKFORCE RISKS TO DELIVERING THE STRATEGY

9.1 The well documented workforce supply issues and subsequent impact on services has led to 'workforce' being considered a major risk to delivering the ESBT programme and therefore recorded as such in the ESBT Risk Assurance Framework (RAF).

9.2 A detailed breakdown of this overarching risk is given in the dedicated Workforce risk register compiled through discussions with ESBT work stream leads and the Strategic Workforce group and is available as a separate document at Annex E.

9.3 The workforce risk register is to be reviewed at each ESBT Strategic Workforce Group meeting, and at each ESBT Programme Board via the current ESBT RAF.

10. MONITORING AND REVIEW OF THE WORKFORCE STRATEGY

10.1 Progress against the Workforce Strategy will be measured against the current objectives (see Year one objectives at Annex A) and will be monitored by the ESBT Strategic Workforce Group on a quarterly basis and through agreed reporting arrangements to the ESBT Programme Board.

- 10.2 Measurable outcomes arising out of the strategy will also be reflected in other key performance indicators such as Emergency Department patient and waiting times data (a successful shift to addressing the vacancy gap and a shift to out of hospital care should result in a reduction in both these figures).
- 10.3 Should a fundamental change occur that is considered likely to impact on the workforce agenda, then current objectives would be reviewed and prioritised. In this respect it will be the ESBT Head of Workforce Planning who will lead any future review of this strategy and associated strategic plans.

Appendix 1

ESBT 6-2 Box model



The six boxes describe the services and support required throughout the whole cycle of a patient's care.

Two further boxes – prescribing and elective care – are additional areas where we want to improve the quality and affordability of services.

Appendix 2

ESBT Partnership Working Operating Principles

1. Introduction

It is recognised and accepted that partnership working takes many forms and operates at a range of levels and through numerous mechanisms. These can be summarised as follows for ESBT:

- CCGs and stakeholder organisations working in partnership through the ESBT Programme Board;
- stakeholder employers working together to resolve system wide workforce issues through the ESBT Strategic Workforce Group;
- between commissioners and ESBT work streams to effectively manage project inter-dependencies and integration;
- partnership working with local staff representatives in provider organisations through the local consultation and negotiation mechanisms already in place
- staff engagement strategies within each provider organisation
- consultation and engagement with users of our services through the important role that Healthwatch plays in assuring quality and through public engagement events;
- ESCC trade union mechanisms
- Kent Surrey and Sussex Regional Social Partnership Forum (NHS); and
- With external partners such as HEE KSS, Skills for Care, Skills for Health,

2. Agreed operating principles for partnership working

2.1 The ESBT Strategic Workforce Group have agreed and signed up to the following operating principles for partnership working:

- Sharing workforce strategies and initiatives to seek a system wide view, understand the impact and avoid 'robbing Peter to pay Paul' scenarios
- Identify a host employer for shared training placements to minimise employment contract issues
- Sharing reward strategies and initiatives to avoid competition between ESBT provider organisations when appointing to 'hard to recruit' posts
- Actively promote trust between partners through transparent working to aid information sharing and prioritising of workforce initiatives
- Commitment to work in spirit of co-operation, valuing the contributions each individual organisation (and their staff) can bring to delivering the agenda which is to generate innovative system wide solutions to create seamless care for our population whilst striving for excellence
- Managing own and ESBT agenda (conflicting priorities), respecting when a partner has capacity pressures due to factors outside of ESBT, e.g. CCQ inspection visits
- Agree a consistent approach to staff engagement, consultation and communication involving staff and their representatives through the current use of individual organisational change policies and local mechanisms

- Partners being mindful of the impact on the Health and Wellbeing of staff directly affected by change and agree joint solutions as well as implementing local health and wellbeing strategies
- Valuing diversity and the benefits it brings to creating a workforce with a range of experiences, knowledge and skills to deliver ESBT strategic priorities and therefore, continued commitment to applying own organisations Equality Opportunities Policy and ensuring fair working practices
- Actively participating in agreed joint leadership and employee development programmes, providing the infrastructure, training placements, coaching, mentors, etc. to ensure staff gain full learning potential
- Sharing of information in accordance with respective Information governance requirements, maintaining confidentiality as required

