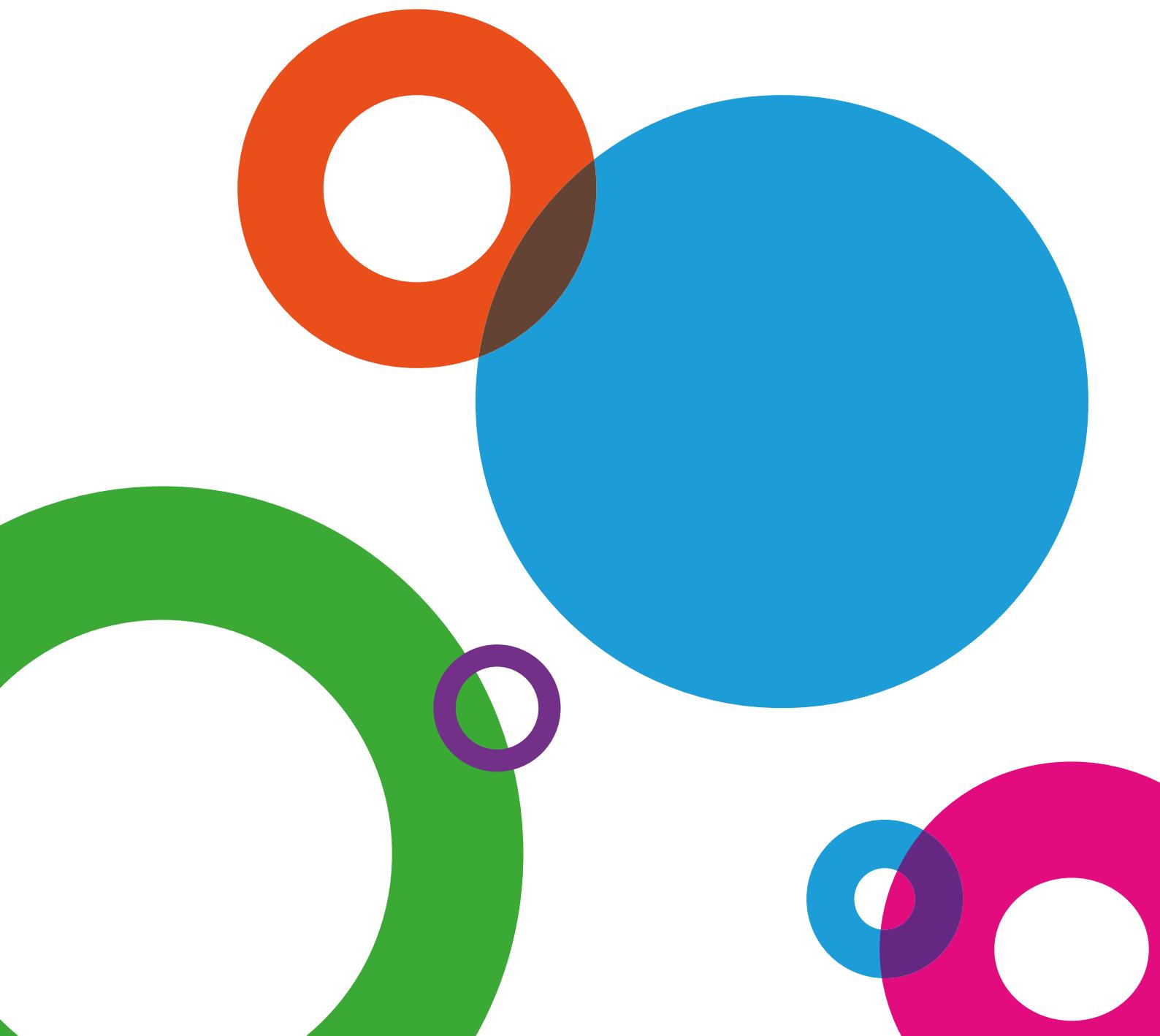




Defining the role of integrated care systems in workforce development: A consultation



