

Table	Topic	Facilitators
1	Public sector wide opportunities	Louise Giles Mark Wardman
<p>Issues</p> <ul style="list-style-type: none"> • Computer says no • Disempowering people • No focus on early intervention – different perceptions • Communication across all agencies • Information sharing/IG • Procurement – silos, not joined up • Multiple conversations – people passed between services • Silo working – across health and social care • Criteria – not flexible • Not joined up • Voluntary sector – not integrated • Not focused on outcomes/more inputs • Too many meetings • Lack of decision making • Public services not working together • Perverse commissioning <p>Solutions</p> <ul style="list-style-type: none"> • Multi skilled workforce locality based • Training – links with Uni and colleges • Role of unions • Apprenticeships to create dual role • Look at function, not form • Assessment process/one assessment • Central access point – care co-ordination track patients – one system across the public sector • Education – how do we link in • Engagement with grass roots staff • Flexible employment – reduction in agency spend • Community hub • Taking risks 		

Table	Topic	Facilitators
2	New models of care involving Third sector and technology	Peter Tinson
<p>Challenges</p> <ul style="list-style-type: none"> • Different models across the county – clarity on local authority position in STP and Vanguard • Risk of losing specialism/knowledge depending on model/skill set • Duplication across some services – <ul style="list-style-type: none"> ○ MDT v Social Care ○ Legislation/Care Act • Responsible organisation • Governance – delegated responsibility • Started co-ordinating – not delivery • Uncoordinated approach to telecare, telehealth, assistive technology, mainstream technology and apps <p>How do we get where we want to be</p> <ul style="list-style-type: none"> • A joint corporate agreement about the approach and governance • An agreed dataset for evaluating benefits – health and social care • Evaluation reports for projects that have been happening for longer • Recognition of staff responsibilities and professional standards of respective professions KPIs <p>Actions for the Health Scrutiny Committee</p> <ul style="list-style-type: none"> • Kept in the loop • An oversight of all the different LDPs and any disparity • What is the impact on workers, what is their feedback 		

Table	Topic	Facilitators
3	Primary Care – how you might do a 'Millom' in Preston	Karen Kyle Gertie Nicphilib David Wilkinson

Challenges

- What authority/power do we have to change?
- Challenge in Preston – where are the homogenous communities?
- Differential pay scales in GP practices
- Robbing Peter to pay Paul
- 70% of practices in Preston are single handed GPs
- Local price setting for medics/locum pay
- GP federation opportunities?
- Unintended consequences – Blackpool GPs get incentive payments of £20K
- Chronic undersupply of workforce?
- Engagement of communities who do not or cannot engage?
- Forum to bring Primary Care together to understand issues

From Here to There

- What are the high level things that will work anywhere?
- How do we share best practice?
- Public engagement – what is an STP?. What does it matter to me?
- Sort out the governance – ie, Paramedics undertaking injections in Secondary Care
- Patients having multiple blood tests because the system will not recognise each other's results – ie GP/Secondary Care
- Information systems talking to each other
- Patient records – sharing access Health and social care

What actions for the STP/LDP officers?

- How could we form a Preston Health Action Group?
- Get the 'influencers' round the table –ie GPs?
- Peer support – from areas that have done it to share experiences /benefits
- To create a network
 - Clinical
 - Communities
- If you identify a problem, pick up the phone
- Use links in the community to get them on board, understand the issues and be part of the solution.
- Be the champion for your community
- Find a way of engaging disparate communities – how do we find a way in.

What do officers need to do?

- Engaging communities – identify champions. Eg given: young Eastern European population – who do not engage through normal communications

- Can we identify champions via their employment – ie 50 people working for NWAS
- Find creative ways
- Have an open, honest, transparent conversation with our public/communities
- What if
 - What if all our GPs retire?
 - What if we cannot recruit paramedics?
 - What if our trainee doctors do not get funding in L&SC?

What actions for the Health Scrutiny Committee?

