Workforce Report

TRANSFORMED CARE THROUGH A TRANSFORMED WORKFORCE

HUMBER, COAST AND VALE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

June 2017
Whatever organisation we each belong to and in all the diverse parts of the care system we work in, we often say; ‘our people are our greatest asset’.

We say this with good reason. The health and social care workforce is the primary driver of care delivery. It is also the primary driver of care cost and workforce problems of recruitment and retention are the root cause of many of the problems we face today; financial, safety, performance and quality.

Given the changes in population demographics and the care needs that have emerged, the workforce needs to transform to be fit for purpose. All parts of our system have to respond to immediate needs and financial pressures whilst adapting to deliver the future care models outlined in the Five Year Forward View (NHSE).

Getting the right balance requires a robust understanding of the nature of workforce pressures locally within our STP footprint. We need to plan with ambition and creativity to ensure we have a workforce in the right number, with the right skills, values and behaviours, at the right time and in the right place, now and in the future.

This report provides detail of some of the drivers for change we are experiencing and, locality by locality, describes the challenges faced and the innovations taken. By bringing these together in one document I hope that shared learning and, increasingly, joint approaches to the future workforce will be stimulated across health and social care organisations, transforming our thinking in partnership to further develop and create the highly skilled workforce HCV needs.

**Transformed Care through a Transformed Workforce**

**Mike Proctor**
Deputy Chief Executive York Teaching Hospital NHS Foundation Trust and Chair Humber, Coast and Vale Local Workforce Action Board
Executive Summary

The Humber, Coast and Vale Sustainability and Transformation Partnership has developed a shared vision for our local health system: we want everyone in our area to start well, live well and age well.

To achieve this we are working hard to create a health system that enables and supports local people’s health and wellbeing and that is there to help when they need it.

Focused attention is being given to the following triple aims:

- achieving desired outcomes
- maintaining quality services
- closing the financial gap

A key factor in delivering the “triple aims” is the availability of the right number of people, in the right place with the right skills to deliver care services, which have to be delivered in a way, which meets the aims. To do this requires a strategic approach to the planning, recruitment, training, deployment and retention of the people delivering care services both now and in the future.

The Humber, Coast and Vale Local Workforce Action Board has commissioned this briefing report to support the development of the workforce in enabling the implementation of service changes needed for the future.

This report covers: the national context for change, the context of Humber, Coast and Vale Sustainability and Transformation Partnership; workforce issues at a national level; current workforce challenges within the Humber, Coast and Vale footprint; national initiatives to meet the workforce challenge; local initiatives and recommendations for action. The report reflects the structure of the STP itself and the workforce challenges arising from the key aims, the current innovations and challenges within both health and social care.

The challenges facing the health and social care workforce in delivering the key aims are:

- Poor workforce data quality, although there is a wealth of data, there is no data transferability across the 3 main data bases (ESR in hospital and community organisations, Primary Care Web Tool and the National Minimum data set for Social Care). Workforce in health care is recorded by occupation rather than service, is difficult to disaggregate and reflects traditional rather than emerging roles, and as such there is no uniformity across organisations on how these new roles are coded. Good workforce data is key to good service planning and systemwide planning.

- The well documented shortage of registered entrants to health care, is exacerbated by the ageing workforce, with 40–45% of all staff in each CCG area being over 50. Nurses in this age group in particular, are likely to be eligible to retire at 55, having membership of an earlier part of the NHS pension scheme. Support staff at Bands 1–4, are also ageing. This mirrors the national picture of 5% of the NHS workforce being under 25, compared to a UK average of 12%.

- Effective and efficient co-working of health and social care organisations is vital to the STP aims of living well and staying well. Commissioning is increasingly well coordinated across the STP footprint, but the size of the overall workforce and the fluidity of the dispersed independent sector makes this a long-term challenge that will need detailed and determined plans.

All of the above is known to individual partners in the STP footprint, but without strategic and coordinated planning there will be service planning based on poor workforce data, skills shortage areas exacerbated by retirements, and organisations competing for key staff, moving the shortage from one part of the system to another.
Innovations to address the above are already happening in the STP footprint:

• Integrated commissioning and joint appointments with Local Authorities are bringing together common agendas to support prevention, and re-ablement with services close to home. Examples are co-located services, new initiatives with other public services such as Fire and Rescue. Clinics previously held in hospital being held in primary care.

• Primary care services are expanding at pace with workforce profiles now changing from the traditional nurse doctor partnership to including new roles such as physician associates (currently in training), paramedics and physiotherapists as advanced practitioners, practice nurses developing extended and advanced roles, retraining existing staff and recruiting younger people as apprentices and planning to introduce care navigator roles, to improve the link and access to community assets for patients and carers.

• Student placements have a well known link to recruitment, and Primary and Community Care are increasing their range and type of placements, with many practices now being training practices and reaping the benefits of directly recruiting newly qualified nurses, and all services benefiting from a broader range of knowledge and experience.

• Community assets are increasingly seen as part of the network, including expert patients, voluntary organisations and other community organisations. Although not part of the current paid workforce they should not be overlooked as potential candidates.

The report then goes on to look at actions that could enhance and align the work already being done by Health Education England and local health care organisations. How workforce data for local service planning can be improved, the importance of recruiting support staff from a broader base and particularly younger people and how practice placement organised at a place level can contribute to recruitment, retention and service development, finally looking at how role redesign and shared training and development can promote integrated services.

It has 4 big ideas or broad aims as follows:

1. **Develop a workforce intelligence infrastructure that allows local services to be planned using accurate and contemporaneous workforce data across place based organisations and services, easily accessible by placed based and STP managers and leaders.**

2. **A single data set**

3. **Recruit, retain and develop a broader range of candidates to support roles at a local level.**

4. **Never lose a potential candidate**

5. **Recruit and retain registered staff through quality placements and career and personal development across sectors.**

6. **Humber, Coast and Vale – a career choice**

7. **Develop a place based workforce founded on integrated commissioning and coordinated support and development.**

8. **Different skills delivered as one service**

Each of the aims has a number of recommended achievable steps for consideration as part of future programmes of work.

The actions required to bring about the necessary changes are considerable but not unachievable. There are clear benefits for patients through the changes proposed to delivery of care. Staff can also benefit from more rewarding roles – an enhanced career pathway. For organisations in the footprint, these changes can deliver benefits through greater efficiencies and helping to address workforce gaps, limiting the use of agency staff and supporting continuity of care.
Introduction

People are living longer with more complex health needs. New technology and new treatments are now available to help people live a long and healthy life. Therefore, the way in which services are delivered need to reflect those demographic and technology changes whilst at the same time ensuring that all resources are used as effectively and efficiently as possible. A focus on health promotion and illness prevention, together with an acknowledgement that a healthy and happy life requires more than just provision of high quality health services, means that other partners must be involved in the changes.

The NHS cannot make the required changes alone. Health care providers need to work with: individuals, local communities, local government, voluntary and independent sector care providers; education providers to determine the best way of supporting individuals and communities without the traditional demarcation barriers between primary care, community services and hospitals and mental health and social care services. The future will see far more care delivered locally but with some services in specialist centres where that clearly produces better results. Investment in the current and future workforce is essential for the necessary changes to take place.

This report has been commissioned by Local Workforce Action Board stakeholders in the delivery of the Humber, Coast and Vale Sustainability and Transformation Partnership. This comprises the health care commissioners and providers in: the East Riding of Yorkshire; Hull; North Lincolnshire; North East Lincolnshire; Vale of York and Scarborough and Ryedale with the following represented in the partnership:

6 Clinical Commissioning Groups
3 Acute Trusts
3 Mental Health Trust
6 Local Authorities
2 Ambulance Trusts
Community service providers
Community Interest Companies
Voluntary Sector

This report covers: the national context for change, the context of Humber, Coast and Vale Sustainability and Transformation Partnership; workforce issues at a national level; current workforce challenges within the Humber, Coast and Vale footprint; national initiatives to meet the workforce challenge; local initiatives and recommendations for action. The report reflects the structure of the STP itself and the workforce challenges arising from the key aims, the current innovations and challenges within both health and social care.

