

# ➤ North Central London Integrated Care System People Strategy

2023 – 2028



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## > 01 Foreword

Over the past two years, the focus on people within health and care has become much more prominent than any other time in history. Our people are at the heart of ensuring we can realise the benefits of integrated care and continue to deliver high quality, sustainable services for our population.

Our North Central London Integrated Care System (NCL ICS) People Strategy is key to the delivery of our ICS Population Health Improvement and Integration Strategy and as such is critical to our ability to pivot our health and care system to realise our ambition for improved health outcomes for our residents and beyond.

In order to meet our Population Health Improvement goals, support local social and economic development and move from reactive, episodic care to coordinated, preventative and community-based services, we need to reimagine our workforce model and realise the ambition of increasing health and social care integration over the next 5 years. Working together as an ICS

is a huge opportunity but will require 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 across in the wider social care, community, voluntary and third sector provision, whilst recognising the valuable work that our unpaid carers do every day.

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.

I am pleased with the collaborative effort that has led to the development of our people strategy. Co-designed with colleagues from our many partner health and care organisations within North Central London this strategy represents the breadth, depth and diversity of



workforce challenges and opportunities across our newly formed Integrated Care System. It sets out our ambition for how our workforce will operate over the next 5 years and paves the way for a future of increased efficiency and productivity and better health outcomes for our population. We are optimistic that integrated system working, leveraging the combined power of the assets we have in North Central London and continuing to have the courage to innovate will enable us to adapt to and solve for the opportunities and challenges that lie ahead.

**Frances O'Callaghan, CEO NCL ICB**

## ➤ 02 Executive Summary

Post the pandemic, there are fundamental workplace shifts taking place in the UK and in particular London, which is influencing the labour market. COVID-19 has accelerated trends such as automation; digitisation; and flexible and remote working. In health and social care, as with other sectors, there is a mismatch between employers needs and skills available. This is compounded by the need to recover our health and care services, leading to an immediate issue with a gap in the availability of skilled workforce and increasing service demands. Under-supply is the greatest risk facing our social care and health services, the World Health Organisation estimates a global shortfall of 10m by 2030.





Whilst workforce issues are being tackled by individual organisations, more than ever there is a need to have a medium to long-term focus on an innovative and sustainable approach to workforce and utilisation of the immense assets we have in NCL to continue to deliver high quality care. We must develop shared solutions to shared problems: working with partners across the system so that spend on the workforce is an investment in human capital that contributes to wider economic health and benefits the local population.

Our strategy sets out how we will develop an integrated approach towards the development of 'One Workforce'<sup>1</sup> across our health and care providers, with an overarching ambition to provide a model that focuses on sustainable population health improvement, aligned to the delivery of the [NHS Long Term Plan](#), the [NHS People Promise](#) and the wider [ICS requirements of a people function](#).

Through this we will support our partner organisations to:

- become excellent employers, delivering high quality care in environments where staff can thrive
- deliver new care models in new settings, including at place and neighbourhood level
- drive social responsibility to meet our collective commitments to create the conditions for a good life for our local communities including meaningful employment opportunities, delivering of social value through our purchasing power and supporting the wider determinants of health such as air pollution through our green commitments
- use our collective research and innovation resources to better serve the interests of our communities to reduce health inequalities, aligned to our Population Health Improvement outcomes.

The strategy sets out the focus areas that we have collectively identified as having the potential to deliver the highest impact. The delivery of the strategy will be across the different levels of the system – region; ICS; organisation; borough (place); neighbourhood – setting out as far as possible, where the right place to deliver the ambitions are. Critical to this is identifying where our capabilities and innovation reside within the system, which will be our priority focus for the first 12 months. This will enable us to pilot initiatives and scale successful projects over the next 5 years and to start to transform our care delivery models and workforce skills and capability to make a difference to the health inequalities and wider determinants of health across our five Boroughs<sup>2</sup>.

1 Definition of 'one workforce' - NHS ICS Design Framework – 'we expect ICS NHS bodies to adopt a 'one workforce' approach and develop shared principles and ambitions for people and culture with local authorities, the VCSE sector and other partners' <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

2 North Central London comprises of the five London Boroughs of Barnet, Enfield, Haringey, Camden and Islington

## ➤ 03 Our Population, Provision and People

### Population

North Central London hosts a diverse and relatively young population of 1.8m residents, with many more travelling from other regions to access health and care services within NCL. There are areas of deprivation across all 5 boroughs, often in close proximity to areas of affluence. Enfield, Haringey and Islington have, on average, higher levels of deprivation. Around 50,000 children and young people across NCL live in poverty and the main underlying causes of early death in NCL are cardiovascular disease, cancer and respiratory diseases.



### Provision

The NCL ICS was formally established on 1st July 2022 and spans five boroughs encompassing 12 NHS provider organisations, five London councils, 200 general practices, 33 Primary Care Networks (PCNs), 300 pharmacies and 200 care homes, as well as countless voluntary, community and social enterprise (VCSE) sector organisations and groups that provide essential care to our population.

We have one of the most complex integrated care systems in England, comprising of a number of nationally and internationally renowned organisations, including the majority of specialist providers in London. Additionally, NCL is home to a number of renowned education institutions, such as, University College London with its recently opened a Global Health Campus; Middlesex University where there has been investment in a brand-new high tech clinical skills simulation lab; and City, University of London which is a leading provider in

applied health research. The Knowledge Quarter, located in Camden is home to The Crick Institute, Wellcome Collection, Aga Khan University, and the Institute of Physics. Meta (Facebook), Google, McKinsey and Vivendi Group have also recently completed construction of their new corporate headquarters plus we are expecting a major extension to the British Library, due to open 2025, that will provide a new headquarters for the Alan Turing Institute, the UK's National Institute for Data Science.

