

**CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND
TRANSFORMATION PLAN – WORKFORCE OVERVIEW**

To: **HEALTH COMMITTEE**

Meeting Date: **16 March 2017**

From: **Lucy Dennis, Health Education England**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: The Health Committee requested a report from the Cambridgeshire and Peterborough Sustainability & Transformation Plan (STP) delivery programme (Fit for the Future) which describes the workforce planning considerations within the STP

Recommendation: Report provided for information and discussion at the 16 March Health Committee meeting.

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1. WORKFORCE AND ITS ROLE IN THE STP

- 1.1 The Cambridgeshire and Peterborough STP covers hospitals, community healthcare, mental health, social care and GP services. It has been led and developed by our workforce, with local clinicians working with staff and patients to provide the solutions to the county's challenges to deliver the best possible care to keep the population fit for the future and to take joint responsibility for improving their health and wellbeing. This is the first time a whole system transformation plan and commitment to its aims has been designed.
- 1.2 Cambridgeshire and Peterborough has a NHS workforce of approximately 37,000 and a social care workforce of approximately 19,000. This does not include the number of students, trainees, and volunteers working across the system. The STP is proud to have a diverse workforce which includes a number of overseas employees and trainees.

The four priorities of the STP (at home is best; safe & effective hospital care, when needed; we're only sustainable together; and supported delivery) require a workforce with the right skills and competencies, working in the right roles, at the right time, and in the right place.

- 1.3 To support delivery of the STP's four priorities, new models of care have been designed which have significant implications for the workforce. Delivery Groups for Urgent and Emergency Care, Primary Care and Integrated Neighbourhoods, Stroke, Planned Care, and Women's and Children's, have developed business cases describing new models of care. These business cases describe how collaborative working with better utilisation of resources, estates, technology, and the workforce will support the population to be fit for the future.

2 NEW MODELS OF CARE

To date the new models of care for Urgent & Emergency Care, Stoke and Primary Care & Integrated Neighbourhoods, have each identified a need for significant increases in both support workforce and expert workforce. The reasons for these increases are:

- To enable more care to be delivered in community based settings
- To aid identification and intervention of patients who have risk factors which will lead to an episode of acute care
- To ensure that patients and service users who have health or social care needs may receive the care that best meets their need in a more effective and efficient way and in the most appropriate setting
- To ensure that there is an adequate and sustainable population of health and care staff to ensure that the system can meet demand

The new models of care describe a more collaborative integrated way of working across sector boundaries, between acute, community settings and practitioners. They place greater emphasis on enhancing community and primary care skills and capacity around the case management of individuals with one or more long term condition. There will be a greater occurrence of knowledge, information and resource sharing across the system which will enhance practice within the workforce and achieve a better understanding between professionals. To achieve this there is a need for shared

education and development to focus on collective problem solving, quality improvement and modernising working cultures.

The workforce profile indicates that we will need to implement robust action plans to ensure that these workforce changes are achievable. Our supply in skilled, experienced and specialist clinicians will be a challenge as will the training and retention of a strong support workforce. Areas under particular demand pressures such as primary care will need infrastructure support to be in a position to implement these new ways of working.

However these plans offer the opportunity to achieve a more integrated system which can create a workforce with the capability, competence and level of autonomy to be able to work across pathways and around the needs of the patient or service user.

3 WORKFORCE MITIGATIONS

In order to maximise the impact of the Urgent & Emergency Care (UEC), Stoke and Primary Care & Integrated Neighbourhood (PCIN) models, care has been taken to ensure that workforce requirements are viable in light of the STPs current profile. It is important that current workforce capacity and capability is considered, as well as the change required to develop a workforce which is capable, competent, motivated, and supported to provide the best care for the population in future.

The workforce proposals in the new models consider where approaches can be taken to develop expert generalist skilled support workers verses specialist roles. This takes shape in two parts:

- Recruitment to specialist posts, with the acknowledgement of current recruitment challenges and the likelihood that newly recruited specialist posts could likely be populated by members of the existing Neighbourhood Team workforce. This requires immediate consideration of a commissioning plan to increase supply of new registrants (particularly adult nursing and therapy) to fill gaps and provide a sustainable flow of staff at registrant level.
- Development of new supporting roles with a broader range of core skills and competence built into a flexible career pathway. This will be supported by a framework which provides the opportunity for rotations and development in areas such as mental health, social care, and therapy. This should recruit and retain a workforce which is more flexible and motivated to work across traditional boundaries.

In order to provide a workforce model which is able to support the new models, the following factors have been considered as critical for success:

- Development of Integrated Care Workers across the whole system, starting with recruitment in UEC and PCIN. Development of a national Trailblazer bid will allow the system to design apprenticeship standards tailored to the needs of our local system. The standards will provide generalist competencies but with the expectation of rotation and experience in a range of clinical settings, particularly for those seeking advancement in their role. By creating a large workforce which is agile, flexible, and competent in a range of areas to support our specialist staff and deliver basic care to our patients, we should be better equipped to manage changes in demand for care.

- Consideration of new roles to close the supply gap. Medical Assistants could work in general practice surgeries reducing administrative burden, coordinating referrals and communication with services, and other high level administrative tasks. The Physician Associate role can be designed to provide high level support to acute consultants so that they could offer a community service and intervene according to consultant protocols.
- Increasing commissions of newly qualified nurses and therapists to mitigate against losses of staff through progression into specialist roles. Recruitment to specialist posts could mean intense movement of staff at band 5 and 6 from our neighbourhood teams. It is vital that plans are made with our local universities to increase commissions so that the flow of newly qualified nurses, therapists and district nurses support a cycle of progression for registrant roles from 18/19 onwards.
- Education and training programmes will incentivise staff into specialist roles. This supports the cycle of progression, provides career enhancement opportunities, and increases the competency and capability of our workforce. Programmes have been costed for MSc level, in house competency packages, and will maximise levy opportunities.
- Partnership working to achieve a PCIN-UEC-Stroke combined workforce plan will mitigate against the current workforce shortages and the challenge and complexity associated with large scale workforce redesign and recruitment.

4. SIGNIFICANT IMPLICATIONS

4.1 Statutory, Risk and Legal Implications

This paper is linked to the ambitions of the Cambridgeshire and Peterborough Sustainability and Transformation Plan.

4.2 Engagement and Consultation Implications

Our member organisations and local stakeholders are co-designers and owners of workforce interventions across the STP. We are working with individuals from across the STP to ensure the system designs and owns delivery plans to achieve the workforce ambitions of the STP.

Source Documents	Location
<ul style="list-style-type: none"> • Cambridgeshire and Peterborough Sustainability and Transformation Plan • Sustainability and Transformation Plan summary document • Frequently Asked Questions 	<p>All available at www.fitforfuture.org.uk/what-were-doing/publications/</p>

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7 March 2017