North Central London Integrated Care System

NCL Workforce Report

JHOSC

September 2022

NCL Workforce Report for JHOSC (September 2022)

North Central London Integrated Care System

This pack has been created in response to the London **Joint Health Overview & Scrutiny Committee's (JHOSC)** request for information on the **NCL workforce** – NCL Integrated Care Board is transitioning to a new statutory organisation and we have provided the latest data, insight and commentary available across Primary and Secondary care (and Social Care information where available). We will continue to evolve our analysis and insights as we drive towards a more integrated approach to 'one workforce' across health and care within NCL.

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NCL Workforce Challenges	An overview of factors impacting recruitment and retention in NCL
	Headline data on the Primary*, Secondary and Social care workforce in NCL
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Dentistry, optometry, pharmacy (DOP) are currently not included in existing Primary Care datasets due to this being an NHSE commissioned service however there are plans to work with partners to gather this information in the medium-term after the contracts novate to ICBs in 2023.

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Setting the scene

NCL Workforce JHOSC report
September 2022

Introduction

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Over the past two years, the focus on **people within health and care** has become much more front and central than any other time in the NHS's history. It is clear that our people are at the heart of our recovery and key to ensuring we can continue to deliver high quality, sustainable services for our population and beyond.

The four aims of **Integrated Care Systems** (ICSs) are:

1) to improve population health and healthcare
2) tackle inequalities in outcomes, experience and access
3) enhance productivity and value for money and
4) help the NHS support broader social and economic development.

To deliver on these commitments requires a **seismic shift in the development of effective working relationships** between health and care professionals, both spanning the levels of healthcare from primary to quaternary services and also across in the wider social care, community, voluntary and third sector provision.

With the advancement of technology, data science, Artificial Intelligence (AI) decision-making tools and treatments, even before the Covid-19 pandemic emerged, it was clear that a confluence of **social, technological and policy change drivers** would necessitate a fundamental re-consideration of how we educate, re-skill and upskill the health and care workforce.

The introduction of ICSs gives us a platform to bring together the fragmented and disparate parts of the system through a new organising principle. If done well, this is an opportunity to **truly transform the way we deliver care, looking at life courses of disease rather than just episodic and reactive care.** This will change the working practice of our current workforce (a conservative estimate of 88,000 colleagues across our five Boroughs) and redesign the skills and capability we need for our future workforce

Our approach to people

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The suite of Integrated Care System Design Framework guidance published in Summer 2021 includes the development of a **People Function** to support this shift in emphasis.

Over the past five years, from the Sustainability and Transformation Partnership through to the early forming of the Integrated Care System, there has been a **Workforce Programme** within North Central London. This has achieved some very positive change for our workforce, which is set out in this pack, however over the coming months and years, this will need to develop into a People Function under the leadership of the Chief People Officer and in partnership with our wider stakeholders, partners and population.

Done well, an ICS People Function will support the delivery of the four aims of the ICS and make a significant contribution, particularly in the fourth aim to support **economic and social development.** This is an area that NCL has been particularly focused on through the commitment to social determinants of health and the **Work Well** element of the Population Health Outcomes Framework.

To be successful there will need to be a balance of day-to-day understanding and support for operational pressures, performance metrics and workforce efficiencies, coupled with a strategic focus on the workforce transformation required to deliver on our **clinical and care service ambitions** such as the Fuller Review of primary care, NCL Mental Health Services Review, NCL Start Well and others.

This pack seeks to set out the journey so far and our future intentions as we establish a wider People Function over the coming months.

The NCL ICS Workforce journey, so far…

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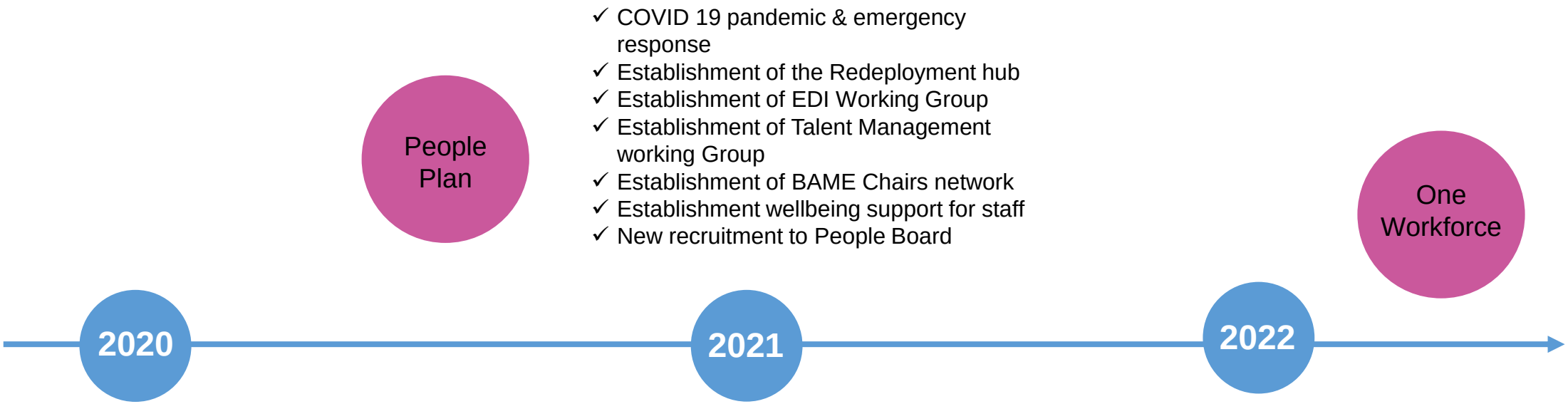

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NCL Workforce Context

NCL Workforce JHOSC report

September 2022

The NCL population

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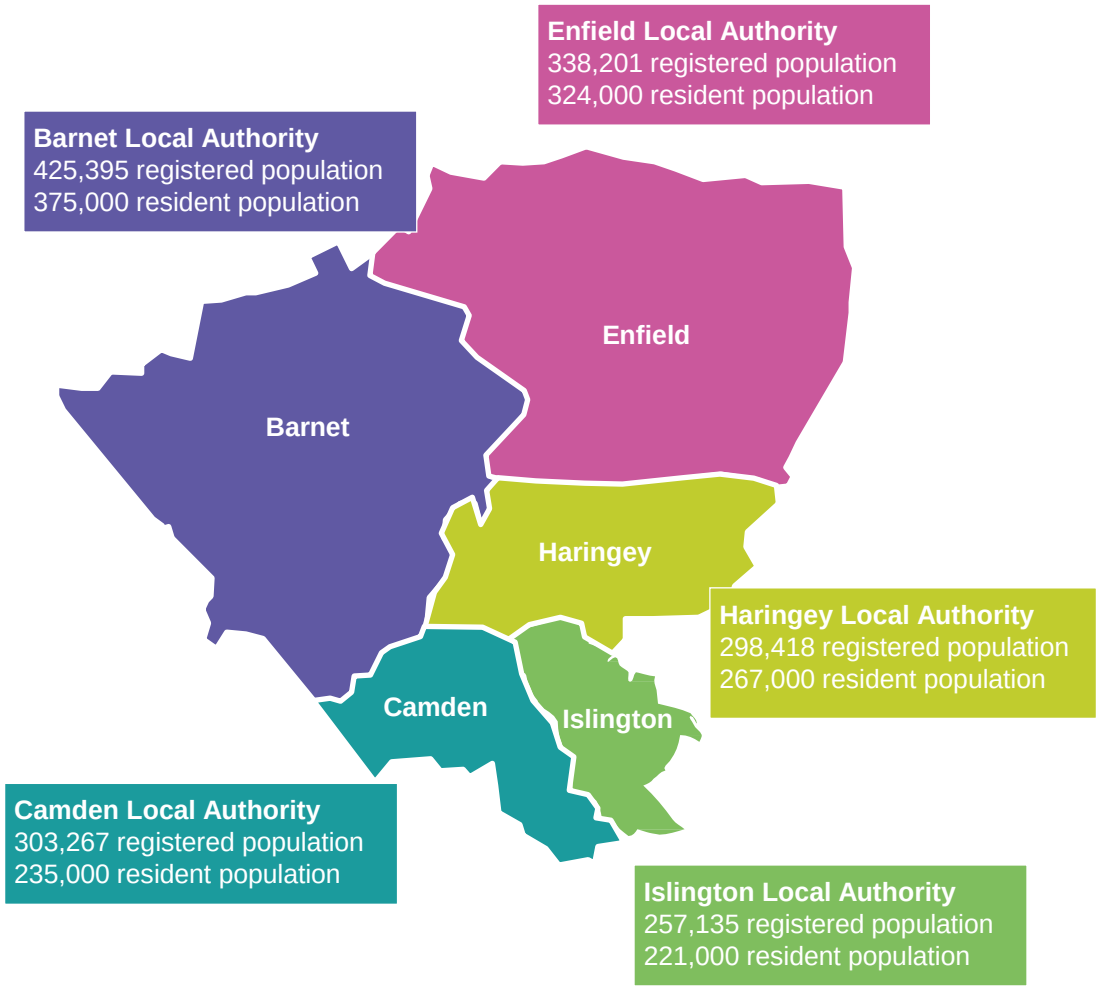

- North Central London (NCL) is made up of five boroughs: Barnet, Camden, Enfield, Haringey and Islington.
- Around 1.6 million residents live in North Central London, with a relatively young population in some boroughs compared to the London average.
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language.
- Significant variation in life expectancy between most affluent and most deprived areas.
- Approx. 200,000 people in NCL are living with a disability.

The NCL population

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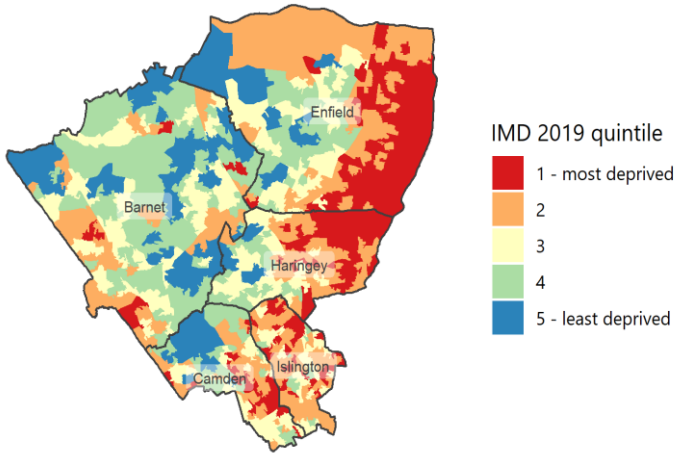
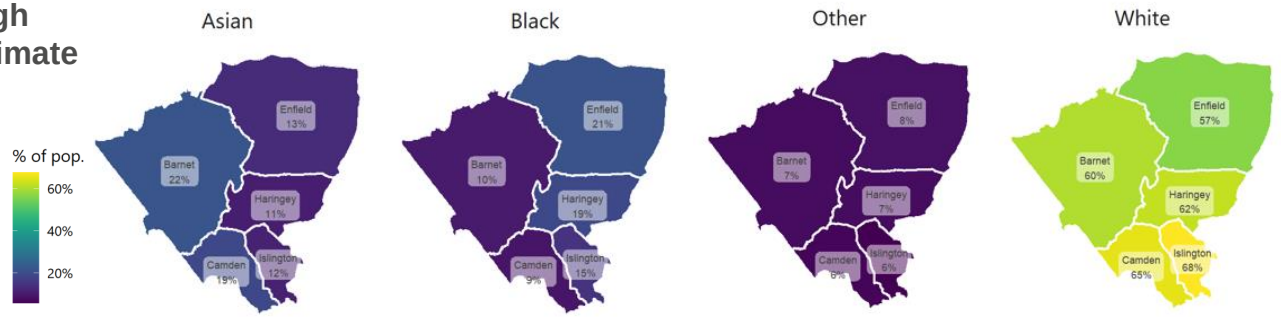
Deprivation quintile by LSOA
North Central London boroughs, IMD 2019



- Around 60% of NCL residents are White, with around 20% Asian and 20% Black. Barnet and Camden have larger Asian communities, whereas Haringey and Enfield have larger Black communities.
- Haringey, Islington and Enfield have on average, higher rates of deprivation compared to London, although pockets of deprivation are dispersed across NCL[1].
- While not explaining all differences, the intersectionality between ethnicity and deprivation is very important. Communities that are living in the most deprived areas include Black, White Irish, Turkish, and Eastern European communities in Enfield, Haringey and Islington, the Bangladeshi community in Camden, and Gypsy, Roma and Irish Traveller communities in Barnet, Enfield and Haringey.