- Where can they influence?
- Role for the H&WB partnership
- To assist single GP practices to come together and support
- Selling the benefits of collaboration
- Mandate bringing GPs together to collectively review the primary care services
- Talk to GPs we are already engaged with to use their influence with others
- Open/honest communications with the public
- Education – clear, simple messages
- Member education for scrutiny committee

Table	Topic	Facilitators
4	Care home and domiciliary care sustainability	Jackie Hanson Adele Thornburn
<ul style="list-style-type: none"> • Reputational balance within health and care sector • Being part of NHS family • Improving communication <p>Challenges:-</p> <ul style="list-style-type: none"> • Vulnerability - Significant number of small providers with less than 10 employees • Perceived negativity by partner organisations and general public • Difficult to recruit and retain • High turnover of managers • Clear link between Leadership, quality and staff retention • Losing nursing homes because of difficulties in above and access to education, professional peer support, revalidation etc. • Issues particular to domiciliary providers: <ul style="list-style-type: none"> ○ Very small businesses ○ Staffing logistics problematic ○ Issues re lone working & Staff safety ○ Monitoring quality ○ Customer choice re staff, “fit” –in their own home • Need to promote good media practice • Technology – • Peer support • Exit interviews, why are people leaving, where are they going? • Image/Kudos/Pride • Improve 'caring' profile • Graduate trainees – grow your own • Prince's Trust placements in care sector (Pendle) • School work experience placements • Borough Councils link in with local Dementia Champions • 'Adopting' a care home by local schools • Care homes excess space – how to make most of this • Incentivise nursing homes to deliver nursing care to residential care clients • Governance issues – how do we tackle this locally particularly D/N – nursing home interface • Engage the public – need to take the public with us on our development <p>From Here to There</p> <ul style="list-style-type: none"> • Supportive neighbourhood teams. Ownership – shared outcome measures • Key message for success from Kings fund:- <ul style="list-style-type: none"> ○ Develop relational working with professionals –GP, district nursing and others ○ Education and training for care staff ○ Leadership development ○ Planning development needs to consider impact on public services – 		

to support and increase staff and facilities to meet needs

- Public awareness of STP development
- Community involvement integral
- Buy Facebook advertising to support and share good news stories
- Local media – share personal stories
- Use more 'My Home Life'
- Open Day events
- Shared experience – linked to school Opening the doors of care homes to make more community focused
- Integral part of the community
- Links with other community activities
- Joined up commissioning to deliver individual-centred care
- Make most effective use of workforce
- Reduce duplication
- Develop collaborative mutually beneficial partnerships
- Overcome governance and contracting issues around delegation of care across organisations
- Enhance carer's skills
- Joint education
- Sharing experiences and peer support
- Valuing skills and experiences
- Ambassadors to champion the care sector in other sectors – frailty consultants, lead GPSI, councillors etc.
- NHS involved/consulted in large planning applications – re impact on local services.

Table	Topic	Facilitators
5	Pan public sector Apprenticeship levy opportunities	Karen Swindley
<p>Workforce</p> <ul style="list-style-type: none"> • System care co-ordination • Awareness of services • Succession planning and CPD • Multi-skilling – MECC • New roles – dual roles, apprenticeship levy • Competency assessment – wildcard skills, skills passports • TUPE and contract letting • Money – profit and non-profit • Maximising the use of the levy for new and existing staff • Development of new apprentice programmes as new roles are developed across the system and across organisations • Need to understand the model of service delivery to identify staff development needs • Use apprenticeships to develop new roles quickly across the system • Levy payers being providers to maximise the return on the levy • <p>Vision</p> <ul style="list-style-type: none"> • Sustainable • Look at the whole person – person centred • Joined up and integrated • Bottom up approach • Skills audit • Workforce engagement/trade union role involvement • Be effective • Collective joined up vision across public sector and plan • We will not always get it right • Need a list of providers across all public sectors 		