The co-location of these assets gives us the platform to bring to the fore an evidence-based and research informed approach enabling us to be the architects of the most cutting-edge care provision; alongside the development of future professional roles, taking advantage of technological advancement to deliver innovative education and training to bring the best care delivery to our local population.

To ensure that we meet the needs of the populations that we serve and achieve our ambition, we need to fundamentally change the way we work, including with our residents and communities, and where we prioritise our resources and efforts. We need a new vision that will bring us together around a common purpose and approach.

As our residents have an enhanced role in shaping their care, our support to them and the services we provide need to change – this will require skills and delivery models that are different to today as well as the right culture and supporting practices and behaviours to underpin them. This will enable the rebuilding and development of services around the needs of our population. This will require long-term planning and a clear direction but also responsiveness to react to our next strategic and operational challenges.

## People

The NHS workforce increased by 20.5% between 2010 and 2021, and the adult social care workforce has grown by 12%. However, at the end of 2021, 6.07 million patients were waiting for elective care in the NHS, with over 506,000 awaiting assessment, care of direct payments or reviews.

Within NCL, there are approximately 100,000 staff<sup>3</sup> working within the NHS, primary care, social care and VCSE workforce which is equally matched by the number of informal carers<sup>4</sup> across the Boroughs. Informal Carers are an important part of our care delivery, providing a significant contribution to the daily care of our residents and often to their loved ones.

Over 5% of our local population are directly employed by organisations that are part of the ICS with a further 32,000 employed in the independent social care sector. Despite the fact that we have a significant number of people working in health and care, existing trends suggest that we do not have enough staff to keep up with forecasted demand and we are currently facing a number of pressing challenges.

There is a large gap between the workforce we require to meet current system demand and workforce we have available (supply). We have outlined a likely workforce gap scenario which is based on the following challenges and trends.



<sup>3</sup> 86,000 staff in the NHS, primary care and social care workforce. Additionally, dentistry, optometry and pharmacy includes an additional c5,000 as well as the numerous voluntary sector and charity organisations which account for 950,000 workforce nationally. c100,000 is an underestimate.

<sup>4</sup> Estimated from 30,000 in Enfield; 40,000 in Barnet; 25,000 Haringey, 16,000 Camden 20,000 Islington



**Across permanent and fixed term contracted staff, the turnover rate in NCL is 19.3%**

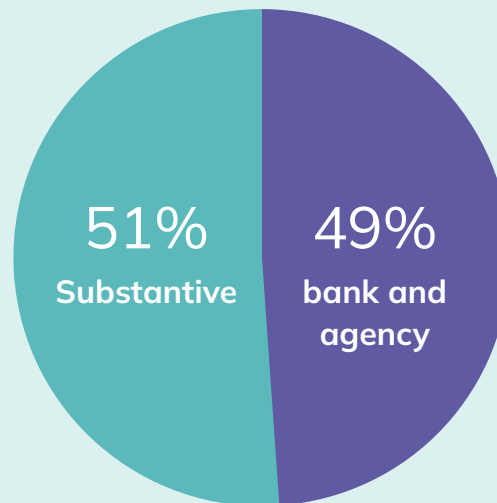
Over 8,000 people leave our workforce every year and this is now increasing following a reduction over the past two years. The age band with the second highest turnover rate is under 35s, which poses a significant threat to our future workforce sustainability. The turnover rate across all staff groups is increasing, apart from our medical workforce, which is relatively stable.

**The vacancy rate varies between 6 and 16% across major providers.**

The medical and dental vacancy rate (6%) is significantly lower than all other staff groups and the next lowest is registered nursing, midwifery and health visiting staff (9%). However, nursing (1,263 WTE) and support to clinical staff (1,278 WTE) had the largest number of vacancies in December. A worrying trend is the wider support services, who provide vital estates, facilities and other services crucial to delivering safe care, where the vacancy rate in December 2022 reached c12%.

**Despite huge efforts, our nursing recruitment rate is still lagging.**

NCL's GP nursing rates remain one of the worst in the country (13 per 100,000 compared to a national average of 27 per 100,000) with Camden being the 3rd lowest GP Nurse to Patient ratio in London. Our Mental Health workforce is heavily reliant on temporary staffing, with **49% of the growth in the workforce over the last three years attributed to bank & agency rather than substantive**, and the proportion of total staff who are bank/agency has increased from 12% to 15%.



