South East London ICS People Strategy
2023/24 to 2027/28

Contents

Foreword

On behalf of the South East London (SEL) People Board, it gives me great pleasure to introduce the first People Strategy for the South East London Integrated Care System (ICS). I want to thank all the colleagues and partners who have developed and contributed to it.

As the ICS is a new organisation, building on the work of the former Clinical Commissioning Groups, this strategy is an important step forward and a vital opportunity to make real and lasting change. Through it, we will share our vision and plans with our workforce, our partners and the wonderfully diverse and vibrant communities that we serve across SEL.

The combined impact of the Covid-19 pandemic, the cost of living crisis and national recruitment and retention issues, has created a perfect storm for our health and social care services. So, the timing of this ambitious plan could not be more crucial. We are committed to tackling the deep-seated health inequalities these issues have exacerbated - especially in our most deprived communities.

By fostering a joined-up approach, we believe we will be better placed to develop and support our amazing people – empowering them to work as `one workforce` to improve the health and wellbeing of everyone who lives and works in South East London.

Collaboration sits at the heart of this strategy which has been developed with our many health and social care partners across SEL. We are grateful for their contributions and insights. Together, we have built a comprehensive picture of the workforce challenges we face and established our priorities to help us maximise resources, meet the growing demand for services and realise our vision for staff, patients and communities.

We have set out an ambitious case for change. We want to drive innovation using emerging technologies and new ways of working. A `one workforce` approach will underpin our commitment to greater efficiency and better joined-up patient care.

Improving equality is pivotal to our success. Our boroughs feature some of the most diverse and vibrant communities anywhere in the world - something we are extremely proud of. We want to promote and create more and better job opportunities in our sectors and dismantle the barriers that deter under-represented groups from joining our workforce.

The last few years have been the toughest ever for those working in health and social care, so we must redouble our efforts to retain our staff by better supporting their health and wellbeing and ensuring they feel valued. In this way, we hope our efforts will not only encourage more local people to join us but to grow their careers with us - here, in South East London.

Chair, SEL ICS
People Board

Dr Ify Okocha

Chief People Officer,
SEL ICB & Guys &
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Foundation Trust

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1. Vision and Principles

South East London
Integrated Care System

Our vision

We want South East London (SEL) to be a diverse, joyful and vibrant place where our skilled 'one workforce' are supported to live healthy working lives and empowered and encouraged to collaborate across our partners, making a difference to the lives of people in our communities.

The SEL People Strategy will:

1. Support growth, transformation and retention of our 'one workforce' *(all staff working across Health and Social Care in any setting, including Acute, Primary and Community Care, Voluntary, Charity and Social Enterprise)*
2. Support working as a system by default
3. Cover the full patient pathway and support population health
4. Support activity at various levels: ICS, Collaboratives (Acute Provider Collaborative - APC), Community, Mental Health (MH) and Place
5. Deliver against the ten People Function outcomes
6. Support national policy and delivery within a regional context
7. Link service planning to workforce and finance
8. Focus on value for money and avoiding duplication
9. Measure impact and make a difference

Support delivery of the 5 ICS Priorities: Prevention and wellbeing, Early Years, Children and Young People Mental Health, Adult MH and Primary Care and People with Long Term Conditions

2. Introduction: SEL "One Workforce"

Overview of **current workforce estimates in SEL** across health and care.

Workforce in excess of **132,084** employed by:

- 341 Pharmacies
- 210 GP Practices
- 2 Mental Health Providers
- 4 Community Providers
- 3 Acute Trusts
- 6 Local Authorities
- 1 Integrated Care Board
- 11 Specialist Palliative Care Community Providers

Insights

Vacancies: High vacancy rates for health and social care staff;

Pay: Pay disparity between Health & Social Care;

Carers: Significant levels of unpaid careers (est.upwards 26,000).

Retirement Risk: Ageing workforce;

Retention: High turnover rates;

Competition: For staff across providers.

Organisation	Headcount
Adult Social Care (Independent sector)[1]	37,000
Voluntary Sector Employees[2] (crude split London/5)	31,848
Guy's and St Thomas'	22,188
King's College Hospital	13,291
Lewisham and Greenwich FT	6,888
South London & The Maudsley SLAM (also covers Croydon	5,526
Oxleas	3,958
Pharmacy (July 22)	2,457
Adult Social Care (Local Authorities)	2,400
General Practice (July 22)	5,065
Bromley Health Care	1100
SEL ICB	663
Figures for independent sector (other than adult SC are unknown), those working for direct payment recipients are also not counted.	unknown
Estimated workforce SEL	**132,384**

Data Source: [1] Care UK, Skills for care 2021; [2]UK Civil society almanac 2021; NHS England 2023 (including NHS Digital and HEE)

2. Introduction: Setting our Strategic Direction

Improving care and supporting our population is fundamentally dependent on the care, compassion and expertise of our workforce across all settings.

Our People Strategy is a key enabler to the ICB (Integrated Care Board) vision. This strategy aims to present a response to our case for change, direct actions to support workforce growth and transformation that maximises impact through collaboration. The strategy will ensure that collectively, our system priorities add up to a coherent and co-ordinated approach to fulfil our commitments.