Ethnic groups by borough
NCL boroughs, 2018 estimate



[1] Index of Multiple Deprivation, 2019

There are **stark variations** across different communities in NCL in terms of health and care access, experience and outcomes

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- Islington residents experience lower **life expectancy**, and women lower healthy life expectancy, compared to London. While Camden has one of the highest life expectancies in London, men living in the most deprived areas will live for 13 years less than those in the most affluent. For women there is a 10 year gap. In other boroughs there are gaps that are similar to the London averages (7 years for men, 5 years for women), and life expectancies are similar or higher to the London averages.
- Main **underlying causes of early death** in NCL are cardiovascular disease, cancer and respiratory diseases, with those living in the most deprived communities in NCL have a 50% higher death rate from avoidable causes of death compared to the NCL average. For cardiovascular disease, there are also clear ethnic inequalities with Black communities more likely to die prematurely from preventable (e.g. smoking cessation) or treatable (e.g. atrial fibrillation detection) causes.
- Those living with **serious mental health illnesses and learning disabilities** also experience large inequalities, as do the homeless. For example, the death rate for those with serious mental illness in Camden and Islington is three times higher than the rest of the population.
- The direct and indirect impacts of **COVID-19** have starkly highlighted these inequalities, including the inequities in access to health services and patient experience through the Covid vaccination programme - uptake is lower for some ethnicities and areas of higher deprivation.

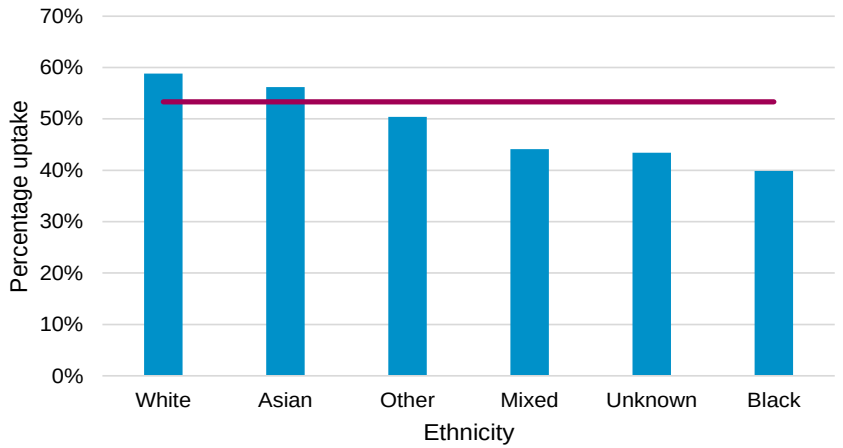
Life expectancy and inequality and healthy life expectancy

	England	London	Barnet	Camden	Enfield	Haringey	Islington
Life expectancy at birth: Male	80	81	83	83	81	81	80
Life expectancy at birth: Female	83	85	86	87	85	85	83
Healthy life expectancy at birth - Male	63	64	64	64	64	65	63
Healthy life expectancy at birth - Female	64	64	65	67	64	66	62

Significantly BETTER than London average | Significantly WORSE than London average

Public Health England, Overarching indicators, Life expectancy (2017-2019) and healthy life expectancy (2016-2018)

Uptake of Covid-19 vaccination, NCL



GP records, Individuals' registered ethnicity by their GP, Snapshot of records 14th August, 2021

We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life. We have identified **five strategic aims** to deliver our ambition and achieve our purpose.

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Start well

By working collaboratively with schools and communities, our children and young people will have:

- tools to manage their own health
- access to high quality specialist care
- safe and supported transitions to adult services.

Live well

Our residents will have early support for health issues including:

- equitable access to high quality 24/7 emergency mental and physical health
- world-class planned and specialist care services
- true parity of esteem between physical and mental health.

Age well

Our residents will:

- be supported to manage their long term conditions and maintain independence in their community
- receive seamless care between organisations
- experience high quality and safe hospital care that ensures they can get in and out of hospital as fast as they can.

Work well

Our workforce will:

- have equal access to rewarding jobs, work in a positive culture, with opportunities to develop their skills
- have support to manage the complex and often stressful nature of delivering health and social care
- strengthen and support good, compassionate and diverse leadership at all levels.

Enablers

We will provide key enablers for success, including:

- digital technologies to connect our health and care providers with our residents and each other
- a fit for purpose estate in each locality
- being a financially balanced health economy driving value for money for the taxpayer.

Supporting data on next 3 slides

Under development

Start Well

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- Around 50,000 children and young people in NCL were living in **poverty**, substantively impacting their life chances and their future health and wellbeing.
- The pandemic is likely to have **widened the gap** between children in poverty and others, and with the exception of childhood immunisations and asthma admissions, all of the Start Well indicators are likely to have deteriorated.
- Enfield and Camden had poorer outcomes for **GCSE** attainment, and Enfield for school readiness too.
- Nearly a quarter of children in London are **obese** by the time they leave primary school. Enfield has a significantly higher percentage at 27%.
- Hospital admissions for **self harm** among young people are higher in Barnet and Islington, and there is increasing evidence that Covid-19 has had a detrimental impact on young people's mental health.
- With the exception of Barnet, boroughs have a lower uptake of **childhood immunisations** compared to London and England, with MMR uptake in all boroughs far below the herd immunity for measles (95%). Haringey has low uptake for children in care.

Start Well indicators

	England Average	London Average	Barnet	Camden	Enfield	Haringey	Islington
Education							
School readiness (children having good development at end of reception)	72%	74%	74%	73%	70%	75%	71%
Educational attainment (5 or more GCSEs)	58%	61%	69%	57%	58%	60%	61%
Health and wellbeing							
Asthma admissions (per 100,000 population, age 0-9)	192	191	120	83	134	143	137
Obesity (at year 6)	21%	24%	21%	22%	27%	23%	25%
Hospital admissions as a result of self-harm (per 100,000 population, age 10-24)	440	190	250	200	180	200	220
Wider determinants							
Children in relative low-income families (under 16)	19%	18%	14%	15%	18%	19%	18%
Immunisations							
MMR vaccine coverage (age 2)	91%	84%	83%	80%	79%	81%	81%
Children in care immunisations	88%	80%	93%	79%	86%	77%	96%

Fingertips, 2018-2020

Significantly BETTER than London average | Significantly WORSE than London average

Live Well

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- Around one in five NCL residents have a common **mental health illness**, with the highest prevalence in Islington and Haringey. Most boroughs have a high prevalence of serious mental health illness too. The Covid-19 pandemic has had an adverse impact on some people's mental health, so mental health needs in NCL are predicted to increase.
- **Smoking, alcohol and obesity** are major risk factors for early death. Smoking rates are high in Enfield, Haringey and Islington, and alcohol admissions high in Islington. While overweight/obesity levels are lower or no different than the London average, in Barnet and Enfield, nearly 60% are overweight/obese.
- Across NCL there are about 88,000 people living with **diabetes**, 33,000 with heart disease and 21,000 with serious respiratory disease (COPD). Nearly 6,000 new cancers are diagnosed each year. Unadjusted for age, Enfield has higher prevalence of long term conditions and a higher incidence of cancer. Barnet has a higher prevalence of chronic kidney disease and heart disease.
- The **wider determinants of health** are critical for health and wellbeing too. Islington, Haringey and Enfield have higher rates of unemployment. Air pollution levels are high in Camden, Haringey and Islington. Homelessness rates are highest in Haringey and Barnet.

Live Well indicators

	England Average	London Average	Barnet	Camden	Enfield	Haringey	Islington
Mental Health							
Depression and common mental disorders (16+)	17%	19%	16%	19%	19%	22%	23%
Severe mental illness	0.9%	1.1%	1.0%	1.4%	1.3%	1.3%	1.4%
Lifestyle risk factors							
Overweight/obese (18+)	63%	56%	58%	48%	58%	50%	49%
Smoking (15+)	17%	16%	14%	15%	22%	21%	18%
Alcohol-related hospital admissions (per 100,000 population)	640	600	380	620	410	580	820
Wider determinants							
Unemployment (claiming out of work benefits, 16-64 years)	6.5%	7.6%	6.5%	7.7%	9.2%	9.5%	9.6%
Air pollution (µg/m3)	9.0%	11%	11%	12%	11%	12%	12%
Homelessness (household owed a duty, rate per 1,000)	12%	15%	16%	10%	15%	26%	11%
Long term conditions							
Diabetes (17+)	7.1%	6.8%	6.6%	4.0%	10%	6.5%	4.8%
Chronic kidney disease (18+)	4.0%	2.4%	3.3%	1.9%	3.3%	2.0%	1.7%
Cancer (new cases per 100,000 population)	530	350	360	300	400	340	320
Hypertension	14%	11%	12%	9.5%	16%	11%	8.8%
Coronary heart disease	3.1%	1.9%	2.4%	1.4%	2.8%	1.6%	1.4%

Fingertips 2018-2020

Significantly BETTER than London average | Significantly WORSE than London average

Age Well

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- Every borough in North London has a higher percentage of **older people living in poverty** compared to the England average, equating to about 51,000 older adults.
- NHS **screening programmes** prevent early death. Improvements in uptake could be made across all boroughs, but Camden, Islington and Haringey have a particularly low uptake of bowel cancer screening, and Islington for aortic aneurysm too.
- Proportionately more older people **live alone** in Barnet, which may mean they are more likely to be socially isolated.
- **Fuel poverty** is highest in Haringey and Enfield, making it difficult for older people to keep warm and well in colder months.
- **Levels of dementia** are higher than the London average in most NCL boroughs, with around one in twenty older people diagnosed.
- Moderate or severe **frailty prevalence** is highest in Islington and Camden, with Islington also having higher rates of alcohol admissions among older people.