It looks at the national and local context for health and social care, as any workforce issues in social care are key to healthcare workforce, but in looking forward, it addresses integration and healthcare workforce issues specifically.

The authors are very grateful to all of the people who contributed their time and knowledge through telephone or face to face interviews and the provision of documents.

The local workforce data was provided by Health Education England, the National Minimum Data Set for Social Care (Skills for Care) and individual organisations.

All documents referenced are at the end of the report.
National context for change

Healthcare

On 23rd October 2014, NHS England published a 5 year strategy “Five Year Forward View”, outlining the challenges in providing care in a world which has changed dramatically since the founding of the NHS in 1948. It set out how the health service needed to change to provide an NHS fit for the future, including “new” care models.

It recognised that a whole system approach was needed to shift the emphasis of adult health and social care from an overburdened acute sector to a newly redesigned primary care sector that was integrated with a wide range of community assets and services, that focussed on preventing hospital admissions, re-enablement, and speedy discharge.

The Five Year Forward View recognised that primary could would remain as a patient-list based service but, given the pressures they were under, GPs needed a “new deal”. This was outlined in NHS England’s publication of April 2016: “General Practice Forward View”. The aim was to invest in general practice to improve patient care and access and invest in new ways of providing primary care. The plan was developed to: channel investment; grow and develop the workforce; streamline workload; improve infrastructure and support practices to redesign services to patients.

Social care

The Parliamentary Select Committee on Adult Social Care reported in March 2017. It considered;

• The impact of funding pressures on adult social care, highlighting that the increase in delayed discharges from hospital and in emergency admissions, related to councils increasingly directing resources towards services for people with higher level of need.
• The threats to care providers financial viability, resulting in providers exiting the market and handing back contracts.
• High vacancy and turnover rates.
• That integration between Health and Social Care was going in the right direction, but that it could take up to 10 years to achieve, and that key barriers to integration were organisational differences between Local Government and the NHS, ie payment, regulatory, performance and outcome frameworks.

It recommended that;

• The government be more realistic in its expectations for integration and addresses barriers to integration by eg setting out a strategy with Skills for Care and Health Education England for aligning the health and social care workforce.
• The decisions on pooling health and social care budgets should be made locally and that Local Government should be involved in the commissioning of local health services, to ensure that decisions are informed by local need.
• The government should create an innovation fund to encourage and give councils the capacity to develop and deliver alternative models of care.
Sustainability and Transformation Partnerships (STPs)

Sustainability and Transformation Partnerships have been formed across England as a mechanism for delivering the vision articulated in the NHS Five Year Forward View for a better, more joined up health and care system. STPs bring together many of the organisations that commission and provide health and social care services across a wider geographical area to plan for the future of health and care services in their area together.

All 44 STPs produced and published initial outline plans for their areas in the Autumn of 2016. Since then, STPs have been working to engage and involve a wider range of partners, particularly across the care sector, to deliver their local ambitions. The need to improve integration between health and social care is a key driver for change in all STPs and will be vital for delivering the scale of change needed.

The King’s Fund in its document Delivering Sustainability and Transformation Partnership (2017) identifies the following as the main themes of the 44 STPs:

- Changing the role of acute and community hospitals
- Redesigning primary care and community services
- Strengthening prevention and early intervention
- Improving mental health, maternity, learning disabilities and children and young people’s services
- Improving productivity and tackling variations in care
- Workforce supply and demand
- Developing the enablers: IT; Estates
- Developing organisational arrangements to support STPs
Humber, Coast and Vale STP

The Humber, Coast and Vale area faces a number of significant challenges including urban and rural deprivation; variation in health and well-being outcomes for the local communities served and an ageing population.

The Humber, Coast and Vale Sustainability and Transformation Partnership has developed a shared vision for our local health system: we want everyone in our area to start well, live well and age well.

To achieve this we are working hard to create a health system that enables and supports local people’s health and wellbeing and that is there to help when they need it. Our future health and care system will be less reliant on hospitals and institutions and provide better support for people to stay well.

Whilst providing a clear vision for the health and care system, further work will continue to be undertaken to develop the integration of health and care.

This provides a breadth of opportunities to share scarce resources in areas which are stretched, including making the most effective use of the knowledge, skills, experience and behaviours of all the people providing care throughout Humber, Coast and Vale.

The six priorities for action outlined in the STP are:

**Helping people stay well**
- tobacco control; taking steps to identify and act early on cancer; preventing cardiovascular disease and diabetes; implementing prevention activities

**Place-based care**
- changing how people access primary and community care; integrating the different organisations that provide care locally

**Creating the best hospital care**
- improve quality of hospital services; shared support services; high quality specialist services; focus on urgent and emergency care; maternity services

**Supporting people with mental health problems**
- better support to people on their recovery journey; best start and prevention strategies for the under 5s; new services to avoid unnecessary hospital stays; provide services which maintain independence; address health inequalities; physical health care

**Helping people through cancer**
- improve the way in which Cancer diagnostics are managed; provide a consistent cancer recovery package for all patients; possible lead providers for some cancers

**Strategic commissioning**
- adopt an asset based approach focussed on prevention; plan hospital services at a Humber, Coast and Vale level to reduce variation
Whilst initiatives under the priorities are at Humber, Coast and Vale level, they will be delivered within 6 localities: East Riding, Hull, North Lincolnshire, North East Lincolnshire, Vale of York and Scarborough and Ryedale. Local Authority leaders are playing key roles in the Humber, Coast and Vale STP alongside Healthcare leaders.

All of the action areas identified have implications for the current workforce – both that employed within the NHS and within other sectors such as Local Authorities and the Independent sector and those people volunteering their services. This report concentrates on the current and future workforce implications of the priority areas with the exception of Strategic Commissioning and Helping People Through Cancer as the commissioning workforce is relatively small and the cancer workstream has focussed on care pathways.

Whilst initial discussions have been made about the workforce implications for the Yorkshire Ambulance Service NHS Trust (YAS) of the Humber, Coast and Vale STP, it is important to note that YAS services are provided within 4 STP footprints in Yorkshire and therefore these present particular difficulties in setting a strategic direction for their future role in emergency and urgent care and its consequent impact on workforce demand and supply.
The Forward View acknowledged that health care depends on people delivering it and that to deliver new models of care, the NHS needs to have a workforce with the right numbers, skills, values and behaviours. NHS England, supported by Health Education England, gave a commitment to address immediate gaps in key areas through the following:

- Appropriate employment arrangements to enable cross boundary and cross sector working
- Initiatives to support recruitment and retention
- Greater investment in training for existing staff
- Commission and expand new health and care roles

In addition, NHS England and Health Education England, via the GP Forward View plan, set targets to expand the primary care workforce:

- Increase in GP training recruitment
- International recruitment campaign for GPs
- Targeted bursaries in the areas that have found it hardest to recruit into GP training
- 250 new post-certificate of completion of training (CCT) fellowships
- Mental health therapists
- Pilot clinical pharmacists
- General practice nurse development strategy
- Reception and clerical staff undertaking role in navigation of patients and handling clinical paperwork
- Training of physician associates
- Pilots of new medical assistant roles
- Practice manager development
- Multi-disciplinary training hubs
- Portfolio Route for GPs
- Increase of financial compensation available through the current GP retainer scheme
- Offer targeted financial incentives to GPs for returning to work in the areas of greatest need
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In April 2015 the Kings Fund published a comprehensive review of the NHS Workforce – “Workforce planning in the NHS” reporting on three areas key to the delivery of more integrated care, delivered in the community and central to delivering the care models outlined in the Forward View – mental health services, primary care and community nursing.