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Key points

- The NHS Confederation is organising two roundtables to explore the workforce powers, freedoms and responsibilities integrated care system (ICS) and sustainability and transformation partnership (STP) footprints are increasingly asking for and the local commitments and relationships necessary to deliver this change.
- The early conclusions from the first roundtable, held on 21 January 2019, are set out in this consultation for workforce development, with recommendations for the devolution of a range of decision-making powers in the areas of strategy and planning, supply and retention, and deployment.
- ICS leaders understand that with increased accountability comes responsibility, requiring widespread system commitments to greater local partnership working.
- There is a clear desire for ICSs to be determined as the default level for future workforce decision-making in health and care; with increased autonomy over the development of local system architecture, responsibility for managing strategic external relationships and critically, control of dedicated funding streams.
- To complement this more involved strategic role, ICSs should pilot and prioritise local approaches to supply and retention, such as 'Grow Your Own', and develop and deploy new measures to better understand and utilise their existing health and care workforce.
- While the role of the national arms-length bodies will remain important, there is a need for greater clarity about the roles and functions of the various national workforce organisations and how they encourage longer-term, more strategic local planning.
- This consultation also focuses on the role of the NHS in the wider local labour market. As the largest employer in any given area the NHS and local authorities could exercise significant power and influence on local skills development and employment, however there remains the question of how best to use it.
- The NHS Confederation is asking for comments on this consultation for workforce development, including responses to the listed consultation questions, by 30 April 2019.

The NHS Confederation's role in supporting system leadership: Empowering local decision making

Workforce is now widely regarded as the biggest single challenge facing the health and care sector.¹ The NHS Confederation is working with its members and partners to see how a strengthened role for local system leaders can help develop, plan and deliver a health and care workforce that is fit for the future and that enables greater system transformation. To achieve this, we want to explore the powers, freedoms and responsibilities ICS and STP footprints are increasingly asking for and the local commitments and relationships necessary to deliver this change.

Over the course of two planned roundtables in early 2019, we will seek to produce an [ICS manifesto for workforce development](#), shaped and modelled by local health and care leaders, championed by the NHS Confederation and strengthened by our external partners. The manifesto will cover both workforce policy asks and policy commitments, simultaneously challenging the arms-length bodies to empower local leaders and reassuring them that they have the capability and responsibility to act.

The timing of this initiative is important for several reasons. The NHS Long Term Plan, published in January 2019, reaffirmed the ICS as the preferred model of healthcare planning and provision for the NHS, with a set target date of 2021 for full coverage across England. While workforce was acknowledged as a critical part in enabling successful ICS development, the NHS Long Term Plan left the detail in this area to a subsequent national workforce implementation group. It is important that the work of this group is focused on empowering ICS leadership and is aligned with some of the recommendations set out in this consultation.

Outside the health and care sector, skills policy is at the centre of the government's local growth and devolution agenda. Local leaders are seeking to develop their own economy by aligning the needs of high value local employers with the focus of their schools and further and higher education providers. To support this, the government is increasingly handing responsibility for prioritising, financing and directing many aspects of local skills provision to metro mayors, combined authorities and local enterprise partnerships (LEPs). As the largest employer in any area, the health and care sector should as a matter of course be looking to influence the work of these

organisations. Through this initiative we hope to go further. In future, we believe these local, external bodies will increasingly be the ones through which ICS leaders act to co-deliver the changes to their future workforce that their greater local autonomy allows.

For this initiative to have any chance of succeeding it needs to be owned, championed and led by the service. We want to start a public debate across England on what the sector needs in terms of its future workforce. Please do take the time to digest this consultation for workforce development, share it with colleagues and let us have your thoughts. Responses to the questions asked should be emailed to Michael Wood, local growth advisor at the NHS Confederation on: michael.wood@nhsconfed.org.

Niall Dickson CBE, Chief Executive, NHS Confederation

Dr Amanda Doyle OBE, GP, Chief Clinical Officer of Blackpool and Fylde and Wyre CCG and Chief Officer for Lancashire and South Cumbria Integrated Care System

“The NHS Confederation is working with its members and partners to see how a strengthened role for local system leaders can help develop, plan and deliver a health and care workforce that is fit for the future and that enables greater system transformation. ”

¹ NHS Confederation (2018), *Letting local systems lead*

Evolving the role of system leadership

Summary viewpoint

An integrated care system (ICS) should be the default level at which accountability for system-wide workforce decision-making is based. This will involve the passing of powers, responsibility, funding and governance down from the national level, but also an increased understanding from individual institutions of the need for further system collaboration locally. It is important to note that empowering local health and care leaders to act on workforce is widely seen as a critical part of enabling the successful development and delivery of the ICS policy concept more generally.

