Cambridgeshire and Peterborough Integrated Workforce Strategy

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NHS
Health Education England

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NHS Cambridgeshire Community Services NHS Trust | NHS Hinchingbrooke Health Care NHS Trust | NHS Papworth Hospital NHS Foundation Trust

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Executive Summary

The following outlines the aspirations for the Sustainable Transformation Programme (STP) workforce across health social and tertiary care in Cambridgeshire and Peterborough.

It identifies how the STP will achieve its ambitions which are centred around five areas; improving supply, improving retention, new role development, setting up new ways of working and up-skilling, and leadership development.

The national and local context for our population and workforce illustrates the need for transformation in the way in which we work together as a whole system.

Our Ambition – Vision for the workforce by 2020

Improving the shape and size of our current and future workforce is crucial to closing the gap in relation to health and wellbeing, care and quality, and finance and efficiency. Section X highlights the range of challenges facing the local health and care system these include: high vacancy levels, skills gaps across all professional groups, difficulty moving staff and resources across traditional organisational boundaries to address workforce needs.

To tackle these challenges, the ambition for transformation are categorised into the following areas

1 Improving supply

- Establishing Cambridgeshire and Peterborough as a health and care employer of choice
- Quality of Education
- New Roles
- Housing and Transport

2 Improving retention

3 New role development

4 Scaling up new ways of working and up-skilling

- Workforce Planning
- Workforce Optimisation
- Clinical Networks
- System Investment Plans
- Integrated Working

5 Leadership development

The way in which we train, recruit, and retain our staff must be reflective of our current and future population, and have a strong focus on integration.

1 Improving supply

Establishing Cambridgeshire & Peterborough as a health and care employer of choice

Ambition

We will work as a system so that Cambridgeshire and Peterborough adopts a single culture across health social and tertiary care. This culture be one which provides opportunities for growth and development for all new recruits

Transformation

- System networks will support career and experience diversity
- Opportunities through national funding and other mechanisms to increase placements for hard to recruit to medical specialties will be optimised regionally

How

- All staff recruited using a values based process
- Clear and efficient recruitment process
- A co-ordinated Widening Participation and Talent for Care Programme
- Health and Social Care Ambassadors to promote career opportunities
- Promote the Cambridge reputation for excellence and research
- Promote clear access routes
- Guaranteed Job offers for trainees / students in health
- Using local brands to attract talent – Papworth, CUH etc

Quality of Education

Ambition

Our Learning Environment will be commended as offering outstanding education, training and development across the system

How

- A progressive supportive Learning Environment and Culture
- Strong Education Governance and Leadership
- Systems that Support and Empower Learners and Educators
- Developing and Implementing Innovative Curricula and Assessments
- Strengthening educational strategies in organisations to ensure that programmes are of a consistent high quality and are attractive to future students and speciality trainees

New Routes

Ambition

We will develop and expand new routes into the health and social care workforce which are capable of ensuring an adequate supply of the right values, behaviours, skills and competence to meet the needs of our population.

Transformation

- Development of Apprenticeship Trailblazers designed around our systems health and social care needs
- The development of a framework for implementing IM1-3 (the "replacement" for core medical training)

How

- Clear Apprenticeship routes which lead to registration
- Flexible routes which produce AHP, Social Care and enhanced support roles such as Nursing Associate
- Fast track routes such as MSc registrant
- Work based approaches which support expertise development and a GROW OUR OWN culture
- Consistent system approach to staff release for learning

Housing and Transport

Ambition

All our current and future workforce will have access to, and a choice of, good quality housing which is affordable to them and meets their needs, and will be able to travel to their place of work using affordable means of transport

Transformation

- Work with our partners in local government to ensure new housing developments meet the needs of the health and social care workforce
- Work together as a health and social care system to seek out recruitment and employment initiatives that will enable our workforce to live nearer to and travel more easily to work

How

- Work with Local Authorities and planners toprovide information on areas of workforce growth and need in relation to housing a transport
- Work with all partner organisations to prepare clear, consistent and accessible information on local housing and transport for Cambridge and Peterborough so that our recruits can make informed choices about their future residence

Case Study: Healthy New towns – Northstowe

A partnership between Cambridge University Hospitals (CUN), the Homes and Community Agency (HCA) and South Cambridgeshire District Council is one of 10 national sites in an innovation programme which puts health at the heart of new neighbourhoods and towns across the country.

Northstowe is being developed between Histon and Cottenham and over the next 20 years will become a community of 10,000 new homes encompassing everything a vibrant community needs, including a new town centre with shops, businesses, schools and other facilities. The focus on health and well-being will mean sports facilities, parks and play areas are integrated into the community. It will also be designed to encourage people to walk or bike to school, work and around the town.

This new development poses the following important questions for our system in relation to workforce:

- Healthy New Towns stipulate the inclusion of doctors' surgeries. Consideration must be given to the viability of this – would the new population justify the development of new premises or would patients be added to nearby lists? How would a workforce be recruited to a new site when there a significant difficulties recruiting to practices at present?
- 40% of homes will be designated 'starter homes' with a combined salary of £68k required to purchase. A deeper understanding of this designation is needed to ensure allowances are made for our health and social care workforce on lower salaries.

2 Improving Retention

Ambition

We will reduce the staff and skills that choose to leave our system and create a flexible and adaptable workforce proud to remain working here.

Transformation

- Development of a system wide staff health and wellbeing framework

How

- Flexible working and learning opportunities
- Consistent Healthy Workplace Strategies
- Quality Preceptorship Programmes
- Use of 'mind the gap' philosophy to design career pathways and ways of working which optimise outputs from different generations of workers
- Career Pathways which adapt and accommodate a diverse workforce
- Coaching and Leadership Programmes which identify and support talent
- Diverse opportunities to develop and acquire experience and education across a range of settings

3 New Role Development

Ambition

The STP will take a population based planning approach to design new roles which have been designed around the needs of the community. New roles should be integrated, embrace autonomous working (within a supervised area if required), and challenge the way we currently deliver care and support to our population.