The care models outlined in the Forward View emphasise integrated out of hospital care on general practice (multi-speciality community providers or accountable care providers), aligning general practice and hospital services and closer alignment of the need for more generalism; is able to deliver increased co-ordination across organisational boundaries; and can address inequalities in treatment and outcome across physical and mental health services. However, it has to be said that the information required to guide effective workforce planning at local and national levels has failed to keep pace with the growing plurality of providers delivering NHS-commissioned services. Although the Skills for Care workforce database is an excellent resource, not all of the independent sector submit records, and the data is “cut” at different times to NHS data. The voluntary sector, where community assets often lay are largely undocumented centrally. This lack of easily accessed data makes service and workforce planning for integrated local services more difficult.
Drivers for change in workforce

Healthcare

As a response to the workforce challenges of the Forward View, NHS Employers commissioned the Kings Fund to undertake work considering the development of new and existing roles in the NHS to most effectively deliver the new models of care. This work was published in May 2016 in a report entitled “Reshaping the workforce to deliver the care patients need.”

Health and social care needs have changed substantially over the past 20 years, mainly due to rising levels of chronic and complex conditions and increase in the numbers of older people needing long term care. Changing demographics and continued inequality in outcomes and access to health and social care have also played a role.

The current workforce was trained for a model of acute, episodic and single-disease based care. Due to changes in demographics and the demands placed upon services, the workforce needs to develop into one which is patient-led, preventative in focus and offers care closer to home.

Additional drivers for change are growing workforce gaps e.g. General Practitioners and the increasing costs of filling gaps using agency and locum staff at a time when organisations are endeavouring to achieve the triple aims of: improving health and wellbeing; improving quality of care and achieving more efficiencies in using resources including the costs associated with the workforce.

The report focused on opportunities to develop the current workforce at all grades: from redeploying support staff, extending the skills of registered professionals and training advanced practitioners.

The workforce plan for England – education and training commissions for 2016/17 produced by Health Education England considered the workforce shortages and how these could be addressed. There is a mis-match between the number of funded nursing posts and the supply to meet this requirement, in response to the Francis Report, the Care Quality Commission, National Institute for Health and Care Excellence (NICE), and the National Quality Board. This has resulted in an increase of 8.1% of nursing posts between 2012 and 2015 whilst the number of nurses employed by the NHS increased by only 3.2%. The current average vacancy rate for registered nurses is 10% within NHS provider Trusts, hence the need to focus on improved recruitment and retention, return to practice, reduced attrition in nurse training programmes, international recruitment.

General Practitioner (GP) recruitment and retention was also highlighted as an issue and supported the conclusions and actions outlined in the GP Forward View document.

As at 1 April 2015 Trusts reported a 9.3% shortfall in the number of paramedics Health Education England despite increasing the number of training places commissioned being increased from 655 in 2014/2014 to 1729 for 2016/2017.

Health Education England’s primary responsibility is to provide sufficient workforce for NHS commissioned services. However, there is also a requirement to work with social care partners, given that 50% of the Allied Health Professionals registered with the Health Care Professions Council are not employed within the NHS.
Social care

Since 2009 the social care workforce has continued to shift away from local authority jobs (-33% equating to 60,000 jobs) and towards independent sector jobs (+25% and 245,000 jobs). This has resulted in, as at 2015, 19,300 organisations spread across 40,100 care providing locations, with an estimated workforce of 1.5 million. It is also estimated that 65,000 direct payment recipients employ their own staff. The sector has grown nationally by 18% since 2009, if the social care workforce grows proportionately to the projected over 65 population then the sector is expected to increase by another 18% by 2025.

The turnover rate nationally as at 2015 is 27% with an estimated 9000 vacancies being available on anyone day currently. Vacancy rates strongly correlate with use of agency and temporary staff and poor performing services. Only 57% of the adult social care workforce hold a relevant adult social care qualification. However currently 66% of new staff since 2015 have completed or working towards the Care certificate. The age profile is similar to health care but with 20% being over 55, it is a younger workforce with 47% of NHS staff being over 55. Both sectors are facing retirement crises unless integrated and innovative workforce planning and recruitment strategies are developed to address this.

The workforce profile is more uniform than the NHS with a clear split between direct care and managerial or support staff, although it is important to remember that 51,000 registered nurses are employed in adult social care with 85% working in CQC registered nursing homes, workforce profiles indicate more flexible working than the statutory sector but 44% are over 50, reinforcing the age profile across health and social care. Turnover is high at 32% with vacancy rate of 10% (comparable to NHS providers) an estimated 3,900 vacancies and employers citing recruitment difficulties. Registered managers have the highest vacancy rate at 12%

Local authorities remain the key employer of regulated professions in social care i.e. social work and occupational therapists, although an increasing number of social workers are employed in the independent and health sector. The social worker workforce nationally is younger 38% over 50, with a lower turnover rate, however employers cite both experienced social workers and occupational therapists as hard to recruit.

Within both sectors as with the UK economy as a whole the roles with the higher entry requirements are hard to fill.
As will be seen, whilst the localities and services provided within Humber, Coast and Vale vary, there are challenges which are consistent amongst all of them:

An ageing workforce
A shortage of:
  • Appropriately qualified Care Staff
  • Endoscopy and Sonography staff
  • Experienced Social Workers
  • Medical Staff in Emergency Medicine
  • Medical Staff in Primary Care
  • Paramedics
  • Radiology and Radiography staff
  • Registered Nurses

The following “Workforce on a Page” schematic has been produced for each of the six localities; mental health services; and in-hospital services. The workforce issues on the priority of helping people through cancer will be considered at a future date and are not included in this report other than in relation to the provision of diagnostic services. In addition, any workforce issues arising from the changes to the strategic planning and commissioning of services functions have not been considered. This emphasis mirrors the workstream activity of the STP.
The following pages of the report detail the current profiles of health and social care services in relation to the Humber, Coast and Vale STP footprint, its stated aim and current workstreams.

Place Based Care:
“Our place based care strategy will look at:
1. Changing how people access primary and community care
2. Integrating the different organisations that provide care locally.

The following Place on a Page schematic looks at each Clinical Commissioning Group (CCG) area in turn – the organisations involved with primary and community care both in health and social care. The workforce numbers and issues are identified, together with innovations already taking place or planned, and perceived challenges facing organisations such as recruitment difficulties or barriers to development. Where community assets such as voluntary organisations, churches are referred to, it has been impossible to detail such a varied sector diagrammatically. Therefore, exemplar projects or organisations have been picked out.

The workforce issues for mental health and in-patient services are shown separately, as they each have their own workstream, but clearly both are integral to the development of place-based care.
Looking in

Workforce

East Riding

Key workforce data

- Primary Care – 939 staff across 36 Practices (WTE 673)
- Community Health – City Health Care Partnership 573 staff (WTE 430)
- East Riding Adult Social Care – 1019 staff (WTE 769)
- Independent Adult Social Care – 3880 staff (WTE 1689)
- Overall age profile 42% of all staff are over 50
### Innovations

- Joint appointments CCG and Local Authority
- Commissioning structures to encourage integration and work with care homes
- Co-located and managed continuing healthcare team
- Joint approach to adult safeguarding
- Social prescribing scheme
- Pilot physiotherapy scheme in Bridlington
- 14 Physician associates in placements
- Continuing Professional Development Scheme for Physician Associates
- Working with Hull York Medical School to develop Nursing in General Practice Society, Physicians Associate Society and Leadership in General Practice society
- Paramedics employed in primary care as ACPs
- Physiotherapists and Paramedics training as ACPs
- Range of apprenticeship roles
- Development of GP Special Interests to enable out of hospital services
- Small grants to provide backfill for training of mentors in primary care
- 20 practices have nurse mentors
- Scheme to recruit student nurses to work in general practices in summer
- Care navigator role (B3) post in place (Withernsea)
- Health Trainers in key community locations and practices

### Challenges

- Community services recently transferred to new provider
- Recruiting staff for new roles
- Engaging GPs in service change
- Ageing workforce
- GPs retiring and returning to work in a locum capacity
- Vacancy rates in Ambulance Services
- Shortage of OTs and Qualified Social workers
Looking in

Workforce

Hull

Key workforce data

- Primary Care – 889 staff across 56 practices (reducing to 47 in 2017). WTE 654
- Community Health – City Health Care Partnership – 934 staff (WTE 760)
- Hull City Adult Social Care – 962 staff (WTE 623)
- Independent Social Care – 2109 staff (WTE 1371)
- Overall age profile 43% of all staff are over 50
Innovations

