

GREATER MANCHESTER CHILDREN'S HEALTH AND WELL BEING FORUM

Thursday 13th June 2019

10:00am – 1:00pm

British Muslim Heritage Centre, College Road, Whalley
Range, Manchester, M16 8BP

1. WELCOME AND INTRODUCTION

Carol Ewing (Chair)
SCN Children's Clinical Advisor

GREATER MANCHESTER CHILDREN'S HEALTH AND WELLBEING BOARD FORUM

DEEP DIVE to DEVELOP the WORKFORCE
13.6.19

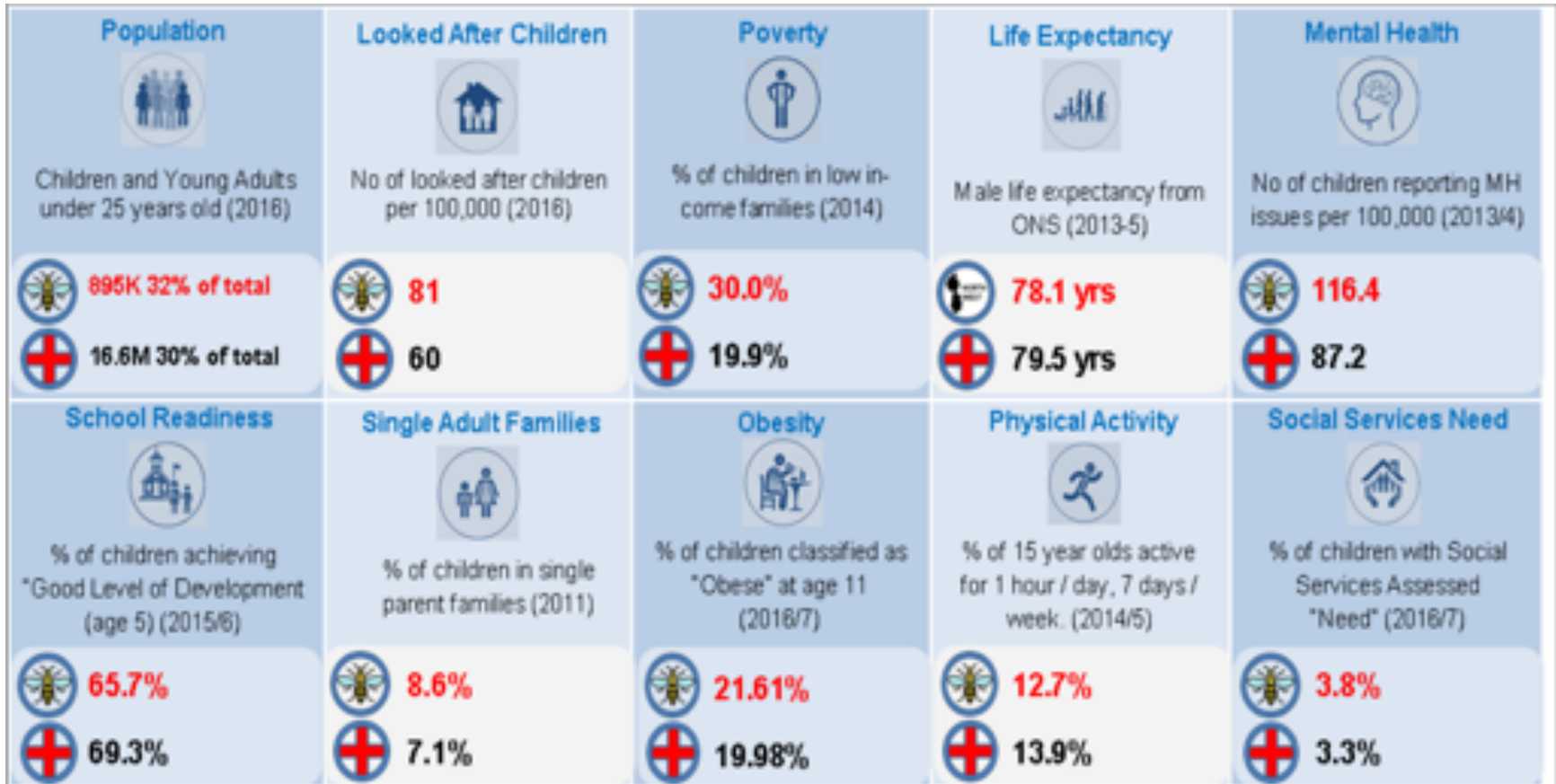
Dr Carol Ewing
Clinical Adviser, GM & EC SCN
Chair of CHWBB Forum Board

CHILDREN'S HEALTH AND WELLBEING FRAMEWORK

OBJECTIVE 8

To develop a modern, effective, safe and sustainable workforce that delivers children and young people's services, ensuring we have the right people with the right skills and values in the right places

GM Children and Young People: Population Profile



ENGLAND



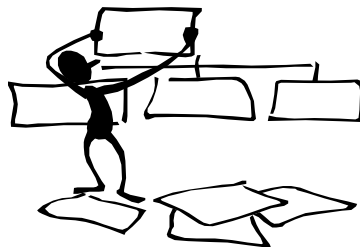
GREATER MANCHESTER

MY STARTER FOR 10

- **Needs of population, 0 – 25 years – the evidence**
- **Designed in partnership with CYP, families and carers**
- **Drivers e.g. NHSE People's Plan**
- **Linking to GMCA & locality workforce plans; plans for Maternity, Early Years, acute service provision, Mental Health**
- **The right models of care applying best practice and standards:**
 - **Out of hospital model**
 - **Health and agency integration**
 - **Developing a managed clinical network for acute services**
- **The right workforce model for the type of service provided – workforce transformation, embedding innovative practice e.g. PAs, youth services; identifying key gaps and priorities**
- **Ensuring that enough people are being trained for the right roles; leadership**
- **Importance of intelligence, data & evaluation**

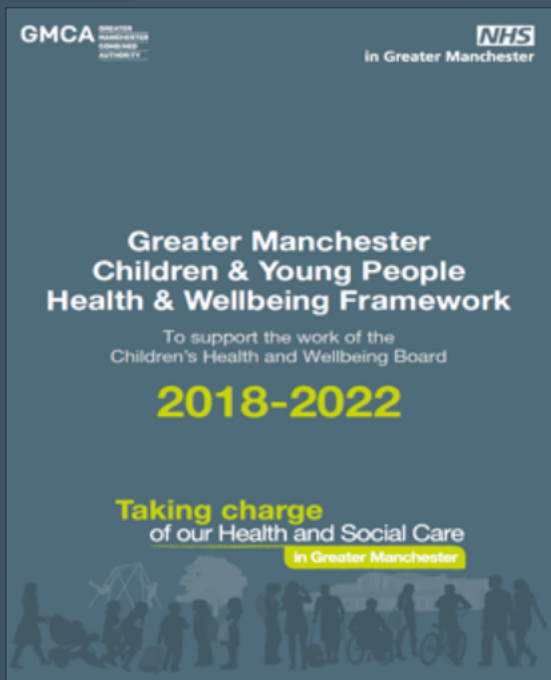
Our task for today

- Presentations
- Add your comments to flip charts
- Deep Dive Qs
- Next steps and action plans