A typical ICS should have increased accountability across several areas of workforce planning:

Strategy and planning

- Developing and managing the local workforce system architecture (including responsibility for the design, remit and direction of local workforce action boards [LWABs], or similar).
- Control of local, long-term funding streams to support system-wide workforce planning, innovation and collaboration, whether via specific budget lines or agreed funding pots.
- Assessing system-wide demand and associated workforce need.
- Managing strategic workforce relationships with local external partners, including universities, colleges, mayors, combined authorities and LEPs.

Supply and retention

- Developing system-wide health and care approaches to Grow Your Own.
- Developing, or evolving, different health and care roles, including across both new and existing positions.
- Future talent management development programmes, within health and care (including clinical) and in collaboration with other sectors locally (as part of place-based leadership).

- Co-developing system-wide curricula, in association with local education providers.
- Devising area-based workforce retention strategies.

Deployment

- Managing the on-going, system-wide deployment of the health and care workforce, including through schemes such as passporting.
- Advanced training of existing roles.
- Establishing an in-built expectation of flexible working across clinical and non-clinical boundaries throughout the system.

ICS leaders recognise that with increased accountability comes responsibility. To fully play their role in determining system development, ICS leaders should be expected to:

- commit to better understanding their role in the local economy, including through promoting local NHS organisations as 'anchor institutions' that develop employment policies with the explicit intention of supporting local recruitment and addressing population health and community needs.
- commit to working together across ICS boundaries where there is a common need, sharing ideas, resources, data and learning. This will involve regional collaborations with like systems in terms of locality and ICS maturity but also geographic partnerships across for example rural, coastal and metropolitan areas.

The role of national leadership in workforce

Summary viewpoint

The role of the centre of the NHS in workforce is critical but complex. The ability to speak nationally with one coherent voice is a significant strength of the health service, bringing resources, interest and status. This should remain a central feature, however we need to be clearer about the balance in the relationships and responsibilities we are fostering. Critical to this lies the need for greater clarity about the roles, and funding, of the various national workforce organisations, better central coordination and encouraging longer-term, more strategic local planning.

ICS leaders are increasingly clear about how national leadership can enable them to realise their potential:

Strategy and planning

- Being clear and transparent about how existing NHS workforce funding, including that for training and development, passes through the system from national to the ICS level.
- Building a central repository of expertise, that can be accessed by ICSs to share, support and develop local solutions. This could include, for example, advice on forming local collaborations and knowledge of external funding sources.
- Support and fund national rapid evaluations of local good practice that can be spread elsewhere.

Supply and retention

- Promoting flexibility in the way professional bodies and NHS regulators work across clinical boundaries and through their continuous engagement with ICSs.
- Developing a common approach to national workforce standardisation and authorisation for new clinical roles, responding openly to bottom up creativity in addressing clinical workforce development. In particular, such an approach should draw on the lessons learned from the recent development of the 'nursing associate' role.
- Specialising in promotional activities and campaigns attracting people to certain health and care careers, for example when shortages appear

or when there is a clear future focus needed. This approach should also be able to be tailored locally as appropriate.

Key questions for discussion

- 1 Do you agree with the proposed role and responsibilities of local systems for workforce development as set out in this consultation?
- 2 What further activities or responsibilities, if any, would you recommend an ICS has future control over, specifically in relation to workforce?
- 3 Is it fair to place an expectation on ICS leaders to sign up to the commitments listed under any new future operating model?
- 4 What support would ICSs and STPs value the most, whether referenced in this document or not?
- 5 What is happening locally that should be highlighted as part of a wider good practice toolbox to other areas across England?

What do you think? Please respond to:

michael.wood@nhsconfed.org by 30 April 2019.

Join in the conversation at:

#futurehealthcareworkforce

Building the case for change: A review of the issues raised

The following points reflect the issues raised at the first roundtable discussion and provide the basis for this consultation on workforce development.