This strategy will be used to:

- Direct the activity of the SEL Workforce Programme Team and be connected to a firm delivery plan refreshed annually

- Support system partners to work collaboratively in order to:
  - ➢ Address shared priorities of supporting the workforce
  - ➢ Achieve efficiencies and maximise value for money
  - ➢ Direct investment for system-wide benefit

- Influence, enable or expand activity planned by partners

- Support investment and value for money

- Serve as a reference point to support decision making.

This strategy has been co-designed with our partners and we will continue to engage with them and with our workforce, patients and communities to respond to their changing needs and drive impact. So, this is a 'live' document which we will continually review in response to this engagement.

We will build on our work in progress and expand it to meet ongoing challenges, problems and future requirements.

This strategy does not state the full breadth of work to be undertaken but outlines strategic priorities based on our commitments and acknowledging where we can add value by working at system level.
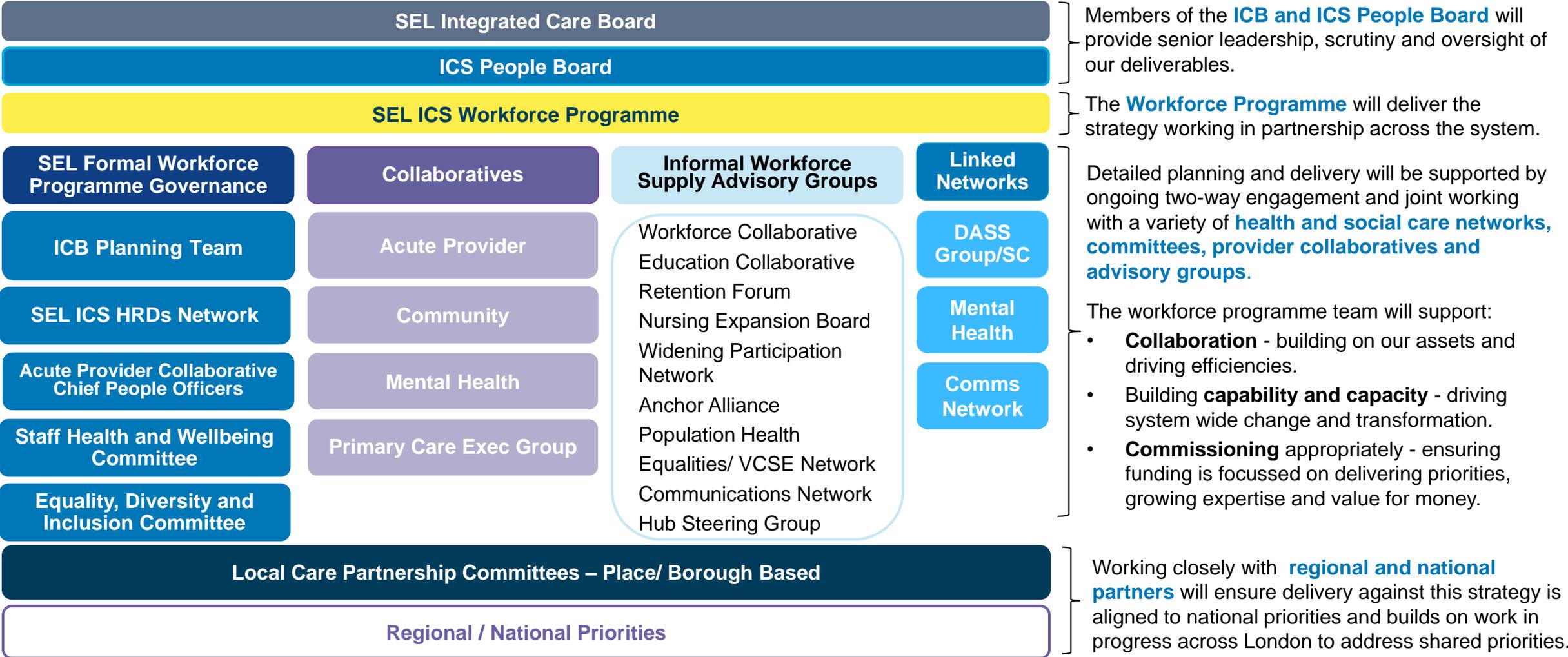
How will we deliver against this strategy?

There are five inter-connected and overlapping priorities that will set the foundation for our delivery plan:

Strategic Workforce Planning | Driving training and education | Promoting SEL as a great place to work | Embedding a culture of inclusion and wellbeing | Enabling innovation
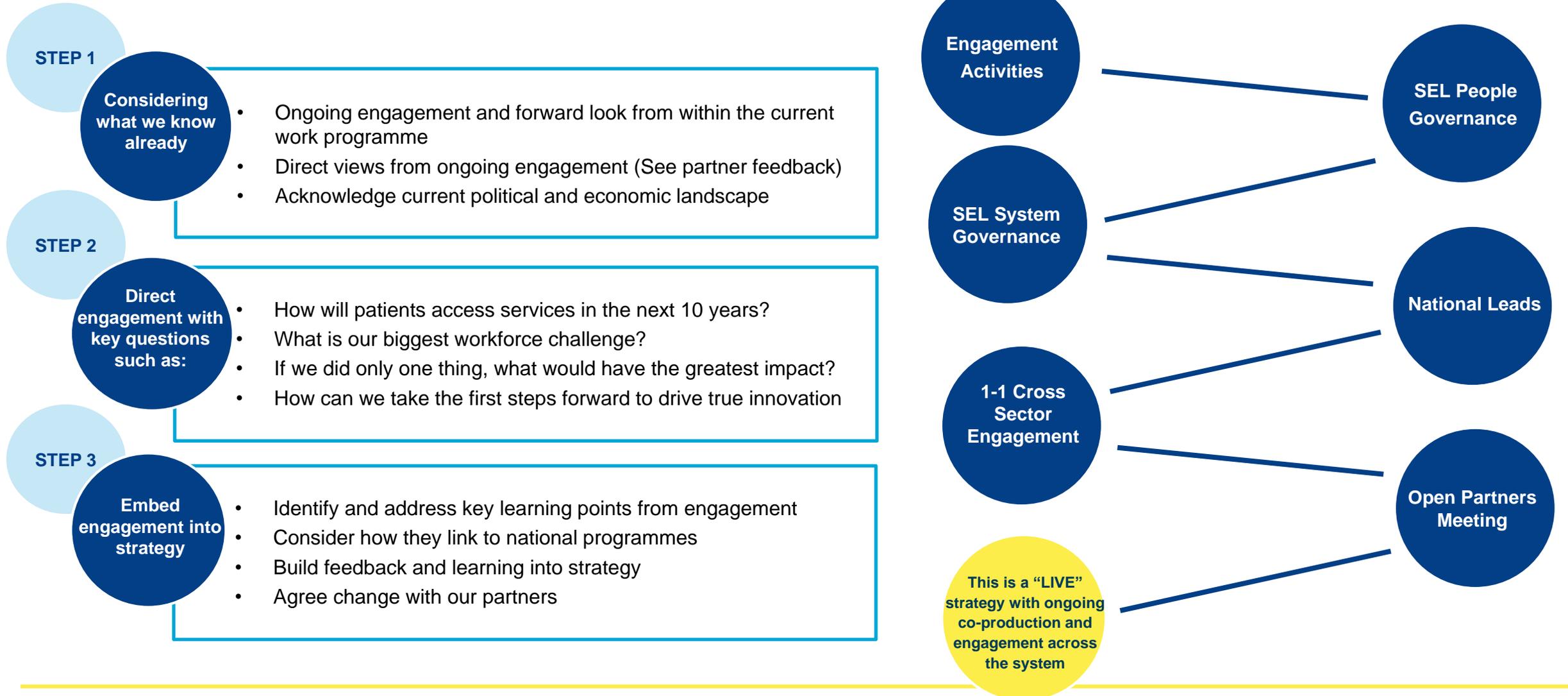
2. Introduction: Delivering the Strategy

This People Strategy is focussed on addressing the needs of all SEL boroughs and driving equalities for our population. We will deliver it by working through our governance system and partnerships as shown below:

SEL Integrated Care Board

Members of the **ICB and ICS People Board** will provide senior leadership, scrutiny and oversight of our deliverables.

ICS People Board

SEL ICS Workforce Programme

The **Workforce Programme** will deliver the strategy working in partnership across the system.

SEL Formal Workforce Programme Governance	Collaboratives	Informal Workforce Supply Advisory Groups	Linked Networks
ICB Planning Team	Acute Provider	Workforce Collaborative Education Collaborative Retention Forum Nursing Expansion Board Widening Participation Network Anchor Alliance Population Health Equalities/ VCSE Network Communications Network Hub Steering Group	DASS Group/SC
SEL ICS HRDs Network	Community		Mental Health
Acute Provider Collaborative Chief People Officers	Mental Health		Comms Network
Staff Health and Wellbeing Committee	Primary Care Exec Group		
Equality, Diversity and Inclusion Committee			

Detailed planning and delivery will be supported by ongoing two-way engagement and joint working with a variety of **health and social care networks, committees, provider collaboratives and advisory groups**.

The workforce programme team will support:
- **Collaboration** - building on our assets and driving efficiencies.
- Building **capability and capacity** - driving system wide change and transformation.
- **Commissioning** appropriately - ensuring funding is focussed on delivering priorities, growing expertise and value for money.

Local Care Partnership Committees – Place/ Borough Based

Working closely with **regional and national partners** will ensure delivery against this strategy is aligned to national priorities and builds on work in progress across London to address shared priorities.

Regional / National Priorities

3. Building the Strategy: Overview of Engagement

STEP 1

Considering what we know already

- Ongoing engagement and forward look from within the current work programme
- Direct views from ongoing engagement (See partner feedback)
- Acknowledge current political and economic landscape

STEP 2

Direct engagement with key questions such as:

- How will patients access services in the next 10 years?
- What is our biggest workforce challenge?
- If we did only one thing, what would have the greatest impact?
- How can we take the first steps forward to drive true innovation

STEP 3

Embed engagement into strategy

- Identify and address key learning points from engagement
- Consider how they link to national programmes
- Build feedback and learning into strategy
- Agree change with our partners

Engagement Activities

SEL System Governance

1-1 Cross Sector Engagement

SEL People Governance

National Leads

Open Partners Meeting

This is a "LIVE" strategy with ongoing co-production and engagement across the system

3. Building the Strategy: Partner Feedback

What our partners told us was important to them:

Need to rebuild trust with our communities and our staff.

Need to link education with the widening participation piece (HRDs).

Employment is the #1 thing we can do and that will support the broader mental wellbeing of our communities as social determinant of health has improved.

Renewed ambition for greater collaboration between partners to help accelerate progress in meeting our most critical health and care challenges.