Age Well indicators

	England Average	London Average	Barnet	Camden	Enfield	Haringey	Islington
Healthy lifestyle							
Health-related quality of life (65+, 0 to1 score)	0.74	0.73	0.74	0.75	0.73	0.73	0.69
Abdominal aortic aneurysm screening	76%	63%	74%	65%	75%	63%	59%
Bowel cancer screening	64%	56%	56%	52%	57%	54%	53%
Lifestyle risk factors							
Alcohol-related conditions admissions (65+, per 100,000 population)	1050	1040	970	1080	1120	1120	1450
Wider determinants							
Older people in poverty (60+, IDAOPI)	14%	NA*	16%	23%	21%	30%	34%
Fuel poverty (65+)	10%	11%	12%	12%	13%	14%	11%
Older people living alone (65+)	12%	10%	11%	10%	10%	7.8%	8.1%
Ageing							
Dementia (65+)	4.0%	4.2%	4.6%	4.9%	5.3%	3.7%	4.8%
Moderate or severe frailty (eFI classification)^	NA	NA	25%	29%	22%	23%	31%

Fingertips, 2018-2020, Significantly BETTER than London average | Significantly WORSE than London average

GP records, individuals registered with GP on eFI frailty classification, Snapshot of records 14th August, 2021

*London average not available, values compared to England average

We are using the **Population Health Outcomes Framework** to guide the development of the NCL Population Health Strategy

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Start well

Every child has the best start in life and no child left behind

- Improved maternal health and reduced inequalities in perinatal outcomes
- Reduced inequalities in infant mortality
  Increased immunisation and new born screening coverage
- All children are supported to have good speech language and communication skills

All children and young people are supported to have good mental and physical health

- Early identification and proactive support for mental health conditions
- Reduction in the number of children and young people who are overweight or obese
- Improved outcomes for children with long term conditions

Young people and their families are supported in their transition to adult services

- All young people and their families have a good experience of their transition to adult services

Live well

Reduction in early death from cancer, cardiovascular disease and respiratory disease

- Reducing prevalence of key risk factors: smoking, alcohol, obesity
- Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

Reduced unemployment and increase in people working in good jobs

- Support people to stay in jobs, including mental health and musculoskeletal services
- Anchor institutions to employ local people including those with mental health illness, physical disability, and learning disabilities, and to buy locally including by using social value-based commissioning and contracting

Parity of esteem between mental and physical health

- Reducing racial and social inequalities in mental health outcomes
- Improved physical health in people with serious mental health conditions
- Reducing deaths by suicide

Age well

Older people live healthy and independent lives as long as possible

- Ensure that people get timely, appropriate and integrated care when they need it and where they need it
- Prevent development of frailty with active aging
- Improved outcomes for older people with long-term conditions, including dementia

Older people are connected and thriving in their local communities

- Older people have fulfilling and meaningful social life
- Older people are informed well and can easily access support for managing financial hardship

8

The NCL health and care workforce

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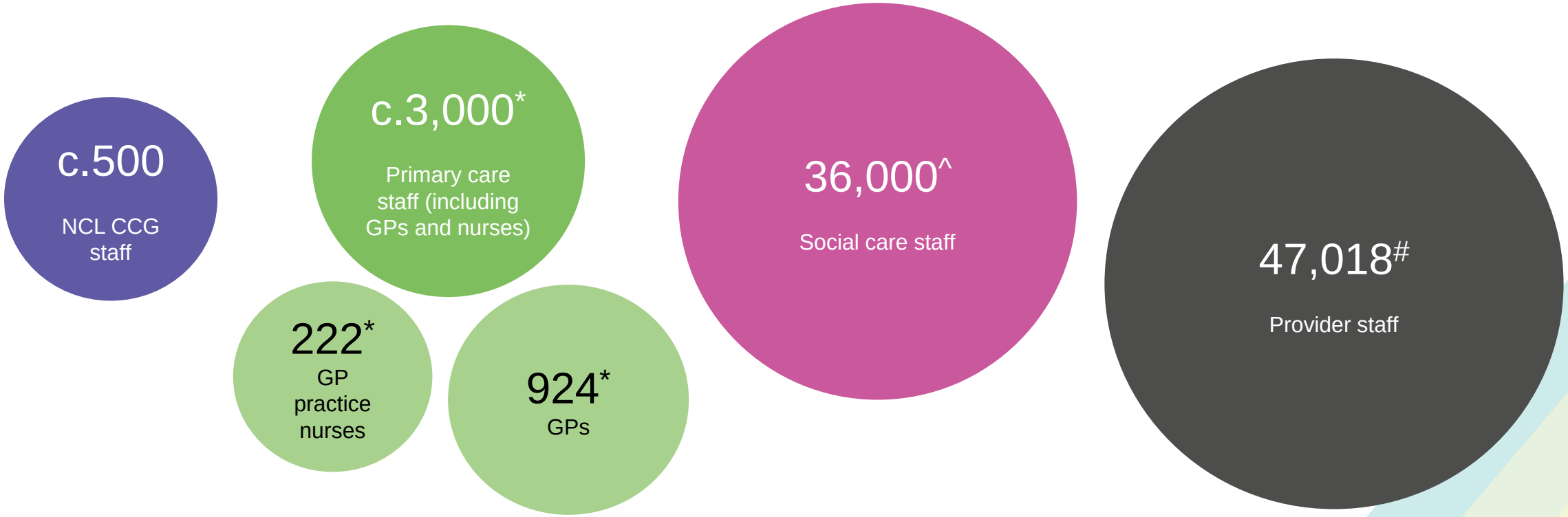
There are more than **85,000 people** working across health and care in NCL.



** Full time equivalent, Data source: HEE March 2022*
^ March 2021 social care data
 # Data Source: HEE March 2022

We need to work differently along pathways and across organisations in NCL

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We believe for one part of the system to succeed all parts need to. This is driving new ways of planning and delivering across organisations.

Clinical and care leadership is evolving: with shared responsibilities for outcomes across pathways. If we succeed we will harness the world leading translational medicine we have in our specialist trusts and have a greater impact for the health of our population.

Proactive care: Across NCL, multidisciplinary teams (made up of social services, acute, primary care, mental health and VCSE) are coming together to manage patients with multiple long term conditions proactively, using population health tools to understand elements of care that would best support them.

Single elective waiting list across organisations: Working with providers, we have effectively started to manage a single waiting list across NCL. Putting in place demand management initiatives to match capacity and reduce waiting times. There is also active mutual aid to treat those in need, quicker.

Taking a pathway approach to recovery: We need to challenge the inverse care law and invest outside of the normal large acute sites to drive improvements in outcomes. We have invested across pathways from diagnosis and point of referral through to support in the community.

And integrate the findings and recommendations from the Fuller report:

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Key national recommendations

- Encourage all **international medical graduates** (40% of GP registrars) to settle in England as an NHS GP on a permanent basis.
- Look at the **GP Performers List** to increase capacity e.g. enabling appropriately qualified clinicians to contribute more easily as part of the primary care workforce
- **Simplify guidance and address common misunderstandings regarding ARRS**. Consider further flexibilities that could support recruitment in the short term and consider how ARRS will operate after March 2024.
- **Provide clarity that PCN staff in post will continue as part of the core PCN cost base beyond 2023/24**. **Improve the supervision**, development and career progression of individuals in ARRS roles to retain them and maximise their skills within neighbourhood teams
- **National workforce strategy should include primary care** and support ICSs to deliver successful neighbourhood and place-based teams. It should build on HEE's Strategic Framework 15 and **must inform national estates plans** to ensure adequate space for training, development and service provision
- **Roll out NHS Staff Survey across primary care**, building on current pilots in general practice to provide parity across the NHS family.
- **Ensure a consistent leadership development offer accessible to primary care staff** that is comparable to other NHS family providers and promotes multi-professional leadership. This should include access to leadership development programmes that promote integrated working across systems

Support local systems to shape their workforce

- **Work with system partners to promote education, apprenticeships and new local employment opportunities**
- **Roll out electronic staff record or similar throughout primary care** to inform demand and capacity planning, enable team-based job planning and rostering and inform future national workforce & estates strategies)
- **Work with systems to identify measures to better support local recruitment and training** of key community healthcare teams to work alongside primary care in integrated neighbourhood teams e.g. community nursing

Extending the agenda beyond headcount

- **Create a more consistent and comprehensive training, supervision and development offer across primary care** (including medical and non-medical staff), and retention strategies across early, mid and late career.
- **Systems will want to work with primary and community care training hubs** to ensure 'the offer' they provide is broad enough to help integrated neighbourhood teams flourish.

Invest in local leadership to drive change

- **PCN clinical directors are essential to the leadership of integrated neighbourhood teams** - more focus is needed on the development and support of clinical directors, including local provision of sufficient protected time to lead integrated neighbourhood teams
- **Enable senior GPs to serve as the 'consultant in general practice'**
- **Secure specialist input from secondary care required in neighbourhood teams** as part of job planning for consultants
- **Supporting community partners to embed relevant teams as integral part of PCN**

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Workforce is a key enabler to delivering our ambitions and outcomes.

The **NCL ICS People Strategy** is currently under development and will be aligned to the NCL Population Health Improvement Strategy and will include:

- New ways of working across the NCL ICS
- Enabling the Population Health outcomes framework (and supporting definition of the Work Well outcomes)
- Integration of the Fuller Report recommendations
- One Workforce strategy (integrating primary, secondary and social care)
- The NCL response to our four strategic aims

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NCL Workforce Challenges

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September 2022

National and local drivers

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People Promise

ICS 10 Outcome-based People Functions

1	2	3	4	5	6	7	8	9	10
Supporting the health and wellbeing of all staff	Growing the workforce for the future and enabling adequate supply	Supporting inclusion and belonging for all, and creating a great experience for staff	Valuing and supporting leadership at all levels, and lifelong learning	Leading workforce transformation and new ways of working	Educating, training and developing people, and managing talent	Driving and supporting broader social and economic development	Transforming people services and supporting the people profession	Leading coordinated workforce planning using analysis and intelligence	Supporting system design and development

The **Future of NHS HR and OD** sets out a vision for the people profession for 2030, to support delivery of future-focused people services in support of services, staff and patients.

The **NHS People Plan** sets out actions at all levels to help deliver more people, working differently, in a compassionate and inclusive culture. The four pillars help frame the 10 people functions of an ICS.

Strategies and plans for **other parts of the one workforce** need to be part of delivering the 10 ICS people functions. These strategies and actions need to be increasingly seen as an integrated whole.

Additional specific strategies/plans :

- Long term plan targets e.g. mental health workforce and CYP
- Government's Manifesto to recruit 50,000 more nurses and 6,000 more GPs in England by 2024/25.
- NHS target to fund 26,000 additional new roles to ease the pressure on general practice
- elective recovery plan, which pledges to recruit 10,000 international nurses
- Interim NHS People Plan: a) the future allied health professions and psychological professions workforce; b) the future dental workforce; c) the future healthcare science workforce; d) the future medical workforce; e) the future pharmacy workforce
- Carers for social care – NHS & LAs resources to support the care sector

Local NCL needs

- NCL Workforce priorities
- Community and mental health review recommendations

Our NCL Workforce vision and mission

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NCL ICS strategic aims are Start Well, Live Well, Age Well and **Work Well**.