Strategy and planning

An ICS should be the default level for strategy and planning. We know how important this is and are ready for the challenge.

The roundtable was clear that ICSs should have a critical role in workforce strategy and planning, with this system perspective becoming the default level in time.

Key issues raised included:

- the need for more workforce-related **powers and funding to be devolved** to the ICS level
- increased local responsibility for the **design of the system architecture** necessary to best enable an individual ICS' development
- newly refreshed **ICS approaches to population health** that better understand the needs of local communities and shape subsequent decision making.

In building the case for future change, the roundtable first acknowledged the original ethos behind the local education and training boards, established in 2013 as part of Health Education England (HEE). Their focus on area-based workforce strategy and planning and responsibility for external partnership-building were deemed important and necessary. However successive and increasingly centralising structural reforms have long since negated this concept. Compounding this local weakening of influence, the annual funding cycle for HEE had severely limited the national system's ability to plan and deliver change.

It was agreed that addressing these points would form an important part of re-balancing the future needs of the system with the ability to deliver change on the ground. Those present were unanimous in their views that ICSs can achieve more if given both powers and longer-term funding settlements covering a range of elements, from an increased role in medical commissioning to pooled investment funding that can lead to wider innovations in workforce policy and planning.

Other strategy and planning issues raised include:

- the need to develop a greater sense of common purpose across an ICS, perhaps through a wider 'duty on the local system to collaborate', as part of any planned future legislative changes
- gaining greater strategic understanding at ICS level of local need and the associated local labour market prior to developing bespoke Grow Your Own models across the clinical and non-clinical health and care workforce
- NHS numerical job targets and metrics should be aggregated upwards from the local level, rather than being nationally developed, distributed and recorded
- the launch of primary care networks representing an important opportunity to road test and fast track different ways of thinking on workforce policy and development
- workforce planning at ICS level needing greater alignment and understanding between the concepts of good employment, wellbeing and prosperity – thus impacting on both the formal and informal, and current and future, health and care workforce
- the need for greater understanding within the health and care system of the concept of the 'NHS as an anchor institution' (see *NHS long term plan's* appendix for reference).

"Surrey Heartland's Health and Care Devolution Deal is a good example of what empowered local accountability can achieve in workforce development, including with the support of designated HEE funding streams and resources."

Supply and retention

We need to take more control over our future workforce, not be passive bystanders.

With the challenges around supply and retention across the health and care sector clearly evident, the roundtable focused on the potential future role of the ICS in addressing them.

Key issues raised included:

- the need to create and develop better health and care **career opportunities for local people** to enter the workforce (through Grow Your Own) and for subsequent onward progression
- continuously **evolving new and different system roles** that cross traditional sector and clinical boundaries
- developing **place-based strategies** for talent management and retention that bring in other relevant local sectors.

In particular, there was widespread support and agreement that the Grow Your Own vision is not only critical to addressing local supply and retention issues but also an important means of reflecting the values that should drive the health and care sector. In practice, this requires a continuing focus on aspects such as job stability and personal development, but also in addressing issues like pay (with for example the national living wage), wellbeing and financial security. It was noted that some NHS trusts, for example, provide financial advice to their staff as part of the wider wellbeing strategy and this is becoming an increasing area of concern for staff.

"In Yorkshire we realised that we could well be missing an opportunity with people who have a natural interest in working for the ambulance service or the wider NHS because they may have started the wrong course or applied for the wrong role. We are particularly interested in following up students who begin the paramedic degree but for whatever reason fail to complete. We are asking ourselves how we can track these obviously interested people to ascertain if another role would suit them better rather than see them simply walk away. These are early thoughts but important ones."

CASE STUDY: SUPPLY AND RETENTION

DEVELOPING LOCAL CLINICAL ROLES

Local areas are increasingly becoming more innovative in how they develop new approaches to attracting people into clinical roles where there is a known shortage.

Cornwall Partnership NHS Foundation Trust has been pioneering the development of Clinical Associate Psychologists (CAPs), graduate psychologists who train on a Band 5. CAPs undertake a masters-level qualification in year one to enable them to practice in secondary care mental health services. Once qualified they operate as a Band 6, under the supervision of a clinical psychologist. The British Psychological Society(BPS) is revising its accreditation criteria for associate psychology training programmes. The CAPs programme will be applying for BPS accreditation.