Levelling up – language important here as we need to move beyond the political definition of it and determine a minimum level of support/ interventions that would be expected, particularly for EDI.

How do we build on the lessons learnt and the momentum created through COVID?

Providing stable employment, paying a living wage, and offering fair working conditions, work-life balance and career progression.' (Citizens UK and Health Foundation).

Workforce strategy should include a focus on engaging and empowering the workforce. Could we have an agreed improvement methodology across the ICS for engaging the workforce and population in general?

A highly performing, sustainable system, that looks after its staff and communities and has a relentless focus on inequalities.

Bigger institutions need to support the smaller ones to do better, particularly general practice so that there's a standardised level of support.

Improved evidence and understanding of workforce gaps and shared risks to workforce supply. System level visibility and building on evaluation will be important.

3. Building the Strategy: Local Care Partnerships

"Local Care Partnership (LCPs) are responsible for the effective planning and delivery of place-based services to meet the needs of the population they Service. LCPs are partnerships between, Health, Care, Voluntary sector".

- SEL has 6 LCPs coterminous with the 6 SEL Boroughs
- Borough based engagement is ongoing as part of the development of the SEL Five Year Forward View
- Further engagement through the 'SEL LCP discovery project' supporting the development of this strategy has concluded the need for ongoing engagement through set governance allowing a response to borough based need that adds to existing strategies and work in progress
- Engagement has highlighted the unique characteristics of each borough, characteristics which impact on the demand and types of services required there, the workforce implications and the development of our case for change
- Workforce activities are underway and there are opportunities to do more or do things differently, such as scaling up recruitment efforts or coming together to share best practice, and examples of local innovation have also been acknowledged.

We recognise that primary care is a significant gateway for patients into the NHS, and the importance of out of hospital care in caring for people closer to home.

Leadership

Supply

LCP Workforce Challenges

New Roles

New ways of working

Better understanding of the workforce challenges, priorities and associated resources at place has informed our thinking of how we can use our expertise and resources to best effect.

Ensuring people have convenient access to high quality primary care and improving support and care for people with long term conditions is a system priority. Expanding the primary care workforce remains a top priority to increase capacity.

4. Case for Change

The case for change provides the foundations for the SEL ICS People Strategy, it:

1) Identifies the 'as is position of the health and care workforce in SEL **2)** Looks for changes in demographics and deprivation which may further impact on the current levels of access and change future demand **3)** Estimates gaps in the workforce based on demand forecasts **4)** Describes the landscape and challenges at place.

01 Workforce Baseline

Complex employment landscape with an estimated 700+ employing organizations in SEL

Recruitment and retention remains a significant challenge nationally and locally

National shortages (NHS 165,000 vacancies)

Recruitment and retention efforts likely to be hindered by London's record low unemployment rate

More to do to target recruitment at minority groups

Adult Social Care locally and nationally presents the greatest single challenge

02 Service Demands

More people will be living with poor health over the next five years, impacting on service demand

By 2028 the population aged 65 and over in SEL is projected to grow by 18%

Access to primary care continues to be challenging, impacting on A&E

Current diagnostics performance is good but will be impacted by new referral pathways

Cancer access has not returned to pre-pandemic levels

Elective recovery continues to be a priority still significant backlogs for ENT and Trauma & Orthopaedics services

03 Workforce Supply

Workforce supply will not keep up with demand across several key sectors

Staff retention remains a key priority to limit the workforce gap. Adult social care is in crisis, with vacancies growing by 52% between 2021 and 2022

Growth in GPs and General Practice Nurses (GPNs) has been static for the past five years with significant retirement risks for GPNs

Continued strong growth in adult nursing supply will not be enough to reduce gaps in workforce. The position for mental health (MH) professions, psychiatry and MH nursing is similar

Community Nursing remains a challenge with 26% turnover and dramatic reductions in FTE are observed for Health Visitors.

04 Borough Profiles

Across SEL there are 6 place-based partnerships who co-ordinate local services, driving improvements in health

The unique features of each borough informs the service provision which determines the workforce requirements and the availability of workforce

4 of 6 boroughs have higher than England and London averages for prevalence of mental health issues

Lewisham and Southwark have a high deprivation score (both in most deprived quartile for England)

There are substantial variations in social care vacancy rates across boroughs

A detailed case for change is available as a separate document with highlights presented within this strategy.

4. Case for Change: Workforce insights by sector

Primary and Community Care For most patients primary care is the start of their healthcare journey.

- Demand on services is expected to continue to increase
- SEL in bottom ICB quartile for GP coverage and bottom decile for GPN
- There is a 19% vacancy rate for Community Nursing and turnover has risen to 24%.
- Staff supply not expected to meet demand

Social Care The number of people requiring help with at least one activity of daily living (ADL) increases for those aged 65 years and over.

- Demand for social care is forecast to increase by 28% between 2022 to 2035
- Adult SC workers have an average vacancy rate of 12.5%, across SEL
- The number of filled posts reduced by 1000 between 20/21 and 21/22
- 40% posts are zero hours contracts

Acute Care Access to services was disrupted by the pandemic, whilst significant work has been undertaken to reduce waiting lists, an aging population with increased health needs will continue to put pressure on services.