2.2 Implementing the operating principles for partnership working

The operating principles for partnership working are to be implemented and embedded through the following mechanisms:

- CCGs Governing Body meetings
- ESBT Programme Board
- ESBT Strategic Workforce Group (and relevant Task and Finish Groups)
- Locality meetings and other opportunities for engagement with CCG localities
- Local consultation and negotiation mechanisms within each provider organisation
- Local and CCG staff engagement strategies
- ESBT Workstream meetings

2.3 Review of operating principles for partnership working

The operating principles are to be reviewed by the ESBT Strategic Workforce Group as part of the on-going review of the effectiveness of the Workforce Strategy.

Appendix 3

ESBT Workforce Strategic Aims and alignment with current draft STP workforce priorities

Aim 1	To describe a shared vision of the future Health and Social Care Workforce and through the Strategic Workforce Group provides leadership to resolving emergent ESBT workforce issues, ensuring the strategy evolves to reflect the pace of change.
STP Workforce Priority (will reflect all three workforce priorities)	<p>Priority 1: Address Agency spend/temporary staffing issues</p> <p>Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce</p> <p>Priority 3: A workforce to deliver place based locality care across the ESBT footprint</p>
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • Setting up a Strategic workforce group to provide leadership to resolving emergent ESBT workforce issues through the development of a Workforce Strategy • Publication of the ESBT Workforce Strategy • Development and publication of associated documents such as the approach to System Development through local Organisational Development (OD) plans • Implementation of a communications strategy to raise awareness of the strategy and associated plans • Engagement strategy to involve localities to ensure involvement of the strategy reflects system wide priorities • Monitoring progress against the strategy through delivery of the agreed year one objectives • Review of the strategy by the ESBT Strategic Workforce Group and make recommendations to the ESBT Programme Board as to priority actions/objectives to reflect the pace of change 	
Aim 2	To set out the operating principles for partnership working between stakeholder organisations
STP Workforce Priority (will facilitate all three workforce priorities)	<p>Priority 1: Address Agency spend/temporary staffing issues</p> <p>Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce</p> <p>Priority 3: A workforce to deliver place based locality care across the ESBT footprint</p>
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • Commitment to Partnership working principles to be formally recorded within ESBT Workforce Strategy • Implementation and embedding of the partnership working principles through the mechanisms set out in the strategy • Proactively engage with staff and their representatives within provider organisations to raise awareness of partnership working principles 	

Aim 3	To provide a framework for workforce transformation supported by a range of Organisational Development (OD) enablers that facilitate system transformation.
STP Workforce Priority (will support all three workforce priorities)	<p>Priority 1: Address Agency spend/temporary staffing issues</p> <p>Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce</p> <p>Priority 3: A workforce to deliver place based locality care across the ESBT footprint</p>
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • the ESBT Workforce Strategy setting out the commitment to workforce transformation through a range of OD enablers; • identifying and securing OD expertise (within the ESBT Strategic Workforce group and externally if needed) to support the design of an effective and affordable OD plan that will support new ways of working at system wide, locality, team and individual levels. • Agreeing in partnership an approach to system development that integrates with other key transformation strategies, e.g. Estates Strategy, IM&T Strategy, CCG OD plan, OD strategies for provider stakeholder organisations; • Commissioning meaningful and relevant leadership and management change programmes to support and retain staff through the transformation to integrated services; • identifying OD champions within provider stakeholder organisations and secure support to create the capacity needed to enable them to lead on implementing local OD plan initiatives; • monitoring progress against the plan through agreed measurable outcomes; and • the review of system development and local OD plans by the ESBT Strategic Workforce Group resulting in recommendations to the ESBT Programme Board as to evolving priority initiatives to reflect the pace of change 	