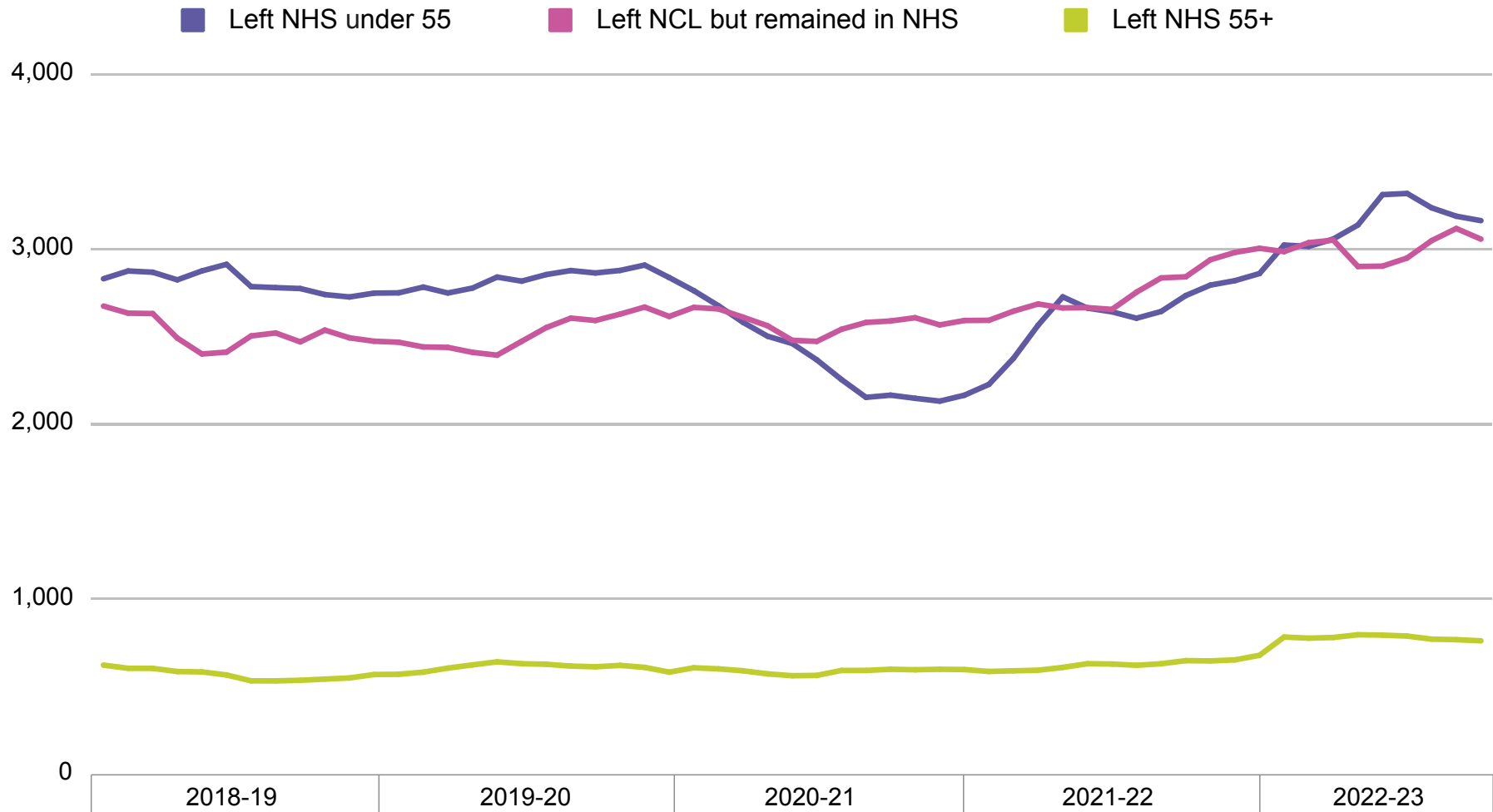
**Growth in the workforce over the last three years.**

**The retirement profile of our social care workforce is stark.**

With just under one third of social care workers aged over 55 years, approximately 10,000 NCL care staff could retire in the next 10 years. Between 20/21 and 21/22, the number of filled adult social care posts in North London decreased by 2,000: this was a 6.6% reduction- the largest reduction in London. The turnover rate is currently over 20% and vacancy rate has increased by 70% over the last 2 years.

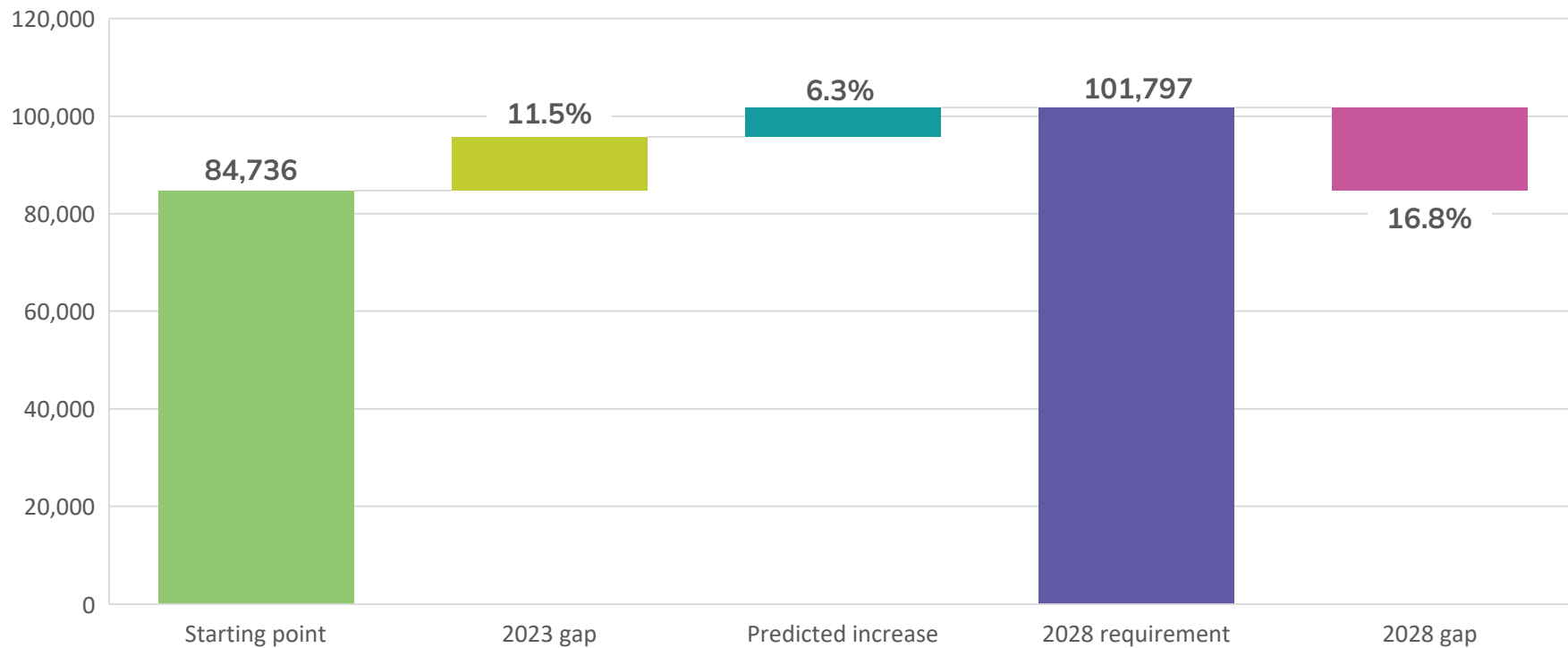
The combination of these factors poses a huge risk to the delivery of health and social care in NCL; the current vacancy gap against registered demand is 11.55%. We combined the trends we are observing across all staff groups within the ICS and projected the likely workforce gap we could face in 2028 based on existing supply, funding levels, our retirement profile and bank and agency spending rates. If trends continue, our workforce gap could increase by 17,061 over the next five years (see graph on the following page).

