A healthy place to live, a great place to work.

A workforce strategy

April 2018

West Yorkshire and Harrogate
Health and Care Partnership

NHS

Our vision

Our vision for West Yorkshire and Harrogate is for everyone to have the best possible health and wellbeing. **At the heart of this are the following ambitions:**

Healthy places

- We will improve the way services are provided with a greater focus on **preventing illness,** or identifying and managing this at an early stage wherever possible.
- We will support people to manage their own care, where safe to do so, with **peer support** and technology provided in their communities to help with self-care.
- Care will be **person centred,** simpler and easier to navigate.
- There will be **joined-up community services** across physical and mental health as well as much closer working with social care.

High quality and efficient services

- **Hospitals will work more closely together,** providing physical and mental healthcare to a consistently high standard by organisations sharing knowledge, skills, expertise and care records, where appropriate.
- The way that services are designed and paid for will change. We will move to a **single commissioning arrangement** between Clinical Commissioning Groups (CCG) and local councils. This will ensure a stronger focus on local places and engagement. There will also be a stronger West Yorkshire and Harrogate commissioning function for some services.
- We will **share our staff and buildings** where it makes sense to do so; to make the best use of the resources we have between us and to help further service investment.

A health and care service that works for everyone, including our staff

- West Yorkshire and Harrogate will be **a great place to work.**
- We will always **work with people** in how we design, plan and provide care and support.
- West Yorkshire and Harrogate will be an international destination for **health innovation.**

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Foreword

Health and social care in West Yorkshire and Harrogate is changing to meet the needs of communities.

Reshaping healthcare requires a reshaping of the health and care workforce.

New teams are emerging with an increased role for non-medical staff to work alongside medical staff, non-registered staff to work alongside registered professionals, new roles alongside traditional roles and the unpaid volunteers and carers working in partnership with the NHS and care sector employees. There is a greater role for people working outside of hospitals, where most health and social care takes place.

Health and social care employers, NHS Trusts, general practices (GPs), local authorities, community organisations and the independent sector, will be centre stage to making this happen with an enhanced role in funding and attracting trainees, the provision of high quality clinical placements and on-the-job training, reshaping existing roles and teams and making the many different jobs rewarding and fulfilling.

Employers will do this together so they don't compete for scarce skills or hinder flexibility, to address 'supply' issues and achieve a better balance between each sector; hospital, primary and community, and social care. There is a new opportunity for all staff to develop themselves and the teams they work within, so they can do the best for people they serve. Their knowledge, expertise, hard work and professionalism are at the heart of the services we provide. We value our workforce and are committed to their training and development, creating a workplace where they are engaged, motivated and fulfilled. This is the backdrop to the development of a workforce stocktake and strategy for West Yorkshire and Harrogate.

The focus of this strategy is the paid employed workforce. Further work is needed to capture the full contribution and needs of the volunteers and carers that are both highly valued and vital to the health and wellbeing. In 2016 a LWAB was established. The mission is to ensure that workforce is a positive enabler and not a constraint to achieving the Sustainability and Transformation Plan for West Yorkshire and Harrogate.

The plan for our health and care services is ambitious, far reaching and innovative and the workforce programme must match up to it. Six key workforce challenges and priority areas identified in our Sustainability and Transformation Partnership (STP) strategy are shown in figure 1. The stocktake provides a baseline assessment to inform our strategy. This has been developed using data provided by Health Education England (HEE) and from interviews with programme leads and those involved in place-based workforce planning including local authorities and the care home sectors. A survey of NHS organisations was conducted to provide a broad picture of workforce issues facing them and additional information from a range of national reports has been referenced.

We've assessed the workforce implications of national and partnership programmes, including a baseline assessment of current plans and the case for investment. We've considered the mechanisms needed to take forward collaborative and collective action. We remain at an early stage in modelling the workforce implications of the plans and the strategy will need to adapt as these plans crystallise.

This strategy is a 'Call to Action' to every part of our health and care system. Our organisations have a strong track record of clinical transformation and workforce innovation and we have drawn on the collective skills and insights of all sectors. The new partnerships offer a new opportunity to make our workforce programmes in West Yorkshire and Harrogate more than the sum of its parts, to enable collaboration not competition, working together not working in isolation, an opportunity to do things differently, achieve economies of scale, consistently high standards and a coherent system wide solution.

The content is in three parts:

Part 1: An outline of the workforce challenge facing West Yorkshire and Harrogate.

Part 2: A stocktake of action already underway or planned through national and partnership priority programmes, the West Yorkshire Association of Acute Trusts (WYAAT), the LWAB and each Place.

Part 3: A summary of the key strategic workforce themes and recommendations.

This is a companion document to the West Yorkshire and Harrogate 'Next Steps to Better Health and Care for Everyone' and a platform for further consultation with stakeholders.

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Message from Rob Webster

West Yorkshire and Harrogate Health and Care Partnership CEO Lead

Our Partnership has set out ambitious plans to improve the health and care of people across West Yorkshire and Harrogate. These plans will only be delivered through our staff and our volunteers. They are the ones who will work with partners to deliver reductions in health inequalities, tackle unwarranted variation in care and manage the resources we have available.

The health and care system is facing unprecedented demand in a time of change. The Care Quality Commission concluded in its 2017 state of care report that:

"quality of care has been maintained in the toughest climate that most can remember, which is testament to the efforts of frontline staff, managers and leaders."

This strategy sets out how we support our staff to manage these unprecedented times and move towards a better future. It recognises that people matter and that our staff are our biggest asset and they deserve the very best support. The strategy looks at recruiting people into health and care jobs; retaining the staff we have got through more flexible, supportive employment; and ensuring we have the right skills across the health and care system. All staff across all sectors are equally important to our plans. Volunteers, carers and paid staff have a role to play and this strategy will ensure they are helped and supported.

As a Trust Chief Executive I don't have to go far to see the reality of the fantastic work that carers, volunteers and staff do every day. I also see the pressures from vacancies, stress, illness and shortage professions. Together we really do need to make West Yorkshire and Harrogate a great place to live and work.

Rob Webster
Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership / Chief Executive for South West Yorkshire Partnership NHS Foundation Trust.

April 2018

Background to West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in our six places: Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

In November 2016 we published draft high level proposals to improve health, reduce care variation and manage our finances. Since then the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.6million people living across our area. You can read the these at www.wyhpartnership.co.uk

In February 2018, we published an update on our work in a document called 'Our next steps to better health and care for everyone' The document describes the progress made since the publication of the initial WY&H plan in November 2016, and sets out how the partnership will improve health and care for people living across the area in 2018 and beyond. This is available at www.wyhpartnership.co.uk/next-steps

Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities.

NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

Our approach to collaboration begins each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

Within each local authority place are local neighbourhoods, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

The focus for these partnerships is moving increasingly away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:

- To achieve a critical mass beyond local population level to achieve the best outcomes;
- To share best practice and reduce variation;
- To achieve better outcomes for people overall by tackling 'wicked issues' (i.e complex, intractable problems).

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Figure 1

A schematic of national and partnership priorities, places, workforce challenges and current LWAB work streams.

Health and Care Partnership Priorities

- Cancer
- Maternity
- Urgent and emergency care
- Planned care and reducing variation
- Stroke
- Mental health
- Hospitals working together
- Preventing ill health
- Primary and community services

Workforce Challenges

- Develop new skills
- Variation in team productivity
- Concerns for staff wellbeing
- Supply of clinical and support staff
- Insufficient integration across sectors
- Affordability of current pay bill

West Yorkshire and Harrogate Health and Care Partnership

Local Workforce Action Board

Registered workforce → Non-registered workforce → Primary and community services → Workforce flexibility

Current work streams

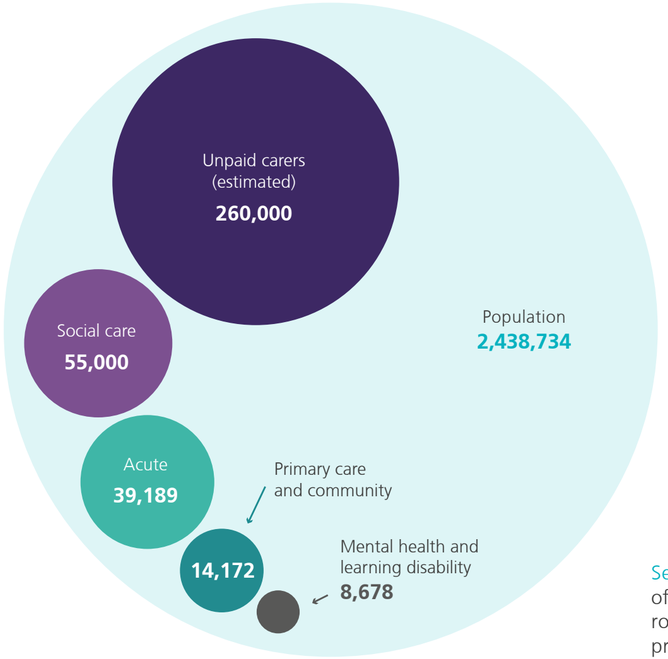
Registered workforce	Non-registered workforce	Primary and community services	Workforce flexibility
· Registered nurse supply · Operating department practitioner (ODP) supply · Advanced clinical practitioners (ACP) development · Promoting health and social care careers	· Bands 1-4 workforce analysis · National skills academy - excellence centre	· Workforce plan - description and quantification of roles required · Focus on practice nurse supply · Leadership development · Developing partnership wide options for delivering workforce development activity	· Workforce passports · Integration with streamlining work · Collaborative medical bank

Part 1: The workforce challenge

The size and shape of the workforce

Total workforce split by sector and job roles in West Yorkshire and Harrogate

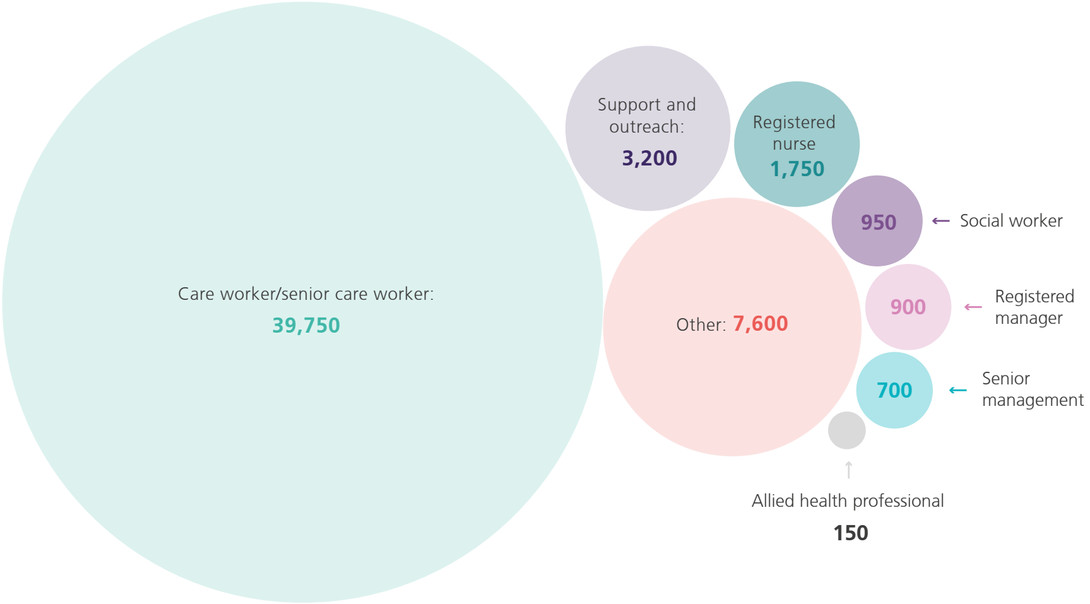
Headcount data as at April 2016



See appendix b for details of information sources and role definitions used to produce the bubble charts in this section.

Workforce split and job roles in West Yorkshire and Harrogate for: **Social care**

Headcount data as at April 2016



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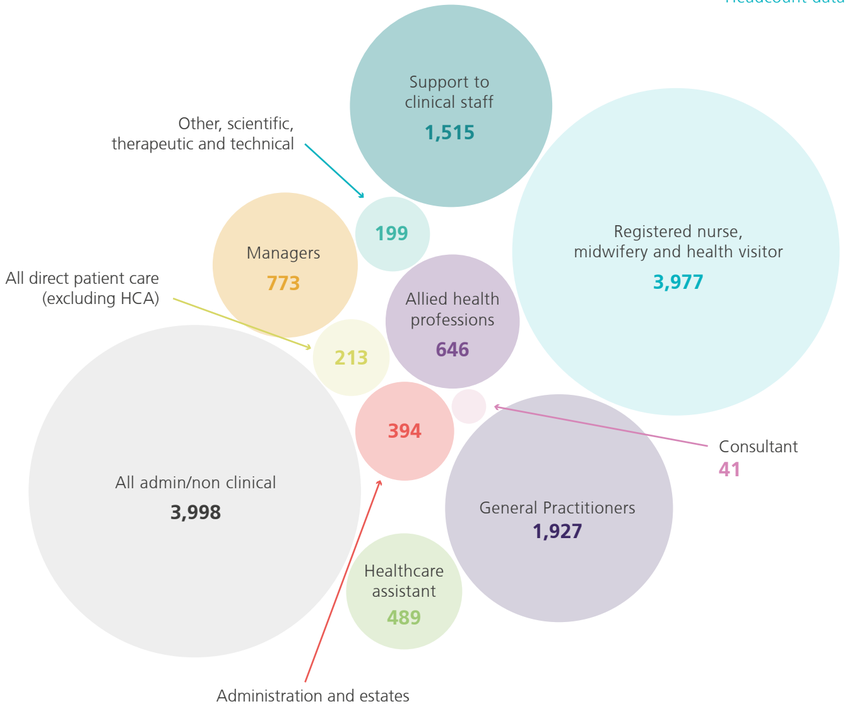
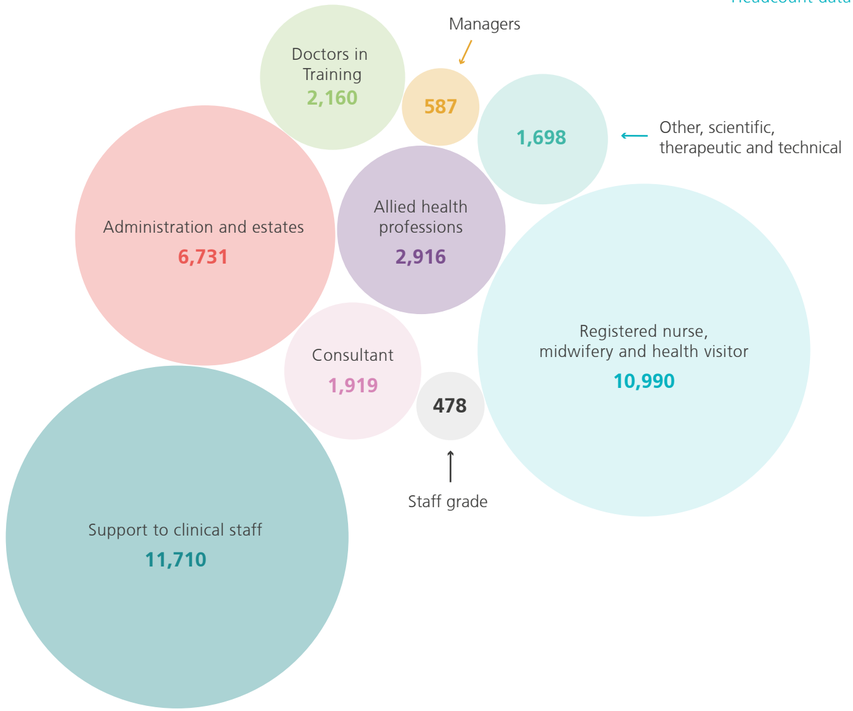
Workforce split and job roles in West Yorkshire and Harrogate for: **Primary care and community**

Headcount data as at April 2016



Workforce split and job roles in West Yorkshire and Harrogate for: **Acute hospital care**

Headcount data as at April 2016



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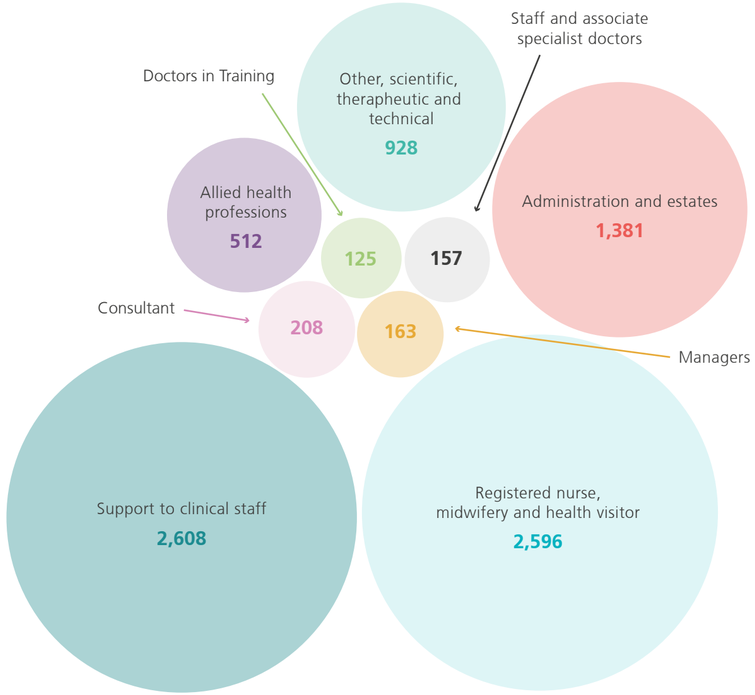
Workforce split and job roles in West Yorkshire and Harrogate for: **Mental health care**

Headcount data as at April 2016



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The national policy challenge:
A changing environment for workforce

Across England, health and care systems face significant challenges over the next few years to deliver efficient high-quality services for which demand is growing at a greater rate than resources. The response in West Yorkshire and Harrogate will be shaped and directed by national policy.

Policy shaping workforce demand

Service priorities
The Five Year Forward View is the government's strategic response to the challenges facing the NHS across England over the next five years and beyond, and has specific stated service priorities:

- Practical action to take the strain off A&E and hospital services.
- Developing access to general practice and greater community based services.
- Improved diagnosis services including rapid diagnosis and assessment.
- Greater emphasis on mental health particularly for children and young people.
- Helping frail and older people stay healthy and independent.
- To leverage the potential of technology and innovation.

Working together – new partnerships
The Five Year Forward View also recognises the crucial role collaborative working has to play in delivering these ambitions. It has made it clear that partnerships of care providers and commissioners in local areas have a vital role to play. In some areas the partnership will evolve in to 'Integrated Care Systems' in which providers, commissioners and regulators work together with communities, NHS commissioners and providers, as well as local authorities and other providers of health and care services.

The workforce
The Five Year Forward View recognises that to achieve real change it is essential to have 'the Right Workforce, in the Right Place with the Right Skills'. In addition to specific targets such as GP expansion the Five Year Forward View is clear that action is required in all health and care economies to:

- Develop employment models which enable cross boundary and cross sector working.
- Recruit and retain staff in the right numbers and the right place.
- Ensure investment in training and skills development of existing staff.
- To plan demand and supply of health and care roles, including new roles.

Many 'Vanguard' sites are developing new 'models of care' with implications for the future workforce, for example increasing capacity to reduce demand on inpatient care or developing alternative crisis pathways. This theme is evident in most areas, many of which include specific pledges to develop improved primary care and community services including prevention and earlier intervention that will have a significant impact on the workforce.