The chief executive of the trust chairs a new trailblazer group to establish this training as a degree apprenticeship model and in the next five years the trust is hopeful that over a 100 CAPs could be trained in Cornwall to address and fill local skills gaps.

CASE STUDY: SUPPLY AND RETENTION

RAISING AMBITION IN TRADITIONAL COLD SPOTS

With places like Lancashire having long struggled to attract aspirant and trained clinicians to come and work, focus has recently shifted to developing local 'home grown' healthcare professionals.

The Lancashire and South Cumbria STP, East Lancashire Hospitals NHS Trust and North Cumbria University Hospitals NHS Trust joint-funded the first batch of UK places at the University of Central Lancashire's School of Medicine in 2017. The ten initial placements for this pilot were required to be from the North West and additional weighting was given to students from a wider social background.

The decision to fund this directly through the STP was taken as part of concerted action to address ongoing difficulties in attracting healthcare professionals to the area. While it proved successful, there is concern over its long-term viability given the local health and care funding sources.

Other supply and retention issues raised include:

- a general need for the sector to provide greater clarity and understanding of the career options that health and care provide
- the role of ICSs in developing tailored, local pipelines of supply that support people from a range of backgrounds to apply and progress – this is particularly the case with the current admissions for medical schools, where the skills required to navigate the system often act as a barrier for children from less privileged schools, irrespective of grading
- the NHS can and should be much more active in the utilisation of the apprenticeship levy locally at system level, as well as the determination and development of more and different apprenticeship routes
- that ICSs should focus on following up with local applicants who were not successful in their first NHS application, with career sessions focusing on the other possible routes into the service
- local supply and retention strategies being well placed to develop a vision for volunteering that matches the skills and needs of the local community, and to look at how mentoring within the health and care workforce can support the development of the younger staff
- there being clear opportunities for ICSs to work with others, such as the Armed Forces and the Prison Service for example, to co-develop national and local routes into health and social care
- the sector needing to better celebrate the contribution and difference the system makes, both internally with staff and also externally with its potential future workforce.

CASE STUDY: SUPPLY AND RETENTION

WIDENING PARTICIPATION ACROSS THE HUMBER AND NORTH YORKSHIRE TO SUPPORT LOCAL MEDICAL SUPPLY

Encouraging greater NHS supply in many parts of England is a long-standing issue, even where local medical schools exist. Some universities are working with the local health system to jointly address this through their widening participation schemes.

Hull York Med School is a partnership between the Universities of Hull and York, regional NHS trust providers and community healthcare providers. It now operates a MB BS ↗ Medicine with a Gateway Year as a six-year programme. This programme aims to support those who may not meet the entry requirements of the School's five-year MB BS Medicine programme but are keen to pursue a career in medicine. Applicants must be either a care leaver or fulfil other contextual data criteria such as reside in an area of low participation in higher education, have parents who do not have any higher education qualifications or have applied for and received the UCAT bursary. The programme prioritises applicants from the local Hull York Medical School area as there is evidence to suggest that students who train locally, remain in the area

The Gateway Year focuses on facilitating the transition from school or college to university, bringing scientific knowledge up to the required standard, and enhancing study skills while teaching students about professionalism and the NHS.

CASE STUDY: DEPLOYMENT

SUPPORTING GREATER DEPLOYMENT AND FLEXIBILITY ACROSS A SYSTEM

Across East London, midwives now have the choice to work anywhere they choose within the local maternity system, with an opportunity to rotate and work across all of East London ensuring they can transfer their skills and training. Through a ↗ 'skills passport' midwives receive career development and support during their time on the programme. This includes access to coaching programmes such as formal meetings with a coach once a month to discuss any issues or personal development opportunities they would like to explore. Rolling recruitment will ensure that introducing the offer works well for both midwives and employers.

Deployment

We need a flexible workforce with oversight at the system level.

While the recent focus of many system leaders has been on addressing the current and future staffing pressures, the roundtable discussed the need for ICSs to better understand and utilise the existing health and care workforce.