## Left NCL by Leaver Descriptor Trend



## Workforce supply gap scenario over the next 5 years

The Workforce Gap could increase from 12% to 17% without new initiatives and collaboration across the system.



Our People Strategy sets out how we will work together as a system to minimise this gap and leverage our 'One Workforce' to be able to flexibly work across North Central London, maximising the skills and capabilities in the system to deliver against our Population Health Improvement objectives.

## > 04 Our Strategic Ambitions

Our vision combines our NCL Population Health outcomes and an ambition for 'One Workforce' – colleagues enjoying meaningful work, having multiple careers within NCL, working at the top of their skillset and having flexibility so that their work is complementary and supportive of their roles and purpose outside the workplace. The evolving world of work and how people were already choosing to live and work differently, accelerated by the pandemic, means that flexibility, opportunity, value creation and ability to thrive are more important to people than the traditional single career or lifelong organisational commitment. We have an opportunity to create meaningful and rewarding careers that attract staff from different industries, providing new specialisms and innovative practices to our workforce whilst strengthening collaboration and integration across sectors.

Ultimately, we believe by having this direction of travel, a simple vision to bring together staff and partners across NCL and being clear on how the system is best-placed to enable this vision will put us in a good position to deliver a happy, productive workforce proportionate to the needs of the care model.

### Our aims for 'one workforce'

- **Reduce fragmentation and encourage collaboration**
- **Improve skills and capabilities of staff**
- **Optimise talent, working at the top of their skillset**
- **Create a flexible and dynamic workforce**
- **Adaptable to meet local needs**
- **Continually deliver high quality sustainable care**
- **Contribute to wider social determinants of health**
- **Provide meaningful career opportunities**
- **Streamline and innovate - improve productivity and efficiency**



When designing initiatives and engaging partners across the ICS, we will retain the following principles to guide strategic decisions and prioritise resources:



**To deliver on this ambition, we have focussed on three pillars as a system with a set of supporting enablers to improve recruitment, retention and wellbeing of staff within organisations.**

**1. Workforce supply** – to close the workforce gap through improved workforce planning across all the sectors to better understand the types of skills required within each sector in the future. Working closely with our education providers (further and higher education) and our wider partner organisations to take advantage of the bulge in the 18-year-old population over the next few years, which we are unlikely to see again for the rest of the century, to offer as many routes into social care and health careers to school leavers as possible, such as apprenticeships. Offering good work to our local population is one of our key prevention levers so ensuring the visibility of roles and opportunities to our local residents is vital. All underpinned by the development of employment models that enable cross-boundary and sector working which allow staff to more easily work across different organisations within health, care and the voluntary sector.

**2. Workforce development** – supporting the development of meaningful careers, particularly for the 'poly-potential' entry level roles such as physician associates thereby increasing retention rates. Complementing the increased level of generalist roles with the development of advanced clinical practice roles, bringing in more of a digital and data focus to ensure that clinicians can take greater advantage of technological innovations. Creating the conditions for staff to thrive through the development of a diverse and inclusive workforce and a culture that enables staff to meaningfully contribute to improvements within their service area, both clinically and corporately. Ensuring all staff have the opportunity to develop meaningful careers to realise their potential, wherever they work.

**3. Workforce transformation** – embracing new ways of working including through technological advancement, creation of holistic roles that provide support for the population we serve across the health and care boundaries; increasing productivity through the introduction of digitally augmented pathways and development of new career pathways to attract and retain staff. Moving towards a more integrated workforce model, that starts to realise the ambition of the population health improvement strategy through pivoting to a preventative approach to care. Transforming how people care for their own health needs and improve their own health outcomes.

## ➤ 05 Progress so far

Despite the challenges of the past few years, we have built strong partnerships, relationships, and developed new ways of working as a system across social, primary and secondary care. Our first year as an Integrated Care System has demonstrated the impact collaboration can have on our population health outcomes, offering more joined up care through innovative workforce models. We have already started focusing work on a number of areas as an ICS, which has provided a strong platform to deliver improvements across our workforce.



- A move to single strategic commissioner for health services
  - Ensuring the resident voice is heard at all levels of work
  - Establishing five borough-based integrated care partnerships (ICPs) focused on the coordination, integration and development of out of hospital services based on population needs
  - Supporting the development of Primary Care Networks (PCNs)
  - Through our response to, and recovery from the Covid-19 pandemic, we have worked collaboratively with system partners to tackle challenges and find solutions to meet the needs of local people
- Within the NCL workforce programme, we have focussed on:**
- Strengthening our workforce analytics function to develop advanced 'One Workforce' data and analytics capabilities, supporting system-wide demand management.
  - Piloting new approaches to integrated workforce planning in key areas of system need. This has included developing insights into the role of skill mix and workforce flexibility in elective recovery, and how enhancing digital resource navigation can support transformation across the Children and Adolescent Mental Health Services (CAMHS) pathway.
  - Building a collaborative approach to equality, diversity, and inclusion across each of our key strategic pillars. We have commissioned an inclusivity audit of recruitment services through eight diversity lenses, developed our executive talent pipeline, supporting 14 aspiring directors via our 'Future Leaders' programme and built system networks for Equality, Diversity and Inclusion (EDI) and Talent Management.
  - NCL was successful in becoming a 'Pathfinder' for the NHS Universal Family Programme, with a commitment to supporting 175 care leavers into health and social care careers over three years. Work to date has connected several system partners, including trusts and VCSE colleagues.
  - Focusing on entry routes to careers in health and social care, including targeting school leavers building our availability of apprenticeships and T-levels.
  - Developing our nursing workforce; we have recruited 586 international nurses and 143 trainee nurse associates.
  - Focusing on workforce sustainability, a nursing, Allied Health Professionals and midwife retention steering group has been established to ensure an ongoing system approach across the key strategic pillars.
  - Enhancing system reach building strong partnerships with the Training Hubs, enabling better reach into primary care services.
  - Strengthening system working, wider workforce engagement and priorities co-designed through strong programme management support, convening diverse stakeholder groups and supporting innovation.