There are important wider national workforce challenges which have been actively considered in the development of this framework.

At the time of publishing this strategy, Health Education England are consulting with stakeholders on their document 'Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027' which also seeks to describe the nature and scale of these challenges and sets out proposals for the management of workforce issues at both local and national level.

Social care
Achieving a sustainable and transformed NHS cannot happen without a sustainable and transformed social care sector; a whole system view of workforce needs to be taken. The social care workforce profile is very different from the NHS, with a much greater role played by unregistered support staff working mainly in the private sector. Skills for care and local authorities have established programmes supporting the care sector workforce but there is potential benefit of the health and care sectors joining forces.

Flexible working
The Government is seeking to increase opportunities for health and care staff to work flexibly, for example to have greater choice over shifts or to have term-time only contracts. This can help to both recruit and retain staff and improve morale.

It may also offer an alternative to reliance on bank and agency staff.

Safe staffing levels
Since the Francis Report was published in 2013 NHS Organisations have been subject to increased regulation regarding safe registered nurse staffing levels which has led to a significant growth in the nursing workforce and in the use of bank and agency staff.

Developing the skills of existing staff
We know that the majority of the workforce of the near future health and care system is already employed in the field.

Whilst it is imperative to continue to recruit new employees at all levels and invest in 'entry level' recruitment into first jobs, apprenticeships, and work experience, it is also crucial to invest in training our existing staff to prepare them to work in a transformed system. An analysis by the Nuffield Trust concludes that the whole of the NHS faces a "huge organisational development challenge" in reshaping the workforce to implement new models of care. It notes that while training new staff will be crucial, **"the biggest opportunity to reshape the workforce lies in developing the skills of the current workforce, particularly the non-medical workforce"** for example in supporting people managing long-term conditions.

Diversity
The NHS is expected to make substantial progress in ensuring that the boards and leadership of NHS organisations better reflect the diversity of the local communities they serve, and that the NHS provides supportive and non-discriminatory ladders of opportunity for its entire staff, including those from black and minority ethnic backgrounds. It is well established that developing diverse leadership and nurturing diversity within teams has the potential to significantly improve organisational effectiveness and patient experience. Tools such as the Workforce Race Equality Standard (WRES) and the Equality Delivery System 2, combined with a commitment to implement a Workforce Disability Equality Standard (WDES) in 2018, give employers the opportunity to maximise these opportunities for the benefit of staff and patients.

It is essential that employers continue to maintain a focus on this agenda and that they carefully monitor the resources, capacity and expertise available to make the required progress. Organisational size is a factor in the viability of establishing dedicated workforce equality and diversity resources and therefore it is recommended that consideration is given to ways of further supporting networks and identifying opportunities to share capacity and expertise.

Retention

A crucial component of management in the NHS is to retain skilled and experienced staff that deliver high quality care.

We know that where turnover is high it can lead to difficulties recruiting staff, particularly if skills or expertise is in short supply. Turnover in Yorkshire is one of the lowest in England, 1 in 10 nurses will leave their employer each year. We know that Yorkshire is a net exporter of trained doctors and nurses.

For this reason, it is essential that the partnership has a consistent and continuous focus on retention including seeking opportunities to improve retention by sharing skills across health and social care, and learning from models like the Leeds Health and Social Care Academy.

NHS Employers have published guidance and resources and encourage organisations to take a strategic approach to staff retention in order to help to identify, deliver and measure the improvements that are needed.

They highlight areas of good practice where trusts have implemented strategies to help them retain staff and reduce turnover rates.

The NHS Employers 'good practice checklist' describes key actions which include:

- Use of key workforce intelligence such as exit interview information
- Staff engagement
- Induction and preceptorships
- Health and wellbeing support for staff
- Flexible working and flexible retirement options
- Talent management and development.

Policy shaping workforce supply

Paying for education and training
Alongside the Five Year Forward View there have been two major policy changes that will shape the NHS workforce response; the end of student bursaries for many health professions and the introduction of the apprenticeship levy.

Education funding reforms
Since September 17, new students undertaking nurse and allied health profession training at university now receive a repayable loan rather than a cash bursary and universities will be able to expand or contract the number of training places they provide. This reform presents both an opportunity and a threat to future workforce supply in West Yorkshire and Harrogate. Whilst it is too early to assess the full impact of these changes there are indications that applications for undergraduate places has gone down with worries that less popular areas of study, notably mental health and learning disability nursing, may be disadvantaged. However, this is in the context that overall there are still currently more applications than places. There are also signs that supply of nurse training programmes is going up as new partnerships with NHS Trusts develop.

Apprenticeships

The Government has announced measures to increase the number of apprenticeships (including a target for public sector organisations) and a levy of 0.5 per cent of their annual pay bill above £3m from April 2017.

For the NHS in West Yorkshire and Harrogate this has effectively created a recurrent £8m annual 'training pot' to put 1,200 NHS staff through an apprenticeship training programme each year. This is creating opportunities for all employers to recruit a new entry level workforce to health and care and provide a route for progression into higher level jobs in different professional fields. Successful apprenticeship programmes can provide a pipeline into creating the core workforce of the future. There is a salary cost to the employer as they are required to release apprentices for time away from the normal workplace. Our ability to effectively use the levy, including for degree level apprenticeships, is both a significant risk and opportunity for our partnership.

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The 'Brexit' effect and language competency assessment
There are approximately 8,000 people from the European Economic Area (EEA) working in the health and social care sector in West Yorkshire and Harrogate. Making a hugely valuable contribution and without whom some services would not be able to function.

It is important, therefore, to be able to retain their skills and experience and, if appropriate, to continue to recruit from this source. Current uncertainty around Brexit means it is difficult, both for individuals and organisations, to plan with any certainty. Whether it be the impact of the Brexit vote in June 2016, the introduction of new Nursing and Midwifery Council (NMC) language competency standards in January 2016 or as a result of diminished candidate pool, there has been a significant decline in the number of EU nurse registrants since July 2016. However, when evaluating the degree to which this is a 'Brexit' effect – we should also note an observed drop off in the number of registrations of UK trained nurses during the same period.

Clinical placements

The Government has committed to increasing the number of health professional training places by 10,000.

To meet this target employers will need to provide clinical placements and offer supervision to trainees. These places will be funded under the non-medical tariff. Significant recruitment exercises in different professional fields at different levels will also create demand for training and clinical placements. As a result, employers need to consider expanding these opportunities significantly as well as providing more generic work experience to potential recruits. This is an area where joint working between employers will be essential.

New roles being introduced in West Yorkshire and Harrogate
A national pilot programme is in place to test a new role called 'nursing associate'. This has the potential to offer career development for existing NHS staff and more choice to service managers planning the best workforce to fit service needs.

Wakefield health community has been a national pioneer of a 'care navigator' role in GP surgeries.

In West Yorkshire and Harrogate University of Leeds and University of Bradford are both now providing a 2-year physician associate training programme with the first 20 having graduated in summer 2017.

Information from the electronic staff records show that **80% of this cohort have entered employment in secondary care** within the West Yorkshire and Harrogate partnership with the remainder securing roles in primary care across Yorkshire and the Humber.

Medical school expansion
The government has announced a 25% increase in medical student places in England. This has the potential to increase the supply of doctors to West Yorkshire and Harrogate. Leeds medical school is seeking to increase its numbers and University of Bradford continues to aspire to establish its own medical school.

1. The workforce recruitment challenge

Employers in the health and social care sector in West Yorkshire and Harrogate are often unable to permanently recruit all the staff they require to deliver their services, resulting in heavy and increasing reliance on temporary staffing. This varies by geography and profession. The biggest single staff group is nursing. In May 2017, the acute hospitals in West Yorkshire and Harrogate had 1,153 nurse vacancies (full time equivalent). Most, but not all, of these vacancies were filled by agency and bank staff, at a high cost.

Overall, 9% of nurse posts are vacant, and more people are leaving permanent posts than joining. This vacancy rate suggests actions are required to improve retention and significantly increase the number of people undertaking nurse training in West Yorkshire and Harrogate. An analysis of workforce supply and demand in Yorkshire and Humber for all professions in health and social care has been conducted using the centrally available workforce information from local employers and from Health Education England.

The medical workforce (NHS)
A survey of health care provider organisations in West Yorkshire and Harrogate in which they were asked to identify their top five medical specialty supply challenges has, along with other soft intelligence, identified the following medical hotspots as defined by common or recurring supply challenges at all grades (please refer to key in the non-medical table overleaf):

Specialty	2016 hot spots training grades and/or consultants (reduced fill rates)
Emergency medicine	
Psychiatry	
General practitioners	
Acute medicine	
Radiology	
Gastroenterology	
Microbiology	
Histopathology	

There are some localised pressures for individual employers in acute oncology, anaesthetics, elderly, dermatology and general surgery. In addition, acute collaboration work streams are developing in response to senior medical workforce supply challenges in neurology, maxillo-facial surgery and paediatric surgery.

The non-medical workforce (NHS)
To the right is a 'heat map' to indicate a workforce supply risk as measured in 2016 and the degree of potential supply risk in 2021.

- Severe Supply Risk > 15% Deficit
- High Supply Risk > 10% Deficit
- Moderate Supply Risk > 2.5% Deficit
- Low Supply Risk < 2.5% Deficit

Non-medical workforce Heat Map: West Yorkshire and Harrogate

The ratings for 2021 have been calculated by predicting annual 'normal' workforce growth in a 'do nothing new' scenario compared to projected demand as described by providers.

Supply and demand - rag rating

Staff group	2016 (actual)	2021 (projected)
Adult nursing	High Supply Risk	Severe Supply Risk
Paediatric nursing	Moderate Supply Risk	High Supply Risk
Mental health nursing	Moderate Supply Risk	High Supply Risk
Neonatal nursing	Low Supply Risk	Low Supply Risk
Midwives	Moderate Supply Risk	Low Supply Risk
Learning disability nursing	Severe Supply Risk	Severe Supply Risk
District nursing	Severe Supply Risk	Severe Supply Risk
Health visiting	Moderate Supply Risk	Severe Supply Risk
School nurses	Moderate Supply Risk	High Supply Risk
Podiatry/chiropody	Moderate Supply Risk	Severe Supply Risk
Dietetics	Moderate Supply Risk	Low Supply Risk
Occupational therapy	Moderate Supply Risk	Moderate Supply Risk
Physiotherapy	Moderate Supply Risk	High Supply Risk
Diagnostic radiography	Moderate Supply Risk	Moderate Supply Risk
Therapeutic radiography	Low Supply Risk	Severe Supply Risk
Speech and language therapy	Low Supply Risk	Low Supply Risk
Clinical psychology	Moderate Supply Risk	Moderate Supply Risk
Psychotherapy	Low Supply Risk	Low Supply Risk
Pharmacist	Moderate Supply Risk	Low Supply Risk
Pharmacy technician	Moderate Supply Risk	Low Supply Risk
Operating department practitioner	Moderate Supply Risk	Moderate Supply Risk
Paramedic	Moderate Supply Risk	Low Supply Risk
Ambulance technician	Low Supply Risk	Low Supply Risk
Support staff	Moderate Supply Risk	Low Supply Risk
Social care worker	High Supply Risk	Moderate Supply Risk
Social care - nurse	High Supply Risk	Severe Supply Risk

Developing services that can contain and manage this growing demand, whilst improving retention of the current workforce, is essential to reducing the workforce supply risk. It is recognised that the heat map, which is based on recent (but historical) demand projections does not include new roles or take into consideration the impact of new models of care as they are being developed. A place based analysis of projected demand/growth of both traditional and new roles would be beneficial. However, the ability to do this is dependent on capacity, place based engagement and additional data collection. This is an example of the type of activity that could be supported by a 'workforce hub' – see strategic recommendation 9 in part 3.

Workforce planning
Current and expected gaps are a result of a mismatch between expected supply and demand and actual supply and demand. Addressing recruitment challenges is multi-factorial as the outcome is the combined effect of many separate decisions, by staff, by students and trainees, by employers and universities, and by planners and funders.

Key variables for quantifying how many staff are required (demand) are:

- Current deficit: the current number vacancies in excess of normal 'churn'.
- Replacement: the normal replacement rate (including retirements and other leavers) is approx. 3% for West Yorkshire and Harrogate.
- Retention: the impact of changes in retention of existing staff.
- Growth: the level of growth in staffing numbers to meet volume or quality needs.
- Transformation: the impact of skill mix changes, new care models and productivity initiatives.

Key variables for quantifying how many staff are available (supply) are:

- The numbers in training in West Yorkshire and Harrogate.
- The level of attrition during training.
- The retention of newly qualified staff in West Yorkshire and Harrogate.
- The participation rate of newly qualified staff (full time-part time working).
- The time it takes to train.

Future workforce and training plans require transparent tested and understood assessment of these variables and corrective action where appropriate including a significant and coordinated increase in careers promotion activity for young people with a focus on developing social mobility.

The workforce challenge is driving the reshaping of the workforce through skill mix change and upskilling, new roles introduced, productivity gains, reduced use of agency and locum staffing.

The workforce groups where training supply needs to grow (not just be replaced) to meet service plans include GPs, psychiatrists, nurses in general practice, adult nurses, mental health nurses, general practice support workers, advanced clinical practitioners, apprentices, nurse associates, physician associates, ODPs and non-medical endoscopists.

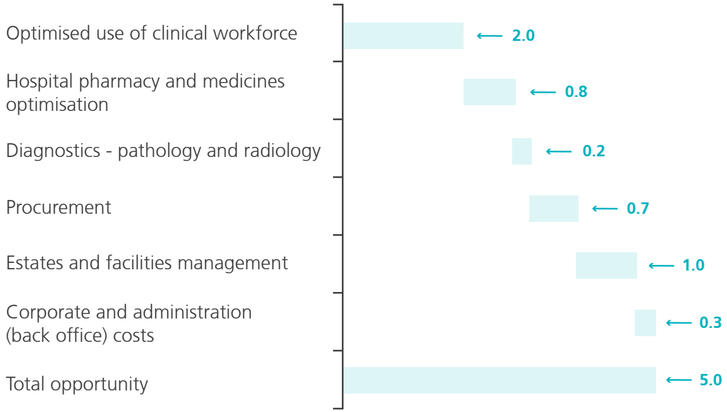
2. The workforce affordability and productivity challenge

In Lord Carter's letter to the Secretary of State for Health and Social Care he said that all Trusts must 'grasp the use of their resources more effectively, the most important of which is their people' (Carter reports, p.3).

The Five Year Forward View made the assumption that overall productivity would improve by 2% per year each year to 2020/21, followed by the potential for longer term productivity gains of 3% per year. Realising this level of productivity improvement has been estimated by the Nuffield Trust to be equivalent to the UK opening 34 more 500-bedded hospitals in the next five years. It is implicit that a material improvement in workforce productivity would form part of this overall productivity gain, given the proportion of expenditure on workforce. There are various aspects related to workforce that impact on productivity and efficiency, as well as on overall measures of quality.

The final Carter Report ('Operational productivity and performance in the English NHS acute hospitals: Unwarranted variations'), published in February 2016, outlined how reducing unwarranted variation could save at least £5bn of the £55.6bn spent each year by acute hospitals in England. Of the 6 areas that offer the most opportunity to reduce costs, workforce is by far the largest (see graph above), with potential savings of a minimum of £2bn.

Minimum estimated **savings opportunity by area** (£bn)



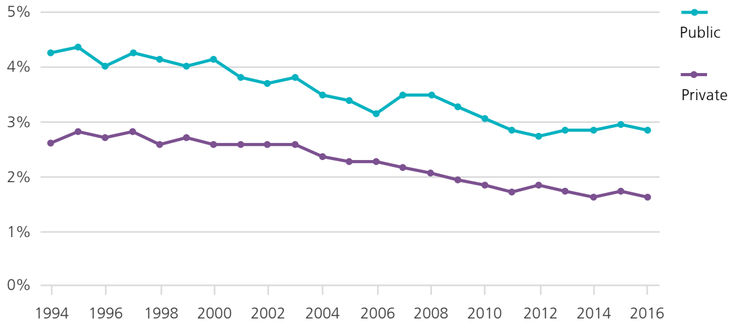
Staff engagement
The work of Michael West and Jeremy Dawson has shown the links between staff engagement and better outcomes, with significant associations to patient satisfaction, mortality, infection rates, health check scores, staff absenteeism, sickness, and turnover.

It should be noted that correlation does not equal causality. In this section, we present current performance in several of these domains that link most strongly to workforce. The de facto method of measuring staff engagement in the NHS is via the annual Staff Survey. The 'Overall Engagement Score' captured via the Staff Survey is the average of the scale summary scores for three 'Key Findings' (KF) – 'Staff recommendation of the organisation as a place to work or receive treatment', 'Staff motivation at work', and 'Percentage of staff able to contribute towards improvements at work'.

The scale scores for the three KFs are derived from responses to nine questions (see **nhsstaffsurveys.com** for details). The overall engagement scores for each Trust in West Yorkshire and Harrogate for 2011 ranged from 3.4 to 3.8 (out of 5), and from 3.6 to 3.9 in 2016. Only Harrogate and District and Leeds Teaching Hospitals have higher scores than their respective national peer groups, suggesting that staff engagement in the majority of organisations can improve.

Sickness absence improvement
Compared to other sectors the NHS has relatively high sickness absence; as shown in the graph below in 2016 public and private sector sickness stood at 2.9% and 1.7% respectively ('Sickness absence in the labour market: 2016', Office for National Statistics (ONS) report, p.11). The report states (p.12) that the NHS sickness rate stood at 3.5% in 2016, down from 4.3% in 2004. It has previously been estimated the NHS could reduce its overall sickness rate by a third – in West Yorkshire this is the equivalent of adding almost 750 staff. The sickness absence rates for each Trust in West Yorkshire and Harrogate for 2011 ranged from 3.8% to 6.5%, and from 4.1% to 5.8% in the 12 months to September 2017. Only 4 of the Trusts in the area have a sickness rate lower than the NHS average.

Sickness absence rate: by public and private sector, UK, 1994 - 2016



Source: Labour Force Survey - Office for National Statistics

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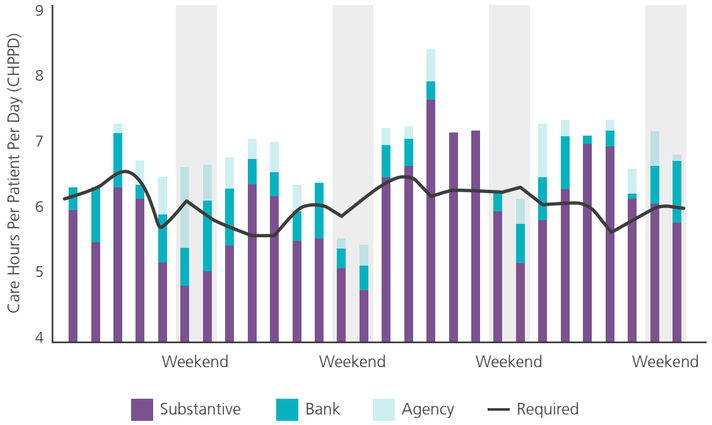
Electronic staff record and e-Rostering
Few Trusts are currently benefitting fully from their e-Rostering systems. Using the full functionality of such systems will reduce dependency on variable staffing, and improve 'predictability and consistency of deployment for staff even where recruitment is still a challenge' (Carter reports, p.23).