Our North Central London ICS vision for “Work Well” strategic aim and workforce is for our community to receive high quality health and care services delivered **by a representative and diverse workforce, where people are supported to achieve their full potential in an inclusive and compassionate environment free from racism or other discrimination.**

Our mission is to support NCL health and social care organisations to:

- be excellent employers, developing and supporting the wellbeing of existing staff and attracting new people to live and work in North London
- plan workforce and its development needs to deliver new care models in new settings, including in integrated care systems
- be socially responsible organisations, using our influence and decision making to best serve the interests of our communities and to reduce inequalities

The local NCL health and care system is a complex environment

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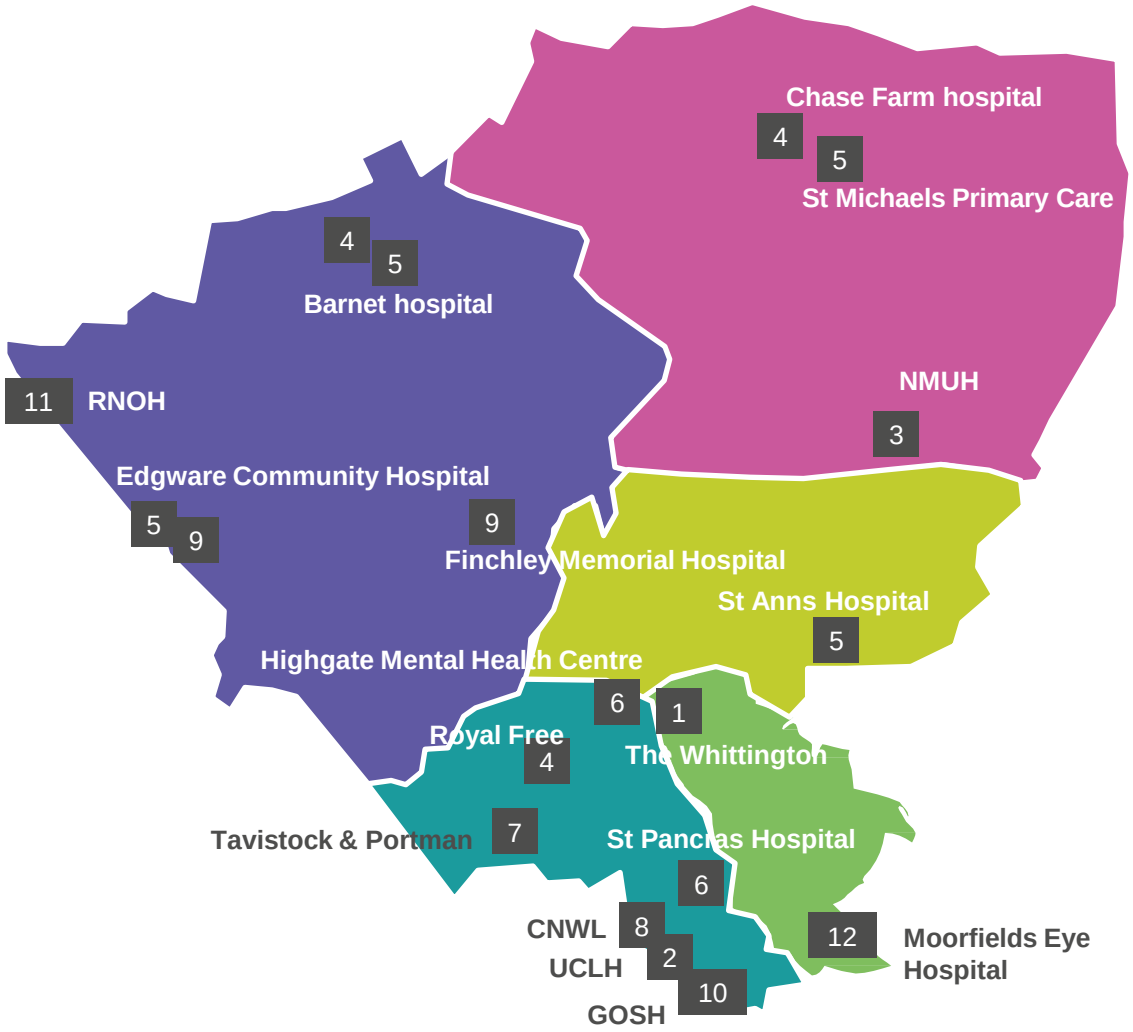

- NCL has the highest number of specialist trusts in London
    1. Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)
    2. Royal National Orthopaedic Hospital (RNOH)
    3. Moorfields Eye Hospital NHS Foundation Trust

- There are 182 GP practices within NCL
- There is a high level of geographic and demographic variation across our workforce

Our current NCL Workforce challenges

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- Decrease in **workforce capacity** due to sickness and COVID fatigue/burnout affecting workforce resilience
- **Workforce availability** to deliver the backlog recovery programme as well as priorities of business as usual continues to be an issue
- Multiple service priorities are **competing** for the same workforce
- Ongoing concerns about **workforce availability** particularly medical, nursing and midwifery, AHPs, diagnostic and a depleted mental health workforce
- **Staff burnout and resilience** is a risk, with the wellbeing support being mitigation.
- There is a risk that a focus on system recovery limits the time of key stakeholders including clinicians to engage in **wider workforce development**.
- Planned **service enhancements** may be limited by workforce.
- Uptake of **bank shifts** and the impact of **enhanced pay rates** coming to an end.
- **Transition to the new ICS** is likely to impact some roles and responsibilities within the legacy structures.

Staff in Post is rising across Primary, Secondary and Social care

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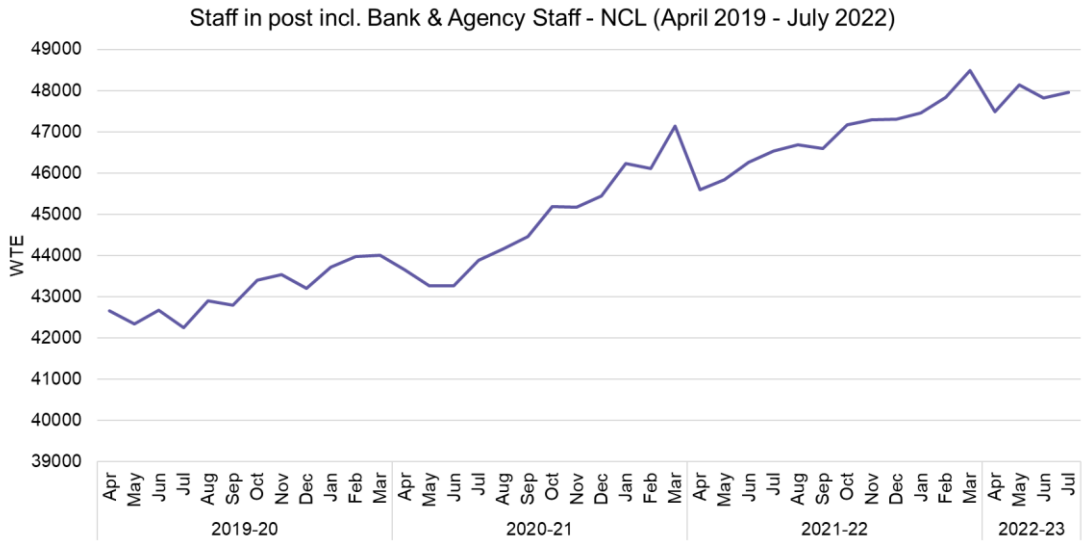
- **NCL's primary care workforce has increased 3.4 over the last 12 months (August 2022)**
  - There has been an increase in Direct Patient Care and Admin/Non-Clinical staff, while GP numbers have remained reasonably static over the past few years, while the number of nurses has decreased.
  - 18% of GPs, 31% of admin staff and 42% of nurses are **over 55** in NCL

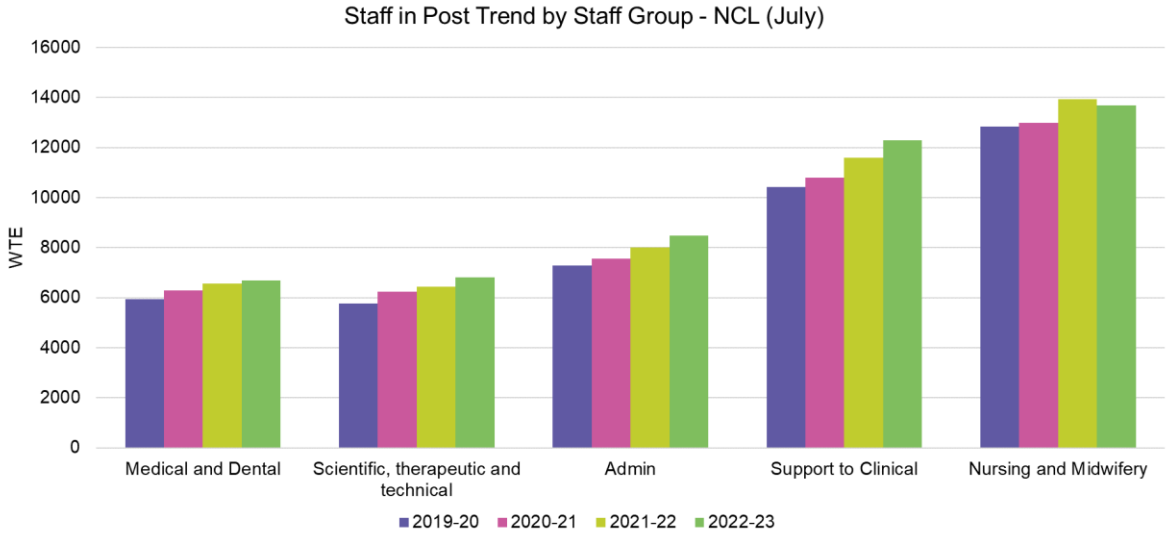
- As at July 2022, the **NCL provider workforce is 12% higher** than in April 2019, with increases seen across all staff groups and at most providers. We are collating further information to understand the drivers of these increases;
  - Since March 2022, there has been a reduction in substantive staff (-608 WTE) but an increase in bank and agency staff (+231 WTE)
  - Compared to the Operating Plan submitted in June, NCL is 1.3% below plan (appendix)
  - 46% of NCL's provider workforce is **Black, Asian and Minority Ethnic**. There are significant differences in the proportions of staff from Black, Asian and Ethnic Minority backgrounds by band: for example, 57% of Band 5 staff compared to 27% of Band 8 staff.

