**Somerset Training Hub**

**Stakeholder Engagement Plan 2022-2025**

**Our plan for improving how we speak, listen, inform, involve, and work with all stakeholders to collectively support the development of Somerset’s primary care workforce and the care they provide to people, communities and the population.**

In doing this we define:

**Stakeholders** - as any person, group or organisation who have an interest in the services we provide, or who receive or may be affected by our services.

**Engagement** - as the way we listen, communicate with and involve these people, groups and organisations.

**Stakeholder Engagement** - as the process by which we build relationships with our stakeholders through communication, listening to their views and experiences, and involving them in our work and development.

1. **Introduction**

This strategy outlines how communication and engagement will be used by Somerset Primary Care Training Hub in its work to develop every member of primary care workforce as they fully contribute to the Somerset ICS partnership of health and care organisations that is coming together to plan and deliver joined up services to improve the health of Somerset’s population, people and communities.

The Training Hub will work with a wide range of partners to achieve this workforce development. This strategy will identify all these partners, define their role and set out how we will communicate and engage with them.

1. **Context and Objectives**

It is useful as we set out to plan how the Training Hub will engage and communicate with stakeholders that we acknowledge the key overall aims of the ICS, the People Functions each ICS is charged to deliver, and then what expectations HEE has of a Primary Care ICS level Training Hub to support those aims and ICS People Functions. Each ICS has specific characteristics with regards to population health needs, service design and delivery, workforce capacity, make-up and pressures and therefore we must also take account of the Somerset Workforce Plan for Primary and Community Care 2021-22 as agreed in April 2021 by the Primary Care Workforce Implementation Group PCWIG, as its priorities are also those of the Training Hub.

Integrated Care Systems, ICSs, exist to achieve four aims:

• improve outcomes in population health and healthcare

• tackle inequalities in outcomes, experience and access

• enhance productivity and value for money

• help the NHS support broader social and economic development

The health and care workforce is at the centre of the aim for greater integration and better care. The *People Plan* set out priorities and *Building strong integrated care systems everywhere: guidance on the ICS people function* sets out 10 People functions for each ICS to achieve from April 2022 in order to make the local area a better place to live and work for their people, for their “one workforce”.

These ten ICS People Functions are:

* Supporting the health and wellbeing of all staff
* Growing the workforce for the future and enabling adequate workforce supply
* Supporting inclusion and belonging for all, and creating a great experience for staff:
* Valuing and supporting leadership at all levels, and lifelong learning
* Leading workforce transformation and new ways of working
* Educating, training and developing people, and managing talent
* Driving and supporting broader social and economic development
* Transforming people services and supporting the people profession
* Leading coordinated workforce planning using analysis and intelligence
* Supporting system design and development

As part of Specification and Operational Guidance for Primary Care ICS Training Hubs, HEE has set out ten key objectives with associated requirements for Training Hubs to achieve; in support of both the ICS People function outcomes and of HEEs vision for Training Hubs to be an exemplar in delivering, co-ordinating and leading education and training across their ICS. These objectives and requirements are:

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| **ICS Training Hub Objectives** | **Requirements Include** |
| **Primary Care Workforce Planning**1. Support PCNs and their provider partners to undertake effective workforce planning to inform ICS, regional and national workforce plans.2. As part of working with ICS/ICBs to support delivery of their people functions | Provide PCNs and partners with advice and support to undertake effective workforce planning, training needs analysis , and use of evidence-based approach to develop workforce to best the needs of patients and populationsSupport PCNs and provider partners to undertake effective workforce planning Help to embed staff into ARRS new rolesDevelop and retain staff |
| **Education and Training**3. Deliver a consistent training opportunity across primary care and professions to support the achievement of population health and learner needs4. Provide and/or support education and training | Ensure all nurses, nursing associates and AHPs are able to benefit from their CPD funding Promote, train, and recruit more educators, Actively work with educational providers to find placements in primary careGrow and support the delivery of profession-based initiatives such as Advancing Practice, General Practice Nursing, and Physician Associates. Grow clinical and non-clinical Apprenticeships by facilitating levy transfer, supporting practices with advice, and supporting implementation of delivering the apprenticeship standardsOffer NHS staff and learners proactive knowledge and library services to underpin the education, training, development, and practice of the multi-professional workforceActively encouraging all trainees and staff to access health and well-being supportSupport transition of learners from pre-registration through to primary care, working closely with PCNs to promote employment opportunities |
| **Placements**5. Actively work with practices and PCNs to develop placement opportunities, and with educational providers to find placements which meet the needs of learners and programmes6. Work with educational providers and HEE quality team(s) to ensure all placements meet the appropriate professional standards required and are aligned to the HEE quality framework, enabling learners to develop the capabilities required.  | Increase learning environment placements at scale, across a PCN to enable practices to take on a variety of trainees and students meeting professional standardsTo actively work with educational providers to find placements in primary careTo ensure all placements meet the HEE quality framework standards required for all learners to develop the capabilities requiredTrain and, where appropriate, recruit more educators. |
| **Sustainability**7. Ensure funding secured through HEE is appropriately used for primary care education and training infrastructure, and is overseen by effective governance.8. Establish appropriate and flexible primary care education infrastructure, which includes leadership, educator, and programme management roles | ICS Training Hubs are required to deliver the vision, aims, and objectives. It is expected that ICS Training Hubs will profile and divide funding between core staffing and projects and/or direct training delivery aligned to the objectives and local need |
| **Communication and Stakeholder Management**9. Have a clear and proactive communication strategy that articulates the HEE vision for Primary Care ICS Training Hubs outlined in this specification. | Each Training Hub to have a Stakeholder Engagement Strategy and Plan covering three years, to be developed with and agreed by the Oversight Board |
| **Development of Systems**10. Ensure that the appropriate resources are in place and supported, to provide a level of education and training, in a consistent manner, for primary care.  | As a key partner in the ongoing development of the primary care workforce, ICS Training Hubs may be invited to participate in commercial processes run by organisations other than that of HEE as the Contracting Authority. |

The Somerset Workforce Plan for Primary and Community Care 2021-22 is added as Appendix A. The plans main aim is “To increase the numbers, capacity, skill-mix, effect and wellbeing of Somerset’s primary care workforce”

1. **Who are our Stakeholders**

We acknowledge recognised models which can usefully identify and distinguish stakeholders as internal and external or by levels of interest and impact. However, as we seek to use this Plan to enable development of the whole workforce in ways that are coordinated across sectors in support of integration across health and care, we are mindful to use an approach which sees all stakeholders as belonging and having impact.

We are therefore using an abridged “9Cs” approach to categorising and considering our stakeholders into:

**Commissioners:** those who pay STH to do things

**Customers:** those who use STH’s offers and products

**Collaborators:** those with whom STH work to develop and deliver offers and products

**Champions:** those who believe in and will actively promote STH’s work

**Commissioners:**

* HEESW Primary Care.
* HEE SW Primary Care & Public Health
* HEE SW Primary Care & Faculty of Advancing Practice
* HEE Primary Care School
* HEE South Pharmacy
* NHSEI through System Development Funding, SDF, allocation to ICS through Somerset CCG
* NHSEI through SDF allocation to ICS through Somerset CCG
* NHS National Pilots

**Customers:**

Primary Care Workforce as a whole. This will include all professional groups, clinical and non-clinical at all stages of careers and in all situations and geographies. It will also include specific groups such as

* All clinical and non-clinical workers keeping up to date, expanding skills and investing in self and career
* Young people considering careers in health and care
* Older people moving into health and care from other work or health and care volunteering
* Apprentices, trainees and students coming into primary care as a career.
* Apprentices, trainees and students on primary care placements
* Newly qualified GPs, GPNs on New to Practice Fellowship programmes
* Existing primary care AHPs and ARRS new role AHPs on Roadmaps to FCP practice
* AHPs and GPNs on path to Advance Clinical Practice status
* GPNs, AHPs, pharmacists upskilling through relevant HEI modules
* “New to Partnership” GPs , GPNs and others
* All new role workers recruited under ARRS
* Flexible pool, mass vaccination and locum staff
* Workers in need of career advice and support
* Workers in need of support for resilience and retention
* Workers in need of additional help with wellbeing
* Educators, supervisors, coaches and mentors supporting the needs of colleagues
* Employers and managers