Nursing staff is the largest staff group in the NHS, costing £18.8bn in 2014-15. The Carter Report recommends the adoption of the Care Hours Per Patient Day (CHPPD) measure to describe the staff required and the staff available, in relation to the number of patients.

The graph to the right is an example used by Lord Carter showing the relationship between CHPPD and actual staffing levels, illustrating the variance from actual demand. This shows the size of the productivity opportunity and how better use of e-Rostering can help improve staff deployment and reduce unnecessary expenditure on staffing.

A chart to show the required versus actual nursing hours per patient day for one ward in a trust



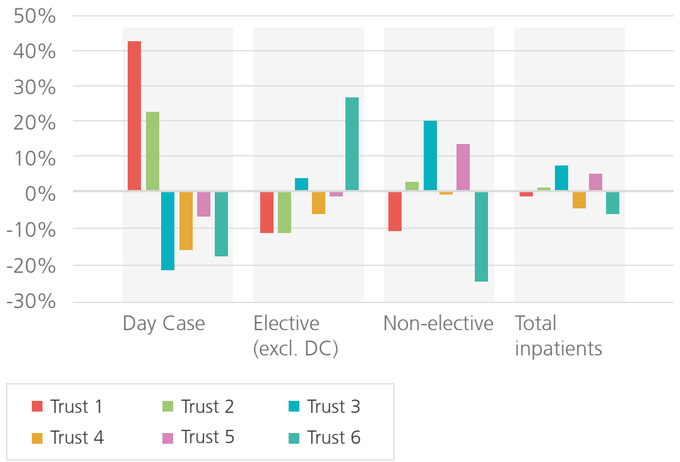
Measurement and variation: workforce and unit costs
Recent analysis carried out by PwC and the West Yorkshire Association of Acute Trusts (WYAAT) has focussed on identifying and quantifying possible opportunities for collaboration and the benefits these may deliver.

Work has been undertaken to determine the scale of the opportunity if organisations treated patients at the second lowest unit cost. The overall scale of opportunity at specialty level is between £44m and £103m for the top 15 specialties.

An illustrative example of unit cost variance for a particular specialty is shown to the right. Each coloured bar represents one of the six acute Trusts in West Yorkshire and Harrogate.

Workforce – in terms of deployment, ways of working, skill mix and workforce design heavily influences unit costs. In order to examine the relationship between outputs (patients treated and cared for) and inputs (the number of staff employed) the ratio of inpatients treated measured (Finished Consultant Episodes) to the number of staff measured in Full Time Equivalent staff employed has been calculated for each specialty. The average is 184 but ranges from 99 to 210. Another measure is the level of agency staff used by Trusts, which is in excess of 10% of medical staffing in some Trusts. These examples show the degree of variation that exists across the area, and productivity improvements will be driven by reducing variation. Other efficiency measures, such as delivering workforce services across the WYAAT footprint, have also been included

Average unit cost as a % difference from average WYATT unit cost



in this work. This may include provision of a single WYAAT temporary workforce service, shared recruitment processes and transactional support, and common inductions. The turnover rate is the percentage of employees who leave a given organisation in a given period of time. The overall scores for each Trust in West Yorkshire and Harrogate for 2011 ranged from 5% to 18%, and 12% to 18% in 2016.

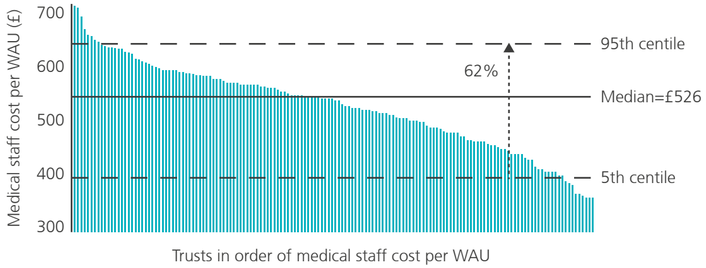
The Carter Report introduced the Weighted Activity Unit (WAU) as a measure of hospital output, where one WAU "represents a quantity of clinical activity equivalent to the cost of the average elective inpatient stay (£3,500)" (Carter Report, p.12). The adoption of a single measure allows a comparison between workforce input and the output of the employing organisation.

The Carter Report found evidence of significant variation between workforce costs per WAU, and the degree of variation differs between staff groups.

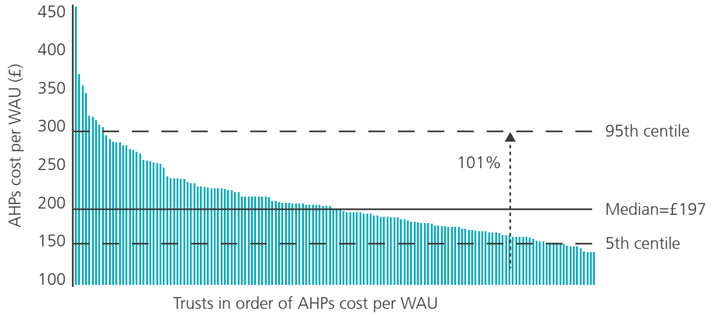
For example, the most expensive Trusts spend twice as much on allied health professions (AHP) staff than the least expensive, as shown in the graph to the right.

A similar situation applies to medical staff, where the most expensive Trusts spend around 1.6 times as much as the least expensive.

A distribution of medical staff cost per WAU. The most expensive trusts spend around 1.5 times more on medical staff per WAU than the least expensive trusts



A distribution of AHP cost per WAU. The most expensive trusts spend around 2.0 times more on AHP per WAU than the least expensive trusts



Part 2:
Responding to the challenge
A stocktake of workforce action underway and planned

Part 2 provides an assessment of the workforce challenges, of progress being made and the planned next steps for the following:

- Five national priority programmes
- Two partnership priority programmes
- Three 'focus on' areas
- The West Yorkshire Association of Acute Trusts
- The LWAB
- Six place partnerships

Part 2.1: Stocktake

Action underway or planned by national and partnership priority programmes

In addition to a number of national priorities the West Yorkshire and Harrogate Health and Care Partnership has identified a number of priority programmes. An assessment of the workforce challenges and actions of each are presented in this section.

National priority: Primary and Community

The national context
The Five Year Forward View and GP Five Year Forward View identify primary care as central to the country's health system and the foundation of NHS care. Traditional divides and artificial boundaries between primary care, community services and secondary care have frequently limited personalised and population-orientated provision. With more care intended to be delivered locally in the future, and a growing, ageing population with complex multiple needs, it is increasingly acknowledged that the challenges facing primary care need to be recognised and addressed.

West Yorkshire and Harrogate
Transformation of our approach to Community and Primary Care delivery is a fundamental element of the West Yorkshire and Harrogate vision. Primary care encompasses a wide range of services including general practice, community provision, mental health and social care. Many services delivered by councils and the third sector sit firmly within this. Mental health and social care are covered more specifically and in more detail elsewhere in this document. Priorities include:

- Breaking down the culture of organisational silos and barriers to give the best care.
- Facilitating a system-wide shift enabling people to self-care and stay well for longer.
- Ensuring the right workforce is in the right place to deliver services holistically, looking outside the traditional clinical model.
- Embracing new and existing technology.

- Recognising and sharing examples of transformation, best practice and new ways of working.

These ambitions are supported by further specific place-based plans, all aiming to support integrated, local approaches to delivering person-centred primary care that meets the growing expectations of patients.

The primary and community care workforce strategy must be seen as a first stage of an evolving approach because as currently constituted it does not fully address the significant workforce change that will be required to achieve the 'left shift'.

Key workforce challenges
It is well recognised that the ambitions for primary care cannot be delivered without addressing key challenges facing the workforce:

- Shortages of trainee and qualified GPs - current training output in West Yorkshire is around 124 GPs a year; factor in net loss to other areas and participation rate (the degree to which the GP workforce works less than full time) and this output is reduced to around 108 full time equivalent GPs. This may be just sufficient to replace retirements but does not achieve growth or make up for the current shortfall.
- Shortages of practice nurses and barriers to entering general practice for newly qualified nurses which include the visibility and profile of the role (General Practice Nursing Workforce Development Plan, Health Education England (HEE), 2017).
- The trend is for newer GPs working less than a full-time contract. Full time for practice partners is between 50 to 60 hours per week for some GP practices in Yorkshire. This is demonstrated by participation rates of approximately 65-80% as demonstrated by the NHS Primary Care Web Tool, September 2016.
- Forecast Retirement Rates in the next five years is projected that annual demand growth of general practice workload is around 4.5%.
- Forecast retirement rates - in the next five years it is projected that circa, 40 practice nurses and 60 clinical support staff will retire annually in West Yorkshire and Harrogate. The Yorkshire and Humber online GP Tool demonstrates that 17% of GPs, 25% of practice nurses, 28% of practice management staff and 18% of those providing direct patient care are aged 55 and over.
- There is considerable associated locum and agency spend to cover workforce gaps.
- There is a lack of capacity within teams to support new roles and training, including shortage of nurse mentors.

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The Health Education England (HEE) GP workforce tool March 2017 shows that only 16% of eligible nurses have a mentorship qualification and only 2% are sign-off mentors.

- High levels of burnout, stress and sickness across the workforce is reported.
- Currently there is insufficient investment to expand the workforce or fund new roles.

A range of solutions are required to address the complex and varied challenges that primary and community care continues to face.

The partnership provides a great opportunity to collectively agree joint principles and actions and share best practice and innovation.

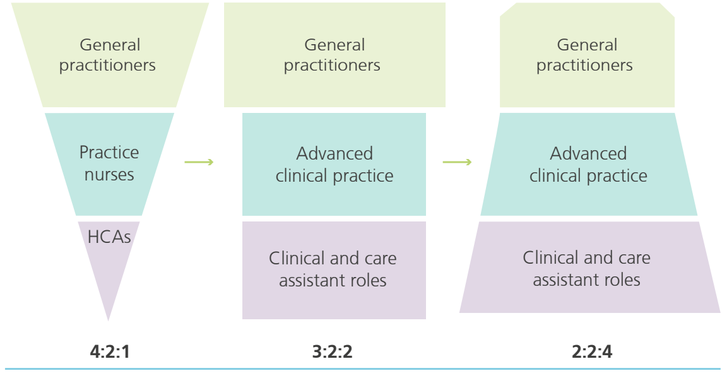
The shift towards groups of practices and organisations working together will continue to deliver strength in numbers and achieve economies of scale. If sufficiently strengthened, primary care could offer the capacity and capability to prevent the deterioration of patients suffering from long term conditions and chronic disease into acute illness that otherwise require frequent hospital admissions, and could support healthy people and those at risk to stay well.

Strengthening the primary care workforce in West Yorkshire and Harrogate needs to encompass new ways of working. Patients with medical complexity and multi-morbidity need teams of professionals working together to focus their combined expertise to achieve improved outcomes for their patients.

Progress to date

The change in shape of primary care has often been illustrated by the 'Toblerone' model which demonstrates a shift in skill mix within teams to transform services:

Ratios of General Practitioners practice based staff for West Yorkshire and Harrogate



Based on modelling such as this, the LWAB has presented a recommendation for the numbers of new primary care practitioners that the West Yorkshire and Harrogate footprint needs to invest in to support general practice and meet requirements such as those described in the GP Five Year Forward View. Workforce expansion and a consideration of alternative skill mix to fit new models of service delivery and demand – this can include developing and championing roles that have the competencies and skills to carry out more routine patient care, freeing up other clinicians to carry out more specialised care or roles that traditionally have not formed part of a primary care team.

Examples include those noted above; mental health therapists, physician associates, clinical pharmacists, care navigators, advanced clinical practitioners (including pharmacists, physiotherapists, podiatrists and paramedics) and health coaches. Opportunities to develop shared roles across primary, community and secondary care.

Specifically, this requires the following to happen each year from 2017 to 2021 across West Yorkshire and Harrogate:

- 150 new general practitioners (GPs) per year.
- 50 new nurses per year working in general practice.
- 50 new clinical pharmacists working in general practice per year.
- 50 new advanced practitioners in AHP professions per year (paramedics/emergency care practitioners, physiotherapists and occupational therapists).
- 50 physician associates per year.
- Major development of the support worker based in general practice comprising:
  - 70 new clinical support workers (health care assistants) per year.
  - Conversion of 70 practice clerical support workers per year into clinical support (patient facing) roles such as care navigators.
  - Expansion of 70 mental health therapists.
  - Training of 70 existing and new volunteers as community champions, wellbeing experts and experts by experience.

In September 2017, the LWAB and NHS England jointly facilitated a primary care workforce discussion involving CCG and place based workforce colleagues. One of the outputs of this session was a strong collective view that it was important to avoid duplication and where appropriate take forward innovation at scale across West Yorkshire and Harrogate.

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Next steps
To make the above happen the following is required. These next steps should be read in conjunction with the recently developed West Yorkshire and Harrogate Health and Care Partnership Primary Care Deliver Plan.

- Each place (Bradford and District; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) is developing a General Practice workforce response, working with NHS England the West Yorkshire Primary Care Workforce Group will oversee progress of this programmes and develop improved intelligence and workforce planning for Primary Care.
- Develop a collaborative approach to the provision of an education infrastructure for primary care to be developed by places with support and coordination from the LWAB and NHS England. This could be delivered by working in partnership with NHS community Trusts or through the promotion and expansion of the Advanced Training Practices (ATPs). Advanced Train Practices hubs are located in Leeds, Bradford, Calderdale and Wakefield and continue to identify expansion opportunities.
  - To deliver nurse placements.
  - New and innovative models of mentorship across organisational boundaries to deliver the greater numbers of nurse mentors required to support this infrastructure.
  - Networked training communities able to share resources and provide mutual capacity, support and guidance.
- Two Health Education England (HEE)-funded programmes exist to increase the numbers of practice nurses and clinical support workers in general practice; the GPN (general practice nurse) Ready Scheme and HCA (health care assistant) apprenticeship programme provide funding and training to practices and should be expanded across the footprint. Employers should consider the use of apprenticeships more widely for a variety of clinical and administration roles, including using innovative rotational/shared models.
- Work with the NHS Leadership Academy across Yorkshire and the Humber around practice manager leadership development.

National priority: Cancer

The national context
Key national drivers for change are 'Achieving world-class cancer outcomes – a strategy for England 2015 – 2020' and the two informative documents by Macmillan published in 2017 'Warning Signs – Challenges to delivering the Cancer strategy for England by 2020' and 'Thinking Differently - Macmillan's vision for the future cancer workforce in England'.

West Yorkshire and Harrogate
The vehicle for development and delivery of the Cancer Delivery Plan is the West Yorkshire and Harrogate Cancer Alliance. Two objectives in the plan have a direct workforce component:

- Understand the gap in diagnostic capacity required to deliver our ambition in relation to shift in stage of diagnosis.
- Agree protocols for MDT (multidisciplinary team) working to release clinical resource without compromising quality.

Key workforce challenges
- Clinical workforce supply shortages, specifically medical oncologists, endoscopists, histopathologists and radiographers.
- Bioinformatics skills to interpret genomic data for practising clinicians.
- Education of the wider workforce to support and develop their understanding of the shift to a genomic era of medicine where this information will personalise care.

Progress to date
- A national expansion of the cancer workforce through training of 160 non-medical endoscopists by 2018 and 35 more places for Speciality Training (ST1) clinical radiology training.
- Enhancing workforce capacity for imaging and endoscopy with more nurse endoscopists and radiographers.
- To address vacancies for consultant histopathologists in Yorkshire and Humber the Health Education England (HEE) Head of School of Histopathology is developing proposals to train non-medical advanced practitioners drawn from a scientific (rather than medical) background and potentially use of physicians associates.
- Genomics skills programme to develop the laboratory and academic workforce, with a small number of scientists and nursing staff working to educate the wider clinical workforce.
- There is a small regional clinical genetics workforce based in Leeds providing input across the region.

Next steps
- To further understand the workforce component of a diagnostic trajectory and impact of potential new diagnostic pathways.
- Development of genomic skills in genetics particularly in cellular pathology.
- Addressing potential skills and supply gaps in bioinformatics and developing the infrastructure to deliver expanded genomic education to the wider workforce.
- To explore models of employment for medical oncologists that enable more effective cross system working.
- The roll out of a collaborative imaging network will create additional opportunities for flexible working and operational efficiency by allowing pooling of highly technical expertise.
- A pilot scheme in medical histopathology to address the critical workforce supply problems in that specialty.

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National priority: Mental Health

The national context
The Five Year Forward View for Mental Health set out the priorities for NHS mental health care. It was followed in July 2016 by an implementation plan which set out details outlining which of the report's recommendations for the NHS would be delivered at what times up to 2021. Stepping Forward to 2020/21: the mental health workforce plan for England sets out a high-level road map and reflects the additional staff required to deliver the transformation set out in the Five Year Forward View for Mental Health based on best evidence to date.

It describes specific workforce deliverables for:

1. Children and young people (CYP) mental health
By 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand. By 2018, all services should be working within the Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) programme, leading to at least 3,400 current staff being trained by 2020/21 in addition to the additional therapists described above.

2. Perinatal mental health
To build perinatal mental health capability, Health Education England (HEE) is leading work to develop a skills competence framework. This framework will set out the competences covering generic knowledge, advanced knowledge and specialist skills and understanding. By 2020/21, all teams should be sufficiently staffed to meet the recommended levels for both inpatient mother and baby units and in perinatal mental health community teams.

3. Adult mental health
By 2020/21, there will be increased access to psychological therapies, so that at least 25% of people (or 1.5 million) with common mental health conditions access services each year.

The table below outlines the indicative trajectory of additional staff needed to deliver the objective, year-on-year:

Workforce type	Psychological wellbeing practitioners	High intensity therapists
2016/17	210	390
2017/18	350	650
2018/19	338	630
2019/20	408	760
2020/21	408	760

West Yorkshire and Harrogate
As part of its commitment to delivering the Five Year Forward View for Mental Health a number of priorities focussed on specialist and secondary care mental health services that have been identified for working together at partnership level. Mental health also features in other programmes, for example in Urgent and Emergency Care (UEC) and prevention work streams and also in local placed plans. The overarching aim of the programme is the development of shared outcomes and a local service framework for West Yorkshire and Harrogate to improve mental health services and reduce variation.

A joint programme of work for mental health has been developed; this includes the following priority work streams;

- Crisis – ensuring there are effective 24/7 crisis services in place across the patch and where possible developing more consistency, in the way these operate. This involves working with partners in the police, local authorities, third sector, Yorkshire Ambulance Service and acute trusts to develop new ways of working and services that ensure people are seen in the most suitable environment and that people don't end up in A&E and police cells unnecessarily.
- A zero-suicide approach to prevention (75% reduction in numbers by 2020-21).
- Bed utilisation and management – working together to share best practice and to keep people local to home, reducing and eventually eradicating the need for out of area placements.
- Child and Adolescent Mental Health Services (CAMHs) – improving the pathway for Children and Young People, providing as much care as possible in the community and ensuring people can access a bed close to home when needed.

- Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) – exploring how we can work together to make improvements to the time people have to wait for the assessment and diagnosis of autism.

To help ensure that we meet these ambitions the NHS trusts providing mental health services are working collaboratively, alongside clinical commissioning groups, to strengthen partnerships and share delivery of specialist mental health services.

Key workforce challenges
Shortages exist in the following staff groups:

- Registered mental health nurses particularly in inpatient areas with average vacancies of between 10 and 15%.
- Learning disability nurses.
- Middle (training) grade doctors and specialty doctors.
- Occupational therapy and pharmacy.

- Increased demand for mental health professionals across many national and partnership priorities, including, but not limited to: Clinical Advisory Service in NHS 111; the Criminal Justice System; GP practices.