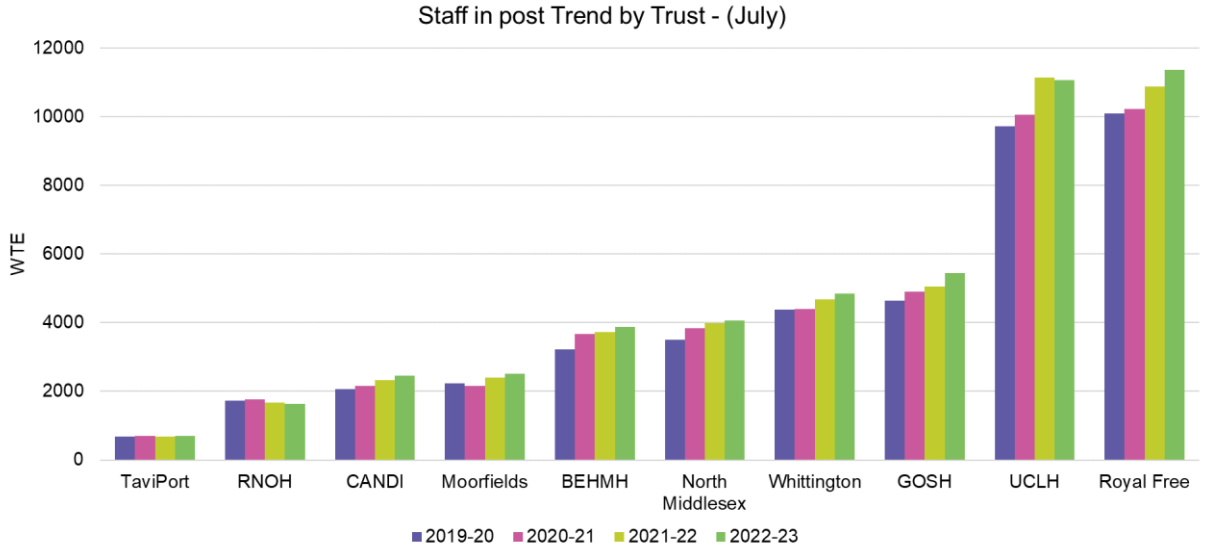
- There are currently (August 2022) **36,000 NCL social care staff in local authorities and the independent sector**, growing at 6% v. the London average of 3%
  - There are fewer staff on zero hours contacts (36%) than the London average (42%)

NCL **Provider** Workforce Profile

North Central London Integrated Care System







	Total WTE	Substantive Staff	Bank & Agency
As at July 2022	47,950	42,219	5731
Total WTE Growth (Apr 2019 - Jul 2022)	5,288	4,892	396
	12.4%	13.1%	7.4%
Total WTE Growth (March-July 2022)	-377	-608	231
	-0.8%	-1.4%	4.2%

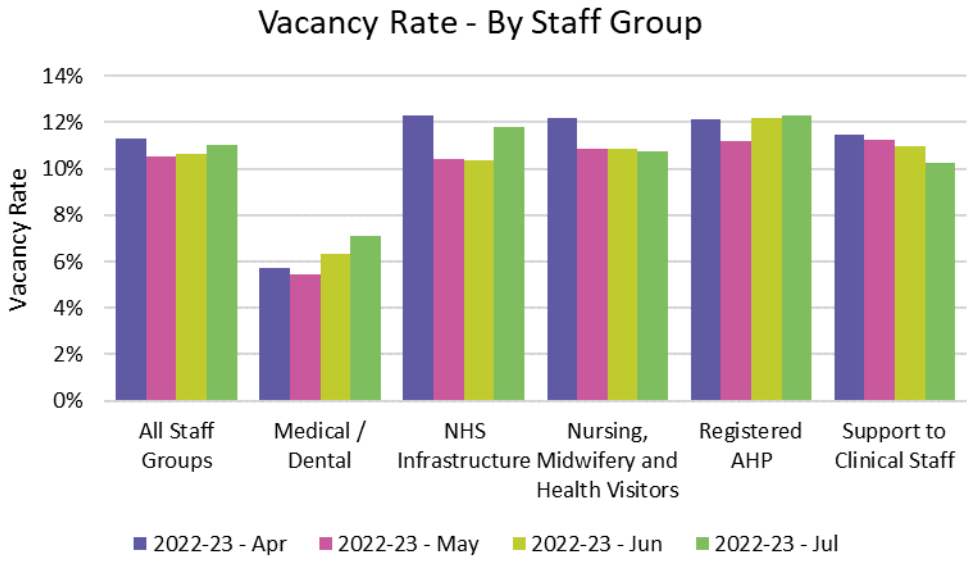
Nursing and Midwifery saw a decrease of 1.8% in the last 12 months. All other staff groups saw a growth in workforce.

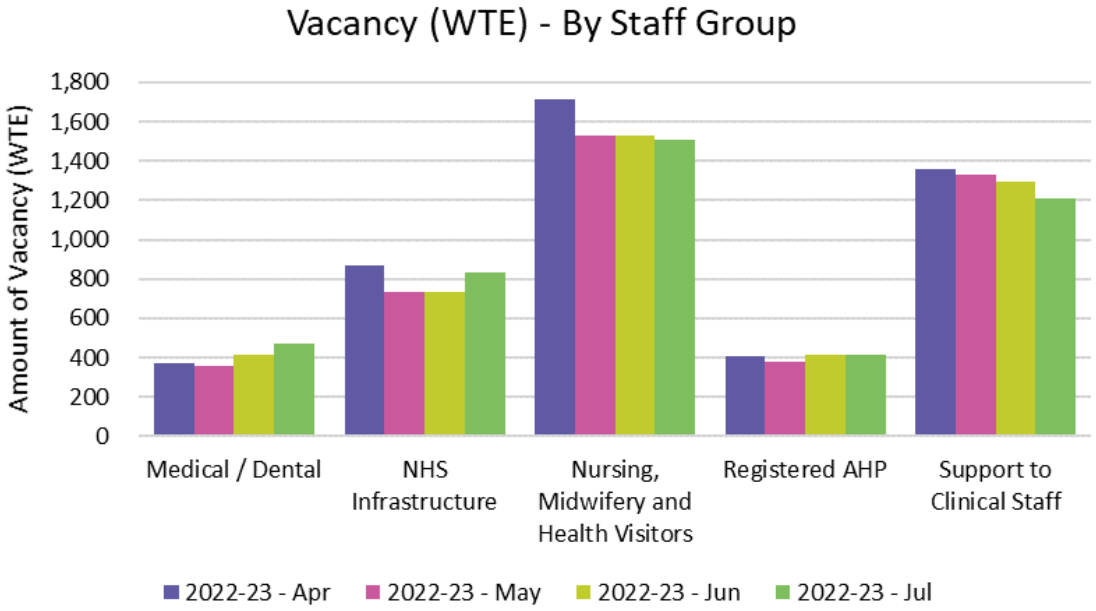
To note: We are looking to build on the drivers for workforce changes incl. Vaccination Staff in future versions.

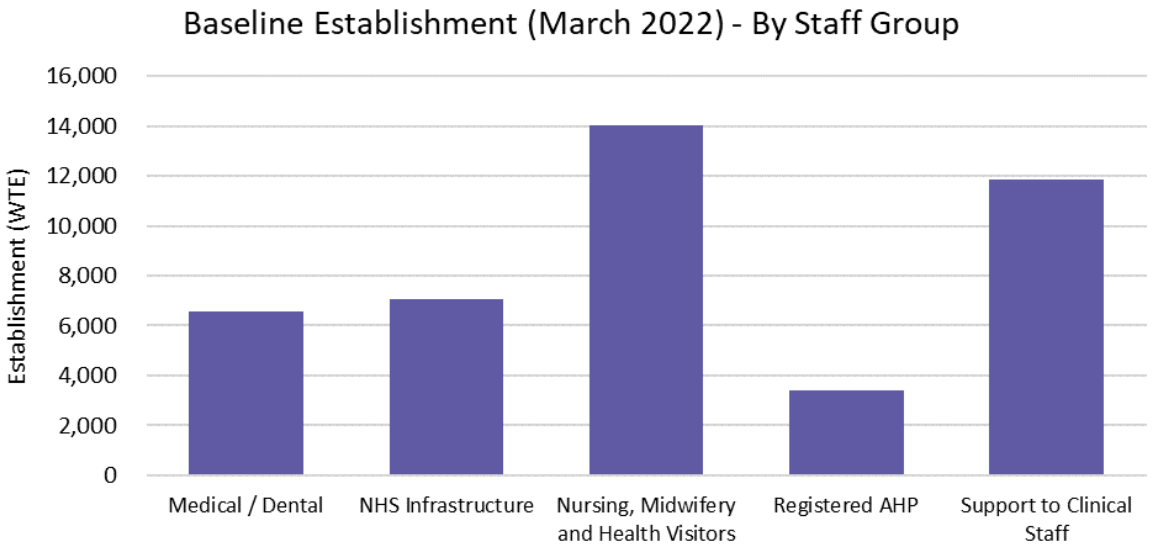
Source: Finance Trust Returns
As of July 2022

NCL **Vacancy** Rate – By Staff Group

North Central London Integrated Care System







The Medical / Dental vacancy rate is significantly lower than all other staff groups.

Nursing (1508 WTE) and Support to Clinical (1213 WTE) have the largest amount of vacancy in July.

No vacancy data available for Tavistock and Portman
The Baseline Establishment (March 2022) from the June Operating Planning submissions was used as an estimate of monthly Establishment.
Vacancy is the difference between Establishment and Substantive (WTE).
Vacancy Rate is calculated as: Vacancy / Establishment.

Source: Financial Returns, Operating Planning Submissions
As of July 2022

Recruitment and Retention are an ongoing challenge for NCL

North Central London Integrated Care System

Recruitment

- Specific **recruitment challenges** in Children and Young People (CYP) and mental health.
- Challenges recruiting trained staff across London in various roles e.g., **oncology and A&E Consultants and middle grade doctors**
- Recruitment pipelines and **reliance on bank and agency** staff
- COVID 19 has **reduced the migratory flow** in and out of London, which has had a negative impact on our ability to recruit staff.

Retention

- The challenges of the cost of living, particularly in London, is making it difficult for nurses at the start of their career, to be able to afford to live and work here, which is leading to a **retention problem**
- The long-term impact of COVID-19 on our staff- staff choosing to leave the NHS **due to their experiences in responding to the pandemic.**
- There are challenges to releasing staff for the health and wellbeing support they need.

Secondary and Social care are fairing well v. peers across **vacancy** and **turnover** challenges

North Central London Integrated Care System

Vacancies

- **NCL's provider workforce** vacancy rate is currently 11%, with 5,179 vacancies. Nursing, Midwifery and Health Visitors, and Support to Clinical Staff are the staff groups with the highest numbers of vacancies.
- **Social care** vacancy rate – 6.2% v London average 8.9%

Turnover and Leavers

- **NCL's provider turnover** rate is currently 17%, and is now increasing following a reduction over the past two years. Turnover rates a highest for both the oldest (65+) and youngest (under 35) staff groups, but are increasing across all age groups.
    - Limited 'reason for leaving' data shows an increase in nurses leaving due to pay/reward, and an increase in medical/dental retirements (appendix)
- **Social care turnover** – 28.3% v. London average 32%

Sickness Absence

- Recent sickness trends have been impacted by Covid, but are generally between 4-5%. There has been an increase in the proportion of sickness absence due to mental health conditions.

To note - Primary care data has not been routinely collected but this is currently under development

Primary care challenges

North Central London Integrated Care System

Distribution of primary care workforce within NCL is a challenge: eg south sector have more GPs per head than northern boroughs, particularly Enfield and Haringey (with their areas of greatest deprivation).