Aim 4	To raise awareness of existing and forecast gaps in workforce capacity and/or capability that are to be resolved through robust and targeted workforce planning to ensure ESBT achieves the right staff in the right place with the right skills at the right time.
STP Workforce Priority (will support delivery of all three workforce priorities)	<p>Priority 1: Address Agency spend/temporary staffing issues</p> <p>Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce</p> <p>Priority 3: A workforce to deliver place based locality care across the ESBT footprint</p>
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • implementation of a targeted approach to workforce planning through the Workforce Planning Resource group as per the Terms of Reference for the group; • informing ESBT Workstream leads of the workforce planning support to be made available at the appropriate time to ensure workforce planning resources are effectively applied; • securing a Workforce Information Analyst resource to provide system wide workforce information reports to inform sound workforce planning decision making; • agreeing realistic, safe and affordable staffing establishments for priority work streams that values the contribution of all staff groups; • reference to national and regional workforce supply forecasts and emerging gaps to inform meaningful workforce planning and agreement on achievable solutions; • undertaking skill mix reviews and identifying opportunities to introduce new roles in order to address known skill gaps; • commissioning education and training via the CEPN (see Aim 7) to reflect and address ESBT skills gap need, particularly in respect of up-skilling current staff and providing placements for new roles; • applying the relevant recommendations arising of the Carter report to help build on effective management of current workforce resource to improve capacity and reduce costs, e.g. through maximising the benefits of e-rostering software such as 'safecare', locally managing attendance; • supporting managers in succession planning and talent management to enable the system to 'grow its own' workforce; • agreeing system wide solutions that are not reliant upon temporary solutions where possible to support the reduction in the usage of agency staffing; • continued recruitment from the EU and overseas for hard to fill posts; • advertising posts to attract the different generations and the introduction of a range of working arrangements that helps retain the younger workforce (applying the learning from 'Mind the gap' research findings); • specific retention programmes that values our older workforce in order to retain their knowledge, experience and skills within the service; • designing recruitment and retention strategies that values difference and builds a diverse workforce with varied experience, knowledge and skills; and • working with a range of providers to implement innovative solutions to deliver the new models of care e.g. community and third sector organisations 	

Aim 5	To fulfil the workforce requirements within the FYFV for General Practice by addressing the current recognised capacity crisis within Primary Care.
STP Workforce Priority (will support delivery of all three workforce priorities)	<p>Priority 1: Address Agency spend/temporary staffing issues</p> <p>Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce</p> <p>Priority 3: A workforce to deliver place based locality care across the ESBT footprint</p>
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • supporting the implementation of the Primary Care Workforce Plan which contains a range of deliverables; • supporting the delivery of agreed priority initiatives to improve and sustain primary care capacity arising out the 2016 Primary Care summits; • maximising the functionality of the GP workforce tool to facilitate meaningful and up to date primary care workforce information that identifies current and future skills gaps; • undertaking skill mix reviews and identifying opportunities to introduce new roles in order to address known skills gaps; • developing in partnership with localities a system wide strategy for the introduction of new roles to primary care such as Pharmacists, Paramedics, Physicians Assistants, and the Navigator role; • applying learning from the relevant Vanguard sites, such as primary care communities where improved recruitment and retention is a demonstrable outcome; • exploring the benefits of innovative models such as Buurtzorg¹⁶ (also given in the King's Fund report as an example of developing integrated working) and support agreed implementation; • attending relevant career fairs to promote ESBT as a good place to work and attract newly qualified and/or experienced GPs; • commissioning education and development programmes to support capacity solutions via the CEPN (see Aim 7); and • maximising opportunities from Skills for health/skills for care development programmes. 	

¹⁶ 2016 Buurtzorg Study, Prepared by: Public World Consulting, Prepared: 18 January 2016

Aim 6	To provide a governance structure that facilitates a strategic and co-ordinated approach to addressing the education and development needs arising out of targeted workforce plans.
STP Workforce Priority	Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce Priority 3: A workforce to deliver place based locality care across the ESBT footprint
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • Setting out the criteria and decision making process for prioritising education and training • Informing Learning and Development leads (and managers) of the process and making required documentation readily available • Developing an integrated approach to mandatory training for locality team staff to ensure all staff are compliant for their respective roles whilst also being able to take on a more generic role across both sectors and embed integrated working 	