- Senior joint appointments across CCG and Local Authority
- Co-location of services in the new integrated care centre
- Community Geriatrician appointment
- Planned social prescribing service
- Falls service & adaptations service provided by Humber Fire and Rescue – health care trained
- Hybrid support roles developed in Sexual Health and Out of Hours services
- Rotational programmes for community nursing
- Competence framework for community nursing
- Social work placements – eating disorder service
- GP career plus retention project
- Care navigation roles planned for 2018
- 4 Paramedics employed as ACPs
- Hub and spoke model of Advanced Training practices
- Clinical Pharmacists in primary care
- 26 practices with nurse-led on-line triage
- Kingston Upon Hull City Council – training for new ways of working eg early intervention & prevention; active recovery and reablement; strength based social work; extended brokerage

Challenges

- Recruitment of: OTs, Physiotherapists, Prison Nurses, Experienced Social Workers
- ACPs moving from community into primary care once trained
- Physician Associates not able to prescribe
- Indemnity cover for new roles in primary care
- Number of small practices in Hull
- Age profile in primary care
North East Lincolnshire

Key workforce data

- Primary Care – 854 staff across 29 practices (WTE 620)
- Community Health – Care Plus – 659 staff WTE (530)
- Focus Independent Social Work – 140 WTE
- Independent Adult Social Care – 1793 staff (WTE 968)
- Overall age profile 41% of all staff are over 50
### Innovations

- Advanced Nurse practitioners
- Paramedics employed in GP practice
- GP pilot team including physiotherapist
- Upskilling reception staff
- International recruitment and links made with Holland
- Advanced Training area for health care assistants
- Clinical pharmacists in primary care setting
- Specialist supported employment team
- Co-located health and social care services
- Rapid response team
- Joint working with local hospice on end of life care
- Health and wellbeing co-ordinators
- Volunteer expert patients
- Community cardiology team
- Social services information booths in practices
- Nurse prescribers
- Assistant Practitioners employed
- Practice nurse development – hub and spoke model
- Newly qualified nurses employed directly into primary care
- ACPs – Physiotherapists
- Complex care team with 4 community matrons
- One practice directly employing district nurses

### Challenges

- Ageing workforce
- Seven day working in primary care
- Workforce numbers and skills to meet changing demands in primary care
- Ability to meet demands for placements, preceptorship and mentoring
- Access to training for Practice Nurses
- GP numbers
- Community nurses – primary and community care
- Specialist nurses – community services
- Practice nurse numbers
**Key workforce data**

- Primary Care – 557 staff across 21 practices (WTE 329)
- Community Health Northern Lincolnshire and Goole NHS FT – 186 staff (WTE 159)
- North Lincolnshire Adult Social Care – 434 staff (WTE 337)
- Independent Adult Social Care – 2162 staff (WTE 1211)
- Overall age profile 42% of all staff are over 50
### Innovations
- Training passport scheme for care home staff
- Standard induction process for care home staff
- Humber Teaching Partnership for social workers
- Employability Schemes
- Recruitment of people aged 25+ into apprenticeships
- Mental health worker employed in general practice
- Physiotherapist employed in general practice
- Urgent care triage undertaken by ACPs in primary care
- Directly employed pharmacists to help with medication management

### Challenges
- Dealing with the impact of the reform of the Care Act and the social worker role
- Integration of work force from separate organisations to work in a “place based” approach
- Seven day working in primary care
- Ageing workforce
- Recruitment of GPs
- Recruitment of registered nurses into primary care
- Registered Care Home manager provision
- Gap analysis of numbers and types of staff required at “Place”
- Wellbeing skills and practitioners
- Registered nurses in primary care
- Apprenticeships in primary care
Key workforce data

- Primary Care – 458 staff across 15 practices (WTE 319)
- Community Health – York Teaching Hospitals NHS FT – 216 staff (WTE 170)
- North Yorkshire Adult Social Care – 570 staff (WTE 413)
- Independent social care – 2000 staff (WTE 1200) estimated
- Overall age profile 42% of all staff are over 50
### Innovations

- Standard approach to competences across all practices
- Nurse mentors in all practices
- Practice nurse preceptorship pack
- Advanced Clinical practitioners
- Registered pharmacists x 4plus to cover all practices
- Practice manager collaborative
- 2 practices employing paramedics to triage and also visit care homes
- GP retention schemes – e.g career portfolio general practice plus other interests
- 4 practices merging to enable career portfolio
- Care navigators – 1 planned for each practice
- Working on BSc Nursing – part time with Coventry University
- Generic community support worker role developed: OT, Physio, Nurse – 15 complete training in September 2017
- Qualification framework for community healthcare assistants
- CCG approved statutory and mandatory training matrix for practices

### Challenges

- Supervision and assessment workload in primary care
- Physician associate- prescribing issue
- Indemnity for new roles in primary care
- GP Vocational Training Scheme numbers down to zero
- Community services currently out to tender based on an accountable care provider model
Key workforce data

- Primary Care – 1133 staff across 33 practices (WTE 814)
- Community Health, York Teaching Hospital NHS FT – 504 staff (WTE 368)
- City of York Adult Social Care – 496 staff (WTE 360)
- Independent Adult Social Care – 1950 staff (WTE 1142)
- Overall age profile 42% of all staff are over 50
## Innovations

- Primary Care Home Initiative
- Social Prescribing
- Multi-disciplinary approach to assessment & co-ordination of care
- 1,000 plus voluntary sector agencies, including Wellbeing Service
- Extra care home schemes to support changes to residential care
- Multi-agency workforce group
- Cross sector recruitment fairs
- Advanced Clinical practitioners
- Nurse Prescribers
- Pharmacists in primary care
- Paramedics as ACPs in primary care
- Advance Training Practice providing undergraduate nurse placements
- GP Nurse Ready Scheme
- Open University programme for Health Care Assistants in primary care
- York Care Collaborative – an initiative between City and Vale Alliance GP federation and York hospital to improve care and streamline nursing services across primary secondary and community care

## Challenges

- Practice Management and Practice manager development and succession planning
- Clinical leadership development
- Recruitment – high cost housing and full employment – issues with non registered staff in health and adult social care
- A single assessor approach for determining needs
- Indemnity for Physicians Associate
- Paramedic ACPs currently unable to prescribe
Services for people with mental health problems are provided by a variety of statutory, independent and voluntary sector organisations. The statutory mental health providers in the Humber, Coast and Vale footprint are:

**Humber NHS Foundation Trust** – 1955 staff (WTE 1738)
**Rotherham, Doncaster and South Humber NHS Foundation Trust** – numbers not known
**Tees, Esk and Wear Valleys NHS Foundation Trust** – 624 staff (WTE 605).

Services are also provided by **NAVIGO** – 433 staff (WTE 391); **MIND**.

**Innovations**

- Well being practitioners conducting physical and mental health checks in people’s own homes and residential care homes
- Peer support workers
- Extended roles – nurse prescribers
- Humber Training Partnership for Social Workers
- Utilisation of psychology graduates to fill Assistant Practitioner roles
- Nurse consultants
- Employability schemes – involving service users
- Proactive independent sector provision e.g. MIND
- Liaison Psychiatry at Dept of Psychological Medicine Hull Royal Infirmary

**Challenges**

- In patient nurse recruitment
- Use of agency staff
- Recruitment of psychiatrists, particularly Child & Adolescent Mental Health
- Working with criminal justice system
- Ageing workforce
- Continuing impact of Mental Health Officer status and the ability to retire early
- Providing place based teams
- Support to nursing home and care home staff
- Make up and role of community mental health teams
- Apprenticeships in some clinical areas
- Junior Doctors
- Mental health practitioners in acute hospital settings – A&E, people suffering with dementia
- Training for non specialist mental health staff in primary, community and secondary care in supporting people with a long term mental illness or a learning disability
- CAMHS and Children & YP IAPT workers
The following schematic shows the innovations and challenges identified by colleagues from the following organisations:

**Hull and East Yorkshire Hospitals NHS Trust** – 7027 staff (WTE 6064)
**North Lincolnshire and Goole NHS Foundation Trust** – 5674 staff (WTE 4872)
**York Hospitals NHS Foundation Trust** – 8068 staff (WTE 6708).