General Practice Nursing	• Our **GPN rates continue to be one of the lowest in the country** at 13 per 100,000 compared to a national average of 27 per 100,000. *Challenges are also felt by our neighbours in NWL at 14 per 100,100 and NEL at 15 per 100,000.* • Camden has the **3rd lowest GPN** to patient ration in London • Our GPN numbers continue to decrease with an **11% decrease in FTE GPNs** over the last 5 years • Ageing workforce: **19% of GPs and 43% of nurses over 55** • ***Current mitigation*** *through Training Hub GPN Strategy but instability of funding for posts*
Workforce Data Quality & Funding	• Data is collected monthly for practices and quarterly for PCNs via National Workforce Reporting System and used to measure performance and to allocate funding for workforce. • There are important caveats to note re the data on Operating Plan metrics given that: • **43% of our practices have not logged on (and therefore not updated) in the last 3 months.** For our PCNs this is 37% with 5 PCNs never having submitted any workforce data • ***Current mitigation*** *through targeted work underway with PCNs and Practices to improve recording with support from boroughs*
ARRS & Other Direct Patient Care Workforce support & retention	• In NCL we have had the highest % increase nationally of Direct Patient Care roles employed by practices together with our high performance in ARRS recruitment – both of which together make this a priority area • The implementation of the Fuller Review will enable the multi-professional teams to be further embedded into primary care to support patients in a more holistic way • ***Current mitigation*** *through Training Hub workforce development but further development needed*
Burn out and Change Fatigue	• Model of care has evolved and continues to evolve at a rate never seen before in General Practice • Further significant change to come under Fuller and the development of Integrated Neighbourhood Teams • In addition to this General Practice are seeing more patients (**NCL 23% increase in booked appointment between Feb 2020 and Feb 2022** with recent data showing 80% of NCL boroughs exceeding pre pandemic levels)

Secondary care challenges

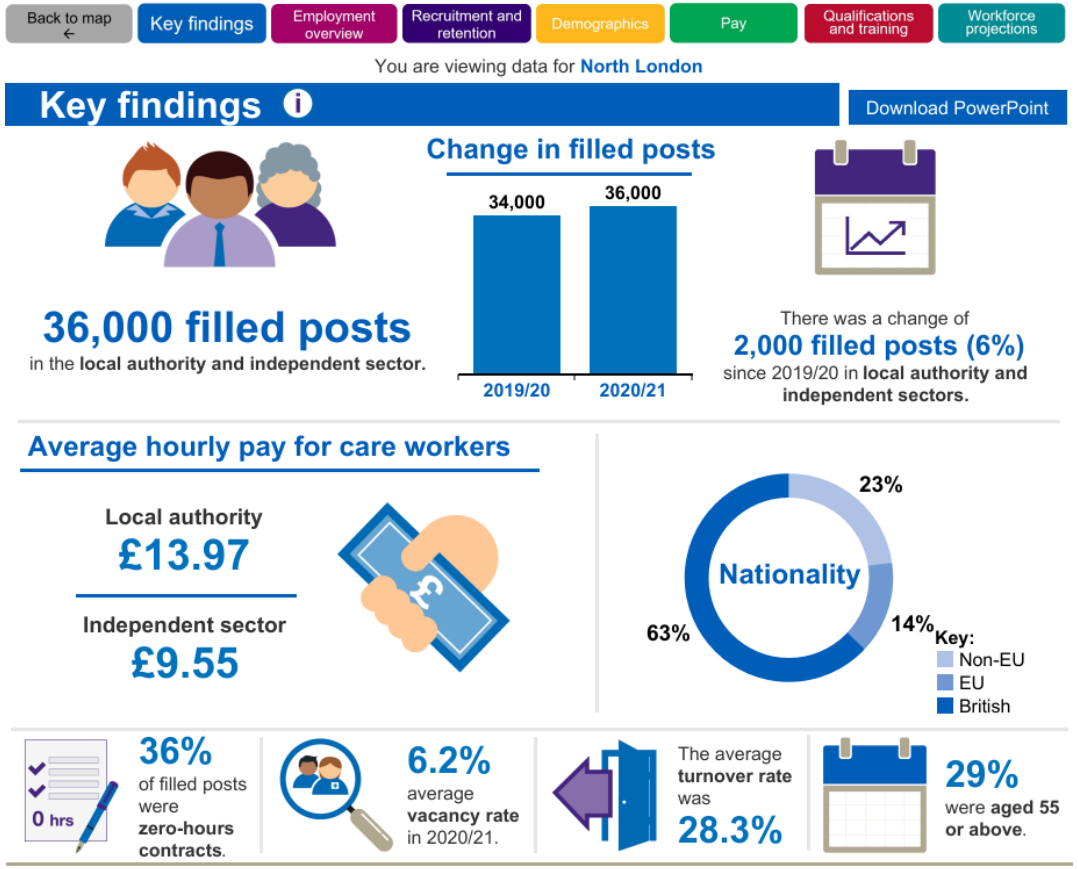
North Central London Integrated Care System

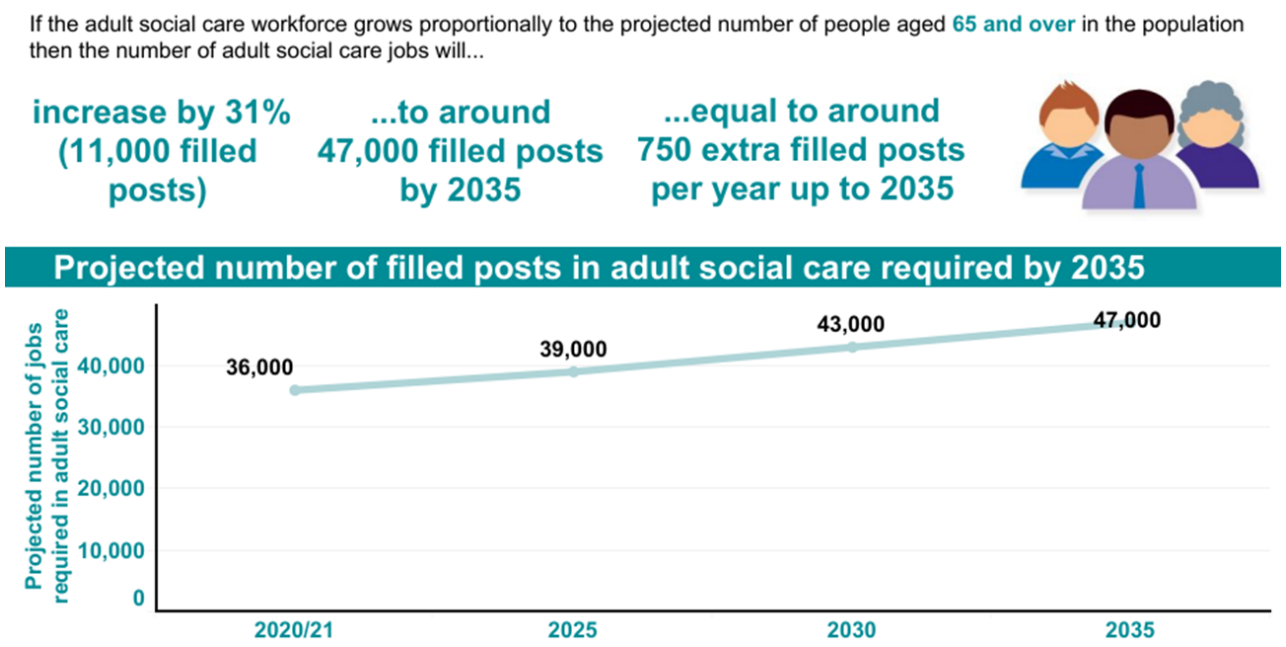
Secondary care workforce is currently experiencing: **high vacancy rates, increasing turnover rates, increase in nurses leaving due to pay, increase in medical & dental staff retiring, high levels of staff sickness/absence due to successive covid waves and increasing staff sickness due to mental health conditions.**

Demand	• **A&E attendances** remain higher than 2019 (>10%) impacting all NCL sites, but concentrated in the north of the sector. • Ambulance conveyances remain approx. 20% lower than 2019 however the acuity (level of sickness) of patients is higher and increased length of stay and challenges in discharging patient, has led to ambulances having longer stays outside hospitals before they can hand over patients • NHS111 call volumes stable • **Covid+ admissions continue to decrease** and forecasts predict a continuing decline in both new admissions and beds occupied by Covid+ patients • The **mental health system** remains challenged with the numbers of patients in **out of area placements** continuing to increase
Performance	• 4hr performance is **improving** although still below target and remains challenging • **Ambulance handover delays** – 15/30/60 min performance remains a challenge but is improving with a reduction in the total time lost due to delays over last two months. • Elective recovery steady and have been achieving the performance required to remain on target to meet the 104 week wait requirements • Overall, it remains a challenge across the sector, however performance is slowly moving in the right direction. • The challenge of winter and any potential industrial action could have an impact on this progress and mitigation plans are in development
Capacity and Infection Control	• Bed occupancy – **consistently high in NCL** with high length of stay, which creates very little capacity for new patients being admitted • Number of escalation beds (additional beds opened) steady so not increasing but not able to decrease yet • High numbers of patients awaiting a discharge home due to challenges with social care capacity • Minimal acute beds closed due to Infection Control • Reduction in beds occupied by Covid+ patients however expecting another wave in winter • Staff absences due to Covid have stabilised and sickness levels have improved

NCL Social Care Workforce (2020/2021)

North Central London Integrated Care System





Key Risks:

- Very high turnover rate of 28%
- Ageing workforce: 29% over 55
- Low independent sector average pay v other sectors
- Requirement to increase workforce in line with ageing NCL population

*21/22 data due to be released mid-October. Data and infographics from [My ICS area (skillsforcare.org.uk)]

Social Care challenges (including wider context beyond workforce)

North Central London Integrated Care System

Recruitment challenges	• 46% of providers report **applications for new roles are much lower** (25%) or a little lower (21%) than pre-covid • Over 50% of providers are using values-based recruitment approaches • 47% of providers said staff **mental health and wellbeing had worsened** since covid • **Competitor sectors**, such as retail, have more flexibility to increase wages • Risks from COVID as a condition of **deployment**, particularly for homecare

Hospital discharge demand	• Significant increased demand from hospital discharge leading to:
	  • Up to 500% increase in requests for **24 hour care**
	  • 30%+ increase in demand for **double up packages** of care
	  • 100% in **care home placements** over £1,000 pw
	  • Providers tell us that the processes around hospital discharge and over-prescribing of care are heightening capacity issues

Other factors	• Increase in **care homes** that are focused on self funders • Social care managing increased activity due to covid (heightened responsibility around discharge; reviews; safeguarding etc) • **Cost of living crisis** • **Reduced discharge** funding

North Central London Integrated Care System

NCL Workforce Initiatives

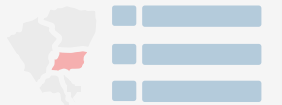
NCL Workforce JHOSC report
September 2022

Current NCL workforce programme priorities

North Central London Integrated Care System

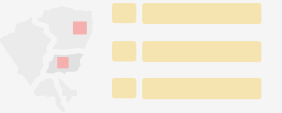
Responsibility level of People Plan actions

STP/ICS



Borough

Neighbourhood



Organisation

Our identified NCL Workforce high impact priorities are aligned with the London and People Plan priorities

NCL priorities	London priorities	People Plan Priorities
RETENTION	Caring for and celebrating our people	Looking after our people
Equality & inclusion & diversity	Training and development for critical care	Belonging in the NHS
Staff wellbeing & tailored programmes		
Talent management, progression and career pathways		
RECRUITMENT	Attracting people into the NHS	Growing for the future
Local workforce recruitment routes into health and care employment	Sustaining and growing nursing	
SYSTEM CHANGE	Enhancing medical education	New ways of working and delivering care
Working with & across sectors & NCL People Board	Ensuring productive working across London	Supporting our NHS people for the long term
Workforce planning and modelling based on population		