Skills gaps exist in the following areas:

- Limited physical health skills in the mental health workforce and vice-versa. This will include management of intoxication and related physical health problems.
- Mental Health first aid for non-mental health staff.
- Staff to have support to focus more on recovery for service users and to work across traditional boundaries.
- To enable the suicide prevention strategy to deliver additional skills and capacity locally across partner organisations e.g. gaps in provision for alcohol and substance misuse.
- CAMHS community based services will need to be as robust as possible to manage care closer to home and support smooth and fluid transitions from Tier 4.

The provision of Tier 3.5 services (intensive home treatment) would need to be considered across the footprint to support potential efficiencies and more effective use of Tier 4 beds; skilled practitioners and services staffed and equipped to manage acuity in the community.

Progress to date

- The mental health trusts in West Yorkshire and Harrogate are collaborating to increase the number of undergraduate training places for registered mental health nurse's. A co-ordinated approach will ensure sufficient additional numbers of new graduates are supplied although clinical placement capacity may be problematic.
- The development of a "career escalator" for unregistered staff will offer progression from Band 2 [utilising an apprenticeship entry] to Band 4 positions. This will give more options for a different skill mix according to patient need.
- The introduction of Advanced Clinical Practitioners and Physicians' associates who can perform some roles usually associated with doctors.
- A move towards a consultant led service which has led to less reliance on the Specialty Doctor workforce.
- Stepping Forward to 20/21: HEE have identified regional workforce leads to drive this work and HEE/NHS England and NHS Improvement are developing a joint action plan to support areas in developing and implementing local plans (including what resource will be available).

Next steps

- Greater collaboration between organisations to improve recruitment and retention and selling a "West Yorkshire" brand and approach.
- The co-ordination and strategic approach to the need for more advanced clinical practitioners.
- The development of "blended roles" to include support staff who can provide both health and care support in a domestic setting.
- Rotational posts in mental health with opportunities for staff to work in both 999 and 111.
- Collaboration on international recruitment initiatives (this could be pan Yorkshire and the Humber).
- Support for the "excellence centre" concept subject to more engagement and dialogue.
- To explore employment flexibilities to encourage integration e.g. physical and mental health, primary care and mental health.

National priority: Urgent and Emergency Care

The national context

The Urgent and Emergency Care Delivery Plan produced by NHS England in April 2017 outlines a number of key priority work-streams:

- Development of NHS 111 online.
- Improved management of NHS 111 calls, with increased referral to clinical advice via an enhanced clinical assessment service with both core and networked components across the healthcare system, and a dedicated care homes line supporting access for health care professionals to GPs out of hours.
- Improved access to GPs.
- Implementation of urgent care treatment centres.
- Roll out of the ambulance response programme, development of the paramedic workforce, increased focus on 'hear see and treat' and integrated referral pathways at partnership level.
- Development of hospitals including front door streaming in emergency departments, frailty assessment units, improved discharge planning.
- Hospital to home – discharge planning, supported discharge and significant focus on the interface with care homes.

West Yorkshire and Harrogate

Priorities across the partnership include:

- Ensure sustainability of front door clinical streaming in A&E.
- Improving primary care access to include urgent and non-urgent access through extended services.
- Development of primary and community services, with improved access and a focus on supporting delivery of urgent care outside the hospital setting, and on development of the multi-professional workforce to underpin this.

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- Roll out of direct booking in hours from NHS 111 into primary care settings.
- Ensure share and spread of good practice around patient flow and discharge arrangements, impacting on internal hospital resources and social care.
- Standardisation of urgent treatment facilities and the workforce to deliver these, pending further guidance.
- Providing core 24 mental health in A&E.
- Developing the ambulance service to provide a treatment service rather than conveyance function.
- Delivery of sustainable 7 day services across the clinical priority areas of vascular, stroke, acute paediatrics and cardiology.

These developments are aligned with, and should be supported by the proposed technological, pathway and workforce developments outlined in the national delivery plan. The key challenge will be to maximise the benefits of the national programme, through delivery at scale where appropriate, alongside a clear focus on integration at a local level within the partnership.

All of the proposed developments, both in the national delivery plan and original STP plan are fundamentally dependent on significant workforce development, both within professional groups and organisations and increasingly through new roles and more flexible and integrated working across organisational boundaries.

Key workforce challenges
This new context and the greater flexibility engendered through the partnership developments creates significant opportunities for workforce innovation to support integrated patient care, and also a number of risks to existing services which will need to be carefully managed to achieve the desired outcomes. Significant issues include a current shortage of professionals in key roles:

- **Emergency departments** - for consultant and middle grade medical staff.
- **General practice** - the national delivery plan has expectations of GPs in Urgent Treatment Centres and in front door clinical streaming in A&E. Coupled with the expectations of GP extended services in primary care this is creating significant workforce challenges. Shortages of GPs have significantly increased the challenges associated with delivering a sustainable out of hours service in West Yorkshire and Harrogate and an independent review has recently been completed to inform future developments.
- **Nurses** - in the urgent care environment, there is a particular challenge in sustaining adequate number of nurse clinical advisers in the NHS 111 service, with a significant proportion of the workforce employed via agencies.

This challenge is increased by the onerous shift patterns required particularly at weekends and bank holidays, to meet the highly variable patterns of patient demand.

- **Paramedics** - to staff the core ambulance service provision in the light of other parts of the system recruiting them and increasing requirement for specialist and advanced clinical skills.
- **Hospital doctors** - across all of the key acute medical specialties.

There is potential for this challenge to be exacerbated further as new developments are introduced.

Demand for GPs is likely to increase – for example through the plans for improved access, and dedicated care homes line. Acute trusts, the ambulance service, community and primary care services including the new urgent care centres will be seeking to employ nurses and paramedics from the same workforce pool, to underpin innovative developments. This will include a need for additional clinicians to support the NHS 111 and clinical assessment services, and a large increase in advanced clinical practitioners to support greater care outside hospital across parts of the system and to supplement the acute medical workforce. If this is not well managed, there could be significant movement of staff across organisations with an undesirable pattern of 'winners and losers' and negative impact on urgent and emergency care delivery.

The pull of staff into advanced practitioner roles will need to be matched by adequate investment in the core workforce to underpin this.

Next steps

- **Workforce planning** - in the local footprints, but with a clear eye on those services which are also best provided at a regional or sub-regional level and are essential to support the local delivery plans. This would include the core ambulance service, NHS 111 and elements of the Clinical Assessment Service (CAS).
- **Recruitment** - measures to incentivise nurse and other clinician recruitment and retention to NHS 111 and into core elements of the CAS, including enhanced support for mentorship and training similar to the GP nurse scheme. If the new model for the CAS is successfully implemented this will not be necessary, a wider clinical network of skilled staff will be available.
- **The workplace** - enablement of flexible working opportunities or rotational posts for professionals across organisational boundaries – e.g. opportunities to work in acute, primary or community care and in the ambulance service or NHS 111, where flexible home working technology provides increased potential for this. This would allow more opportunity in terms of flexible working patterns and would support more integrated care delivery through greater awareness of wider patient pathways. This would need to be underpinned by clear HR governance arrangements and portable qualifications and pre-employment checks.

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- Consideration of host employer arrangements for more specialised and potentially professionally isolated roles – for example mental health nurses working in the CAS employed via a specialist trust, or specialist or advanced practitioner paramedics in primary or community care employed by the ambulance service. This would support sustainability of the current workforce, and also ensure ongoing provision of appropriate professional support and development whilst practitioners were deployed in a range of different 'non-traditional' settings.

- Consideration of how innovative workforce developments aligned to new, integrated care models can be best mainstreamed into longer term service plans.

- Exploring opportunities to work together across the area to support apprentice development and maximise the benefits of the Apprenticeship Levy, and to consider how enhanced support roles can best underpin the professional workforce. In this respect, the development of a West Yorkshire and Harrogate Excellence Centre is welcomed.

National priority: Maternity

National and partnership context
In support of NHS England's National Maternity Review the West Yorkshire and Harrogate Local Maternity System (LMS) has been established.

The vision of the LMS is based on the needs and collaboration of women, their partners and their families.

The West Yorkshire and Harrogate LMS will develop and nurture a culture which puts women at the centre of care, supports multi-professionalism, values learning and has safety as a golden thread throughout. It is as much about changing cultures and creating a lasting ethos of greater collaboration as it is about system design to achieve a critical mass beyond local population level to achieve the best outcomes for maternity including preconceptual care, perinatal mental health and postnatal care.

The overarching LMS objectives are:

- Providing safe maternity and neonatal care.

- Ensure women, their partners and their families have the opportunity to participate at all levels in the development, implementation, evaluation and ongoing improvement of services to maximise quality and outcomes.

- Developing financially sustainable maternity and neonatal services based on the identified needs of women, their partners and their families, clearly defined through a coproduced local offer resulting in reduced variation and improved outcomes.

- Ensure all women, their partners and their families are aware of the choices available to them and their preferences are heard across all elements of maternity and neonatal care.

- Developing a highly skilled and knowledgeable workforce encompassing all elements of the maternity and neonatal pathway, promoting a culture of learning and continuous improvement to maximise quality and outcomes.

- Be a first choice place to work, attracting and retaining a highly effective workforce that will be well led, innovative and will continuously learn.

The LMS will:

- Develop a local vision for improved maternity services in order to ensure that there is access to services for women and their babies, regardless of where they live.

- Ensure women and their babies can access seamlessly the right care, in the right place at the right time.

- Make sure that providers such as NHS hospitals and other health services in West Yorkshire and Harrogate work together so that the needs of women and families are prioritised.

- Put in place necessary processes to make sure services work together effectively.

- Make sure that women, partners and families are involved in designing maternity services.

- Support a learning culture between NHS staff, partners and fostering workforce co-ordination and training.

Workforce challenges

- A need to improve workforce satisfaction and health and wellbeing – as both a legitimate aim in its own right and also to improve retention.

- Leadership development for multi-disciplinary teams.

- Existing workforce models need reviewing – with specific focus on workforce flexibility and role redesign.

- Inefficiencies and service impact arising from competition for workforce.

Next steps

- Workforce development to be a key feature of the LMS delivery plan.

- Establish a LMS workforce sub-group with provider input from both clinical and workforce colleagues.

- Integration of the LMS plan and sub-group work programme with the work of the LWAB and Health Education England (HEE).

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Partnership priority: Stroke

National context
The National Stroke Strategy published by the Department of Health in 2007 provided a national quality framework to secure improvements across the stroke pathway over a period of 10 years. The NHS Five Year Forward View published in October 2014 sets out a clear direction for the NHS, showing why change is needed and what it will look like. It states that for some services there is a compelling case for greater concentration of care highlighting there is a strong relationship between the number of patients and the quality of care, derived from the greater experience these more practiced clinicians have, access to costly specialised facilities and equipment, and the greater standardisation of care that tends to occur. More recently the national clinical guidelines for stroke (Fifth Edition 2016) have been published which provide the most comprehensive and up to date document on how stroke care should be provided covering the whole pathway from pre-hospital to longer term management.

Key themes for local strategies:
- Raising awareness is critical.
- Stroke to be treated as an emergency to improve outcomes.
- People with suspected stroke should be immediately transferred to a hospital providing hyper-acute services.
- Services for 'life after stroke' and community provision.
- 'Working together' across the care pathways - 'stroke networks'.
- Importance of specialist workforce.

West Yorkshire and Harrogate
Considerable progress has been made across West Yorkshire and Harrogate.

However, variation continues to exist and as a result further improving quality and stroke outcomes for our population was included as a key priority within the West Yorkshire and Harrogate draft Sustainability and Transformation Plan. You can read it at **www.wyhpartnership.co.uk**

There are challenges for the health and social care system and most importantly for stroke survivors, their families and carers. There is a commitment to ensuring services can meet future demands and deal with these challenges in line with the agreed shared vision across West Yorkshire and Harrogate.

To reduce the incidence of stroke and avoidable deaths due to stroke, across the West Yorkshire and Harrogate health economy, minimising the long-term effects and improving the quality of life for survivors.

This will be achieved by providing consistently high-quality care that is responsive to individual needs through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

Progress to date
- A Strategic Case for Change has been developed which concludes there is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event.
- Work in progress to develop to determine the 'optimal' service delivery models and pathways that need to be in place - which is all about making the most of staff skills, latest technology and ensuring our services meet the latest standards of care to improve quality and stroke outcomes for people.
- Associated workforce drivers and risks identified related to a lack of available and appropriately skilled workforce.
- Programme engagement with providers underway to understand workforce landscape e.g. vacancy rates, staffing ratios, perceptions of workforce risk and resilience.
- Project risk (with a workforce component) identified relating to a risk that 'providers may not be able to implement the latest stroke guidelines due to lack of available and appropriately skilled workforce able to deliver new models of care resulting in continued variance in stroke outcomes.
- Close engagement with the six places across the partnership and with other stakeholders including staff and patient/patient groups.

Workforce challenges
- A national shortage of specialist stroke consultants and specialist stroke nurses which is in part the driver for change. National clinical guidelines for stroke 5th Edition includes reference to recommended staffing levels for stroke units, ways of working and highlights there are significant implications for the organisation of acute medical services within any 'health economy';
- The Strategic Case for Change highlights the importance of ensuring care across the whole stroke care pathway is working effectively to improve quality and outcome for our population (from prevention, primary care, hospital care, community and after care).
- Localised challenges in the recruitment of medical, speech and language therapists.
- Development of a thrombectomy pathway may create workforce supply challenges i.e. vascular interventional radiography.
- Implementation of change - how to maintain current services whilst migrating to optimal service delivery models of care.
- Workforce flexibility and mobility and acceptance by the workforce to new ways of working, especially lower paid staff.
- Cultural and practical challenges associated with implementing more networked approaches to service delivery.

Next steps

- Developing West Yorkshire and Harrogate and its providers as an 'employer of choice' to attract and retain staff. To include collaboration on the recruitment, training and development offer for current and future workforce.
- Corresponding joint/ coordinated marketing and recruitment campaign.
- Develop options for new employment models to support workforce mobility where required. Consideration of options such as lead employer arrangements, contractual provisions and network arrangements.

Partnership priority: Prevention at Scale

The national context

A key element at the heart of the Five Year Forward View is health promotion and the prevention of ill-health, which starts with encouraging behavioural change. To help make the NHS sustainable, people need to be more proactive about prioritising their health and wellbeing to reduce their risk of developing lifestyle related health conditions. The NHS and organisations within the wider system have recognised that more needs to be done to respond to the prevention challenge. With an ageing population, helping frail and older people stay healthy and independent, avoiding hospital stays where possible is increasingly important.

To achieve this, there needs to be better integration of GP, community health, mental health, and hospital services, as well as more joined up working with social care services, home care and care homes and widespread use of technology.

As a major employer, the health and care system has a responsibility and an opportunity to set an example through its employment practices and by encouraging its staff to promote healthy living such as 'making every contact counts' and the "health promoting hospital".

West Yorkshire and Harrogate

Prevention at Scale is one of the partnerships priorities. It aims to focus on: smoking, alcohol and obesity.

The workforce objectives and the areas that have been identified as having the greatest potential to be developed at scale in support of these goals are:

- Embedding consistent approaches to Making Every Contact Count (MECC) across the health and care workforces.
- Further development of the Health Promoting Hospitals (HPH)/Trusts. HPH if fully embedded would re–enforce the MECC programme as one of the key public health skills for its workforce.

Key workforce challenges

- Providing staff with the capability and capacity to have healthy conversations with patients and colleagues.
- Supporting organisations to provide systems and opportunities for the conversations to occur.
- Motivating the workforce to make these conversations habitual and seen as part of their role. Currently this is mainly being led and implemented within the local authority setting and work with the NHS is limited.

Progress to date

The Yorkshire and Humber Community of Improvement (COI) MECC initiative which has active membership from all local authorities reports that there is little consistency of approach across the region.

The ambitions of the Community of Improvement (COI) Making Every Contact Count should be seen as supportive for this work and its work programme is aiming to build capacity and capability for Making Every Step Count across Yorkshire and Humber e.g. developing a train the trainer programme for the region, share best practices and learning and promoting high impact resources for MECC such as a digital solution.

In respect of Health Promoting Hospitals there are areas of good practice e.g. Leeds Teaching Hospital has a public health strategy and is a member of the World Health Organisation Health Promoting Hospital Network. This aside, there is only a limited amount of other HPH activity in West Yorkshire and Harrogate.

Next steps

Making Every Contact Count

- Skills and knowledge development for health and care staff through a train-the-trainer programme, and ongoing development and support for public health practice in the health and care workforce.
- Development of high impact resources, to support conversations, promote messages and encourage engagement across the health and care workforces.
- Engage and promote the social media movement #meccithappen across health and care sector.
- Using evaluation to inform effective practice and successful embedding of approach across health and care.
- Sharing learning across West Yorkshire and Harrogate and joining activity where appropriate.

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Health promoting hospitals and trusts

- Review how West Yorkshire and Harrogate hospitals approach improving health and reducing health inequalities.
- Create opportunities for sharing and developing best practice across West Yorkshire and Harrogate.
- Highlight benefits e.g. healthy workforce, better quality care, supporting the financial challenge and organisational reputation.
- Linking this work to staff health and wellbeing strategies.
- The public health workforce team within Leeds City Council to seek resources on behalf of the partnership area.

In general terms the LWAB, via Health Education England (HEE), will seek to influence education providers to include the promotion of supported self-care in undergraduate programs to help prepare practitioners for the future.

Focus on social care

National context

Adult social care challenges are driven by:

- An aging population.
- A population with increasingly complex needs and long-term and multiple health conditions and disabilities.
- Demand for services and improved quality.
- Falling public sector spending leading to shortfalls of staff, difficulties recruiting and retaining staff along with increased competition from other sectors not just health but private sector, hospitality, retail and leisure industry.
- Pressure on services leading to unmet need for care.
- Pressures on the social care sector result in delayed discharges from hospital, higher admission rates and poorer outcomes.

West Yorkshire and Harrogate

In West Yorkshire and Harrogate adult social care is a diverse growing sector. It has a workforce of around 55,000 in statutory local authority and independent sector providers. The number of adult social care jobs has increased by 18% since 2009 and, based on estimated demand, is projected to increase by a further 18% by 2025.

Workforce challenges

Many employers are struggling to find and recruit suitable people to the sector. A large proportion of staff turnover is a result of people leaving the sector soon after joining; the sector also has difficulties in retaining younger workers. The turnover rate is higher in domiciliary care providers, with almost a third leaving their role within the past 12 months. The recruitment and retention in the social care system is under significant pressure. Just over a third of nurses (36%) are estimated to have left their role within the past 12 months. Nurse turnover rates increased year on year from 2012/13 to 2015/16. Nationally there is an estimated vacancy rate of 9% for nurses.

The social care registered manager vacancy rate of 10% was higher than the sector as a whole (7%). Around 29% were aged 55 or over and could retire within the next 10 years. Estimated figures for West Yorkshire and Harrogate are:

- **Registered managers** – 1,000 registered managers in post but around 20% left their role in the previous 12 months and there is a vacancy rate of 10%, with 29% over 55.
- **Registered nurses** – 2000 registered nurses in adult social care, 85% of whom work in independent care home services.
- **Social workers** - There were an estimated 800 social workers working in statutory local authorities in adult social care.
- **Skills for Care** estimate that nationally 6.8% of the roles in adult social care are vacant, which equates to approximately 84,000 vacancies at any one time, and that starters rates in the past 12 months was 35% (approximately 434,000 new starters each year).