**Collaborators:**

* HEE’s faculties, professional leads and Primary Care Academy
* HEIs and Colleges
* Regional Training Hubs and associated communities of practice
* NHSEI regional transformation team
* Somerset CCG
* Somerset Foundation Trust and Yeovil Hospital Trust
* South West Ambulance trust
* Devon Doctors as providers of Somerset Urgent Care Service
* Somerset LMC and SGPET
* Somerset Local Pharmacy Committee
* Somerset Training practices and training programmes
* Educators, supervisors, coaches and mentors

**Champions:**

Somerset People Board for Health and Care and partners

Somerset Primary Care Board and members

Clinical Directors Board

Somerset LMC

Somerset General Practice Education Trust

1. **Analysis of current engagement activity**

Appendix B shows the framework we are using to set out the Identity and category of Stakeholders, the nature of STH’s current work with these stakeholders, how engagement between STH and stakeholders occurs now, associated strengths and weakness and actions for improvement.

This analysis work is ongoing. Part of the benefits of completing this Stakeholder Engagement Plans is in the process of getting those stakeholders themselves involved and that work can only be completed in stages due to service commitments across some groups. So far, work with Commissioner Stakeholders has been completed and similar work with Consumers, Collaborators, Champions and Channels is continuing.

1. **Monitoring, resources and evaluation**

To be agreed with Somerset PCWIG by December 2021 acknowledging that this will also be required by the Oversight Board when established by the ICS for April 2022. However, PCWIG approval and adjustments will enable STH and partners to progress the Plan in the meantime.