Aim 7	To set up a Community Provider Education Network (CEPN) in order to maximise the opportunities for joint Education, Training and Development initiatives, with the initial focus on supporting sustainability in primary care.
STP Workforce Priority	Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce Priority 3: A workforce to deliver place based locality care across the ESBT footprint
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • securing funding from HEE KSS to set up a CEPN for ESBT; • identifying project management support to work with the CCG lead officer in setting up the CEPN; • putting in place CEPN organisational infrastructure such as the CEPN Delivery Board and CEPN Operational Action Group supported by Terms of Reference that reflects appropriate system wide membership; • through the direction of the CEPN Delivery Board, completion of the HEE KSS governance pack requirements to enable the CEPN to become fully operational; • developing an operational plan that confirms the priority deliverables for the CEPN whilst it matures, drawing from the CEPN actions arising out of the Primary Care Workforce plan; • commission education and development programmes to support the implementation of the STP, particularly in respect of sustainability within primary care, meeting the criteria set by HEE KSS through the STP allocations to CEPNs; • maximising funding opportunities from a range of sources to facilitate the development of primary care staff and support the delivery of this workforce strategy (strategic aim 5 above); and • implementation of a communications strategy to promote the CEPN and engage with the localities. 	

Aim 8	To support leadership development to ensure managers irrespective of sector, are able to effectively lead their teams through the complex change agenda and successfully make the transition to working differently to deliver new models of care.
STP Workforce Priority (will support delivery of all three workforce priorities)	Priority 1: Address Agency spend/temporary staffing issues Priority 2: The use of newly qualified staff/Assistant Practitioners/a generic workforce Priority 3: A workforce to deliver place based locality care across the ESBT footprint
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • securing funding from HEE KSS to provide leadership development to integrated locality teams; • undertaking a locality based training needs analysis (TNA) to inform priorities for leadership development; • commissioning and evaluating leadership development programmes that provide a range of learning methodologies to suit the varying development needs of different levels of 'leaders' within integrated locality teams whilst also recognising the importance and value of locally provided education and training; • participation in HEE KSS leadership development opportunity; and • a review of leadership development against programme outcomes to ensure continuous improvement of such initiatives 	

Aim 9	To develop the workforce to become advocates for the ESBT approach, reflecting the programme's values in all that they do, including proactively embedding prevention and asset based approaches across the health and care system, applying the principles of behaviour change support and 'Making Every Contact Count' (MECC) to ensure a focus on primary, secondary and tertiary prevention and self-care is embedded across ESBT services.
STP Workforce Priority	Priority 3: A workforce to deliver place based locality care across the ESBT footprint
<p><i>This aim will be achieved by:</i></p> <ul style="list-style-type: none"> • ensuring that asset based approaches and MECC are embedded in delivery of strategic aim 8 above as it will be our leaders that have crucial role in creating the culture of ESBT services; • a commitment to making prevention everyone's business through MECC approaches, and through valuing and growing the contribution that communities can make to improving outcomes through embedding asset based approaches in practice; • provider organisations developing managers to be competent in applying a 'values based' approach to recruitment to facilitate the appointment of staff who respond well to working differently; • working with public health colleagues in the design of this workforce strategy to ensure asset based and behaviour change approaches are embedded in the development of the workforce; and • delivering on staff engagement and communication strategies to ensure staff are involved in the design of new models of care and become advocates for ESBT. 	

Appendix 4

ESBT Strategic Workforce Group Terms of Reference

1.0 Purpose

The purpose of the group is to lead the development of the Workforce Strategy required for the East Sussex Better Together (ESBT) Programme. The Workforce Strategy will set how stakeholder organisations will work together to ensure that the workforce is fit for purpose and has the capacity, capability and flexibility to provide integrated health and social care services by 2018 and beyond. When developing the ESBT Workforce Strategy, the group will take into account wider workforce developments such as New Models of Care and plans for the provision of seven day services as well as system wide changes such as the introduction of an Accountable Care Model. This is to be achieved through partnership working of stakeholder workforce representatives with the delegated authority to fully participate in discussions and joint agreement on actions to be taken in respect of the following priorities:

- 1.1 Developing a shared vision of the future Health and Social Care Workforce and providing leadership to resolving emergent ESBT workforce issues
- 1.2 Raising awareness and seeking solutions to existing and forecast gaps in the supply of services and associated gaps in workforce capability and/or capacity.
- 1.3 The introduction of new models of care and the relevant workforce transformation and Organizational Development (OD) agenda required to enable successful implementation of initiatives such as the provision of seven day services.
- 1.4 Opportunities for joint Education, Training and Development initiatives
- 1.5 Recruitment and retention issues and joint solutions
- 1.6 Leadership development to ensure managers irrespective of sector, are able to effectively lead their teams through the complex change agenda and successfully make the transition to working differently to deliver new models of care.