- Despite a strong supply the 1.4K adult nursing vacancies mean there will continue to be a shortage
- Trends in the consultant workforce show a strong supply growth across most specialties

Mental Health Mental health problems are a growing public health concern. It is estimated that 1 in 6 people in the past week experienced a common mental health problem.

- Four SEL Boroughs have a higher than England and London average for mental health (MH) prevalence
- Two SEL Boroughs have higher than England and London average for dementia prevalence
- High vacancy levels for psychiatry (29%) and MH nursing (23%)

Maternity/Children & Young People Ensuring children get a good start in life has a huge impact on their health and broader life chances.

- Shrinkage in the health visitor workforce and high turnover of staff may impact on delivery of early years support
- By 2028, modelling estimates a gap of 59 WTE health visitors in SEL
- Midwives have the lowest vacancy rates and turnover in their staff group.
- Obs & Gynae consultants have relatively low vacancies & turnover

End of Life (Adult Services) End of Life Care is an important part of palliative care for people who are nearing end of life.

- Pre to post-Covid there was a 20% increase in patient numbers with higher complexity
- Significant numbers of the workforce are volunteers
- The greatest shortfall is amongst nursing staff, although there are hard to fill vacancies in the medical workforce also.

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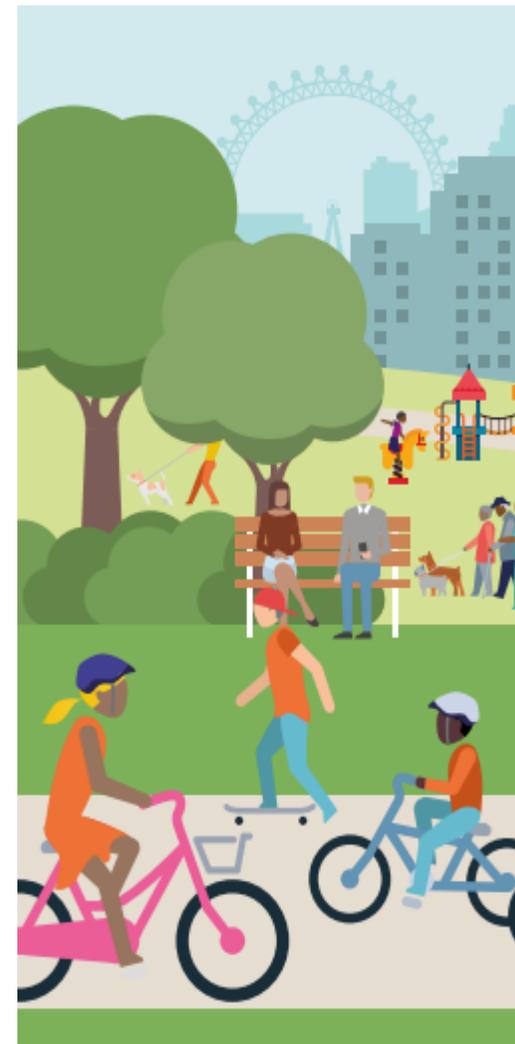
4. Case for Change: Primary and Community Care

GP Workforce: The number of qualified GPs in SEL between Sep 2017 and Sep 2022 remained static. However, the real change was in the full time equivalent count (FTEs) where over the same period there was a reduction of 2.9%, indicating GPs are working less sessions.

If this trend continues to 2027, the number of GP FTEs could fall from 858 to 833.
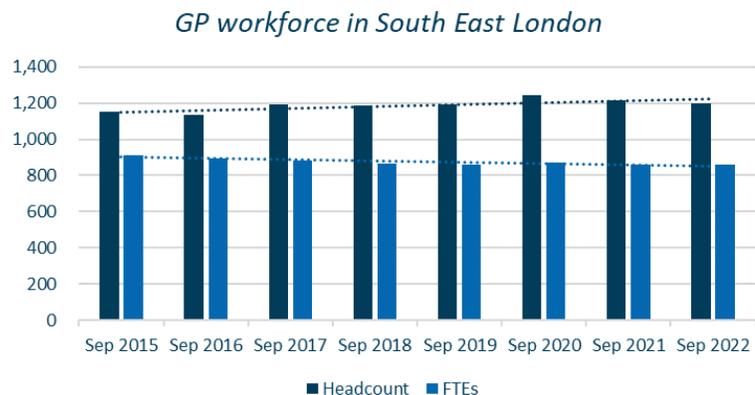
Nurse workforce (FTE) in SEL

General Practice Nurse Workforce: The Number of nurses (FTE) in practices has remained similar between September 17 and September 2020.

SEL has a significant retirement risk for Practice Nurses, with a higher proportion of nurses aged 55 or over compared to the national average (more than 10% higher).

GP workforce in South East London

National Insights

The Fuller Report

Systems need to accelerate the implementation of integrated general practice, community pharmacy, dentistry and optometry.

Key Workforce Priorities

- Recruit and retain PC workforce
- Optimise current capacity
- Develop career frameworks
- Improve supervision
- Develop leadership skills and capacity
- Access to training & education
- Portfolio careers
- Improve work life balance

4. Case for Change: Social Care

In SEL ICS, Adult Social Care is the largest employer with over 42,000 posts. 80% of providers are Small Medium Enterprises (SME) and fragmented across local councils and the independent sector.