### Innovations
- Utilisation of new roles and new ways of working: clinical nurse specialists, nurse consultants, associate nurses, assistant practitioners, advanced clinical practitioners in A&E, Paediatrics, Neurology, Orthopaedics, surgery, pharmacy technicians
- Approach to attracting and retaining staff (Hull & East Yorkshire Hospitals)
- Accelerated promotion for newly qualified radiographers
- Vascular scientists and ophthalmology technical staffing being looked at across organisations
- Established links with international educational establishments to assist with international recruitment
- Role redesign in maternity, endoscopy and emergency departments – Assistant Practitioners
- System leadership development programme
- Nurse Associates
- East Yorkshire School of Endoscopy – Castle Hill Hull
- Skills passport
- Associate practitioners in maternity services
- Peri-natal mental health practitioners

### Challenges
- Recruitment processes
- Clinical skills training
- Organisation of clinical placements
- Induction procedures
- Arrangements for recruitment and assessment of apprentices
- Recruitment and deployment of temporary staff
- Management and leadership training
- Pharmacy, pathology, procurement and imaging services
- Registered nurses, Radiographers, Radiologists, Health Care Scientist vacancies
- Specifications for future provision of services and transfer of services and staff out of acute care
- System to recognise skills knowledge and competence from other organisations, including independent sector
- Relatively low numbers of apprentices
- Non medical endoscopy staff
- Sonographers
- Ageing workforce
- Recruitment – Scarborough Hospital in particular
- 2 out of 3 hospitals provide community services as well as acute services
- Uncertainty around junior doctors’ numbers on rota, a low fill rate leading to greater reliance on agency staff
- Numbers of people entering nurse training
- Good quality & effective clinical placements
- Temporary staffing – bank and agency
- Working across organisational boundaries to provide networks of care
- Use of technology to support patient care
- Staff working on more than one site
Overall Innovations

Despite the challenges, much innovation has already taken place or is planned.

Place based system Leadership

There is strong health and social care leadership in all CCG areas, joint local authority and health appointments are across the STP footprint, with commitment to integrated care and development of co located services. Some in hospital services such as cardiology and geriatrics are becoming more community based.

Primary care

Is developing at pace, mainly but not exclusively in urban deprived, coastal and rural remote areas, with GP recruitment and retention projects, new roles e.g. Physician Associates (in training), advanced clinical practitioners – nurses, paramedics and physiotherapists. Directly employed pharmacists and dispensers, in addition to new roles developing at the support level e.g. care navigators and the introduction of apprenticeships, in a number of roles including health care assistants. Thus changing the structure of the primary care workforce from the traditional doctor nurse team to a primary care network. The Advanced Training Practice hub and spoke model is well established across all localities, providing placements for undergraduate nurses, and facilitating the HCA apprenticeships and GP Nurse Ready schemes. In the future the model may well be the conduit for other preceptorship programmes eg. Physician Associates etc. and is key to addressing the ageing workforce in Primary Care.

Placements for students

Placement learning is not only linked to the supply of registered or regulated roles for health and social care but a strong factor in recruitment to areas that have not been previously attractive to candidates. Primary care and community care are developing a range of student placements including social work that will aid recruitment and retention.

Patients, carers and volunteers

Expert patients are increasingly involved in the network of services available, and are increasingly considered to have a valuable role. The voluntary sector is also offering a key contribution to a system of care at home or re-ablement but needs clear signposting to be easily accessed. It is important to remember this sector is an often overlooked supply source for future recruitment mental health services have led this field with the introduction of peer support workers or support time and recovery workers.

Planning ahead

Across all sectors, organisations are looking at role redesign, using the Calderdale Framework, and developing new support roles.

Practitioner development in secondary care

Advanced Clinical Practitioners are being trained and deployed in all the acute hospitals within the Humber, Coast and Vale foot print. They are employed extensively in emergency care roles. Non medical endoscopists have been trained at Hull and East Yorkshire Hospitals to address skills shortages experienced there.
Patients want to be able to see the right person with the right skills at the right time. Since we know that there are national and local shortages of skills and people with those skills, new roles have been developed nationally and deployed locally to help fill the gaps.
Developing the support workforce

The support workforce is diverse and includes clinical and administrative support staff, cleaning and catering roles.

Examples of role development for support staff are:

1. **Assistant Practitioners**
   In a 4 tier radiology team supporting radiographers and radiologists – NVQ Level 3 and pay grade NHS Band 4

2. **Associate Practitioners**
   Community mental health team, carrying out physical health checks

3. **Nursing Associate**
   To provide greater support for nurses and help bridge the gap between healthcare support workers and nurses. Those in this role will be able to progress to becoming a registered nurse either through a further – degree level – apprenticeship or via a nursing degree, shortened to take account of the apprenticeship already done. 2,000 training places commissioned nation wide

4. **Apprenticeships**
   Skills for Health and Skills for Care are leading on the development of new standards and frameworks for a range of support roles across health and social care that will provide career pathways into a number of registered and non-registered roles.

**National perspective on new roles**
Extended roles
These are undertaken by registered professionals taking on tasks not traditionally within their scope of practice but which do not require training to Master's degree level for example nurse prescribers.

Holistic workers
This person is able to assess a patient’s complete care needs. They are a registered professional – either nurse, physiotherapist, occupational therapist or social care worker working at Agenda for change band 5 level or equivalent. They are then trained up to Assistant Practitioner (Agenda for Change Band 4) across all four disciplines so they have a broad range of skills outside their initial area of expertise.

Paramedic Practitioners
Designated by the College of Paramedics career framework as a “specialist” paramedic (urgent and emergency care), practices at a higher level of education and training with roots in primary care, but can respond to all grades of urgent and emergency undifferentiated patients.

Pharmacy Practitioner in Primary Care
The pharmacist undertakes medicines management, either remotely or face to face working in conjunction with the community pharmacists including re-authorising prescriptions, conducts prescribing audits and deals with regulatory issues.

Physician Associate – Acute Care
The Physician Associate’s role is to take on tasks traditionally performed by junior doctors such as assessing new or unwell patients, formulating a management plan; refer patients to other services, perform diagnostic tests and procedures based on training; take part in ward rounds; engage in audit and quality improvement projects.

Physician Associate – Mental Health
The role places particular emphasis on physical health but mental health assessments are also undertaken; taking on tasks traditionally performed by junior doctors.

Advanced Roles
Advanced roles are being established in all sectors at rapid pace e.g. in the management of long term conditions. In secondary care, a shortage of junior doctors is driving a significant growth in advanced practice roles within specialties such as Accident and Emergency, Acute Medicine, Paediatrics, General Surgery, Cardiology.
Humber, Coast and Vale Workforce Action Board

The Local Workforce Action Board has, in line with the STP aims, made the strategic decision to focus work on increasing the quantity and quality of the workforce through two major workstreams: Support Staff at Scale and Advanced Practice at scale.

**Support staff at scale**

National evidence indicates that role analysis, and workforce planning leading to a proportionate increase in Bands 1–4 support staff is a cost and time effective solution to key shortage areas in registered professions. Humber, Coast and Vale are committed to this approach and below is a review of current progress and challenges to achieving this aim.

However, before that it is important to reiterate the local need for this approach.

- 40–45% of all health and social care staff in all CCG areas are over 50
- Approximately 29–34% of registered nurses are over 50 with a statistical ‘bulge’ at 50–54 the age group at which people are likely to be members of the 1995 pension scheme, have special class status and thus able to retire at 55
- The change from bursary to student loan for nursing degrees will have an impact on supply, and although planned the undergraduate apprenticeship route will take time to come to fruition.
- Approximately 30–40% of existing clinical support staff in NHS provider organisations are over 50
- An analysis of leavers and joiners at Bands 1–4 by age range, by key health organisation would indicate that that recruitment patterns are beginning to change with a 12% increase in joiners under 30 across the footprint in 2015–2016. Whilst age should not be a factor in selection processes, recruitment strategies and workforce plans need to consider age profile and projected retirements.

