Health Education East Midlands

Northamptonshire Workforce Team supporting the Northamptonshire LETC

Developing people for health and healthcare

July 2014

Northamptonshire Workforce Development & Education Investment Plan

2014/18

Health Education England

What's in the Northamptonshire Workforce Development & Education Investment Plan?

Introduction

This plan has been developed in partnership with the Northamptonshire Local Education and Training Council (LETC) involving service commissioners and providers including primary care, social care, public health and third sector organisations.

The aim of the plan is to provide a high level view of the changes in workforce demand across the Northamptonshire health community within the next 1-4 years to ensure a workforce supply which is competent to deliver high quality services to our population. The plan will be used by Health Education East Midlands (East Midlands Local Education and Training Board) to inform education commissioning investment plans for training future workforce supply and developing the current workforce. The plan will also be used to inform opportunities and investment decisions for workforce development locally through the LETC with a particular emphasis on a collaborative approach to ensuring workforce capacity and capability to achieve service transformation and integration to support the Northamptonshire CCGs' 5 year Plan. The plan will therefore also be used to develop collaborative work streams through the LETC to support local workforce transformation.

Whilst the focus of the plan is the healthcare workforce it is acknowledged that with increased integration workforce planning of healthcare staff cannot be done in isolation from the social care workforce. As such the plan includes summary intelligence on this workforce and also identifies the importance of developing integrated education and learning opportunities across all sectors.

The expanding population and changing demographics within the population, the drive to improve quality and safety and increasing focus on prevention and delivery of services in primary and community settings present a complex workforce challenge.

Key Workforce Messages

Workforce capacity forecasts across the NHS Trusts from the baseline to March 2018 are 0.74%, including St Andrew's Healthcare the predicted increase is just over 4% to March 2018. The figures do not include primary care – however this likely to be an expanding workforce to support changing models of care. It is important to consider this workforce expansion in the context of workforce cost and planned reductions in bank and agency usage

Significant difficulties with GP recruitment

Continued supply challenges and international recruitment of Registered Adult Nurses – and a requirement for further expansion

On-going difficulties with recruitment of medical staff to emergency medicine and the need to develop non-medical workforce solutions across the whole workforce in this and other areas

Impact of 7 day services on working differently and expansion of workforce capacity particularly in diagnostics, therapies, pharmacy and physiology

Increasing need for integration across professions, organisations and sectors and the need for the workforce to have an understanding of both the health and social care sectors

Emphasis on dementia, frail elderly and end of life care education and training.

Increasing emphasis on prevention and recognition of the need for the whole workforce to have the ability to have an effective therapeutic conversation with patients and clients

On-going challenge with the retention of social workers, specifically in children's services

Requirement for the workforce to have the ability to support individuals in managing their own health conditions and the increasing importance of educating families and carers

Increase of portfolio roles within general practice to support development of specialism within general practice

Requirement for education to be provided multi professionally and across sectors at all levels

The need for flexibility within the workforce to adapt to a changing landscape of service provision and follow patient pathways across boundaries

Focus on education quality within academic institutions and practice ensuring that curricula meet the requirements of service providers and that students and trainees are provided with a high quality practice learning experience

Emphasis on safety and quality and the importance of recruiting and retaining a workforce with the right values and behaviours

Importance of Specialty Doctors in the medical workforce

Developing the capacity and quality of the educator workforce in practice

Increased focus on therapy and reablement

Introduction of Physician Associate roles

Key Workforce Messages (continued)

Need to explore opportunities for accredited work based learning as part of a blended approach to postgraduate programmes

Sustainability of education provision when meeting the needs of specialist professional groups

Skills in supporting an increasingly elderly population with learning disabilities

Retirements/increasing age profiles across practice nursing, general practitioners, district nursing, midwifery and school nursing

Education and development of the health and social care support workforce using apprenticeships and a career framework through to Assistant Practitioner roles and pre-registration nursing across all organisations including primary care

The need to continue a focus on widening participation to employment and raising the profile of health and social care as attractive career options

The need for the clinical workforce to have paediatric, learning disability, mental health, physical and care of elderly competence relevant to patient need in addition to their core qualification – as additional education rather than dual qualification

The need to grow our own workforce wherever possible and offer exceptional experiences and attractive job opportunities to students and trainees

The need to provide practice learning opportunities in non-traditional settings including primary care, social care and the third sector

The need to recognise the importance of research opportunities and developing research capability within our workforce as an aid to recruitment and retention and in achieving service improvement

Integrated leadership and team development

Drive towards parity of esteem (valuing mental health at the same level as physical health)to ensure the workforce delivers a holistic approach to patient care

Learning disability awareness training should be delivered to all staff across health & social care

How did we develop the plan?

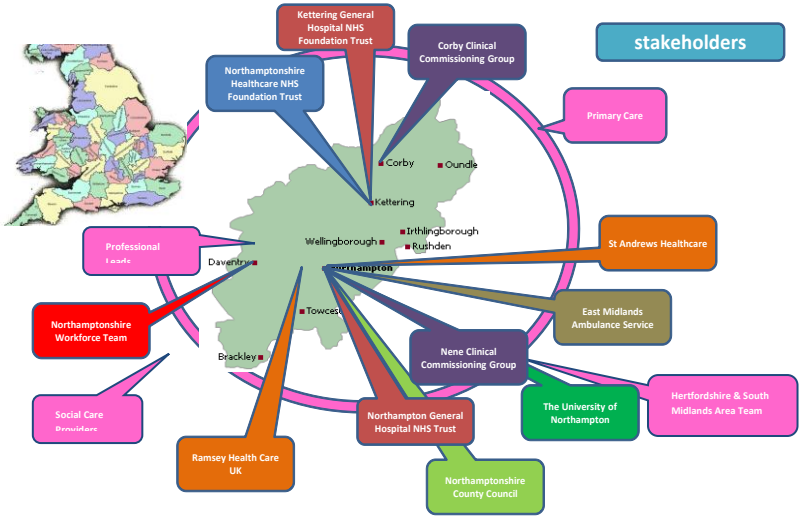
This plan has been developed in collaboration with numerous Northamptonshire stakeholders: NHS commissioning and provider organisations, primary care, professional leads, Adult & Child Social Care, St Andrew's Healthcare (a large not-for-profit mental health care charity and a significant provider of mental health & learning disability services in Northamptonshire), Public Health, The University of Northampton, voluntary sector and other private sector organisations. Their valuable contribution to the plan is to be acknowledged.

This year a refresh of the 2013-17 Northamptonshire Workforce Plan was conducted. The information that has been presented in this plan has been gathered using a mixed methodology including Care Pathway discussion meetings, submission of healthcare provider organisation business plans and workforce plans, analysis of the numbers templates.

Organisations were asked to review the content of the 2013-17 Northamptonshire Workforce Plan and report on:

- Any changes to direction of travel in terms of service delivery and the workforce
- Changes to service that are expected to take place over the next 3-5 years and impact on the workforce
- Education and training to support workforce transformation
- Current and future challenges to the workforce and how these will be managed
- Specific topic areas such as apprenticeships and overseas recruitment
- Sharing of innovation/best practice

The Workforce Team continues to develop excellent relationships with service commissioners and programme leads at NHS Nene & Corby CCGs, Northamptonshire Public Health, Northamptonshire County Council Adult and Child Social Care and Skills for Care to ascertain future strategy direction. New relationships with Healthwatch and voluntary sector organisations such as Age UK and the local Alzheimer's Society have been developed and are proving to be invaluable when examining the health and social care system and the contribution that voluntary sector organisations make to the delivery of care.



A confirm and challenge event held in on 8 July 2014 provided Service and Commissioner organisations and the University of Northampton the opportunity to critically review a draft version of the plan thus ensuring a more transparent and robust document. The plan was ratified by the LETC prior to submission on 21 July 2014 to Health Education East Midlands.

Northamptonshire – The People

Ethnicity

Almost 15% of the population classify themselves as 'Non White-British'. This varies across the county with a significant increase since 2001 of people whose ethnicity is 'White-Other'. Corby is ranked 11th highest in England for EU Accession State migrants, and there has also been an increase in diversity for the populations in Northampton and Wellingborough. This is reflective of the 21,000 people now living in Northamptonshire who hail from EU Accession states. Diversity varies across the age structure too and our younger population are more diverse with almost 18% of school children from minority ethnic groups.

Physical Disability & Mental Health

In the 2011 census, 16.2% of people declared that they had a long term illness that affected their day to day activities. Prevalence is highest in Wellingborough at 18% and lowest in South Northants at 14%. In Northamptonshire, we have an admission rate for self-harm that is higher than the national average and affects mainly our younger population and with a projected increase in older people, it is likely we will see more age related mental and physical conditions.

Deprivation

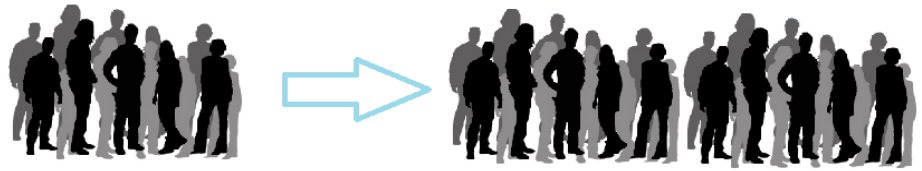
Levels of deprivation in Northamptonshire are fairly low, however, it is a county of contrasts. Corby is ranked 270th nationally (out of 326 areas) in terms of multiple deprivation whilst South Northants is ranked 4th.

Age

Almost 25% of the County's population are under 20, this is above the East Midlands and national rates. The overall average age is 39.The 65+ age group are projected to grow more than any other group from 113,000 to 141,500 by 2020.

Life Expectancy (years)

Corby 76.2
Northampton 77.6
Kettering 78.4
Wellingborough 79.5
East Northants 79.7
Daventry 79.8
South Northants 81.4
All Northamptonshire Men: 78.8
All Northamptonshire Women: 82.5



Languages

94% of Northamptonshire's population state their main spoken language is English. In some areas of our county however 45% of people declare their primary spoken language as something other than English. The next most widely spoken language in the County is Polish, at almost 2% of the whole population (over 12'000 people) declaring this as their main language. Commissioners need to consider what this may mean for service provision e.g. where language barriers exist, are translators readily available to ensure all communities can reach services according to their needs?

2014 Population **723'800**

2020 Population **770'000**

Source: ONS Census 2011 & Northamptonshire Analysis 2014

Northamptonshire – The People

Health Profile
Northamptonshire is identifiable on the adjacent chart by a circle. The red circle indicates where we perform worse, and a green circle indicates where we do better than the England average.

Northamptonshire has 9 indicators which are significantly worse than the England average and 11 indicators where we are significantly better.

The aggregated scorings can however mask some key differences which exist at a more local level. The seven districts each differ in performance against these indicators. The following are some of the indicators in which each district performs significantly worse:

Northampton (15 indicators that are worse than England Avg)
- Hip Fractures in 65s and Over
- Achievement in GCSEs

Corby (12 indicators that are worse than England Avg)
- Early Deaths from Cancer
- Violent Crime

Wellingborough (7 Indicators that are worse than England Avg)
- Statutory Homelessness

Kettering (4 indicators that are worse than England Avg)
- Smoking in Pregnancy

East Northants (3 indicators that are worse than England Avg)
- People diagnosed with diabetes

Daventry & **South Northants** (each have 2 Indicators that are worse than England Avg)
- Road Injuries and Deaths

The greatest variation between districts is for the 'Early deaths from Cancer' indicator. In Corby there are 152 per 100'000 population (close to the English Worst value) in comparison to Daventry, where prevalence is 96.1 per 100'000, significantly better than the England avg.

Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	90374	13.0	20.3	83.7		0.0
	2	Proportion of children in poverty	22990	16.8	21.1	45.9		6.2
	3	Statutory homelessness	1120	3.9	2.3	9.7		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	4297	56.2	59.0	31.9		81.0
	5	Violent crime	10398	15.1	13.6	32.7		4.2
	6	Long term unemployment	3188	7.1	9.5	31.3		1.2
Children's and young people's health	7	Smoking in pregnancy ‡	1466	16.0	13.3	30.0		2.9
	8	Starting breast feeding ‡	6960	76.2	74.8	41.8		96.0
	9	Obese Children (Year 6) ‡	1211	17.6	19.2	28.5		10.3
	10	Alcohol-specific hospital stays (under 18)	74	47.9	61.8	154.9		12.5
	11	Teenage pregnancy (under 18) ‡	465	36.5	34.0	58.5		11.7
Adults' health and lifestyle	12	Adults smoking	n/a	20.9	20.0	29.4		8.2
	13	Increasing and higher risk drinking	n/a	22.8	22.3	25.1		15.7
	14	Healthy eating adults	n/a	29.6	28.7	19.3		47.8
	15	Physically active adults	n/a	56.7	56.0	43.8		68.5
	16	Obese adults ‡	n/a	24.6	24.2	30.7		13.9
Disease and poor health	17	Incidence of malignant melanoma	117	16.5	14.5	28.8		3.2
	18	Hospital stays for self-harm	1696	259.6	207.9	542.4		51.2
	19	Hospital stays for alcohol related harm ‡	13333	1664	1895	3276		910
	20	Drug misuse	2929	6.4	8.6	26.3		0.8
	21	People diagnosed with diabetes	31917	5.6	5.8	8.4		3.4
	22	New cases of tuberculosis	72	10.5	15.4	137.0		0.0
	23	Acute sexually transmitted infections	4724	681	804	3210		162
	24	Hip fracture in 65s and over	676	475	457	621		327
Life expectancy and causes of death	25	Excess winter deaths ‡	330	18.5	19.1	35.3		-0.4
	26	Life expectancy – male	n/a	78.8	78.9	73.8		83.0
	27	Life expectancy – female	n/a	82.5	82.9	79.3		86.4
	28	Infant deaths	38	4.1	4.3	8.0		1.1
	29	Smoking related deaths	961	198	201	356		122
	30	Early deaths: heart disease and stroke	451	60.5	60.9	113.3		29.2
	31	Early deaths: cancer	826	110.0	108.1	153.2		77.7
	32	Road injuries and deaths	331	48.1	41.9	125.1		13.1

Source: Public Health England, 2013

What are the key drivers?

Northamptonshire Clinical Commissioning Groups - 5 Year Strategic Plan 2014-19

The shared vision across Corby and Nene CCGs is to help people to live healthier, happier and independent lives. The Strategic Plan is for the whole health and social care economy and is designed to deliver a collective vision of delivering better health, better care and better value for the population by 2019 in a cost effective and sustainable way. The plan is informed by the local Joint Strategic Needs Assessments and recognises the strengths and weaknesses of the local health and social care system, and the needs of the changing population. It sets out a strategy for moving Northamptonshire to a position where it can deliver high quality standards of health and social care in all settings, whilst also delivering financial sustainability.

The plan focuses on improving quality and outcomes as a first priority through the following key areas of work:

- **Responsive Urgent Care**
  - the majority of interventions are focussed at addressing the drivers of attendance and admission and the blocks to discharge
- **Meeting the Financial Challenge**
  - collectively the Northamptonshire health and social care economy faces a £278.6m shortfall by 2018/19 - delivering improvements in outcomes again financial pressures represents a significant challenge
- **Sustainable Health and Social Care Economy**
  - the aim is to fundamentally rebalance the system by creating sustainable organisations and driving a phase shift in delivery towards Primary and/or community Care – there is evidence that delivering the right care at the right time manages demand and improves quality.

The Plan sets out four improvement themes to support these areas of work:

- **Urgent Care**
  - There is a need to commission alternative high quality and cost effective services to specifically reduce A&E attendance, improve patient flow and discharge patients in a timely manner to a setting as close to home as possible. The overall priority is to improve quality and outcomes and ensure equitable access to the highest quality urgent ad emergency care
  - The Better Care Fund Plan sets out the changes which will be made to ensure that integrated health and social care services are a cornerstone of the 5 year strategy. The aspiration is to progressively move towards full integration of community health services and adult social care services starting by integrating those community services which support urgent care – reducing avoidable admissions and strengthening hospital discharge and re-ablement pathways.

What are the key drivers?

Northamptonshire Clinical Commissioning Groups - 5 Year Strategic Plan 2014-19

- **Out of Hospital Services**
  - Northamptonshire's increasing and ageing population will drive unsustainable demand on hospital services over the next five years. To respond to the needs of the frail elderly and those with long-term conditions there will be a step-change in the way services are delivered out of hospital. There will be improved access to primary and community care through community hubs and networked general practice and the associated development of integrated care pathways. Joint working across health and social care will be critical to the achievement of this vision.
- **Secondary Care Services**
  - The needs of Northamptonshire's changing population will be addressed by improving the quality, consistency and economics of key services by commissioning single, county-wide services. Providers will be encouraged to work together in order to deliver effective care, based on greater clinical specialisation, prevention of duplication, better use of assets and repatriation of activity currently delivered out of county.
- **Integrated Health and Social Care**
  - Integrating health and social care services is a key enabler for transforming services and supporting more people in their own communities. Integration of commissioning will support co-ordinated strategic planning across the whole system reducing duplication and fragmentation in service delivery. The integration of health and social care services will make it easier for patients and service users to access services and receive seamless care co-ordinated by a named professional following a single trusted assessment of needs.

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Workforce capacity, capability and flexibility are critical enablers to delivery of these plans. It is essential therefore that workforce development plans are aligned to the 5 year strategic plan and Healthier Northamptonshire Programme and that these are used to expedite change and flexibility in education provision and commissioning to reflect strategic need.

What are the key drivers?

QIPP

Work is continuing on QIPP programme activity and service development.

QIPP schemes range across general practice locality areas to acute and core commissioning contracts and include initiatives to prevent admission, expedite discharge and move care from secondary to primary care and community sectors. This is being achieved through schemes such as re-defining access criteria, developing skills and competences in local areas such as within general practice and local teams so as to reduce the need for onward referral or re-referral, increasing the level of synergy between community based teams, acute and primary care, offering Personal Health Budgets to person with a long term condition or who are eligible for Continuing Healthcare funding and moving from block contract systems.

Although the majority of the QIPP schemes incorporate an element of cost saving, there are also quality improvements built into the schemes such as increasing opportunistic HIV screening, reducing waiting times through the use of technology and utilising case management techniques to support those with brittle health needs. Each provider organisation has its own cost improvement programme.

Winterbourne

Transforming Care: a National response to Winterbourne View Hospital (2012), lays out clear, timetabled actions for health and local authority commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs, and working together to commission the range of services and support which will enable them to lead fulfilling and safe lives in their communities.

The Shape of Caring

The Shape of Caring intends to consider the current challenges to the delivery of health and social care. It recognises that the nursing workforce is likely to play a major role in meeting these challenges, with our nurses and health care support workers in hospitals and in social care providing the majority of hands on patient care. The review chaired by Lord Willis of Knaresborough aims to develop a 10 year blue print for transformation, against the background of recent reports – Willis, Francis, Cavendish, and Berwick – which have recommended changes to the education and training of nurses and health care support workers.

Out of Hospital Strategy

Out of Hospital strategies aligned to the 5 Year Plan are being developed to ensure that patients are treated in the right place at the right time. Part of the solution to delivering a first class emergency care service in Northamptonshire is to ensure that only those patients that require a hospital stay are admitted to hospital and more patients that can be treated safely on an ambulatory basis are cared for in this way. This requires both the availability of community services to deliver care out of hospital and awareness within our hospitals of the potential to care for people safely outside of hospital.

What are the key drivers?

HEE Mandate

The Mandate from the Government to Health Education England: April 2014 to March 2015 - Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values

The Mandate contains a number of short term deliverables and longer term objectives aligned to the five domains of the Education Outcomes Framework.

Education Outcomes Framework

The Education Outcomes Framework sets out the outcomes expected from the reformed education and training system. The framework comprises five domains:

Domain 1: excellent education
Domain 2: competent and capable staff
Domain 3: flexible workforce, receptive to research and innovation
Domain 4: NHS values and behaviours
Domain 5: widening participation

East Midlands Workforce Strategy

The 5 year East Midlands LETB workforce strategy was developed in 2013 following wide stakeholder consultation. There are 3 main pillars:

Investing in building our CAPACITY

- finding the right balance between the specialist and generalist workforce
- create an environment that enables staff to work across organisational boundaries
- develop a more responsive workforce
- develop the optimal skill mix to deliver the best possible care for patients
- provide a workforce in the best location to deliver care
- nurture and value the future workforce

Investing in building our CAPABILITY

- foster creative ideas, ways of working and educational interventions to make the future better for patients
- develop a more skilled and better utilised educator workforce which is a model of excellence for students, trainees and preceptees
- develop a workforce who can create therapeutic relationships to enhance health improvements
- equip the workforce with the appropriate clinical leadership skills to deliver high quality services built around patients
- develop multi professional, multi-agency team working to delivery better patient care
- develop opportunities for career progression with consistent and well defined roles

Investing in building the best BEHAVIOURS

- build an open, compassionate workforce in all organisations
- ensure everyone is accountable for upholding the NHS Constitution
- Ensure lifelong learning is the norm

What are the key drivers?

The 6 Cs

In 2012, the Chief Nursing Officer set out a vision for Nurses, Midwives and Care Staff in an effort to maximise the contribution to high quality, compassionate care and to achieve excellent health & wellbeing outcomes. Six areas of action have been identified – below are some of Northamptonshire's responses.

Helping people to stay independent, maximising wellbeing and improving health outcomes	•implementation of Making Every Contact Count
Working with people to provide a positive experience of care	•engaging with patients to improve services and roll out of Family & Friends test by CCGs
Delivering high quality care and measuring impact	•development of staff ethos as well as compliance KPIs within contracts for LD provision
Building and strengthening leadership	•leadership and management training across service provider organisations
Ensuring we have the right staff, with the right skills in the right places	•development of Values and Behaviours Framework
Supporting positive staff experience	•implementation of Listening in Action to seek staff views on how services could be best delivered

Values & Behaviours

The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience. Quality should not be compromised – the relentless pursuit of safe, compassionate care for every person who uses and relies on services is a collective endeavour, requiring collective effort and collaboration at every level of the system. The delivery of high quality care is dependent on feedback: organisations that welcome feedback from patients and staff are able to identify and drive areas for improvement.

The NHS Constitution sets out 7 key principles that are underpinned by six core NHS values that have been derived for discussions with staff, patients and the public.

- Respect & dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

Recommendations made by Francis following the public inquiry into the Mid-Staffordshire NHS Foundation Trust, state that The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients. The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it should be informed by this ethos.

What are the key drivers?

The Cavendish Review and Care Certificate

Introduction of the Care Certificate should ensure that the health and social care support workforce has the required values, behaviours, competences and skills to provide high quality, compassionate care. The Care Certificate is being field tested with a range of employers across health and social care over the spring and summer of 2014. The purpose of the testing is to ascertain that the content and delivery of the Care Certificate is effective and fit for purpose. The content of the documents above will be tested, and may be subject to further amendments following evaluation.

Skills for Care is working with 16 providers to pilot the delivery of the certificate. The pilot sites have been chosen from rural and urban areas across England in an attempt to reflect the diversity of provision within the adult social care sector. Between them they represent; residential care, domiciliary care, supported living, hospice and housing services providing specialist older people, dementia, learning disability, mental health, reablement and respite care and support. They include large, medium, small, micro and 'individual' employers from the public, private and voluntary sectors.It is planned that the Care Certificate will be introduced in March 2015, replacing both the National Minimum Training Standards and the Common Induction Standards.

Frail and Older People

The frail and elderly population is a key priority across all organisations and sectors. It features in national and local strategies in terms of improving the quality of care across all provision. It is a main priority for the East Midlands LETB Workforce Strategy. There are many initiatives being commissioned to ensure admission avoidance, treatment at home or closer to home and early and timely discharge. There are examples of these throughout this workforce plan. The need to provide the workforce with the skills and knowledge to support this population is crucial, as is the willingness and ability to work across organisational and sector boundaries.

Francis Report

The Francis Report, published 24 February 2010, has reviewed the failings of the Mid Staffordshire NHS Foundation Trust between the periods of 2005 – 2009. The Report highlights a systemic failure of the provisions of good care. Francis states that patients should be considered first and foremost. To support all organizations to learn from and respond to the 290 recommendations of the report, three further reports have been published to help embed effective governance and detect and prevent such serious failures occurring again. Responses to the recommendations are already being considered and implemented, such as the standardisation of healthcare assistant and support worker roles and the pilot of Pre-Degree Work Experience; the East Midlands is to be one of the pilot sites.