2. BUSINESS UPDATE

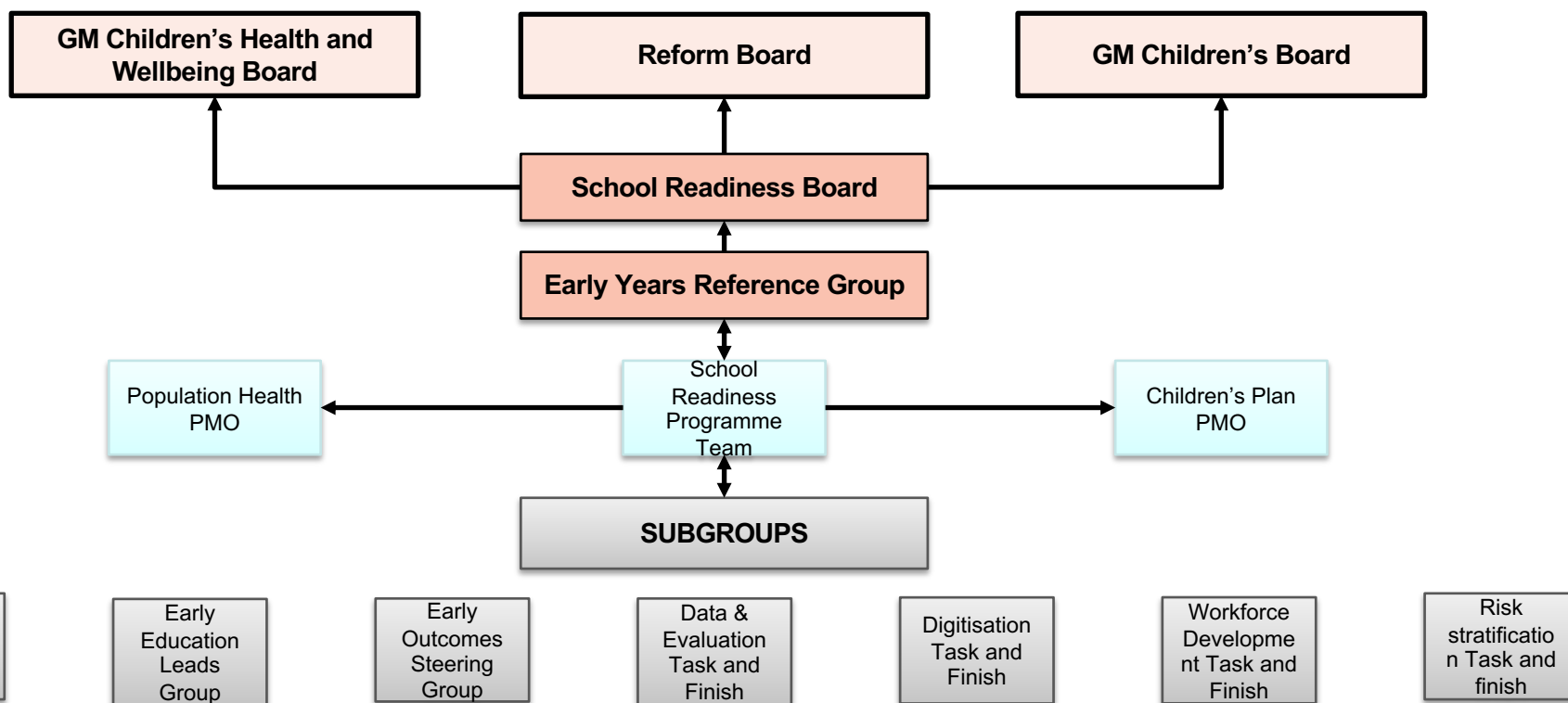
Julie Cheetham
Associate Director, SCN



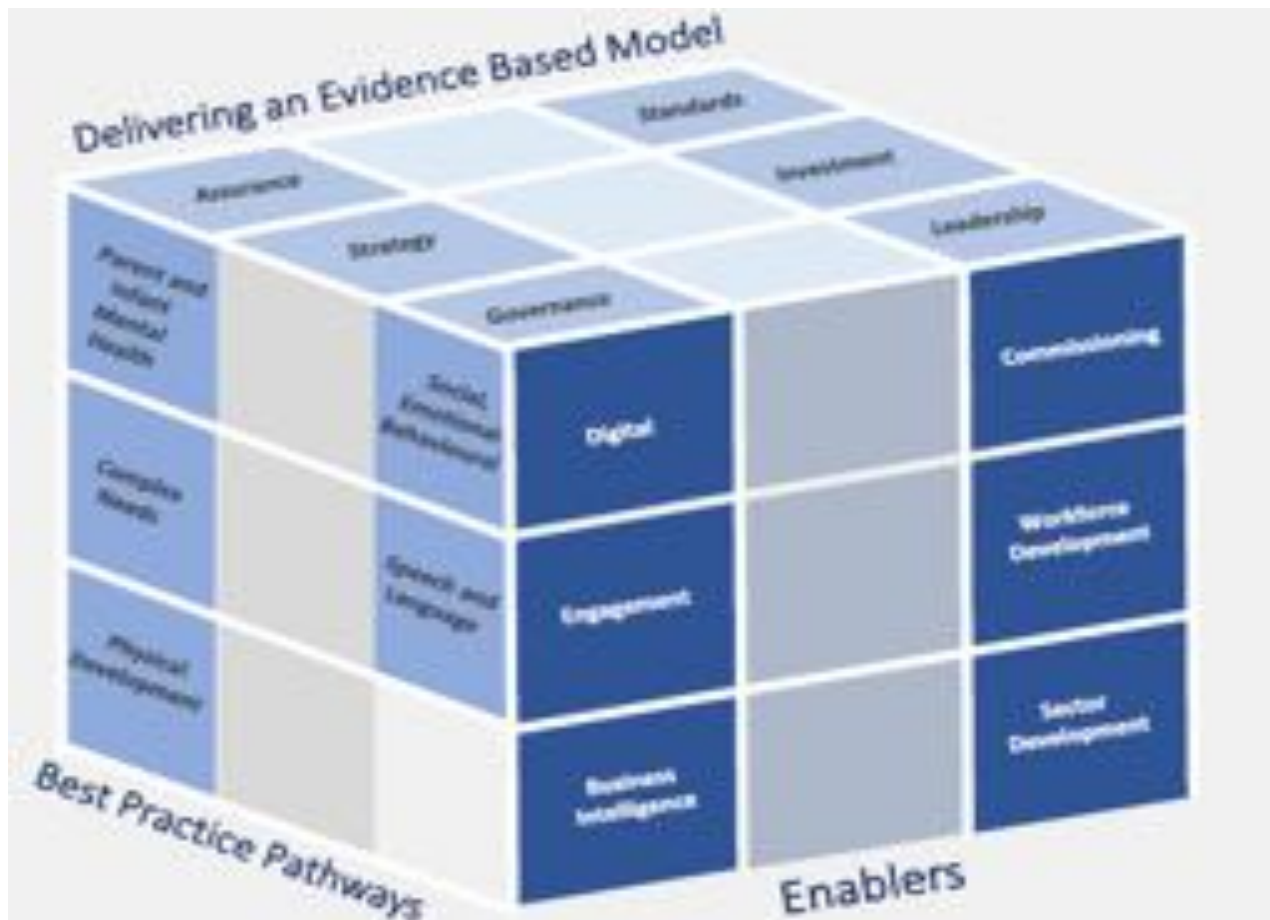
Objective 8

To develop a modern, effective, safe and sustainable workforce that delivers children and young people's services, ensuring we have the right people with the right skills and values in the right places

GOVERNANCE



School Readiness: the Greater Manchester Approach



School Readiness: the Greater Manchester Approach

Greater Manchester Health and Social Care Partnership

"I knew what services are available to me and how to access them when I need."

