13 March 2019

Letter To:

Baroness Dido Harding  
Chair,  
NHS Improvement  
Chair,  
Workforce Implementation Plan  

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

Dear Dido and Julian,

**Interim Workforce Implementation Plan**

Thank you for your letter requesting views on our initial thoughts on the development of the Workforce Implementation Plan (WIP).

All our STPs/ICSs in the North are responding individually with their views to this important letter. However, we believe it is essential, as system leaders, that in addition, we share with you our collective welcome for the thoughts you have laid out so clearly in your letter.

We welcome the way you have approached the development of the WIP and thank you for the opportunity to contribute. Although we all recognise that workforce is the biggest challenge we face, we also know our staff are our greatest asset and our greatest opportunity. If we approach this challenge positively, we know that our workforce is a huge enabler of the changes to come, not just a barrier to overcome. We want you to know, that you can rely on our support to work constructively and in partnership to accelerate the pace of change.

We believe that the ICS/STPs in the North are geographically appropriate and are right-sized. We also believe that ICSs should be the default level at which system wide decisions on workforce should be made. Although we recognise that ICSs are at different levels of maturity, we should approach the introduction of the devolvement of workforce functions to ICSs with the end in mind. We want to work with you to get this right first time. The North ICS/STPs are all significant in terms of
the size of populations they cover and the number of staff working within them and this will have advantages as functions are devolved.

We welcome your approach to ensuring the NHS is a great place to work and support the actions outlined. In addition, it is important that support and encouragement is provided for staff working in less obvious settings such as GP Practices, Community and Primary care, in Social Care and in areas such as Children’s Services. We must be all encompassing in our desire to make the whole sector a better place to work, where colleagues feel valued and supported for the contribution they make. There is a key leadership role for ICSs in this regard. We also know that there is mounting concern on the impact of pension tax allowances on high earners such as medical staff and we encourage you to continue to make the case for the reform of pension contributions to support the retention of staff.

We recognise good, compassionate leadership and a positive culture will be central to delivering the long-term plan. We have a lot of positives to build upon, but the context is changing, and we must invest in developing system leaders, in whatever setting they currently work. In the future we all need to see ourselves as system leaders. This is a significant cultural shift and it is at ICS level that we have the opportunity to build upon and forge the new relationships required to deliver the ambitions set out in the long-term plan. We must also take a zero-tolerance approach to bullying and harassment and create more inclusive leadership cultures. The regulators have a role to play in setting the tone and leading by example, but we also need effective leadership to be validated from the perspective of our staff, our patients and our local system partners.

We recognise that nursing and midwifery should be the priority for investment but need to ensure this is viewed consistently throughout the different branches of nursing such as mental health, community nursing, learning disabilities and care staff as well as those working in acute settings. General Practice is also an area of considerable shortage.

The way we work will of course need to change but we also do need more of the same, more nurses, more pharmacists, and more GPs working in our communities. We also believe the long-term plan and the WIP is an opportunity to create career stretch opportunities in areas like nursing, healthcare science and allied health professionals that show how individuals can enhance their careers and fulfill their aspirations rather than new roles and new ways of working, being seen as simple substitutions. In addition, the biggest opportunities we have through working in ICSs is to help accelerate the ability of staff to work across health and social care setting.

We welcome the opportunity to devolve workforce functions to ICS levels. As NHS England, NHS Improvement and Health Education England work closer together nationally, increasingly under one management, we believe that devolving workforce responsibility, resources and with it accountability at ICS level will replicate this positive development. We want to avoid the fragmentation of workforce functions
and leadership. By devolving these responsibilities to ICSs, we believe that it will create the best environment to deliver on themes one to four outlined in your letter.

As a group of Northern ICS/STP CEOs, we would encourage you to continue the processes laid out in your letter and we, as a group would be happy to work with your team to help accelerate the processes and to help create a road map to ensure full devolvement.

Yours sincerely

Andrew Bur
Interim Lead, Humber, Coast and Vale Health and Care Partnership

Sir Andrew Cash
Chief Executive Officer, ICS Lead, South Yorkshire and Bassetlaw ICS

Amanda Doyle
Chief Clinical Officer, Integrated Care System Lead, Lancashire and South Cumbria

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