2.0 Objectives/Roles and Responsibilities

- 2.1 Develop a workforce strategy that sets out the key aims, approach and associated actions required to deliver in partnership with ESBT stakeholder organisations a workforce that supports ESBT's strategic and operational goals.,
- 2.2 Provide workforce knowledge and expertise in identifying the strategic workforce issues and risks likely to arise out of the ESBT programme and offer guidance and potential solutions that are relevant to specific work stream requirements. This approach is to be supported by a set of jointly agreed 'Working Principles' for managing generic workforce issues that are to be developed through a co-ordinated series of Subject Specific Task and Finish groups.
- 2.2 Lead on the continuous review of current gaps in workforce provision and through a workforce planning resource group, provide support to respective programme leads, define the size and shape of the health and social care workforce required to deliver integrated service plans.
- 2.3 Ensure that subsequent workforce plans align with the education, training and development of the health, social care, public health and independent care sector workforce.

- 2.4 Provide systems leadership and expertise to the continued assessment of role development as well as training for any new roles needed to support the delivery of an integrated health and social care system, including identifying cross sector career development opportunities.
- 2.5 Ensure where relevant, the joint education, training and development of health and social care staff is made available or considered, influencing key decision makers on the allocation of relevant funds such as the ESBT Community Education Provider Network (CEPN) and Health Education England for Kent, Surrey and Sussex (HEE KSS).
- 2.6 Develop plans to promote understanding between the health and social care workforce to support the sustainability of both sectors, through a jointly agreed staff engagement communications strategy.
- 2.7 To act as a catalyst for sharing expertise gained across sectors on the successful implementation of recruitment and retention strategies and make proposals to address workforce supply issues affecting the delivery of integrated service initiatives.
- 2.8 Lead on addressing the transformation agenda arising out of the ESBT programme through partnership working in developing an approach to system development through local OD plans and initiatives to be implemented in a joined up approach whilst acknowledging the current climate of multiple organizational cultures that are supported by the relevant values and behaviour frameworks.
- 2.9 Sponsor and support plans for values based leadership development in health and social care that enables the successful integration of two sectors, making recommendations for the allocation of resources available (e.g. Health Education England Kent, Surrey and Sussex (HEEKSS) Heads of Agreement integrated workforce transformation monies).

3.0 Chair of the group

ESBT Head of Workforce Planning
ESBT Workforce Lead (Deputy Chair)

4.0 Membership

The intended core Membership will consist of representatives from each of the following:

- ESBT Head of Workforce Planning
- ESBT Workforce Lead
- CCG HR Business Partner
- CCG Workforce Information
- Primary Care Workforce Tutor
- CCG Deputy Director of Organisational Development and Current Affairs
- HEE KSS
- East Sussex County Council Adult Social Care HR representative
- East Sussex County Council Children's service representative
- East Sussex Healthcare Trust Director of HR
- East Sussex Healthcare Trust Assistant Director Workforce Development
- Sussex Partnership Foundation Trust Director of HR
- South East Coast Ambulance Service
- Sussex Collaborative – Director and/or workforce lead
- East Sussex Public Health representative
- Out of Hours service provider representative

Member organisations are requested to nominate a representative and a deputy.

In addition, members can be co-opted to the group appropriate to the topic under discussion.

Members can expect:

- Initial discussion of what the group will do; and how meetings can be made effective for everyone;
- To be kept updated on how their views and suggestions are influencing the work
- Accessible information and meetings
- Support with communication if required
- Reward and recognition where applicable.
- An opportunity to review and feedback on how the meetings are working.