## > 06 Our People Priorities

Our new ICS People Priorities integrate existing projects, utilising the progress and momentum established over the last two years, and establish a new set of activities to deliver a step-change in pace and impact.

We are committing to making a tangible difference to our workforce and their wellbeing, development and employee experience; whilst driving improved patient and population health outcomes and delivering on our system recovery. This will be supported by a set of enablers focussed on improving retention that will be supported by the ICS and delivered locally by partner organisations. It is critical that we enable organisations to prioritise workforce retention.

Research in 2022 by Health Education England highlighted that if we reduce the number of people currently leaving nursing to the average leaver rate in 2019/20, then we would have 7,000 more nurses in the workforce by 2025, rising to 30,500 by 2037.



In order to ensure we can deliver on a system-wide shift, we are prioritising the areas within each of our three pillars that we think will have the highest impact if delivered on a consistent basis, maturing over a number of years. These are:

### Workforce Supply Priorities

In order to develop a sustainable workforce, supply is a critical priority with two main areas of focus:

**Data:** the ICS has a unique opportunity and role to generate visibility of roles, opportunities and capabilities and use an evidence-based approach to support strategic workforce planning and coordinate planning activities across the system.

**Supply routes:** we need to diversify our entry routes to ensure we have the right number of staff with the right skills in the right place to achieve our population health improvement outcomes on a sustainable basis. Our focus has traditionally been on the NHS and we now need to broaden this across the care sector through engaging and advancing our relationships with our VCSE partners.

### Workforce Development Priorities

To ensure we retain and develop our people and reverse our leaver rate we are focussed on two key areas:

**Flexibility:** designing the right policies and processes to enable staff the opportunity to have a portfolio career; a second career or to offer an approach to work that overcomes the barriers that prevent people with long-term conditions or caring responsibilities joining the workforce.

**Enhanced capability:** increasing capability across the system, maximising the talent we have and therefore reinforcing and increasing workforce flexibility.

### Workforce Transformation Priorities

In order to truly start to improve the health outcomes for our population, we will need to transform our clinical and care delivery models and with that, our workforce skills and capabilities.

This will be two-fold:

**Innovation:** piloting initiatives and designing an ecosystem that provides a clear route to scaling and enabling workforce transformation impact at scale; maximising the datasets and advanced technologies within the system (and explore new ones) to increase access, efficiency and continuously evolve our workforce and operating model.

**Ways of working:** embracing new ways of working including through technological advancement, creation of holistic roles that provide support for patients across the health and care boundaries; increasing productivity through the introduction of digitally augmented pathways and the development of new career pathways to attract and retain staff.

## ➤ 07 Phasing Delivery

Delivery will be enabled or constrained by resourcing and partnering to deliver the People Strategy priorities. Phasing delivery will enable us to flex our approach to ensure resource requirements are appropriately identified. Priorities will be delivered by our system partners, with the requisite governance and oversight and will be connected to our Population Health outcomes. We want to set out a clear ambition whilst retaining agility and the ability to flex resources to support in-demand areas of the workforce.



There are three phases to the strategy that align all priorities. However, this will not always be a linear process and some initiatives will be accelerated as and when required.

## Year 1

2023/24

### Laying the Foundations

The first year of the strategy is all about defining the assets and opportunities within the system, focussing on the most in-demand staffing groups and identifying where organisations (and partners) are best-placed to deliver targeted initiatives.

#### Example

Mapping supply routes and identifying gaps and opportunities to capitalise on the bulge of school leaver-aged individuals, enabling a comprehensive offer of entry-level roles to be developed across North Central London including apprenticeships and T-Levels.

## Years 2 and 3

2024-2026

### Accelerating the Change

Delivering system efficiency and productivity benefits via targeted initiatives that close the supply and demand gap, upskill staff and provide workforce portability.

#### Example

Agreeing a cross-organisation flexible working policy that enables inter-NCL movement across all staffing groups and increases flexibility for staff, improving retention rates.

## Years 4 and 5

2026-2028

### Transforming our Workforce







Expanding pilot initiatives to deliver impact at scale across the system and embracing technology to free-up staff for our most critical current and future challenges.