Recruitment to the sector remains challenging, often roles are perceived as being unattractive and low paid. The infographics describes some key stats on the current state of adult social care in SEL.
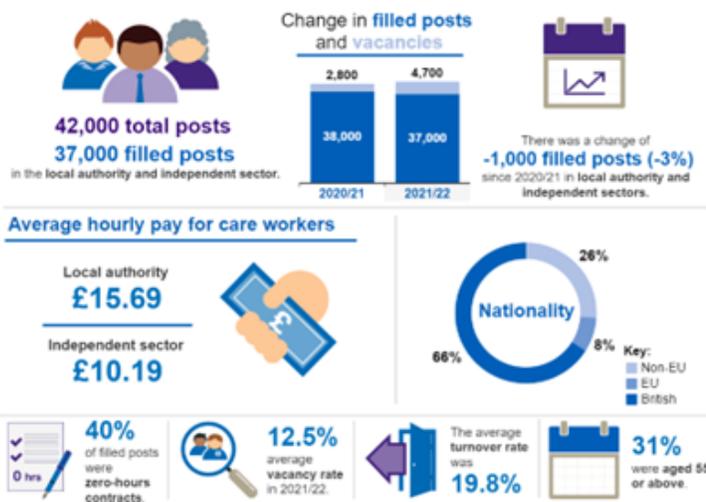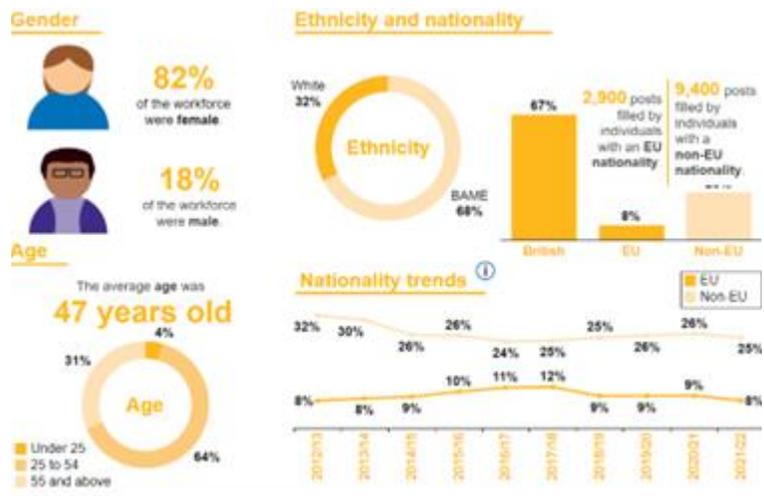
The number of people requiring help with at least one activity of daily living (ADL) increases for those aged 65 years and over. Demand for social care is forecast to increase by 28% between 2022 to 2035.

Adult SC workers have an average vacancy rate of 12.5%, across SEL

The number of filled posts reduced by 1000 between 20/21 and 21/22

40% posts are zero hours contracts

National Insights

The State of the adult social care sector report (2022)

Social care challenges are not unique to SEL. **Skills for Care** reports that the number of vacant posts in adult social care have increased by 52% in one year and it is now the highest rate since records began in 2012/13. This means on any given day there are around 165,000 vacancies.

Across social care in England, by 2035 the workforce will need to grow by **480,000 people** to keep pace with demand. In addition, social care may lose a further **430,000** people in the next ten years if those aged 55 and over decide to retire.

4. Case for Change: Workforce Supply (1)

Workforce planning remains a challenge and covers a broad spectrum of activity. Effective data utilisation and data sharing at all levels including workforce, service and population health - will be central to driving evidence based change for future planning[1].

In developing this case for change workforce gaps and shortages after five years have been considered in a "do nothing scenario" assessing *the difference in supply and demand; where demand has been measured by current vacancies and projected population growth and activity projections weighted by age, and supply is based on historical trends[2]; forecasts and projections <u>do not</u> include any NEW transformation work, such as increased levels of productivity through automation, or increased workforce supply through new international recruitment. They do incorporate previous interventions in workforce supply and assume the impacts of these will continue into the future.* This analysis represents the one view of the upcoming challenge, it is acknowledged that demand may be calculated in numerous ways but these data illustrate key points:

Insights:

• **Primary care, community care and mental health** all show a gap between demand forecast and projected supply.

• **Significant gaps are observed** for **mental health nurses**; International recruitment has been a challenge (Nurses Programme delivery update), therefore additional interventions are required to meet future demand.

• For **GPs, health visitors and the psychologist/psychotherapy roles** no vacancy data is available, which means the real workforce gap is most likely greater than shown on this page.

Sector	Profession	Staff In Post Oct 22	Vacancies Oct 22	Forecast Demand (WTEs)	Projected Supply (WTEs)	Estimated Gap by 2028 (WTEs)
Primary Care & Community Care	GPs	858	n/a	+77	-25	*-102**
	Community Nurses	1,480	346	544	282	**-262**
Maternity / CYP	Midwives	1032	115	+65	+88	**+23**
	Children's Nurses	1,661	233	+108	+387	**+279**
	Health Visitors	236	n/a	-10	-69	*-59**
	Obs & Gynae consultants	116	6	+8	+33	**+25**
Mental Health	Mental Health Nurses	2,116	639	938	630	**-308**
	Psychiatry consultants	90	36	47	12	**-35**
	Psychologists / Psychotherapists	998	n/a	89	175	*+86**

* No current vacancy data is available, which impacts the future gap calculations. E.g. suppose the current vacancy rate for Psychologists and Psychotherapists was 20%; it would equate to ca. 200 vacancies and the final "gap" would be ca. -114 as opposed to +86.