The Shape of Training Review

The review looked at potential reforms to the structure of postgraduate medical education and training across the UK. The aim was to:

- Continue to train effective doctors who are fit to practise in the UK
- Provide high quality and safe care
- Meet the needs of patients and service now and in the future.

Five themes were identified within the review, which focussed on:

- Patient needs
- Balance of the medical workforce – specialists or generalists
- Flexibility of training
- The breadth and scope of training
- Tensions between service and training

The report has now been published and sets out a framework for delivering change and for doing so with minimum disruption to service.

Quality, Safety & Safeguarding

The CCGs have developed comprehensive approaches to managing quality and ensure that patients and the quality of care is the focus of their business. Commissioners have a range of information sources that they can use to triangulate evidence to make judgements about the quality of care provided across commissioned services.

Safeguarding remains a priority for delivering patient care and safeguarding is integral to commissioning of services. Both CCGs have statutory duties relating to safeguarding outlined in Children Act 2004 and the recent publication of Working Together to Safeguard Children, March 2013 and will work with other agencies to ensure effective safeguarding across the county. This intention is the same for adult safeguarding, particularly for the vulnerable adult. There has been the development of Multi-agency Children's Safeguarding Hub and scoping is underway to roll out an Adult Safeguarding Hub.

Social Care has the same statutory duty to safeguard adults and children. Northamptonshire County Council is using the results of the latest OFSTED inspection of children's services to improve safeguarding arrangements across the county. It has led to the development of the Children's Service Improvement Plan which is being implemented via the Local Safeguarding Children's Board Northamptonshire (LSCBN). The Care Certificate contains safeguarding competencies that must be achieved; this will ensure that the health and social care support workforce is educated around safeguarding.

Both the Francis Report and the Winterbourne Report document failings in the system to safeguard children and vulnerable adults. Safeguarding is the responsibility of every employee of health, social care, local authority and private organisations. More work is to be undertaken within Northamptonshire to ensure that everyone is not only aware of the duties around safeguarding, but that they are being implemented.

In response to the Francis and Berwick Reports guidance was developed by the National Quality Board with the Chief Nursing Officer for England – "How to ensure the right people, with the right skills, are in the right place at the right time" – A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability. To take this forward in the longer term NICE has been asked to conduct a comprehensive review of the evidence in this area and produce definitive guidelines on safe staffing levels to support local decisions at ward and organisational level. From April 2014 all hospitals are required to publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting NICE safe staffing guidelines. This will be expanded to incorporate other settings.

What did our stakeholders tell us?

1. Children and Young People
2. End of Life Care
3. Frail Older Person
4. Learning Disability
5. Long Term Conditions & Rehabilitation
6. Maternity & Newborn
7. Mental Health
8. Planned Care; including Clinical Support Services
9. Primary Care
10. Public Health & Prevention
11. Stroke
12. Urgent Care
13. Medical Workforce
14. Wider Workforce
15. Voluntary Sector
16. Widening Participation
17. Social Care Workforce

Children and Young People – Context

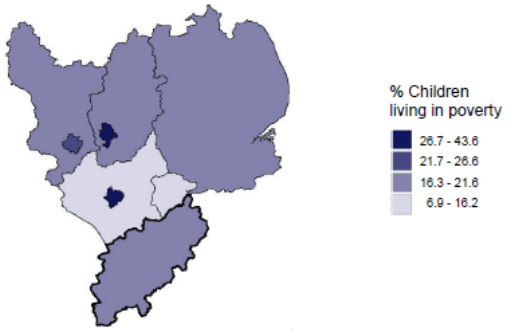
The Child Population

Almost 25% of the Northamptonshire population is aged 19 or under, this is slightly higher than the East Midlands and England rate. The 0-5 age group has shown considerable rise and increased by 19% between the 2001 and 2011 census. This is due to a combination of factors from immigration to a significant expansion in house building.

Northamptonshire has a lower rate than national or regional for children living in poverty.

Children living in poverty

Map of the East Midlands, with Northamptonshire outlined, showing the relative levels of children living in poverty.



The child population in this area

	Local	East Midlands	England
Live births in 2012	9,288	55,645	694,241
Children (age 0 to 4 years), 2012	47,100 (6.7%)	275,800 (6.0%)	3,393,400 (6.3%)
Children (age 0 to 19 years), 2012	174,000 (24.8%)	1,080,200 (23.6%)	12,771,100 (23.9%)
Children (age 0 to 19 years) in 2020 (projected)	190,900 (24.9%)	1,138,000 (23.3%)	13,575,900 (23.7%)
School children from minority ethnic groups, 2013	17,424 (18.6%)	107,085 (18.8%)	1,740,820 (26.7%)
Children living in poverty (age under 16 years), 2011	16.6%	19.1%	20.6%
Life expectancy at birth, 2010-2012			
Boys	79.1	79.1	79.2
Girls	82.7	82.9	83.0

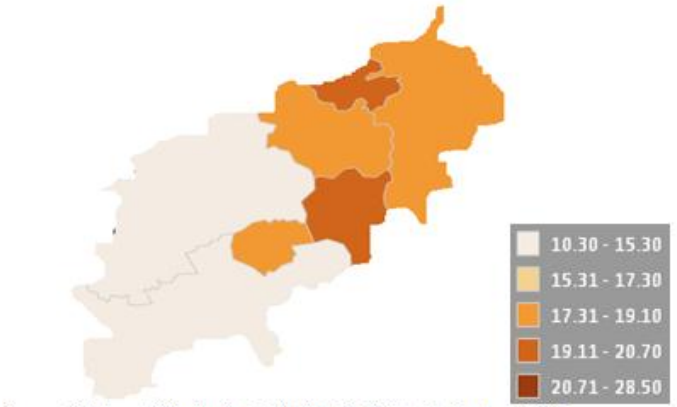
Source: Public Health England, CHIMAT, 2014

Our younger population is more diverse than the older age bands. Whilst 18.6% of all school children are from minority ethnic groups, the School Census for academic year 2012-13 showed that 21.8% of children in Reception and Key Stage 1 (KS1) had a recorded ethnicity of 'Non-White British'.

In the January 2013 SEND Census, 15.6% of children in Northamptonshire had a Special Educational Need, which is lower than the national average. However, only children who have the most severe and complex needs will have a Statement of Special Educational Need (SSEN). Northamptonshire is above the national average at 3.3% of the school population in receipt of a SSEN (2.8% nationally), suggesting we have a higher proportion of children with more severe and complex requirements. This may be linked to families being attracted to Northamptonshire because of the excellent provision of special schools. The majority of special schools (8 out of 12) in Northamptonshire are rated as 'Outstanding' by Ofsted.

Children and Young People – Context

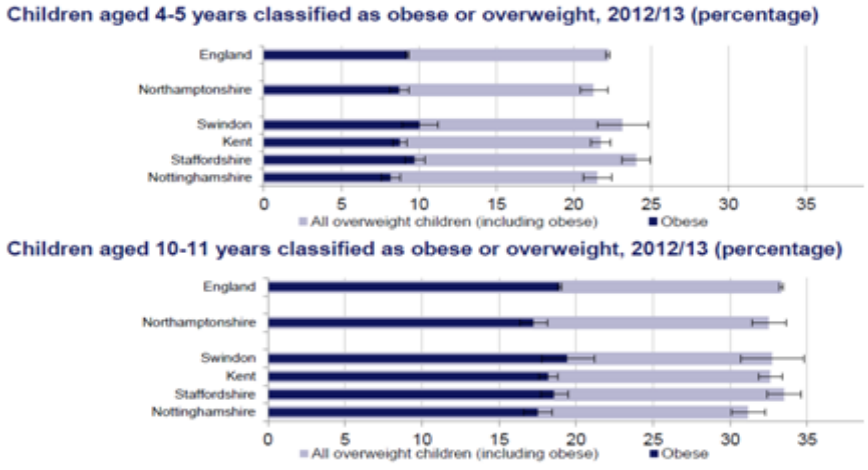
Childhood obesity rates are increasing nationally and this trend is visible in Northamptonshire. Around 9% of primary school children and 17% of children entering secondary school are obese. The aim is to reduce this to 15%; however, at the current time there is no commissioned service for childhood obesity in county which will impact on delivering the intention of the Health & Wellbeing Strategy to reduce childhood obesity. Since the loss of the previous commissioned service (MEND), one Band 5 has responsibility for working across the whole of Northamptonshire using a person-centred coaching model to support children and their families with dietary and exercise advice; however, this is subject to review by Public Health. School Nurses have the responsibility of implementing the National Childhood Measurement Programme; however, the School Nurse service within Northamptonshire is currently understaffed and this is putting additional pressure on to an already stretched service. Public Health will now be investing in the School Nurse workforce to enable them to work more proactively rather than reactively



Source:Childhood Obesity % by District, Public Health England, 2014

Childhood Obesity Map

The map of Northamptonshire above indicates where there is a higher proportion of children aged 10-11 who are obese. For Corby this is 20.2% and Wellingborough it is 19.5%, whilst Daventry (14.6%) and South Northants (15.3%) have the lowest. This is mirrored in the statistics for Reception aged children where Wellingborough and Corby again have the highest proportions of obesity.



Source: Public Health England, CHIMAT, 2014

Childhood Asthma

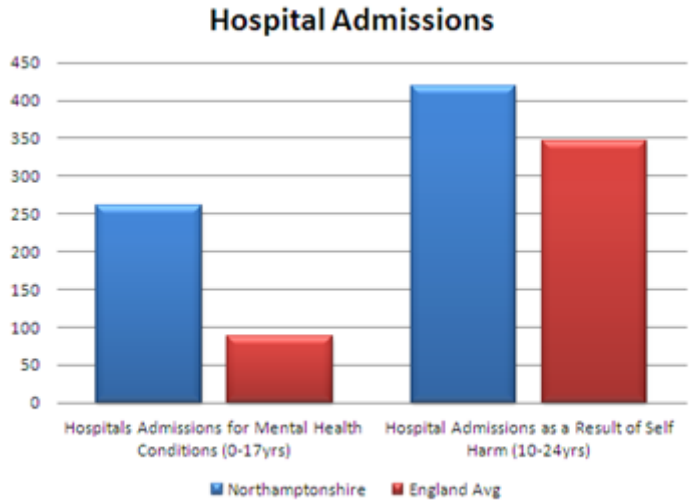
Asthma is the most common Long Term Condition for children. Nationally 1 in 11 children are thought to have asthma; according to Asthma UK, there are about 69 emergency admissions per day in the UK of children in relation to Asthma. See p42.

Children and Young People – Context

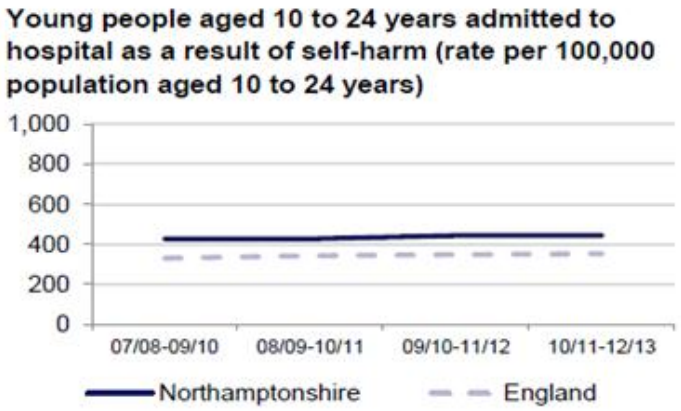
Children and Young People – Mental Health

According to the Mental Health Foundation, it is thought that around 10% of children aged 5 -16 years of age have a mental health condition. However in Northamptonshire there is a significantly higher rate of hospital admissions in relation to mental health conditions than the average for England.

Self-harming generally occurs as a method of coping with overwhelming distress or anxiety and nationally, is thought to affect about 7% of the younger population. As indicated below, nationally the rates of children and young people being admitted to hospital are gradually increasing and Northamptonshire continues to track this pattern.



Source: Public Health England, CHIMAT, 2014



Source: Health and Social Care Information Centre, 2012/13

St Andrew's Healthcare

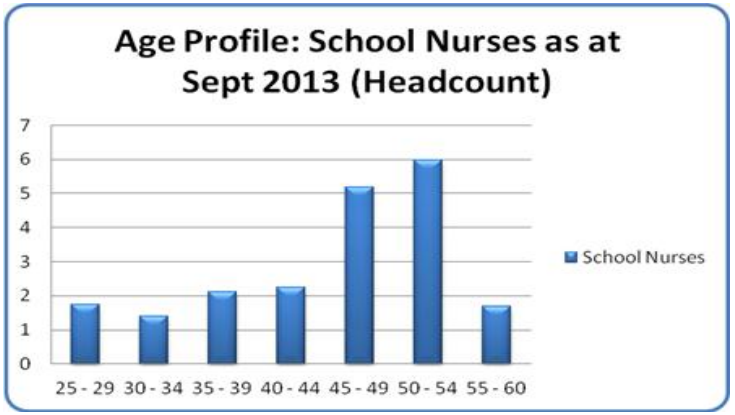
The statistics for Northamptonshire in relation to child and young people's mental health may be impacted on by St Andrew's Healthcare which provides specialist adolescent services including specialist care for young self-harmers. Commissioners believe that the reason for the high Northamptonshire population of young people who self-harm is because families are attracted to Northamptonshire to access these specialist services. Young people who have been treated at St Andrew's Healthcare quite often settle in Northampton as they will have developed links with the town.

Children and Young People – Transforming Services

School Nurses

The School Nurse service is commissioned by Northamptonshire County Council and delivered by Northamptonshire Healthcare Foundation Trust. There has been little investment in school nurse training in recent years; however, Public Health (Northamptonshire) is now implementing a school nurse development investment programme. The drivers behind this are the School Nurse Call to Action, the desire to improve this service in order to better meet our young population needs and to bring the service within the recommended SCPHN to Child ratio. Using the Derbyshire Matrix (recommended on ChiMat as the best practice for workforce needs), there will be significant investment in new trainees over the next 4 years (see chart to right). Future sustainability of this workforce will need to be cognisant of the age profile. NCC is working in partnership with the University of Northampton to deliver this programme within the Learning Beyond Registration portfolio.

As part of the school nurse programme, there will be a drive to reduce obesity and the prevalence of self-harm and mental distress within the whole school population using the Common Assessment Framework. This will link in with the Healthier Northamptonshire programme. The age profile of school nurses indicates a move to an ageing workforce with around 40% over the age of 50 years.



School Nursing

Training requirements 2014-18

SCPHN in post: 16.88
Skill Mix in post: 26.89
SCPHN Trainee: 0

- **Present** (with reinvested money)
- Current service delivery (only to children attending maintained schools and academies):
- Safeguarding; Immunisations; Screening; NCMP; Drop in clinics; PSHE

SCPHN in post: 16.88
Skill Mix in post: 50.32
SCPHN Trainee: 5

- **September 2014**: Increase skill mix and train 5 SCPHN.
- Increase reach to whole school age resident population;
- Imrove electronic access;
- Improve use of CAF as early intervention approach;
- Increased delivery of immunisations (as the protocol increases);
- Enhanced interventions to tackle key priorities: reduce admissions for self harm and mental distress; reduce obesity as measured at year 6.

SCPHN in post: 17.88
Skill Mix in post: 43.12
SCPHN Trainee: 10

- **September 2015**: Train 10 SCPHN.
- As above, plus:
- School entrant health and development review integrated with the school's "school readiness review"
- Development of programmes to meet the needs identified through the improved school entrant health review.

SCPHN in post: 26.88
Skill Mix in post: 38.14
SCPHN Trainee: 10

- **September 2016**: Train 10 SCPHN.
- As above, plus:
- Complete roll out of year 6/7 transition health and development review with parents and children;
- Development of programmes to meet the needs identified through the health review.

SCPHN in post: 36.88
Skill Mix in post: 28.12
SCPHN Trainee: 10

- **September 2017**: Train 10 SCPHN.
- As above, plus:
- Complete roll out of mid-teens health and development review with young people;
- Development of programmes to meet the needs identified through the health review.

SCPHN in post: 43
Skill mix in post: 26
SCPHN Trainee: 4

- **September 2018**: Train 4 SCPHN to maintain the workforce level.
- As above, plus:
- Development of school and community needs profiles and use of these to influence decisions of partner organisations in the development of services and facilities which enhance the health of children and young people.

Children and Young People – Transforming Services

Mental Health Services – St Andrew's Healthcare

St Andrew's Healthcare provides services for young people with complex mental health disorders, neurodevelopmental disorders and brain injury, providing highly specialised care for challenging and vulnerable young people who demonstrate a risk to themselves and others. St Andrew's Healthcare provides specialist adolescent services. A new Adolescent Unit is being built and will be completed in June 2016. It will provide 110 inpatient beds.

NORMEN

NORMEN is the Northamptonshire Mental Health Gateway for everyone with an interest in the emotional wellbeing and mental health of children and young people in Northamptonshire. The site provides parents, professionals and other people working with children and young people information on local services, training and support materials. A Document Library has a number of resources and toolkits and a news area with local, national and international news relating to emotional wellbeing and mental health.

Urgent Care

Corby Urgent Care Centre has 8 paediatric observation beds so that a child's condition can be monitored and appropriate treatment commenced if necessary, preventing inappropriate admission to A&E.

Mental Health Services – Northamptonshire Healthcare Foundation Trust

Child, adolescent and family services help children and young people aged 0 to 18 years and their families. Services help young people with problems such as acute psychiatric illness, anxiety/depressive disorders, attachment disorder, attention deficit disorder, autistic spectrum disorders, eating disorders, self-harm/attempted suicide and substance misuse. The IAPT service provides services for children and young people.

Child and Adolescent Mental Health services and care of the child in general is increasing across the county but there needs to be a review of local education provision to support this area.

Community Health Services for Children & Young People

Last year Nene CCG began a re-specification exercise of Childrens' Community Health services in response to rising demand for specialist services, high A&E demand, rise in the number of long term ventilated babies, rise in the number in inpatient mental health admissions and inconsistency and gaps in provision.

The original intention was to re-tender services but it has now been decided to work with the current providers to improve pathways of care within the community for children and young people. Key themes will be safeguarding, renewed focus on emotional wellbeing and acute, complex and continuing care. This will link with the two major areas of re-commissioning that have been undertaken by NCC; Special Educational Needs and Early help and Prevention.

Acute Care

Merging of the paediatric wards at Northampton General Hospital has increased flexibility required in staffing and the Paediatric Assessment Unit is now established and will move to extended hours in the future. This may lead to need to an increase in recruitment but this has yet to be determined. There are some difficulties in recruiting to neonatal and paediatric nurses and difficulty in recruiting paediatric registrars requires a reliance on locums. Commissioners are developing a set of Core Competencies for paediatricians in order to standardise paediatric assessments across the services. The opening of the new Foundation Wing at Kettering General Hospital has had a positive impact on the way in which services are delivered. It has brought together the various children's clinical areas providing a separate adolescent ward. The new children's ward for acute paediatrics has two HDU beds and there is an expanded paediatric assessment unit (PAU) with 2 extra couches to avoid unnecessary admissions to the inpatient wards; currently this achieves 50% admission avoidance. There are two 'Hot' clinic sessions run per week. Children from 10 days to 16 years, or 19 years for those with complex needs, are nursed through the paediatric areas.

Children and Young People – Transforming the Workforce

Five to Thrive

Northamptonshire Healthcare Foundation Trust in partnership with Northamptonshire County Council is implementing *Five to Thrive,* a national programme based on the findings of research in neuroscience. Recent research proves that how a parent behaves around their baby in the first three years of life has a direct impact on how their baby's brain develops. This is the foundation of how the brain will work as the child grows up and becomes an adult, so if a baby's brain develops healthily they are more likely to be happy and successful as older children and adults. The ***Five to Thrive*** approach helps local authorities, health trusts, schools and children's centres to deliver a consistent, effective message in working with parents, carers and young children. It covers the 0-19 years age range.

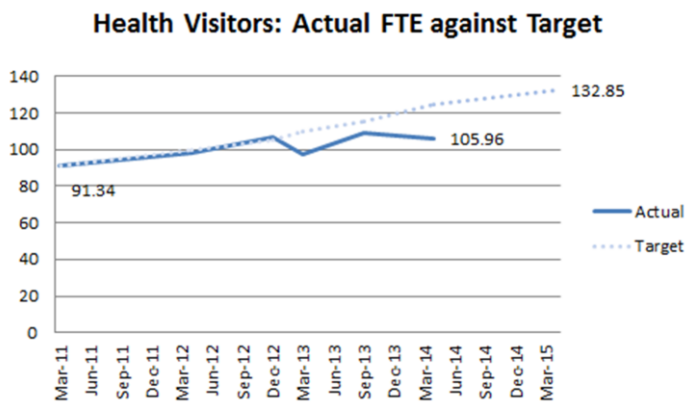
Respond · Cuddle · Relax · Play · Talk

http://www.fivetothrive.org.uk/

The Northamptonshire *Five to Thrive* programme was launched on 13th May 2013. The principles of this model of care will be delivered through a training programme to health visitors, midwives and social workers.

Health Visitors

Additional Health Visitors are being commissioned, trained and subsequently employed in Northamptonshire as part of a national initiative to increase numbers by 4,200 fte by April 2015. The target for Northamptonshire is 132.85 fte in post by April 2015, and commissioning numbers have taken this into account.



There are currently a number of vacancies in relation to HV numbers, which are anticipated to be filled by the next university output, bringing the above trajectory back in line with the target. The age profile of existing Health Visitors is a cause for concern, as 66% of them are aged at least 45. This has been taken into account in planning future HV supply.

Children and Young People Workforce - Actions

- Delivery of the 5 to Thrive programme to Health Visitors, Midwives and social workers
- Explore education and training needs that might emerge from the re-specification of Community Childrens' Services
- Need to review the required education and training needs within child and adolescent mental health to ensure that there is access to appropriate education and training
- Monitor the School Nursing programme and ensure that there is sufficient provision within the University of Northampton SCPHN programme to meet training needs
- Ensure that there is adequate education provision to train new practice teachers to support growth in the School Nursing workforce
- Ensure that there is adequate provision for paediatric High Dependency training to support the Paediatric HDU
- Explore ways to attract paediatric medical and nursing staff to work at the acute trusts
- Continued development of Health Visitor workforce and sustaining health visiting capacity
- Need for healthcare, public health and social care to work closely together to improve the wellbeing of children and young people including cross sector education initiatives
- Nationally, there is an issue around Health Visitors that have a Registered Midwife registration (without an Adult Nurse registration) and their ability to meet the requirements to maintain their RM registration
  - Need to idenfity those health Visitors that fall within this category
  - Need to provide the opportunity for them to meet Prep requirements to maintain registration

End of Life Care – Context

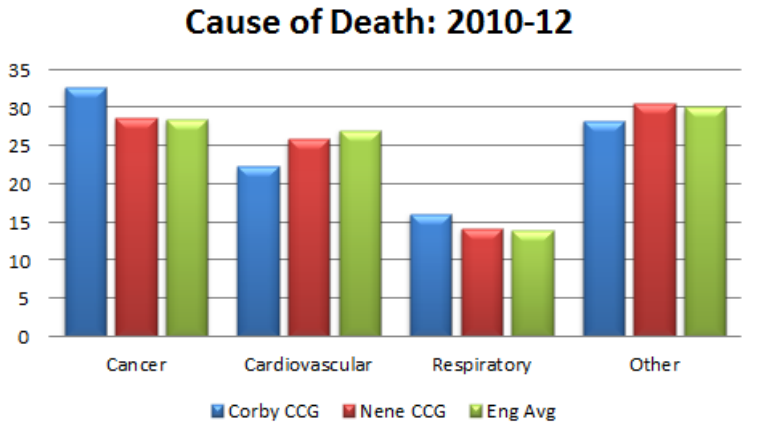
The mandate to NHS England has highlighted end of life care as one of the priority areas where the government is expecting particular progress to be made; *'Improving standards of care and not just treatment especially for older people and at the end of peoples lives'* (DH, 2014).

Approximately 500,000 people die each year in England; two thirds are aged 75 years or older. Our society is aging, people are living longer with complex needs and the consequences are significant. The number of deaths annually is set to increase by over 4000 a year between 2020 and 2025.

Healthier Northamptonshire

Healthier Northamptonshire highlights the evidence that older people with frailty or dementia, experience particularly poor end of life care, including being less likely to have advance care planning or be involved in discussions about their care' ONS; National Bereavement Survey (VOICES) 2012. They have indicated End of Life Care as a priority training need.