**Somerset Training Hub Stakeholder Engagement Plan - Appendix A.**

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| **Somerset Workforce Plan for Primary and Community Care 2021-22** |
| **Primary Aim:** **To increase the numbers, capacity, skill-mix, effect and wellbeing of Somerset’s primary care workforce** |
| **Secondary Aims: To develop a primary care workforce capable of meeting the vision, targets and challenges of:*** **NHS Long Term Plan** - to achieve new service models which improve care quality and outcomes, take actions on prevention, tackle workforce pressures, support staff and enable digital care
* **Network Contract DES** - establishing Primary Care Networks to tackle national service specifications, widen the workforce, reconfigure services locally and strongly represent primary care in the development of integrated care systems
* **GP Contract Reforms** - to address GP shortage, capacity and workload, introduce new roles, put digital first and improving the accessibility and quality of care
* **Community Pharmacy Contractual Framework** - confirming community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks
* **NHS People plan** - to have more people, working differently in a compassionate and inclusive culture
* **Somerset CCG’s Fit For My Future** - to enable healthier lives, tackle inequalities and provide joined up health and care support in the community
* **Somerset System People Plan** -to achieve a vibrant & agile health and social care sector, working together to attract, develop and retain young talent
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| **TWENTY-TWO TARGETS FOR 2020-2021 & 2021-2022** |
| * Implement recommendations of the new Enhanced Occupational Health & Wellbeing Project to establish a system supportive of the whole primary care workforce
* Establish local resources and skills in enhanced workforce data collection, analysis and application to aid effective workforce planning
* Increase number of apprenticeships in primary care
* Implement range of actions to realise as many PCN ARRS recruitment intentions as possible
* Develop LMC, GPinSomerset, SGPET and Training Hub websites and pages to provide local information library, resources, advice and support for workforce recruitment, embedding and development
* Work with local provider trusts to develop positive options for supply of ARRS new role professionals
* Work with all pharmacy sectors to address pharmacy workforce and establish suite of actions to increase -recruitment from outside county, local training and overall retention
* Ensure the resources, supervision , support and opportunities are in place to enable all FCP/ACPs working in primary care meet the requirements in Roadmaps to Practice
* Develop structured training programme and resources for the expanded social prescribing and health enablement workforce, informed by analysis of learning needs and existing provision.
* Expand existing programmes of education and support for non-clinical staff and managers in primary care into structured, accessible and resourced programmes
* Increase the number of GPs, GPNs and community pharmacists
* Support PCNs to become local learning and training hubs with programmes of multi-professional education, increased training places and HEE approval as multi-professional training environments
* Increase GP Training capacity by increasing overall numbers of approved training practices, training capacity in each approved practice and the approval of some PCNs as training environments
* Establish programmes of support, learning, development and portfolio experiences for all new to practice GPs and GPNs ( salaried, locums and partners)
* Establish a primary care lead nurse in every PCN
* Set up a Somerset Primary Care Quality Improvement Faculty
* Set up a Somerset Faculty of multi-professional supervisors and supervision
* Support local leaders and leadership in all PCNs and county primary care organisations
* Ensure that primary care is active contributor to all actions to establish Somerset brand for recruitment across health and care
* Ensure primary care is active contributor to all actions to establish increased cross sector mobility and opportunities for workforce
* Ensure primary care is active contributor to the training and development of the care home workforce
* Ensure the primary care workforce is fully supported to meet the continuing challenges of Covid and recover back to better wherever possible
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| **THREE KEY PRIOIRITES*** **Recruit**
* **Retain**
* **Develop & Train**
 | EXAMPLES OF RELEVANT PROGRAMMES AS BELOW |
| **Priority One: RECRUIT** |
| Objective: To increase numbers in primary and community care of - * Local 16-24 year olds choosing career in health & care
* Local mature people coming to work in health & care
* Volunteers in health & care transferring to employment
* Local health & care trainees working in Somerset after qualifying
* Qualified health & care professionals moving to work in Somerset from elsewhere
* New role professionals in primary care
* Experienced health & care professionals returning to work
 | Programmes:Kickstart. T-Levels. Career Fairs. Volunteering & work experience. Entry level apprenticeships.Somerset Education Business Partnership.Redundancy Taskforce. Job Fairs. Proud to Care. Accessible local training. Student placements in county. Taster Days. Alumni events.GPinSomerset. BMJ campaign.IPMO. Unified Somerset health and care brand. National career fairsARRS in line with PCN workforce plansExisting GP/GPN returner schemes. New national and local Covid returner programmes. Somerset GP pool. |
| **Priority Two: RETAIN**  |
| Objective: To provide every member of the primary and community care workforce with - * Effective induction at start of any new post
* Successful transition from training to established post
* Clear career opportunities and pathways
* Quality supervision and mentorship
* Access to support from peers, employers professional bodies and coaches
* Resilience required at mid-career to seize opportunities and tackle challenges
* Support to address problems associated with avoidable premature retirement
* Skills, advice and expert support & resources to maintain wellbeing and health
* Support to manage performance concerns
* Resources, skills and support to reduce personal, workload and increase personal capacity
* Opportunities for flexible working and portfolio careers
 | Programmes:SGPET new role induction. LMC inductionNew to Practice Fellowship programmes for GPs and GPNs. First 5 GP groupsSomerset Bus. Somerset People Plan.Development of multi-professional supervision framework Primary and community care coaching facultyLMC practice resilience teamGP Career Plus. GPN Career Plus. GP Retention schemeLMC Support services. Pastoral Care Cell. Enhanced Occupational Health & Wellbeing projectLMC support services. Ten High Impact Actions. New ways of working. Flexible working passports. Portfolio and rotational posts. |
| **Priority Three: DEVELOP & TRAIN** |
| Objective: To provide every member of the primary and community care workforce with - * Accessible programmes and resources to complete required training
* Rotational training opportunities across sectors to provide wider understanding and experiences
* Support in keeping up-to date and maintaining recertification
* Pathways to upskill and develop services & self
* Training in leadership, QI, teaching, research
* Increased multi-professional and cross-sector learning
* Quality assured working, learning and training environments
 | Programmes:New entry routes, Somerset Nurse Degree course. Increase training environment and placement capacity Rotational training programme for pre-registration pharmacy techniciansSGPET. CPD allocation. AHP Roadmaps to Practice. Apprenticeships. HEI modules.SWLA tie up. Somerset Primary Care QI Faculty. HEE SW Primary Care AcademySGPET and PCN educational programmesSomerset Faculty of Multi-professional supervisors. Approval of PCNs as training hubs |
| **Supporting Levers:** |
| Plan priorities, objectives and programmes are supported by:* Data Analysis & Application
* Digital Plan
* Estates Plan
* Information Library
* Recruitment Support
* Covid recovery plan
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Produced by members of the Somerset Primary Care Workforce Implementation Group , PCWIG. April 2021.