4. Case for Change: Workforce Supply (2)

> The workforce challenge for acute services is illustrated below. As seen in other services, the biggest discrepancy between projected demand and supply is for nursing, with around 900 less nurses available in 2028 then required to meet demand. Nursing (acute, community and mental health) are a priority area to provide interventions and workforce solutions to close the gap between demand and supply.

Sector	Profession	Staff In Post Oct 22	Vacancies Oct 22	Forecast Demand (WTEs)	Projected Supply (WTEs)	Estimated Gap by 2028 (WTEs)
Acute Care	Adult Nurses	10,119	1,414	+2,665	+1,756	**-909**
	Anaesthetists / Intensive Care consultants	455	24	+70	+86	**+16**
	Radiologists	151	23	+40	+46	**+6**
	T&O consultants	87	n/a	+8	+20	**+12**
	General Surgery consultants	76	12	+20	+15	**-5**
	Elderly Care consultants	60	n/a	*+10*	+15	**+5***
	Ophthalmology consultants	50	n/a	*+4*	+10	**+5***
	ENT consultants	37	n/a	+3	+8	**+4***
	Physiotherapists	992	183	+288	+285	**-3**
	Radiographers	792	108	+189	+157	**-32**
	Pharmacists (secondary care)	767	n/a	+69	+186	**+117***
	Occupational Therapists	681	129	+201	+163	**-38**
	Dieticians	256	35	+61	+40	**-20**

* No current vacancy data is available, which impacts the future gap calculations. E.g. suppose the current vacancy rate for ENT consultants was 20%; it would equate to ca. 7 vacancies and the final "gap" would be ca. -3 as opposed to +4.

4. Case for Change: Staff Retention

"Workforce growth cannot be achieved without looking after our people"

SEL ICS have become a **People Promise Exemplar site** and are working with NHS England to bring to life the People Promise to retain our staff. Learnings from this will be shared across the system.

Retention is a central theme across this strategy and must be considered in multiple ways from role inception, to advertisement, recruitment, and beyond.

Retention Insights

Turnover: Turnover is highest for nurses (16.4%) and midwives at 16.0% (1);

Reason for leaving: The primary reasons for leaving SEL is relocation 21.6%, followed by pay and reward 16.8%. Retirement 15.5%, work-life balance 15.1%, flexibility 2.6%, and progression 3% are also key reasons that staff leave (2);

Staff H&WB and ED&I: Staff with protected characteristics, particularly those with long term conditions, have the poorest workplace experience across all staff groups (4).

Priority areas

To improve the retention of staff we have identified five priority areas:

Work-life Balance	Progression/ CPD	Reward and Recognition	Health and Wellbeing	Equality, Diversity and Inclusion

Within the first phase of the programme we have:

Identified priority groups at greatest risk of leaving via data analysis

Identified key drivers of retention

Recruited a **dedicated ICS Retention Lead**

Secured investment for projects linked to the **retention of social care nurses**, including improving admissions/discharges

Developed a **People Promise Exemplar Retention Programme** that;
- ✓ **Cross-cuts all staff and work areas**;
- ✓ Takes specific action for **priority groups**;
- ✓ Ensures retention is a golden thread via **interdependent programme links**; and
- ✓ Responds to the changing health and care landscape via ongoing **horizon scanning**.

Completed a **Mental Health multi-professional Career Development Framework** for SEL and beyond

Established an **ICS Nurse Retention Forum**

Developed an **ICS Flexible Working Vision & Principles**

Commissioned an evaluation into barriers of flexible working

5. Priorities and Measuring Success

One workforce – across health and social care

Priorities

Strategic Workforce Planning

Driving training and education

Promoting SEL as a great place to work

Embedding a culture of inclusion and wellbeing

Enabling innovation

Ambition

- Growing the workforce for the future, and enabling adequate workforce supply
- To ensure evidence based decision making supports investment in workforce growth and transformation

- Educating, training and developing people, and managing talent
- To strategically plan education to address future workforce gaps and requirements of new roles and ways of working

- Creating good jobs for local people supporting broader social and economic development
- To support recruitment and retention of staff by promoting SEL as the best place to work

- Ensuring that the culture of our workplace is positive, compassionate, and inclusive
- Supporting staff health and well being, EDI and staff retention, and creating a great experience for staff

- Leading workforce transformation and new ways of working
- To embed innovation throughout our system workforce plans and work with Partners to deliver dynamic services and create future focused employment opportunities

Success 5 Years

Integrated workforce planning across Health and Care delivering accurate data and analytics to continually drive investment, report on workforce supply risks and develop mitigation plans.

All our "one workforce" have a development plan and opportunities to access multi-disciplinary training offers. Integrated care is embedded within everyone's career planning.

Our integrated vacancy rate stabilises with annual improvements set by profession; and with an increased number of staff are recruited from our local communities.

Our integrated retention rate stabilises with an improvement of 2% by 2025 aligned to national targets; our diverse population profile is represented at all levels.

Spread and scale of high impact actions supporting integrated care, and investments in AI and digital solutions to address workforce gaps will drive change.

6. Strategic Actions

"This 5 year strategy will support workforce growth and transformation that maximises impact through collaboration." Put together, our priorities will enable a coherent and co-ordinated approach to fulfil our commitments.

