

## Workforce Update: STP Report to Health and Wellbeing Board

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### 1. Introduction

The Somerset Health and Wellbeing Board have requested an update on Workforce from the system STP. The following report provides information in relation to:

- Somerset's health and care workforce: overview and current challenges with particular reference to the General Practice workforce.
- What we are currently doing and have committed to do to ensure a sustainable and vibrant workforce with the skills to deliver the Somerset NHS Long Term Plan.
- How we expect to develop our capability at system level to be able to do this.

### 2. Somerset health and care system: current workforce overview

Figure 1

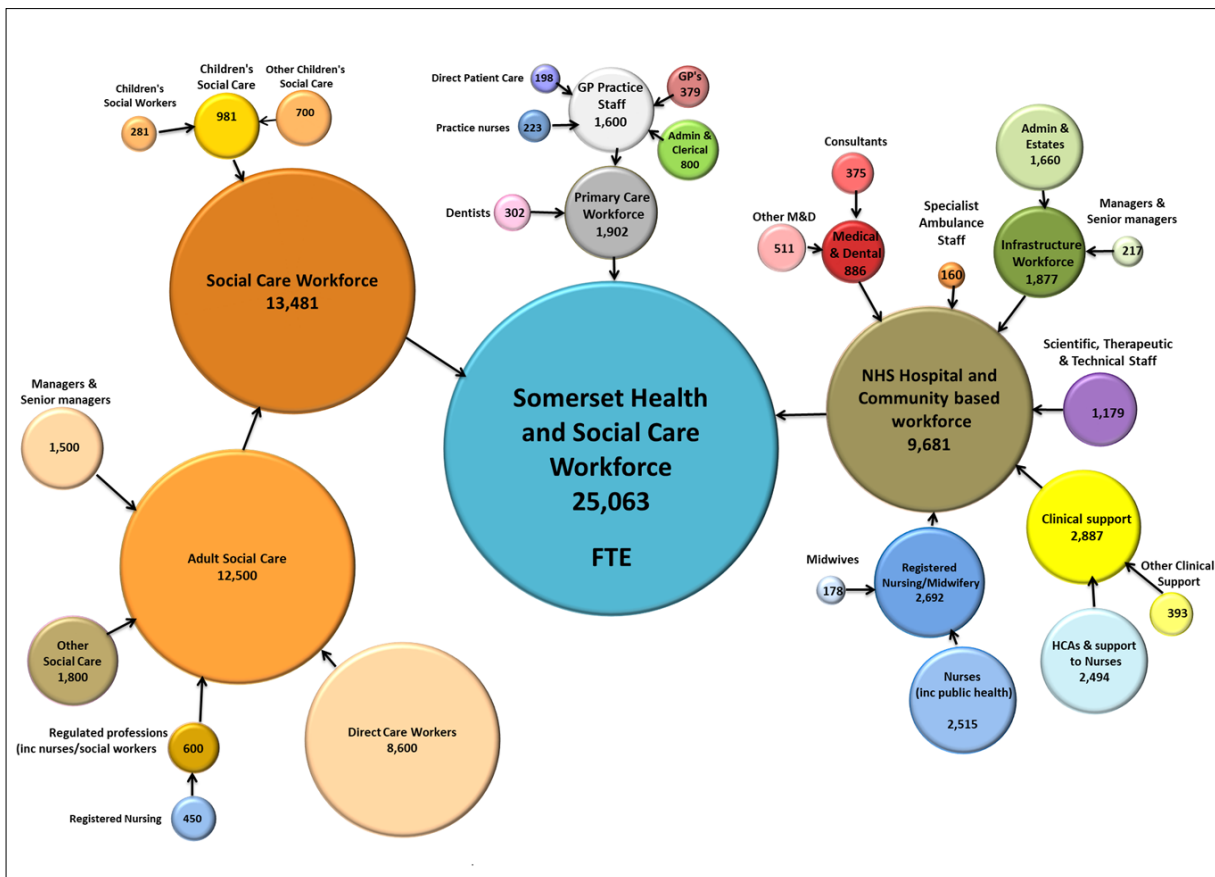


Figure 1 is an illustration of the capacity and relative proportion of the main components of the current health and social care workforce in Somerset. The numbers refer to full

time equivalent staff in post (obtained from the most recent published data sets). This picture is not complete as data was not available for some areas (ie hospices, independent sector healthcare facilities, opticians, dental practitioners and community pharmacies). It is our best understanding of our current workforce profile, which has changed relatively little in the last 2 years.

### **3. Somerset's workforce context**

We recognise and value our workforce as the key to success in supporting our population with high quality, safe and effective care. However we have a number of significant challenges which are impacting on our ability to sustain the workforce we need:

- Our geography and rurality – restricting travel, access to education, services and employment, and flexible deployment across the county
- Our population – young adults tend to leave Somerset and older people move here to retire, affecting our age profile, ability to recruit, and other factors such as digital maturity of our workforce
- Higher education – Somerset does not have a university or a large city and there is a lower than average number of UK graduates entering employment in the county even for those who have had part of their training experience here.