How

- Adopting a population planning methodology to deliver the change required
- Use an adoption and spread approach to test out the effectiveness of new roles prior to whole system implementation
- Integrated Workforce Development Group to support workforce and OD priorities ensuring integration is at the heart of new role development

Case Studies: New role development

Clinical pharmacists in General Practice

The role of the Clinical Pharmacist in General Practice working as part of the practice team is starting to show positive outcomes for both patients and general practice teams. 6 Practices currently employ pharmacists who consult with and treat patients directly, control medicines management and reviews, prescribe, and liaise with community and secondary care colleagues. These activities enhance patient care and reduce GP time.

Integrated workers

The Integrated Care Worker (ICW) role has been developed and is currently out to advert across the STP. Within the interdisciplinary community healthcare team, working across health and social care boundaries, the ICW will use skills from the professional areas of; Nursing, Allied Health Professionals and Medicines Management, to undertake tasks as delegated in order to meet the individual needs of service users. The role will be autonomous with access to expert guidance and will work closely with Neighbourhood Teams, Reablement, JET and local GP practices to reduce the necessity for acute hospital admission, supporting timely hospital discharges and promoting independence in a safe environment.

Emotional Health and Wellbeing Workers

As part of work with the Joint Commissioning Unit to address the rising urgency of an under supported system for children and young adults with emotional and mental health needs across the STP, a new team of Emotional Health and Wellbeing Workers has been designed and will be hosted by CCS. The team will build capacity and confidence in the workforce that will provide an effective offer to the increasing numbers of children and young people at risk or experiencing mental and emotional health difficulties.

Working from the Early Help the team of 7 AfC band 6 workers and 1 AfC band 8a Clinical lead will offer expert advice to practitioners working from the Early Help hub/service. These practitioners will be from across agencies, to include school nursing; pastoral school staff; locality staff; GP's; and voluntary organisations. The EHWB Lead will have clinical CAMHS senior leadership experience to deliver the service. The role of the EHWB workers will be to signpost and provide advice and therefore can be appointed from a health, social care, locality, education or voluntary sector background; thus widening the pool of applicants. The team (who aim to be in post early 2017)

Will be based from the Early Help Hubs and aligned to local authority districts in Cambridge (5 workers) and Peterborough (2 workers). The will provide advice and signposting; assessment; support; brief interventions and upskill staff in the locality to feel more confident and capable in providing the right support to young people in their care.

Nursing Associate

The STP is one of 11 national test sites for the implementation of the Nursing Associate (NA) role commencing January 2017. C&P have agreed to support 36 NA trainees which will be placed throughout Cambridgeshire and Peterborough.

The partnership comprises of representatives from ARU, CCS, CCG, CPFT, CUH, HHT, Papworth, primary care and PSHFT. NA Trainees will undertake a two year diploma; training will take place in clinical placement based in C&P and the academic component at ARU. Funded at band 3 level with the expectation of working in a band 4 post upon successful completion. The NA's will be a new type of care worker with a higher skillset to assist, support and complement the care given by registered nurses. They will be agile, having trained in a number of health and social care settings and their experience through their training will mean that they will be ready, willing and able to deliver the high quality care patients need. Whilst the pilot will pool trainees from existing headcount, the ambition is in future to use the role as a values based entry route to recruit new people into the system.

4 Scaling up new ways of working and up-skilling

Workforce Planning

Ambition

We will develop a new approach to workforce planning to ensure that the health, social care and PVI data we gather is meaningful and informs the decisions we make in planning our future workforce

Transformation

- An accessible, integrated data set across all organisation boundaries.
- Process that applies anticipative models of demand mapping
- Profile workforce scenarios which will apply to an integrated system.
- Aligned outcome, workforce and efficiency data will be used to assess optimum workforce configuration

How

Transactional

- Understand supply, demand and resource across the entire health and social care system
- Strong collaborative relationships which understand workforce demand.

Workforce Optimisation

Ambition

We will modernise the delivery of health and social care by utilising digital technology to redesign processes. This will increase connectivity between patients, clinicians and organisations, and allow information to be accessed remotely across a range of settings.

Transformation

- Work with external stakeholders to develop technologies for local adoption

How

- Support staff to promote the use of Health Apps in Health Prevention Initiatives
- Develop our staff to be equipped with the skills to spread the use of Tele-health/remote monitoring to enable patients and service users to manage their conditions in their own home
- Support the development of our staff and system to be able to use the IT solutions which will achieve real time information exchange

Clinical Networks

Ambition

Our clinical networks will combine the experience of clinicians and the input of patients to improve the way we deliver care to patients across primary, secondary and tertiary care

Transformation

- Clinical networks will share protocols for appropriate referral and best practice treatment
- Share out-of-hours rotas
- Offer flexibility to match staffing with available physical capacity.

How

- Build workforce resilience through an enhanced career development offer.
- A passport approach to employment
- Application of a range Quality Improvement roles such as Fellows

System Investment Plans

Ambition

We will create a Cambridge and Peterborough Workforce Investment Plan in order to prioritise investment into apprenticeships, undergraduate training and wider development funds for health and social care staff

Transformation

- Apprenticeship Levy Maturity Plan
- A business model to ensure Cambridge and Peterborough provides high quality education which meets the emerging policy agenda for Self-Funding

How

- System register with Digital Apprenticeship Services to access funding and monitor spend
- Apprenticeship standards for priority roles
- System Plan to grow numbers of apprenticeships
- Implement a system procurement model to maximise spending power,
- Employers to become education providers in delivering apprenticeship training (apprenticeship academy for Cambridge and Peterborough)
- A workforce development fund to up-skilling requirements for the existing workforce (coaching, case management)

Devolution

Ambition

We will work with the shadow combined authority and the new authority and Mayor to ensure that devolved powers include being able to improve our skills strategy for health and care in Cambridgeshire and Peterborough.

How

- Development of the devolution 2 and 3 offer around the apprenticeship levy
- Greater collaboration with Health and Wellbeing Boards.

Integrated working

Ambition

Better joined-up and integrated services to meet the needs of people using health and social care services in our local communities

Ambition

Clarity as a system on how and where we will adopt different routes to achieve integration.