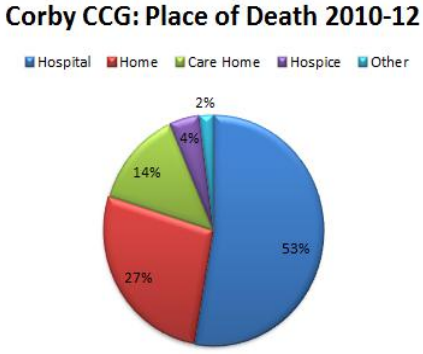
The National End of Life Care Strategy (2008) is just over five years into its ten year programme and new sets of ambitions and actions will be published mid 2014 that as a local community we will need to respond to.



End of Life Care Profiles

The National End of Life Care profiles hosted by Public Health England indicate that **Corby CCG** records a higher proportion of people dying at home than the national average. When analysed by cause of death, this is predominantly due to a higher proportion of people dying at home where the underlying cause is cancer (36% of deaths where the underlying cause is cancer occur in hospital as opposed to 39%, which occur at home). This is significantly higher than the national avg.

Nene CCG in contrast have a lower than the England avg proportion of people dying at home from cancer, but a higher than England avg of people dying in hospices. Nene CCG also record a higher proportion of people dying in care homes where the underlying cause is respiratory disease.



End of Life Care – Transforming Services

Route to Success – Transforming End of Life Care in Acute Hospitals

Both Northampton General Hospital and Kettering General Hospital have signed up to the national Route to Success – Transforming End of Life Care in Acute Hospitals Programme in 2013, aimed at improving quality of care for dying patients wherever they may be cared for. The programme requires acute trusts to work towards implementing key enablers such as Advance Care Planning, EPaCCs (electronic palliative care co-ordination system), Rapid Discharge home to die, AMBER care bundle for patients whose recovery is uncertain and individual care plans for those in the last days of life. Whilst the programme focus is on acute trusts in order to successfully implement all of the above they will need to work with and across the whole health and social care system so that quality of care is provided wherever that individual is cared for.

NGH is also part of a national pilot with St Christopher's Hospice to improve end of life care in the acute setting. There is a programme of work to strengthen the focus on End of Life care across the Trust.

KGH provides End of Life Care training for HCAs and Nurses as part of their induction and this example of good practice could be explored by other organisations. It has also used additional flexible LBR funding for Advanced Care Planning, Syringe Driver Training and End of Life Care Management which has been delivered to staff by Cynthia Spencer Hospice.

Finding the 1%

The End of Life Care – Care Pathway session highlighted 'because it is everyone's business, nobody does it'. People are not always identified as being at end of life and 'Finding the 1%' should not depend wholly on GPs. Older people tend to go round the system between health and social care and the workforce need to be trained to be aware of the triggers and identify those with specific care needs as well as those most vulnerable e.g.; frail elderly or those with dementia. Implementing an electronic palliative care co-ordination system for Northamptonshire would greatly enhance communication around the care of individuals for those with long term conditions as well as those near to the end of life and enable services to be more responsive, individual's preferences for care to be known and to be acted upon wherever possible.

Liverpool Care Pathway

The findings of an independent review into the use of the Liverpool Care Pathway (LCP) for the dying patient 'More Care Less Pathway' published in July 2013 concluded that the use of the LCP should be discontinued by July 14th 2014. The Leadership Alliance for Care of the Dying Patient (LACDP), with engagement from Royal Colleges, LETBs, National Council for Palliative Care, GMC, NMC, was established to determine Priorities for Care of the dying patient and its guidance is due to be published imminently. Most staff have been well used to working with the LCP and Northamptonshire health and social care workers will need additional support to implement the local response to this new national guidance for care in the last days of life.

An Education and Training Subgroup of the LACDP was also established to look at education and training needs of those caring for patients and those who are important to them in the last days of life. Their report will be published simultaneously with the LACDP guidance and education commissioning will be required to reflect the priorities and evidence response within a very short timescale.

End of Life Care – Transforming the Workforce

End of Life Care Practice Development Team

The Northamptonshire End of Life Care Practice Development Team, employed by Northamptonshire Healthcare Foundation Trust and based at Cynthia Spencer Hospice, provide bespoke education sessions structured around the Common Core Competences for End of Life Care (NEoLCP, 2009) using the recommended best practice tools to promote and embed best practice. The team work collaboratively to provide end of life care education, support and advice across health and social care including care home staff, domiciliary agencies, district nurses, GP's, Ambulance services, student nurses and pharmacists. Between April 2013 and end March 2014 the Practice Development team have provided training for 2,276 learners from the organisations referred to above. The care homes that have participated in this training have shown a significant decrease in hospital admissions for end of life care.

End of Life Care Funding

Aside from the commissioned LBR end of life care modules additional recent LETB funding provided the opportunity for training to address local needs and Advance Care Planning training was identified as a priority. Although the training was to be provided locally at no cost to employees take up was low and so it was agreed to provide the training on an individual basis at LOROs. Other priorities identified, such as Communication skills training for support staff, will take place late July and 'Finding your 1%' aimed at Primary care staff primarily as well as using Prognostic Indicator tools training will take place in August.

The University of Northampton is also using transformational contracted LBR funding to deliver Advanced Care Planning to Acute Trusts.

Re- examination of identified training needs will take place with alignment to the recommendations of the LACDP Education and Training subgroup recommendations and requirements.

Training needs

Communication skills training is required for all levels of staff but including advanced communication skills training for medical staff.

There is a need for medical students to have placements at Cynthia Spencer Hospice - discussion with the medical school at the University of Leicester is needed to address this. Alongside this it has been suggested that placement of pre- registration nursing students with hospices needs to increase.

Although a significant amount of training has been undertaken already, pain and symptom control involving drug administration has been flagged as an on-going need.

Education should be based around what is clinically required local processes to improve understanding of the system, by doing this it becomes more real to staff and should ultimately ensure more proactive use. One proposal is for using the 'Common Core Principles' more widely as a foundation for devising learning programmes and it is anticipated that this can be utilised in supervision to look at values, attitudes and behaviours of workers.

NHFT has identified a need for a more robust education pathway in relation to palliative care, including non-malignancy diagnosis, pain management and bereavement counselling.

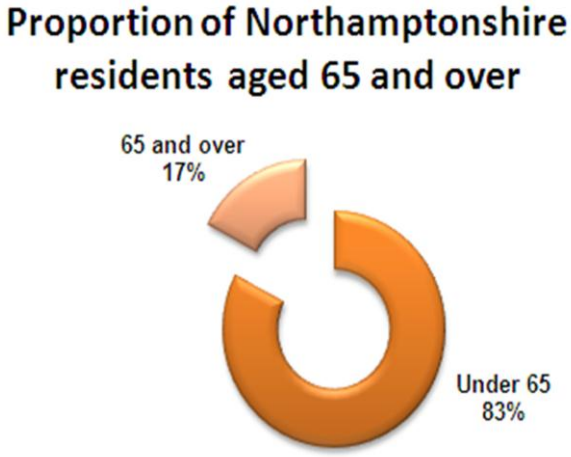
There is a need for specialist skills and knowledge to meet the specific needs of this client group including dementia training and pre-registration curricula that incorporates the increasing complexities of caring for an ageing population.

Social care is utilising e-learning packages such as e-Elca.

End of Life Care Workforce - Actions

- Develop a Northamptonshire Integrated End of Life Care Education Plan to meet the recommendations of the Leadership Alliance for Care of the Dying Patient, the End of Life Care Strategy Ambitions and strategic commissioning plans for Northamptonshire
- Development of learning opportunities for pre-registration healthcare and medical students within the Northamptonshire hospices
- On-going requirement for communication and advanced communication skills training
- Review palliative care education pathway including non-malignancy diagnosis, pain management and bereavement counselling
- End of Life care education for the wider health and social care workforce including, and in particular, care home settings
- Strengthen awareness and education to support the link between End of Life Care and Dementia

Frail Elderly – Context

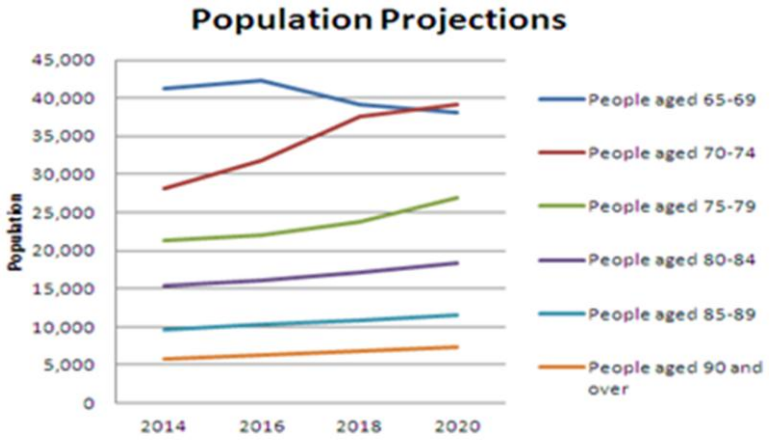


In 2012, Northamptonshire had a population of 700,600 people, an increase of 11.0% from the 2001 census, a higher rate of growth than in the East Midlands (9.0%) or England (8.2%). Currently, about 17% of the population of the county is aged 65 or over.

The Projecting Older People Population Information System (POPPI) predicts that the population of those aged 65 and over will increase from 121,500 to 141,500 by 2020.

POPPI suggests that of that 121,500 people who are 65 and over, just over 40% of these consider themselves to have a limiting long term illness; this increases to over 50% for those aged 75 and above. There is a particularly high prevalence for this age group for conditions such as:

- Dementia
- Diabetes
- Depression
- Sensory Impairment
- Mobility / physical impairment

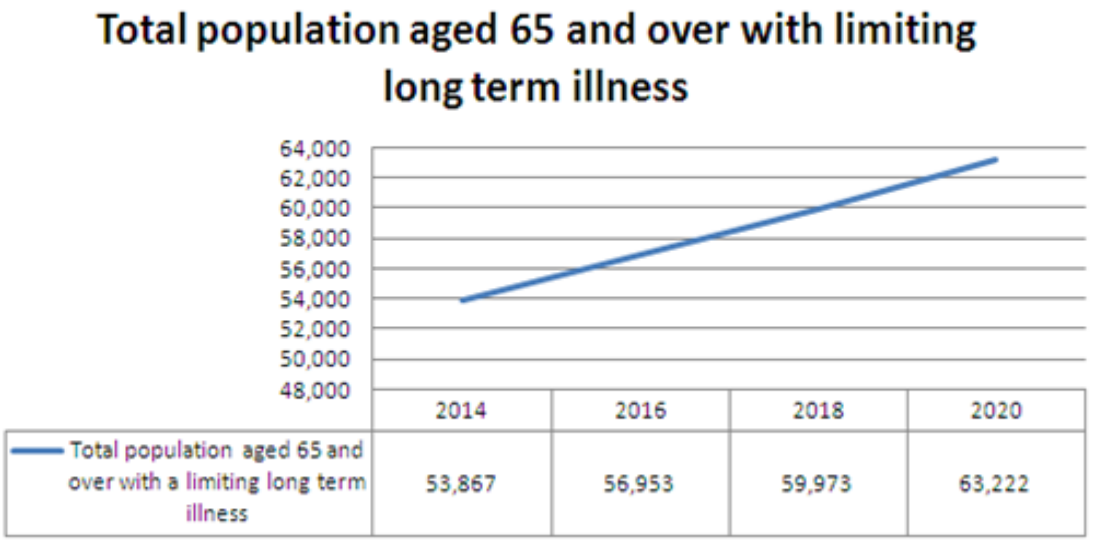


Source: POPPI Population Estimates and Projections, 2014

Frail Elderly – Context

Metric	Direction of Travel	By 2016	By 2030
Population growth for over 65's		+ 11%	+ 49%
% of over 65's living in a care home		+ 11%	+ 79%
% of over 65's living alone		+ 10%	+ 53%
% of over 65's predicted to suffer from dementia		+ 11%	+ 75%
% of over 65's predicted to have a fall		+ 11%	+ 55%
% of over 65's predicted to be hospitalised because of a fall		+ 10%	+ 63%
% of over 65's predicted to receive community based services		+ 11%	+ 49%

Source: The Kings Fund, 2014



Source: POPPI, 2014

Delivering high quality services to the frail and elderly is a key priority for system leaders within Northamptonshire as they strive to manage the needs of the county's growing population within the available funding envelope.

Population projections show that Northamptonshire is expected to see a growth of 49 per cent in the number of people over 65 years old by 2030. National evidence shows that this cohort of the population is the most costly overall, placing significant strain on the health and social care infrastructure. For example older people typically account for 43 per cent of non-elective admissions to hospital, 53 per cent of occupied bed days and 80 per cent of admissions that result in a length of stay over a fortnight.

The Frail Elderly Programme will lead the transformation of local services, which will see, amongst other things, the integration of the county's health and social care workforce into community hubs within localities and a countywide Crisis Hub. Education and training will serve as a catalyst to integration, by enhancing the knowledge and skills of the workforce.

Frail Elderly - Transforming Services

In November 2013 a new pilot model was implemented to deliver a sustainable system for our frail and older person population.

The Northamptonshire Frail and Elderly Programme

Northamptonshire Integrated Care Partnership

- Nene and Corby CCGs
- Northamptonshire County Council
- Northamptonshire Healthcare Foundation Trust
- Olympus Care Services

Four key principles

1. **Whole systems change**
   - Integrating health, social and voluntary sectors
2. **New mind set and behaviours**
   - Pro-active, person centred, out of hospital
3. **New mechanisms and ways of working**
   - Multi-disciplinary team approach requiring new ways of working
4. **Improved insight and foresight**
   - Transparent, comprehensive data and performance management

Five Interventions

1. Multi-Disciplinary Teams
2. Crisis intervention by community geriatrician-led Crisis Response Teams
3. Admission avoidance at the Emergency Dept. by managing the crisis through a co-ordination hub (Crisis Hub)
4. Outreach service by acute hospital geriatrician
5. Discharge to assess through integrated teams into the hospital at home environment

Workforce Issues

- Shortage of geriatricians – could gap be filled by GPs with Special Interest?
- Breaking down professional and organisational boundaries to meet patient needs

Six key features

1. Operates 07.00 to 23.00 daily
2. Health and social care professionals
3. Two types of intervention:
   - Admissions Avoidance
   - Facilitated Early Discharge
4. Programme of care for up to 14 days
5. Presence in EDs 08.00-21.00 daily
6. Ward presence increase

Future of the Service

- Call centre meeting targets and reduce length of stay on targeted wards
- Project comes to end in September 2014
- Funding streams being sought to continue delivery of the service
- Change programme looking at avoidable admissions, conveyance to A&E and expedited safe discharge

Frail Elderly - Transforming Services

Age UK – Supporting older people in Northamptonshire

Age UK work in partnership with Kettering General Hospital and Northampton General Hospital to support people over age 55 who attend the ED on Friday, Saturday and Sunday evenings. They provide practical and emotional support and support professionals by attending to the patient's non-medical needs and discharge requirements.

Age UK – Supporting older people with dementia

Age UK is working in partnership with Kettering General Hospital to improve the hospital experience and outcomes of hospital stays for people with dementia. Age UK workers offer practical assistance, provide reassurance, facilitate low level activities and provide support for carers on two acute wards, 5 hours a day, 7 days a week across meal and visiting times.

The Welcome Home Scheme

Funded until July 2014, this scheme runs across 7 GP surgeries. Volunteers base themselves in the GP surgery and contact patients over the age of 75 who have been discharged from hospital within the last 2 weeks. They offer support on changes to medication, ensure that follow-up to other services are completed and check for any other health or social problems that can be dealt with to avoid readmission.

Short stay elderly ward NGH

- Acutely ill patients
- Physiotherapy and discharge planning on day 1
- Full geriatric assessment and diagnostics
- Decreasing length of stay

In-reach team KGH

- Reduced length of stay
- 3 senior nurses plus geriatrician
- In-depth assessment
- Physiotherapy and occupational therapy assessment day 1
- Daily screening (7 day service)
- All patients age 75+ on short stay ward/MAU & ED
- Identify patients whose discharge can be expedited
- Track patients through to discharge

The Frail Elderly Crisis Hub Project – NHFT perspective

The Frail Elderly Crisis Hub project has increased the number of care packages delivered to patients by 825 over an 11 month period. The project is meeting other targets and is demonstrably improving care by avoiding admission of frail elderly patients into acute hospital and facilitating earlier discharge by providing integrated care packages with social care. The new service has enabled NHFT to use targeted advertising to recruit and retain staff.

The Pathway Scheme in Wellingborough

This is a single point of access service providing support, guidance and signposting to the population of Wellingborough around health and social care needs. Clients only have to tell their story once rather than have to retell every time they access a different service.

Social Care

Since December 2013 there are an additional 13 step down beds. Southfield House offers a 10 week assessment for patients 65 years and over and has a step down high dependency unit to care for people discharged from hospital due to 'winter pressure' demands. The unit has the support of dedicated healthcare staff to assist in rehabilitating people to return home. Northamptonshire County Council is looking at increasing reablement services through Personal Budgets.

Frail Elderly - Transforming the Workforce

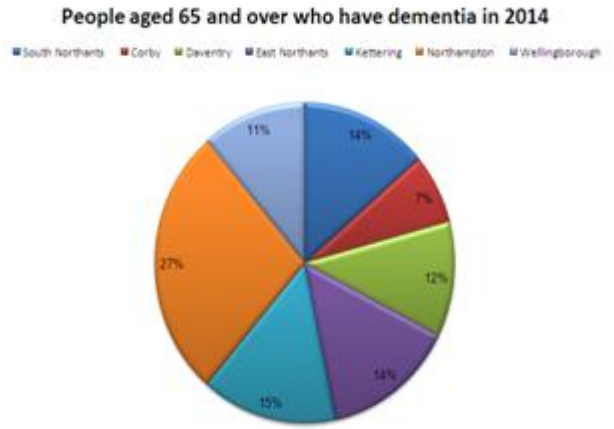
Improving and Sustaining the Quality of Care within the Care Home Environment

To support improved variability of care provision across nursing and care homes there is continued investment of the training programme and toolkit that was developed in conjunction with East Midlands HIEC. Analysis of the training programme delivered to 28 care homes in Northamptonshire shows an increase in staff confidence and competence that is statistically significant. Nene CCG and De Montfort University are working together to deliver a further training programme across Care Homes in Northamptonshire using a train the trainer model. The focus of the training is:

- Delirium risk assessment
- Urinary catheter management
- Dementia care
- Fall prevention
- Diabetes management
- Nutrition
- Venepuncture
- Anaphylaxis

A subcutaneous fluid project will be rolled out into a number of nursing homes that receive a weekly GP ward round. A data collection tool based on the methodology of the Safety Thermometer is being devised that will also be piloted throughout the training to enable evaluation of the project but also to help care homes self-monitor their service.

It is intended that the training will improve outcomes of patients by education care staff with the skills and confidence to deliver early nursing care interventions that prevent avoidable admissions to acute hospitals.



Source: POPPI, 2014

Dementia Awareness Training

The rate of prevalence of dementia increases with age. The chart above demonstrates the estimated split of prevalence based on the over 65 population for Northamptonshire, indicating for example that over a quarter of cases of dementia are likely to occur in Northampton. There is an increase in diagnoses of dementia in secondary care.

Both Flexible Learning Beyond Registration and Wider Workforce Development Funding has been used to deliver dementia awareness education for the clinical and non-clinical support workforce and practice nurses in GP surgeries across Northamptonshire. Dementia awareness training is being delivered by the Alzheimer's Society to the support staff working in GP practices. It will equip them to have a good understanding of the condition so that they can better engage with and improve the experience of their patients.

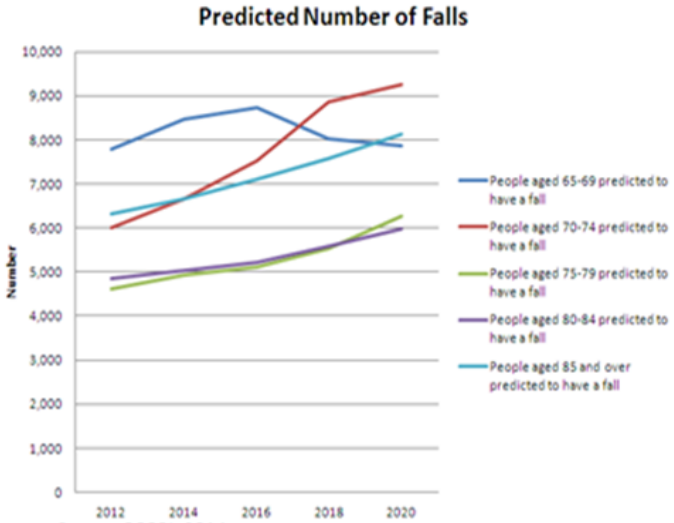
The University of Northampton is using the Transformational element of the Learning Beyond Registration contracted funding to deliver a series of half day training programmes to Practice Nurses. This is to enable them to recognise early signs of dementia and to be better equipped to support dementia patients and their carers.

Frail Elderly - Transforming the Workforce

Falls Positive Training

There are a significant number of older people falling within Northamptonshire accessing both primary and secondary care services and as indicated by the POPPI projections opposite, this is likely to increase particularly for those aged 70 and over. The ambulance service in Northamptonshire alone receives at least 12,000 calls per annum for older people who fall (data provided by EMAS). Alongside the potentially devastating personal consequences for older people who have a fall is a rising financial cost associated with falls (estimated nationally to be £1.7 billion per annum for fragility fractures alone).

Falls Positive is an inclusive and innovative cascade training package for those who work with older people and develops health and social care professionals to become 'Falls Positive' Trainers and cascade the package to support workers as well as peers, managers and community groups. The package focuses on the identification of falls risk, intrinsic and extrinsic factors and modifiable actions to reduce risk. The University of Northampton has been working with falls experts across health and social care to develop the package which will be delivered and evaluated as part of a pilot throughout 2014 using the Transformational element of the Learning Beyond Registration contracted funding.



Source: POPPI, 2014

Academy of Geratology

KGH are part of a collaborative partnership with the University of Bedfordshire and NHS Trusts (Milton Keynes, Bedford, Luton & Dunstable, Buckinghamshire, Central & North West London) which has launched an Academy of Geratology Excellence programme building on the NICHE (Nurses Improving Care for Health system Elders) programme in New York.

Goal: To work together with Older Adults, health and social care professionals and organisations across boundaries to deliver improved health outcomes for Older Adults

Outcomes:

- deliver improved clinical practice and provide a true recognition of this important and essential specialty;
- enable organisations and staff to contribute to improving the experience and care for Older Adults and their families, removing barriers and always putting the patient first;
- raising the profile of Geratology care in the acute hospital setting and offering real benefits to patients and staff in delivering excellence

Securing the supply of the nursing workforce

There are also other organisational examples of focussed training and development programmes to support the improvement of services to frail and elderly people. Northampton General Hospital is developing an in-house education programme for registered and support nursing staff. Northamptonshire Healthcare Foundation Trust is increasing capacity in the Frail Elderly areas and is developing more advanced nurse practitioner (ANP) roles to utilise advanced assessment skills in order to map and plan appropriate care pathways in order to maintain service users in their own homes or community facilities. It is also currently transforming the way in which it delivers the Evening District Nursing Service which not only provides traditional District Nursing input to clients in the evening but also provides a rapid response service, which supports prevention of admission to hospital as part of the 111 and Frail and Elderly pathways. The service is for house bound adults whose primary need is physical care.

Frail Elderly - Transforming the Workforce

Developing the workforce to Deliver High Quality Care for the Frail and Elderly – Northamptonshire LETC Education Programme

The Northamptonshire LETC is leading the development and delivery of a system –wide programme of education across Northamptonshire supported by investment from Health Education East Midlands. It is a multi-professional, multi -sector programme focussing on four areas of priority to support the integrated Northamptonshire Frail and Elderly Programme. It is also predicated on the 10 components which underpin the New Model of Care for Older People. It will be developed to dovetail with and scale-up best practice and education provision currently taking place within local service and education provider organisations.