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**Somerset Training Hub Stakeholder Engagement Plan - Appendix B.**

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| **Somerset Training Hub - Stakeholder Engagement Plan** **Analysis of current engagement activity to identify strengths, weaknesses and actions for improvement** |
| **STAKEHOLDER IDENTITY** | **NATURE OF WORK**  | **CURRENT ENGAGEMENT BETWEEN STH &STAKEHOLDER/s** | **STRENGTHS & WEAKNESSES** | **ACTIONS FOR IMPROVEMENT** |
| **COMMISSIONERS** |  |  |  |  |
| HEESW Primary CareHEE SW Primary Care & Public HealthHEE SW Primary Care & Faculty of Advancing Practice | Core Infrastructure Workforce development CPD allocationACP top up modulesPCTH GP FellowshipsPCTH Population Health FellowshipTraining grants and Supervision support for FCP Framework | NHS Education Contract. Service Schedule Annexe and Project Initiation DocumentMemorandum of UnderstandingMOU and Educational contract.Above agreed annually and reported on and reviewed quarterly by ppmo returns and KPI. Pop Health Fellowship also reviewed regularly with Regional and local Public Health leads.All Fellows regularly supported and reviewed by STH lead. Follow up through monthly HEE Advancing Practice /Training Hub monthly meetings and through SW FCP Steering Group meetings - STH Roadmap and ACP leads are active members of both. The above are also all regularly discussed at the fortnightly SW regional Training Hub meeting of leads and managers which is always attended by one or both of STH lead and programme director.  | In 2021/22 HEESW has usefully strengthened the process underpinning the commissioning and monitoring of TH core functions and workforce developments.Delays in national and regional processes and short deadlines have complicated local rollout of CPD and ACP module funding.HEESW’s proactive support for Population Health Fellowships and MSK Roadmap practitioners has created closer working between STH and Somerset Public Health and STH and Trust MSK providers respectively. HEESW unable to fund MSK type training grants and supervision funding for other Roadmap professionals  Frequency, organisation, scope and usefulness of fortnightly regional TH meetings improved during first phase of Covid and have been maintained. Benefits further supplemented by introduction by HEESW of monthly regional TH BulletinFortnightly meetings provide opportunities for widespread networking between region’s THs and between THs and wide range of colleagues across HEE, NHSEI and partners | Ensure future STH workforce development PIDs are part of more cooperative approach with Somerset People Board to best meet need of ICSWork with other SW THs to clearly demonstrate wide benefits of PCTH Fellowships to secure ongoing HEESW fundingWork with HEESW and other SW THs to improve CPD and ACP top up time scales, communications, process and impact.Use upcoming HEESW funding to appoint Roadmap Supervision FellowWork with Somerset system partners to provide funding , resources and support to help all AHP groups meet Roadmap requirements Use regional TH leads meeting to develop collaborative quality assurance framework for THsSTH to regularly contribute to regional TH monthly bulletinShowcase STH’s achievements at regional TH conference |
| HEE Primary Care School | GP Training Programme and TH Fellowship | MOU between SoPC and STHReviewed in meetings between STH lead and Somerset Training Programme Associate DirectorPost-holder is part of STH SGPET and GP Training Programme educator teams and their meetings  | Third year of post continues to increase multi-professional learning opportunities for GPSTs and other trainees and to provide additional links between STH, SGPET and Somerset GP Training Programme, and between Training Programme and new Roadmap supervisors.  | Use post-holder to strengthen communications and engagement between individual GP Training practices, their local Roadmap supervisors and Roadmap trainees. Work with HEE School of Primary Care and local system partners to win sustainable funding for three years |