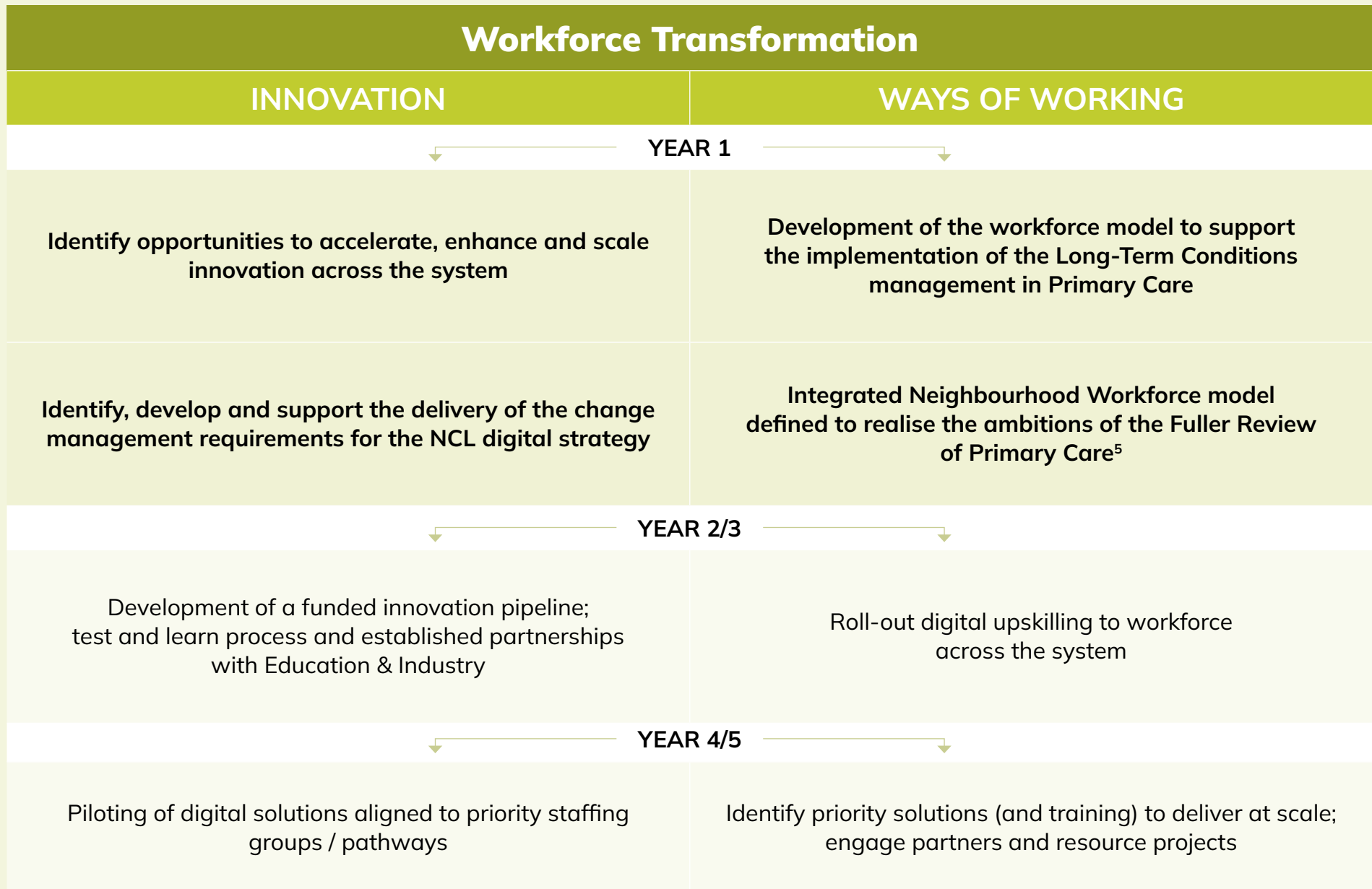
#### Example

Automated workforce data gathering and analysis feeding into operational planning and delivery; supporting proactively identifying patient needs to drive more personalised and preventative care.



<b>Workforce Supply</b>	
<b>DATA</b>	<b>SUPPLY ROUTES</b>
<p>↓ YEAR 1 ↓</p>	
<p>Design data sharing, quality and access requirements with system partners for 'One Workforce'</p>	<p>Identification of routes into health and social care careers. Focus on increasing opportunities for school and care leavers</p>
<p>Develop in-depth understanding of local labour markets; demographics and profiles to better target training and employment</p>	<p>Scope out opportunities to develop high-impact approach to apprenticeships</p>
<p>↓ YEAR 2/3 ↓</p>	
<p>Build data modelling capability (inc. system-wide metrics/benchmarks) to drive service efficiency and workforce productivity</p>	<p>Review workforce gaps and redeployment opportunities aligned to future demand requirements</p>
<p>↓ YEAR 4/5 ↓</p>	
<p>Invest in automated data gathering and analysis; utilisation of big datasets to drive workforce planning and decision making</p>	<p>Systematic delivery of workforce interventions aligned and refreshed in line with Population Health goals</p>

<b>Workforce Development</b>	
<b>FLEXIBILITY</b>	<b>ENHANCED CAPABILITY</b>
 <span style="margin: 0 100px;">YEAR 1</span> 	
<p><b>System-wide mapping of requirements for the development of an ‘NCL passport’ for staff portability</b></p>	<p><b>Identification of high impact roles that could unlock care delivery i.e. poly-potential, generalist or advanced clinical practice</b></p>
<p><b>Development of an approach to flexible employment to support portfolio or blended careers to further attract and retain staff</b></p>	<p><b>Define areas where an NCL system-wide approach to development can add most value i.e. professional services</b></p>
 <span style="margin: 0 100px;">YEAR 2/3</span> 	
<p>Expansion of collaborative staffing mechanisms to support sharing of staff (demand, vacancy, internal recruitment)</p>	<p>Redesign People processes to reflect policies supporting workforce flexibility / portability</p>
 <span style="margin: 0 100px;">YEAR 4/5</span> 	
<p>Realise collaborative, inclusive culture framework with systems developed to action feedback from staff (inc. system-wide staff survey)</p>	<p>Develop partnering strategy with university and educational institutions to train staff</p>



<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

## ➤ 08 Doing things in the right place

ICSs bring opportunities for local teams and organisations to work together differently, making the most of the collective experience and expertise within a local area, and in the way that best meets local need. These opportunities could be facilitated by the ICP, ICB, through place-based partnerships, provider collaboratives, neighbourhoods, or other local arrangements.