Whilst we have a relatively strong local labour market for entry-level/non-graduate roles, over the next 5 years we expect a significant proportion of our workforce to retire. Currently around 25% of all our current hospital, community, and primary and social care staff are over 55 years old. Patterns of working are changing with an increase in part time/portfolio roles, and where there has been expansion in new service areas (eg in Mental Health services) this has attracted existing staff to migrate from traditional areas, leaving gaps.

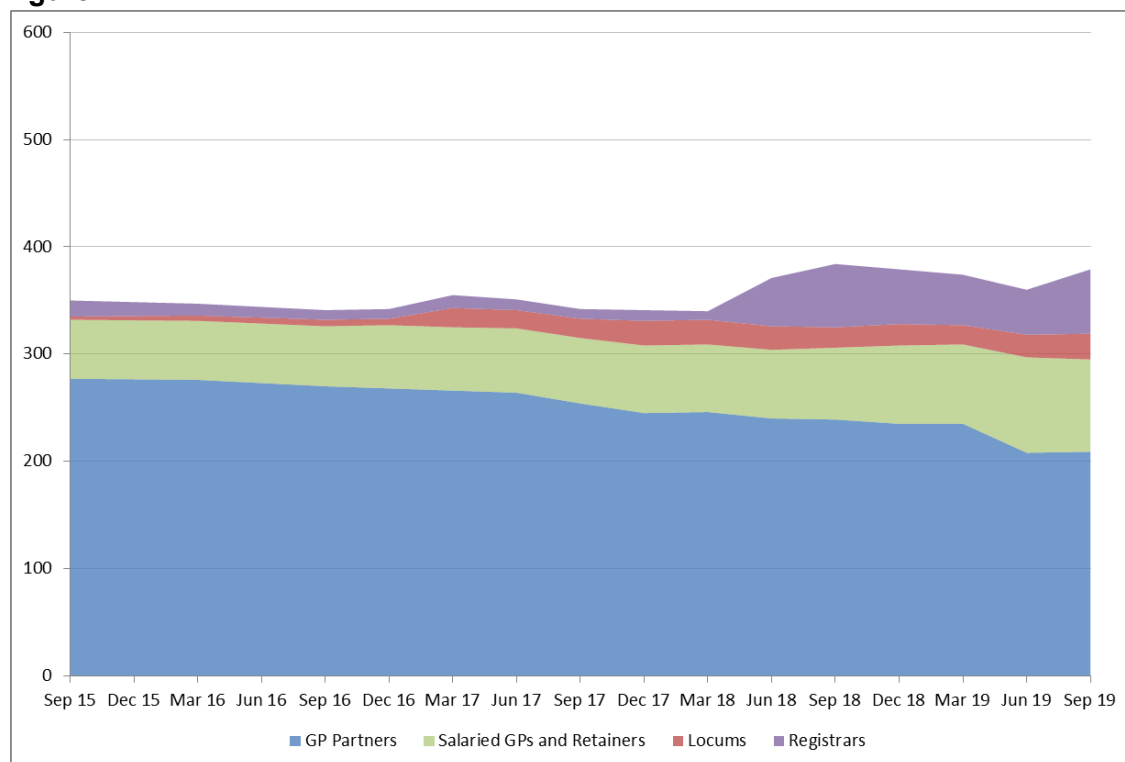
Taken together this means that we are relying on bringing people in from outside Somerset to make up for normal turnover, and this has become more difficult particularly for large workforce groups. For example over the last 12 months we have brought in nearly 200 nurses from outside the UK just to maintain staffing levels in our 2 acute hospitals. We have recently experienced difficulties recruiting staff across many of our professional groups, particularly GPs, medical specialties in secondary care, social workers, registered adult, mental health and LD nurses and a number of allied health professional groups.

Our transformation plans demonstrate ongoing growth in workforce numbers to meet increasing demand, tempered by increased workforce efficiency plans, but more importantly the future model of care in Somerset requires a transformed workforce with a more diverse and varied skill mix with new types of roles, different ways of working, and an emphasis on prevention, wellbeing and self-management. This points to the importance of a set of workforce plans to deliver sustainable workforce capacity – not just addressing shortages but developing a new skill mix and ways of working. We can only achieve the level of change required by developing system leadership, working collaboratively across all partners and developing new relationships across the PVI sector. It is essential that we undertake a wide range of initiatives to retain and develop the people we already employ, as well as to continue with efforts to attract new staff.