Management plans for where we will achieve integration through:

- integrated pathways
- integrated teams
- integrated management and governance
- integrated commissioning and planning

A workforce intelligence, planning and development plan for the majority of staff who deliver social/health care and are in the independent and voluntary sector

Implementation of partnerships, governance and leadership which achieve integrated care for people using services

A culture and PD plan that specifically addresses the culture shift required for integrated and better joined up care
A culture and OD plan that specifically addresses the culture shift required for integrated and better joined up care

CASE STUDY: New ways of Working

Agile working by the Wisbech Neighbourhood Team

Agile working is starting to change the way the Wisbech neighbourhood team operates. They were the first in the integrated care directorate to trial tablet devices to remotely download and update patient records and visits. More than 50 staff in the team took part in a three-month pilot.

Sue Heanes, Wisbech neighbourhood team manager, explained: “The days when frontline staff need to go to an office to log on to their computers are starting to be a thing of the past. They can now visit a patient straight from home and download their records on to their tablet. Before, they would have to come into the office to print off patient lists, which can be time consuming. It also means that after they’ve seen their last patient for the day they don’t have to return to base.”

5 Leadership development

Ambition

The STP will move to a systems leadership culture which with supports working across traditional boundaries on issues of mutual concern. This multi agency approach enable the system act as a change agent to improve overall performance and a focus on the health and wellbeing of the whole population

How

- Develop a leadership and OD plan for staff at all levels which identifies four domain areas upon which collaborative system behaviours can be demonstrated
    - Individual effectiveness
    - Innovation and improvement
    - Relationships and connectivity
    - Learning and capacity building
- Use existing relationships and collaborations as the building blocks to shape our collective vision with a focus on equal representation from both health, social and tertiary care.
- Assure collaboration across organisations and sector boundaries, engaging staff at all levels with transparency and openness to promote a philosophy where we learn from each other

Appendices

National and Local Context

Service

As one of England's most challenged health economies, the Cambridgeshire and Peterborough system have agreed a unifying ambition for health and care; this being to develop the beneficial behaviours of an 'Accountable Care Organisation' (ACO) by acting as one system, jointly accountable for improving our population's health and wellbeing, outcomes, and experience, within a defined financial envelope.

In 2014 The Better Care Fund (BCF) programme was launched across Cambridge and Peterborough to create greater collaboration between a wide range of health and social care organisations in order to build:

- services around the needs of the most vulnerable older people within the community in order to provide care closer to home wherever possible.
- better support for carers (those who look after and care for loved ones)
- more efficient services through closer joint working between, health, local authorities and the voluntary sector.
- a system that is better equipped to meet the needs of the growing older population.

The transformation programmes during 2016/17 from the BCF include:

- Healthy ageing and prevention
- Data sharing
- Information and communications
- Intermediate care teams
- Developing social prescribing
- Older people's accommodation review
- Seven day services
- Care home support

The NHS Planning framework launched in January 2016 set to build upon the collaboration from the BCF and create a unified model for how health and social care can plan, re design and deliver improvements to services to enhance patient outcomes through a Sustainable Transformation Plan (STP). The STP strategy 'Fit for the Future' sets out a single overall vision for health and care, including:

- supporting people to keep themselves healthy
- primary care (GP services)
- urgent and emergency care
- planned care for adults and children, including maternity services
- care and support for people with long term conditions or specialised needs, including mental ill health.

Fit for the Future has four priority areas for change and has developed a ten point plan to ensure delivery:

Priorities for change	10 point plan
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

Table 01

The STP priority areas focus on whole system, as such, integrated health and social care must be the heart of the STP to improve the quality outcomes for the local population. This will require health and care organisations to work in collaboration beyond their traditional boundaries.

Workforce

The Comprehensive Spending Review (CSR) announced a number of significant changes to education funding which impacts on health and care roles.

From August 2017, new students in England on nursing, midwifery and most allied health professional (AHP) pre-registration courses will no longer receive NHS funding for their course fees or living costs but will have to apply for the standard student support package. This will remove the cap on Higher Education Institutes in terms of numbers of pre-registration students they train each year; however placement capacity will continue to result in some restriction on numbers. Furthermore the impact of CSR resulted in reduced funding available for continual professional development education provision via Health Education England.

An apprenticeship levy on employers will also be introduced in April 2017. It will be set at 0.5% of the pay-bill to be collected monthly via PAYE and applicable to organisations with an annual pay-bill of over £3m. The total cost to the NHS in 2017/18 will be £200m, within Cambridgeshire and Peterborough the annual cost is estimated at £3.8m. Smaller NHS organisations such as GP practices will be required to co-invest 10% towards the training cost of any apprenticeships they wish to purchase. Any unused levy funds will 'redistributed' after 24 months – i.e. risk the NHS losing these funds despite paying the money into the levy.

Governance

This strategy is not intended to replace or supersede inter-organisational strategies but instead to support their direction setting so that organisational workforce strategies demonstrate alignment with the Cambridgeshire and Peterborough Integrated Workforce priorities. The Cambridgeshire and Peterborough (C&P) system has a long history of partnership working in relation to workforce. Through Health Education England's (HEE) local governance structures, the healthcare system has been able to work collaboratively to strategically plan; commission and quality assure education and training, workforce transformation, and support leadership development across the system

As one of the STPs delivery units, the Local Workforce Action Board (LWAB) will bring together health, social care, and other stakeholder organisations across a broad range of workforce issues so that the people elements of the STP strategy can be identified and delivered across the health and care system. It will also be responsible for the local delivery of HEE's Mandate and strategic priorities, these will include areas such workforce planning, training and wider development, leadership, and organisational development.