Key points raised included:

- the need to build in to typical employment the clear **expectations of working flexibility** across traditional clinical boundaries
- schemes to assist with **real-time system deployment decision making**
- local oversight and support for the **advanced training** of existing roles.

The ability of the ICS to look across a given system at a given time was seen by the group as a particularly important operational attribute. To fully utilise this ability though would require organisations at the local level and the arms-length bodies to be consistent in their understanding of the ICS as the optimal place for decision-making. Further to this, the evolution of roles that would be expected to happen locally as systems become more flexible and responsive would require both the continuous engagement and support of partners such as trade unions and the professional bodies, including to develop future contractual flexibilities.

CASE STUDY: DEPLOYMENT

DEVELOPING ADVANCED PAEDIATRIC AND NEONATAL CLINICAL PRACTITIONER ROLES (APCPS AND ANCPS) THROUGH IMPROVING ME, THE CHESHIRE AND MERSEYSIDE WOMEN'S AND CHILDREN'S SERVICE PARTNERSHIP (CMWCSP)

A perfect storm of workforce challenges was viewed as a potential threat to the safety, quality and experience of health care services for infants, children and young people across the Northwest. To address this the Cheshire and Merseyside Vanguard ([Improving Me](#)) supported the development of a new model of paediatric and neonatal advanced practice training that utilised the agility and clinical relevance of a social enterprise to bridge the theory/practice gap (HEI/NHS) and provide the workforce needed for children's services redesign (while maintaining patient safety during the transition).

They have created an on-line learning platform that combines web-based and face to face delivery of paediatric and neonatal advanced practice modules that are embedded into an established MSc advanced clinical practice programme. Seventy-nine APCPs and ANCPS, across three cohorts, have been (or are on track to be) delivered to frontline NHS acute and community services across the region.

The national question

We need clarity over what we can do and support to best achieve it.

The national level will always be a critical part of the NHS. The roundtable discussed the necessary balance between decision making around both strategy and supply at the national and ICS level to drive system development and how to best achieve this.

Key issues raised included:

- requests for clarity about what **ICSs can and cannot do**
- the need for **transparency about the workforce funding** in the NHS, how it navigates the system and who has power over its use

- how to encourage the **professional bodies and regulators to show greater collaboration, engagement and leadership** in how they work with local system leaders.

A repeated request throughout the roundtable was for central support in unlocking some of the local relationships, resources and restrictions that hindered ICS development. While many of these discussions will be necessarily local in context, there will be general principles through which ICSs can be guided. The roundtable suggested that national bodies (such as the NHS Confederation) can help with the articulation of the wider benefits associated with a range of new collaborations, such as LEPs, Mayoral Combined Authorities, the Northern Powerhouse and the Midlands Engine, and how to go about initiating conversations. Future national support could include the sharing of case studies, facilitating discussions, developing a common language, and offering in-house consultancy-style services to support local delivery.

Other national issues raised include:

- the development of a common approach to national workforce standardisation and authorisation for new clinical roles, with national bodies responding openly to bottom-up creativity in addressing clinical workforce development
- the clear commonality of workforce-related issues across similar geographies (such as rural, coastal, and metropolitan areas) and an expectation that these can be better communicated and addressed collectively
- digitisation driving new patterns of collaboration and development in workforce training and development (for example with the Topol Review), which will require the system to adapt at a scale often greater than an ICS
- there is a need for a greater governmental level of understanding of (and cushioning from) the impact of national changes on local system planning and architecture
- the ability of the NHS in particular to develop a national narrative about why people working in health and care is a significant strength, but this

is also a ‘place’ issue (for example, through the necessary links to housing, transport and schools and also in terms of local role development). ICSs need to be able to tailor the national messaging to its local context and to its work with local partners.

CASE STUDY: THE NATIONAL QUESTION

NATIONAL CENTRE FOR RURAL HEALTH AND CARE

☞ The National Centre for Rural Health and Care was established in 2018 as a Community Interest Company. It is supported by public, private and voluntary and community sector partners and has approaching 50 trusts and clinical commissioning groups in membership across England. Workforce is one of the centre’s priority areas, recognising the particular challenges around recruitment and retention for more dispersed areas.