Responding to new challenges and opportunities

2021/22 achievements and successes: Workforce Programme

North Central London Integrated Care System

1. **Building collaborative approach to equality, diversity and inclusion across NCL with a focus on supporting improved recruitment practices and reducing bullying and harassment**

2. **Developing inclusive and diverse leadership capacity in NCL through involving more staff from all levels, backgrounds and professions in the working groups and People Board**

3. **Building strong foundations from which to develop the People Function through facilitating collaboration and setting up an effective infrastructure and baselines for workforce development across NCL**

4. **Strengthened system working, wider workforce engagement and priorities co-design through strong programme management support, convening diverse stakeholder groups and supporting innovation**

5. **System reach into primary care through building strong partnerships with the Training Hubs**

6. **40 new Registered Nurses and over 100 potential new recruits on the pathway, with an established system infrastructure to support recruitment, retention and development of nurses**

7. **Strengthened Workforce Analytics Function supporting data-driven interventions**

2021/22 achievements and successes: Nursing Workforce Programme

North Central London Integrated Care System

11,583 WTE Nurses in NCL

Established **NCL HCSW education network**

Delivered system Nursing event

55 HCSW have met NMC requirements through the Local International Nurse Transitions project

2790 views so far
- Series of **'Walking in my Shoes'** online resources published for AHPs, Midwives, Nurses and Clinicians

Exceeded target for **International recruitment** by **16.9%**

83 Trainee Nursing Associates candidates invited to apply and sit the entrance exam

Established **NCL Nursing Workforce Winter Planning Group** with CYP Leads

6 Completed IPC Fellowship and **2 promoted**

Established **PNA Implementation Group** and created **tools and guidance** to support PNA roles across the system

Established **Programme Team** to work with project leads and **collaborate with the system and partners** on Programme delivery

Workforce Awards 2021/2022

North Central London Integrated Care System

London HCSW Awards September 2021

- North Middlesex University Hospital NHS Trust - Innovation in recruitment
- Mercy Okougha, Whittington Health NHS Trust - Career framework and development
- Diana Oliveria, Royal National Orthopaedic Hospital NHS Trust - HCSW of the year

Nursing Times Awards 2021

- Clinical Research Nursing Award – ROAM (research opportunities at Moorfields) - Managing Long-term Conditions Award
- Paediatric specialist automated Red Cell Exchange Service (led by Albin Bendiola) NMUH NHS Trust

Student Nursing Times Awards 2021

- Student Midwife of the Year Nicolette Porter - Middlesex University
- Student Nurse of the Year: Children Demie Risby – Great Ormond Street Hospital
- Most Inspirational Student Nurse of the Year Sian Chinnoyelum Chinwuba – Middlesex University

RCM Award Winner 2021

- NMC Excellence in Perinatal Mental Health Award Case Holding Women with Perinatal Mental Health Collaboratively (Magnolia Midwives Team)

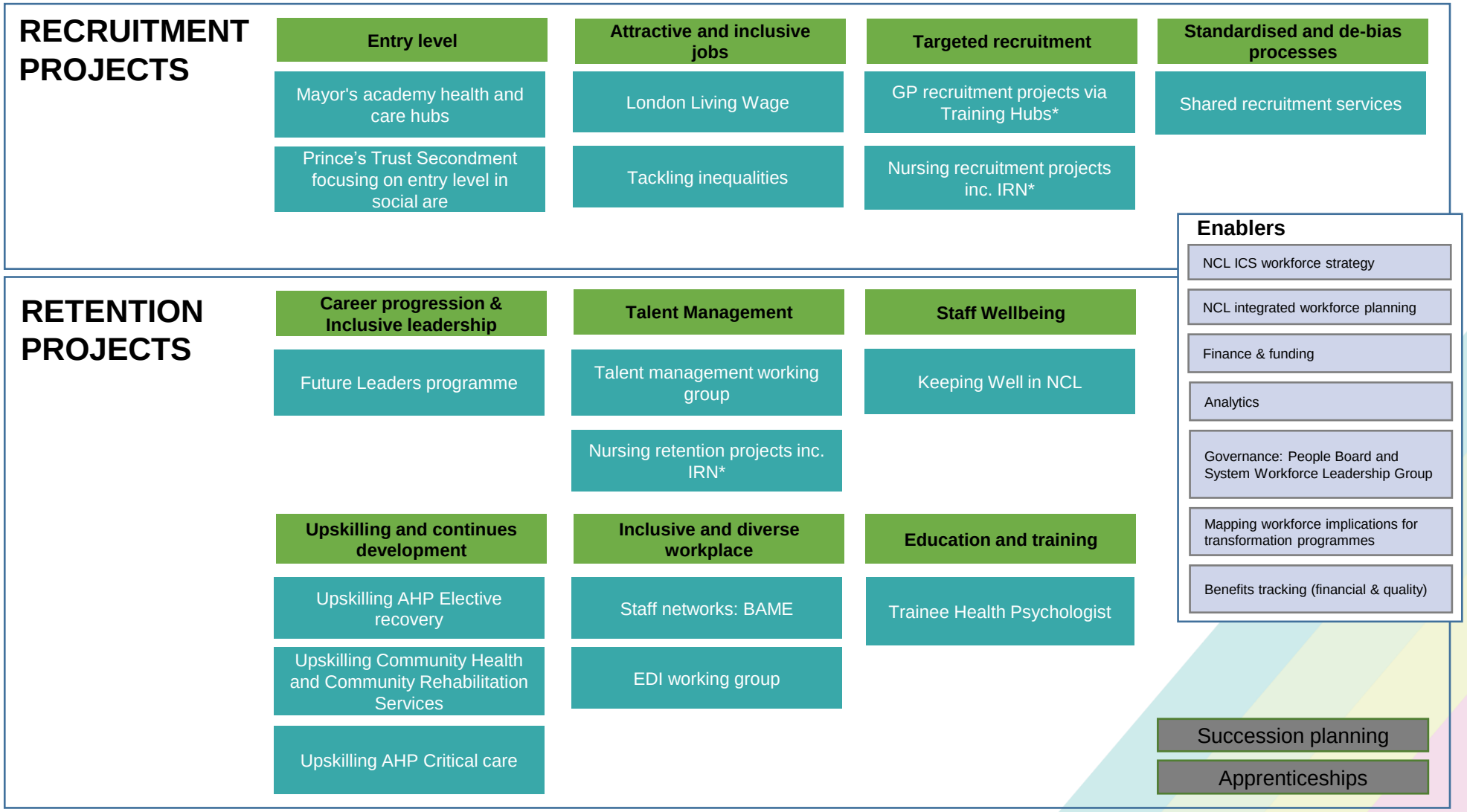
Health Hero Awards 2021

- Mebrak Ghebrehiwet, BEH Eating Disorders Service – Health Hero

We are currently developing our strategy, governance and portfolio of work across the ICS

North Central London Integrated Care System

- The Population Health Improvement strategy is guiding our portfolio development
- NCL People strategy in development for December
- There is strong oversight on Workforce via the Provider Alliance and People Board
- We are collaborating with and learning from other ICSs
- **Supporting information for sample initiatives on the next slides**



Summary and next steps

North Central London Integrated Care System

- The NCL ICS Workforce Programme is **undergoing transition** as we move to establishing an ICS People Function and meet the national requirements*
- Our focus will be on the development of our ICS **People Strategy** (required by December 2022) and the associated **5-year implementation plan** (required by March).
- A key plank of this is the development of the **Work Well** strategic aim and supporting portfolio as part of the Population Health Improvement Strategy and Outcomes Framework
- Workforce is a key priority in all our ambitions for **delivering a transformed health and care system.** Delivery of the commitments set out in our transformation programmes such as Mental Health Services Review, Fuller, Community Services and implementation of People at the Heart of Care – adult social care reform remains our focus.
- Despite this ambition, workforce is also a significant challenge due to the current position of a **lack of staff nationally and our current context with cost of living driving people out of London, potential industrial action and a difficult winter.** However we are committed to ensuring we are relentlessly focussed on the delivery of improved population health and high quality care services for our population.

* Building strong integrated care systems everywhere – guidance on the ICS People Function - https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf

North Central London Integrated Care System

Appendices – Case studies

Example initiative: Insights from Primary Care workforce

North Central London Integrated Care System

EXAMPLE successful workforce schemes

- **GP Fellowship Scheme** (national scheme with local implementation, 100% offer to newly qualifying GPs with high uptake rates)
- **Mentoring Scheme** (both national scheme but local schemes extended to cover broader workforce)
- **ARRS budgets** – NCL has the 2nd highest utilisation per list size in London and significantly higher than national average
- **Wellbeing pilot** delivering a 20% increase in Primary Care support referrals to 'Keeping Well NCL'
- **TNA programme** covering recruitment into health & social care – on track to exceed 22/23 target, flagship for London

EXAMPLE Initiatives with challenges

- **GP Nursing Fellowships –** take up very low as only open to newly qualified – GPN roles tend not to be 1st destination & would benefit from being extended as an offer to any career stage transitioning into General practice
- **Expansion of Clinical Placements** – Programme aspirations remain but implementation has proven to be more time intensive
- **Nursing funding** – GPN initiatives could have slowed the rate of decline in GPN workforce but remains in decline
- **Sustainability of impact** – short project funding impact longer term impact
- **ARRS retention & partnership recruitment** of ARRS roles to reduce professional isolation. Some areas of good practice but needs further expansion
- **Retention** – Success of schemes has been difficult to measure

Example initiative: London Living Wage

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London Living Wage is currently set at £11.05 per hour.

Recently launched by London Recovery Board plan “Building a Fairer City” is about tackling structural inequalities in light of covid and makes range of recommendations for statutory and non-statutory organisations to come together with practical action to address – of which LLW one plus tie closely to Anchor aspirations.

The aim is to Make London a Living Wage City: “Wealth inequality, especially among the most disadvantaged Londoners is now pernicious. It is imperative that as employers we step up our commitment to pay the London Living Wage to every staff member, whether they are on permanent or temporary contracts. We should also encourage our partner businesses, including supply chains, to do the same.”

Helping to address:

- In work poverty; the cost of living crisis has created more urgency
- Inequality; supporting our aims to address health inequalities for our population
- Workforce challenges such as recruitment and retention

The Living Wage Foundation runs an accreditation scheme for employers who commit to paying all their directly employed staff the Living Wage, as well as having a plan in place to move all regular third-party staff to the Living Wage.