Priorities

- Prevention and Enabling Self-Care
  - Equipping health and social care professionals with knowledge and skills to support patients in adopting healthy behaviours
  - Frailty screening training for Voluntary Community Services
- Comprehensive Geriatric Assessment and Personalised Care Planning
  - Further developing baseline knowledge and capability in managing continence, falls, immobility, dementia/delirium/depression and promoting dignified, person-centred care particularly within acute medical wards and emergency departments
- Management of Long Term Conditions
  - Widening the scope of existing education packages on personalised care planning, advanced assessment, monitoring and chronic disease management for community nursing and intermediate care team workforce
  - Further training in reablement
  - Caring for people with dementia
- End of Life Care
  - Training to catalyse the spread of advance care planning and widen the scope of the Gold Standards Framework training
  - Increasing knowledge and skills in caring for patients with dementia at the end of life

Source: The Kings Fund, 2014

Frail Elderly Workforce – Actions

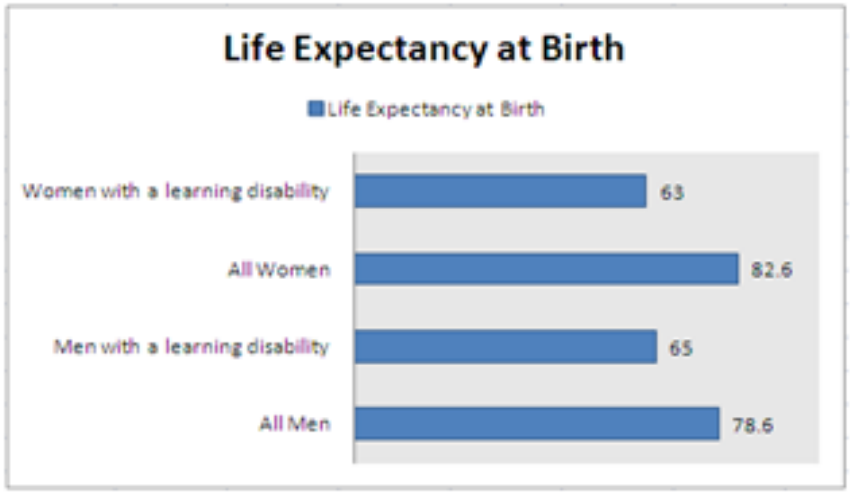
- Develop and deliver Phase 1 of the Northamptonshire LETC Multi-professional Education Programme to support the delivery of services to frail elderly people including a sustainability plan
- Evaluate the impact of Improving and Sustaining the Quality of Care within the Care Home Environment
- Implement Falls Positive training and evaluate impact
- Ensure that education programmes for the community workforce are fit for purpose
- Develop a cohesive framework of dementia awareness training across the system aligned to the national Dementia Strategy
- Increase the number of pre-registration practice learning opportunities within the frail elderly system by at least 20% over the next five years and support students to undertake service improvement projects to present to the LETC
- Increase the number of clinical apprenticeships working within the frail & elderly system by 20% over the next 5 years
- Raise the profile of healthcare careers within the frail and elderly specialty
- Review skill mix and alternative workforce solutions to support pressures in elderly medicine
- Learning and development needs identified across the health and social care workforce to deliver the High Quality Care for the Elderly project:
  1. Prevention and Enabling Self-Care
  2. Comprehensive Geriatric Assessment (CGA) and Personalised Care Planning
  3. Management of Long Term Conditions
  4. End of Life Care
- Requirement for a PGCert in Older Adult Nursing

Learning Disability – Context

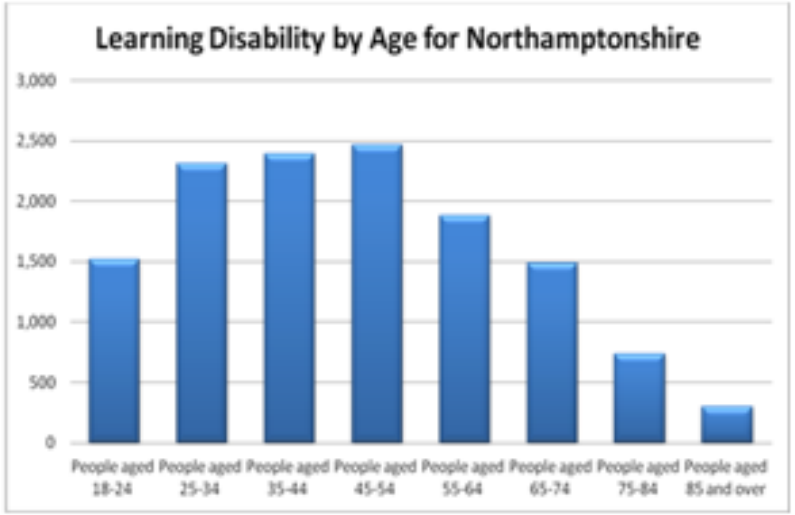
There are around 13,000 people in Northamptonshire who have a learning disability. People with learning disabilities are a very broad and diverse group. Learning disabilities can vary from very mild to severe and profound; having varying effects on a person's day to day life.

According to Public Health England there are numerous key health inequalities for people with learning disabilities. Life expectancy is overall shorter at around 65 years for men and 63 years for women, if the person experiences a severe or profound learning disability their life expectancy is likely to be about 46 years.

Overall, people with a learning disability are living longer and are presenting with co-morbidities, including dementia, which further impacts on their underlying disability.



Source: Public Health England & POPPI, 2014



Source: POPPI, 2014

Learning Disability – Transforming Services

Intensive Support Service
- provides services for people whose mental health or challenging behaviour requires short periods of intensive assessment and intervention – inpatient services at Berrywood Hospital and community based Intensive Support Team
- Works with Packages of Care Team to transfer out of county back to Northamptonshire

Short Break Services
- for children and adults who have complex needs
- helps families and individuals identify future living solutions

Respite and short breaks
- short term accommodation for young adults with a learning disability
- trying to be more creative - now have a caravan at Skegness

Supported Housing
- combination of long and short term tenancies with support available if needed

NHS Care: Northamptonshire Healthcare Foundation Trust provides specialist healthcare to people with learning disabilities living in Northamptonshire. Care is delivered across a number of services.

Social Care: Olympus Care Services support adults and young people with a learning disability. The services provided are designed to make sure people can remain as independent as possible, for as long as possible and live life their way

Reablement for Younger Adults
- focus on increasing independence through transition to adulthood

Opportunities for You!
- a community based service which provides meaningful activities and development opportunities

Community Teams
- based in four localities across the county

Safe Places
- these are places in the community where people with a learning disability can go and feel secure e.g. library

Care at Home Support services
- short term accommodation for young adults with a learning disability

Learning Disability – Transforming Services

St Andrews Healthcare

SAH provides a combination of medium and low secure specialist services for adults and adolescents with mild/borderline learning disabilities and challenging behaviour who may also have a mental health problem and/or an offending history. A multi-disciplinary team offers a wide range of individualised therapies and interventions to ensure a tailored care programme for every resident. The adolescent service, based in Northampton, helps young people work towards leading independent lives by maximising their potential through positive interventions.

Northamptonshire Healthcare Foundation Trust

The NHFT Learning Disability Assessment and Treatment Unit (LD ATU) is a 4 bedded unit which provides an in-patient service for individuals with a primary diagnosis of learning disability. These individuals may also present with co-morbid mental health issues and challenging behaviours. The LD ATU provides assessment & treatment for this patient group if their behaviour cannot be safely managed within a community setting due to their complexity and associated risks. The LD ATU works closely with community teams to provide seamless transitions between the community and in-patient settings. The service works within a multi-disciplinary model of care which is inclusive of psychology, speech and language therapy and occupational therapy.

Parity of esteem - physical and mental health

There is a priority for NHFT staff to have good knowledge of both physical and mental health needs across mental health and learning disability within both inpatient and community care settings. For mental health and learning disability practitioners there is a need to be able to identify a physical health condition and know how to treat or refer appropriately; for community physical staff the same applies for psychological factors.

There is also a need for the whole health and social care workforce to have a much greater understanding of learning disability. This is particularly pertinent in general medicine and surgery.

Learning Disability Services

Learning disability services are increasingly becoming more person-centred. A new build at Ecton Brook is aimed at maximising independence. Unfortunately, some private providers of learning disability residential and employment services are closing even though they can provide a useful service to the local community and provide those with a learning disability work experience and support social enterprise.

There is a need to take a more holistic view of what people need to support them with their daily living rather than labelling them as someone with a learning disability or a mental health problem. People with a learning disability are living for longer with more long term conditions. More will be diagnosed with dementia and will have complex health needs. Learning disability services for the elderly need to be different to services provided for young people and generic services need to meet the needs of those with a learning disability.

Learning Disability – Transforming the Workforce

Unpaid Workforce
Parents and carers are a large unpaid workforce that should be recognised. They are supported by multidisciplinary community teams, Northamptonshire Carers provide carers and there are respite facilities available for children and adults with complex needs. People with a learning disability can also use Personal Budgets to employ a personal assistant which may also offer some respite for the main carer.

Social Care offers parents and carers a 12 Care Essentials Package and a Directory of Services.

The Intensive Support Service provides Personalisation training for families, community teams and staff. This can include relationships, sexuality and understanding epilepsy.

Medical Workforce
There are no reported issues with this workforce in learning disability services.

Multi-disciplinary Teams - healthcare
The MDTs consist of psychiatrists, learning disability, community and mental health nurses, psychologists, speech and language therapists, occupational therapists, physiotherapists, and support workers. Some nurses within the MDT have specialist roles and when they leave the service tends to lose the specialism.

Mencap –
Getting it Right from the Start
This is a Mencap health project that is being rolled out across primary care. The project is about training volunteers so that they can advise, support and train GPs and their practice staff about the needs of people with a learning disability. It is designed to make sure that people with a learning disability find it easier to know about and use primary healthcare services, and to help people with a learning disability have a better experience when they use health services.

Social Care
The learning disability workforce is predominantly made up of support workers. They work with the MDT although they find it challenging to work with people with complex needs. The workload is intense but there are good retention rates.

Personal Assistants are often employed through Personal Budgets. This is a hard to reach workforce when it comes to education and training.

Support staff
Support staff are trained to NVQ L3 in health and within the QCF framework in social care. LGSS, the OD support service for NCC, is delivering an LD award from April 2014. There are currently no Assistant Practitioner roles in learning disability services.

AHPs
There is a need for more Band 5 speech and language therapists to have knowledge and skills around dysphagia and occupational therapists need Sensory Intelligence.

Learning Disability Workforce - Actions

- Need for learning disability nurses to develop post-graduate competence in mental health
- Scope demand for learning disability specialist occupational therapists
- Need for Speech & Language Therapists to have first level skills in dysphagia at point of registration
- Need to train mental health staff to have capability and competencies to deliver physical health and vice versa
- Need for Occupational Therapists to have to have Sensory Intelligence skills – need to source programme
- Education and training for voluntary sector, parents and carers
- Joint learning opportunities required across health and social care and multidisciplinary teams
- Dementia and long term conditions awareness training across the learning disability workforce

Long Term Conditions & Rehabilitation – Context

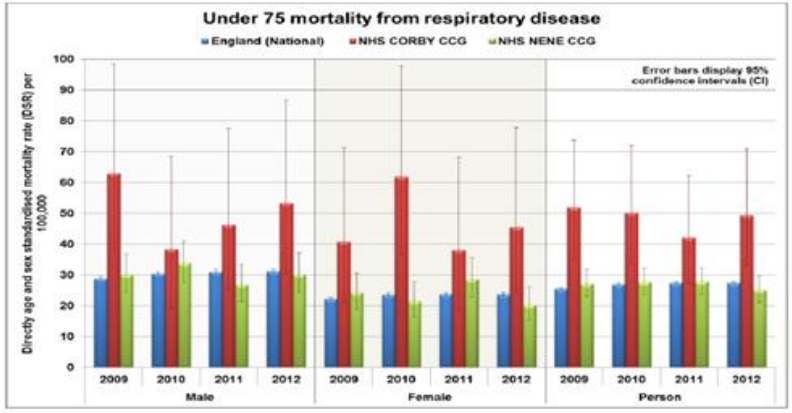
'We want everyone to have greater control over their health and wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving'

NHS England, 2013, p3

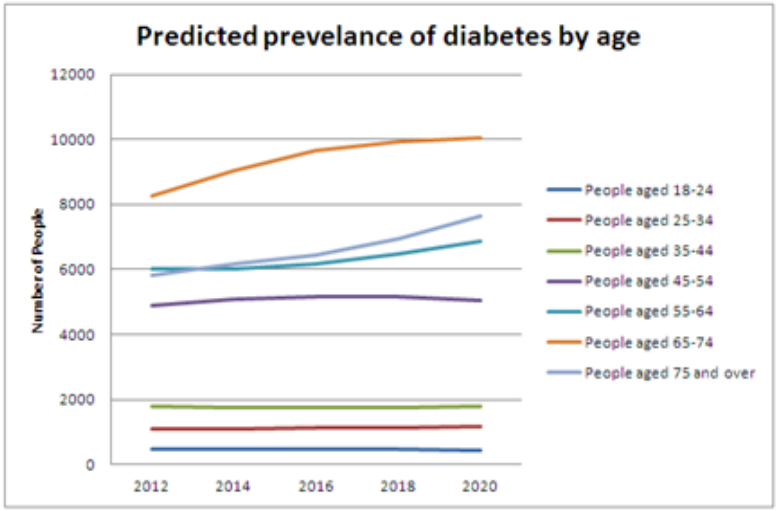
Respiratory disease is the third leading cause of death in England after circulatory disease and cancer. The most prevalent respiratory diseases are chronic obstructive pulmonary disease (COPD), Asthma and Tuberculosis.

The Northamptonshire Joint Strategic Needs Assessment 2013 suggests that 12,205 people in Northamptonshire are known to have COPD, a similar prevalence to the UK and slightly lower than other East Midlands areas.

Nene CCG area has a similar rate for deaths caused by respiratory disease when compared to England, however as shown in the graph below, for Corby CCG it is almost double.



Source: Northamptonshire JSNA, GP registered population counts from NHAIS

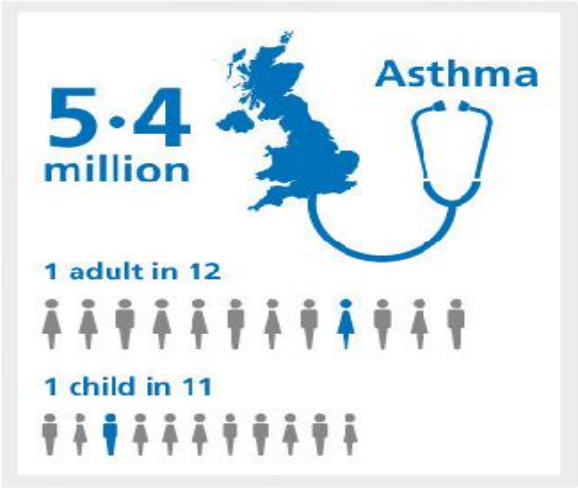


Source: Predicted Prevelance for Northamptonshire, POPPI, 2014

Diabetes type 2 is more common than diabetes type 1, and is associated with higher risk rates for coronary heart disease and stroke. The prevalence for all types of diabetes for Northamptonshire is about 5.6% of the population, however according to the Northamptonshire Joint Strategic Needs Assessment 2013, approximately 6,800 people in the county may be undiagnosed.

Rates for complications related to diabetes are higher in Northamptonshire than the England average.

Long Term Conditions & Rehabilitation – Context



Source: Asthma UK

Asthma

Although Asthma affects 1:12 adults, it is the most common Long Term Condition for children. Nationally 1 in 11 children are thought to have asthma; according to Asthma UK, there are about 69 emergency admissions per day in the UK of children in relation to Asthma. Long term Conditions tend to be viewed as affecting Adults, yet LTCs affect our younger population also.

Northamptonshire has consistently tracked lower than the national rate of emergency admissions in relation to Asthma for children across both CCG geographies; historical data shows this has varied by CCG area as outlined below. Corby CCG tracks above the national average for length of stay once admitted.

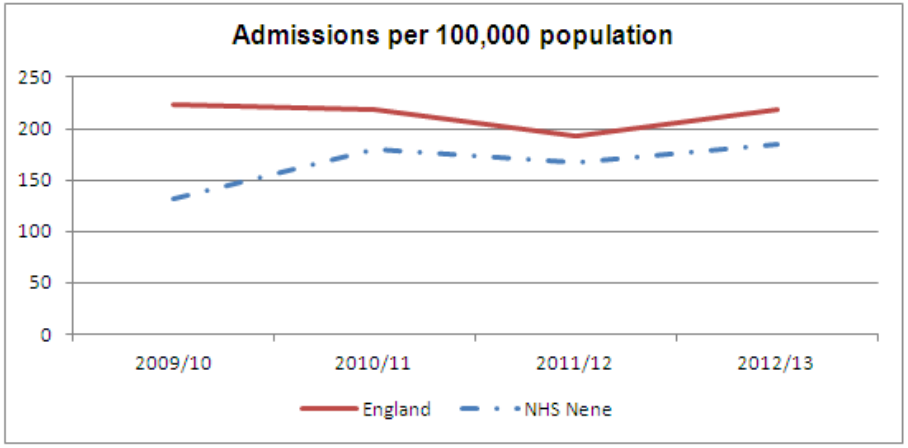
Respiratory disease

There are

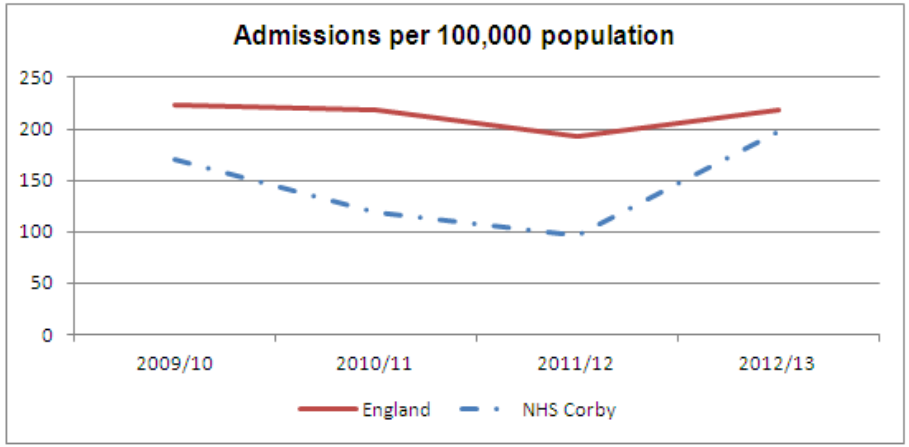
12,205

patients in the county with chronic obstructive pulmonary disease (COPD).

The prevalence of LTCs in the over 65 population can be found on page 29



Nene CCG



Corby CCG

Asthma Emergency Admission Rates for Children Aged Under 19

Source: Public Health England, CHIMAT, DMIT, 2014

Long Term Conditions Rehabilitation – Transforming Services

Long Term Conditions (LTC) management will be developed and commissioned under pathway based care initiatives as part of Healthier Northamptonshire. A Framework will be built on the following principles:

- Supporting patients and carers to effectively self-manage
- Responsive and safe case management and risk profiling in general practice
- Specialist multi-disciplinary teams accessible within communities across county
- Access to specialist service support

High level Plan

- improving health outcomes
- address comorbidities
- self-management and behaviour change

Overarching Strategic Objectives

- redirect investment from acute care to community based care
- invest in development of self mangaement skills - workforce and people with multiple LTCs
- increase range of sepcialist resources and support in the community that actively promote health, wellbeing and self-management

Key Principles

- risk stratification
- case management
- shared decision making/self care

Commissioning Pathway Based Care

NHS Nene & Corby CCG has a two- year Work Programme focussing on the following LTCs:

Year 1
- **Respiratory**
- **Diabetes**
- **Cellulitis**

Year 2
- **Chronic Pain**
- **Other LTCs**

Clinical Programme Boards will manage the Work Programmes with input from a number of stakeholders including service users.

The Challenge

- High prevalence of LTCs combined with depression, smoking and obesity
- Only 3.3% of total spend on LTC is spent on self-management
- 21% of total spend on LTC is spent within primary care yet 50% of episodes for care of people with LTC being delivered there
- Care for older people more expensive than care for younger adults
- Need for GPs with Special Interest contributing to LTC care
- Transformation of primary care essential and increase in need for community services

Long Term Conditions Rehabilitation – Transforming Services

Respiratory Programme Board

NHS Nene & Corby CCGs have set up the first of the four clinical programme boards for Year 1 of the Commissioning Pathway Based Care programmes under the Healthier Northamptonshire Strategy. The purpose of the programme board is to ensure the work outputs deliver the very best quality outcomes for our residents with respiratory conditions with a focus on value and equity. It will bring together all relevant stakeholders to identify new local pathways, their potential benefits and value in the health economy.

The focus will be on:

- Whole systems
- Population health
- Reduction of waste and increasing value
- Person centred
- Challenge by transformation
- Developing networks
- Equitable care for all
- Knowledge management

For 2014-15, four work streams have been identified:

1. Prescribing and medicines management
2. Management of condition
3. Education and training
4. Self-care

Supporting Practice Nurses

Additional Learning Beyond Registration funding was made available in December 2013 to deliver COPD and Asthma training to practice nurses to provide them with the additional skills needed for them to support their patients with respiratory conditions. This training was delivered by Education for Health and has been evaluated well by the practice nurses.

Personalisation

NHS Nene CCG describes its management of long term conditions as:

The overall vision for managing long term conditions across Northamptonshire is for a model of shared care that promotes health & wellbeing, and is driven centrally by the individual. It aims to deliver a whole systems approach to care, and through transformational workforce change, deliver care that is liberating and places people at the heart of their care. As the experts they know what works best, and through the development of effective partnership working will influence local professionals to enable it.

In line with the work that NHS England has begun on personalisation, NHS Nene & Corby CCGs aim to:

- Enable a share vision across the workforce for developing personalisation
- Develop co-production with the local population that brings about personalisation

This will form part of the larger transformational change of primary care and a move to integration where there are shared benefits. Some services may need to be re-commissioned or re-designed.

People with a LTC who are eligible for Continuing Health Care are encouraged to have a Personal Health Budget (PHB). A small cohort of people with mental health and LTCs also receive PHBs. The strategy is to roll out PHBs to many other people with LTCs in Northamptonshire. Health Education East Midlands Northamptonshire is working with commissioners to identify programmes of training and skills development that will enable the move toward partnership working and coproduction. This would include training for staff to support motivational interviewing, coaching and co-productive support planning.

Long Term Conditions – Transforming Services

Community Hubs

This year will see the development of Community Hubs in each of the 8 localities across Northamptonshire and Corby. The Community Hubs will bring together community nursing, Intermediate Care Teams and Social Care working across boundaries. Each hub will meet the needs of its local population using a risk stratification tool to identify level of need. A care coordinator model will be used to direct patients to the right services.

There will be a need for the workforce to adopt different ways of working. For example, using a bank of GPs with a special interest to effectively plan and manage discharge via a MDT or placing hospital discharge planners in the hubs. More groups of patients will need to be supported to self-manage their LTC(s). Health and social care staff need to be provided with the right skills to support patients self-manage where appropriate.

Acute Services

Both acute Trusts continue to examine patient pathways to ensure that there is sufficient bed capacity with more flexibility of use and greater therapy input to reduce length of stay for long term condition patients. The move to 7 day services will increase the demand for AHP services although there are some issues around staff expectations to overcome before this can begin to be fully realised.

Podiatry

Last year Nene CCG decommissioned low level foot care services and now commissions higher level foot care and diabetic foot services. Carers are being trained to provide low level interventions. There is a need to ensure that foot care is part of a holistic approach to patient care and that training of acute based staff is provided. There is a balance of supply and demand for this workforce.

The Collaborative Care Team (Corby)

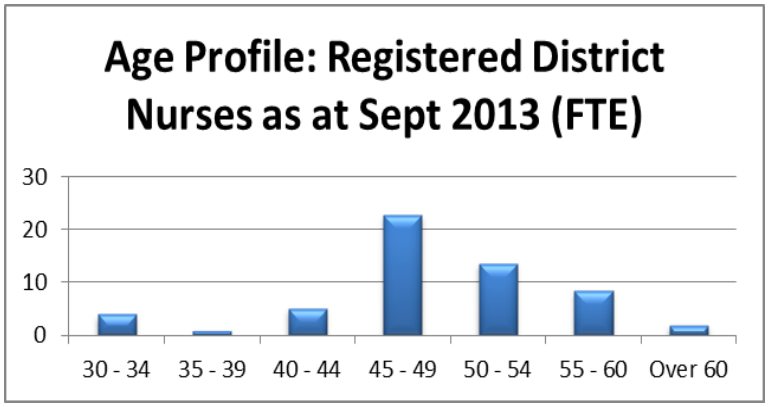
The Collaborative Care Team (CCT) model builds on the foundations of the house of care (Kings Fund) and virtual wards concept. There is recognition of the need for greater co-ordination and care planning for strict cohorts of patients. The CCT will be used as a resource to manage patients with long term conditions and multiple co-morbidities but more importantly it will enhance and maintain independent living.