The LWAB will develop four key products these are:

- A comprehensive baseline of the NHS and care workforce within the STP footprint and an overarching assessment of the key issues that the relevant labour markets present. This will describe the workforce case for change.
- A high level workforce strategy that sets out the workforce implications of the STP's ambitions
- A workforce transformation plan focused on what is needed to deliver the service ambitions set out in the STP
- An action plan that proposes the necessary investment in workforce required to support STP delivery, identifying sources of funds to enable its implementation

The LWAB in Cambridgeshire and Peterborough is chaired by Matthew Winn, the CEO of Cambridgeshire Community Services NHS Trust (CCS). Representatives from our six provider trusts, two local authorities, and primary care are joined by our HEI to ensure a quorum for decision making. As described below, there is accountability through the LWAB Chair to the STP Executive, HEE's Executive Director Lead (Professor Bill Irish, Postgraduate Dean) and HEE's Engagement Lead (Lucy Dennis, Head of C&P Workforce Partnership).

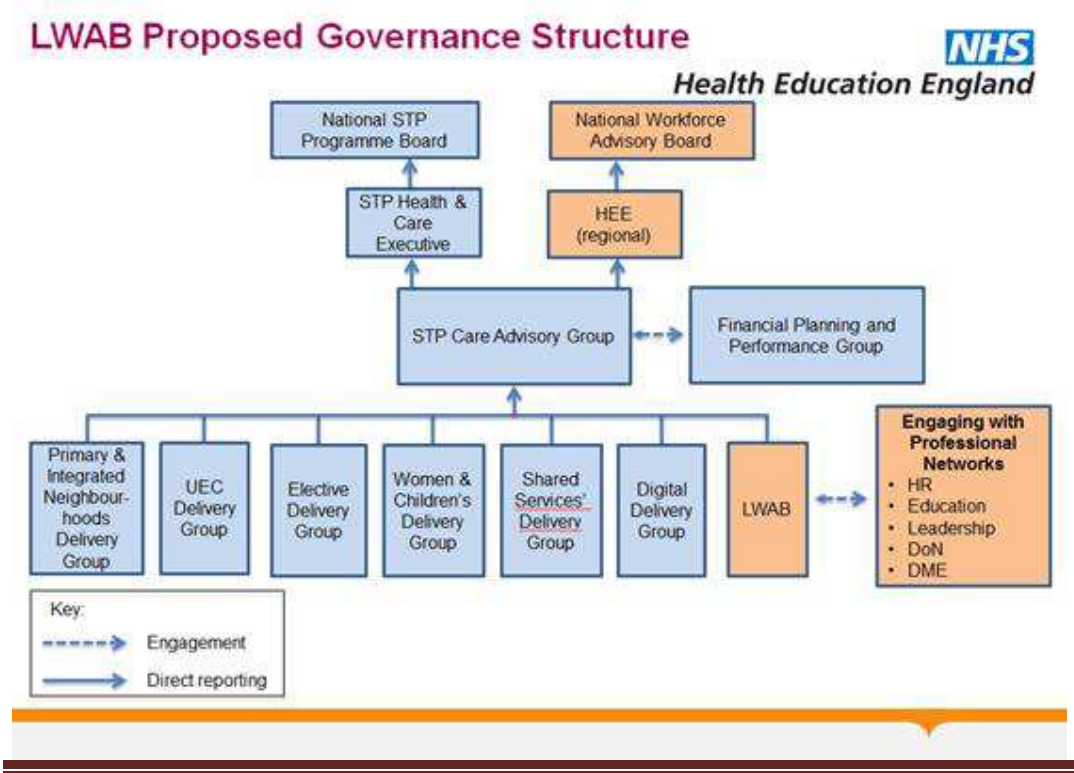


Image 1: LWAB proposed governance structure (HEE, 2016)

The Workforce context to 2020

Local demography

GROWTH

Cambridgeshire was the fastest growing county authority between 2001 and 2011 and is expected to continue to grow.

627,000 people living in Cambridgeshire
>25% over next 20years

73,000 new dwellings forecast up to 2036

By 2026 the number of people aged over 90 years is forecast to more than double
Peterborough has a young population with a **higher than average number of children and young people** – forecast to **rise** by **23% by 2023**

One of the **fastest growing cities** in the UK with 30,000 new dwellings forecast by 2036

Predicted **population growth of 34.9%** between 2010-2031.

The city is ethnically diverse, with **29.1% of residents** not self-identifying as White English/Welsh/Scottish/Northern Irish/British.

The **population aged 65 and over is forecast to rise by 28% by 2023.**

The number of **people aged 90 or over will almost double** in this time.

LONG TERM CONDITIONS

Cambridgeshire

31.7% of residents reported having **at least one LTC** in the GP survey

90,420 people
(15.1% of household residents) **reported a long term activity-limiting illness** (2011 census)

Peterborough hospital service demand - forecast to **rise by about 20% over the next 5 years**

Population change and **rising obesity**

Rapid rise in the older population **= increase in older peoples hospital services**

Premature deaths (<75yrs) from CVD and respiratory disease = higher than the national average

1 in 16 adults suffer from **diabetes**

Approximately **1,660 people living with dementia** in Peterborough
> 2,660 by 2030

Estimated **18,000 adults with two or more long term conditions with mental ill health and/or limitation**, and a further 10,500 people aged 65 and over in these groups

MENTAL HEALTH

Cambridgeshire and Peterborough has **growing numbers** of people with **mental illness.**

In 2016, it was estimated that **over 88,000 adults** (aged 18-64 years) in Cambridgeshire and Peterborough **have a common mental health disorder**
2021 > 95,200
2026 97,500

Suicide rates have at times over the past ten years been **higher than England rates in Peterborough**

Hospital admissions rates for self-harm in those aged <25 years in Peterborough = highest in the East of England.

Suggested that acute 'crisis' services are being used more for mental health across STP, particularly in Peterborough

By 2023:
Number of **older people with depression >12%*** (1,500ppl)
Number with **dementia >64%** (4,700 people)

Children and young people with mental health problems:
- 5,000 children **under 5yrs old**
- 8,000 between **5-16yrs old**
- 1,275 16-17 year-olds

Housing and Transport

Our local population is anticipated to increase by ¼ million in the next 20 years; with 70,000 new homes being developed in and around Cambridge, and another 30,000 in the Peterborough area.