Wider Membership

To enable organisations with limited capacity to stay involved with the Programme wider membership may receive the minutes and agendas of meetings and can send in comments to the Programme Team.

5.0 Accountability

The group will report to the ESBT Programme Board.

6.0 Quorate

Chair or Deputy Chair plus two provider organization workforce representatives and two CCG group members.

7.0 Frequency of Meetings

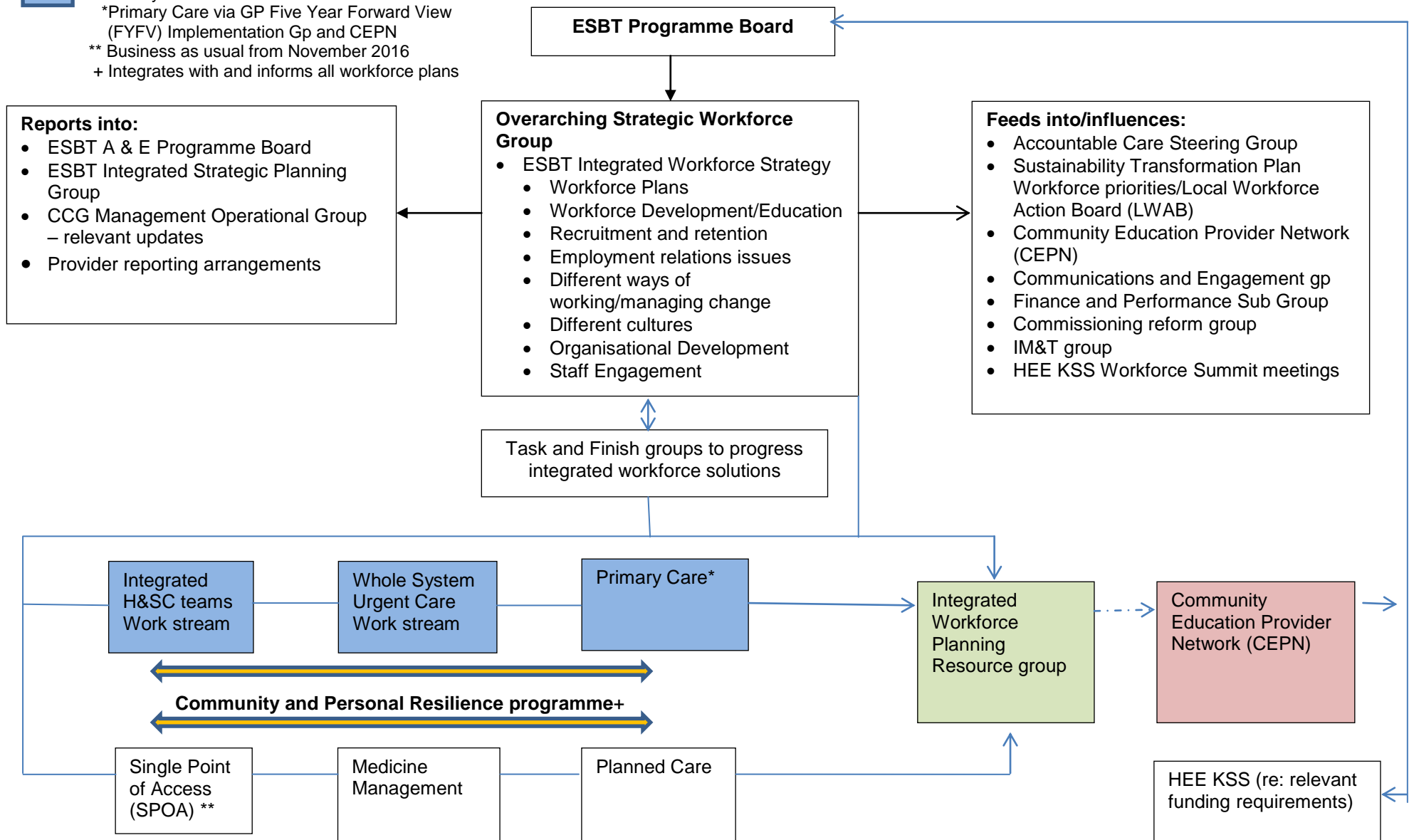
Meetings will be held monthly in the early stages of the programme. The frequency of these meetings will be reviewed regularly to ensure that it continues to meet Programme requirements.