Care will be designed around the goal of the patient, delivered in the patient's own home and without boundaries which will require health and social care to work side by side.

Improving and Sustaining the Quality of Care within the Care Home Environment

To support improved variability of care provision across nursing and care homes there is continued investment of the training programme and toolkit that was developed in conjunction with East Midlands HIEC. See the Frail Elderly person section.

Long Term Conditions – Transforming the Workforce



The District Nursing age profile has not changed significantly since April 2012.

Advanced Nurse Practitioners

ANP roles need to be developed to meet both physical and mental health needs across community and secondary care. ANP training programmes enable the practitioner to utilise advanced assessment skills in order to map and plan appropriate care pathways to support people remaining in their own homes or in a community setting. At the moment there is a shortage of ANP training programmes that meet the needs of community practitioners. The University of Northampton is delivering a short course on Consultation and Condition Management in the Community which is not part of the LBR portfolio. This highlights the need to move away from traditional accredited modular delivery to more service-led transformational method of delivery. Increased capacity in Frail Elderly areas has placed challenge around these difficult to recruit staff.

District Nursing

There is currently a major review of the District Nurse and community nursing workforce at Northamptonshire Healthcare Foundation Trust (NHFT). The Trust has been unable to recruit to DN posts and this has put the existing workforce under significant pressure. The current part-time modular programme of DN training commissioned by HEEM has not been meeting the needs of service; there are issues around capacity to release staff onto the programme, coupled with high attrition from the programme. As a consequence there have been no new district nurses trained at NHFT during the past 2 years. The organisation has now worked with The University of Northampton to change the delivery method in line with the re-approval of the Specialist Community Public Health Nursing programme and NHFT is putting in place employment arrangements to support this. For DNs it will now be delivered as a one year full-time programme. There is also a need to rebuild the number of trained practice educators in order to support the trainees; this must also be addressed by the organisation when planning future training needs of the DN workforce.

The Queen's Nursing Institute was commissioned to look at current practices of caseload management within District Nursing. It has now published its findings (*Developing a national District Nursing workforce planning framework*, QNI, 2014) and recommends the development of a DN Strategic Workforce Planning Tool and a locally tailored operation scheduling tool. Northamptonshire commissioners and the Northamptonshire Workforce Team have had preliminary discussions with NHFT regarding how we can respond to this locally, including NHFT becoming one of the proposed pilot sites for the data gathering exercise. QNI has bid for the next phase of the project although this may pass to Health Education England.

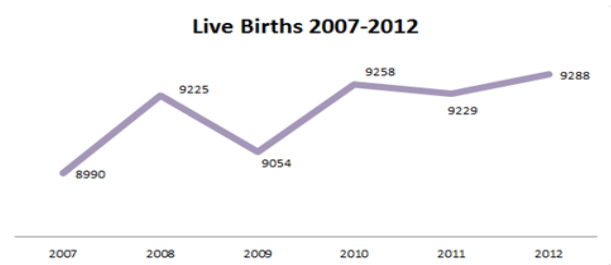
Attracting Newly Qualified Nurses

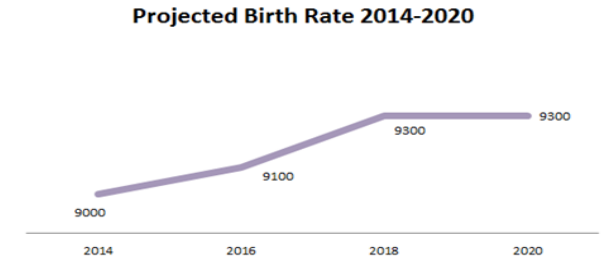
NHFT has been looking at how it can attract newly qualified nurses to work in a community setting. The organisation offers a Preceptorship programme to newly qualified nurses recruited in to Band 5 posts and is working really well for both the new staff and the community teams. They are also offering elective placements to 3rd year pre-registration nursing students in order to try and break down some of the perceptions about recruitment of newly qualified nurses into community settings.

Long Term Conditions Workforce - Actions

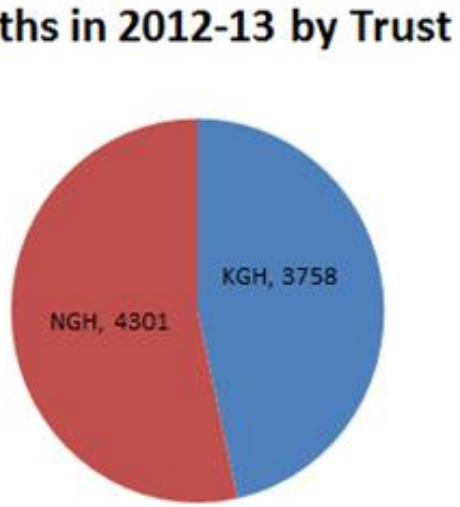
- Develop package of training to support integration between general practitioners and secondary care LTC specialists
- Scope requirement and delivery plan to support development of community nursing teams
- Education and development of workforce to support flexible working across integrated teams
- Training in Motivational Interviewing, Coaching and Co-productive Support for staff supporting people with Personal Health Budgets
- Patient education on self-management
- Need for foot care to be part of holistic approach to patient care and develop training to support this
- Develop packages of education to support growing need for generic roles within the wider workforce and registered staff
- Develop education and training packages that are generic in relation to Long Term Conditions that can be delivered to professional groups and organisations across health and social care
- District Nurse programme now being delivered full time over one year – need to evaluate impact on service and identify how the education package can be scaled up
- Care without boundaries will require health and social care to work side by side
- Need to move away from traditional, accredited, modular education delivery to more service-led transformational method of delivery
- Development of skills in care home settings to support long term conditions management
- Practical skills in enablement to support transition from hospital to home

Maternity & Newborn - Context





Source: ONS provided by Northamptonshire Analysis, 2014



Source: HSCIC, 2013

Birth Rate in Northamptonshire

- The Office for National Statistics records live births based on the mothers area of usual residence, therefore some of these births will not necessarily occur at hospitals within Northamptonshire, and some may even be home births.
- Since 2007, the number of live births to mothers usually resident in Northamptonshire has gradually climbed reaching a peak in 2012 of 9288 – already exceeding the population prediction from the ONS of around 9000 by 2014.
- According to the ONS population projections, this pattern is set to continue, with approximately 9300 births per year predicted by 2018.
- The Public Health indicator for Smoking During Pregnancy demonstrates Northamptonshire performs significantly worse than England with 16% of mothers recorded as smoking in pregnancy (compared to the England average of 13.3%).

Maternity & Newborn – Transforming Services

Barratt Birth Centre – Northampton General Hospital

The Barratt Birth centre opened on 2nd December 2013. It is the first midwife-led unit in the county and bridges the gap between traditional labour ward care and home birth. It has birthing pools, en-suite bathrooms, a kitchenette and double beds. Women who are considered to be of low risk can be referred to the centre at 34 weeks gestation. NGH is now integrating the Home Birth team and the Birth centre.

Maternity Observation Ward

Northampton General Hospital has opened a 17 bedded observation ward with high dependency bed facilities for post-natal and post-operative care. This will improve standards of care for women. Midwives will require post-registration education and training in order to equip them with high dependency care skills, probably through learning beyond registration funding.

Transcutaneous Bilirubin Monitoring

All babies that show signs of jaundice must now be screened and monitored. Most jaundice is benign, but because of the potential toxicity of bilirubin, new-born infants must be monitored to identify those who might develop severe hyperbilirubinemia and, in rare cases, acute bilirubin encephalopathy or kernicterus. Screening for hyperbilirubinemia would have previously been done with a blood test but can now be conducted in the community using Transcutaneous Bilirubin monitors. Kettering General Hospital has introduced this non-invasive technique in the community.

Tariff (PbR)

The maternity tariff was implemented this year after a shadow year to monitor impact on maternity services in county. There was some initial concern that this would affect services at NGH; however, this does not now appear to be the case. The main issue concerning the tariff payment is that it now includes the Newborn hearing and screening service and ultrasound which has not previously been included in tariff payments.

Women are now booked on one of 3 pathways of care by 14 weeks gestation according to the type of care they will require and associated risk factors:

- Standard
- Intermediate
- Intensive

Some clients will automatically fit into the intermediate, for example teenage pregnancies.

There has been some south of county border issues involving Brackley, Byfield and Springfield. Antenatal and postnatal care was provided by NGH but women delivered in Oxfordshire. This affected continuity of care and impacted on the tariff. This client base is now being handed over to Oxfordshire for all care which will reduce the NGH case load by around 130.

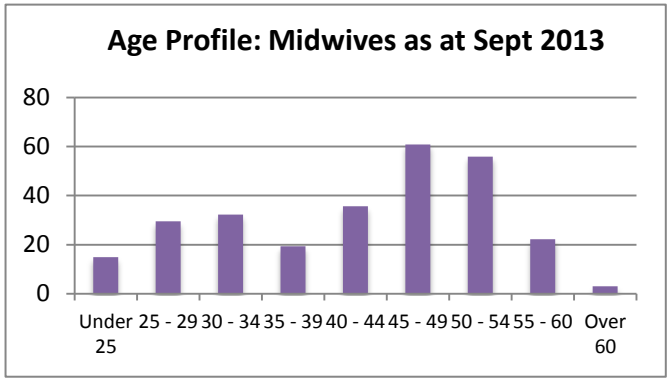
Education to support service transformation

As well high dependency skills, there is an on-going need for maternal high risk care, normal birth, Examination of the Newborn and Neonatal Life Support

Electronic records

Kettering General Hospital has implemented the Medway Electronic Patient Record system for postnatal care. All care notes are logged onto the system which can be accessed and used by community midwives via a laptop. Eventually it will have the capacity to add test results. This will support continuity of care.

Maternity & Newborn – Transforming the Workforce



The age profile of midwives in the two Northamptonshire maternity is not significantly changed within the last 12 months. It is reported that when midwives retire they often return to work flexible hours which supports the ability to skill mix

Neonatal Care

Both acute Trusts have level 2 Neonatal units which provide HDU and SCBU facilities. Kettering General Hospital plans to increase the neonatal nursing workforce by around 10%. There are no significant problems reported with recruitment and retention within the neonatal nursing workforce. There are Advanced Neonatal Nurse Practitioners in post. The availability of neonatal high dependency programmes within the Learning Beyond Registration portfolio is business critical to the ability to deliver the service. Even though this education is required by a very small number of staff each year, it is crucial that it is available.

Supervisors of Midwives

Both Northampton General Hospital and Kettering General Hospital are meeting requirements for the number of Supervisors of Midwives that each unit should have. The Supervisor of Midwives course is available through Learning Beyond Registration contracted provision.

The Law Commission (2014) has recently undertaken a review of the Regulation of Health and Social Care professionals. It recommends the removal of midwifery specific provisions, including that of the Local Supervising Authority Midwifery Officer's power to suspend midwives. This is being contested by the Royal College of Midwives as this function is seen as a mechanism to protect the mother and baby. This may impact on the supervisor of midwives role.

Registered and medical workforce

There are no reported difficulties in recruiting and retaining midwives, although new graduates within the East Midlands commissioned places face tough competition to newly qualified midwives that graduate from outside of the region. It is important to ensure that newly qualified graduates are equipped with the necessary interview skills. KGH plans a small increase in their midwifery workforce; NGH are not currently expecting any need increase to their midwifery workforce.

The Shortened Midwifery programme is becoming increasingly difficult to recruit to. This year the programme in Northamptonshire will not run. This pathway into midwifery is being reviewed as part of a Strategic Educational Review of midwifery education, particularly as the programme will increase from 18 to 21 months due to new EU regulations. Although this programme provides a second output, due to the difficulty in recruitment and high attrition its continued viability must be questioned as outputs are very small so do not provide a significant contribution to recruitment.

There are no reported issues with the medical workforce in obstetrics or neonates.

Support Workforce

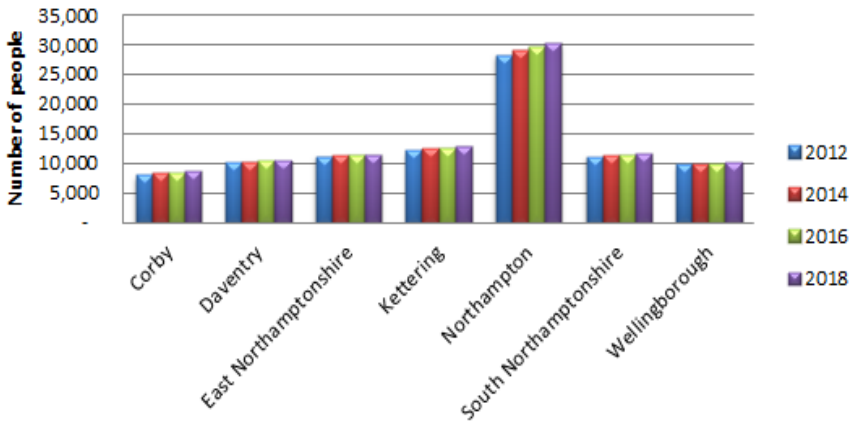
Health Care Assistants continue to be a vital part of the support workforce within the maternity units. Maternity Support Workers are employed within the community and undertake home visits focussing on the social aspect of care. Both units employ Assistant Practitioners within the community and are looking at the role of the Assistant Practitioner in the inpatient setting. APs are educated through a Foundation Degree delivered by The University of Northampton with maternity specific modules as part of the degree pathway.

Maternity & Newborn Workforce - Actions

- The availability of maternity specific modules for Assistant Practitioners within the Foundation Degree programme at The University of Northampton
- It is important that Heads of Midwifery influence the Strategic Review of Midwifery pre-registration training in order to secure education programmes that meet the needs of services in Northamptonshire
- Ensure continued availability of Neonatal High Dependency education programmes
- The NICU workforce – this is a small workforce so difficult to release staff for training. Look at skill mix e.g. Assitant Practioner roles and scope the feasibility of joint clinical accredited training
- Ensure that pre-registration midwifery students are educated in the skills of Engendering Curiosity to support children's safeguarding and maternal safety
- Delivery of the 5 to Thrive programme to Health Visitors, Midwives and Social Workers

Mental Health – Context

Prevelance of Common Mental Disorders



Source: Northamptonshire Mental Health Commissioning Tool

Mental Health

It is expected that the numbers of people who experience or live with a common mental disorder (CMD) will increase in line with the growth of the county's population.

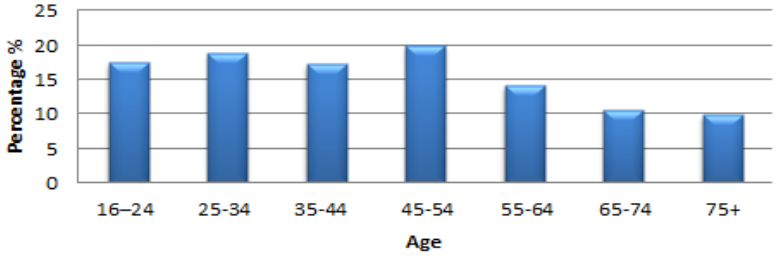
Northamptonshire is therefore likely to see an increase of prevalence of CMDs from around 92,400 people in 2014, to 95,270 by 2018.

Prevalence is highest within the 45-54 age group.

The types of CMD experienced vary from depressive disorder and anxiety, to phobias. The prevalence for different types of CMD also varies between the age groups.

Younger people are more likely to experience phobias, panic or obsessive compulsive disorders. However across all age bands, the most common CMD experienced is anxiety and/or depressive disorder, with prevalence highest for the 45-54 age groups.

Proportion of age group likely to experience a Common Mental Disorder



Source: Northamptonshire Mental Health Commissioning Tool

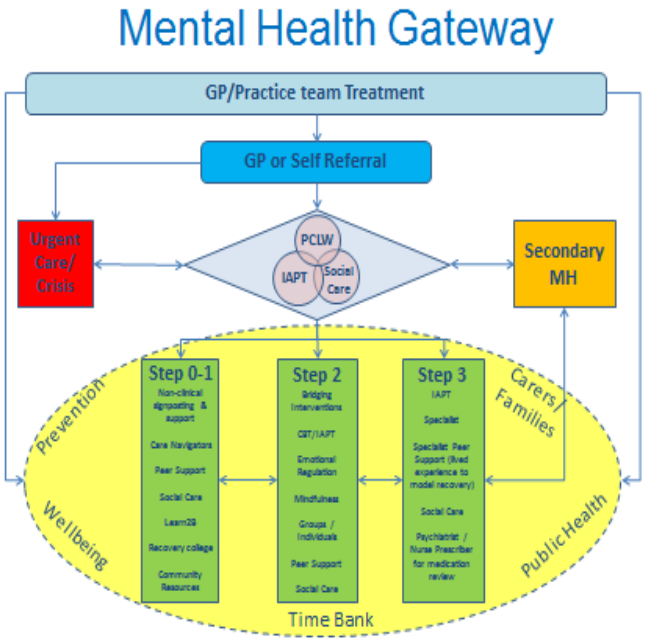
Mental Health – Transforming Services

Primary Mental Health & Psychological Therapies Service

This service aims to provide a wide range of primary care interventions, including improving access to Nice approved interventions, psychological therapies and other therapeutic and wellbeing intervention enhancing opportunities to people in Northamptonshire with common mental health problems. It is based on a step up/step down approach and a single point of access (SPoA) within a multi-disciplinary model of care.

The service reflects the need to respond to national directives around the reform of mental health and wellbeing services and is based on the recommendations of the Joint Commissioning Panel for Mental Health (2013):

- Mental health problems should be managed mainly in primary care
- Collaborative working across services
- Access to specialist expertise and secondary care as required using a stepped care model



Implementation

The new service model is being piloted in Northamptonshire West and will be rolled out across all localities in Northamptonshire during 2014.

Dedicated Primary Care Support

Primary Care Liaison Workers

To facilitate effective communication between secondary & primary care services, to ensure that Service Users receive appropriate interventions in a timely manner

Short-term social care service

Screening; assessments; advice, guidance and signposting; short term interventions; access to Reablement support workers; access to intermediate (3rd sector) support. Link with Early Help Forums (children's services); care management for older and younger adults; AMHP, safeguarding and appropriate adult support

IAPT

Provision of CBT for Steps 2 & 3

Fast track to Consultant time

To give GPs dedicated consultant time to give advice and discuss patient care if required

Wellbeing Navigators

This has been piloted in Northampton and gives both patients and health and social care staff access the wealth of third sector organisations that are able to provide support

Collaboration and Integration

The provision of services is a collaborative between Northamptonshire Health Care Foundation Trust (NHFT) and Northamptonshire County Council (NCC) and includes services and organisations across primary and secondary care, community, social care and voluntary. The service is the first of its kind to be set up within the country.

Successful implementation of the service will result in more people being seen by the appropriate service in a timelier manner through a SPoA, ensuring equity of access. People will be stepped up or down according to need and discharged when appropriate with access to support mechanisms to keep them well. New roles will provide support to GP practices and cross agency working will ensure smooth transition through the services. Phase 1 of the programme is the re-specification of the service to provide a newly commissioned footing by 2015; the exact procurement model is being finalised.

Mental Health – Transforming Services

Acute Hospital Psychiatric Liaison Service

A new Mental Health Liaison Service will be commissioned from September 2014. This multi-disciplinary team with key senior staff including consultant Psychiatry, Clinical Psychology, CPNs, OTs and social workers, will work across Kettering General Hospital and Northampton General Hospital to provide seven day advice and support to the emergency departments and ward areas. The focus will be around alcohol dependency and supporting mental and physical health needs, frail and elderly and co-morbidities. The service will support carers as well as hospital staff. It will be necessary to provide training to clinical staff in the Acute Trusts in the recognition of patients and carer's psychosocial needs as well as physical needs; awareness of pathways and services to meet these needs; improved staff skills in sharing information on available psychosocial resources and timely referral to mental health services. It is hoped that it will also impact positively on staff sickness rates as staff will be more aware of their own mental wellbeing and how they can maintain this. The team will be led by an Operational Lead who will be required to have a dual mental health and general nurse qualification.

Northamptonshire Healthcare Foundation Trust

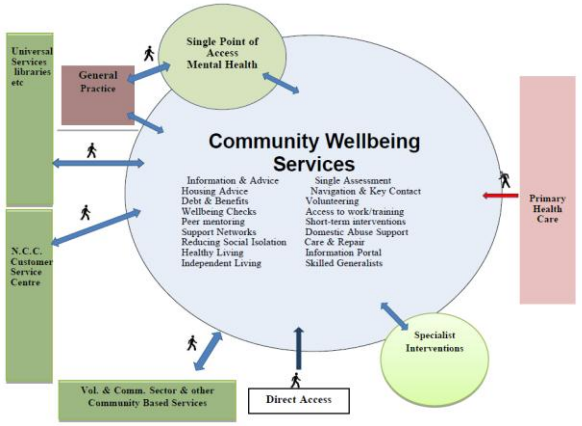
Services remain in a state of flux whilst changes are made to service commissioning models and as the organisation continues to bid for new services. A recent bed review may lead to a reduction in staff or staff mix dependent on commissioning intentions; however, 146 staff have just been transferred to NHFT as a result of the change of service provider of community beds from Northampton General Hospital. Although the workforce plan indicates a reduction in the workforce over the next two years, some services may require an expansion to workforce in response to strategic objectives around expansion within Northamptonshire and growth outside of county.

At the Mental Health care pathway discussion it was highlighted that when newly qualified nurses are recruited to inpatient wards, once they have been trained they often leave to work in the community; this is not seen as negative as they take good skills with them but it does impact on turnover. There is also a rolling programme to replace occupational therapists and social workers. Working in the inpatient setting is demanding; staff wellbeing is sometimes a concern which raised the question of how we build a resilient workforce. There is a need for more nurses with a dual qualification in adult and mental health or the ability to develop post-graduate competencies.

There is to be a reduction in the psychiatry workforce at NHFT due to the reduction in bed base. The will be recruiting to Rehabilitation medicine in 2015.

A Community Wellbeing Service for Northamptonshire

NHS Nene & Corby CCGs and Northamptonshire County Council (NCC) are embarking on an ambitious plan to ensure that the population of Northamptonshire is supported to achieve the best possible physical and mental health and wellbeing and to live a full and independent life. The development of new, comprehensive wellbeing services across county is being driven by the *Healthier Northamptonshire* programme.



The Community Wellbeing Service represents a move away from a silo approach to the commissioning and provision of services based on single issues e.g. mental health, homelessness, smoking, obesity, alcohol etc. It will also have an impact on reducing the demand for higher level physical, mental health and social care services at a later date. These services will link into the emerging model of primary care mental health and social care services. It is expected that all elements of this service will be place by April 2015.

Mental Health – Transforming the Workforce

St Andrews Healthcare (Northampton)

St Andrews Healthcare (SAH) continues to be a significant provider of mental health, learning disability, brain injury and neurodegenerative conditions for men, women, adolescents and older people. Service expansion continues and work on the new building has commenced and will house the adolescent service. The 110 bedded unit should open around July 2016. This will require a c10% increase in nursing and AHP staff. The current adolescent wards will be refurbished to accommodate the women's service in 2017. SAH educates its staff by in-house training programmes and learning beyond registration provision. There continues to be a need for nurses with a dual qualification in mental health and adult. Staff with a dual nurse/social work qualification would be of benefit.

Improving Access to Psychological Therapy

The Northamptonshire Improving Access to Psychological Therapies (IAPT) service is a key part of the provision within the Primary Mental Health & Psychological Therapies Service. It is likely that referrals to the IAPT service will increase as the service becomes more embedded. The Northamptonshire IAPT service currently accesses PWP training at the University of Birmingham. Due to the withdrawal of IAPT training funding last year, the service is struggling to release staff that still require training. At the moment there are several staff members who need PWP training but service is only able to fund and release 2 at a time. There is no requirement at present for High Intensity training and this staff group is a fairly stable workforce.

Prisons and Offender Health

Overall good provision of mental health services in prisons and there are no issues with recruitment and retention of staff. IAPT services are provided and stepped approach to mental health care is taken.

There are a couple of issues that impact on prison mental health care. Firstly, when prisoners released on licence can still access mental health services but once they are released there is no way of knowing if they are able or willing to continue to access mental health services, particularly if they return to a different part of the country. Secondly is the struggle with consistency of GP cover. It is difficult to find GPs who are able to provide a regular service to the prison so the service has to use locums which means that service delivery is fragmented and the locums are isolated so may not have access to peer support. Care would be improved if it was provided by practice-based GPs; however, the capacity within general practice is unable to sustain this model.