| HEE South Pharmacy | Integrated pharmacy workforce development  | MOU and shared agreement between HEE South Pharmacy Dean, Somerset LPC Chief Executive and STH Clinical Director. Follow up by Somerset People Board and new cross sector Pharmacy Workforce Forum. STH full member of both | HEE South pharmacy support and funding has provided capacity and catalyst. Use of IPMO has brought all sectors together and stimulated further funding and expertise commitment from People Board. STH has managed HEE funding, supported actions and championed across primary care.  | Ensure that background, aims and actions of new Pharmacy Workforce Forum are fully communicated and supported by other primary care leaders and providers.STH to inform, update and seek support fromPrimary Care Board and Clinical Directors Board |
| NHSEI through System Development Funding, SDF, allocation to ICS through Somerset CCG | General practice fellowships for GPs and nurses new to practiceSupporting mentors’ scheme | STH delivering NTP and SM programmes on behalf of Somerset CCG for ICS and in line with national guidance. Achievements against deliverables and milestones monitored nationally and regionally by monthly and quarterly PCMS returns completed by STH and in quarterly meetings between STH and CCG leads with NHSEI SW GP Transformation Programme LeadsSTH Director convenes monthly meeting of TH leads for New to Practice and Supporting mentors’ schemes and NHSEI SW Primary Care Transformation Programme manager attends regularly to support schemes’ progress and development and enhance communication with and between all THs  | Regional Training Hub leads meeting has tackled many operational problems and shared achievements and processes. |  |
| NHSEI through SDF allocation to ICS through Somerset CCG | Training Hubs to support local workforce priorities including ARRS, GP retention and recruitment , training and development  | Priorities agreed with Somerset CCG Primary Care Team and derived from Primary Care Workforce Implementation Group workforce plan. Progress against milestones reported quarterly to PCWIG and emerging problems and opportunities discussed with CCG Primary Care Manager at regular monthly meetings with STH Clinical Lead and Programme Director.STH and CCG PC Team leads report and review ARRS progress with NHSEI SW Transformation Team at quarterly meetings.  |  |  |
| NHSEI through SDF allocation to ICS through Somerset CCG.  | Local GP Retention  | CCG contract for GP Careers Plus awarded to Somerset Primary Health provider group and STH now providing administration, day to day management and support to facilitators | SPH and GP Careers Plus facilitators requested involvement of STH and LMC based on existing work with wide range of facilitators and educators.Benefits of GP Careers Plus scheme persist and need maintaining. STH, CCG, SPH and LMC have discussed how to now expand GP retention work to Practice Nurses and Practice Managers | Use retention funding to sustain and grow work of STH lead nurse in providing one to one advice and small group facilitation to Lead Practice Nurse group. Use retention funding to sustain and increase work of STH/LMC resilience coach to facilitate Action Learning Sets for Practice Managers |
| NHS National Pilot | Improved health and wellbeing offer to primary care workforce | Monthly meetings with National Health and Wellbeing Team of People Directorate and representatives from other national HWB pilots to enable project and evaluation.Monthly meetings with Head of Staff Experience NHSEISW and representatives from other SW pilots to provide regional support and resources.Local pilot- alternating weekly project and task & finish group meetings. Monthly project steering group meetings. All these groups have wide membership from across the ICS. Quarterly reports to PCWIG, GP Board and People Board. | Pilot HWB offer aims to be accessible to all four primary care contractor groups. Although the heads of the LMC, LDC, LPC and LOC all fully endorsed and supported the bid so far take up of the elements of the HWB across the four groups has been low and particularly so in dentistry and optometry.  | Continue to work with all four primary contractor groups to establish leads in each group so as to increase benefits of pilot to all and achieve sustainability  |