Appendix 5



- Priority work streams
- *Primary Care via GP Five Year Forward View (FYFV) Implementation Gp and CEPN
- ** Business as usual from November 2016
- + Integrates with and informs all workforce plans

ESBT Workforce Governance and Project Structure



Appendix 6

East Sussex Better Together Workforce Planning Resource Group

Terms of Reference

1.0 Purpose

The purpose of the group is to provide advice and support to ESBT project leads when determining the workforce plans for the relevant ESBT programme initiatives as required by the ESBT Overarching Strategic Workforce Group. This is to be achieved through the relevant workforce leads engaging with the respective ESBT project manager (either a through virtual or physical group) to discuss and jointly agree actions to be taken to resolve the following priorities:

- 1.1 Existing and emerging gaps in the supply of services and associated gaps in workforce capability and capacity.
- 1.2 Skill mix requirements to deliver New models of care
- 1.3 The role of joint Education, Training and Development initiatives in addressing gaps in workforce capability and capacity
- 1.4 Recruitment and retention issues and joint solutions

2.0 Objectives/Roles and Responsibilities

- 2.1 Taking into account relevant workforce information, review the current gaps in workforce provision and define the size and shape of the health and social care workforce required to deliver a specific integrated service initiative.
- 2.2 Make proposals for role development to address an identified skills gap, including the blending of roles across sectors and professions and/or introducing extended roles.
- 2.3 Identify education and training required to address the competency gap created by the introduction of blended, extended or any new roles needed to support the delivery of an integrated health and social care service and propose solutions to be considered by the Overarching Strategic Workforce Group to ensure that workforce plans align with the education, training and development of the health, social care, public health and independent care sector workforce.
- 2.4 To be a catalyst for sharing expertise gained across sectors on the successful implementation of recruitment and retention strategies and make proposals to address workforce supply issues affecting the delivery of a specific integrated service initiative.

3.0 Chair of the group

ESBT Head of Workforce Planning
ESBT Workforce Information Manager/analyst) or relevant workforce lead (Deputy Chair)

4.0 Membership

The Membership of the group will be influenced by the service initiative being considered at any given time although it is expected that the following will be considered as core members, having a consistent role throughout the majority of workforce planning discussions with project leads:

- ESBT Head of Workforce Planning
- ESBT Workforce Information Manager Analyst
- ESBT Workforce Lead*
- CCG HR Business Partner
- CCG Workforce Information
- Primary Care Workforce Tutor*
- ESHT Assistant Director Workforce Development
- Relevant provider organisation workforce planning lead
- Sussex Collaborative – Urgent Care pathway/STP Workforce Planning lead
- ESCC Public Health representative

* (particularly in respect of Primary Care workforce planning)

Member organisations are requested to nominate a representative and a deputy.

In addition, members can be co-opted to the group appropriate to the topic under discussion (e.g. provider operational lead for specific service workforce planning).

Members can expect:

- Initial discussion of what the group will do; and how meetings can be made effective for everyone;
- To be kept updated on how their views and suggestions are influencing the work
- Accessible information and meetings
- Support with communication if required
- Reward and recognition where applicable.
- An opportunity to review and feedback on how the meetings are working.

Wider Membership

To enable organisations with limited capacity to stay involved with the Programme wider membership may receive the minutes and agendas of meetings and can send in comments to the Programme Team.

5.0 Accountability

The group will report to the ESBT Overarching Strategic Workforce Group.

6.0 Quorate

This is a resource and advisory group and not a decision making group. Therefore, it will be agreed at the time of meeting if sufficient representation is present to progress the relevant workforce plans.

7.0 Frequency of Meetings

Meetings will be held as and when required and in response to the progress of priority ESBT programme work streams developing operational models around which workforce plans can be designed. The frequency of these meetings will be reviewed regularly to ensure that it continues to meet Programme requirements.

Appendix 7

ESBT Governance structure for co-ordinating education, training and development needs arising out of workforce planning