#### 4. GPs and the changing workforce in Primary Care

There are some specific workforce challenges in relation to the delivery of primary care services and the GP workforce. Figure 2 shows the changes in the capacity and mix of the GP workforce in Somerset. The numbers indicate the full-time equivalent capacity between September 2015 and September 2019 (based on national data collection from practices):

**Figure 2**



It is important to note that data quality has recently improved across all areas which will distort the trends – for example data on GP trainees is not reliable before March 2018. Even with this caveat, the graph shows a reduction in qualified GP capacity with a continuing decline in the number of traditional GP partners over the last 4 years. The overall GP head count has sustained during 2019 and has improved by the end of the year, however the number of sessions worked (participation rate) is decreasing as more GPs opt to work part-time or in portfolio careers and this trend is likely to continue. Further work needs to be done to identify the number of sessions delivered by health professionals other than GPs coming into primary care in order to get a complete picture of capacity.

Our current GP workforce is getting older and we will face significant retirement losses in the next 5-10 years. The latest data indicates that 41% of Somerset's current GPs are aged 50+ and 25% of current GPs are aged 55+. However, Somerset is not attracting enough newly qualified GPs to make up this shortfall. Not all training places are filled and of those trainees who do train in Somerset, many choose to move to less rural areas on qualifying. It is worth noting that most of the risks described here in relation to the GP workforce are mirrored (and therefore exacerbated) by the practice nurse workforce.

A number of initiatives are currently in place to improve GP recruitment and retention including:

- Somerset GP career plus scheme
- GP concierge scheme
- GP retainer scheme
- GP in Somerset recruitment campaign
- GP international recruitment
- Portfolio/flexible working offers especially to newly qualified GPs

These initiatives will help to stabilise GP capacity, however the increasing demand on primary care services will require additional workforce and it is essential that we continue to develop different roles and extended skill mix to support service delivery. We need to make sure each patient sees the right healthcare professional at the right time to meet their need: for example, a patient with a musculoskeletal problem may be better served by seeing a specialist physiotherapist. Primary Care Networks (PCNs) provide the future structure and support for primary care development, working more closely with community-based health and care teams to support people to stay well for longer in their own homes. General practices are already employing an increasing range of skilled professional roles to increase their workforce capacity to meet future demand. The emerging models are varied according to the needs of the local population and the operating model of the practice, new roles include:

- Advanced nurse practitioners
- Paramedics
- Pharmacists
- Physiotherapists
- Health coaches/link workers to support physical and mental health wellbeing

Through the work of the primary care Training Hub we are investing in training and development to provide career progression for existing staff and develop the extended skills needed to support the new skill mix in primary care. To date, workforce development initiatives in primary care have been largely reactive and opportunistic – moving forwards we will develop a more coherent strategy for delivering a primary care workforce with the right skills in the right numbers, supported by the new GP contract reforms as a major lever for supporting both GP resilience and new skill mix models.

## **5. The Somerset Long Term Plan for workforce**

The Somerset workforce Long Term Plan identifies a wide ranging programme of work over the next 5 years to support the delivery of the Long Term Plan through the development of our current and future workforce. The plan has a number of key themes:

- Making Somerset health and care services a more attractive place to have a career
- Developing a leadership culture orientated towards collaborative working and inclusivity
- Addressing our most urgent workforce shortages
- Reshaping skills and roles to deliver service transformation

## **6. Making Somerset the best place to work**

As indicated earlier workforce sustainability relies on high levels of employee engagement, retention and good opportunities for skills progression; we need to retain and develop our workforce for the future. We are undertaking a range of initiatives that will enable colleagues at all levels to thrive, develop and progress, with particular emphasis on inclusivity and positive action for colleagues with protected characteristics. For example across our health services we know that staff from black and minority ethnic backgrounds are currently over-represented at lower grades and under-represented in higher grades; as we move forward we will adopt various metrics to ensure this improves.

We plan to develop programmes of work to support:

- Colleague engagement and wellbeing – based on improved staff survey scores and reduced sickness absence
- Retention – identifying key “at risk” turnover areas and building on the success of previous work in our NHS organisations led by NHS England and Improvement, including more flexible options for retirement and return to work
- Career support, talent management and the implementation of system-wide progression pathways.

## **7. Developing our Leadership Culture**

We recognise that Somerset’s ambition for service transformation can only be achieved if we also undergo a cultural transformation across our people of collaborative working across Somerset, to enable us to break down historical barriers. We have developed and will continue to support a range of programmes to bring colleagues together across traditional organisational, professional and sector boundaries, including:

- The Somerset academy cross sector learning and quality improvement programme
- Our Shared Endeavour system development programmes

We are also looking at policy alignment across employers, for example in relation to flexible working, to support the idea of one Somerset as a fair and compassionate employer.

## **8. Addressing urgent workforce shortages**

As mentioned earlier Somerset has a number of hard-to-recruit professional/specialist groups. Because there is no University based in the county, predictions about the number of graduates available to work in Somerset are not reliable.