Shift of care to community

In light of the bed base review at Northamptonshire Healthcare Foundation Trust and the shift to out of hospital care, there may be the need to provide developmental opportunities for nursing staff that have previously been involved in acute care, to enable them to transfer their current skills and knowledge to the community setting.

Mental Health – Transforming the Workforce

Primary Care Liaison Workers

This is a new role within mental health nursing that will work with GP practices across each of the Northamptonshire localities, supporting GPs and working with patients directly. The PCLW will support the single point of access (SPoA) model to ensure that patients are directed to the service most appropriate their need. The role will require more autonomous working and will require a full understanding of the range of services that patients can access. Current NHFT Staff will require educational input with a focus on primary care interventions to enable safe transition into the new role and access to good clinical supervision and continuing professional development opportunities.

Parity of esteem

The NHS England mandate from the Government sets out the requirement to close the gap between mental and physical health services to achieve parity for patients accessing healthcare services. NHFT has indicated that it is a priority for NHFT staff to have good knowledge of both physical and mental health needs across mental health and learning disability within both inpatient and community care settings. For mental health and learning disability practitioners there is a need to be able to identify a physical health condition and know how to treat or refer appropriately; for community physical staff the same applies for psychological factors. Parity of esteem should be a feature of pre-registration education and training and post-registration education should enable our current workforce to start closing the gap.

St Andrews Healthcare

SAH continues to build its workforce in response to expansion of the services that it delivers. In three years' time there will be a need to employ nurses to the women's service; this is a difficult to recruit to area so may present a challenge to SAH. The organisation has recruited c130 nurses this year to replace leavers and those moving into management roles. Capacity change in nursing is significant over the next four years, particularly in mental health nursing. Some nurses and HCAs have been lost to the bureau (bank) which offers more flexible working arrangements. SAH is currently considering overseas recruitment of newly qualified nurses from Scotland, Ireland or Northern Ireland. There is still a need for dual qualified MH/LD nurses.

There is a need to increase the number of physiotherapists to work in Neuro-psychiatry. Dietetic and Speech and Language Therapy services have been centralised which offers a more flexible workforce that can work across the specialities. The Art Therapist that worked for SAH has now left; SAH is now using the artistic talents of the Occupational Therapists to deliver music and art therapy.

Within psychiatry there has been a review of Programmed Activities which has identified the need to reduce capacity; this will be through natural wastage. Consultant posts are easy to recruit to although there are still some difficulties recruiting career grade medical posts. SAH is now a provider of training for post-graduate doctors as part of a rotation from Leicestershire Partnership trust. The organisation will be increasing its psychiatry workforce over the next four years.

SAH employs 48 adult and child social workers; however, turnover of this workforce is currently 21%. It is difficult to recruit social workers to SAH due to the forensic nature of the work.

Mental Health – Focus on Clinical Psychology Services

Focus on Clinical Psychology

This year Health Education East Midlands Northamptonshire has taken a closer examination of this profession to try and provide a more robust picture. Northamptonshire Healthcare Foundation Trust (NHFT) and St Andrews Healthcare (SAH) are the main employers of Clinical Psychologists within Northamptonshire. There are Clinical Psychologists who work privately within county but the number of these private services is unclear. Northampton General Hospital and Kettering General Hospital employ Clinical Health Psychologists.

Clinical Psychology in NHFT

Clinical Psychologists are based within the following services in NHFT:

- Children's services
  - CAMHS
  - Paediatrics – providing in-reach service to the acute trusts
- Learning Disability including child LD service
- Adult MH
  - CMHTs
  - Inpatient services
- Older Adults
- Psychology led teams
  - Personality disorders
  - Eating disorders
  - ADHD/Asperger's
- Forensic
  - Community
  - In-reach to Prisons

Clinical Psychology in St Andrew's Healthcare

SAH employs Clinical Psychologists across the wide range of mental health and learning disability services provided by the organisation.

HMYOI Swinfen Hall

Northamptonshire Healthcare Foundation Trust has recently won a bid to deliver mental healthcare services to HMYOI Swinfen Hall in Lichfield. This has resulted in a recruitment drive for a number of new posts including a lead Band 8b Clinical Psychologist and several Band 7 Clinical Psychologist/Therapists posts. Staff based at the Institution will be employed by NHFT. It is likely that we will see more out of area services being delivered by East Midland healthcare providers.

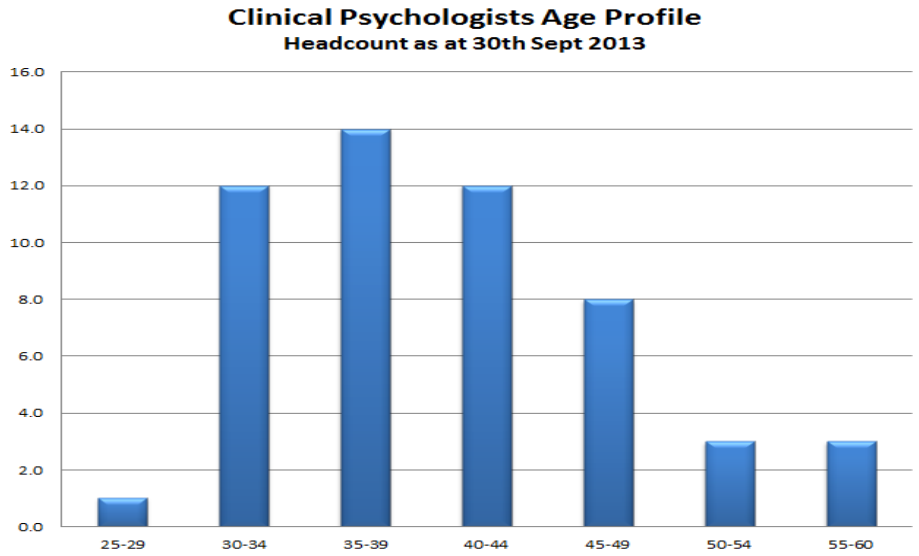
Clinical Health Psychology

Clinical Health Psychologists provide psychological assessment, guidance and treatment directed towards managing illness, coping with illness or adjusting to illness. They deal with problems such as needle phobias, claustrophobia and other severe anxiety conditions which impede medical procedures. In chronic illness they deal with long term conditions management such as renal, chronic pain, neurological conditions and other long-term disabilities and iatrogenic conditions. Both Northampton General Hospital and Kettering General Hospital employ a Clinical Health Psychologist.

Private Clinical Psychology Services

Eleven Northamptonshire medical centres offer psychology services. At least one private practice exists in Northampton offering services for chronic fatigue syndrome, abuse, PTSD, schizophrenia, depression, OCD, bereavement, stress, general anxiety disorder. KindleKids is a national child psychology service run by an experienced Child Psychologists and offers services in Northamptonshire working with parents and schools to assess, support and provide strategies for managing a range of difficulties.

Mental Health – Focus on Clinical Psychology Workforce



Clinical Psychology Recruitment & Retention

St Andrew's Healthcare frequently finds it difficult to recruit qualified Clinical Psychologists, particularly to more senior posts (in particular B7). The organisation often has to use expensive forms of advertising in order to attract applicants. They also use the BPS Psychologist Appointments page but potential candidates have a wide range of job choices and may not opt for a forensic role which can appear to be less attractive.

NHFT is able to attract Clinical Psychologists although some areas, such as the Personality Disorder service can be difficult to recruit to. NHFT has good retention rates but this is mainly due to the two-year Preceptorship programme. It has been recently undertaking an active recruitment programme to Clinical Psychology posts.

Clinical Psychology Assistants

Both St Andrew's Healthcare and Northamptonshire Healthcare Foundation Trust employ Clinical Psychology Assistants. There are few problems recruiting to these posts and NHFT has reported healthy numbers of applicants for posts. People working as CP Assistants usually have an undergraduate psychology degree (or similar) and seek these posts as work experience as part of their career progression to professional registration.

Clinical Psychology Future Workforce Needs

- St Andrew's Healthcare will be increasing their CP workforce by around 10% over the next 4 years. They will also be increasing their CP assistant workforce by the same percentage.
- NHFT anticipate a slight reduction in the Clinical Psychology workforce, but this is subject to change as they continue to bid for mental health services outside of region. Some of the Senior (consultant level) posts have been re-banded to a lower pay band.
- At the moment this is a growing workforce in Northamptonshire with the potential to increase further depending on population needs. Overall Northamptonshire will be reporting a net increase over the next 4 years to support expansion at St Andrew's Healthcare.
- There are likely to be more clinical leadership roles within clinical psychology with Clinical Psychologists having more responsibility for leading services.

Mental Health Workforce – Actions

- Impact of new Primary Mental Health & Psychological Therapies Service on IAPT service and General Practice – quantify and identify education requirements
- Withdrawal of IAPT training funding has impact on training of Psychological Wellbeing Practitioner workforce – identify solutions
- Need for nurses with competencies which encompass Adult/Mental Health Nursing; Mental Health/Learning Disability Nursing; Nursing/Social Work
- Need to ensure that the improved recruitment and retention of the medical Psychiatry workforce is sustained and that they continue to be attracted to work within Northamptonshire
- Need for an improved skill set in mental health across general practice
- Need for forensic mental health modular education to be determined with service
- Supporting the development needs of nursing staff to support shift from secondary to community settings
- Education and training requirements for Primary Care Liaison Workers to be identified
- Parity of esteem to be promoted within acute trusts (Acute Hospital Psychiatric Liaison Service)
- Ensure that mental health nursing commissions support the net increase required for Northamptonshire

Planned Care – Context

Planned Care covers a wide and varied range of conditions. Disorders requiring a planned approach to care are often painful, long term and may lead to or aggravate other conditions. Nene & Corby CCGs have commenced a Respiratory programme and is looking at a respecification of musculoskeletal services. Population data for Northamptonshire are focussed on these two areas.

DLA claimants

	% Split of Claim Type	Proportion of Population <65 Claiming	Estimated number in Northamptonshire
Arthritis	18%	1.08%	6388
Mental Health Causes	16%	1.01%	5993
Learning Difficulties	10%	0.59%	3480
Back Ailments	8%	0.47%	2767
Muscle/Joint/Bone Disease	7%	0.46%	2725
Heart Disease	5%	0.28%	1668
Stroke Related	3%	0.20%	1160
Chest Disease	3%	0.18%	1049
Other	31%	1.89%	11210
Total			36439

Source: Arthritis Research UK, Disability Living Allowance Claimants

Area	Early Deaths from Cancer (per 100,000 population aged under 75)
England Avg	108.1
Northamptonshire	110
Northampton	120.9
Corby	152.3
Wellingborough	100.1
Kettering	108.8
East Northants	100.8
South Northants	96.1
Daventry	95.5

Source: PHE, Health Profiles 2013

Musculoskeletal Disorders

The NHS spends £5.6 billion annually on the management and treatment of MSK conditions. The social and economic impact of MSK disorders are demonstrated by the number of working days lost (second only to stress) and by the number of people claiming Disability Living Allowance (arthritis being the most common cause).

Cancer

More than 1 in 3 people will develop some kind of cancer in their lifetime. According to Cancer Research UK, 524 cases of cancer per 100,000 population were diagnosed in 2011.

The most common are cancers of the breast, prostate, bowel and lung. However the incidence rates for malignant melanomas and cancers of the thyroid, kidney and liver have increased the most over the past 10 years in both men and women.

Lost labour days to MSK conditions

Year	Days lost (Thousands)	Avg days (per worker)	Avg days lost (per case)
2001/2	11,810	0.52	19.3
2003/4	11,844	0.52	19.4
2004/5	11,602	0.5	20.5
2005/6	9,450	0.41	17.3
2006/7	10,715	0.46	16.7

Source: Labour Force Survey, UK

Planned Care – Transforming Services

A case for change – the System

- NHS spend annually on management and treatment of MSK conditions is £5.6 billion
- Currently approximately £45m annual spend on elective MSK care in Northamptonshire for adults
- There are inefficiencies in the current system e.g. duplicate referrals, circular pathways
- Discrepancies between primary and secondary care lead to inequality of access to services
- The number of providers and types of services in county makes it challenging to monitor quality across the entire patient pathway

An Integrated Musculoskeletal Service for Northamptonshire

Nene CCG is developing a specification for transforming musculoskeletal care in order to improve the overall experience and outcomes while working within the current financial resource envelope. The aims of the service are:

- Ability to have demonstrable improvement in patient outcomes
- Deliver an integrated, whole system pathway in MSK
- Focus on preventing avoidable MSK conditions
- Deliver safe, robust and resilient service provision
- Deliver MSK services within in an affordable and sustainable model

A case for change – the Population

- Increasing longevity, obesity and lack of weight bearing exercise will see an increase in the number of MSK patients
- Chronic pain affects approximately 10% of the population
- Data from the Labour Force survey indicates that on average 10 million days are lost to MSK disorders very year, second only to stress and anxiety
- Arthritis UK data suggests that 20% of adults consult their GP every year about a MSK condition (64% are age 65+) – this equates to 73,000 patients presenting to their GP every year in Northamptonshire
- Osteoarthritis of the knee affects 40% age 70+ and is the single biggest reason for hip and knee replacement

Planned Care – Transforming Services

The MSK Care Pathway Workforce
There is likely to be the need to develop a sustainable and progressive workforce to accommodate and care for people with MSK needs over the next 10 years. This may include:

- GPwSI roles
- Extended Scope Physiotherapists
- AHPs
- Clinical Psychologists
- Nurse specialists e.g. Rheumatology
- Combined roles e.g. wellbeing workers who link with prevention and lifestyle

The MSK Care Pathway
There are 8 key elements to the draft MSK Care Pathway that are currently being explored:

1. A focus on prevention and delaying avoidable MSK conditions (improving lifestyle & weight management, falls prevention)
2. Supporting people to self-manage their condition (use of interactive tools to educate and inform)
3. Developing Primary Care (improving the GP and practice nurse knowledge and skills base to improve primary care management)
4. Single Point of Contact (electronic referrals to a single point for triage to most appropriate pathway of care)
5. Multidisciplinary Team Assessment, Diagnosis and Treatment (in accordance with agreed pathways based on evidence and best practice in the location of choice)
6. Discharge (high proportion of patients will have a long term MSK condition and will remain under the care of an MSK professional for a long time)
7. Diagnostics (one-stop arrangement with 48 hour reporting on imaging tests)
8. Patient choice (choice about providers)

Outcomes
Outcomes of the service have been categorized into 6 themes which will have a set of correlating key performance indicators that allow measurable improvement to be monitored an evidenced.

Planned Care – Transforming Services

Nene Park Outpatients Clinic

Kettering General Hospital has invested in a purpose built unit to provide services closer to the patient. People living in the East Northants locality will be able to access outpatient appointments and diagnostic tests without having to travel to Kettering. The following specialties are available at Nene Park:

- Cardiology
- Dermatology
- ENT
- Gynaecology
- Medicine
- Neurology
- Obstetrics
- Ophthalmology
- Orthopaedics
- Paediatrics
- Respiratory
- Rheumatology
- Surgery
- Urology

Services offered:

- Audiology
- Blood testing and warfarin clinics
- ECG and cardio tapes
- Radiology including mobile mammography, MRI, x-ray and ultrasonography

Cardiac Physiology

New technologies to enable remote reporting have resulted in a 90% reduction in administration and have improved patient flows. In cardiac physiology at KGH, patients are able to send information directly to the department and test results can be sent directly to the wards. Physiologists are now able to administer medication through a Patient Specific Direction to support physiologist-led clinics such as trans-oesophageal echo and Rapid Access Pain clinics. Both NGH and KGH are looking at how to implement 7 day services but flexibility of staff is an issue.

Recruitment to cardiac physiology posts is problematic. KGH has just recruited four physiologists from Portugal due to the low number and calibre of UK applicants. There is often reliance on retired staff to fill gaps and on trainees to deliver service. Both KGH and NGH have indicated an interest in having a STP trainee; however, the full range of experience required by the trainees will require collaborative working across the services.

Pathology

New technologies in pathology such as automation have facilitated skill mix enabling more band 4 roles and freeing up scientist time to undertake more advanced work. Departments are exploring the potential to utilise the IBMS competency framework as an alternative to the Foundation Degree, a route previously implemented that became cost prohibitive. The STP programme is working well in the department at Northampton General Hospital. Changes to service provision will require changes in working patterns. There are plans to develop band 2 staff with generic skills. Commissioner itentions for pathology direct access work for 2015-16 may impact on the workforce at NGH

Respiratory

The respiratory workforce is an ageing workforce. There has been a need to train staff in –house on the Association for Respiratory Technology and Physiology training programme. This allows a Band 5 with the ARTP qualification to do the same job as a band 5 with a BSc. The department has been unable to recruit to a Band 6 post. The STP training route is of major concern as there is an insufficient number of trainees available.

Neurophysiology

Concerns have been raised about the future supply of neurophysiologists with the implementation of Modernising Scientific Careers and the department at NGH is currently unable to support STP trainees.

Audiology

The audiology department at Kettering General Hospital runs Saturday clinics which work well. The increasing numbers of private audiology services may impact on the service. Workload is increasing but not yet at a critical stage where additional staff are needed. A band 3 undertakes repair work. Most audiology training occurs in-house. There are Band 4 Associate Audiologists; training is a Foundation Degree (out of area). Paediatric audiology is part of the Community Children's re-specification.

Planned Care – Transforming Services

Gynaecology

There are nurse–led clinics in Colposcopy and Hysteroscopy nurse and nurse consultant led one-stop services to ensure that appropriate women can be seen, diagnosed, treated & discharged in one visit. NGH has introduced a hyperemesis day case as part of pan trust Quality Initiatives. This will reduce the number of admissions.

Head & Neck

There is increasing acuity of patients in H&N. A photographic system at Northampton General Hospital allows the viewing of conditions by photo rather than patients having to be physically seen by medical staff. The department has the lowest turnover of staff throughout the hospital. There is a need for up-skilling in specialist areas such as paediatrics. Tracheotomy care is delivered in-house and more nursing staff need to be trained; however, it is difficult to release staff to deliver the training due to service pressures. Dental nurses work in maxillofacial services. Whilst a need has been identified to have nurses trained in dental nurse skills this would require GDC registration.

There are oral surgery (primary and secondary care based) specialists and special care dentistry specialists at NHFT. There is a regional paediatric dental consultant post but increased resource would be beneficial. There is some restorative dental consultant/specialist provision at NGH but there is a need for increased provision within the county.

Therapeutic radiography (NGH)

Milton Keynes patients (most tumour sites) will now be treated at Oxford or at Cancer Partners UK (private provider). There will be some activity loss but full impact not yet apparent. Some Milton Keynes patients are choosing to continue treatment at NGH.

There are currently some vacancy issues which should be resolved by August and some maternity cover which is impacting on staff at the moment.

There are plans to increase the scope of Radiographer-led services to perform treatment review and patient mark-up, thus supporting consultants, and the development of a Palliative-Planning radiographer-led service.

The three linear accelerators are likely to be refreshed over the next three years impacting on staff training requirements.

Diagnostic radiography

Radiology at both KGH and NGH is working towards a 7 day service and a business case has been submitted at NGH to replace the current emergency out of hour's service with a more robust shift system; this will require the recruitment of more radiographic staff.

The Breast Screening programme at NGH has continued to expand, funding to support this programme is now expected to come from Public Health England. This will require succession planning (full time Radiologist will retire in 2014).

There will be work to build on existing satellite services and possibly at Daventry.

The 4th Interventional Radiologist post at NGH that had proved difficult to recruit to has now been filled.

There is to be a renewal of major medical diagnostic equipment over the next 12 months which will impact on staff training requirements.

Ultrasonography training is managed by identifying radiography staff that want to undertake the extended role and are trained at either Derby University or City University London.

Pharmacy

At NGH, Medicines Management Technicians based on wards have extended the benefits of the patients own medicine scheme and improved the management and transfer of patient's medicines from A&E; there will be further investment in MMTs in 2014-15. This will be supported by the implementation of 3rd party dispensing.

Pharmacy services will be moving to 7 day services.

The pharmacy department at NGH continues to carry a significant vacancy rate, with both pharmacist and technicians difficult to recruit. This does not appear to be the same issue for KGH.

Planned Care – 7 day services

The shift to providing 7 days services is clearly articulated in the workforce plans submitted by Northamptonshire Healthcare Foundation Trust, Northampton General Hospital and Kettering General Hospital. Service is assessing the impact of the shift to 7 day services on the workforce. Indications are that this needs to be modelled rigorously as there are implications affecting capacity, capability, additional staff costs, possible TUPE and willingness of the workforce to adapt and flex. Some areas of increasing capacity within the workforce, such as diagnostic radiography, are as a direct result of providing a 7 day service. More outpatient clinics are operating on a Saturday and Sunday which, although difficult to staff, meet patient needs well. Elective surgery is also being delivered at weekends in some areas. As more services move to 7 day working the demand for diagnostics, pharmacy and AHP roles will increase.

KGH and NGH have agreed a set of guiding principles to underpin discussions around enabling 7 day working and ensuring that services remain sustainable across Northamptonshire. Going forward these principles will be incorporated into discussion across the local health economy as part of the acute service work stream within the Healthier Northamptonshire programme.

There is likely to be a direct impact on education and training needs, whether this is in-house or through MPET education funding streams such as learning beyond registration or transformational funding. Staff may need to take on new roles in order to provide the flexibility required across the workforce and it is likely that with skill mix there will be a move to more Assistant Practitioner type roles to support registered staff. It could also support the shift to provide more registered practitioner-led services and Advanced Care Practitioner role development to relieve pressure on the medical workforce. NGH are supporting Physician Associate trainees from the University of Birmingham with a view to increasing this workforce across the Trust. KGH is also considering the employment of PAs to relieve pressure on the medical workforce.

Below are some specific examples of where 7 day services are being implemented.

- At NGH there is a review of Gynaecology services to look at spreading elective surgical capacity over 7 days a week
- Development of 7 day Surgical Assessment Unit and 7 day Endoscopy service at NGH
- The CT and MRI service has been partially extended at NGH and is working towards a full service with specialist on-call for complex examinations out of hours
- AHP assessment day 1 and daily screening (7 day service) of patients to reduce length of stay at KGH
- The Hospital at Night team at KGH is being reviewed and incorporated in to a 7 day services team

Planned Care –Theatres

Reviewing Theatres

There has been a review and consolidation of theatres to improve efficiency and effective use of theatre sessions. Six week forward planning has been implemented with electronic timetabling with an incentive to reach 85% capacity. At Kettering General Hospital this has allowed a reduction of 16 sessions per week with the flexibility to use these sessions to meet service demand. This has required a cultural shift within the medical workforce around flexibility of how they manage their PA sessions. The assessment unit at Northampton General Hospital offers a 5 day elective service which Kettering General Hospital is exploring. There is a move towards delivering a 7 day elective service, although KGH does have an elective service on a Saturday. All units are looking at how to shorten average length of stay by looking at how medicines can be used more effectively in recovery and early ambulation. Theatre services will continue to be reviewed to identify other methods of improving quality and productivity.

Transforming High Dependency Care

Northampton General Hospital has a number of high level beds for post-surgery. Eight L3 beds are anaesthetic led and eight HDU beds are admitting consultant led. There is an intention to have HDU managed by both anaesthetists with consultant presence so that beds can be flexed between levels according to need.

Day Surgery

There are Day Case Surgical Units at NGH and KGH. Danetre Hospital is a satellite Day Case Unit for head & neck, ophthalmology and general surgery. It is staffed by Danetre-based and NGH staff.

The inability to recruit trained Nurse Endoscopists may impact on endoscopy capacity at NGH.

Challenges to delivering theatre services

Service transformation within theatre services is always challenging. There are issues around 7 day working and flow through the patient journey is challenged by unplanned emergency admissions, availability of beds on admission and movement of patients out of recovery. Planning for specialist surgery can be difficult as this is often dictated by the availability of consultant time. Patient choice is also starting to impact on services; referrals for some specialties are reducing. The World Health Organisation Surgical Safety check list was introduced to improve safety in surgery and although welcomed, additional time has to be allocated to theatre lists to ensure that these checks can be carried out. There are some problems with the estate being able to accommodate service transformation. Rapid changes in technology and replacement of old equipment add to running costs and require a continuous programme of staff training.

Transforming Ophthalmology Services

The Ophthalmology service at Northampton General Hospital manages lists to meet service needs. Weekend clinics have been running for some time and have proved to be very productive and suit the needs of patients. There are issues with being able to manage staffing at weekends. The implementation of Any Qualified Provider could see changes where services are delivered in Ophthalmology. One example of this is cataract surgery.