Next steps

The forecast for an increase in demand for labour in the sector combined with current pressures means that this is crucial for West Yorkshire and Harrogate:

- The social care workforce needs to be explicitly factored in to workforce planning at all levels particularly for nursing.
- Initiatives such as the excellence centre need to include social care workforce issues including working with skills for care on proposals to develop new 'nursing associate roles, integrated apprenticeships and greater levels of rotation across health and care.
- Actively support registered manager's networks at place and locality level to build greater integration.
- Work with, and promote, support tools which Skills for Care (and others) have developed including values based recruitment and retention, support for induction, leadership programmes.
- Develop better ways to identify and support carers.

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Focus on transforming care

National context
The Government and leading organisations across the health and care system are transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) supported the creation of 48 transforming care partnerships (TCPs). The Transforming Care programme aims to:

- Substantially reduce the number of people placed in inpatient settings.
- Reduce the length of stay for all people in inpatient settings.
- Provide better quality of care for people who are in inpatient and community settings.
- Increase quality of life for people who are in inpatient and community settings.

Every transforming care partnership (x6 in Yorkshire and the Humber) has a local plan to build the right support for their community. Each is tailored to the needs of their citizens and provides or enhances community support services such as intensive support when it's needed, crisis prevention and support for those at risk of offending.

Workforce challenges
Changes in the type and mix of inpatient and community services will mean changes in where learning disability jobs are and the skills workers need. The number of care and support packages that will be required means we will need more people working as personal assistants and in support roles. In addition to reducing reliance on inpatient beds building the right support in the community will mean a change in the size and shape of the workforce.

It is estimated that a reduction of 115 commissioned bed's may mean an additional need of equivalent to 145 full time staff working in community support services and over 900 working as personal assistants or in social care organisations. There is also an unquantified, but potentially significant prospect of workforce attrition if existing teams are not well supported through this change.

Next steps
- Establishing a training and development infrastructure for the growing and changing workforce.
- Seeking opportunities to promote careers in learning disabilities.
- Developing strategies to support and retain the existing workforce.

Focus on carers

National context
Evidence suggests, including carers UK state of caring survey 2017, that investing in support for unpaid carers can contribute significantly to that sustainability of health and social care. In particular, early intervention and targeted support reduces carer breakdown and thereby limits the care and support needed for them and the cared for person.

Carer investment is important to preventing further ill-health, the promotion of assistive technology and self-care.

This in turns helps the carer's own health and wellbeing and enables them to remain in work - benefiting their household income and the local economy.

West Yorkshire and Harrogate
There are an estimated 260,000 unpaid carers living in West Yorkshire and Harrogate, including children and young people caring for parents with long-term health conditions.

Many carers are 'hidden' i.e. providing the majority of care without formal support.

Our partnership has been identified as one of six nationally to work in partnership with NHS England to develop an approach to better support unpaid carers across West Yorkshire and Harrogate.

The programme has four proposed work streams which includes developing a 'gold standard' approach to identifying supporting carers in the work place.

Workforce challenges
The UK State of Caring Survey 2017 reports that three million people, 1 in 9 of the workforce, combine caring for a loved one with paid work.
This means that in West Yorkshire and Harrogate, health and social care organisations will be employing between 12-13 thousand people (about 11% of their workforce) who also have caring responsibilities, and this number is expected to grow in coming years. It notes that the significant demands of caring mean that:

- Many feel they have to give up work altogether, due to a lack of work flexibility and high quality care services at home.
- As many as 4 out of 10 carers (43%) said they had given up work completely to care, with 13% reporting that they had retired early to care. Most carers fall within the 50-64 age bracket (Carers UK, 2015). People in this age group often have significant skills and have accrued a wealth of professional experience which would be a substantial loss to an employer.

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- 1 in 5 of all carers (21%) said they had reduced their working hours to care.
- Nearly half of working carers (46%) said that they work the same hours but that their job is negatively affected by caring through tiredness, lateness and stress.

14% of all carers reported having had to take a less qualified job or have turned down promotion to fit around their caring.

These figures demonstrate that in practical terms there are real and tangible potential benefits to supporting working carers in terms of recruitment, retention, health and wellbeing, staff engagement and workforce productivity.

Organisations that have begun to support working carers more effectively are showing some impressive results.

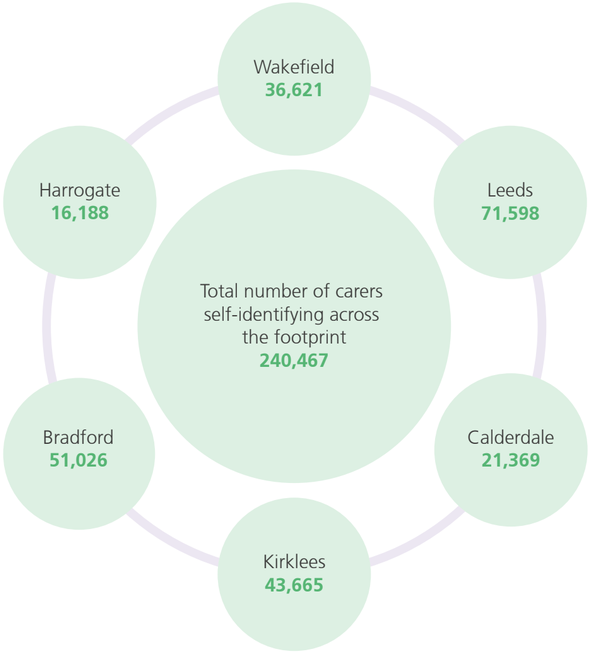
The Employers for Carers business case (2013) outlines some useful case studies which bring to life how businesses can benefit from actively supporting working carers.

Next steps

- Identify and consult with working carers on ways to support them to:
- Stay in employment.
- Increase or maintain their participation rate.
- Access flexible retirement options.
- Improve their health and wellbeing.
- Take a cross sector approach to sharing best practice in terms of policy and procedure in order to identify opportunities to adopt/implement a consistent approach across the partnership.
- Explore the potential to utilise this approach in partnership wide recruitment initiatives.

Carers across the **West Yorkshire and Harrogate Health and Care Partnership Footprint**

Census 2011



Average **9.79%** of population

Underestimate?
1 in 8 adults
1 in 12 children and young people are estimated to be carers

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Part 2.2: Stocktake

Action underway or planned by the West Yorkshire Association of Acute Trusts **(WYAAT)**

West Yorkshire and Harrogate
The West Yorkshire Association of Acute Trusts (WYAAT) is a collaboration of the six providers across West Yorkshire and Harrogate.

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust

It has an established governance framework and has invested in a programme of collaborative projects across clinical and corporate services.

The key drivers for collaboration across the providers are challenges associated with;

- Variation in both quality and cost
- Sustainability
- Workforce - recruitment, retention and temporary staffing

Workforce challenges

- High cost of agency usage in acute specialties, particularly ward based registered nurses, operating department practitioners and some medical specialties.
- Variations in human resource process and terms and conditions do not facilitate networked arrangements.
- Inadequate workforce information and data to help plan and design any new service model.
- The absence of an overall workforce strategy for the acute hospital sector across West Yorkshire and Harrogate which looks at the changes required for a sustainable system.

Progress to date
The hospitals within West Yorkshire and Harrogate are working together on 9 workstreams, and also contribute to the workstreams for Urgent and Emergency Care (including hyper acute stroke), Cancer and Specialised Commissioning (vascular surgery, Head and Neck Cancer) as shown to the right:

The five WYAAT Principles for developing collaboration and new operating models are;

1. 'Centres of Excellence' approach to higher acuity specialties e.g. hyper-acute stroke; neurology; cancer; vascular; ear, nose and throat; maxillofacial; eliminating avoidable cost of duplication and driving standardisation.
2. Developing West Yorkshire and Harrogate standardised operating procedures and pathways across our services, building on best practice and using Getting It Right First Time (GIRFT) approach to drive out variations in quality and efficiency.
3. Collaborating to develop clinical networks and creating alliances as a vehicle to protect local access for patients whilst consolidating skills and reducing operational cost of duplicated facilities.
4. Workforce planning at scale – to secure a pipeline of fit for purpose staff and improved productivity. Manage risk at system level. Free movement of staff under shared bank arrangements will reduce spend on agency and reduce administration costs.
5. Economies of scale in back office and support functions e.g. procurement, pathology.

WYAAT Partnership **Priorities**

West Yorkshire and Harrogate
- Cancer
- Urgent and Emergency Care Acceleration zone
- Elective care and standardisation of commissioning policies

WYAAT
- Clinical standardisation and networks

Corporate services
- Procurement
- Information
- Estates and Facilities

Clinical cross cutting services
- Pharmacy
- Pathology
- Radiology

Next steps
Human resource directors are leading the WYAAT workforce programme to directly address the following common workforce challenges:

1. Productivity - reducing variation and agree stretch targets on a range of productivity indicators e.g. engagement, health and wellbeing, turnover, sickness absence.
2. Agency spends - to progress initiatives to tackle agency and bank spend including progression of the collaborative medical bank project.
3. Quantify and agree areas for growth in training supply and collaborate on delivery, working with the universities, making available clinical placements.
4. Working together to avoid outbidding each other for staff.
5. Retention – sharing best practice.
6. To identify and pursue opportunities for workforce collaboration with non-acute NHS providers in the partnership.

Part 2.3: Stocktake

Action underway or planned by the **LWAB**

In West Yorkshire and Harrogate we have established a workforce 'enabling' work stream through the West Yorkshire and Harrogate LWAB – with membership from NHS providers, local authorities, commissioners and staff side. Its aim is to ensure that workforce is a positive enabler and not a constraint to achieving the West Yorkshire and Harrogate partnership plan, ensuring the right staff, with the right skills to meet foreseeable needs for the entire system.

The workforce challenges were identified by the LWAB as:

- Long standing clinical and staff shortages.
- The need for development of new skills to support new ways of working.
- The affordability of the current pay bill with high locum and agency spend.
- Variation in team productivity.
- Insufficient integration of services and staff across sectors.
- Concerns for staff wellbeing.

The following cross cutting programmes are being undertaken at LWAB level:

1. Non-registered workforce.
2. Registered workforce (extended to include the medical workforce).
3. Primary and community care.
4. Workforce flexibility and resilience.

LWAB programme 1: Non-registered workforce

This programme is about equipping the many thousands of support workers not belonging to a registered professional body, to play a much bigger part in the delivery of high quality health and social care. Examples include care workers, nursing associates, apprentices in primary care, care navigator, medical assistants, mental health support worker.

The vehicle for change at a West Yorkshire and Harrogate level is the development of the cross sector 'Excellence Centre' and maximising the use of the Apprenticeship Levy, working in partnership with local colleges of further education.

The non-registered workforce is central to delivering good quality care and their skills, knowledge and attitudes will be significant in influencing outcomes for the people we serve.

This workforce has a significant role in supporting the transformation of services and supporting prevention and self–care to keep people healthy and out of hospital.

Currently there is a need for a coherent vision and strategy across West Yorkshire and Harrogate for the development of the support staff workforce.

Work is progressing in each of our places however there is no overall co-ordination or identification of core themes or clarity and agreement around the areas where it would make sense to have a common strategy.

The vision for this programme is to achieve such a strategy and an underpinning action plan linked to a clear understanding of the common challenges facing organisations e.g. the expansion of apprenticeships linked to the levy, introduction of new roles such as nursing associate, an understanding of the ambition and timescales linked to specific change programmes for clinical and non-clinical services across West Yorkshire and Harrogate, including the areas currently under review e.g. pathology, radiology and pharmacy are also important.

Key drivers

There are a number of imperatives that drive the need for a high quality support workforce with the right skills, knowledge, attitudes and behaviours and there is a shared commitment across employers to achieving such a workforce.
These include:

- Using the lived experience of the community to support prevention, self-care and avoid and reduce hospital admissions.
- Drawing upon our diverse communities to support pathways into employment, improve the health, life chances and well-being of the local population, particularly in the most deprived communities.

- Growing the future qualified workforce by providing a career structure for the support workforce that will also support job satisfaction, motivation and retention, which can be problematic.
- Mitigating the risks inherent in the inability to recruit qualified staff in shortage professions.
- Freeing up qualified staff to focus on the most complex patients.
- Improving the quality of the support workforce by providing better training tailored to the needs of employers and enabling smaller employers in the care sector to access training.
- Creating a richer skill mix to ensure the right skills are deployed at the right point of the care pathway leading to a more efficient use of the workforce.
- Ensuring optimal use of the Apprenticeship Levy to develop the existing as well as future support workforce.
- Recognising the capacity and capability requirements of the care home sector as a critical determinant of acute bed occupancy.

Next steps

1. Develop the West Yorkshire and Harrogate Centre of Excellence for Support Staff – including infrastructure support and resources to progress training and development on proposed areas of focus.
2. Enable apprenticeship growth across the partnership.
3. Primary care development – supporting plans to grow the skills of the support workforce and extend their portfolio.
4. Employability – enable routes into employment/creating a talent pipeline.
5. Shared training resources across West Yorkshire and Harrogate - building on strengths, addressing gaps and avoiding duplication and waste.
6. Providing further support by encouraging collaboration and supporting provision/development of system-wide learning and Continuing Professional Development (CPD) opportunities.
7. Strengthening cross sector working to support skills development and system resilience.

LWAB Programme 2: Registered workforce supply

(including the medical workforce)

There is a need to grow and reshape the registered workforce in West Yorkshire and Harrogate. The registered workforce refers to those staff in registered professions covered principally by the General Medical Council, Nursing and Midwifery Council and the Health Care Professions Council.

The programme also encompasses new roles that are not currently registered, but are being introduced to support/work alongside traditional registered roles e.g physicians associates. This LWAB programme is taking a West Yorkshire and Harrogate view of demand and supply for established roles and opportunities for developing extended and advanced roles. Priority areas identified are:

1. Improving the supply of established roles: this includes nursing in all sectors, practice nursing (GPN scheme), paramedic expansion, operating department practitioner supply and social work supply.
2. Development of advanced practice and new roles: this includes non-medical endoscopist, advanced practice at scale, emergency care practitioners, physician associates and prescribing pharmacists in general practice.
3. Addressing shortages of doctors.

Improving the supply of established roles

The LWAB is taking a strategic view of training places available to assess initial impact of education reforms and opportunities for growth - the table below records the number of places provided by West Yorkshire universities.

The partnership and LWAB provide an opportunity for employers to work together, in the absence of a central workforce commissioner, to influence and shape the education market.

Where agreed a partnership-wide approach will be taken for a number of professions. This will involve the following:

- Taking a collaborative approach (on a county wide scale) to the monitoring and coordination of employer led commissioning of education to ensure adequate supply in future.
- Agreeing demand in the health system including current shortages.
- Review demand from potential applicants.
- Identifying clinical placements and mentors.
- Agreeing funding models rather than:
  - Self-funded (via student loan finance) – trainee is a student.
  - Apprenticeship levy and employer funded – trainee is an employee: requires a financial contribution from the employer.
  - Commissioned (fully funded) – trainee is a student.

Registered workforce - **Training provision (places) in West Yorkshire 2017/18 academic year**

	University of Leeds	Leeds Beckett University	University of Bradford	University of Huddersfield	TOTAL per year
Nursing	180	52	124	100	456
Paediatric nursing	45		24	24	93
Mental health nursing	43	35	42	45	165
Midwifery	52		43	46	141
Learning disability nursing				28	28
District nursing & health visitors		51			51
Sub-total nursing and midwifery					934
Podiatry/chiropody				37	37
Dietetics		28			28
Occupational therapy		19	20	16	55
Physiotherapy		25	26	40	91
Diagnostic radiography	58		40		98
Speech & language therapy		24			24
Clinical psychology	16				16
Pharmacy	27				27
Pharmacy technician				60	60
Operating dept practitioners				63	63
Physicians associates	30		25		55
Nursing associates	28	20	20		68

- Confirm clinical placement funding.
- Agree local conditions and support with the explicit intention to retain locally trained health and care professionals in the local system.
- Working collectively can potentially extend to international recruitment.

Development of advanced practice and new roles

A key element of this work stream is a large increase in advanced roles. In April 2017 Health Education England determined a national definition and competencies for advanced clinical practitioners based on discussion with professional bodies, NHS Employers, NHS Improvement and NHS England as follows: "Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level or 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 capabilities and area specific clinical competence.

Advanced clinical practice (ACP) 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."

Progress has been made in services to develop and promote the use of advanced practitioners, with the majority being employed in acute hospital settings. Advanced Clinical Practitioners have been deployed to deliver services where there have been challenges in recruiting medical staff at consultant and doctors in training level into specialties such as: emergency medicine; intensive care; neurophysiology and 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. 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.

Focus on Operating Department Practitioners (ODPs)

Peri-operative theatre skills are a significant workforce supply challenge for acute provider organisations in West Yorkshire and Harrogate. This can have a significant impact on activity, productivity and on agency spend. As an area of focus for the registered work stream it has been established that:

- In West Yorkshire and Harrogate, there is a collective vacancy rates for perioperative roles (ODP/Scrub Nurse) in the region of 90 WTE (whole time equivalent).
- The main education provider reports significant difficulty in filling the undergraduate programme.
- If the programme was full clinical placement capacity would be a limiting factor.
- It is a generally accepted that visibility of ODP roles as a career option is poor.

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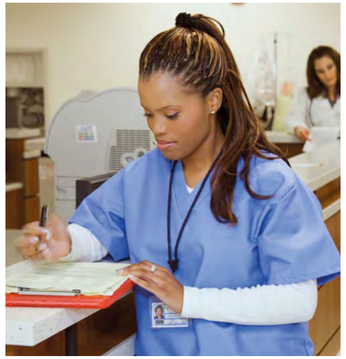
One of the priorities of the work-stream is to identify and promote selected registered careers at a West Yorkshire and Harrogate level to improve future supply. Subject to securing increased placement capacity and commitment from organisations to introduce an ODP apprenticeship the LWAB will launch a campaign to promote ODP careers to 16 – 18 year olds as a mechanism for jump starting a new supply pipeline to attract circa 100 additional candidates for undergraduate or apprenticeship opportunities. This work will include:

1. To appoint an ODP with an interest in education and careers promotion to deliver a programme of school, college and Trust career events over a 12-month period - with supporting marketing and communications capacity and the development of a partnership wide 'microsite' to host this and similar campaigns.

2. To develop a cross Trust 'ODP careers' group in order to ensure it maximises the opportunity and meets the needs of organisations.



Focus on nursing

Nursing has been identified as a major supply risk across the region. There are 38,000 full time equivalent nurses working in Yorkshire and the Humber (from 44,000 individuals, some part time) but 41,000 positions to be filled. This means on any one day 3,000 secondary care nursing posts are recorded as vacant, with most having to be filled on a temporary basis by high cost agency staff but with some services operating without a full complement of staff.

The need now is to increase training to reduce the level of vacancies to levels that reflect normal 'churn'.

This cannot be done in isolation from planning the future supply need for replacement of leavers and growth

The table (right) is a ready reckoner to assess the level of training surplus or shortfall in West Yorkshire and Harrogate. Under this scenario there is a need for 935 new full time equivalents (FTE) nurses to replace those leaving and allow for a small (0.5%) growth.

Currently the projected nursing output is 840 WTE (after adjusting for attrition).

This would give a recurrent shortfall of 95 to add to the existing deficit. To address this shortfall, a strategy needs to put in place based on either reducing demand for registered nurses or increasing the supply.

NB – numbers to the right are illustrative and are currently being reassessed based on latest Trust and HEI (Higher Education Institution) data.