Rurual workforce issues in health and care, a recent National Centre report led by Professor Anne Green at the University of Birmingham, identified the challenges facing rural STP/ICS areas and gives several common opportunities for securing a future workforce and maximising local impact.

These include:

- realising the status and attractiveness of the NHS as a large employer in rural areas
- developing ‘centres of excellence’ in particular specialities or ways of working in rural areas that are attractive to certain groups of workers
- highlighting the varied job roles and opportunities for career development available and that rural areas are attractive locations for clinical staff with generalist skills
- providing opportunities for people who need or want a ‘second chance’ – perhaps because they believe they were ‘failed by the educational system’, or because they want to change direction – and for whom their ‘life experiences’ should be seen as an asset.

CASE STUDY: INFLUENCING THE WIDER SKILLS AGENDA

COLLABORATING ON SKILLS FOR GROWTH IN NORTH WEST LONDON

NHS employers in North West London (NWL) have, for the last year, been working closely with the West London Alliance (WLA) councils on a range of skills and employment policies and programmes linked to the government's industrial strategy, and the Mayor of London's Skills For Londoners strategy. Around one in ten people in NWL work in health or social care and the WLA has identified the NHS as a key local industry along with others such as construction and digital. Healthcare is represented on the WLA Employment and Skills Board sitting alongside other West London employers, such as Heathrow.

Collaboration has allowed the NHS to shape local employment and skills policies, access funding and identify areas of priorities such as school engagement, careers information, advice and guidance, apprenticeships and functional skills. Working with West London councils, local trusts now provide the largest number of supported employment opportunities for young people with special education needs and disabilities in West London. Key priorities for the next three years are being discussed as the WLA's economic prosperity strategy, Vision For Growth, is refreshed.

Influencing the wider skills agenda

We don't know enough about our neighbours.

The roundtable discussed the changing external skills agenda and the need for ICSs to play a much more active role in the development of the future health and care workforce.

Key issues raised included:

- the need for clarity as a sector on the **types of skills needed** in future
- the nature of the **relationships with local training providers** necessary to develop these skills

- the ability of the sector to act in a more **influential** manner in the local labour market.

The role of the employer in driving local skills development is being strengthened through the government's local growth agenda. As the largest employer in any local area, this gives the NHS and local authorities significant power and influence, however there remains the question of how best to use it. In particular, there was an agreed need for ICSs to act more coherently across a geography to better influence their universities, colleges and schools. This includes through discussions about incentivising and rewarding partners for new forms of collaboration that get around current process constraints. Experience to date suggests this will not simply be financial in scope. Importantly, the group felt that a standard part of these local discussions should be a review of the options open to develop and/or support alternatives to our traditional training partners.

It was also noted that many of our traditional training partners, such as further education and higher education institutions, were undergoing sector-wide reforms which could bring significant disruption to existing and local workforce supplies. Knowledge of the challenges facing these partner organisations was varied, reflecting a sense that existing relationships locally needed strengthening at a strategic level.

"Successful change comes with a requisite to enhance and develop new skills across the sector. To do this we must provide creative opportunities for existing and new training partners to engage with us on that journey."

Other issues raised include:

- the external, non-NHS funding and resource that exists that is relevant to health and care careers. For example, the adult education budget, local business rate-funded projects, and European Social Fund (and its replacement) are all potentially important. While knowledge within the NHS may be limited, national guidance and support should be fostered to help ICSs access this funding

- the need for better organisational development support to develop the local leadership skill set needed for the range of new 'place-based' relationships developing. This could focus on, for example, universities, colleges, trade unions, local government and mayors
- many NHS leaders needing support to reach and engage representatives of local social care employers in a highly fragmented market. This will be an important part of future ICS leadership
- agreeing it important that the health and care sector develops an external ICS focus, akin to other industries, that maximises the vast economic and social value of the sector. This would include specifically the employment opportunities arising within the sector and should better influence wider local skills development and decision making
- the health and care sector operating in a highly competitive local, national and international market. A central review of learning from what other systems do to devolve, develop and retain its necessary and future workforce should be undertaken.