## We believe the NCL ICS serves four key purposes in delivering workforce initiatives:

### 1. Population

The ICS will determine workforce decisions when they need to be made across a local labour market and there are benefits of scale from joined-up solutions to shared challenges and opportunities. This will include;

- Assessing system-wide demand and associated workforce need
- Devising area-based workforce retention strategies

### 2. Partnering

NCL ICS will coordinate partnerships and leadership required across a footprint, including partners and stakeholders in health, social care, local government, the voluntary, community and social enterprise (VCSE) sector as well as in education. This will include;

- Control of local, long-term funding streams to support system-wide workforce planning, innovation and collaboration
- Co-developing system-wide curricula, in association with local education providers
- Managing strategic workforce relationships with local external partners, including universities, colleges, the Greater London Authority (GLA), combined authorities and Local Education Providers (LEP)

### 3. Planning

The ICS will play a leading role where consistent planning is needed over a medium-term period across the system (for example, up to five years plus annual refresh). This will include;

- System architecture design, remit and direction of local workforce action via People Board
- Developing system-wide health and care approaches to local supply/pipeline
- Working with system partners to develop a NCL-wide framework to support flexible working across health and social care organisations

### 4. Prioritising

The ICS will coordinate strategic priorities for the system and ensure plans are underpinned by a shared resource strategy (workforce, finance, digital infrastructure, commissioning, estates.) This will include;

- Managing the on-going, system-wide deployment of the health and care workforce, including through schemes such as passporting
- Future talent management development programmes, within health and care (including clinical) and in collaboration with other sectors locally (as part of place-based leadership)
- Advanced training of existing roles
- Developing, or evolving, different health and care roles, including across both new and existing positions

## ➤ 09 Next Steps – Laying the Foundations

Immediate work will focus on defining the deliverables against the following year 1 priorities for 2023-24 and determining the best level of the system to deliver the various elements of the strategy;

1. Mapping existing work across the system to the three workforce pillars; supply, development and transformation
2. Development of the workforce model that better supports the delivery of long-term condition management
3. Identification of routes into health and social care careers. Focus on increasing opportunities for school and care leavers.
4. Scope enhanced data analytics to determine data sharing, quality and access requirements with system partners for 'one workforce'
5. Further exploration as to how we might expand the functionality and utilisation of the 'NCL passport' for staff portability
6. Identification of high impact roles that could unlock care delivery i.e. advanced clinical practice
7. Identify opportunities to accelerate, enhance and scale innovation across the system
8. Development of the workforce model to support the implementation of the Long Term Conditions management in Primary Care

To socialise our objectives, NCL ICB colleagues will undertake a period of engagement, during which the People Strategy priorities will be communicated with key stakeholders across the NCL health and care system. This exercise will help us to identify existing or planned activity and will give our partners the opportunity to develop and shape their own strategic plans and align them to these system workforce priorities.

Delivery boards will be established for each of the three pillars. These delivery boards will be tasked with driving the work that aligns to their respective pillar objectives. Representation for the delivery boards will be sought from across a broad range of health and care partners in NCL to maximise the breadth of knowledge, learning, delivery and opportunities for collaborative working.

Progress against the delivery of the strategy priorities will be brought back to the NCL ICS People Board.

## > 10 Glossary

Full word or phrase	Abbreviation	Definition
Integrated Care System	ICS	Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. <a href="https://www.england.nhs.uk/integratedcare/what-is-integrated-care/">https://www.england.nhs.uk/integratedcare/what-is-integrated-care/</a>
Neighbourhood		Neighbourhoods (populations circa 30,000 to 50,000 people) - served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks. <a href="https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf</a>
Primary Care	PC	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. <a href="https://www.england.nhs.uk/get-involved/get-involved/how/primarycare/">https://www.england.nhs.uk/get-involved/get-involved/how/primarycare/</a>
Integrated Care Partnerships	ICP	An Integrated Care Partnership is a statutory committee jointly convened by Local Authorities and the NHS, comprised of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population. <a href="https://www.datadictionary.nhs.uk/supporting_information/integrated_care_partnership.html#:~:text=An%20Integrated%20Care%20Partnership%20(ICP,services%20provided%20to%20their%20population">https://www.datadictionary.nhs.uk/supporting_information/integrated_care_partnership.html#:~:text=An%20Integrated%20Care%20Partnership%20(ICP,services%20provided%20to%20their%20population</a>
Allied Health Professionals	AHP	The Allied Health Professions are the third largest workforce in the NHS. In the main they are degree level professions and are professionally autonomous practitioners. 13 of the 14 AHPs are regulated by the Health and Care Professions Council (HCPC) with Osteopaths regulated by the General Osteopathic Council (GOC). <a href="https://www.england.nhs.uk/ahp/about/">https://www.england.nhs.uk/ahp/about/</a>
Population Health Improvement/Management	PHM	Population health is one of our core strategic aims for integrated care systems to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment, education). <a href="https://www.england.nhs.uk/integratedcare/what-is-integrated-care/phm/">https://www.england.nhs.uk/integratedcare/what-is-integrated-care/phm/</a>
Health Inequalities		Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. <a href="https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/#:~:text=Health%20inequalities%20are%20unfair%20and,that%20is%20available%20to%20them.">https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/#:~:text=Health%20inequalities%20are%20unfair%20and,that%20is%20available%20to%20them.</a>