Affordability of housing is a key issue for Cambridgeshire, those people on lower incomes find it particularly hard to access the private housing market. This includes many households that form key staff for organisations providing health, social care and service industries.

As illustrated below, one common rule of thumb is that house prices of 3 to 3.5 times income are considered affordable. Cambridge sees the highest ratios, where the median house price was 18.8 times the median income. Lowest ratios were seen in Peterborough with median house price 8.8 times median income.

Affordability Ratios

Cambridge City	18.8
South Cambridgeshire	12.2
East Cambridgeshire	10.6
Huntingdonshire	9.1
Fenland	9.2
Peterborough	8.8
Note: Large areas of South Cambridgeshire District Council and some areas of East Cambridgeshire District Council also have ratios similar to that of Cambridge. Appendix 2 illustrates the affordability 'heat map' for Cambridgeshire & Peterborough.	

Source: Housing Market Bulletin March 2016
Calculated using lower quartile house prices to lower quartile incomes

Over the next 20 years the affordable housing need for the Cambridge area is 49,000. This is what the Local Plans demonstrate can be met through 30/40% affordable homes policy requirements. However the need for affordable housing may be higher as it does not necessarily cover the need for intermediate/key worker housing that could be regarded as affordable in the broader sense. Significant subsidy is required to secure the housing local government estimates is needed. (ref from CCG - Stephen Hills (housing forum/Building Futures?))

Fenland is Cambridgeshire's most deprived district (ranking as 94th most deprived authority out of 326 nationally). Growth in employment in Fenland has not matched workforce expansion and out-commuting is increasing. Currently, almost 40% of Fenland's working population commute out of the district for work. East Cambs district similarly is predominantly rural with a dispersed population, which creates challenges in providing a comprehensive public transport network. Many local communities are reliant on the car as their only transport option. So although housing maybe more affordable access to private transport is an important factor when thinking about the shape of the systems workforce.

When applying this information to the health and social care workforce we can see from Table 03 below that the annual income for our support and junior roles mean that access to affordable housing and transport creates a significant issue for the local workforce.

Health			Social Care	
Band	**Role**			
2	Support worker	£15,100	Average FTE annual pay of managerial staff	£26,000
3	HCA	£16,663	Average FTE annual pay of regulated professionals	£26,900
4	HCA	£19,027	Average hourly pay of direct patient care staff	£7.74
5	Registrant	£21,692		

Local Labour Market Context

This section will cover the following:

- Workforce profile
- Establishment
- Vacancy
- Retirement
- Net Loss
- Progression
- Temporary workforce
- Projected growth

Workforce profile

HEALTH

In health, the majority (72%) of the workforce in Cambridgeshire are female and the **average worker is aged between 26 and 30 years old**. Around **79% of the workforce in Cambridgeshire are British**, 9% are from within the EU and 10% from outside the EU, therefore there is a similar reliance on both EU and non-EU workers. Around 83% of the workforce in Cambridgeshire are of white ethnicity and 17% are from Black, Asian or Minority Ethnic groups (BAME).

SOCIAL CARE

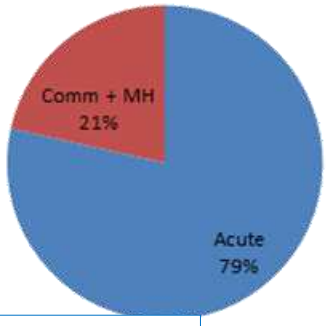
In social care, the majority (83%) of the workforce in Cambridgeshire and Peterborough are female and **the average age is 41-42 years old**. Cambridgeshire and Peterborough have similar profiles with around 82% of the workforce being British, 8-10% are from within the EU and 8-10% from outside the EU, therefore there is a similar reliance on both EU and non-EU workers. Around 88% of the workforce in Cambridgeshire are of white ethnicity and 12% are from Black, Asian or Minority ethnic groups. In Peterborough 79% of the workforce were of white ethnicity and 21% were BAME

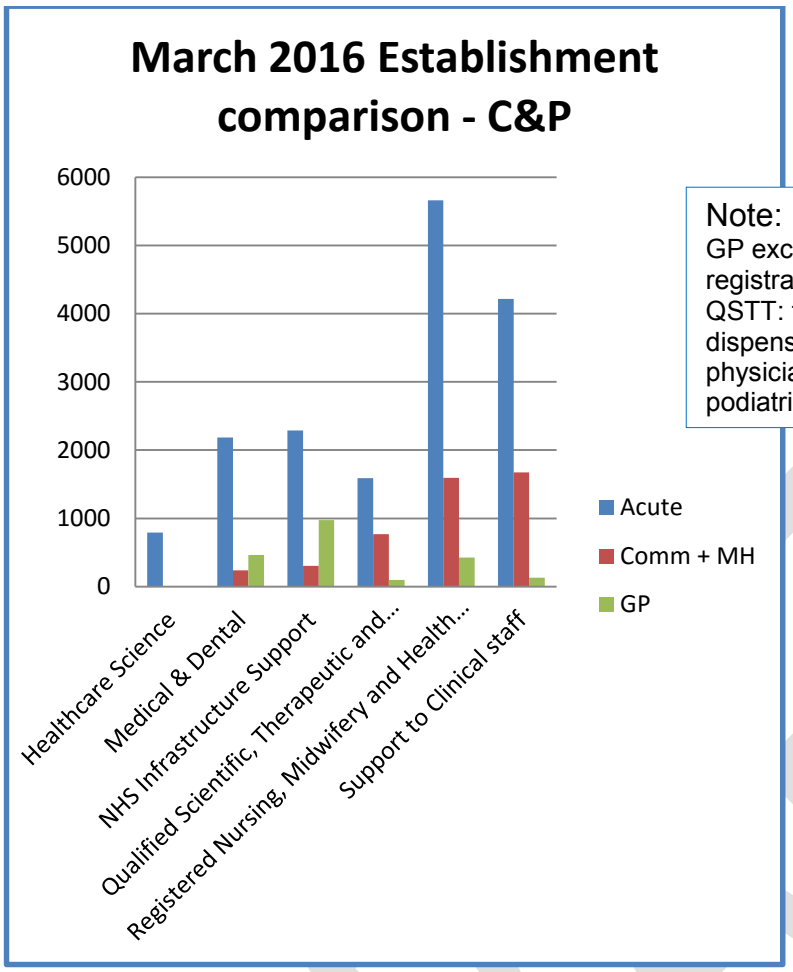
Establishment

HEALTH

The STP has an **NHS workforce of just over 20,000** contributing to the delivery of care. Appendix X provides a breakdown of staff group by trust. **Adult nursing and clinical support staff are the largest of our staff groups** across acute and mental health/community. Cambridge University Hospitals Foundation Trust is our largest employer, with Cambridgeshire and Peterborough Foundation Trust and Peterborough and Stamford Foundation Trust headcounts each being around 55% smaller.