Table	Topic	Facilitators
6	Attracting high end professionals into Lancashire/South Cumbria	Mike Burgess
<ul style="list-style-type: none"> • We need to really focus on Recruitment and Retention within the economy and ensure we have processes in place to – nurture, 'spot' talent, and ensure we recruit and retain and perhaps we can do this via an L&SC workforce academy? / Collaborative. It might be useful to take the learning from the pending GM collaborative – see vision at the end of these notes. • Reintroduce NHS bursaries and tuition fees across L&SC (Discussion around that this should be driven and supported locally by L&SC STP) – Use a commercial partner approach where students “sign up” to a legally binding agreement, they receive the fees and bursary award in a staged manner – they work / stay / live in the local area and lay down roots then we can retain folk. There is scope to achieve this via the L&SC STP / LWAB and may be pilot it in the first instance. • Maximise the opportunities and local links and ties with our fantastic education and health and care organisations – e.g. UCLAN, Lancaster Royal Preston Infirmary, Lancaster Teaching Trust, East Lancashire HEI's Uni's • What is the STP / LWAB 'offer' to employees in health and care how can this be cross organisational, cross footprint, cross sector and what Incentives? – locally based are there to recruit, retain and grow the high end professional workforce but also allow succession planning and the implementation of talent management • Why is the L&SC economy not attracting the numbers and calibre of medical students to join training posts in general practice and some other medical specialities? We need to rapidly address the reasons with the HEIs / system, we need to support the system to recruit, retain, stay, grow, bring families and encourage portfolio careers. We need to ensure the practices get continuous training places for sustainability and that enhanced training practices grow and develop and work with the medical schools to achieve this. • Greater Manchester have a new multi-sector website for advertising “high end jobs”! coupled with a Leadership Challenge Group to ensure consistency and that • We need to develop the L&SC 'Brand' – we can then use this to attract professionals/families to the professional jobs within the economy via one accessible website that includes information about schools, leisure, housing, opportunities, networks, place, assets and more. • CCGs should be encouraging knowledge network federated practices – with joint posts for GP trainees and newly qualified GPs to give Portfolio opportunities (2 day job + 3 day job) working in practice and the CCG to give the broad church of experience. Evidence shows that this is excellent for retaining newly qualified GPs. • Re-introduce the “Hospital Alumni” – people who have the empathy and can offer the continuity of health and care in and out of hospitals 		

- Maximise the opportunities that can come from Value based recruitment. HEIs utilise the process for recruiting both undergraduate and postgraduate professionals onto programmes.
- Enhancing the “Core skills passport” for foundation trainees but all other health and care professionals would be a good step in the right direction to enable people to stay and develop within the economy.

On a wider note – we need to continue the system discussions around hospital / primary care around contracts, payment, remuneration, pensions, terms and conditions, indemnity, legislation, registration, business risks and opportunities to find some equity. New employment models may be a solution.

- Actions – job swap clinicians – via the STP / LWAB
- Set up a “Job/careers website” – across LCC / Local / NHS / CCGs with some STP/Scrutiny to ensure quality covering
 - Jobs
 - Location
 - Education
 - Leisure
 - Links/network
 - 'one' workforce
 - Live
- Succession Planning and talent management are key – we should be doing the GM 100 leadership across L&SC with the NWLA / NW employers to develop the leaders in the L&S brand / vision / to attract, retain and grow people and families in the patch.
- Training and development opportunities
- Chances to go outside of normal practice and try something different / new / enhancing / developmental
- Health and Care need to work together to offer portfolio opportunities across providers
- The LMC need to back the proposals for primary care and support
- Develop the recruit, retain and grow Framework for L&SC for high end professionals via the LCC, NHS, NWLA, HEIs
- Learning/Training around the professions in schools and the new pending simulation centre at Chorley
- We need to find the Marketing Unique Selling Point (USP) for Influencing Economies to act.
- We can use the Communications and Engagement (ICE) vehicle from the Lancashire and South Cumbria Change Programme – now hosted by the local CSU around Involvement, Communication and Engagement. We can focus attention around the issues of:
 - Branding for the L&SC brand
 - Generational issues for x, y, millennial, baby boomers
 - Schools – need to be engaged to develop and feed into the professional workforce and advertise the career opportunities – there are over 300 different roles within the NHS and more across care and wider sectors/
 - Housing – where are the best places to live?
 - Links to journals, networks, sign posts
 - Issues/hooks

- Neil Greaves – L&SC communications as outlined above

Focus in on other policies

Return to practice / Return to the economy

Working longer review – NHS Employers about working longer but not necessarily the same job

People skills – in place based settings and maximising local assets.

Social care – what more can it offer?

Use HEI's linkages

- Local bursaries and incentives for L&SC STP/LDP/HEE – 5C
- Skills and competency pathways
- Prevention and integration
- Red Cross – practical skills to access E&T – maximise different opportunities in other third sectors and act as gateways for widening participation across social mobilisation factors. Economies of scale working as one and the sum of the synergistic parts
- Innovative – Apprenticeships – Higher (HEE/STP)