Illustrative annual plan full time equivalents (FTE); assume 17,000 nurses (all branches, all sectors) – simplified model	West Yorkshire and Harrogate
Annual need to standstill (replace leavers) - assume annual replacement rate of 5% per year	850
Annual need to meet future growth in overall health system assume 0.5% per year (all sectors)	85
Total new nurses required each year	935
Current registered nurse training output in West Yorkshire Y&H – FTE (net of attrition and other factors)	840
Recurrent shortfall (gap)	95
Underlying shortfall (vacancies)	Circa 1,200

Strategies to close the recurrent gap and underlying shortfall

- Improve retention (reduce replacement requirements)
- Return to practice programmes
- Reduce training attrition
- Change skill mix and develop the nurse associate role
- International recruitment (earn learn and return)
- Increase numbers in nurse training through both traditional and new routes

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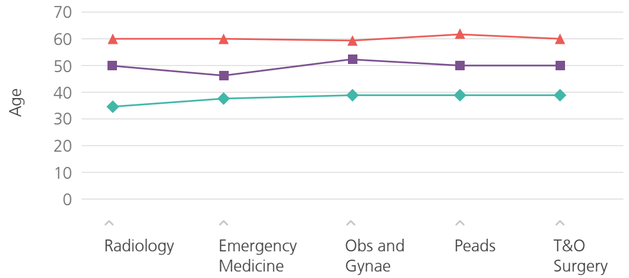
Addressing the shortage and future supply of doctors

Consultants

The hospital consultant workforce is the fasting growing part of the NHS workforce. Nationally, consultant numbers have increased significantly in recent years and will continue to grow for the next few years as the output of trainees continues. This has enabled many key services to develop and grow, to improve access and quality. The workforce modelling indicates the consultant workforce supply in Yorkshire and the Humber will grow and exceed retirements. The key challenge is to retain locally trained consultants in key specialties within the region. The analysis undertaken suggests around four out of ten doctors qualifying as consultants in Yorkshire and the Humber will take up consultant posts elsewhere. The supply of GPs was considered in the primary care section above.

The chart to the right is an illustrative example of the type of workforce information made available to all heads of school at HEE in an annual report.

Average age of gaining CCT, consultants and retirement



Doctors in training

A large part of the medical workforce is made up of doctors undertaking specialist or GP training, which they typically complete in their mid to late 30s. Most of the reported medical workforce vacancies are amongst this group. Sustaining recruitment to all medical training posts is a major challenge. The underlying structural problem affecting West Yorkshire and Harrogate is that across England the number of doctors applying for training posts is fewer than the posts available, for a large number of reasons.

Under the national preferencing system of recruitment individual doctors are able to apply anywhere in England for their training and to any specialty, subsequent to meeting entry requirements. The highest scoring doctors get their preferred post.

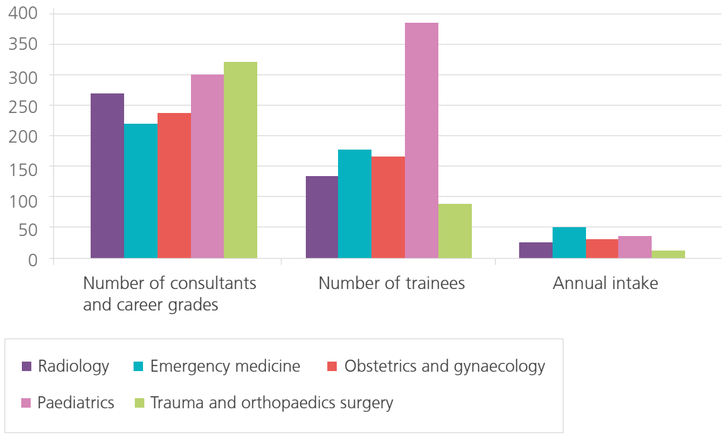
Some training programmes and localities are less popular than others, again for many different reasons. A less popular programme in a less popular locality faces the most challenges recruiting. In general, the south is more popular than the north and within Yorkshire and the Humber major centres are more popular than district general hospitals. Where recruitment of trainees is not possible, the default workforce response for service and patient safety to be maintained is through the use of high cost locums.

Medical recruitment does fluctuate and the latest evidence is that most doctors that step out of a formal training programme do return within three years.

Work to improve overall national supply (recruitment) of trainees is taking place at a national level and employers in West Yorkshire and Harrogate are looking at their training posts to ensure they are attractive to prospective trainees.

In West Yorkshire and the Humber, the strategy for a more sustainable solution comes under 2 headings; (1) alternative medical options, and (2) alternative workforce solutions.

Workforce headcount figures 2016



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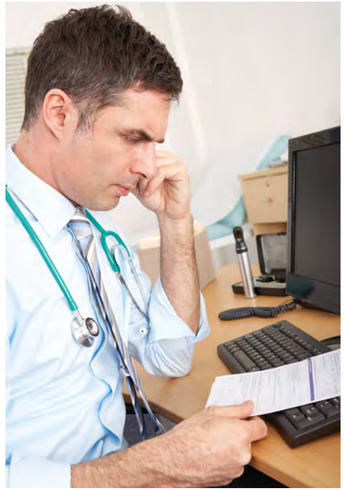
Alternative medical options
The following is being done to secure doctors to work in hospital posts in a more cost effective and sustainable way.

- Deploying Trust grade doctors, either locally recruited UK doctors or through international recruitment/Medical Training Initiative (MTI) scheme for International Medical Graduates (IMG). This can have the knock-on benefit of contributing to maintaining training quality for trainees.
- Creating an 'F3' cohort between Foundation Year and Speciality Training, meeting needs of both Trusts and trainees. This is increasingly being seen as an option by Trusts, and is blurring the boundary between training and non-training posts.
- Developing Leadership Fellow and Chief Registrar roles linked to supporting the rota. The high level function may not help gaps as usually drawn from trainee pool.
- Recruiting more consultants; there is varying need for this option, and varying supply.

Trusts with the most gaps frequently have the hardest job recruiting consultants; a concentration of supply problems in a smaller group of organisations.



This option requires consensus on how far consultants should replace non-consultant staff.

Alternative workforce solutions
In some specialties it is appropriate to reduce the reliance on doctors in training to cover service delivery needs because this offers affordable, sustainable solutions which enable high quality care. The focus of this option is to recruit and train advanced clinical practitioners, and physician associates (see above).

This option is dependent on effective integration of alternative roles into medical working practice, including the out of hour's rota.

Tools such as the Calderdale Framework are available to help introduce different skill mix solutions.

LWAB programme 3: Workforce flexibility and resilience

The programme currently has two objectives:

- Creating the conditions to facilitate the movement of health and care staff between organisations, reducing bureaucracy and time, freeing up resources and improving patient care. This has interdependencies with the separate 'streamlining' project.
- Encouraging flexible working such as job share and part time work making it easier for non-traditional work patterns to be accommodated – improving retention and engagement.

In addition, consideration is being given as to how the LWAB could most effectively support ways of maximising our opportunities as a partnership to improve workforce health and wellbeing.

These objectives require a combination of achieving cultural change and addressing technical or regulatory barriers.

The LWAB will address these by identifying and developing relevant pilot programmes (or supporting them where they already exist) and sharing learning.

As examples:

- WYAAT Collaborative Medical Bank: In order to be successful a collaborative medical bank will need to overcome a number of procedural and process challenges related to employment checks, mandatory training and information systems. Learning from this could be applied to other similar projects or initiatives.
- Streamlining: The LWAB will work with and support the streamlining project as its work streams will have interdependencies with this programme such as alignment of statutory and mandatory training.
- Looking for opportunities to pilot and support cross organisational rotational schemes and pilots e.g. rotation of physician's associates between secondary and primary care during training.

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Part 2.4: Stocktake

Action underway or planned in each **place partnership**

Workforce initiatives and programmes developing in our 'places'

This section describes the place based workforce programmes as they have been developed to date. Partnership working at place level has at its very heart the principle of putting the patient at the centre of the regions services, with system wide seamless care. The information below is mapped against key workforce challenges identified by the partnership, providing structure to the analysis and enabling the identification of good practice opportunities for collaboration.

Please note:

- This is an overview and not an exhaustive description of activity at a place based level.
- Placed based programmes include examples of health and social care joint working.
- Each place has its different challenges and therefore place based workforce plans are at a variety of stages of development.
- This analysis does not reflect the significant workforce activity taking place at individual organisational level.

Many initiatives address more than one workforce challenge.

The West Yorkshire and Harrogate Sustainability and Transformation Plan established a number of important principles.

The table below describes how each of these principles applies in the context of the workforce.

Principle West Yorkshire and Harrogate Health and Care Plan	Workforce consideration
We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.	We will avoid the duplication of workforce solutions and look to collaborate on the right things.
Every place will be a healthy place, focusing on prevention, early intervention and inequalities.	As the largest employers in a given "place" NHS and social care organisations have a key role to create a healthy workforce and community.
West Yorkshire and Harrogate will be a great place to work.	Supports retention, productivity, high quality care and discretionary effort.
To achieve a critical mass beyond local population level to achieve the best outcomes.	To look for opportunities to work together at scale and across health and care sectors e.g. advanced practitioners, international recruitment and leadership development.
To share best practice and reduce variation.	To increase opportunities for collaboration and sharing workforce best practice across sectors.
To achieve better outcomes for people overall.	A range of employment solutions that facilitate and enable greater integration and flexibility.

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Working at scale and in collaboration

Feedback from our places indicates an appetite for:

1. Utilising the LWAB and Health Education England (HEE) to collectively influence/lobby on issues that require action or support at a national level. This could include influencing regulatory bodies in relation to the development of roles that may blur existing professional boundaries e.g. How will these roles be regulated and can commonly agreed competences be developed, speed of the development of apprenticeship standards and indemnity issues?
2. Working together to organise and simplify the various sources of funding for workforce – to include the agreement of priorities so as to maximise the use of available resources.
3. Identify opportunities where hub and spoke approaches to challenges (to avoid duplication) and sharing of resources would be helpful.
4. Joint commissioning and provision of training where helpful to do so. With a view to achieving economies of scale, viability of a programme of training and promotion of cross sector/staff group learning.

Leeds – workforce partnership working

Leeds is institutionalising partnership working in the form of the Leeds **Health and Social Care Academy** under the umbrella of the Leeds Academic Health Partnership. Transitional funding has been agreed and a transition team now appointed. In this arrangement, the Leeds place is growing a single capacity in the city to support one workforce development through partners owning and contributing to the development of Leeds Health and Care careers/jobsite with associated attraction strategies and joint recruitment stand and co-ordinated attendance at attraction events.

The Leeds Plan recognises that in order to meet future demands of health and social care in Leeds, the workforce will need to work differently with a radical shift towards prevention and pro-active care and work seamlessly around people, families and communities rather than organisations.

At the same time the workforce will need to be flexible across community, acute, mental health and social care while **working innovatively and efficiently** through changes in role and skill mixes, enhanced capabilities, use of technology and the expansion multi-professional team working. The Leeds place has established a workforce work stream that forms part of the local governance structure reporting to the **Leeds Health and Care Partnership Executive Group,** which in turn reports to the Health and Wellbeing Board.

The work of the Leeds workforce programme has been mapped onto the appropriate partnership workforce challenge. Where there is a potential opportunity for activity to have partnership wide applications or for activity to be done more efficiently at a partnership level this has been identified.

The work plan in the Leeds place highlights a number of areas for potential partnership wide action. Specifically, the application of learning from their digital practitioner project, the opportunity to improve the effectiveness and efficiency of workforce planning and also on preparing training and development of staff to support culture change. There are no workforce programmes (at a place level) relating directly to staff wellbeing, variations in productivity or affordability of current pay bill.

This does not reflect activity at an organisational level and is only noted here as a basis for a gap analysis to inform potential future areas for focus. The Leeds place believes we need to clarify workforce governance structures, avoid duplication and provide opportunities for collaboration and co-production. It may also be appropriate to consider opportunities for a division of labour whereby initiatives could be delivered by a place with a view to wider adoption/application.

Public and patients | One Leeds workforce

Leeds City Council	Leeds and York Partnerships foundation trust	3rd sector/hospices	Users/carers
Care homes	Leeds Community trust	Leeds Teaching Hospitals Trust	
Primary care	CCGs	Domicillary care	

Workforce planning	IT	Diversity/inclusion	Apprenticeships
Leadership development	Professional skills	Doctors in training rotation	Schools
Management development	Support staff CPD	Induction	Placements
	Clinical skills	Mandatory	Mentoring

University of Leeds Research | **Leeds Trinity University** Education | **Leeds Beckett University** Innovation

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Leeds **Workforce Initiatives**

Workforce challenge	Work programme activity	Risks/opportunities
Develop new skills	• Digital Practitioner Project. • Better Conversations/Health Coaching.	West Yorkshire and Harrogate wide learning and potential pooling/ sharing of expert resources – links to affordability of current pay bill.
Improve supply of clinical and support staff	• 1000 apprentices across health and social care in 2017 – utilisation of apprenticeship levy. • Place based recruitment and retention activity. • Nursing sub group - developing a Nursing workforce plan for the city -links to affordability of current pay bill. • Joint Leeds/Bradford nursing associate pilot. • Pipeline – working with schools to promote careers in health & social care.	Workforce planning at a partnership level. Resource and skills challenges.
Improve integration across sectors	• Leeds Health and Social Care Workforce Strategy in Development. • One Workforce Participation and Engagement Strategy to support the Leeds Plan. • Plan to identify and prioritise staff groups for training and development to support culture change. • Plan Leeds Occupational Therapy project - developing a one workforce approach for the city. • Systems leadership approach being developed across Health and care workforce. • Development of the primary care workforce vision to support local care partnerships. • Citywide induction information.	Partnership wide programmes to support culture change.

Bradford District and Craven– workforce partnership working

In Bradford District and Craven a workforce partnership at a system wide level is conducted through the **Integrated Workforce Programme (IWP).** The IWP is an overarching and enabling programme that aims to work collaboratively to identify and work towards developing a system wide integrated workforce that is fit for the future. The IWP workforce strategy has been co-created and co-designed by partners within and across the health and care system. It brings together the common challenges, key priorities, good practice and potential workforce solutions from a wide range of health and care sectors and patient pathways.

The strategy, which has been shaped, tested and refined over time by a wide range of stakeholders, has four delivery programmes focused on: attracting and recruiting people to the health and care system (particularly developing the concept of 'growing our own'); developing the health and care workforce together; retaining people in the system and working to a shared culture of integration. A key piece of the IWPs work has been in developing a health and care **Industrial Centre of Excellence (ICE).** This builds on the four ICE programmes that were already being delivered across Bradford District (i.e. Business and Finance, Science and Environmental Technologies, Advanced Manufacturing and Engineering and the Built Environment). An ICE provides industry led programmes for 14-16 year olds who want to learn skills, gain experience and develop a career in a particular sector. The development of a health and care ICE in the Bradford District aims to build strong and lasting partnerships between employers, schools, colleges and universities; creating career pathways that will transform the way young people think about working in health and care and developing the skills required by the system. The ICE programmes provide a platform for apprenticeships, routes into further and higher education and professional training.

Partners in Bradford have also recently begun the process of scoping the development and formation of a Bradford Health and Care Education, Employment and Skills Partnership which has identified a number of areas of potential collaboration including:

- Mobilising a talented and diverse workforce
- Supporting business to start up and grow: The work of the digital health enterprise zone
- Research utilisation in practice and commercialisation: Building on 'Born in Bradford' and 'Research Ready Bradford'

The Bradford District's work plan highlights a number of areas for potential STP wide action. Specifically, the potential for system wide learning from the West Yorkshire and Harrogate Excellence Centre, the potential to collaborate on leadership and management

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development and an opportunity to work collectively on the promotion of staff mental and physical wellbeing.

Bradford is keen to collaborate on the work streams already identified by the LWAB and WYAAT and also in areas such as:

- The commissioning and provision of specialised training. Specifically, where economies of scale, better value for money and shared learning outcomes can be achieved by commissioning/providing training for larger groups.
- Supporting the development of new roles by collectively influencing the appropriate regulatory bodies.
- Making best use of available sources of funding.

Bradford Workforce Initiatives
Where there is a potential opportunity for activity to have partnership wide applications or for activity to be done more efficiently at a partnership level this has been identified.

Workforce challenge	Work programme activity	Opportunities
Develop new skills	• Delivering joint leadership programmes. Sharing resources, core management modules and shared leadership programmes. Creating and delivering system wide learning and development opportunities including 'passports' for mandatory training and providing collaborative learning opportunities e.g. customer service training.	Share resources and develop programmes at an STP level.
Improve supply of clinical and support staff	• Develop a health and care Industrial Centre of Excellence (ICE) for 14-16 year olds. • Developing a co-ordinated approach to supporting careers work with schools including identifying a cohort of ambassadors across health, social care and voluntary services. • Developing a shared approach to delivering a wide range of apprenticeships. • Encouraging entrants and re-entrants of all ages. • Developing and providing a wide range of volunteering opportunities.	STP wide programme of engagement with schools.
Improve integration across sectors	• Promoting a shared understanding of integration and seamless care. • Developing a common set of values/behaviours for the system. • Applying these from recruitment through to day to day working.	
Address concerns for staff wellbeing	• Engaging, listening and involving staff across the system. • Promoting mental and physical health and well-being and supporting healthier lifestyles.	

Wakefield – workforce partnership working

In Wakefield, the workforce partnership is the **Connecting Care Workforce Programme.**

The Wakefield District is home to two 'vanguard' projects to join up health and social care services through partnership working to develop new models of care. The Connecting Care partnership is part of the governance structure that sits under the local Health and Wellbeing Board and has an associated workforce programme.

The work of the connecting care workforce programme and workforce objectives described in the local Health and Wellbeing Plan have been mapped onto the appropriate STP workforce challenge in the table overleaf. Where there is a potential opportunity for activity to have partnership wide applications or for activity to be done more efficiently at a partnership level this has been identified.

The work plan in the Wakefield place highlights a number of areas for potential STP wide action.

Specifically, the application of learning from their General Practice Workforce Development Academy and their development of a skills passport.

Whilst the local Health and Wellbeing plan does set out objectives relating to reducing agency spend in acute and mental health organisations there are no workforce programmes (at a place level) relating directly to affordability of current pay bill or variations in productivity.

This does not reflect activity at an organisational level and is only noted here as a basis for a gap analysis to inform potential future areas for focus.

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Wakefield **Workforce Initiatives**

Workforce challenge	Work programme activity	Opportunities
Develop new skills	Wakefield General Practice Workforce Development Academy will: • Assess workload and demand. • Develop incentives to attract and retain GPs and other practice staff. • Develop a learning culture in practices that will attract new staff help deliver a sustainable primary care workforce. Specialist skills training in: • MECC • Dementia • Social prescribing • Understanding frailty	To share and potentially collaborate. To collaborate on MECC.
Improve supply of clinical and support staff	Trialling of cross sector workforce modelling approaches/tools.	Sharing learning from trial.
Improve integration across sectors	Skills passport development including • Phase one - Connecting Care induction programme • Phase two – standardised statutory and mandatory training • Phase three – joint recruitment practice Cross sector talent management programmes, including systems leadership. Development of Integrated multidisciplinary teams to underpin new care models.	To share and applying this model in other parts of the partnership.
Address concerns for staff wellbeing	Development of an Employer Health and Wellbeing workplace charter.	Potential cross partnership learning.

Harrogate – workforce partnership working

In Harrogate the Harrogate Health Transformation Board brings together partners from across the district. Currently any major workforce discussions take place in this forum.