As illustrated, the **delivery of care is heavily weighted to our acute providers with 79%** of our workforce here and just **21% in community and mental health settings**. This presents a **large challenge** for the STP as its ***At home is best*** priority describes a need to shift the balance of care delivery back into the community.





Note:
GP excludes locum, retainers, registrars
QSTT: therapists, pharmacists, dispensers, physiotherapists, physician associate, phlebotomists, podiatrists

General Practice

105 Practices

3 GP Federations

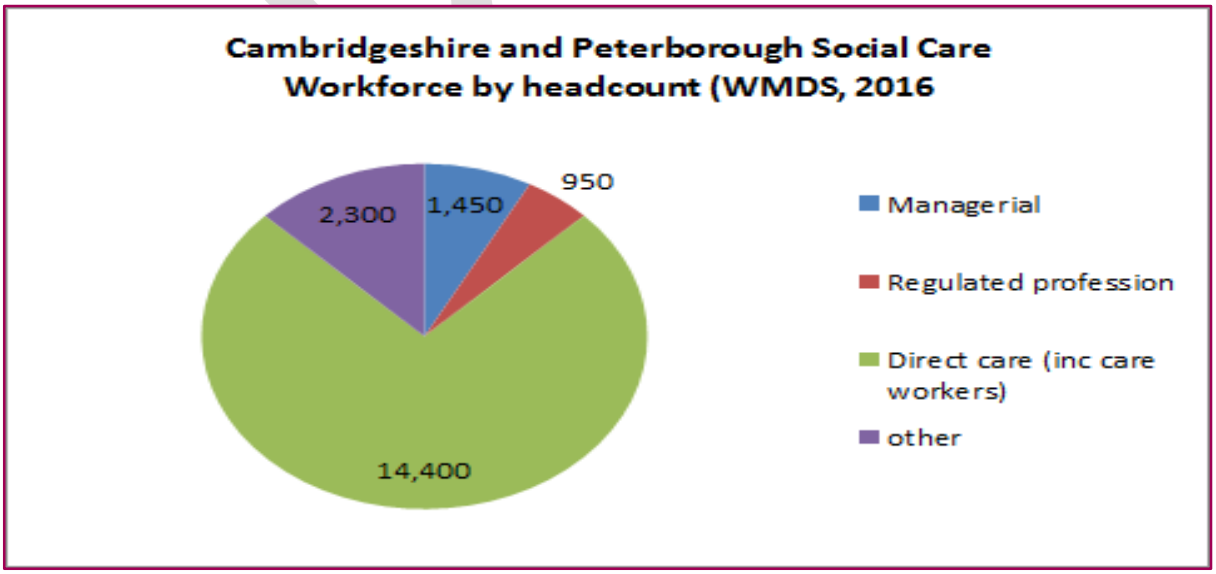
Headcount = 2,737 staff.

- 544 GPs
- 522 nurses
- 337 direct patient care staff

Table 04 NHS workforce (May 2016)

SOCIAL CARE

Our social care workforce is in a precarious position. **In contrast to the NHS, the majority of its workforce is employed in direct care roles, with regulated professions being the smallest of staffing groups** In June 2016, it was calculated that the workforce consisted of 19,000 staff across Cambridgeshire and Peterborough.



Vacancy rates

HEALTH

Our provider returns show that **all nursing groups in the STP have above average vacancy rates**, particularly child nursing (24.9%) and learning disability nursing (22.1%). Physiotherapists (7%) and operating department practitioners (11.9%) have the highest rates in AHP, and in medical; accident and emergency (12.6%), anaesthetics (13.4%). **Psychiatry vacancy rates** are reportedly becoming a problem.

Source: Trust forecasts, May 2016

SOCIAL CARE

Skills for Care REFERENCE estimates that in Cambridgeshire, 5.0% of roles in adult social care carry vacancies which gives an average of **approximately 650 vacancies at any one time**. In addition, **the turnover rate of directly employed staff was 22.6%, which translates to approximately 3,050 leavers per year.** In Peterborough Skills for Care estimates that in Peterborough, 4.8% of roles in adult social care were vacant, this gives an average of approximately 300 vacancies at any one time. The turnover rate of directly employed staff was **35.2%**, this means approximately 2,000 leavers per year. This turnover rate was higher than the region average, at 25.8% and higher than England at 27.3%.

Retirement

HEALTH

The STP has the second lowest retirement rate across the 6 STPs in the east of England. Larger professional groups and specialities tend to have the highest forecast retirement rates with **Mental Health Nursing** a key area of concern with the **highest retirement rate of all nursing roles** (3.1% of SIP pa). General Practice nursing is also high, with **33% of GPNs predicted to reach retirement in the next 10 years**. **Obstetrics and Gynaecology** (4.4% of SIP pa), and **Paediatrics** (4.5% of SIP pa) have the highest medical retirement rates. This is consistent with the rest of the EoE but presents a cause for concern when considering future supply.