Thus the projected supply in registered nurses and other roles, the existing shortfalls in registered staff, the age profiles, all contribute to a pressing need to have a coordinated recruitment and retention plan for support staff that goes beyond traditional recruitment sources.
Foundations to achieving the STP aim of increasing the number of support staff

Recruiting new people to support roles

Much good work is happening to attract and recruit younger people into careers in Health, and people who may not otherwise have considered Health as an employment option. The national figures for the NHS is that 5% of the workforce is under 25, as compared to an average of 12% in the UK workforce.

Health and Social Care staff are working together at careers events and recruitment fairs. Hull and East Riding have a number of initiatives but they are not presently coordinated as a whole.

• Princes Trust Employability Health Scheme (funding is determined by post code) offering a taster day and a 4–6 week programme

• Trust led employability schemes (HEY, Humber and CHCP)

• St Marys Health Academy targeting schools in Hull to encourage young people to think about health careers

• Withernsea and Bridlington education projects to develop Health Academies in those Areas

• Career Ready, a charitable Trust working with schools in Hull

• A day in the Life of (joint Hull and East Riding), an annual event held at Hull and East Yorkshire Hospital, targeting schools in both Hull and East Riding, showcasing the different job roles involved with a patient journey.

• Young Health Champions, an initiative developed by Hull and East Yorkshire Hospitals, including an information day and a training programme and placement for 3 months, resulting in an increase in younger volunteers in the Trust but with 9–10% successfully applying for support jobs in the hospitals.

• Work placements – Kingston upon Hull City Council are coordinating work placements for school students across Health and Social Care in the city

• Health and social care are working together at careers events, and recruitment fairs.

Following the Hull 2020 workforce strategy a ‘Grow Your Own’ group has been established and in time will coordinate.

North East Lincolnshire has a coordinated Employability scheme funded jointly by the CCG and Local Authority which integrates employability, placements, internships, supported employment and apprenticeship recruitment and support. It also contracts and engages with other local agencies including Navigo, and the independent sector. It has led to 1000 job outcomes since 2008, and has received a number of awards for its approach.
Using apprenticeships to recruit and retain new staff and develop existing staff

Health Education in Humber, Coast and Vale have supported the development of apprenticeships in health care through the Support Staff Learning and Development fund. In May 2017 the more centralised levy mentioned earlier comes into being, with organisations across all sectors of PAYE costs of more than £3 million being charged a levy which can they be claimed back from a central pot through apprenticeship accounts administered by the Skills and Funding Agency. This will be on the basis of a ‘use it or lose it’ approach, in order to encourage the development of apprenticeships across all sectors at scale.

The planned and achieved numbers for Humber, Coast and Vale (excluding YAS) through the SSLDF are shown below;

<table>
<thead>
<tr>
<th>Planned Numbers 2016/17</th>
<th>394</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved Numbers 2016/17</td>
<td>134 plus 15 in primary care</td>
</tr>
</tbody>
</table>

Bearing in mind that the total number of Bands 1-4 support staff is over 12,000 (excluding primary care and YAS), this would indicate that there is work to be done before apprenticeships are the cultural norm in health care. Some health care organisations have only ventured into admin apprenticeships or clinical support whilst others have supported health care roles.

The plans for Humber, Coast and Vale based on the new levy arrangements are 644 for 2017/8.

It should be pointed out that the national framework for the levy and new registers of accredited training providers and end point assessors have been slow to evolve with some information only being published in April 2017. New standards and frameworks are evolving, with the advent of the new advanced apprenticeship framework for nursing being expected later this year.

Thus healthcare organisations in Humber, Coast and Vale are at the very start of plans to achieve the numbers quoted above. Work is ongoing to look at recruitment, selecting appropriate frameworks and developing pathways. Some are saying that they are unlikely to achieve the numbers planned in this financial year. Government plans are that in 2018 levy account holders will be able to transfer unused levy up to 10% to another organisation, within their supply chain or community. This will not be permitted until 2018.

Smaller organisations will go down the ‘co investment route’ to fund apprenticeships ie, they will fund 10% of the training and the government will fund 90%.

However much good work is being done within Health Education England and within organisations:-

- The Local Workforce Action Board for Humber, Coast and Vale have created a steering group to coordinate, this work, with a current submission to the National Skills Academy to develop an Excellence Centre for support staff. This would offer a hub and spoke approach to sharing and developing good practice and resources in the recruitment and development of apprenticeships, and support staff in general. There is also a Task and Finish group looking at the development of an integrated apprenticeship route, which would facilitate integrated working. Partnership groups are looking at Health Care Assistant development and career frameworks for nursing.
- South Bank health care organisations are looking at a cluster approach to apprenticeships, which could ensure better value for money in contracting with accredited training providers. North East Lincolnshire have begun to support the local independent sector by recruiting and registering apprentices.
- North Lincolnshire and Goole Hospitals has developed a talent pool of job-ready applicants for apprenticeships and offer a career confidence training programme for new entrants to the pool.
- Individual organisations have developed learning materials.
- Several have used the Calderdale framework to review roles and create new support roles, in some cases Band 1 that would be suitable entry points for volunteer or other non-traditional entrants.
Local authorities as a whole will have set targets in relation to the levy, although in relation to adult social care their staff numbers involved in care provision are to varying degrees small. However where there apprenticeships in care provision, there may be opportunities to look at integrated apprenticeships.

The larger numbers are in the independent sector and their numbers are at this stage unknown for Humber, Coast and Vale.

**Challenges to achieving planned numbers:**

- Support roles have not always been integral to the workforce planning process and individual apprenticeships have been linked to vacancies rather than planned at scale.
- There are a limited number of accredited training providers working across the STP, capacity may be an issue, and contracting for best value may not happen if organisations do not negotiate as a cluster.
- Operational managers need to be engaged.
- Increased numbers put additional demands on workplace induction, training supervision and support, at a time when other new roles may also require support and supervision.
- The workforce planning for apprenticeships needs to happen as part of a strategic approach to support staff recruitment and retention, across organisations in view of the predicted demand and age profile of the current support workforce.
- Innovative approaches to streamlined assessment methods need to be developed.
- The lack of a more coordinated approach at a place level does result in duplication of recruitment, induction and support effort and the risk of losing good or potentially good candidates to the place based system.
- The SSLDF currently funds infrastructure i.e. posts that will be vital in the development of apprenticeships at scale.

**Considerations for future strategy:**

To achieve apprenticeships at scale needs a multi stranded strategy at least amongst community providers of place based care if not also the Acute provision. It needs to:

1) Bring younger people into the health and social care workforce as a whole, potentially in non clinical roles as a starting point.

2) Widen the recruitment base for apprenticeships targeting volunteers, voluntary organisations; in some cases expert patients and those not in education training or employment.

3) Target existing non clinical support staff with employee development programmes, and apprenticeship opportunities.

4) Develop recruitment campaigns for support staff that offer roles within healthcare teams with opportunities to develop, rather than simply a specific support role.

5) Consider a place based approach to employability and recruitment of apprenticeships. Elsewhere sector based academies, offer an open day, 2 weeks training, a 4 week placement and a guaranteed interview for an apprenticeship. The concept could be successfully translated into a place based work academy for Health and Social Care, enabling reduction in advertising and recruitment and reducing the risk of losing a good candidate, instead enabling another partner in care provision to benefit.

6) Consider in 2018 creating a community credit system for unused levy money at a place level, enabling the independent sector or primary care to gain as part of the whole system of care. A charge could be made for the recruitment and registration process.
In April 2017 Health Education England determined a national definition and competencies for Advanced Clinical Practitioners based on discussion with professional bodies, NHS Employers, NHSI, and NHSE as follows:

“Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision-making. This is underpinned by a masters level award or equivalent that encompasses the four pillars of clinical practice, management and leadership, education and research, with demonstration of core and area specific clinical competence.

Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.”

This has been further considered by Humber, Coast and Vale and the local Advanced Clinical Practitioner workplan will build on this work.

Progress has been made in services to develop and promote the use of advanced practitioners, with the majority being employed in acute hospital settings. Currently, there are less than 100 Advanced Clinical Practitioners (ACPs) in the Humber, Coast and Vale STP footprint. ACPs have been deployed to deliver services where there have been challenges in recruiting medical staff at consultant and doctors in training into specialties such as: emergency medicine; intensive care; neurophysiology; psychiatry. In addition, ACPs have been employed within primary care to assist with triaging and assessment for urgent care and to support patients with long term conditions such as respiratory illnesses.
A working group has been established to develop a workforce plan for ACPs across the STP footprint. This will be predicated on services being reviewed and delivered across care pathways in primary community and secondary care settings at place base and specialist level. This provides an opportunity for those registered staff being developed into the role to learn together both academically and practically. Rotational opportunities could be provided across urgent care services within the ambulance service; GP practices and hospital emergency departments.

Whilst the work has focussed primarily on advanced clinical practitioners, the same principle could be applied to those working in an advanced level in the care sector e.g qualified social workers as principal social workers employed in the independent, voluntary and health sectors as advocates, supporting people with complex needs.

The role of the ACP could also form part of a useful retention strategy at a place base level with practitioners able to gain further knowledge, skills and experience across hospital, community and primary care.

In order to develop the ACP role at scale, a dedicated, multi-disciplinary, cross sector Steering Group has been established. This also includes representatives fro the universities located in the STP footprint.

The Steering Group has four task and finish groups to focus work on the following:

1. Definition of the Advanced Clinical Practitioner role and its associated competences
2. Identify workforce demand across STP footprint and develop a 5 year investment plan for growth
3. Develop a Humber, Coast and Vale recognised education programme for ACP and an associated funding model
4. Evaluation of the role and its impact

The demands for the ACP role have been identified within the submission for investment in the primary care workforce as follows for each year for 2017 to 2021:

- 40 new pharmacists working in general practice per year – 200 in total
- 40 new advanced Allied Health Professional practitioners – 200 in total

The demand for ACPs working in secondary care and the Yorkshire Ambulance Service NHS Trust has yet to be determined but clearly the demand needs to be considered across the whole of Humber, Coast and Vale and across sectors to facilitate economies of scale in provision and development opportunities rather than “robbing Peter to pay Paul”. Currently employers have developed their own staff and forecast their own demands without a system wide approach being taken.

The Training Programme within higher education institutions and at the workplace is also being reviewed, particularly given the academic requirements coupled with the acquisition of advanced clinical skills. The rotation of placement opportunities would provide a comprehensive experience, with the longest placement being spent with the ultimate destination of employment. Thus a system wide approach again needs to be taken to this aspect of the roll out.

Similarly, there are a variety of facilities available to support ACPs in training such as the Advanced Training Practices, the Ambulance Trust and NHS Trusts with their clinical skills simulation facilities and the knowledge and experience across all the sectors.

Health Education England currently make a significant contribution to the educational costs of developing ACPs with service providers investing in placement support, assessment, supervision and the release of staff. To ensure sustainable funding that creates sufficient growth to meet service need, the ACP steering group aligned to the Local Workforce Action Board in Humber, Coast and Vale are developing an investment plan depicting how funding can be supported over the next 5 years. A clear evaluation programme also needs to be developed and implemented to provide evidence of the impact which the role has made in delivering effective, high quality and efficient patient outcomes.
Education provision

The Humber, Coast and Vale footprint is well served with regards to further and higher education institutions. Hull, York and York St John Universities currently work with all service providers within Humber, Coast and Vale.

To support the workforce requirements the Universities have devised the following programmes:

NB – not all programmes delivered by each University

- Nursing Associate Programme
- Physicians Associate Programme
- Associate Practitioner Programme
- Doctorate in Clinical Psychology
- BSc Paramedic Science
- BSc Occupational Therapy
- BSc Physiotherapy
- 2 year Graduate programme in Nursing
- BSc Nursing in all branches
- BSc – Operating Department Practice
- BSc/PG Diploma in Community Nursing
- PG Diploma in Cognitive Behavioural Therapy
- BSc Midwifery
- Midwifery Short programme and Midwifery Post Graduate Diploma
- BA and MA Social Work
- Foundation Degrees (Scarborough Campus)
- Biomedical Sciences
- MSc Advanced Practice
- HNC – Health & Social Care – Scarborough campus (Coventry University)
- Accredited training providers and end point assessors
The following programmes which are required to support workforce development in the Humber, Coast and Vale footprint and which are delivered outside of it but within Yorkshire and the Humber are:

<table>
<thead>
<tr>
<th>Programme</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>Huddersfield, Bradford</td>
</tr>
<tr>
<td>Advanced Pharmacy practice</td>
<td>Bradford</td>
</tr>
<tr>
<td>Community nurse prescribing</td>
<td>Bradford</td>
</tr>
<tr>
<td>Nurse prescribing</td>
<td>Lincoln</td>
</tr>
<tr>
<td>Therapeutic Radiography</td>
<td>Sheffield Hallam</td>
</tr>
<tr>
<td>Radiotherapy &amp; Oncology</td>
<td>Sheffield Hallam</td>
</tr>
<tr>
<td>Medical Ultrasound</td>
<td>Sheffield Hallam</td>
</tr>
<tr>
<td>Diagnostic Radiography</td>
<td>Sheffield Hallam, Leeds, Bradford</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Bradford</td>
</tr>
<tr>
<td>Dietetics</td>
<td>Leeds Beckett</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>Leeds Beckett</td>
</tr>
<tr>
<td>Speech &amp; Language Science</td>
<td>Sheffield</td>
</tr>
<tr>
<td>Optometry</td>
<td>Bradford</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Bradford</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Leeds, Sheffield</td>
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<tr>
<td>Orthoptics</td>
<td>Sheffield</td>
</tr>
<tr>
<td>Optometry</td>
<td>Bradford</td>
</tr>
<tr>
<td>Healthcare Science</td>
<td>Bradford, Leeds</td>
</tr>
<tr>
<td>Health &amp; Social Care Innovation &amp; Integration</td>
<td>Lincoln</td>
</tr>
</tbody>
</table>
Whilst there are many examples of good practice in workforce development in the Humber, Coast and Vale STP community, it is useful to consider examples of useful development work being undertaken throughout health and social care providers in England. A number of these are detailed below:

**Advanced Clinical Practitioners (ACPs)**

Were developed in Sheffield Teaching Hospitals NHS Foundation Trust in 2006 in response to the European Working Time Directive, resulting in a shortage of junior doctors to provide 24/7 cover. The cardiac service was the first to introduce the role. Since 2012, the role has been developed at scale and in 2016 there were 70–80 ACPs working across both hospital sites in: night services; critical care; operating theatres; A&E; renal services; haematology; neonatal intensive care; acute medicine and surgical services.

**Associate Practitioners**

At Bradford District Care NHS Foundation Trust are conducting physical health checks on service users with mental health problems.

**Apprentice Progression to Foundation Science Degree in Pathology**

Lancashire Teaching Hospitals NHS Foundation Trust have been using the Modernising Scientific Careers career framework for assistants and associates to attend academic programmes and undertake on the job learning progressing to a Healthcare Science Foundation degree.

**Community Education Providers**

Health Education England in London has developed a pathway-based, multi-professional approach to Community Education Provider Networks to bring together health and social care providers, community groups and education providers to facilitate the development of learning communities. The networks cover a defined geography, undertake workforce development around population need and seek to support primary care workforce transformation; workforce planning; developing local education capacity and capability.

**Get In Cornwall**

Developed in 2016. This framework is about opening more doors to employment and training in the health and social care attracting people with the right values and ability to do an excellent job and gaining the benefits of a diverse workforce. The project is supported by NHS organisations, Colleges, Voluntary Sector and Careers Service.