"The services in my area join up and talk to each other so I don't have to repeat things."

"I don't face discrimination based on my illness, physical or mental."

"I know what is happening and whom I am working with and I know what support is available."

"I can get access, care and support for my health at the right time and right place for me."

"I am respected and everything I need and say has value including my information being confidential."

"I can have a say in how the services I use are run and can make decisions in my treatment."

"I can play an important role in looking after my health and staying well."

"The places and spaces I get support are safe, welcoming. And accessible to me."

All the staff I meet have got the right skills and knowledge to work with me."

"If I have complex situations going on in my life I won't be forgotten or missed."

All services need to consider how young people with additional needs and their families are supported when upholding the charter

GREATER MANCHESTER YOUTH AGREEMENT

WHAT YOU CAN EXPECT FROM HEALTH & SOCIAL CARE

GM Youth Agreement developed by CYP

Shared alongside GM Children's Plan

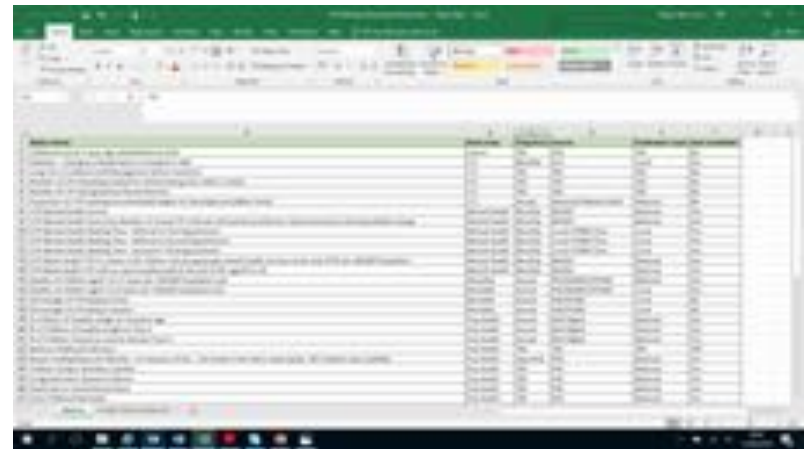
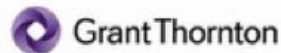
GM CYP conference 4th July

- NHS Long Term Plan – 7th January 2019
- DfE successful bid for early years funding
- 4 areas piloting transition materials
- Mentally Health Schools pilot phase II



GM Transition
A support pack

- Admissions avoidance: asthma clinics, specialist nurses in A&E, gastro pathway, CCNT development, MDT established
- Successful School Readiness Summit
- Delivery partner identified for Complex Conditions and Looked After Children review
- Business Intelligence – suite metrics and data map developed