Source: ESR Data Warehouse 2016

SOCIAL CARE

In Cambridgeshire 23% of the **workforce are aged over 55**, Peterborough is slightly lower with 19% of the workforce aged over 55. This means that throughout Cambridgeshire & Peterborough **4,150 people may retire over the next 10 years.**

Net Loss

Net loss or attrition is classified as staff who have left the NHS (excluding retirements) per year. This will include staff moving to Primary Care. Overall attrition across all staff groups is **5.9%. Mental Health nursing has the highest attrition of all nursing groups at 6.1% as well as the highest retirement rate.**
Clinical Support and Infrastructure support staff groups have the highest attrition overall at **11%** however this is common across EoE.
Cambridgeshire and Peterborough has the highest rates of staff leaving Occupational Therapy **8.8%** and Physiotherapy **8.0%** of all EoE STPs.
The **repatriation of 900 posts which are currently managed by London programmes** but which will now be recruited to and part of East of England programme rotations is part of our strategy to attract and retain doctors in training within the east of England. The intension is to encourage doctors to set down roots in the east of England working as Consultants and GPs in our Practices and Trusts.

Progression

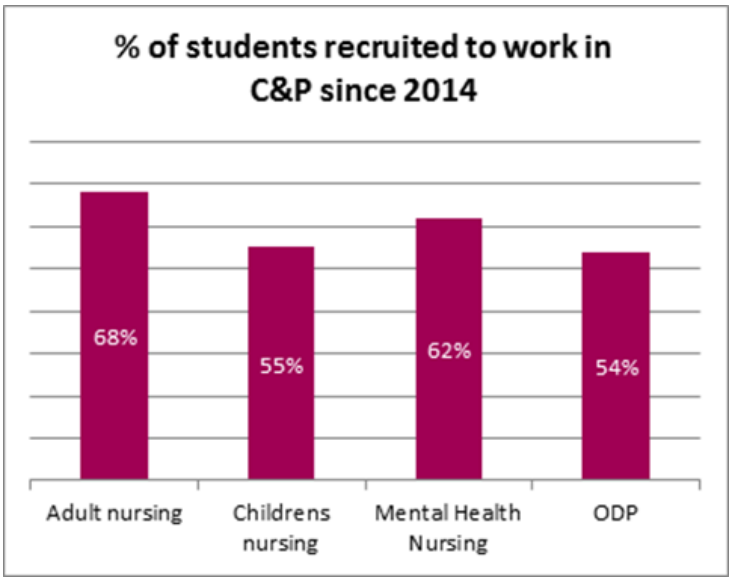
HEALTH

Non-medical and AHP

As a system, the STP is successful in its recruitment against commissions to nursing and ODP (95% to 100%). We have seen increases in the numbers of students **with 100% of children's nursing and 80% of mental health nursing programmes completing their programmes** in the expected timeframe.

Reasons for attrition tend to be related to personal issues for students such as illness, however financial reasons are also cited as a personal reason. Anecdotally students also report **difficulties travelling to placements** in Hinchingbrooke and Papworth due to poor transport links and lack of transport available at shift start and end times.

Recognising that 50% of the student's learning is based with employers, there is a clear need for employers to work with training providers to ensure a high quality, supportive experience for students in a range of health and social care settings. **The experience employers provide to students is key to retaining them on programme.** A good placement experience will give students a **sense of belonging and commitment to the organisation and a higher likelihood of their seeking employment in that organisation** (Andrews et al, 2005). The table below outlines the success of C&P in recruiting nurses and ODP they have supported in training



Progression Contd…

HEALTH

Medical

We understand that **30% of Cambridge Medical School graduates** undertake their **foundation training** within the region, the figure is **40% for UEA.**

Across the east of England an estimated **1,000 medical programmes are recruited to** from core training through to higher specialty and GP programmes. Programme lengths differ between specialties and **Doctors may progress through at different rates**. A number of doctors who undertake out of programme experiences during their training to enhance their learning and improve their skills – this extends the total training time.

There are three established GP Speciality Training Schemes (GPST) in our local system which place around **54 trainees (GPST)** each year. Whilst the training pathway is 3 years (4 for academic GPSTs), as with other specialities; many do not progress in the time period, with requests for less than full time training (LTFT), opportunities for out of programme experience, and exams failures extending the length of training. The **Cambridge and Huntingdon systems tend to retain around 84% of their GPSTs** within the system upon completion of training; either in salaried or Partner contracts, or as locum or out of hour GPs on flexible contracts. In stark contrast, the **Peterborough system struggles to retain its GPSTs (est 35%).** As described for smaller professional groups in non-medical specialties, the national structure of centralised placements means that many GPSTs placed in the Peterborough system are often there as a second choice and so seek employment opportunities back in London after completion of training.

A range of Fellowships, opportunities to undertake chief resident programmes with associated management and leadership training, and a vast array of academic programmes have been implemented to encourage retention and enhance training for all medical specialties. The academic programmes are very popular in C&P with excellent relationships between University and CUH to create excellent academic research opportunities which attract high calibre trainees to the region.

SOCIAL CARE

At ARU, there are currently **136 students on social work Degree or Masters programmes in Cambridge** which lead to a social work registration.

In the period 1st September 2014 to 30th November 2016**, 112 students achieved the intended award.**

Temporary Workforce

HEALTH

Cambridgeshire and Peterborough ranks among the best STPs for the **lowest bank and agency (B&A) staff usage (2015/16)**.

Whilst as much as 15-17% of SIP at Hinchingbrooke and CCS are B&A, the very low rates seen at CUH and PSHFT significantly reduce the average. **A significant reduction in B&A is predicted by Trusts in future**

WTE	As of 31st March 2016	As of 31st March 2017	Forecast change 16-17
Bank and Agency Staff	1,826	1,022	-44%
% of SIP	8%	5%	-4%
Midlands and East Average	11%	8%	-3%

SOCIAL CARE

Around a **quarter (23%) of the Cambridge workforce** were recorded as being on **zero-hours contracts** and a **third (32%) in Peterborough.**

The social care system have been experiencing **significant difficulties recruiting experienced social workers** with 72 agency social workers (40 of those in adult care) required in 2015/16.