Private Service Providers

Ramsay Healthcare (Woodlands Hospital) is a private healthcare provider and around 70-80% of care is NHS funded. It delivers the whole patient pathway and therefore can monitor pinch points in the system. Patient records remain with the patient for the whole of their journey. Theatre lists run 6 days a week (including Saturday). It currently offers physiotherapy musculo-skeletal services and orthopaedic procedures such as arthroscopy, hip and knee replacements, including hip resurfacing and spinal surgery. It is currently looking at expanding the range of services that it offers.

BMI Three Shires Hospital provides NHS services for Adult gynaecology, gastro-intestinal, oral and maxilla-facial and orthopaedic surgery procedures.

Planned Care –Theatres

Theatre Staffing

Theatre services in Northamptonshire employ a range of non-medical Band 1-8 staff in various roles:

- Dedicated theatre porters
- Health Care Assistants
- Theatre Support Workers/Assistant Theatre Practitioners
- Operating Department Practitioners
- Nurses
- Surgical Assistants (nurses and ODPs)
- Emergency Coordinator

➢ Ramsay Healthcare is looking into the appointment of Physician Associates to surgical care

➢ TSWs/ATPs rotate to other areas to enable flexibility of the workforce. They are developed through QCF and Foundation Degrees; some are trained to undertake scrub roles.

Staffing Challenges

At the Theatres Care Pathway meeting an issue was raised around skills gaps in medical trainees which impacts on service delivery. Some of these gaps have to be filled by locums and Medical Training Initiative trainees.

It is difficult to attract new staff from out of county; theatre staff, particularly nurses, tend to be recycled around the services within Northamptonshire and the surrounding counties.

Recruiting to Operating Department Practitioner posts continues to be a challenge, particularly for Northampton General Hospital and Ramsay Healthcare.

NGH is unable to recruit trained nurse Endoscopists and the reduction in Surgical Core Specialty posts may affect service delivery.

Operating Department Practitioners – R&R

Both NHS and private service providers report difficulty in recruiting and retaining ODPs; there is a reliance on agency and there is also a reported shortage of ODPs available through agencies. Northampton General Hospital has made a request to host an additional trainee placement to try and improve recruitment to the Trust.

➢ Ramsay Healthcare has worked with Plymouth University on a 4 day course to up-skill nurses with the anaesthetic part of the ODP Diploma. It is a L6/7 accredited module with 440 hours of supervised practice. This will enable the nursing workforce to undertake the ODP role in theatre. The acute trusts are also going to look into this.

Operating Department Practitioners - Education

Operating Department Practitioner education and training will be moving to degree level over the next couple of years. At the Theatre Care Pathways discussion meeting, theatre service managers were asked their views of whether the Diploma route should be maintained alongside the degree route, and what impact an undergraduate education route would have on the ODP workforce, the wider workforce and service delivery.

The view from Northamptonshire is that service would support degree level education as it could provide a number of benefits to the profession, such as career development to fill roles that are traditionally filled by nurses (e.g. matron and service manager roles); the ability to take on wider roles through specialist training routes and also to become non-medical prescribers. It may also become a more attractive profession for school leavers so improve recruitment and retention.

Planned Care – Cancer Care

There has been a loss of provision of **Urology** services by Northampton General Hospital to Milton Keynes. Work is commencing to review options around NGH and Kettering General Hospital working collaboratively to provide services with University Hospitals of Leicester which may impact on staffing movement/levels. However in the interim it is anticipated that the current reduction in oncology activity by NGH will have released some senior clinical capacity but this has yet to be confirmed.

Changes to the breast screening age group; the changing pathway for prostate cancer surgery follow-up; colorectal screening (national screening programme) and follow up, all present capacity challenges to the workforce.

Both NGH and KGH are taking part in the national **Route to Success – Achieving Quality End of Life Care in Acute Hospitals Transform Programme**. The Leadership Alliance Care of the Dying Patient report and its underpinning Education and Training recommendations are due out imminently as well as the refresh of the 2008 End of Life Care Strategy which will set out respectively priorities for care as well as longer term ambitions.

Mobile **chemotherapy** has been explored but it is expensive to deliver and currently is not considered to be an economically viable option for Northamptonshire.

In order to meet the needs of the workforce with regard to the **Cancer Care modules** at The University of Northampton, there are concerns that some modules do not run as numbers are generally minimal and release is problematic. Chemotherapy modules are De Montfort University are essential to service delivery.

A **Patient Experience Service** working with an Oncologist to ensure consistency along the patient pathway has had a positive impact on Consultant time as well as patient experience.

There is a national shortage of **Oncologists** and there is difficulty filling consultant posts in medical oncology. Similarly recruitment to **senior nurse posts** such as chemotherapy specialists are proving difficult both locally and nationally. Band 4 support workers are supporting CNS which is freeing up their time.

NGH is increasing the scope of **Radiographer led services** to perform treatment reviews and breast mark ups in order to support Consultant capacity and ultimately improve access for patients; Masters level education is required to support this.

Partnership working has developed between radiographers and medical physics and additional funding has been provided to deliver better patient outcomes via **Image Modulated Therapy** treatment; an increasing number of people are benefitting from this. In addition, **Image Guided Radiotherapy** provides more accurate treatment with a low dose which allows patients to be treated more frequently. However the radiotherapy physics workforce is small and difficult to replace. **Dosimetry** roles are expanding but may be difficult to recruit due to small number of training programmes.

A Macmillan national pilot has resulted in three years funding to examine the **changing role of the Cancer Nurse Specialist working across boundaries**. The lung team has appointed an OT to a complex case manager post as a pilot to proactively manage patients across traditional boundaries of care and to work in an educational capacity with the individual and their families. A formal evaluation will take place prior to dissemination of the learning across other teams. The new model of care should increase the number of non-admissions and improve patient experience.

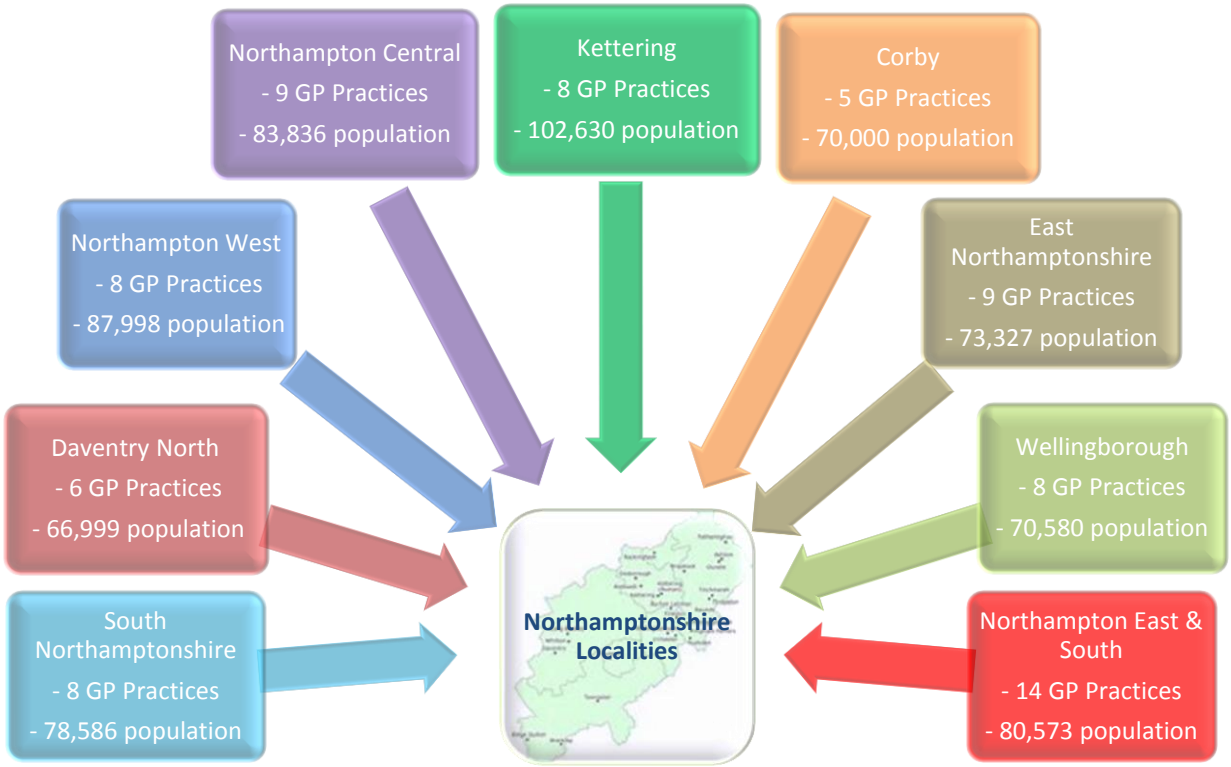
Planned Care Workforce - Actions

- Monitor the impact of delivering a 7 day service on the workforce and identify training needs
- Increased capacity requirements within diagnostics, therapies, pharmacy and physiology to support 7 day services
- On-going access to Cancer Care and Chemotherapy post-registration education required
- NHFT has identified a need for a more robust training and education pathway in relation to palliative care, pain management and bereavement counselling
- Explore emerging roles (such as Physician Associates), role development (ACPs)and education and training requirements
- STP trainees in cardiac physiology – collaborative working across services required in order for trainees to meet all competencies
- Explore demand for up-skilling theatre nurses with traditional ODP anaesthetic skills in areas where it is difficult to recruit and retain ODPs
- Northamptonshire supports future ODP pre-registration education to be delivered at degree level - Northampton General Hospital has requested an additional ODP trainee on placement to maximise recruitment potential
- Due to national reduction in surgical training posts combined with reduced opportunites for trainees, gaps in skill sets are being identified - there is a need to identify the gaps and develop medical and non-medical workforce solutions such as Surgical Assistants, Physician Associates, Specialty Doctors
- Identify development needs to support the delivery of planned care in different settings
- Explore solutions to recruitment difficulty with medical oncologists, medical physiology, ODPs, pharmacists, pharmacy technicians and nurse endoscopists

Primary Care - Context

GP Practices

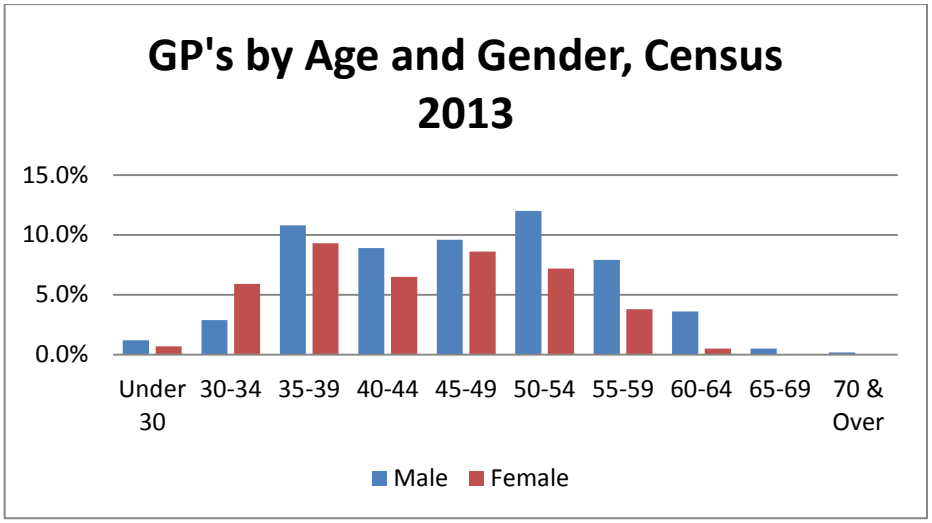
- There are 414 GPs (343 FTE) in Northamptonshire as at September 2013 Census
- GP to patient ratio in Northamptonshire is 20% below national average
- 29% of GPs in Northamptonshire obtained their primary qualification outside of the UK
- The 2013 GP Census demonstrates that in the Corby CCG area, there are about 1872 people per GP and in the Nene CCG area 1744 people per GP. Both are higher than the East Eng and Midlands avg of 1643 and the England avg of 1575.
- There are 4 single handed practices in the County.



A recent Survey of GP practices within Nene CCG reported that;

- 10 Practices from the 55 responding have a least 1 GP vacancy
- There are increasing list sizes
- Most practices offer specialist services
- There are increasing demands on GP time for minor illnesses
- There is a challenge of physical space to deliver increasing services
- There are increasing demands on GP time from care homes with sicker patients
- There is an increase in non-English speaking patients particularly in Northampton town and Daventry practices
- There is an increase in elderly patients, patients with a mental illness and expectant mothers and families with young children.

Primary Care - Context



GP Practice Workforce

- According to the 2013 GP census, there has been a decrease of 85 FTE GPs from September 2012.
- 58% of GPs are Male and 42% Female
- For Corby CCG area, 7.9% are of GPs are under the age of the 35 and 21.1% are over the age of 55
- For Nene CCG area, 9% are under the age of 35 and 16.7% are over the age of 55.

GP Age Range	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & Over
Male	1.2%	2.9%	10.8%	8.9%	9.6%	12%	7.9%	3.6%	0.5%	0.2%
Female	0.7%	5.9%	9.3%	6.5%	8.6%	7.2%	3.8%	0.5%		
Total	**1.9%**	**8.9%**	**20.1%**	**15.3%**	**18.2%**	**19.1%**	**11.7%**	**4.1%**	**0.5%**	**0.2%**

A wide and diverse range of roles are employed within GP practices alongside the GPs and Practice Nurses. Examples include advanced nurse practitioners, nurse practitioners, therapists, healthcare assistants, phlebotomists, dispensers and prescribing technicians, practice managers, receptionists, notes summarisers, apprentices and assistant practitioners.

Practice Staff	FTE 2013
Practice Nurse	136
Nurse	314
Direct Patient Care	227
Administrative	1053
Other	75
Total	**1805**

Primary Care – Transforming Services

The increasing and ageing population is driving unsustainable demand on primary care and hospital services. The Northamptonshire Strategic Plan outlines plans to respond to the needs of the frail elderly and those with long-term conditions by delivering a step-change in the way services are delivered out of hospital and in support of independent living. This will include improved access to primary and community care through community hubs and networked general practice, and the associated development of integrated care pathways. An operating model comprising Community Hubs, a reconfigured community bed base and an enhanced Crisis and Discharge service has been agreed as the basis for integration of community health and social care services. Wider primary care, provided at scale will play a key role in delivering the local vision.

In order to support new models of out of hospital care general practice will need to be organised differently. It is likely that larger organisations or federations of practices will emerge as a result. Practices may also start to co-operate in new ways with other provider organisations and the CCGs will work in a much closer and collaborative way with NHS England and all primary care providers to use innovative methods of contracting and commissioning to support the development of these new service models. The local authority-based public health teams will be working with CCGs and others on a programme of initiatives aimed at preventing ill-health and identifying disease at an early stage.

Key milestones within the strategy include:

by 2015 in liaison with NHS England there will be a comprehensive plan for the General Practice Workforce and Estates
by 2016 there will be a review and re-commission of General Practice Out of Hours care, providing 24/7 access
by 2017 there will be in place new ways to access primary care across Northamptonshire
by 2018 the aim is to develop General Practitioners in specialist areas of demand to support the local population

Primary Care – Transforming the Workforce

Issues impacting on the Primary Care General Medical Practice Workforce

- There are significant shortages of General Practitioners within Northamptonshire:
    - currently a 20% below national average GP to patient ratio across the county
    - difficulties attracting GPs and GP trainees to Northamptonshire against national and East Midlands shortages resulting in a number of vacancies
    - earlier retirement of GPs and emigration is exacerbating the problem
    - important therefore to attract people to come to and stay within Northamptonshire, to offer innovative role design and high quality training opportunities and develop non-medical solutions
- Shortage of practice nurses and increasing retirements from this workforce is creating pressure on the local labour market and affecting the opportunity for development of extended roles:
    - 14 practice nurses have accessed the East Midlands General Practice Nurse BSc/PG Cert programme at De Montfort University with a further cohort due to commence in September 2014. The aim of the course is to equip nurses new to General Practice with the required skills and competencies from one overall programme. The clinical competencies are based on the RCGP competencies in General Practice Nursing. Nurses undertaking the programme are supported by an external trainer in practice who is responsible for overseeing learning and assessing competence
    - Consistent advanced practice and specialist development for Practice Nurses
    - Ongoing requirement for clinical skills training and long term conditions education
- Workforce development to support transformation of general practice and delivery of new models of out of hospital care including:
    - development of General Practitioners in specialist areas
    - developing and expanding the contribution of the wider team within general practice to enable delivery of flexible and contemporary practice
    - enhanced integrated working across consultant and GP medical staff, multi-disciplinary teams and across health, social care and the third sector
- Expanding the contribution of the healthcare support workforce to the general practice team
    - There is some expansion of apprenticeships into general practice mainly into administrative posts. There is an opportunity to explore the feasibility of clinical apprenticeships within a career framework to potentially Assistant Practitioner level and a possible career pathway to registered nurse training thus increasing exposure to general practice nursing at an early stage and promotion of practice nursing as a career choice
- Importance of expanding integrated learning opportunities across organisations, sectors and professions
- Leadership development for GPs and Nurses and Practice Managers
- Education of general practice staff in supporting more complex mental health needs and dementia
- On-going patient education and working with Healthwatch to engage with wider communities to promote self care and health services
- A Primary Care sub group of the LETC is now well established, chaired by a GP and including Dental, CCG, Area Team and LMC representation. There are also links to LOC and LPC. The sub group chair is a member of the LETC. This is enhancing the understanding of workforce and development issues relating to primary care and development of education to support service plans.
- A wider Northamptonshire medical group has been established including GPs to focus on developing the workforce strategy for Northamptonshire. This is in development and will focus on improving the recruitment and retention of GPs and other medical staff and trainees to the county
- Introduction from September 2014 of a national mandatory Primary Care Minimum Dataset collection from General Practice which should improve access to workforce data

Primary Care – Transforming the Workforce

Issues impacting on the Primary Care Dental Workforce

- With effect from 1st April 2014 the management of Dental Education and Training Provision within the East Midlands transferred from Health Education Yorkshire and Humber to Health Education East Midlands which is expected to have a positive impact on training, recruitment and retention in Northamptonshire with a less distant dental base

- The primary care dental workforce is likely to change in three ways:
  - Development of the NHS contract to possibly include extended scope of practice for dental nurses, therapists and hygienists
  - Movement of some secondary care activity into the primary care setting along with some of the postgraduate traning to DF2
  - Development of a tiered approach to dental care provision in primary care. Tier 1 basic, tier 2 extended skills and tier 3 enhanced skills. This will require the development of locally sensitive training pathways and possibly the creation of appropriate clinical assistant posts allied to registered specialists.

There are various solutions emerging to address the challenges of the workforce in dentistry and orofacial specialties which wil be further developed collectively as part aof the medical workforce strategy:

- Creating attractive fellowships and innovative posts
- Working collaboratively with Health Education East Midlands to support redistribution of training posts and attracting trainees to the East Midlands and Northamptonshire
- Developing generalist/specialist roles within General Practice to support integration and the described vision for a tirered approach to providing dental care in the primary care setting
- Enhancing the quality of the trainee experience and further developing the capacity and quality of the educator workforce
- Expanding research opportunities

- There are no specific workforce issues reported with the dental support workforce although funding for dental nurse education for NHS commissioned dental services has been raised as an issue.

Primary Care – Transforming the Workforce

Issues impacting on the Primary Care Community Pharmacy Workforce

The Community Pharmacy workforce comprises registered pharmacists, pharmacy technicians and pharmacy assistants.

There is an on-going potential for the expansion of essential, advanced and enhanced commissioned services including:

- Public Health Services such as stop smoking, health checks and supervised administration services
- Other health services required locally such as minor ailments or supplementary prescribing schemes
- For example, the goal within Nene CCG's Care Home Advice Pharmacy Scheme is to ensure that all care home patients have their medicines reviewed annually by a care home pharmacist.

Issues impacting on the Primary Care Optometrist/Optician Workforce

The workforce comprises registered Orthoptists and Dispensing Opticians together with the support workforce.

- Optometrists undertake a pre-registration year in practice post degree
- There is currently a buoyant supply of Optometrists in the labour market
- Dispensing Opticians undertake a diploma level education programme either 2 year full time education programme with one year in practice or on a part-time basis whilst employed
- There is a potential for some elements of service traditionally delivered within a hospital setting to be offered within primary care. "PEARS" (Primary Eyecare Assessment and Referral Service) – discussions taking place with service commissioners
- Training and Education to support such developments might include; ingrowing eyelashes; foreign body removal; blepharitis; macular degeneration; flashes and floaters; dry eyes. Whilst education is available through distance learning there is a requirement for additional training and assessment in practice
- Joint CPD sessions are held through the Local Optical Committee and also jointly with the Local Primary Care Joint Professional Network (LOC, LDC, LPC, LMC) and with Leicestershire, for example Diabetes Awareness. There is potential for these to be extended and for integrated learning sessions, for example Long Terms Conditions, Dementia, Frail and Elderly People. This is relevant to all areas of Primary Care.

Primary Care Workforce - Actions

- Improving recruitment and retention of GPs, GP trainees and Practice Nurses
  - Increase the establishment of GP Trainees and GP trainers in Northamptonshire
  - Support programmes of work with CCGs, NHS England and Health Education England to attract GPs and GP trainees to Northamptonshire
  - Enhance the supply of skilled practice nurses through development of the current workforce including access to the BSc/PG Cert in Practice Nursing at De Montfort University
  - Development of mentors and educators to support provision of high quality learning opportunities
  - Deliver expansion plan to increase number of pre-registration healthcare and medical student placements in general practice
- Develop a multi-professional education plan to support implementation of the Primary Care Strategy and new models of delivering out of hospital services
  - development of General Practitioners in specialist areas
  - support development of the GP in A&E model
  - explore further opportunities for non-medical workforce solutions such as Advanced Practitioners, Paramedics, Physicians Associates
- Identify education needs of general practice team to support more complex mental health needs and dementia and develop delivery plan
- Identify practice nurse education requirements to support clinical skills, long term conditions and advanced practice and develop delivery plan
- On-going patient education and working with Healthwatch to engage with wider communities to promote self care and health services
- Development of the healthcare support role and expansion of apprenticeships in general practice
- Leadership development for GPs and Nurses and Practice Managers – identify gaps in requirements and develop delivery plan
- Support GP practices to supply minimum Dataset returns and improvement of workforce and education planning within general practice

Public Health & Prevention

The Public Health System

Healthy Lives, Healthy People set out the Government's commitment to achieving highest standards in public health together with a new local delivery system.

Public Health became the responsibility of local government on 1st April 2013 and is now integrated into Northamptonshire County Council operations. The new Public Health and Wellbeing Directorate encompasses adult learning, voluntary sector support, outdoor learning, customer services, culture, heritage, libraries, country parks and registration services together with the mandated and directed public health services under the Health and Social Care Act. This re-structuring reflects a commitment to making a real difference to improving the health and wellbeing of the county in an integrated way whilst also helping people to help themselves.

Northamptonshire County Council is now responsible for improving the health of the county as a whole. The approach is to work towards improving all aspects of life and developing an on-going state of wellbeing amongst the population.

Northamptonshire's Health and Wellbeing Board was established as a statutory entity from 1st April 2013. It provides the focal point for decision making about local health and wellbeing matters, bringing together the work of Clinical Commissioning Groups (CCGs), Local Authorities, the Police and criminal justice, and working with Healthwatch and other community groups to maximise the engagement and influence of local people. It also has assumed responsibility for the production of the Joint Strategic Needs Assessment (JSNA) – the identification and assessment of local health and wellbeing needs across health care, social care and public health.

NHS England is responsible for certain aspects of public health such as the healthy child programme (until 2015 when 0-5s will be transferred into local government)including health visiting, Family Nurse Partnerships, screening and immunisations; child health information system; public health in places of detention, screening and immunisation programmes for the whole population. HIV services are commissioned by NHS England via Specialist Commissioning. School Nursing is commissioned by the Local Authority, Drug and Alcohol and Sexual Health Services are commissioned by NCC.

Public Health & Prevention

JSNA – Northamptonshire's Key Issues

The Northamptonshire JSNA has highlighted the following key areas where improvements need to be made to improve the health and wellbeing and there is a collective role across the system to ensure that opportunities are available to enable actions to be taken.