3. OVERVIEW OF WORKFORCE IN GM

Yvonne Roger
**Deputy Director of Workforce/Strategic
Workforce Lead**



**Greater
Manchester
Health and
Social Care
Partnership**

**Greater Manchester Health and Care
Workforce Programme: Children's Forum**

13 JUNE 2019

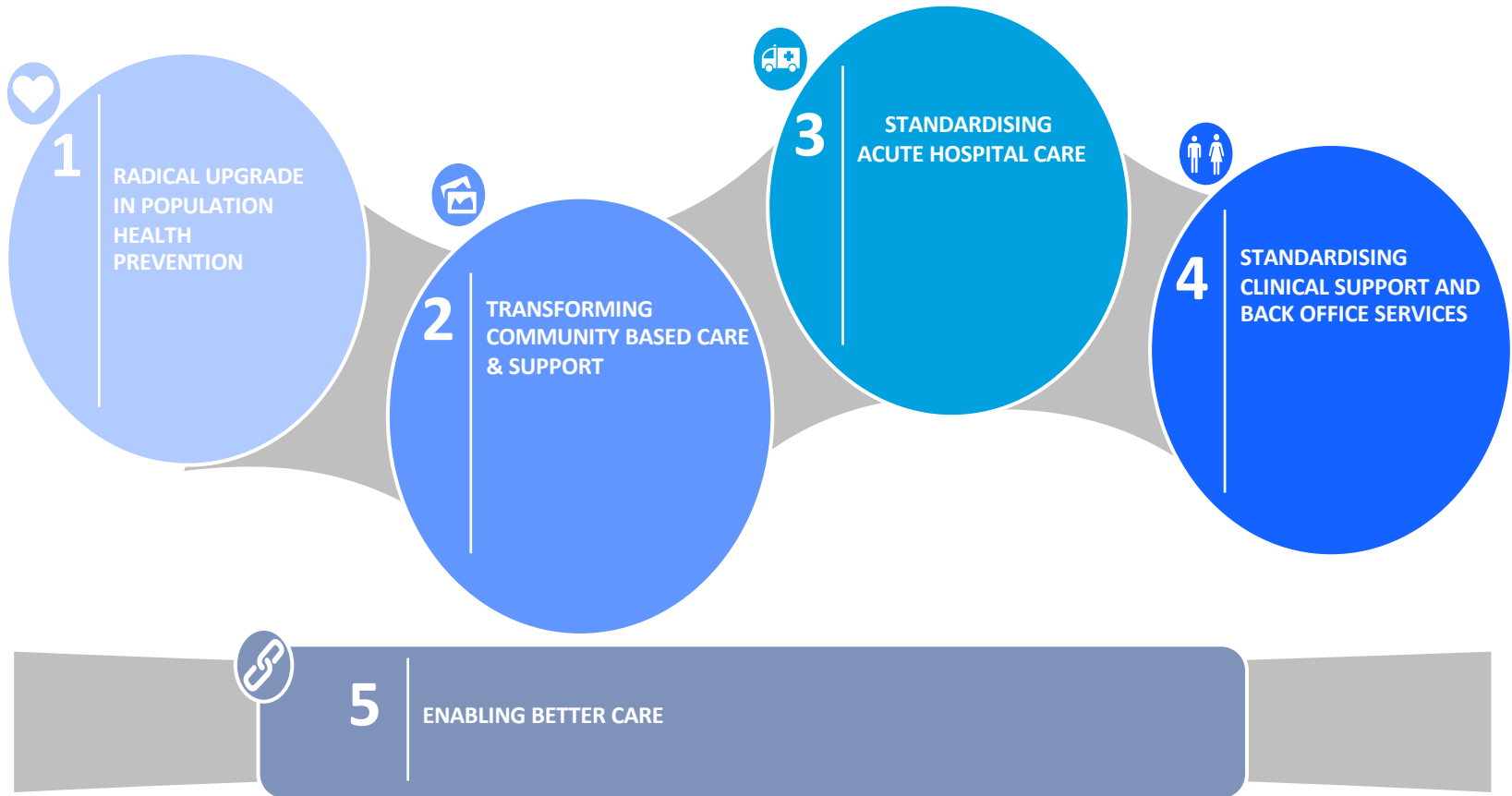
Yvonne Rogers

Deputy Director of Workforce/Strategic Workforce Lead

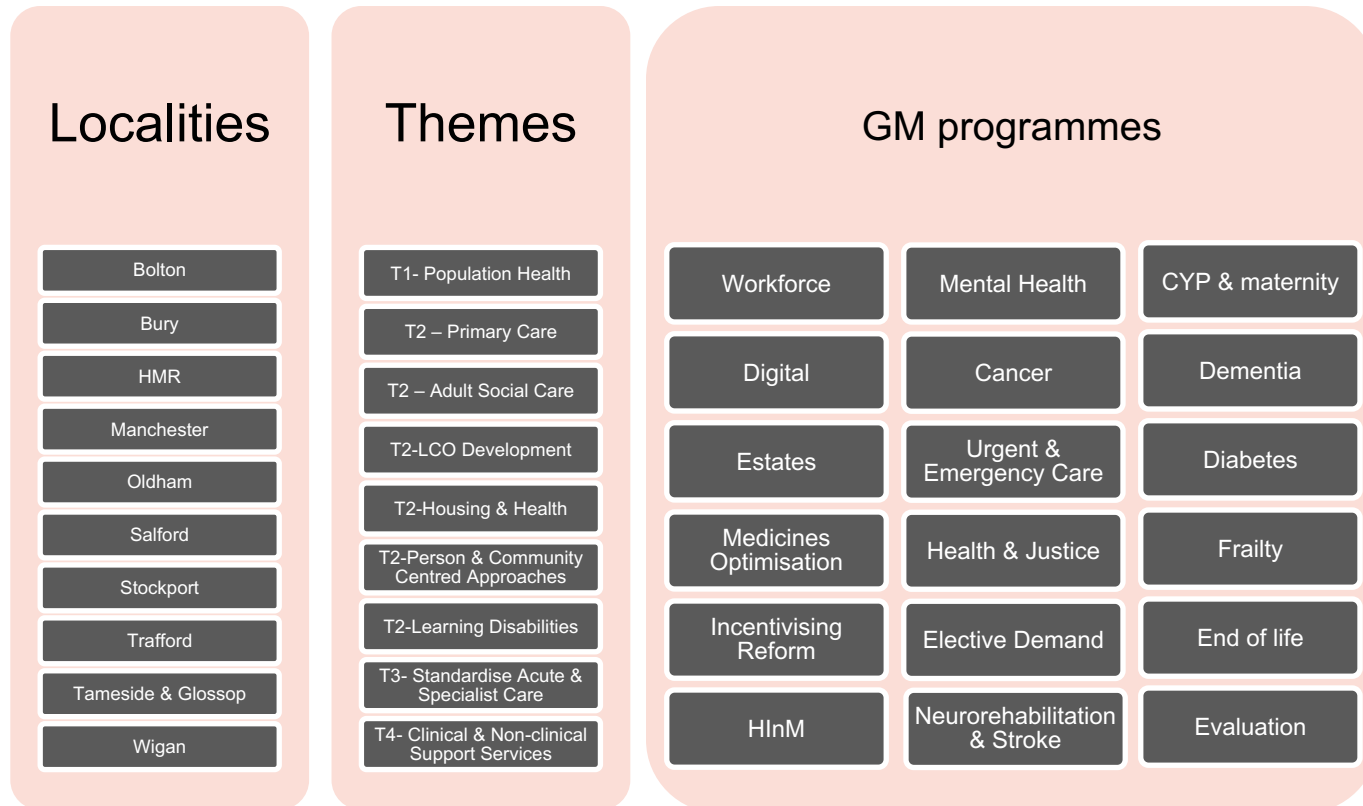
What is Devolution?

- Decision making powers transferred to regional level – £6bn budget for health and social care
- More decisions about Greater Manchester made here
- Provides the means and the opportunity to do things differently to meet the needs of our residents
- Drives the integration of health and social care

Our transformation themes



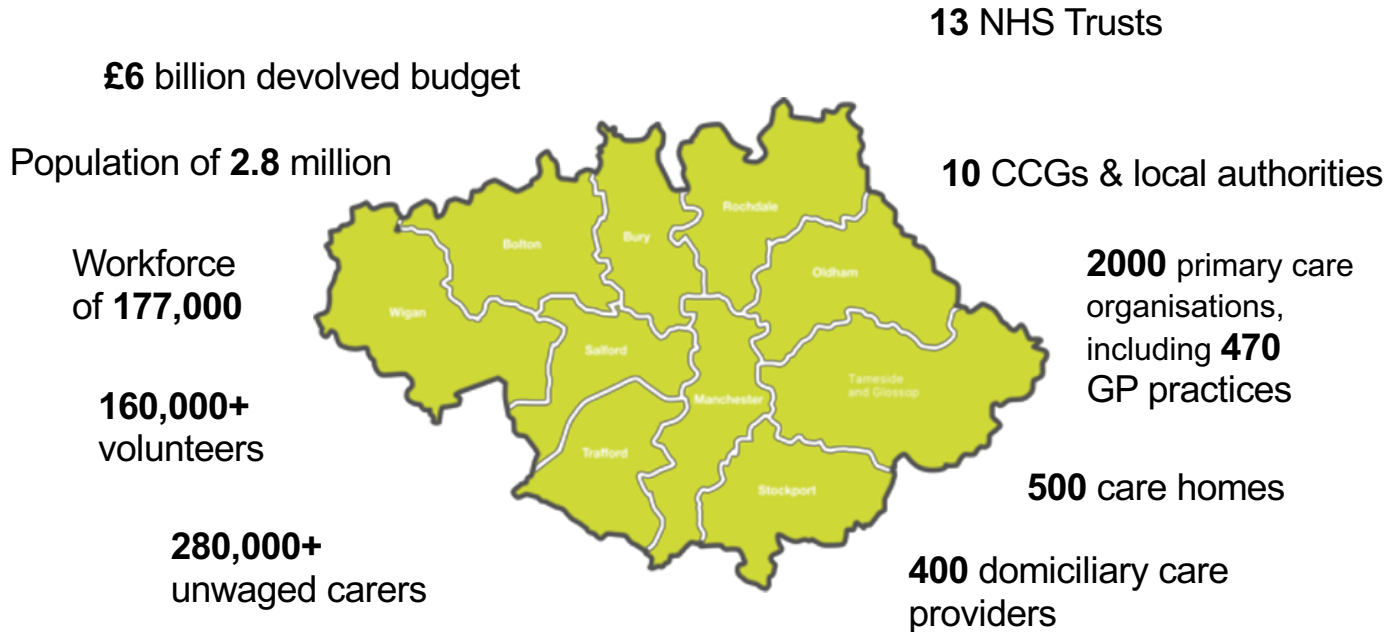
TRANSFORMATION PORTFOLIO



Four objectives

1. Transform the health and social care system to help more people stay well and take better care of those who are ill
2. Align our health and social care system to wider public services such as education, skills, work and housing
3. Create a financially balanced and sustainable system
4. Make sure our services are clinically safe throughout

The Greater Manchester health and care workforce



**Supported by community and voluntary sectors, Healthwatch, Greater Manchester Police and Greater Manchester Fire and Rescue Service.*

The Workforce Programme



Greater Manchester Health and Social Care Partnership

What is our vision for 2021?

To deliver the fastest and most comprehensive improvements in the capacity and capability of the whole Greater Manchester workforce (paid and unpaid) to create a workforce for the future.