Previously this place participated in a workforce programme established as part of the North Yorkshire Health and Wellbeing Board however this is now no longer in place in recognition of the realignment to STP footprints.

There is a Clinical Workforce Strategy for the local acute provider with proposals under consideration for a more integrated approach to identifying and addressing workforce challenges going forward. The Harrogate Vanguard continues with further work on cross sector integration in pilot sites as part of the 'pop up' organisation initiative with an additional focus on lean methodology through the application of Tees Esk and Wear Valleys Purposeful and Productive Community Services Programme.

Harrogate **Workforce Initiatives**

Workforce challenge	Work programme activity	Opportunities
Develop new skills	• Support the development of new skills and skill mix review to help develop right clinical pathways.	To share learning.
Improve supply of clinical and support staff	• Three bespoke BSc programmes in Adult Nursing available from Bradford, Leeds Beckett and York Universities – to commence from Jan 2018 onwards – with clinical placements to be made available across Harrogate and Rural District Vanguard partners.	

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Harrogate **Workforce Initiatives** *(continued)*

Workforce challenge	Work programme activity	Opportunities
Improve integration across sectors	• Vanguard – leading to other models and pilots i.e. pop-up teams. • Developing shared roles between primary, community and secondary care i.e. pop-up teams. • Developing joint apprenticeship roles between North Yorkshire County Council and Harrogate and District NHS Foundation Trust along with its other Vanguard partners. • Role taken from the Royal College of Nursing Clinical Leadership Programme in support of the Harrogate and Rural District Vanguard project. • Commissioning of a board level development programme with places available to Harrogate and Rural District vanguard partners. • Discussions in progress regarding plans to increase the number of physicians associates on placement within our place including rotations in primary care. • Provision of CPD activity for all health partners across the Harrogate place including the Yorkshire Ambulance Service – regarding the provision of maternity care/skills development.	To work together or share this learning with other parts of the partnership.
Variation in team productivity	• 'Vanguard 'Pop-up' organisation pilot incorporating lean methodology.	To share learning.

Kirklees – workforce partnership working

In Kirklees, a formal integrated workforce partnership is in development, but not yet in place. This would be under the umbrella of the new Kirklees Skills Strategy and Action Plan lead by the Council. This plan has workforce development at the heart of it.

This new strategy will bring together health, social, voluntary and third sector stakeholders working alongside business, community partnerships and educational institutions. They will aim to work collaboratively and pool resources to provide an integrated approach to developing a thriving community in Kirklees which 'develops our own' workers to have the right skills and knowledge to provide for our community now and in the future. Together as a partnership we are stronger and dynamic, with a diverse talent pool that can be easily accessed and utilised to ensure that we are more effective in decision making as a system and more efficient in delivering robust outcomes for workforce development.

Our vision

"We want Kirklees to be a district which combines a strong sustainable economy with a great quality of life - leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives".

This plan is designed to support the outcomes that **Kirklees will have sustainable economic growth for communities and businesses and that people in Kirklees have aspirations and achieve their ambitions through education training, employment and lifelong learning.**

Both North Kirklees and Greater Huddersfield CCG's have Primary Care Strategies which have similar strategic outcomes and visions. They are both united in the outcome to have a strong resilient workforce and to ensure that we have the right people with the right skills in the right place and the right time. We need to develop a motivated engaged, integrated, adaptable and flexible workforce with the right behaviours and values that crosses the boundaries of professions and providers.

We will work together with agreed goals and outcomes to benefit our patients and the Kirklees community.

The future is working together on a wider STP footprint to deliver the GP Forward View and the ten-point plan. This will be scoped and developed to build the capacity and sustainability of our future workforce always ensuring that it is aligned to the partnership and Kirklees Local Plans.

Kirklees **Workforce Initiatives so far** (Kirklees Strategy and Action plan is in development)

Workforce challenge	Work programme activity	Opportunities
Develop new skills	**Building an educational infrastructure within North Kirklees** • Increasing number of training practices in North Kirklees. • Increasing number of trainers and mentors in North Kirklees. • Supporting developments in infrastructure which promote training i.e. teaching rooms, multifunction suites, meeting facilities, seminar rooms, training infrastructure, communications and technology. • Developing networked training communities – using the hub and spoke model. **Developing a culture of learning and teaching** • Role development/CPD to enhance the skills and flexibility of the general practice workforce to take on extended roles and provide complex care. • Competency frameworks for all general practice roles including GPs to allow for clear career development. • Use of Apprenticeships (clinical and non-clinical) to support the development of healthcare support workers such as practice admin, HCAs etc e.g. Care Certificate, Certificate in Health Service Administration. • Development of all general practice roles in key areas such as mental health, elderly medicine, dementia, children's health and veterans' health. • Capability development plans for staff groups to take on added skills i.e. clinical receptionist, nurse triage etc. • Encouraging and recognising teaching and learning as necessary part of sustaining an engaged and vibrant workforce in the longer term. • Increase community-based academic activity to improve effectiveness, research and quality.	Competency frameworks to be developed in collaboration with other parts of the partnership.
Develop new skills	**Supporting an inter-professional training environment** • Looking at who else within primary care can be used to deliver better services to patients. • Use of Advanced Clinical Practitioners – pharmacist, physio, podiatrist, paramedic. • Assessing appropriateness of Physio First Programme in primary care.	Competency frameworks to be developed in collaboration with other parts of the partnership.
Improve supply of clinical and support staff	**Championing new roles in general practice** • Introduction of Physicians Associate roles. • Introduction of Nurse Associate roles. • Development of Preceptorship Plus Programme. • Development of Primary Care Paramedics roles. • Ongoing monitoring of the Clinical Pharmacist in Primary Care role. • Development of AHP roles in Primary care – Physiotherapist, Podiatrist etc. • Introduction of Health Coaches, Health Trainers, Health Champions. **'Grow Your Own' workforce from the population of North Kirklees** • Working with primary school children to induct 'what the NHS is' 'who works in the NHS' etc. • Working with teenagers (12-14 years old) to highlight healthcare as a potential career route. • Working with Education Years 10-11/12-13 to provide a co-ordinated work experience programme/placements in general practice. • Employing younger staff through Apprenticeship Schemes and building the talent pipeline through clear structured career development. • Supporting existing staff to develop and move into new roles such as HCAs into nursing, practice admin into practice managers. • Developing volunteers and widening involvement in local healthcare services e.g. patient champions, health ambassadors.	To take a collaborative approach to engaging with schools. Materials, resources etc.
Improve integration across sectors	**Supporting an inter-professional training environment** • Developing shared roles between primary, community and secondary care.	To work together or share this learning with other parts of the partnership.

Calderdale – workforce partnership working

In Calderdale, a formal integrated workforce partnership is not in place. However, discussions are ongoing with regard to the existing multi-agency **Calderdale Employment and Skills Board** and its potential role in supporting the local system to understand its workforce needs for the future in order to deliver the **Single Plan for Calderdale (SPFC).**

This includes giving consideration to how capacity and capability can be brought together to deliver the SPFC and proposals are due for consideration at future meetings of the Calderdale Health and Wellbeing Board.

For purposes of this analysis the Calderdale Health and Wellbeing Board document 'a single plan for Calderdale' has been used to identify likely workforce priorities.

Calderdale **Workforce initiatives**

Workforce challenge	Work programme activity	Opportunities
Improve supply of clinical and support staff.	Recruitment and Retention Initiatives focussed on GP, Specialty Doctors and caring roles in residential and nursing homes.	Potential to collaborate on international recruitment projects.
Improve integration across sectors.	Workforce integration linked to Vanguard.	To share learning.
Address concerns for staff wellbeing.	Health and Wellbeing challenge linked to high prevalence of sickness absence associated with stress, anxiety and depression.	Opportunity to collaborate on health and wellbeing initiatives.
Address affordability of current pay bill.	Expensive reliance on agency staff.	

Part 3: Key strategic workforce themes and recommendations

For creating a healthy place to live, a great place to work

Part 3:

Key strategic workforce themes and recommendations

Part 1 described the workforce challenge facing the health and social care system.

Part 2 is a stocktake of the work programmes already underway or being developed at 'system-level' in West Yorkshire and Harrogate; by each of the national and partnership priority programmes, by the West Yorkshire Association of Acute Trusts, by the LWAB and the 6 'Place' partnerships in West Yorkshire and Harrogate.

In Part three the many challenges and actions have been summarised into ten major themes and recommendations for the health and care partnership to progress as it develops into an accountable care system captured under three headings: The workforce, the workplace, and system-level workforce planning, investment and infrastructure.

The following strategic objectives will be accompanied by a supporting delivery and investment plan. Using SMART objectives this plan will seek to prioritise activity, define responsibility for delivery and integrate the activity between partnership programmes, places and the LWAB. Please also see Appendix B which sets out an implementation plan for the delivery of the initial critical success factors including proposed lines of accountability. In due course this will be developed further and integrated with the full delivery plan.

The workforce

Recommendation 1: Maximise the contribution of the current health and social care workforce

Retention: Achieve best practice retention and recruitment across all sectors: supply of many different workforce groups across all sectors is a significant challenge. Further analysis is required of where leavers go to, how many leave the region and how many leave the sector. There are major pressures in health and social care with high turnover rates, pressures in hospitals and general practice due to shortages of middle grade doctors and an enduring shortage of nurses. To prevent the situation worsening all organisations should put a significant emphasis on retention of existing staff.

Exploiting skills development including leadership development: organisations should work together to maximise opportunities to develop the current workforce at all levels including continuous development of clinical staff, up-skilling support staff, extending the skills of registered professionals and training advanced practitioners.

Gaps in supply mean that transformation of existing roles will be critical to sustainability of services, and may also increase employee engagement. Skills development to increase the use of technology is needed across all workforce groups. This should include associated activity to help support and prepare the workforce for the rapidly changing technological and digital landscape. This closely links with Recommendation 4 'Transform Teamwork' and the importance of the workforce being supported to adopt new ways of working associated with digital transformation.

Workforce health and wellbeing: because of growing demand and supply and capacity constraints staff are often under significant pressure and people have talked about 'burn out'. Investment in the health and well-being of staff is an aid to retention and enables staff to be more productive. The partnership should consider developing a programme of support to all employers, big and small, and leadership on improved health and wellbeing.

Critical success factors

1. Organisational development plan for the partnership.
2. Demonstrate improved employer data quality relating to leavers i.e. destination on leaving, reason for leaving etc.
3. Be able to identify staff groups where improving retention would have the greatest beneficial impact.
4. For these selected staff groups improve retention (as defined by delayed retirement and retention within the partnership).
5. Demonstrate improved access to and availability of support for skills development in the partnership.
6. Demonstrate the sharing of best practice on employee health and wellbeing – across the NHS and between sectors.
7. Reduced sickness levels relating to work related stress.

Recommendation 2: Get more people training for a future career in health and social care

To increase the future supply by significantly increasing the number of people training to work in health and social care roles in West Yorkshire and Harrogate a programme needs to be in place to materially increase the numbers training for several staff groups:

- For support staff – through the Excellence Centre initiative: the work of the Excellence Centre has the potential to create the conditions for employers to increase the number of apprentices; developing the skills of the unregistered workforce and working with schools and further education.
- For the registered workforce (Nursing, Allied Health Practitioners and Doctors) a coordinated programme to expand courses and placement capacity, including higher and degree apprentices in partnership with universities and further education colleges.
- For Advanced Clinical Practitioners (ACPs) – increased training opportunities with a less fragmented training and accreditation route linked to demand in the workplace.
- For new roles – at a scale appropriate to the need: there is a need to develop new and emerging roles particularly where there are severe and enduring shortages in "traditional" supply pipelines and to meet the changing way health and care is provided.

This programme will consolidate the workforce plans developed by each of the national and partnership clinical priority work streams.

Critical success factors

1. Implementation of a careers vehicle (website, digital marketing) to support recruitment to careers across the partnership.
2. Development (in conjunction with HEI's, employers and programme leads) of an agreed list of registered careers with a severe future supply risk (using the initial hot spot analysis in this strategy as a starting point).
3. An increase in course and clinical placement capacity for the identified list of registered careers (see above) compared to 2017.
4. Increased standardisation of approach to the training and implementation of ACP roles.
5. A year on year increase in supply of new roles to the partnership e.g. physicians associates, ACPs.
6. Reduction in establishment of severe supply risk staff groups through role substitution and new ways of working.

Recommendation 3: Grow the general practice and community workforce to enable the 'left shift'

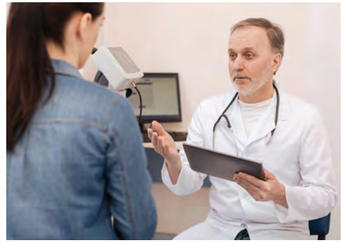
Transformation of our approach to delivering community and primary care is a fundamental element of the West Yorkshire and Harrogate vision. Primary care encompasses a wide range of services including general practice, community provision, mental health and social care.

In Section 2.1 a very different picture of the workforce in general practice has been presented. To make the above happen we recommend:

- Each place (Bradford and District; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) agree and implement a GP workforce response, involving current staff working in general practice and working with Arms Lengths Bodies and the West Yorkshire Primary Care Workforce Group, using improved intelligence and workforce planning for primary care.
- The partnership strengthens education infrastructure for primary care and in particular promotion and expansion of the Advanced Training Practices (ATP). ATP hubs are located in Leeds, Bradford, Calderdale and Wakefield and continue to identify expansion opportunities to deliver nurse placements, innovative models of mentorship and networked training communities able to share resources and provide mutual capacity, support and guidance.
- Invest in programmes to increase the numbers of practice nurses and clinical support workers in general practice; the GPN (General Practice Nurse) Ready Scheme and HCSW (Healthcare Support Worker) Apprenticeship Scheme.
- Work with the NHS Leadership Academy across Yorkshire and the Humber around practice manager system leadership development.

Critical success factors

1. An increase in advanced training practice capacity.
2. Year on year increase in numbers of new roles working in general practice (including apprenticeships).
3. Year on year increase in the numbers of practice nurses and clinical support workers in general practice.
4. Increase in the number of practices completing the Primary Care Workforce tool to >90%.
5. Improved funding, availability and access to leadership development programmes for both clinical and non-clinical roles in general practice (see also recommendation 1).



The workplace

Recommendation 4: Transform teamwork

To support the development of new teams and organisational development in the workplace. Strengthen capacity to implement new 'workforce team' models, applying the 'The Workforce Transformation Star' method (see figure 1) and through techniques such as the Calderdale Framework. This will include working with Directors of Workforce and specialists in workforce redesign to agree how best to design a new workforce team structure. This will include considering practical implications such as new job outlines, links to out-of-hours services etc. to ensure new roles are integrated into the workplace.

In order to make this programme a success this work requires co-production with staff in general practice and hospitals. In some cases the transformation may take the form of greater integration of existing teams.

Critical success factors

1. Increased awareness, take up and capacity within employers (and across sectors) to apply workforce transformation tools.
2. Ability to identify and share best practice.

Recommendation 5: Make it easier to work in different places and different organisations

Develop flexible employment models across organisations to deliver new models of care, in new settings and, in different ways. This will require a workforce which is flexible and can work across traditional organisational or sector boundaries. The traditional single organisation employer-employee relationship may not always enable the flexibility which is required. Work is needed to look at alternatives including lead employers for different staff groups and new models of employment contracts. We recommend the partnership commission work and talk with our staff about developing the core principles for a flexible employment model(s) to include: Terms and conditions; location issues;travel; contractual mechanisms; joint recruitment/lead employer; indemnity insurance.

Critical success factors

1. Support the alignment of statutory and mandatory training across NHS organisations such that this would not be a barrier to workforce mobility.
2. Support, where possible, the implementation of the Yorkshire and Humber streamlining project, which is aiming to reduce costs and improve efficiency in areas such as recruitment pre-employment checks and statutory and mandatory training.
3. Within the first year of the strategy to define cross sector aspirations/ opportunities/challenges relating to workforce mobility.
4. Within the first two years of the strategy to deliver a discrete workforce mobility project. Possible projects identified from the national or partnership priority programmes.

Recommendation 6: Agree and track workforce productivity measures

Agree improvement targets for a range of productivity measures to include (but not limited to) reductions in sickness absence, bank and agency spend, turnover and other metrics.

This is likely, in the first instance, to be focussed on and led by WYAAT.

Critical success factor

1. Agreement of productivity measures, how they will be measured and which organisations are participating.
2. Development of a dashboard to support monitoring.
3. Evidence of sharing of best practice and policies.
4. A collective improvement in one or more of the identified measures.

Fig 1 – **The Workforce Transformation Star**

https://hee.nhs.uk/our-work/developing-our-workforce/hee-star

System-level workforce:
Planning, investment and infrastructure

Recommendation 7: Strengthen workforce plans

Programme leads should continue to develop workforce plans and associated education, training and investment plans taking into account any national strategies and priorities. This will require resourcing requirements to be quantified and included in the overall financial plan.

To strengthen the delivery of their workforce plan it is anticipated that partnership programme leads will access advice and intelligence on planning and transforming the workforce via the proposed 'workforce hub' – see also recommendation 9.

Critical success factors

1. Establishment of a 'workforce hub' in partnership with HEE and other arm's-length bodies (ALBs).
2. Engagement from programme leads.

Recommendation 8: Establish a workforce investment plan and fund

It is well recognised that the workforce is both a key enabler and constraint to realising the ambitions of the partnership. The many workforce challenges in the health and care system and the many actions underway have been documented. Continued investment in education infrastructure will be needed to achieve these ambitions; the benefits from spending on workforce are mostly realised in the medium to long term and for this reason workforce investment needs some protection from immediate financial pressures. We recommend a comprehensive workforce investment plan be developed alongside the creation of a strategic workforce development fund, in particular for primary care. The investment fund will bring together many partners around a sector-wide approach (SWAP) to workforce planning and investment; a plan that is more than the sum of its parts. Investment partners will potentially include; Employers across West Yorkshire and Harrogate (in addition to the Apprenticeship Levy), CCGs, Health Education England, NHS England (investment in primary care), Public Health England, Skills for Care, Skills for Health and Local Authority support.

Critical success factors

1. Establishment of a workforce investment plan and fund.

Recommendation 9: Establish an integrated care system (ICS) 'workforce hub' in partnership with Health Education England (HEE)

The new partnerships offer a new opportunity, founded on collaboration not competition, working together not working in isolation.

This is an opportunity to do things differently, to increase workforce supply whilst simultaneously transforming the current workforce to work in different ways. This will require fundamentally different ways of working and purposeful investment in organisational development which cuts across organisational boundaries. Sustained delivery of the workforce programme for West Yorkshire and Harrogate needs to be at both regional (partnership) level and place level with the regional level having a focus on 'do once' programmes, working at scale and consistently.

To work, infrastructure is needed. It is recommended that the LWAB establish a 'workforce hub' in partnership with Health Education England (HEE). Initially the hub will consist of existing HEE and LWAB resources and capacity which are already aligned to the West Yorkshire and Harrogate Health and Care Partnership.

- Support strategic workforce planning, education and development.
- Assist with coordination of workforce activity across places and between programmes.
- Ensure improved workforce information and analysis.
- Provide capacity and capability to places and programmes.
- Link to HEE and other ALBs investing in workforce.

A working model is set out below describing the workforce architecture and infrastructure for West Yorkshire and Harrogate. This infrastructure represents the hub as a workforce collaborative involving all stakeholders including both employers and commissioners. The LWAB should oversee the operation of the overall workforce programme and the hub.