Full word or phrase	Abbreviation	Definition
Voluntary Community and Social Enterprise	VCSE	The Voluntary Community and Social Enterprise Health and Wellbeing Alliance (HW Alliance) is a partnership between sector representatives and the health and care system. It is a key element of the Health and wellbeing programme, enabling the sector to share its expertise at a national level with the aim of improving services for all communities. <a href="https://www.england.nhs.uk/hwalliance/">https://www.england.nhs.uk/hwalliance/</a>
Social Care	SC	Social care is a term that generally describes all forms of personal care and other practical assistance for children, young people and adults who need extra support. <a href="https://contact.org.uk/help-for-families/information-advice-services/social-care/what-is-social-care/">https://contact.org.uk/help-for-families/information-advice-services/social-care/what-is-social-care/</a>
Integrated Workforce Model		Integrated workforce thinking is when leaders across systems work together to consider population health, health and care needs and their system strategy, so they can plan a workforce that delivers population health and person-centred care within their communities. <a href="https://www.nhsemployers.org/">https://www.nhsemployers.org/</a>
Primary Care Networks	PCN	Primary care networks are groups of practices working together to focus local patient care. Typically, they serve a population between 30,000 and 50,000. <a href="https://www.bma.org.uk/advice-and-support/gp-practices/primary-care-networks/primary-care-networks-pcns#:~:text=Primary%20care%20networks%20(PCNs)%20are,to%20focus%20local%20patient%20care.">https://www.bma.org.uk/advice-and-support/gp-practices/primary-care-networks/primary-care-networks-pcns#:~:text=Primary%20care%20networks%20(PCNs)%20are,to%20focus%20local%20patient%20care.</a>
Place-based Partnerships	PBP	Place-based partnerships are collaborative arrangements between organisations responsible for arranging and delivering health and care services and others with a role in improving health and wellbeing. They are a key building block of the integrated care systems recently established across England and play an important role in co-ordinating local services and driving improvements in population health. <a href="https://www.kingsfund.org.uk/publications/place-based-partnerships-explained">https://www.kingsfund.org.uk/publications/place-based-partnerships-explained</a>
Labour Market		The labour market, also known as the job market, refers to the supply of and demand for labour, in which employees provide the supply and employers provide the demand. It is a major component of any economy and is intricately linked to markets for capital, goods, and services. <a href="https://www.investopedia.com/terms/l/labor-market.asp#:~:text=Investopedia%20%2F%20Theresa%20Chiechi-,What%20is%20the%20Labor%20Market%3F,capital%2C%20goods%2C%20and%20services.">https://www.investopedia.com/terms/l/labor-market.asp#:~:text=Investopedia%20%2F%20Theresa%20Chiechi-,What%20is%20the%20Labor%20Market%3F,capital%2C%20goods%2C%20and%20services.</a>
Place		'Place' refers to a smaller geographic footprint within a system which often aligns with a local authority area or patient flows for acute care. Across the country, trusts are working with partners to provide better joined up care at place level. <a href="https://nhsproviders.org/topics/integrated-care-and-system-working/place-based-partnerships">https://nhsproviders.org/topics/integrated-care-and-system-working/place-based-partnerships</a>
Elective care		This is where the decision to admit could be separated in time from the actual admission, i.e. a patient whose admission date is known in advance thus allowing arrangements to be made beforehand. Excludes patients transferred from another hospital provider. <a href="https://www.datadictionary.wales.nhs.uk/index.html#!WordDocuments/electiveadmission.htm">https://www.datadictionary.wales.nhs.uk/index.html#!WordDocuments/electiveadmission.htm</a>

Full word or phrase	Abbreviation	Definition
Strategic Commissioner		Strategic commissioning is the main process for understanding, planning and delivering better health and wellbeing outcomes, but it is recognised that a substantial amount of work can be needed to deliver this process effectively. <a href="https://ihub.scot/improvement-programmes/strategic-planning-for-redesign/strategic-commissioning/#:~:text=What%20is%20strategic%20commissioning%3F,to%20deliver%20this%20process%20effectively.">https://ihub.scot/improvement-programmes/strategic-planning-for-redesign/strategic-commissioning/#:~:text=What%20is%20strategic%20commissioning%3F,to%20deliver%20this%20process%20effectively.</a>
Children and Adolescent Mental Health Services	CAMHS	Child and Adolescent Mental Health Services are services that support young people experiencing poor mental health, or difficult feelings or experiences. CAMHS can work with schools, charities and local authorities. <a href="https://www.mind.org.uk/for-young-people/camhs/understanding-camhs/#:~:text=you%20might%20face-,What%20are%20CAMHS%3F,schools%2C%20charities%20and%20local%20authorities.">https://www.mind.org.uk/for-young-people/camhs/understanding-camhs/#:~:text=you%20might%20face-,What%20are%20CAMHS%3F,schools%2C%20charities%20and%20local%20authorities.</a>
T-levels		T Levels are an alternative to A levels, apprenticeships and other 16 to 19 courses. Equivalent in size to 3 A levels, a T Level focuses on vocational skills and can help students into skilled employment, higher study or apprenticeships. <a href="https://www.tlevels.gov.uk/">https://www.tlevels.gov.uk/</a>
Health Education England (now known as Workforce, Training & Education)	HEE (now WT&E)	WT&E, now part of NHSE exists to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values, and behaviours, at the right time and in the right place. <a href="https://www.hee.nhs.uk/">https://www.hee.nhs.uk/</a>
Provider Collaboratives		Provider collaboratives are partnership arrangements involving at least two NHS trusts working at scale across multiple places, with a shared purpose and combined decision-making arrangements, aimed at transforming health services by promoting better health outcomes and values. <a href="https://www.selondonics.org/who-we-are/partners/provider-collaboratives/#:~:text=Provider%20collaboratives%20are%20partnership%20arrangements,better%20health%20outcomes%20and%20values.">https://www.selondonics.org/who-we-are/partners/provider-collaboratives/#:~:text=Provider%20collaboratives%20are%20partnership%20arrangements,better%20health%20outcomes%20and%20values.</a>
Greater London Authority	GLA	Based in City Hall, the GLA is governed by the Mayor of London, currently Sadiq Khan, and the London Assembly. It provides the wider strategic direction for the capital and its policies cover all 32 boroughs and the City of London. <a href="https://www.cityoflondon.gov.uk/about-us/about-the-city-of-london-corporation/our-role-in-london#:~:text=Based%20in%20City%20Hall%2C%20the,and%20the%20City%20of%20London.">https://www.cityoflondon.gov.uk/about-us/about-the-city-of-london-corporation/our-role-in-london#:~:text=Based%20in%20City%20Hall%2C%20the,and%20the%20City%20of%20London.</a>