A collaborative approach to leadership development



A comprehensive support framework for working carers



Shared gateways for upskilling, reskilling and personal development



One of the largest apprenticeship programmes in the country



Get into employment and education initiatives in every locality



Building a Greater Manchester employment offer to promote the region as the place to work



Bringing together a GM benefits package for current and future staff to support our employment offer



A GM-wide annual awards scheme that recognises the health and social care workforce, paid and unpaid



Systematic targeting of key skills shortage areas whilst growing long term capacity and capability



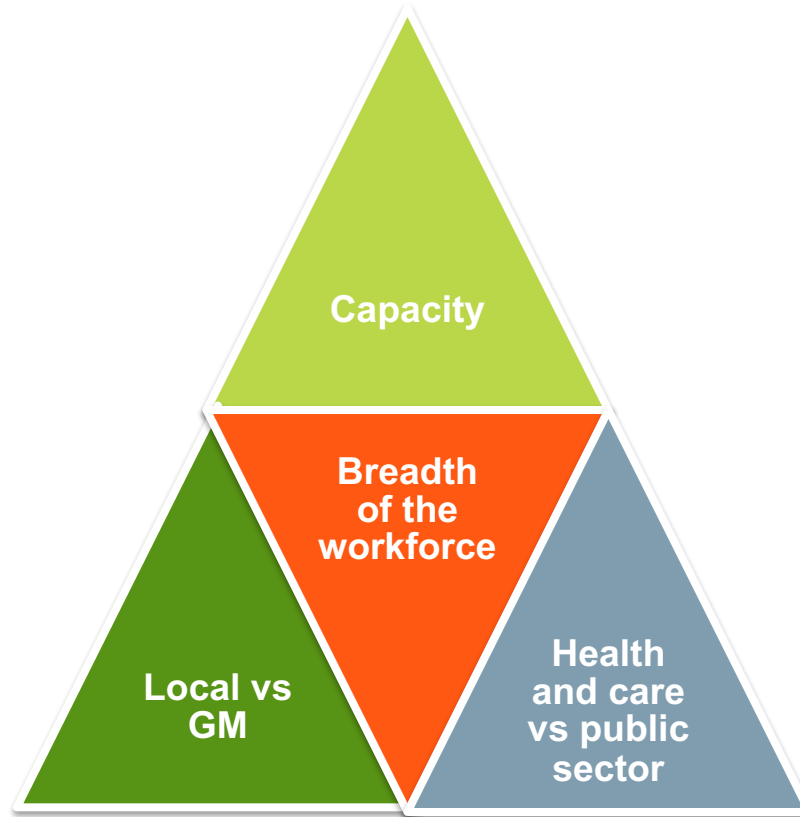
Raising the profile of Greater Manchester as a top destination for health and social care professionals nationally and internationally



Developing improved quality and excellence in social care through workforce development

Greater Manchester Health and Social Care Partnership

Challenges



Key priorities and next steps

- ✓ Understand the Greater Manchester workforce that supports all elements of the Children's Health and Social Care provision.
- ✓ Provide a stepped approach to establishing a Children's workforce programme for GM.
- ✓ Extend to Maternity and Neonates.
- ✓ Align to the transformation programmes across GM Health and Social Care.

Any questions?

4. MEDICAL AND NURSING PAEDIATRIC WORKFORCE REVIEW

Jennifer Hughes
GE Healthcare Partners



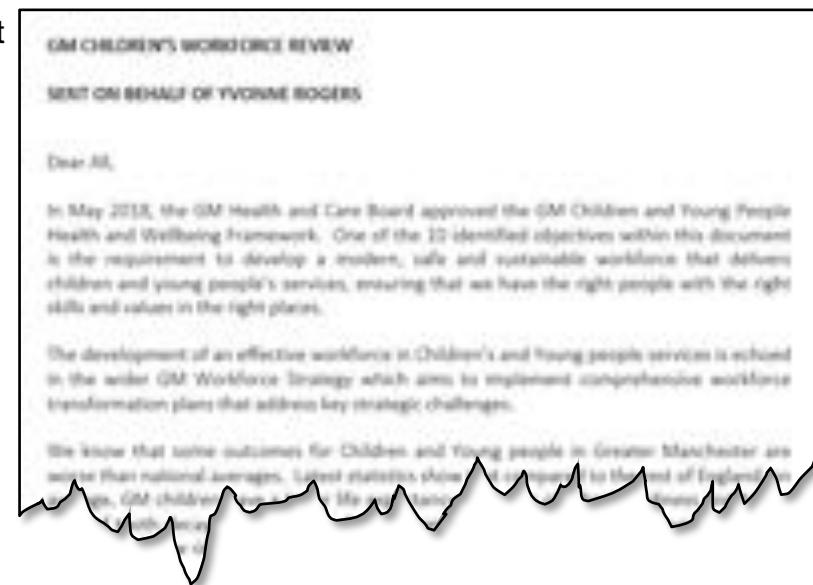
GM CHILDREN'S SERVICES WORKFORCE REVIEW UPDATE

Confidential. Not to be copied, distributed, or reproduced without prior approval.

BACKGROUND

Why are we here and what have we been tasked with?

- To help obtain a high level understanding of the current Children's Services workforce within GM
 - A snapshot to gain insights for scoping & refining future more detailed workforce profiling
 - Bringing together information into one place
- Original scope was broader
 - More roles (mental & physical health, social care, educational health etc)
 - Based predominantly on publicly available data
 - Had to be adjusted and restricted due to data availability, time & budget constraints that emerged
- Now looking at a smaller number of indicative roles:
 - Paediatric medical staff and nursing across four areas; Acute, Surgical, Community and CAMHS
 - WTE / Headcount / Locum usage
 - Vacancies / Establishment
 - *NB No demographics, no activity, not the full range of Children's Services roles*



PROGRESS TO DATE

Activity completed so far in the Review

- Collected data from providers
- Mapped across into usable database format for analysis
- Developed bespoke interactive dashboards, currently in use for validation purposes
 - Provider view and GM-wide view
 - Filter by service, role type, tier
 - Choose the measure you want to see (e.g. staff in post, establishment, locums, vacancies etc...)

	Tier 1 rota compositions *ple							Others		
	Nurse BAND 5	Nurse BAND 6	Nurse BAND 7	Nurse BAND 8A	Nurse BAND 8B	Nurse BAND 8C	Nurse BAND 8D	Physician Associate	GPST	FY Doctors
Current Workforce (as at 31st January)										
Total Establishment - (Number of posts WTE)	20.32	5.32	1.66					0.0	6.0	3.4
Staff in Post: Full Time Equivalent	17.86	5.32	1.66					0.0	5.4	3.4
Staff in Post: Headcount	24.00	6.00	2.00					0.0	6.0	3.0
Of which Deaney employed								0.0	5.4	0.0
Of which Trust employed								0.0	0.0	3.4
Staff in Post: Locums (WTE) - (on 31st Jan)								0.0	0.0	0.0
ONCALL FREQUENCY (e.g. 1/8 = 1 week in 8 weeks)										



WHAT HAVE WE DISCOVERED SO FAR?

Some lessons learned to date

- There is a significant appetite for this information, but getting it isn't easy for anyone
- There is variation in the nature of 'the specific need' from different professional groups
- Clarification of scope and data request details is key to support consistent interpretations between participating organisations
 - Need to be assured we are all measuring the same thing
- Data validation is an essential requirement – differences of opinion between data sources (e.g. BI, HR, Finance, Clinical etc) are frequent
- Early role-relevant is key to accurate scoping & data request – but takes time and buy-in
 - This engagement must be sustained throughout – having elements up-front or at the end is not sufficient
- Children's Services workforce is a broad church – next phase must clarify which roles are in scope and why
- Agreement and commitment to keep sight of the 'exam question' is critical

NEXT STEPS FOR THE REVIEW

What happens next

- We are currently awaiting validation and final submission of any adjusted numbers
Then we will...
- Conduct final analysis on the revised data set (amending database and dashboards) and visualise the findings appropriately.
- Incorporate as appropriate feedback received from Providers & insights gathered from today's table top exercise
- Write up the findings & submit final report
- Provide recommendations for Phase 2 pan-GM Children's Services workforce review

WHAT DO WE STILL NEED?