Projected Growth

HEALTH

- Cambridgeshire and Peterborough's total staff forecast change is roughly aligned with national forecasts at less than 1%, however the granular view is more disparate
- There is **slight growth forecast in Adult Nursing 2.5%** in the face of slight reductions both regionally and nationally, with the bulk coming from Addenbrooke's and Peterborough and Stamford
- Physiotherapy and Occupational Therapy project increases of 7.3% and 6.9% respectively
- Child Nursing shows a significant decrease 10.4% while the national picture shows steady state
- Therapeutic Radiographers and Operating Theatre staff show significant decreases at 15.9% and 26% respectively. This contrasts with small growth forecast nationally

SOCIAL CARE

Adult social care is a **growing sector that had increased by 18%**, in terms of jobs, since 2009 in England.

If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then **the number of adult social care jobs in England will increase by a further 18% to 1.83 million jobs by 2025.**

Workforce Context to 2020 - Summary

Key Issues

The workforce and labour market context for the STP has identified that Cambridgeshire and Peterborough is facing increasing health and social care challenges, and in order to describe the vision for the workforce by 2020, the following significant issues should be considered:

Population

- We have areas of fast growing populations where **emotional wellbeing and life style choices** are **impacting on individual health and social care requirements**
- Our population is **aging and developing more LTC**

Operational risk

- **Two thirds of our acute hospitals** are under **severe operational pressure**. The **pressures upon general practice** are also well documented.
- Our existing workforce pressures and capacity mismatch are **unable to adequately support increasing demand**
- Safe and effective hospital care, when needed, **requires a shift from reactive to proactive care**

Workforce risk

- **Shortages in adult, children, learning disability and mental health nurses**
- The impact on future supply of our non-medical workforce as a result of changes to funding routes is currently unclear
- **Low retention** of newly qualified **physiotherapists and OTs**
- **Shortages in consultant grad A&E doctors, anaesthesiologists and GPs**
- Access to affordable housing and transport has a significant impact on future supply and existing workforce

High Level Workforce Work Programme January 2017 – January 2019

A high level delivery plan has been designed to translate the ambitions from this workforce strategy in key improvement programmes. This sets out the key Improvement Areas, responsible officers, projects and timeframes.

Improvement areas	SRO (wte)	Projects	Ambition	Priority Short term <6months Medium term 6-12 Long term 12-24 months
Workforce planning	Bill Irish	• Assess workforce **Demand data and intelligence**: • Basics: vacancies, forecast est., age profile, retirements, sickness absence • Advanced: net promoter, staff engagement scores etc.	1234	S
		• Assess planned **Supply data and intelligence**: • Basics: non-medical outturn & attrition, changes to investment in trainee posts, medical fill rates and historical training issues etc. • Advanced: Student and trainee survey feedback etc.	1234	S
		• **Triangulate workforce data and intelligence** across specific pathways to agree short, medium and long-term opportunities for sustainable workforce re-design, drawing on national and regional best practice.	1234	S
		• Implement and align a strategic **workforce and service planning framework** aligned to the STP, under-pinned by a single data and intelligence function, to inform commissioning new and ongoing professional development of staff	1234	S
Training and wider development (potential Opp)	David Wherrett	• Develop a system wide **Workforce Investment Plan**, in which all providers commit to investment priorities in relation to Apprenticeships (via LEVY), Pre-Registration, CPD and wider workforce transformation (including leadership and OD)	4	M
	Bill Irish	• Develop a system wide **Supply Improvement Programme**: • Expanding flexible training routes for supply shortage areas (flexible work based training routes, Implementing GPN education framework, RTP etc.) • Implementation of the regional Employability Framework (recruitment to training, retention in training, recruitment to organisations and retention in employment) • Accelerate activities to improve the quality of the Clinical Learning Environment (enhanced models of coaching, mentoring, clinical champions) • Maximise workforce versatility (developing integrated care workers patient navigators, B1-3, developing apprenticeship standards mapped to MSc, scaling up Advanced Practice roles, skills passports, rotational training programmes, staff housing issues, a C&P wide nurse bank (including for GP), shard on-call rotas, employment contracts / clinical governance arrangements that enable multi-site working etc.)	1 4	L

Improvement areas	SRO (wte)	Projects	Ambition	Priority Short term <6months Medium term 6-12 Long term 12-24 months
Leadership / OD (potential opp)	Anita Pisani	• Develop a Tiered Leadership Package (early, mid and senior leaders); focusing on behaviour change, resilience and system leadership etc. and targeted in critical areas (general practice)	4 5	M
		• Agree a system Talent Management Framework targeted to critical supply shortage areas.	5	M
		• Provide Quality Improvement in core training (mandatory, CPD, Apprenticeship standards etc.)	1	M

Accountable Officer	Matthew Winn	Clinical Chair(s)	Jo Bennis	FD	Mark Robbins	HR	Anita Pissani

Underpinning Documents

Cambridgeshire and Peterborough data pack HEE. 2016.09.28

Skills for Care (2016a). A summary of the adult social care sector and workforce in Cambridgeshire.

Skills for Care (2016b). A summary of the adult social care sector and workforce in Peterborough.

Cambridge & Peterborough Health and Care System GPFV Plan Skeleton Structure.

Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Plan. (2016)

2014. FIVE YEAR FORWARD VIEW.

2016d. GENERAL PRACTICE FORWARD VIEW General Practice Forward View General Practice Forward View 3.

HealthAndWellbeingStrategy-Draft-July2016 PBouroguh.

Outline Workforce Strategy Checklist PDF.

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Cambridgeshire JSNA.

Peterborough JSNA

Vanguard Workforce Self Assessment Framework (2).

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Mental Health Taskforce, I., 2016. THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH.

Scully, E. et al., Title: Better Care Fund, Policy Framework 2016/17. Available at: www.nationalarchives.gov.uk/doc/open-government-licence/.

Thomas, J., 2013. Evidence review -integrated health and social care.

(Council 2012; Mental Health Taskforce 2016; Scully et al. n.d.; Thomas 2013; Anon 2016d; Anon n.d.; Anon 2014; Anon n.d.; Anon 2016a; Anon 2016b; Anon n.d.; Anon n.d.; Anon n.d.; Anon n.d.; Anon 2016c; Anon n.d.)