As well as the work undertaken in primary care (described earlier) there has already been significant activity to mitigate shortages of professional staff. Overseas and domestic recruitment campaigns by the acute providers have reduced agency spend and registered nurse vacancies by 33% between 1 April and 30 September 2019, and currently our NHS registered nursing vacancies are the lowest in the South West region due to extensive overseas recruitment. However we cannot rely indefinitely on recruiting from overseas and this does not meet the immediate needs of some settings including

primary, community and mental health services. We have embarked on strategies for introducing local Somerset-based undergraduate training with innovative partnerships between our local colleges and universities. A local undergraduate social work programme is already in place providing a local pipeline into the Somerset system, and plans for undergraduate nursing are advancing well, building on our system-wide approach to the recruitment and training of nursing associates.

In relation to our specialist medical workforce, work is underway in our acute hospitals to identify how we can make best use of this scarce resource by working more collaboratively across the county for certain key specialties such as oncology and urology.

We recognise the need to improve the way we build local pathways into careers in health and care and we will build on existing relationships with local schools and colleges to increase the scope and breadth of opportunities including work experience and apprenticeships.

Finally we are working in partnership with Spark Somerset to develop an integrated volunteering strategy, to improve opportunities for individuals to use volunteering as a pathway into roles, and to make volunteering easier and more attractive.

## **9. Reshaping Skills and Roles**

The next five years in Somerset will witness significant change across health and social care and we recognise that this transformation is well overdue. Whilst we know that the population will increase in size and in frailty placing increasing demands on our services, The Long Term Plan sets out a roadmap for Somerset to achieve more personalised care which is closer to home, making greater use of digital technology and with a greater focus on population health and reducing health inequalities. This represents a significant challenge to the shape, size and skill mix of our workforce; we cannot do more of the same and we need creative and agile solutions to our many workforce gaps. Somerset has a strong legacy in developing new roles and this is a good foundation on which to build.

Ongoing developments in skill mix within primary care services have been mentioned earlier in this report. A number of other key areas are briefly outlined below, where there will be significant adoption of new skills and roles to deliver transformed services:

### **9.1 Mental Health transformation strategy**

There is an ambitious set of workforce plans underpinning the delivery of improved mental health services. This includes expansion of IAPT services, development of Recovery Partners, expansion of Psychiatric Liaison services, development of a new Mental Health primary care worker, development of roles across the system to support the provision of mental health services to young people, ongoing development of assistant practitioners within community mental health teams and improving parity of esteem through a programme of upskilling in mental health for colleagues working in general acute settings.

## **9.2 Advanced Care Practitioner strategy**

The national Advanced Care Practice strategy aims to expand the size and scope of the non-medical senior clinician workforce, to enable our most highly skilled and experienced clinical colleagues to provide clinical leadership, use their skills for the benefit of patients and make best use of our scarce medical workforce capacity. In Somerset we already have a number of excellent examples of advanced care practitioners across a range of specialties and have attracted national investment to build capacity in emergency care. As a system we are working collectively to standardize competency frameworks, job descriptions and governance for these roles, and to identify the areas where future investment will have most benefit for patients.

## **9.3 Developing the workforce model for Neighbourhoods**

The development of the Neighbourhood model of care with its emphasis on personalised care, prevention and keeping people well in their homes presents a significant opportunity for a different way of working across all existing sectors. We will invest in the development of social prescribing roles as part of the broader Neighbourhood team, and align our workforce strategies around apprenticeships, assistant and advanced practice roles to support the developments.

## **10. Delivering the workforce long term plan: developing our system capability**

The workforce challenges and priorities described in this report are wide-ranging and complex and will require us to develop a system-level model of working aligned to the Somerset ICS vision. In summary we need to:

- Ensure that health and care organisations across Somerset work together in order to plan, deliver and sustain the workforce that is required to realise the future models of care for our residents, within available resources
- Understand the challenges that face the commissioning and provision of services across health and social care and the numerous stakeholders that work within and across our systems. These systems encompass local, regional and national interests, including those from the NHS, local authority, voluntary, private, third and education sectors
- Ensure that the voice of the resident is heard and respected in our thinking; Our population includes people who use our services, who work or will work within our organisations and those who represent our communities
- Draw and build on our current professional capability in clinical, workforce planning and education delivery to support changes to structures, roles and organisational settings

We are currently reviewing how we operate as a system and how we resource our programmes of work, involving all sectors/partners. The Local Workforce Action Board, working closely with the Primary Care Training Hub and all our partner organisations is now establishing a clear framework of accountability to deliver this work. As part of this we will build on our existing expertise and resources to further develop capability in workforce planning, and take opportunities to move towards a place-based approach to workforce intelligence, managing learner pathways and career frameworks.