How you can help

- If you haven't already – please respond to the data validation request asap
 - If you feel your data isn't accurate – please provide corrected data either in the original data capture form, or send us specific corrections (not aggregated please – it can't be used)
- Please share your views and perspectives in the table top exercise – we want to hear from you.

The questions below represent three dominant discussion threads to encourage your thinking and views in the table top discussions to follow.

1. What are the pieces of information we are missing in the current review to allow us to (more fully?) understand the gaps in the GM Children's plan?
2. What are the key challenges facing Children's Health and Care Services at the moment and the good practice ideas seen or used to tackle these challenges?
3. Are there any particular future challenges you can see emerging that need prioritising in the GM Children's Plan?



5. CHILDREN AND ADOLESCENT MENTAL HEALTH (CAMHS) WORKFORCE REVIEW

**Coll Bell, Mental Health Workforce
Lead
Alan Ford, CAMHS**

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH PROGRAMME: WORKFORCE UPDATE

May 2019



CYP MH WORKFORCE UPDATE

- Delivering – and sustaining - increased access and improved outcomes for CYP mental health requires a significant expansion in the workforce (and associated investment).
- The FYFVMH and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), requires plans how areas will grow the mental health workforce to enable delivery of the FYFVMH objectives.
- In addition GM has recognised the potential risk to effectively delivering our ambitious children and young people mental health plans are mainly centred on the workforce.

CYP MH WORKFORCE STRATEGY

- Investment through GM Mental Health transformation funding has been secured to ensure a clear strategy and associate plans are in place to mitigate the known risks.
- The Greater Manchester Children and Young People's Emotional Wellbeing and Mental Health Workforce Strategy 2018-21 was endorsed by the CYP MH Board May 2018 and the GM Collaborative Workforce Board in December 2018.
-
- The purpose of the strategy is to outline principles and solutions across four key domains: -
 - Improving supply and retention
 - Building skills and knowledge
 - Talent development and system leadership
 - Workforce welfare and wellbeing
-

HIGH LEVEL ACTIONS

- **By June 2018:**
- GM-Wide Children's Mental Health Specialist Workforce Strategy
- GM CAMHS Workforce Steering Group with an agreed reporting and governance structure
- CYP workforce assessment and analysis – SASAT (assessment for each locality) completed;
- **By end 2018:**
- Agreement around GM specialist CAMHS workforce principles and competencies – with gap analysis report
- GM Compendium of Best Practice in CYP MH services
- LTPs holding plans to enhance actively the 10 Locality community CAMHS services to provide 8am-8pm + W/E cover (endorsed in GM spec) recognising staffing shortage of approximately 150 clinicians
- GM-wide plans to utilise additional funding for workforce development up to 2021
- GM-Wide plans to established to ensure CYP-IAPT training and plans to enable system wider transformation

HIGH LEVEL ACTIONS

- ***By March 2021***
- An enhanced specialist CAMHS workforce across GM ensuring good practice guidance is matched by resource:
 - Offering a comprehensive CAMHS offer to 18th Birthday across GM
 - Improving access Mon to Fri 8-8 half day Saturday and Sunday cover arrangements
- iTHRIVE hub roll-out facilitating cross sector CYP skilled workforce (measured against GM baseline established during 2018) with the following:
 - A range of work based/non-graduate cross sector training opportunities
 - Right place/right time/right person – enhanced cross-sector competencies
 - A clear training ladder across all settings

WORKFORCE FINDINGS: RATIO TO POPULATION

Table 1: CAMHS Workforce Staffing Ratios of the 10 Greater Manchester localities

CAMHS Workforce Staffing Ratio	Staff (WTE*)	Population (0-19 years old)	Ratio
Greater Manchester			
Bolton	45	72,770	1:1617
Bury	24	46,719	1:1946
Heywood, Middleton & Rochdale (excludes #thrive)	38	55,905	1:1471
Manchester	103	132,084	1:1282
Oldham	35	63,273	1:1807
Salford	40	58,665	1:1466
Stockport	49	67,478	1:1377
Tameside & Glossop	45	53,798	1:1195
Trafford	36	58,540	1:1626
Wigan	40	74,913	1:1872
TOTAL	455 (504)	684,145	

Source: Population Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

WORKFORCE FINDINGS: RAITO TO NEED

Table 2: Estimates of mental health disorders in 5-16 year olds across 10 Greater Manchester localities

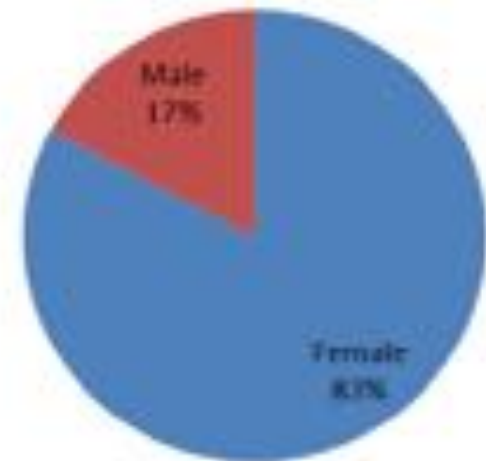
CAMHS Workforce Staffing Ratio	Staff (WTE*)	Estimated number of mental health disorders (5-16 years old)	Ratio
Greater Manchester			
Bolton	45	8350	1:185
Bury	24	5025	1: 209
Heywood, Middleton & Rochdale (excluding #thrive)	38	6605	1:173
Manchester	103	14875	1:144
Oldham	35	7625	1:217
Salford	40	6600	1:165
Stockport	49	6985	1:142
Tameside & Glossop	45	6185	1:171
Trafford	36	5995	1:149
Wigan	40	8710	1:217
TOTAL	455 (504)	76955	

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

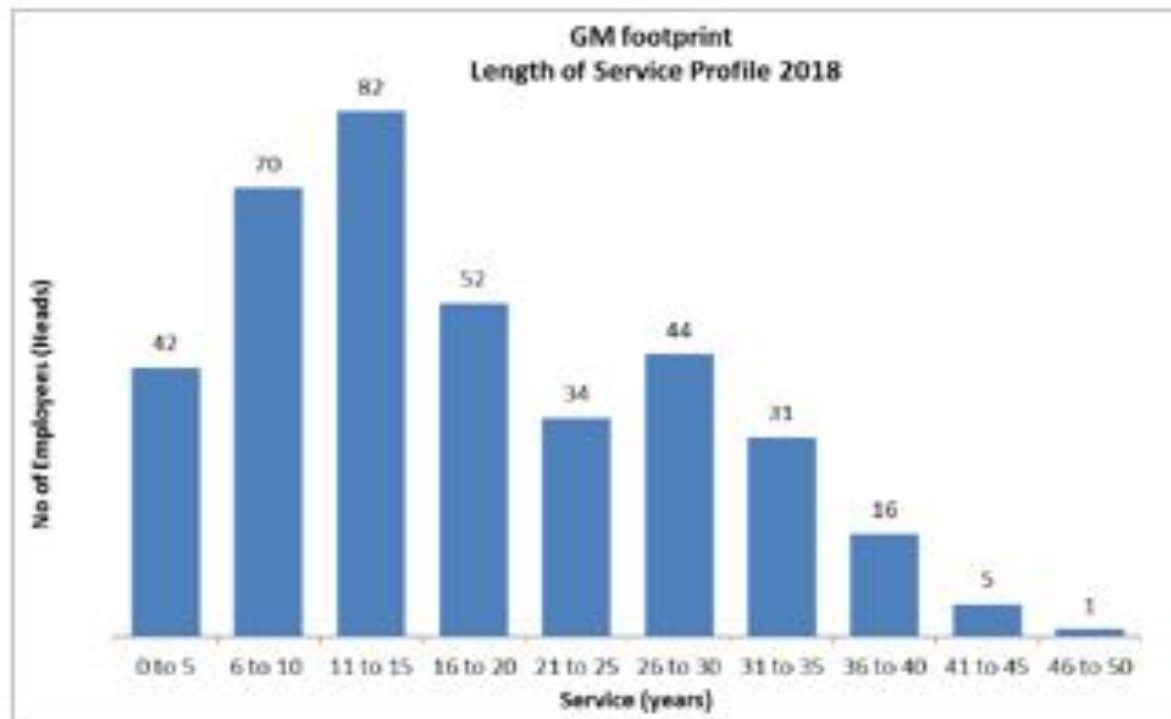
WORKFORCE FINDINGS: GENDER

- GM gender profile reflects a largely female workforce (83%). Rochdale has a larger male workforce (33%) compared to GM, whilst Trafford has significantly less (8%).
- There is not currently a framework as to the 'ideal' gender split, however GM may wish to consider this in light of the 'offer' to young people and their families.