Critical success factors

1. Establishment of a 'workforce hub' in partnership with HEE and other ALBs.
2. Engagement from stakeholders.

Recommendation 10: Establish effective workforce infrastructure in each place

Already at place level there are emerging workforce partnerships, in Leeds, Bradford, Harrogate, Calderdale, Kirklees, and Wakefield. It is recommended that places consolidate and strengthen arrangements for delivering local integrated workforce plans and strategies, whilst participating in collaborative activities across the partnership where mutually beneficial. Local workforce plans should reflect the communities they serve.

These types of place partnerships have the potential to bring together local workforce partners to form a multi-agency group that plans and delivers workforce interventions.

These may include plans to train and retain staff working in each locality, collaboration with local universities and the further education sector, and using their advanced training practices and local hospital training infrastructure.

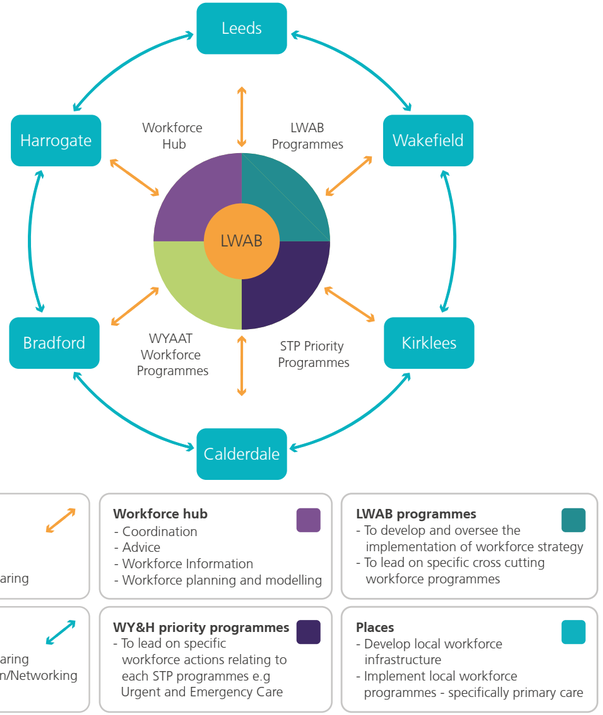
Two broad models currently exist. Model 1 is looser, more collaborative and usually CCG led but includes NHS Trusts, GP practices, social care employers, commissioners of health and care service (CCGs and local authorities), local universities and further education colleges. Model 2 is based on working as a unified institution with single governance and budget, pooling staff and resources from across the place, delivering and commissioning education and training. In West Yorkshire and Harrogate this model is taking shape in the new and developing Leeds Health and Social Care Academy.

Critical success factors

1. Places demonstrate due consideration and implementation of preferred/appropriate model in each place.

2. Evidence of cross place working on agreed programmes of work, aiding collaboration, avoiding duplication, reducing variation etc.

Fig 2 - **Schematic of a Strategic Workforce Infrastructure**



Appendix A: Table of actions and proposed accountability

Recommendation 1

Maximise the contribution of the current health and social care workforce

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Organisational Development plan for the partnership	Leadership academy and skills for care leadership development programmes	LWAB and Delivery Group to oversee development of a partnership OD plan incorporating systems leadership capacity and shadow board programme Joint working with West Yorkshire and Harrogate Excellence Centre	Look for opportunities to scale up place based OD initiatives	Support their teams (learning and OD colleagues) participation in delivery group
Demonstrate improved employer data quality relating to leavers i.e. destination on leaving, reason for leaving etc.	NHSI retention programme	Monitoring of improvement. Use of data to inform strategic plans	Share best practice on management of exit interviews	Implement initiatives to further improve data quality
Be able to identify staff groups where improving retention would have the greatest beneficial impact AND For these selected staff groups improve retention (as defined by delayed retirement and retention within the partnership)	NHSI retention programme Health education England – return to practice initiatives	LWAB analysis and identification of staff groups with increasing attrition, aging workforce and future supply risks. Agree target groups with places. To include setting improvement targets as one of the LWAB's key performance indicators	Explore placed based retention initiatives such as collaborative recruitment, rotational roles, health and wellbeing schemes etc.	Implementation of best practice and learning from NHSI retention programme as applicable
Demonstrate improved access to and availability (and take up) of support for skills development in the partnership	Skills for health	Continue to support the development of the West Yorkshire and Harrogate Excellence Centre and track delivery of LWAB funded activity	Consider place based mechanisms for use of apprenticeship levy – maximising impact and avoiding duplication	Engage with WYEC and places
Demonstrate the sharing of best practice on employee health and wellbeing – across the NHS and between sectors	NHS employers NHSI retention programme	Identify opportunities to maximise impact of national pilots and programmes for WY and H	Share best practice in places with a focus on sharing with social care	Contribute and participate in sharing of best practice
Reduced sickness levels relating to work related stress	NHS employers best practice guidance and emotional wellbeing toolkit	Monitoring of improvement	Share best practice in places	Contribute and participate in sharing of best practice

Recommendation 2

Get more people training for a future career in health and social care

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Implementation of a careers vehicle (website, digital marketing) to support recruitment to careers across the partnership	Skills For Care NHS Employers NHS Jobs	Develop website and contribute resource to partnership wide campaigns. Undertake gap analysis of careers advice resources and approaches across the partnership to identify any further action	Share and scale up any local best practice on promoting careers in health and social care	Support, engagement and co-production of agreed campaigns
Development (in conjunction with HEI's, employers and programme leads) of an agreed list of registered careers with a severe future supply risk (using the initial hot spot analysis in this strategy as a starting point). AND an increase in course and clinical placement capacity for the identified vulnerable registered workforce compared to 2017	Health Education England	Undertake the analysis in conjunction with HEI's and programme leads Coordinate and implement course capacity increases in partnership with HEI's	Engage in analysis as required	Engage in analysis as required Explore corresponding opportunities to provide required placement capacity
A year on year increase in supply of new roles to the partnership e.g. physicians associates, ACPs	Health Education England, Royal Colleges	Lead partnership wide discussions Lead on engagement with royal colleges on behalf of partnership	Sharing of best practice and case studies of success	Sharing of best practice and case studies of success
Reduction in establishment of severe supply risk staff groups through role substitution, new ways of working and upskilling the current workforce	Health Education England NHSI	Track changes in establishment at six month intervals and correlate with growth/introduction of new roles/ skill mix		

Recommendation 3

Grow the general practice and community workforce to enable the 'left shift'

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
An increase in advanced training practice capacity	NHS England – GP forward view, GP nursing ten point plan HEE – Practice nursing workforce development plan	Work closely with designated Area ATP to identify and quantify capacity gap to develop schemes and inform investment decisions	Local ATPs to work closely with Area ATP to enable them to communicate and engage effectively on behalf of the group	Individual employing organisations to actively engage with local and area ATPs as required
Year on year increase in numbers of new roles working in general practice (including apprenticeships)	Health Education England NHS England	Encourage and support workforce redesign initiatives in primary care Support		
Year on year increase in the numbers of practice nurses and clinical support workers in general practice	Health Education England NHS England	Support local implementation of the ten point action plan for general practice nursing	Participate in and explore opportunities for collaborative working	Take advantage of opportunities recruit and develop these staff groups
Increase in the number of practices completing the Primary Care Workforce tool to >90%	Health Education England	Lead a campaign to highlight and promote the importance of effective workforce planning and investment by individual practices Monitor workforce tool completion rates	Co-production of campaign content and assist in delivery	Engagement and completion of tool
Improved funding, availability and access to leadership development programmes for both clinical and non- clinical roles in general practice (see also recommendation 1)	NHS England Leadership Academy	To jointly facilitate cross partnership workshops in 2018 exploring collaborative approaches to OD in primary care Explore investment/funding to expand primary care leadership development offer	Participation in workshops, developing options, implementing agreed solutions	Stakeholder engagement

Recommendation 4

Transform teamwork

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Increased awareness, take up and capacity within employers (and across sectors) to apply workforce transformation tools	Health Education England	Engagement with the partnership programmes to identify opportunities for workforce transformation Develop a register of colleagues trained in the use of workforce transformation tools Explore option of LWAB support for provision of training in the use of workforce transformation methods to increase capacity within the partnership	Feed back to LWAB on any existing capacity or skills gaps to enable delivery of workforce transformation projects	Engage in discussions relating to sharing of skills and capacity with partners as required
Ability to identify and share best practice	Health Education England	Collate and disseminate best practice	Share best practice	Share best practice

Recommendation 5

Make it easier to work in different places and different organisations

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Support the alignment of statutory and mandatory training across NHS organisations such that this would not be a barrier to workforce mobility	HRD network Deputy HRD network Streamlining	Work with streamlining work stream to help coordinate activity	Agreement to work together and share best practice	HRD support and a willingness to support such a programme
Support, where possible, the implementation of the Yorkshire and Humber streamlining project, which is aiming to reduce costs and improve efficiency in areas such as recruitment pre-employment checks and statutory and mandatory training	NHS employers - streamlining	Support streamlining activity. Share learning arising from projects e.g collaborative bank		Actively engage with streamlining project
Within the first year of the strategy to define cross sector aspirations/ opportunities/challenges relating to workforce mobility	NHS employers – employment check standards	Engage with places in order to define and identify opportunities for partnership wide activity	Places to share and disseminate activity and plans in this area	
Within the first two years of the strategy to deliver a discrete workforce mobility project. Possible projects identified from the national or partnership priority programmes		Identify a project from within partnership programmes. Objective to develop core principles for a flexible employment model which supports programmes and employers. Design principles/model once and replicate for other areas (suitably amended). To cover terms and conditions; contractual mechanisms; joint recruitment/lead employer; indemnity / insurance; compulsory training etc.	Dependent on nature of project	Engagement and participation from related employer organisations

Recommendation 6

Agree and track **workforce productivity measures**

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Agreement of productivity measures, how they will be measured and which organisations are participating.	NHSI	Progress the objective focussing on WYAAT organisations initially		WYAAT workforce leads/directors to discuss and agree metrics
Development of a dashboard to support monitoring AND Evidence of sharing of best practice and policies	Health Education England	Support the development of a dashboard. WYAAT organisations to then share best practice and policies relevant to KPI's e.g. attendance policies for a sickness rate KPI		Engagement, information sharing, co-production

Recommendation 7 and 9

Strengthen workforce plans and Establish an ACS 'workforce hub' in partnership with Health Education England

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Establishment of a 'workforce hub'	Health Education England NHSI Skills for Health	Establish and align HEE, LWAB and other resources to the partnership footprint. Define and communicate the 'offer' to the system To include: Working with providers to ensure workforce plans reflect partnership wide developments Building workforce planning capacity and capability through provision of training e.g Six steps training	Agreement to share plans with other organisations within the place to enable true transformation Engagement with other organisations around workforce planning including social care and the voluntary sector	Agreement that providers will complete the plans using an agreed set of definitions around future supply and establishment Engagement in the workforce planning network
Engagement from programme leads		LWAB transformation leads to work closely with partnership programme leads and place based contacts to provide support and promote integration, information sharing and collaborative working	To support and promote place/LWAB communication	

Recommendation 8

Establish a workforce **investment plan and fund**

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Establishment of a workforce investment plan and fund	NHSI NHS England Health Education England	To work with stakeholders and finance colleagues to agree an approach to the pooling or coordination of budgets		

Recommendation 10

Establish effective workforce infrastructure in each place
(Bradford and District; Calderdale, Harrogate, Kirklees, Leeds and Wakefield)

Summary of critical success factors	Interdependency with other ALB work streams?	Partnership/LWAB actions	Proposed place based actions	Proposed organisation actions
Places demonstrate due consideration and implementation of preferred/ appropriate model in each place	NHS England	Provide an LWAB link with each place	Consider how each place might have collaborative workforce programmes and links with the LWAB	
Evidence of cross place working on agreed programmes of work, aiding collaboration, avoiding duplication, reducing variation etc		To facilitate collaboration and to have oversight of related activity to both identify new opportunities or reduce duplication in existing place based activity	To share initiatives and progress and to be open to exploring joint/ collaborative working	

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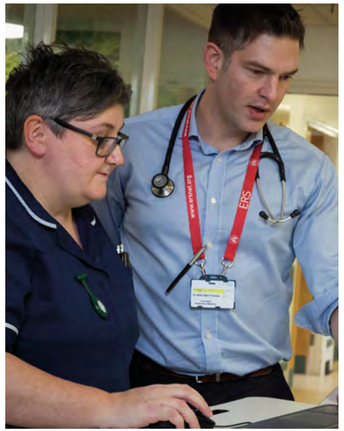
Appendix B: Data caveats

Workforce split by sector and job role

Acute

Defined by the following Organisations: Airedale NHS Foundation Trust, Bradford Teaching Hospitals Foundation Trust, Harrogate and District Foundation Trust, Calderdale and Huddersfield Foundation Trust, Leeds Teaching Hospitals NHS Trust, Mid Yorkshire NHS Trust, Yorkshire Ambulance NHS Trust.



Job roles defined as:
Consultant (including directors of public health) - All specialties.

Registered nurse, midwifery and health visitors - All registered nurses included.

Support to clinical staff - Support to nursing and midwifery, support to allied health professional, support to other scientific, therapeutic and technical, support to qualified ambulance service staff, any other clinical support staff.

Other scientific, therapeutic and technical - Multi-therapies, clinical psychology, psychotherapy, pharmacist, pharmacy technician, pharmacy trainee, dental therapist, operating theatres, social services, any other scientific, therapeutic and technical staff.

Allied health professions - Chiropody/podiatry, dietetics, occupational therapy, orthoptics/optics, physiotherapy, diagnostic radiotherapy, therapeutic radiography, art/music/drama therapy, speech and language therapy.

Administration and estates - All administration and estates.

Managers - Managers and senior managers.

Data source: Electronic Staff Record (ESR) April 2016. Figures are in Headcount.

Mental health and learning disabilities

Defined by the following Organisations: Bradford District Care NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Locala Community Partnership, South West Partnerships NHS Foundation Trust, Spectrum Community Health CIC.

Job role defined as:
Consultant (including directors of public health) - All specialties.

Registered nursing, midwifery and health visitors - All registered nurses included.

Support to clinical staff - Support to nursing and midwifery, support to allied health professions, support to other scientific, therapeutic and technical, support to qualified ambulance service staff, any other clinical support staff.

Other scientific, therapeutic and technical - Multi-therapies, clinical psychology, psychotherapy, pharmacist, pharmacy technician, pharmacy trainee, dental therapist, operating theatres, social services, any other scientific, therapeutic and technical staff.

Allied health professions - Chiropody/podiatry, dietetics, occupational therapy, orthoptics/optics, physiotherapy, diagnostic radiotherapy, therapeutic radiography, art/music/drama therapy, speech and language therapy.

Administration and estates - All administration and estates.

Managers - Managers and senior managers.

Data source: Electronic Staff Record (ESR) April 2016. Figures are in Headcount.

Social care

Includes the following organisations: Adult social care independent sector organisations, local authority providers of adult social care within the West Yorkshire and Harrogate footprint.

Job roles defined as:
Care worker/senior care worker - All care workers.

Registered nurse - All registered nurses.

Allied health professions - Including occupational therapists.

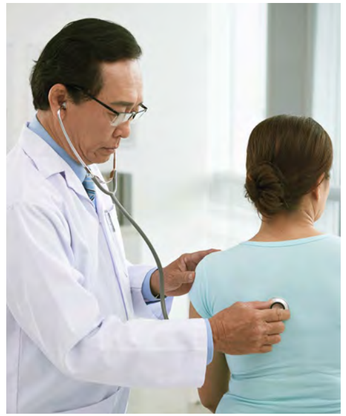
Social workers - All social workers.

Support and outreach - Includes community support and outreach workers.

Other - Administrative or office staff not care-providing, ancillary staff not care-providing, other non-care-providing job roles, activities worker or co-ordinator, occupational therapist assistant.

Manager-senior management, middle management, first line manager, registered manager, supervisor, managers and staff in care-related but not care-providing roles.

Data Source: National Minimum Data Set for Social Care (NMDS-SC) as of March 2017 for the Independent Sector and September 2016 for Local Authority Adult Social Care sector. Whole Sector Estimates used. Local Authority coverage stands at 100%. Independent Sector 51%. Figures are in Headcount.



Primary care

Includes practices within the following CCG Footprints: NHS Airedale Wharfedale and Craven CCG, NHS Bradford City, NHS Bradford Districts, NHS Calderdale, NHS Greater Huddersfield, NHS Harrogate and Rural District, Leeds Clinical Commissioning Groups, NHS North Kirklees, NHS Wakefield.

Job roles defined as:
GP - GP provider, salaried/other GP, GP retainers, GP registrars, GP locums, not stated.

Registered nurse - Advanced nurse practitioner, nurse specialist, extended role practice nurse, practice nurse, nursing partner, district nurse, not stated, registered nursing, midwifery and health visitors.

All direct patient care - Dispenser, phlebotomist, pharmacist, podiatrist, physician's associate, direct patient care-other, therapist, not stated.

Allied health professions - Physiotherapist.

All administration/non-clinical (excluding managers) - Medical secretary, receptionist, telephonist, estates and administration-other, not stated.

Healthcare assistant - All healthcare assistants.

Managers - All managers.

Data Source: NHS Digital Primary Care Web Tool (PCWT) as of March 2016. Data completeness stands at 100% as of March 2016, with 8% estimated by NHS Digital for none-responders. Figures are in Headcount

Contributions and thanks

The authors would like to thank the membership of the West Yorkshire and Harrogate LWAB for their support during the development of this strategy and to acknowledge all the individual contributors who gave their time and feedback during its development.

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Glossary: Definition of terms

ACPs - Advanced Clinical Practitioners

AHP - Allied Health Professions

ALBs - Arm's-Length Bodies

ATP - Advanced Training Practice

CAMHS - Children and Adolescent Mental Health Service

CAS - Clinical Assessment Service

CCT - Certificate of Completion of Training

CHPPD - Care Hours Per Patient Day

COI - Community of Improvement

CPD - Continuing Professional Development

EEA - European Economic Area

FTE - Full Time Equivalent

GIRFT - Getting It Right Frist Time

GP - General Practitioner

GPN - General Practice Nurse

HCA - Health Care Assistant

HCSW - Healthcare Support Worker

HEE - Health Education England

HEI - Higher Education Institution

HPH - Health Promoting Hospitals

ICE - Industrial Centre of Excellence

ICS - Integrated Care System

IMG - International Medical Graduates

IWP - Integrated Workforce Programme

LAHP - Leeds Academic Health Partnership

LMS - Local Maternity System

LWAB - Local Workforce Action Board

MECC - Making Every Contact Count

MTI - Medical Training Initiative

NMC - Nursing and Midwifery Council

NHSE - National Health Service England

NHSI - National Health Service Improvement

ODP - Operating Department Practitioner

ONS - Office for National Statistics

SPFC - Single Plan for Calderdale

ST - Speciality Training

STP - Sustainability and Transformation Partnership

SWAP - Sector Wide Approach Plan

WAU - Weighted Activity Unit

WDES - Workforce Disability Equality Standard

WHO - World Health Organisation

WRES - Workforce Race Equality Standard

WTE - Whole Time Equivalent

WYAAT - West Yorkshire Association of Acute Trusts

West Yorkshire and Harrogate
Health and Care Partnership

Contact us:

This information is available in alternative formats, for example large print, audio, EasyRead and community languages.

Delivered through the West Yorkshire and Harrogate Local Workforce Action Board, the clinical priority programmes, the West Yorkshire and Harrogate Acute Association and our six local places (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield).

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