Interconnected priorities

2023 - 2028

1 Strategic Workforce Planning

- To work towards integrated planning approaches that will have long term benefit and align to national sources.
- Supporting all provider collaboratives
- To develop consistent methodology in collecting and reporting workforce data, with regional and national benchmarking
- Delivery of workforce intelligence to identify and address workforce gaps across Primary Care, Acute Care and Social Care
- Develop long term skills based planning supporting new roles

2 Education and Training

- To deliver against a comprehensive, co-designed education strategy
- Targeted action plans by profession and Multidisciplinary teams with a focus on National shortage professions
- Support action on medical education to address known changes to the pipeline and the need to support non-traditional training routes and widening participation.
- Work with educational institutions and others to develop and expand training and placement opportunities
- Increasing accessibility to shared educational resources.
- Design and delivery of new education offers to support new priorities and new roles

3 SEL as the Best Place To Work

- To ensure promotion of SEL forms part of a robust recruitment and retention strategy
- Delivering a SEL marketing strategy with a co-ordinated recruitment campaign
- To support the Anchor agenda by recruiting locally and reporting this
- Focussed support for smaller providers and voluntary sector
- Community engagement to understand and address barriers to employment
- Actively supporting widening participation
- Increase Apprenticeships
- Targeted actions to support Place ensuring a strategic approach committed to levelling up.

4 A culture of inclusion and well-being

- Expanded HWB and EDI offer with a focus on supporting accessibility and prevention
- Keeping our staff safe through violence prevention and safety measures
- Promoting spread of Health and Care values through a social movement and staff networks
- Engaging and empowering staff to lead change across traditional boundaries.
- Empowering the voice of our people and enhancing the capability of staff networks
- Embedding a culture of compassionate leadership and inclusive HR
- Drive an inclusive talent management strategy which improved opportunities

5 Enabling Innovation

- To pilot the use of new roles and new ways of working with a focus on utilizing community based roles.
- To support hybrid working across Health and Care
- To plan for improvements to support prevention and population health
- To support the expansion of digital solutions and AI
- To support system readiness for operational change eg planning for reservists and anticipatory medicine
- To form new partnerships and create new investment opportunities by working with external private sector organisations and charities

Borough

- **On going engagement through set governance allowing a response to borough based need that adds to existing strategies and work in progress.**
- **Focussed action on levelling up across SEL**
- **Delivery against the five year forward view and connected engagement with Borough leads**

This is a "LIVE" document with ongoing co-production and engagement across the system

7. Phased Delivery of Our Strategy

An overview of our 5 year plan

Year 1

We will continue work in progress and expand against core priorities :

- An ambitious health and wellbeing offer that is proactive and focuses on prevention with an emphasis on supporting smaller organisations and the voluntary sector
- Creating a culture of inclusion via building a social movement and enabling the learning space for bold new thinking
- Deliver Occupational Health at scale and EAP transformation
- Driving forward retention through flexible working, delayed retirement offers and education and development opportunities

- Develop our reporting and risk mitigation to secure workforce supply
- A multi-stranded approach to workforce planning. Setting foundations for data sharing and progressing towards automated digital solutions
- Improving social determinants of health through localised recruitment enabled by a Health and Care Recruitment Hub

- Expand support for the Social Care workforce and progress levelling up across boroughs
- Out of hospital care supported by virtual ward
- Support Primary Care and UEC through workforce solutions focussed on prevention and an early response
- A renewed focus on Mental Health including children and young people to support the ICP strategy
- Deliver collaborative programmes to support prevention and expanded use of community based roles
- Increased use of community based roles to support new services and improve access

Years 2-5

Building on foundations set in Year 1:
- Engagement and co-design
- Address national, regional and local priorities
- Understanding the financial envelope and maximising value for money
- Reporting and risk mitigation to secure workforce supply

Strategic actions will be set by considering:
- The size of the opportunity
- The need for collaboration
- Feasibility
- Strategic coherence.

Put together, our priorities enable a coherent and co-ordinated approach to fulfil our commitments.

An annual delivery plan set against this strategy will:

1) Provide clarity on deliverables, which may include a variety of outputs such as forming collaborations, offering support, reporting and also delivery of defined end products.

2) Present SMART objectives with defined KPIs.

3) Be co-designed with partners.

"LIVE" document

8. Conclusion

This People Strategy will respond to the case for change and will support:

- The LCP strategy & ICB vision

- The recovery of core services

- Increased productivity

- The key ambitions in the NHS Long Term Plan (LTP) and Social Care Build Back Better: Our Plan for Health and Social Care

- A collaborative approach to recruitment, retention and transformation.

Delivery against our People Strategy will:

- Acknowledge the context of financial pressure and the priority to avoid duplication and maximise investment and value for money

- Actively support the Five Year forward view as a key enabler to the ICB vision.

LCP Strategy

Our priorities:

Prevention and wellbeing
Become better at preventing ill health and helping people in south east London to live healthier lives.

Ensuring a good start in life
Ensuring parents, children and families receive the most effective support before and during childbirth and in early years

Children and young people's mental health
Ensuring that children and young people receive early and effective support for common mental health challenges.

Adults' mental health
Ensuring that adults in south east London receive early and effective support for common mental health challenges.

Primary care and people with long term conditions
Ensuring that people, including those with continuing health needs, can conveniently access high quality primary care services.