North East SPF

• Who we are
• Supporting the establishment of the system work
• Future role of regional forum
• Workforce issues to focus on
Who we are
Twin purpose of our ICS

To improve health outcomes for the people of the North East and North Cumbria

To better manage our ‘here and now’ operational challenges and achieve sustainability
ICS and Integrated Care Partnership geographies...

**‘North’**
- Population 1.025M
- 3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
- 3 FTs: Northumbria, Newcastle, Gateshead
- 4 Council areas: Northumberland, North Tyneside, Newcastle, Gateshead

**‘Central’**
- Population 992,000
- 4 CCGs: South Tyneside, Sunderland, North Durham, DDES
- 3 FTs: Sunderland-South Tyneside, CDDFT
- 3 Council areas: South Tyneside, Sunderland, County Durham

**‘South’**
- Population 847,000
- 4 CCGs: HAST, Darlington, South Tees, HRW
- 3 FTs: CDDFT, North Tees, South Tees
- 6 Council areas: Hartlepool, Stockton, Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire

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**‘North Cumbria’**
- Shadow ICP 1 April 2018
- Population 327,000
- North Cumbria CCG
- North Cumbria University Hosp FT
- Cumbria Partnership FT
- Cumbria County Council

**Other providers**
- 2 Mental Health Trusts: NTW and TEWV
- 1 ambulance trust: NEAS

Focused on sustaining acute care through clinical networking between neighbouring trusts.
Supporting the establishment of system work

• Regular STP / ICS agenda items
• Membership of Workforce Scoping Group and revised Programme Leadership Forum
• Input to SPF from: SROs, Medical Director, ICS Lead, NHS England colleagues, HEE colleagues
• Stock take and review ToR led to workshop Feb 19
Flow of the session (3 hours)

1. What's happening? – what information does the Forum need to fully understand the implications/impact of system development – locally and across CNE?

2a. So what?
What are the implications?
What concerns does the group see arising?
- add opportunities as well as concerns

2b. So what?
Do these implications mean that the Forum needs to address new things/do things differently?
If so – what does this mean for the revised ToR for the Group?

4. What now?
So what are the changes that the group would recommend to:
- The revised ToR
- What else needs to happen in terms of ways of working?

Reflections/next steps

- Articulation of the new challenges/opportunities that the Forum may need to address
- Recommendations for the revision of the TOR in line with supporting and enabling system development
- Understanding of how the Forum Membership need to build on their partnership working
The challenges……..

Meeting the challenges in the North East.... What does the future workforce look like?

Clare Williams (Unison)

- Do we jointly have a vision of the future workforce required?
- Importance of language – generic, specialist. Social care workforce – how do we value it? Some lowest paid, precarious T&C
- How do we grow our own regional workforce to fill the gap, particularly in areas such as social care
- How do we attract high calibre staff to the North East
- How do we bring organisations together to create patient and staff pathways – that is positive for both
- Staff passport

Chris Gray (Medical Director)

A system under pressure

- Challenge to fund current demand • Demand continues to rise • Social care pressures transferred onto and from NHS • Social care inadequately funded • Circa 100,00 NHS vacancies • 50% medical graduates do not immediately join NHS

General practice under pressure

- 340 million patient consultations per annum • 23 million A and E visits • Annual cost of GP care per patient is less than two A and E visits • Total annual spend on general practice less than hospital out-patients
SO WHAT? – CONCERNS, OPPORTUNITIES AND ROLE OF FORUM

**Concerns**

- How to deal with uncertainty
- How to make the concept tangible
- How do we answer “what does it mean for me?”
- How do we get past the parochial – work where we live?
- Difference in T’s and C’s are huge – don’t underestimate the differences and implications
- Clarity of information and communications- we need an agreed list of definitions
- Involving the right people – how do we know who they even are?
- ICP contract due in April 2019 – what is it and why?
- Understanding of different groups/boards – how they fit and their remit – infographics?
- Involvement of SPF in/on Workforce ICS Board?
- Decision making framework unclear
- What IS the system?

**Opportunities**

- Networking and relationships (further development and expansion of)
- Sharing best practice
- Avoid duplication
- Opportunity for clarity and agreement – what is in and what is out (in this group) – and how we influence
- Create common policies
- Understand and feed in knowledge that people have in this group – eg – Once for Scotland and Once for Wales
- Breadth of skills and knowledge of management and staff/trades unions
- Agree shared messages/comms
- Joint pieces of work on key workforce issues

**Role of Forum in supporting the ICS- what needs to change in our current ways of working?**

**Role**

- Collaboration
- Influence
- Involvement and inclusivity
- Use the ‘right’ language – challenge and check it – 2 way feedback
- Hold mirror up to the system
- Be the exemplar (role models)
- Acknowledge the direction of travel and help
- Address the ‘fears’ and the ‘unknowns’ – be honest!
- Have realistic timescales

**What needs to change?**

- Involve the Local Authority in a more meaningful way
- Review our ways of working?
- Understanding the contribution from all
- Understand each others issues and challenges, constraints
- Collective events?
Future role of regional forum

• Carry through on actions
• ICS v ICP v Place v Organisation
• ICS and system work is important but don’t hog the agenda!
• New Joint Staff Side Chair
• Attending v collective doing and delivery
Workforce issues to focus on

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Getting workforce supply and education right: (Workforce Development)</th>
<th>Becoming a great place to work (HR)</th>
<th>Supporting and valuing leadership at all levels (System Development)</th>
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</thead>
<tbody>
<tr>
<td>Partners</td>
<td>HEE NE; Universities; Colleges; Care Homes; Trusts, Primary Care, Schools, Colleges</td>
<td>HR communities across health and care: national partners; Unions,</td>
<td>NELA, provider and commissioner organisations, professional bodies</td>
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<tr>
<td>Areas for action</td>
<td>• Increase supply (e.g. international recruitment)</td>
<td>• Improving the employment experience (H&amp;W, E&amp;D)</td>
<td>• Developing leadership and local action at levels: ICS, ICP and place</td>
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<td>• Understanding issues within and supporting the primary and social care workforce</td>
<td>• Creating a supportive managerial culture at all levels</td>
<td>• Focus on leadership and delivery around prevention</td>
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<td>• Widen participation</td>
<td>• Flexibility and easier movement (employment models)</td>
<td>• Prepare the workforce for challenges to come: e.g. data, technology, AI</td>
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<td>• Develop flexible models of working across health and care</td>
<td>• Supporting appropriate career progression (from better use of the apprentice levy to effective talent management)</td>
<td>• Understand and meet the needs of the leadership community</td>
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Q and A

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