GM footprint
Gender Profile 2018

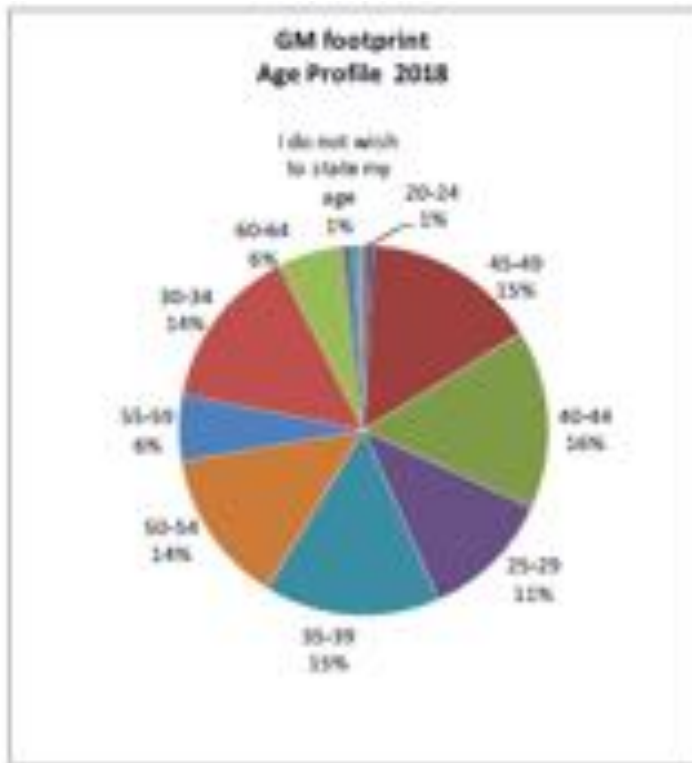


WORKFORCE FINDINGS: LENGTH OF SERVICE



* Numbers do not add to 387 headcount as some respondents declined to answer

WORKFORCE FINDINGS: AGE



- 1% of its workforce under the age of 24 years
- 12% of its workforce under the age of 29 years
- 16%, the largest single group, is in the age range of 40-44 years
- 88% of its workforce are over the age of 30 years
- 6% are approaching possible default retirement age within the next 5 years

NB I holding Mental Health Officer Status, 26% of the workforce could be retiring from the service within the next 5 years and 41% in the next 10 years

EXPECTED FYFV-MH EXPANSION FUNDED POSTS

Workforce expansion by service area in FTE

The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP * *Numbers may not add due to rounding*

CYP Workforce Expansion	Medical	N&M	AHP (STT)	Total Clinical	Support	Admin	Total
Greater Manchester (100%)	9	65	37	111	90	10	211
Bolton (10.1%)	0.9	6.6	3.7	11.2			
Bury (6.5%)	0.6	4.2	2.4	7.2			
HMR (8.0%)	0.7	5.2	3	8.9			
Manc (21.1%)	1.9	13.7	7.8	23.4			
Oldham (8.1%)	0.7	5.3	3	9			
Salford (9.5%)	0.9	6.2	3.5	10.5			
Stockport (10.0%)	0.9	6.5	3.7	11.1			
T & G (8.3%)	0.7	5.4	3.1	9.2			
Trafford (7.4%)	0.7	4.8	2.7	8.2			
Wigan (11.0%)	1	7.1	4.1	12.2			
TOTAL	9	65	37	111			

EXPECTED YPMH EXPANSION FUNDED POSTS

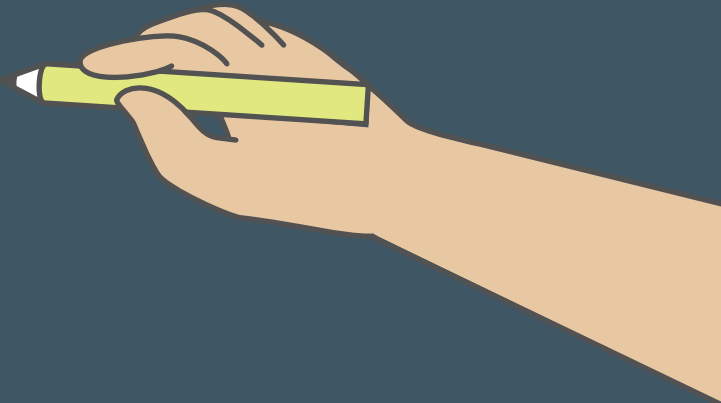
- The enhancement of an additional 111 CAMHS clinical staff (CCG Funded) across Greater Manchester, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN).
- This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs to meet the population needs).

QUESTIONS FOR DISCUSSIONS

1. Given that the CAMHS workforce is the foundational to CYP Emotional Wellbeing and MH Workforce Strategy, which other workforce groups need to be involved in going forward?
2. Are there any gaps concerning the rest of the children's workforce.
3. How do you envisage these might these be addressed?