Example initiative: London Living Wage timeline

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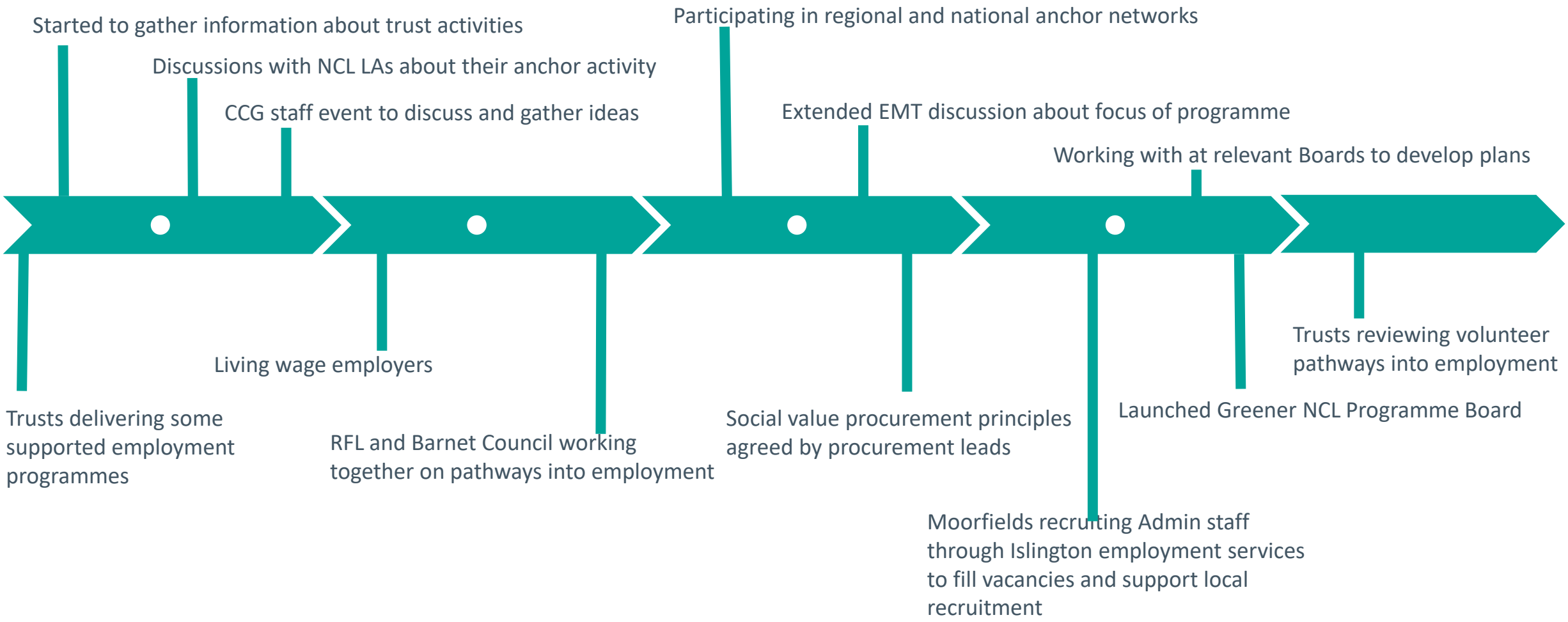
On behalf of the NCL ICS, the Communities Team has been working on…



Example initiative: Work in NCL – Training Hubs - Primary Care Anchor Networks

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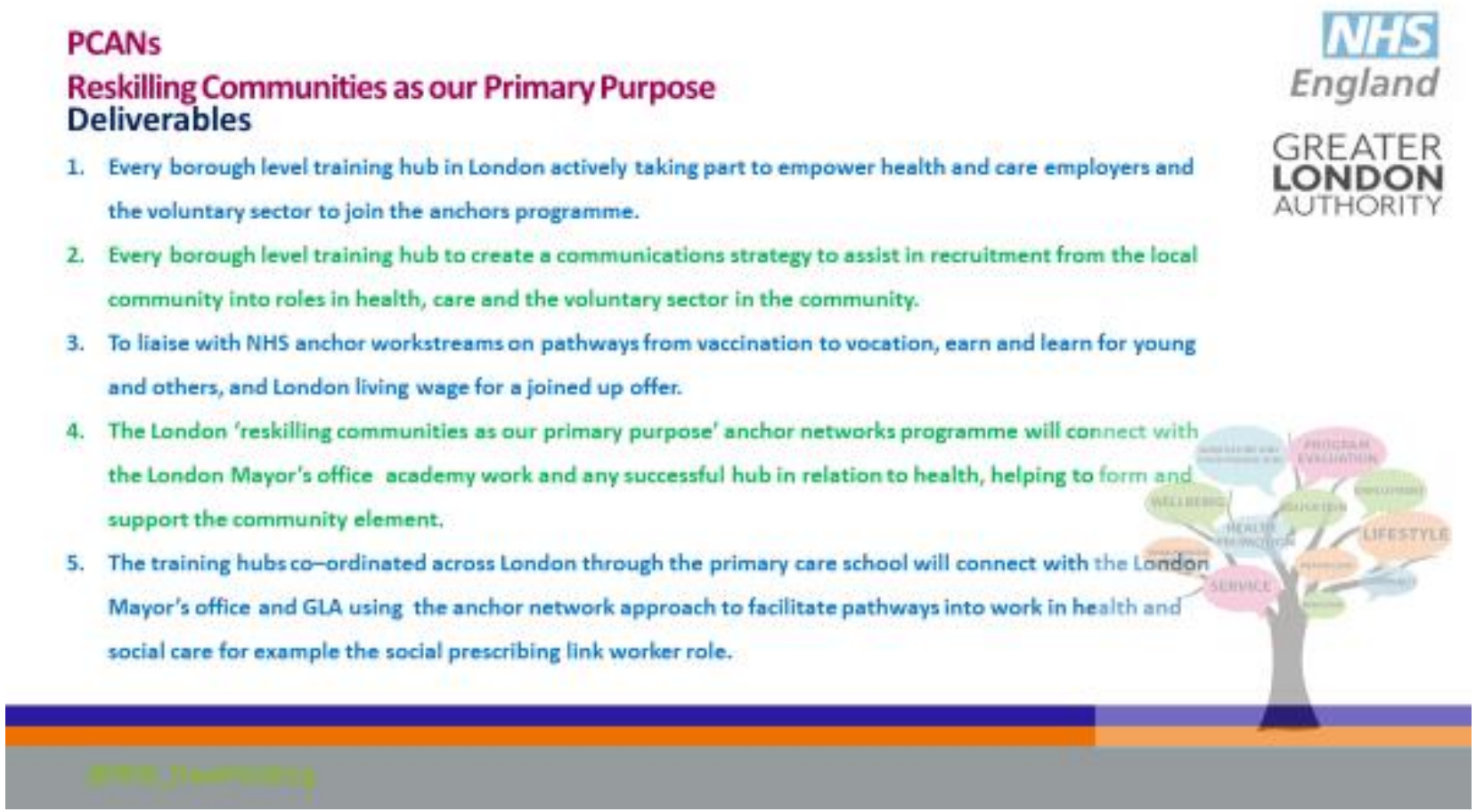
Training Hubs supporting LLW through Primary Care Anchor Networks (PCANs)

- Training Hubs are receiving complementary HEE funding to enable a Project Manager to drive PCAN agenda

- Work has already begun through, Practice Manager Leads, to promote LLW alongside other HR best practice identified through NHS People Plan priorities

- PCAN work is looking to align with Mayoral Health & Social Care Academies to further support engagement and promotion of LLW

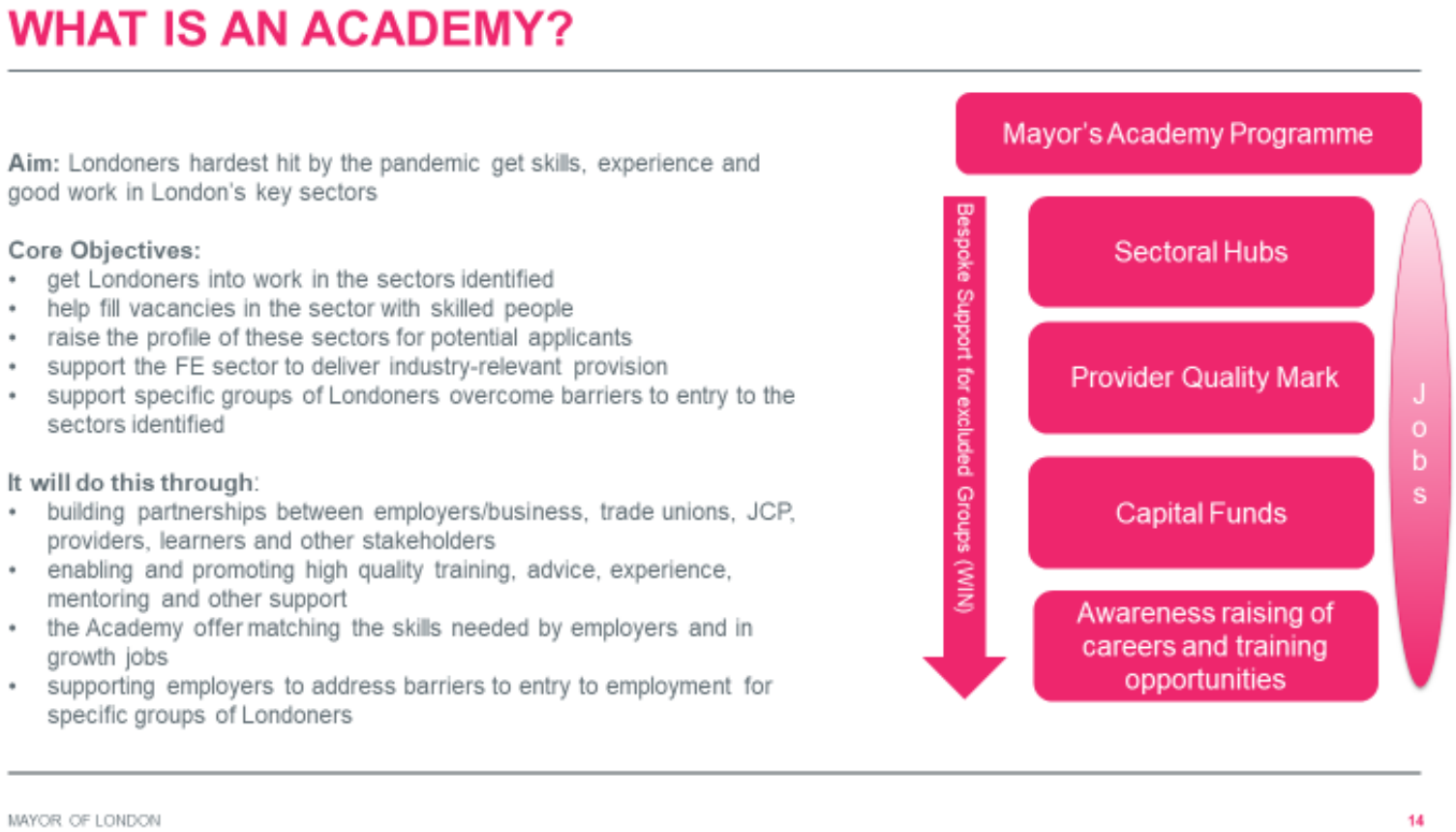


Example initiative: Work in NCL – Mayoral Academies (Health & Social Care)

North Central London Integrated Care System

Mayoral Academies to support LLW

- NCL is mobilising a GLA funded Health Academy (scaling up from Islington's Health & Care Academy)
- We're also bidding for a Social Care Academy
- Both are aiming to mobilise in Q3 2022-23 and have promotion of LLW as a requirement for any roles they focus on



North Central London Integrated Care System

NCL Workforce Report

JHOSC

September 2022