**Holistic Workers**

Are being employed at Nottingham CityCare Partnership, Social Enterprise to assess a patient’s complete care needs. They are a registered professional – either nurse, physiotherapist, occupational therapist or social care worker, working at Agenda for Change Band 5 level or equivalent. They are then trained up to Assistant Practitioner (Agenda for Change Band 4 or equivalent) across all four disciplines so they have a broad range of skills in addition to their original area of expertise.

**Integrated Health & Social Care Apprenticeships**

In partnership with local social care providers, Norfolk and Norwich University Hospitals NHS Foundation Trust developed an apprenticeship to support people wishing to pursue a career either in health or social care.
Paramedic Practitioners

South East Coast Ambulance Service NHS Foundation Trust employs Paramedic Practitioners (PPs) – they are paramedics who have undergone additional education and training to equip them with greater patient assessment and management skills. They are able to diagnose a wide range of conditions and are skilled to treat many minor injuries and illnesses. PPs are also able to “signpost” care – referring patients to specialists in the community such as GPs, community nurses or social care professionals. They can also refer patients to hospital specialists, thus avoiding the need to be seen in A&E first.

The aim of the service is to minimise the disruption of home visits to GP surgery schedules and reduce the number of A&E attendances. The paramedic practitioner is trained to independently provide care that does not require the intervention of a doctor. The paramedic has access to the full GP record. They report directly back to the GP with the outcome of the visit and any updates on any treatment and medication that was given. The paramedics also work at the hubs during the weekends, triaging and seeing patients who did not require a GP to attend.

Peer Support Worker

Sutton Mental Health Foundation have trained a number of people who use their services as Intentional Peer Support Workers. They are based on in-patient wards and in the community. Big White Wall is an anonymous on-line community for people who are anxious, down or not coping to share thoughts and feelings with trained supporters.

Physicians Associate – Secondary Care

St George’s University Hospitals NHS Foundation Trust employs between 10–15 Physician Associates across a wide range of departments including: urology; plastic surgery; haematology; paediatric intensive care, neurosciences.

Physicians Associate – Mental Health Services

Birmingham and Solihull Mental Health NHS Foundation Trust employs Physician Associates to undertake mental and physical health care assessments, take on some tasks previously performed by doctors and to provide long-term continuity of care.

Physicians Associate – Primary Care

The Fisher Medical Centre in Skipton, employs two Physician Associates who each see around 20 patients a day, mostly same day appointments. They also perform telephone consultations and the GPs in reviewing investigations and correspondence.

Physiotherapy and Occupational therapy degree apprenticeships

Are being developed within the Lincolnshire Talent Academy and United Lincolnshire Hospitals NHS Trust and the College of Occupational Therapists, Chartered Society of Physiotherapists and Health and Care Professions Council.

Primary Care Navigator

Age UK Kensington and Chelsea, in conjunction with local authority and local NHS organisations has developed this role which incorporates: enabling access to local services; access to community care assessments advise on personal budgets; co-ordinate work with other agencies.

Link Worker

Dudley Multi-Specialty Community Provider has introduced a Link Worker who visits patients at home and signposts them to services that address their social and care needs.

Street Triage

Leicestershire Police and Leicestershire Partnership Trust have a jointly operated mental health triage car to improve the service for people whom police encounter who may be experiencing difficulties with their mental health or learning disability.

Training for all front line officers and staff – Metropolitan Police Service

The Metropolitan Police Service has trained all frontline officers and staff to help identify and share information concerning vulnerable adults.
Looking forward

Big Ideas

In order to achieve the workforce to deliver the STP aims in Humber, Coast and Vale, there are 4 key aims:

Develop a workforce intelligence infrastructure that allows local services to be planned using accurate and contemporaneous workforce data across place based organisations and services, easily accessible by placed based and STP managers and leaders.

A single data set

Recruit retain and develop a broader range of candidates to support roles at a local level.

Never lose a potential candidate

Recruit and retain registered staff through quality placements and career an personal development across sectors.

Humber, Coast and Vale – a career choice

Develop a place based workforce founded on integrated commissioning and coordinated support and development.

Different skills delivered as one service

Small Steps

The following pages outline steps that could be taken to achieve the above aims:
Agree single work force data curation model, others are looking at WRAPT the north west model, or a hub and spoke model of data curation that agrees on core fields eg age, gender, qualification that can imported from other databases.

- Pool workforce planning resources at a place /CCG level.
- Develop a workforce data warehouse at place /CCG level.
- Develop a rolling programme of work that supports service planning ie beacon events, e-bulletins.
Never lose a potential candidate

Develop a youth focussed website for Humber, Coast and Vale that links to place based and national initiatives. “Get into Health in Humber, Coast and Vale”

Develop and coordinate place based employability and recruitment schemes

Develop place based work academies to recruit to support roles, including apprenticeships, guaranteeing interviews after induction and placement.

Pool resources for recruitment and/or induction of support staff at a place/CCG level

Develop place based apprenticeship strategies taking into account workforce plans and the availability of an integrated apprenticeship route
Humber, Coast and Vale
a career choice

- Organise practice learning by place, co-ordinating diversity across the sectors
- Develop a place based approach to preceptorship for nurses across primary, community and acute sectors
- Agree competency framework for key roles to enable mobility and rotation across sectors
- Pool training and development resources into a place based confederation with shared planning and delivery with a community credit scheme for voluntary and small organisations
- Consider development of one community education provider in each place/CCG
Different skills delivered as one service

Agree a common objective framework on working together that can be included at staff appraisals at all levels

Commission joint management and leadership development programmes at place base, no uni-organisational management development to be delivered unless justifiable. Ensure mediation and disputes resolution are core topics

Develop generic well being roles at support and registered levels, that combine registerable skills at an associate level with a lead role in one area

Consider single employer model for key skill shortages at place/CCG level, so that scarce resources are shared and workforce planning energies are not duplicated
Conclusion

As identified in the Humber, Coast and Vale Sustainability and Transformation Partnership’s outline strategy, there is an urgent need to reshape the health and social care workforce within its footprint to meet the changing and growing demand from the communities living in the area. This demonstrates that the organisations in Humber, Coast and Vale are beginning to successfully tackle the challenges of meeting the three aims outlined in the STP. Clearly, further work will be undertaken to assess the workforce priorities for the other workstreams i.e. Cancer. As service redesign work progresses, the impact on workforce will also be taken into account e.g. Children and Young People’s Services; Emergency and Urgent Care.

It also identifies the challenges and opportunities presented and recommendations for action. These actions are not intended to replace existing initiatives but to supplement them. Indeed, the vehicles for achieving them are, for the most part, already in existence i.e. the Local Workforce Action Board, the Excellence Centre for support staff, the working group on integrated apprenticeships and the Partnership Group and the place-based workstreams within the STP.

Change is not easy and it takes skill, resources and persistence, and local leaders working together across all sectors to support the changes. However, with focussed work on effective workforce planning, imaginative approaches to recruitment, retention and role re-design and team working, the potential benefits for local communities and the people who provide services to them, are significant. These will be realised through more patient focussed care and improved health outcomes. Staff can also benefit from more rewarding roles and enhanced career pathways. For organisations in the footprint, these changes can deliver benefits through greater efficiencies and helping to address workforce gaps, limiting the use of agency staff and supporting continuity of care.
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Contributions

**East Riding**
East Riding Clinical Commissioning Group
East Riding of Yorkshire Council
Humber & Wolds Rural Community Council
City Healthcare Partnership

**Hull**
City Healthcare Partnership
Hull Clinical Commissioning Group
Humber Fire & Rescue
Kingston Upon Hull City Council

**North East Lincolnshire**
North East Lincolnshire Council
North East Lincolnshire Clinical Commissioning Group
Care Plus
North Lincolnshire and Goole NHS Foundation Trust
Focus Independent Social Work

**North Lincolnshire**
North Lincolnshire Council
North Lincolnshire Clinical Commissioning Group

**Scarborough and Ryedale**
Scarborough & Ryedale Clinical Commissioning Group
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Vale of York Clinical Commissioning Group
York City Council Adult Social Care

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