SCHOOL NURSING

Tracey Hart , Quality Lead, Nursing

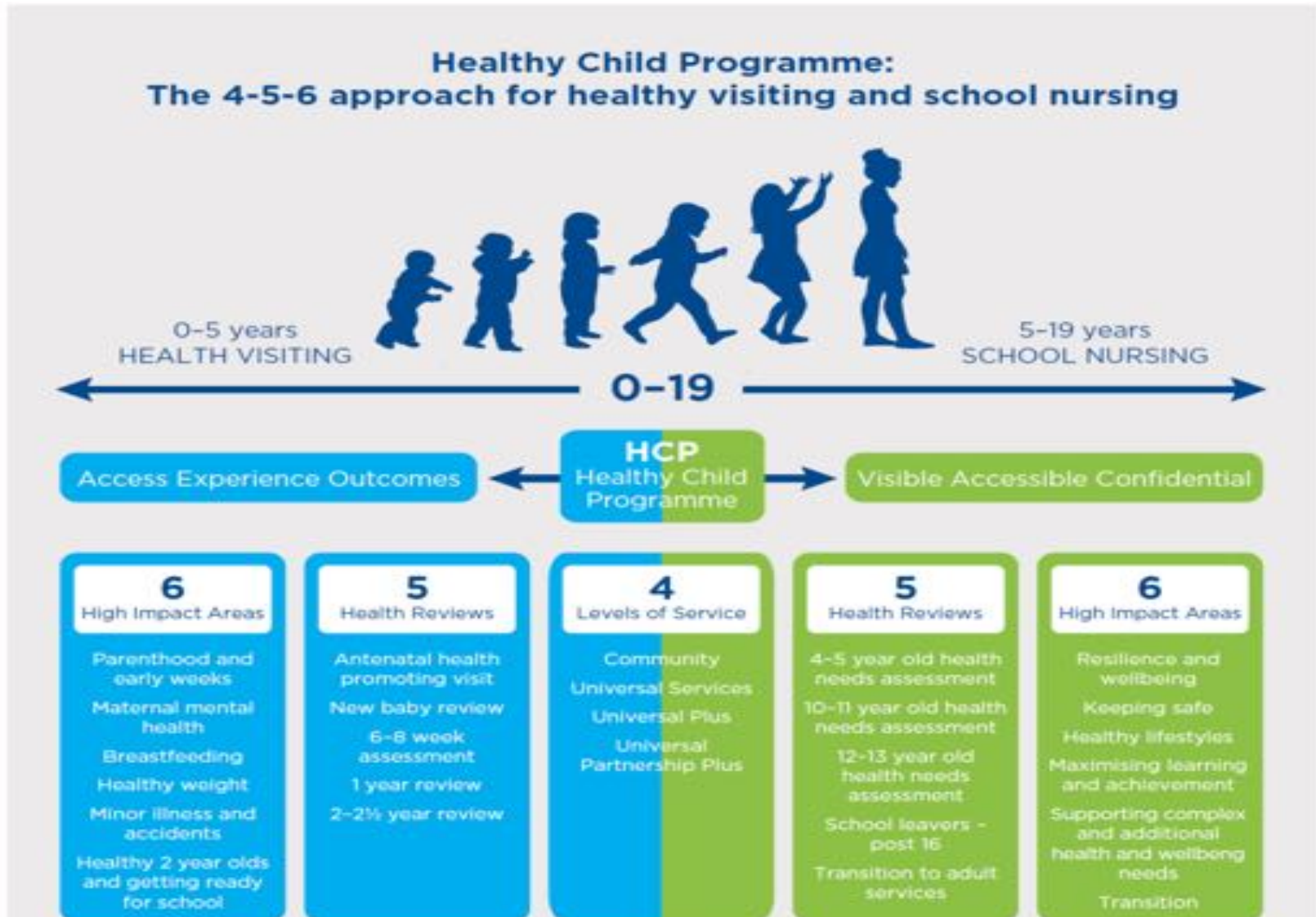


BACKGROUND –VALUE OF SCHOOL NURSING WITHIN GM

- Single biggest workforce trained and skilled to deliver public health for school aged children
- Clinically skilled in providing individualised, holistic and population health
- School nursing teams provide a universal service to children and young people: an opportunity of engaging all families in numerous settings. This is important for early identification and to mitigate against any problems
- Trusted and valued by children and young people
- Pivotal in implementation of GM Children and Young People Health and Wellbeing Framework

AIMS AND OBJECTIVES OF THE SERVICE

- Lead local delivery of the Healthy Child Programme 5-19 years (HCP)
- At an individual level ;ensuring early identification of children, young people and families where early help and additional evidence based preventative programmes will protect and promote health
- At a community level; promoting health, wellbeing and resilience through school aged years. Supporting children and young people to navigate the health and social care services to enable timely access and support
- At a population level – working in partnership in order to deliver change and support improvements in health



AIMS AND OBJECTIVES OF PROJECT

The aims of the project:

- Ascertain staff numbers and skill mix
- Models of delivery employed across GM in addition to the varying role
- The challenges for school nursing
- Understand the current position of school nursing within GM, including the impact of service delivery, changes and new service
- Any gaps in service provision and how these can be addressed.

The key deliverable of the project are:

- To produce a clear set of recommendations to develop and future proof school nurse offer for GM

OVERVIEW OF FINDINGS



Workforce

Delivery model

Outcomes of service

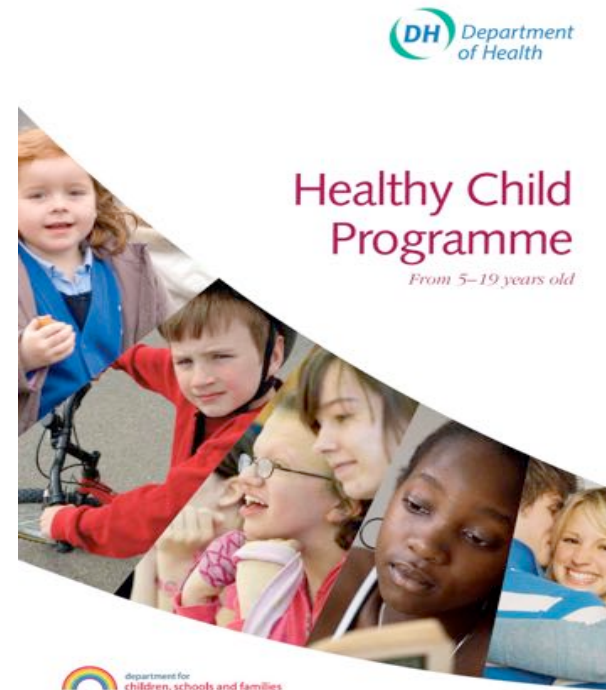
Key challenges and
solutions

WORKFORCE WITHIN GM



DELIVERY MODEL FOR SCHOOL NURSING

- The GM service specifications do all include delivery of the HCP as set out in the national model specification
- All areas working towards the national specification however there are significant capacity and delivery issues
- Wide range of activities at universal, universal plus and community level however considerable variation



OUTCOMES OF SERVICE

Many examples were given by commissioner and providers alike regarding the positive outcomes for which school nursing has played integral part in:

- Teenage pregnancy rate declining
- Improved school readiness over last three years
- Reductions in admission for asthma
- Increased awareness of mental health issues as a result of emotional health and wellbeing training
- Enhanced safeguarding provision
- Impact on reducing obesity
- Reduction in A/E attendances

WORKFORCE AND RECRUITMENT

- Number of school nurses falling nationally by 16% (RCN 2017)
- Recruitment of Band 6 with SCPHN difficult
- Robust recruitment, retention and workforce plans necessary



FULL DELIVERY OF 4-5-6 MODEL

- Wide range of universal and universal plus activities ongoing however delivery compromised due to capacity
- Variance in delivery; not all areas are able to deliver against the 5 key contact points
- The wider population and community level public health initiatives compromised due to increasingly complex demographics and safeguarding



COMMISSIONING CHALLENGES

- Rising demand and complexity of children's health and wellbeing where limited services are reacting to crisis and resources are shifted away from early intervention
- Lack of joined up commissioning across the life course
- The procurement cycle is causing destabilisation
- Resources decreasing
- Lack of effective systems to allow school nursing to perform their jobs more effectively
- Difficulty with outcome measurements
- Competing priorities with other commissioned services
- Lack of mandated elements of HCP unlike HV

NEXT STEPS

- Further engagement with stakeholders to discuss recommendations
- GM wide partnership review with partners to allow a collaborative approach to shaping a core offered centred on the needs of children and young people



DEEP DIVE INTO PAEDIATRIC WORKFORCE

All - table top “deep dive

QUESTIONS FOR TABLE TOP DISCUSSIONS

1. What are the pieces of information we are missing in the current review to allow us to (more fully?) develop the Children's Strategy for GM?
2. What are the key challenges facing Children's Services at the moment and the good practice ideas seen or used to tackle these challenges (specifically General Paediatrics)?
3. What are the future challenges you can see emerging that need prioritising in the Children's strategy?

QUESTIONS FOR TABLE TOP DISCUSSIONS

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