CASE STUDY: INFLUENCING THE WIDER SKILLS AGENDA

REINVENTING CAREERS ADVICE IN SCHOOLS IN SOUTH WEST LONDON

Careers advice is a critical part of helping students make informed decisions about their future, both when selecting subjects for their first job or in terms of wider career choices. To support local students in making their decisions, South West London Health Care Partnership has developed the  'Jobs That Care' programme in collaboration with HEE, specifically focusing on careers in health and social care.

Jobs That Care launched in January 2019 and uses a suite of blended learning solutions. This includes Jobs That Care Play, which takes the audience through three realistic scenes based in a GP surgery, a community setting and a hospital. In phase one, Jobs That Care Play was targeted at Year 8 groups in 20 schools in South West London, reaching around 5,000 students in total. Reinforcing Jobs That Care Play is Jobs That Care Game, which is a bespoke game designed to develop general knowledge around health and care, learn about different roles and how they fit with medical issues. Building on the learning is a Jobs That Care Digital solution consisting of an app and website.

Jobs That Care will over time become available to all schools and be a resource for local health and social care providers to use as part of their own school programmes.

"I welcome the direction set out in this report which strongly aligns with the views of many leaders across the NHS in response to our letter on the workforce implementation plan. We hope this public debate helps shape what will be important and lasting local decisions."

Julian Hartley, Chief Executive, Leeds Teaching Hospitals NHS Trust and National Executive Lead, NHS Workforce Implementation Plan

Next steps and consultation questions

The design of this consultation comes at an opportune time. Interim recommendations for the new national workforce implementation plan for the NHS are expected by the end of March 2019, with the final plan to be published later in the year.

It is therefore essential we are able to confidently represent the views of members to those leading national planning over the coming months. To do this, we want your views on this consultation, thoughts on how to further develop it and examples of what local systems are currently achieving. Please do share this briefing with colleagues across the health and care spectrum and let us have your views.

Key questions for discussion

- 1** Do you agree with the proposed role and responsibilities of local systems for workforce development as set out in this consultation?
- 2** What further activities or responsibilities, if any, would you recommend an ICS has future control over, specifically in relation to workforce?
- 3** Is it fair to place an expectation on ICS leaders to sign up to the commitments listed under any new future operating model?
- 4** What support would ICSs and STPs value the most, whether referenced in this document or not?
- 5** What is happening locally that should be highlighted as part of a wider good practice toolbox to other areas across England?

What do you think? Please respond to:

michael.wood@nhsconfed.org by 30 April 2019.

Join in the conversation at:

#futurehealthcareworkforce

Look ahead: Roundtable 2 – Strengthening our local partnerships

The second roundtable in the series will take place on 1 April 2019 and will look across the wider place, seeking to understand the local external relationships necessary to deliver increased local accountability for the health and care workforce. This roundtable will explore how the health and care sector is viewed by our training providers and those we seek to recruit, and the organisations we need to routinely engage with to play a more involved role in directing our future local pipeline, both traditional and non-traditional.

The NHS Confederation will publish a review of the discussions and its associated recommendations later in the year in an ICS manifesto. For more information, please contact: michael.wood@nhsconfed.org

With thanks to the roundtable participants

Andy Brown, Workforce Director, Surrey and East Sussex STP

Fiona Claridge, Regional Manager, London, NHS Confederation

Sheena Cumiskey, Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust

Dr Amanda Doyle OBE, GP, Chief Clinical Officer, Blackpool and Fylde and Wyre CCG and Chief Officer, Lancashire and South Cumbria ICS

Dean Fathers, Chair, Nottinghamshire Healthcare NHS Foundation Trust

Richard Griffin MBE, Project Director (Skills and Employability), NHS North West London

Kathryn Lavery, Chair, Yorkshire Ambulance Trust

Catherine McClellan, Program Director, Women and Children's, Cheshire and Merseyside Health and Care Partnership (STP)

Jane Milligan, Accountable Officer, North East London Commissioning Alliance and Senior Responsible Officer for the North East London STP

Danny Mortimer, Chief Executive, NHS Employers and Deputy Chief Executive, NHS Confederation

Sue Nichol, Workforce Lead, South West London STP

Professor Richard Parish, Chair, National Centre for Rural Health and Care

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About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services.

Our members are drawn from every part of the health and care system and join 560+ organisations connected to the NHS Confederation.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.



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