Cardiovascular Disease

There are estimated to be around

230,000

(out of 700,000) people in Northamptonshire with undiagnosed coronary heart disease, stroke or hypertension (high blood pressure). Northampton's mortality rates from cardiovascular disease are significantly worse than the average for England.

Cancer

The most significant cause of cancer is

smoking

Alcohol, diet and obesity also play a significant role in causing cancer.

Obesity

Almost

one in ten children

in Northamptonshire is obese when they start school.

Drugs use

4.8%

of young adults in Northamptonshire have used a class A drug.

Diabetes

There are over

32,000

diagnosed diabetics in the county, a number on the rise.

Respiratory disease

There are

12,205

patients in the county with chronic obstructive pulmonary disease (COPD).

Mental health, including dementia and issues related to social isolation

The estimated annual cost of dementia in Northamptonshire is

£179million

Sexual health, including teenage pregnancy

– Under 18 conception is

30.8%

in Northamptonshire, higher than the England average of 27.7%.

Smoking

Just under **1 in 5** adults still smokes.

About **1000** Northamptonshire residents a year die from smoking.

Harmful alcohol use and binge drinking

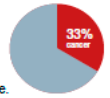
Alcohol costs Northamptonshire's economy nearly

£13.9million

annually. This includes costs to the NHS, social services and alcohol-related crime.

Lifestyle

80% of heart disease, stroke and type-2 diabetes and



33% of cancers could be prevented by following a healthy lifestyle.

View the complete JSNA for more detailed information on each of these topics at www.northamptonshireanalysis.co.uk

Look out for our 20:20 campaign throughout the year for help and advice in addressing each of these health concerns

Public Health & Prevention

JSNA Northamptonshire – Key Recommendations

The following are 20 key recommendations outlined in the Public Health Public Annual Report 2013/14 for leading a healthy and fulfilling life, each one is colour coded to match an overarching priority related to Giving, Learning, Being Active, Taking Notice and Connecting.

GIVE – Do something for a friend, volunteer your time, join a community group, smile. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding.

KEEP LEARNING – Try something new, rediscover an old interest, sign up for a course. Learning new things will make you more confident as well as being fun and improve your wellbeing.

BE ACTIVE – Go for a walk, run, cycle, garden, dance – find something you enjoy.

TAKE NOTICE – Be curious, take notice, be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

CONNECT – with people around you, family, friends, colleagues, neighbours. At home, work, school or in your local community.

Actions for individuals

1. Take time, even if only 5 minutes, to talk to your family, friends, colleagues or neighbours every day.
2. Review your eating and drinking habits. Even making one small swap every day will have a big impact.
3. Make a conscious effort to become more active. Considering you have 24 hours in a day, think about limiting your inactive time to just 23.5 of the hours.
4. Learn something new. Try a new recipe, read a new book, or enrol on a course. The adult learning service provides a range of courses to interest everyone from archery to wine-tasting.
5. Take notice of how you feel, how things affect you and of any changes to your body. If you're 40+, get your free NHS health check. Speak to your GP about anything out of the ordinary that concerns you.
6. Learn about common risks to your and your family's health and how best to prevent problems happening. Take up vaccinations, particularly flu, and make use of screening programmes.
7. Get involved! There are thousands of varied opportunities to volunteer, donate, or contribute in some way across the county. Volunteering will give you an enormous sense of wellbeing, can help you make new friends, and you'll gain new skills and experiences.
8. Give every child the best start in life. Breastfeeding, if you can, provides the best nutrition and helps create a strong bond. Early years education and activities help children connect with others their own age and develop social skills.
9. As you get older you are at a greater risk of having a fall. Simple regular exercises will improve your mobility, and you can get help fitting your own or a relative's home with simple measures to help prevent a fall.
10. Give what you can. Donations don't have to be money! Recycle or reuse and give to charity shops, donate blood, and drop off non-perishables at a food bank.

Actions for communities

11. Talk with your neighbours about what you'd like to improve in your neighbourhood. Are you concerned about the environment, safety, or do you wish there were more social events? Communities working together can change issues that affect you improving your wellbeing.
12. Learn more about our county's heritage by visiting a local historic site. Appreciating our past helps us feel connected to where we live.
13. Join Northamptonshire's timebank. Use your skills to help someone and they'll repay the favour later.
14. Use public space to get active together. Start a parent and pushchair walking group or a community garden.
15. Look out for those that might need help, whether little things like offering to check a smoke alarm or providing a bit of company over a cup of tea, to picking up on safeguarding concerns.

Actions for organisations

16. Take notice of how your organisation affects the community it operates in. Does it support employee wellbeing, use local suppliers, and operate sustainably? All of these things can contribute to more traditional business metrics like productivity, a healthy local economy and reducing running costs.
17. Offer your staff time to support activities in the community. Strong local connections can be great marketing.
18. Support your employees to be more active by encouraging staff to walk or cycle to and from work, to take the stairs instead of the lift, or provide corporate opportunities for staff to be members of local leisure centres.
19. Offer staff the opportunity to keep learning. This promotes personal as well as job satisfaction which in turn supports increased productivity.
20. Champion a local cause or charity. You'll be able to make a real difference to your local community, increase your organisation's reputation, improve team working and build morale.

Public Health & Prevention

Northamptonshire's Health and Wellbeing Strategy 2013-2016: In Everyone's Interest

The vision …….

'By 2016 Northamptonshire will be recognised as a national centre of excellence in the quality of its health and social care and commitment to wellbeing for the benefit of all. The county's innovative, evidence-based approach to delivering positive outcomes in health, quality of life and well-being measures will enable scarce resources to be committed with confidence to those who will benefit most.'

Strategic Outcomes

Every child is safe and has the best start in life
Vulnerable adults and elderly people are safe and able to use services and support that helps them to live as independently as possible
People have healthier lifestyles and exert greater control over their health and wellbeing

Priorities

Increasing Rates of Breastfeeding **Reducing Levels of Childhood Obesity** **Tackling alcohol and drugs issues**
Improving prevention, treatment and care in the community for frail and elderly people
Improving the quality of life of vulnerable older people

JSNA – Key Achievements

The following are just some of the achievements already made by Public Health in over the last year.

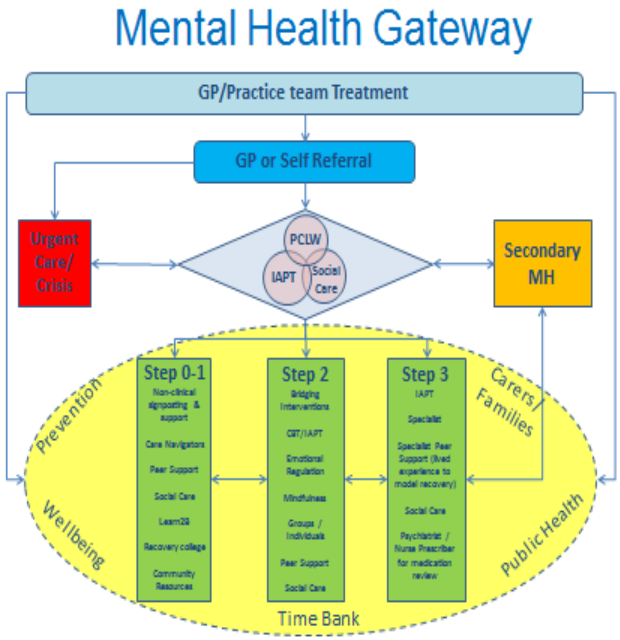
Public Health & Prevention

Primary Mental Health & Psychological Therapies Service

This service aims to provide a wide range of primary care interventions, including improving access to Nice approved interventions, psychological therapies and other therapeutic and wellbeing intervention enhancing opportunities to people in Northamptonshire with common mental health problems. It is based on a step up/step down approach and a single point of access (SPoA) within a multi-disciplinary model of care.

The service reflects the need to respond to national directives around the reform of mental health and wellbeing services and is based on the recommendations of the Joint Commissioning Panel for Mental Health (2013):

- Mental health problems should be managed mainly in primary care
- Collaborative working across services
- Access to specialist expertise and secondary care as required using a stepped care model



Implementation

The new service model is being piloted in Northamptonshire West and will be rolled out across all localities in Northamptonshire during 2014.

Dedicated Primary Care Support

Primary Care Liaison Workers

To facilitate effective communication between secondary & primary care services, to ensure that Service Users receive appropriate interventions in a timely manner

Short-term social care service

Screening; assessments; advice, guidance and signposting; short term interventions; access to Reablement support workers; access to intermediate (3rd sector) support. Link with Early Help Forums (children's services); care management for older and younger adults; AMHP, safeguarding and appropriate adult support

IAPT

Provision of CBT for Steps 2 & 3

Fast track to Consultant time

To give GP's dedicated consultant time to give advice and discuss patient care if required

Wellbeing Navigators

This has been piloted in Northampton and gives both patients and health and social care staff access the wealth of third sector organisations that are able to provide support

Collaboration and Integration

The provision of services is a collaborative between Northamptonshire Health Care Foundation Trust (NHFT) and Northamptonshire County Council (NCC) and includes services and organisations across primary and secondary care, community, social care and voluntary. The service is the first of its kind to be set up within the country.

Successful implementation of the service will result in more people being seen by the appropriate service in a timelier manner through a SPoA, ensuring equity of access. People will be stepped up or down according to need and discharged when appropriate with access to support mechanisms to keep them well. New roles will provide support to GP practices and cross agency working will ensure smooth transition through the services. Phase 1 of the programme is the re-specification of the service to provide a newly commissioned footing by 2015; the exact procurement model is being finalised.

Public Health & Prevention

Health and Wellbeing of the Workforce and Occupational Health Services

Occupational Health Services are increasingly important in supporting improvement of health and wellbeing of the workforce, particularly as we have an ageing workforce . Provider organisations have strategies in place to support the health and wellbeing of their workforce and action plans to respond to the Staff Survey with particular attention to improving staff engagement. Listening in Action is one such initiative which is a proven approach when looking at how to fundamentally shift ways of working putting staff at the centre of change. Organisations are doing more to support the economic and social wellbeing of their staff, and offer initiatives such as physical fitness, healthy food options, promotion of physical activity in the workplace, cycle to work scheme, Holiday Buy – a salary sacrifice scheme to purchase additional annual leave entitlement, staff vaccination programmes, provision of counselling and workplace interventions to promote smoking cessation. There can be some difficulties in recruitment of trained occupational health nursing and medical staff.

The Public Health Workforce

The workforce involved in public health can be grouped into the following broad categories

- The public health specialist workforce; consultants and specialists working at senior level
- The practitioner workforce: professionals who spend a major part or all of their time in public health practice such as health visitors or community development workers
- The wider workforce: those who have a role in health improvement as part of their other roles such as healthcare professionals, social workers and care staff, teachers, police officers, housing officers
- Public Health Knowledge and Intelligence Workforce

- There has been some turnover as part of transition to Local Authority
- Changing roles and structures as part of the establishment of the new NCC Public Health and Wellbeing Directorate
- Public Health roles are changing and require a wider, flexible set of skills and a career framework across Local Authorities and the NHS
- The importance of on-going opportunities for Public Health Specialist trainees on the East Midlands Training programme within the new local structures
- Supply of the specialist workforce remains a challenge nationally and locally and the transition to Local Authorities and impact on protected terms and conditions of employment may be affecting the number of applicants for posts
- The focus on improving wellbeing and prevention means that the roles of health visitors, school nurses, midwives, practice nurses and family support workers continue to be increasingly important along with the growing importance of the non-specialist and wider workforce role in this across health and social care, education, police, voluntary sector together with the wider community and individuals themselves
- The role of the pharmacy workforce in health and wellbeing – promoting campaigns, potential for immunisation role in future
- There is a need for all those involved to have skills in conducting a therapeutic conversation with individuals including with the Making Every Contact Count philosophy
- The role of carers in health and wellbeing and prevention is recognised as an important part of the system
- integrated sexual health teams that deliver services organised around the needs of service users and make best use of generic skills
- Expansion of School Nursing Services to sustain capacity with ageing workforce profile, expanding population and health improvement, prevention and immunisation programmes within school populations
- Continued Health Visitor expansion in line with national targets

Public Health & Prevention Workforce - Actions

In order to support the Health and Wellbeing Strategy and strategic priorities there is a need to focus on delivery through a whole system and whole workforce approach including:

- Develop the health promoting skills of the non-specialist workforce, wider workforce and pre-registration students to enable them to have an effective therapeutic conversation which supports an approach of making every contact count
- Support the specialist public health workforce to have a wider and more flexible skill set including: operating within a political and democratic environment; public advocacy; public scrutiny; contract management; business planning; epidemiology; psycho-sociological skills; managing change, provision of strategic planning advice to CCGs - there is a need to ensure that these needs are incorporated into specialist training programmes and the Learning Beyond Registration portfolio and that the public health workforce have continued access to this education
- Provide awareness training across the workforce to enhance understanding of the local health and social care system in order to maximise a whole systems approach and an ethos of flexibility and effective working across organisational boundaries
- educate the workforce to educate the population - the ability of the workforce to educate and support individual service users and carers is of increasing importance

The Public Health Departments in the Local Authority have a vital role in the teaching of specialist Public Health staff as well as the wider public health workforce across the local health and social care economy.

- Develop consistent and approved training pathways for immunisations and cervical screening

- Ensure access to local education and training to equip occupational health services in supporting the health, wellbeing and resilience of staff and in particular an ageing workforce. Explore the potential for developing a special interest in Wellbeing and Resilience within Occupational Health.

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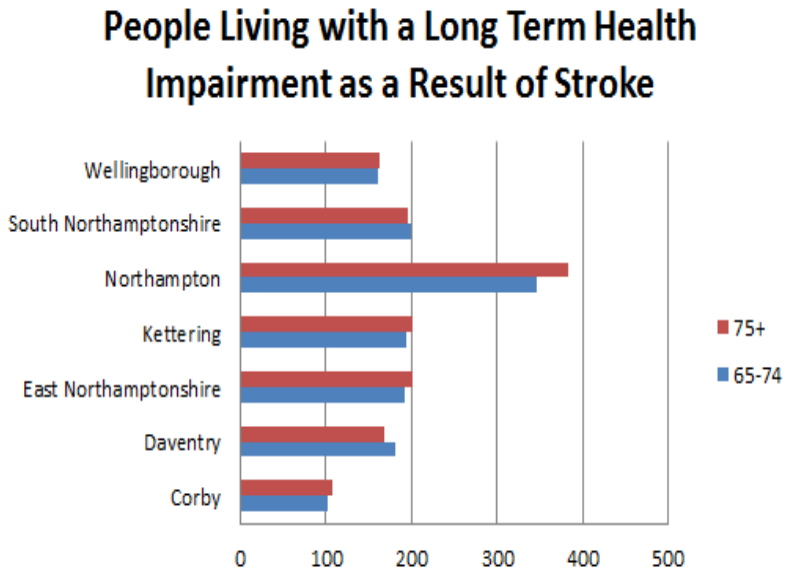
Focus on Stroke



Source:POPPI, 2014

Long Term Health Impairment as a result of Stroke

- In the UK, one third of stroke victims are under 65.
- Almost all of those under the age of 44 with a long term health impairment as a result of stroke are female, whereas 69% are male in the 65 to 74 age group.
- In Northamptonshire, the number of people with long term conditions due to stroke is predicted to increase by 14% between now and 2020. This varies across the county with East Northants at 16% and Wellingborough at 9%.
- The greatest increase for both men and women is predicted for the 75 and over age group, with a 25% increase.

According to the Stroke Association:

- The incidence of stroke in England (per 100,000) Men 178 and Women 139
- In 2010 stroke was the fourth largest cause of death in the UK, causing almost 50,000 deaths
- One in five strokes are fatal
- Approximately 25% of strokes occur in people aged less than 65 years
- At least a quarter of people in residential nursing care had a stroke
- Approximately 11% of stroke patients are newly admitted to a care home after their stroke

Focus on Stroke

Stroke urgent care

Northampton General Hospital provides thrombolysis for the Northamptonshire population with clear access route known by referring and emergency teams across the county. Admission to the stroke ward is via A&E. Patients are repatriated within 72 hours if thrombolysed.

Northamptonshire Community Stroke Team in-reaches into both stroke units and has supported a reduction in the length of stay; although this is increasing due to complexity of cases. Younger people tend to be discharged quickly and have a longer stay in the community. Rehabilitation is increasing independence and improving outcomes for people living with a stroke.
There is now a dedicated stroke ward at Kettering General Hospital and the Stroke Clinical Network is supporting a business case to improve stroke services.

Stoke Rehabilitation

There are 12 Stroke specific rehabilitation beds; 6 each at Danetre Hospital and Isebrook Hospital. The flow through the rehabilitation beds is often challenging and there are occasions where patients are medically fit for discharge but social care packages have yet to be finalised.

Workforce Actions

- Need to identify ways to attract staff with previous stroke care experience and band 6 speech and Language Therapists
- Dysphagia skills required for Speech and Language Therapists
- All three levels of Bobath training required
- Stroke staff with psychological skills required

Stroke Workforce

The Stroke services are supported by good AHP support services (dietetics, speech and language therapy physiotherapy and occupational therapy). There is a good mix of staff across OT and Physiotherapy. Band 3 and 4 generic roles have been developed and are working really well across the service. NGH is implementing the Calderdale Framework in the Community Stoke Team to further enhance these roles.

It is difficult to recruit nursing staff with previous experience and generally as it is seen as heavy work; however, those who enjoy working in stroke services tend to stay. There are some difficulties in recruiting band 6 Speech and Language Therapists and there are decreasing participation rates amongst staff.

OT and physiotherapy services are delivered at weekends.

There is a need for speech and language therapists to have dysphagia skills. The establishment of a Dysphagia link nurse would decrease reliance and time for SLT to deliver training to staff on dysphagia.

There is a need for all three levels of Bobath training to be delivered. At the moment only the low level course is available (through NCORE) but the one week advanced course is needed.

There is a lack of access to psychology services, although there is a limited service at Beechwood. The Speech and Language Therapy service is recruiting therapists with a psychology qualification to fill the gap; this is good for the service as a whole but takes therapists away from primary service delivery. The service is looking at providing stroke nursing staff with these skills.

Junior and middle grade doctorsrequire competency development in stroke care.

Urgent Care

Context

The Northamptonshire CCG's Strategic Plan identifies responsive Urgent Care as a key area of work in delivering its first priority of improving quality and outcomes. The majority of interventions are focused at addressing the drivers of attendance and admission and the blocks to discharge.

Within Northamptonshire, the problem of growing demand being placed on urgent care continues, although attendances at KGH have remained relatively consistent over the last two years, NGH has experience an increase of 12% from 2011/12 to 2012/13 and an increase of 14% from 2012/13 to 2013/14.

Urgent and Emergency Care – Rising Demand

"…the pressure our A&E departments and ambulance services are experiencing is absolutely not a sign of failing services, but that these services have become victims of their own success" Urgent and Emergency Care review, 2013

Every year the NHS deals with:

- 24 million calls to NHS urgent and emergency care telephone services;
- 7 million emergency ambulance journeys;
- 21.7 million attendances at A&E departments, minor injury units and urgent care centres;
- 5.2 million emergency admissions to England's hospitals.

The growth in demand is set to continue as people live longer with more complex and often multiple long term conditions.

In 2012-13 there were over 18 million A&E attendances, and 94.2% of these had a waiting time of less than 4 hours.

Almost 40% of those who attend A&E are discharged without needing any treatment at all and it is considered that over 1 million or almost 5.5% of attendances were avoidable.

Urgent Care – Transforming Services

Improvement interventions

There is a need to commission alternative high quality and cost effective services to specially reduce A&E attendance, improve patient flow and discharge patients in a timely manner to setting as close to home as possible. The overall priority for commissioners is to improve quality and outcomes and ensure equitable access to the highest quality urgent and emergency care. The vision for urgent care reflects the findings of the national Emergency Care Review and centres on different parts of the urgent care system including A&E, tertiary centres, primary care, EMAS and NHS 111 working together as one to ensure that patients with differing degrees of urgency and acuity are responded to in a timely way and by the most appropriate service.

Urgent Care Hub - Corby

The Urgent Care Hub is a future development that will build on the success of the Urgent Care centre with recognition that expansion and flexibility of services will be required. Plans include linking the Urgent Care Centre to the Community Hospital to provide a step-up and step-down facility. A retirement village could be placed on the same site and would hold some vacant properties which could be used short term to support independent living.

Discharge to Assess

Integrated discharge teams will ensure that patients are discharged in a timely manner when deemed medically fit to do so. The Discharge to Assess service assists in the objective and will be operational at both acute hospitals and community hospitals, 24 hours per day, 7 days per week and link directly to an integrated community team outside of the hospital setting.

The health &social care community teams will provide co-ordinated care both post-discharge and pre-admission,working closely with primary care to identifiy and pro-activley manage patients with complex needs.

Corby Urgent Care Centre

Corby Urgent Care Centre will see patients who have an urgent medical need, injury or fracture that cannot wait until their next available GP appointment. The centre is purpose built and designed to meet patient flow and give the feeling of calm and safe environment to the 150 – 200 people it sees every day.

It has 12 day couches (4 paediatric, 4 male, 4 female), resuscitation and an ambulance bay. It is able to commence treatment such as IV antibiotic therapy which may prevent admission to hospital or will avoid the need for the patient to attend A&E if admission for further treatment is needed. It also has access to diagnostic tests including pathology.

It is staffed by:

- 3 senior GPs with extended skills
- 1 Medical nurse practitioner
- 2 Injury nurse practitioners
- 3 nurses
- 2 HCAs
- 2 radiographers
- 2 reception staff
- 3 support staff

Frail Elderly

A Frail Elderly model has been developed and implemented (see Frail & Older Person Section of the plan) as a pilot project to reduce A&E attendances, acute admissions and the length of stay for frail elderly patients in acute hospitals. Early indications are that the model needs to be enhanced significantly to manage demand.

Urgent Care – Transforming Services

Primary Care Streaming model at A&E

Senior GPs and skilled Advanced Care Practitioners are working at the front door of both acute hospitals to prevent inappropriate demand on A&E and support improved care in the community. Crisis Response and Discharge teams and joint working with social services will support effective step up and step down services enabling discharge from the acute trusts.

Acute Hospital Psychiatric Liaison Service

A new Mental Health Liaison Service will be commissioned from September 2014. This multi-disciplinary team with key senior staff including consultant Psychiatry, Clinical Psychology, CPNs, OTs and social workers, will work across Kettering General Hospital and Northampton General Hospital to provide seven day advice and support to the emergency departments and ward areas.

The focus will be around alcohol dependency and supporting mental and physical health needs, frail elderly and co-morbidities. The service will support carers as well as hospital staff. It will be necessary to provide training to clinical staff in the Acute Trusts in the recognition of patients and carer's psychosocial needs as well as physical needs; awareness of pathways and services to meet these needs; improved staff skills in sharing information on available psychosocial resources and timely referral to mental health services. It is hoped that it will also impact positively on staff sickness rates as staff will be more aware of their own mental wellbeing and how they can maintain this. The team will be led by an Operational Lead who will be required to have a dual mental health and general nurse qualification.

Acute Hospital Care

Both acute Trusts are responding to challenges such as improved triage and observation processes within emergency care, alternative emergency care pathways, improvement in the flow of patients through A&E, enhanced discharge processes and reduced length of stay and flexibility of critical care beds to cope with peaks in demand.

Ambulatory Care

Northampton General Hopsital Ambulatory Care Centre (ACC) opened in September 2013 to treat patients who have been directed through from Accident & Emergency or as early discharges from the Assessment Units or Medical wards. If patients are mobile and have specific conditions they may be sent to the ACC rather than having to wait in A&E. The ACC is also designed to help achieve early discharge whereby patients in the assessment areas may be discharged early and return to the ACC to have subsequent treatment and/or investigations, which may have required them to stay as an inpatient otherwise.

The Ambulatory Emergency Care Unit at Kettering General Hospital consists of emergency, consultant lead clinics where patients can be referred to by their GP and receive treatment on the same day but without admission to a hospital bed. Patients are assessed by a doctor or advanced nurse practitioner and operates on similar principles to the ACC at NGH.

Urgent Care – Transforming the Workforce

Support Worker roles
Health Care Assistants and Assistant Practitioners work in A&E and acute units. APs undertake the Foundation Degree at the University of Northampton. Therapy APs access in-house training but there is need for more educational opportunities for them.

AHPs
There are rotations for band 5 AHP staff at Kettering General Hospital. AHPs have been providing 7 day services in A&E. It is more difficult to recruit AHPs to acute care than other settings. OT students do not always have an acute placement which impacts on employability of newly qualified graduates.

Medical Workforce
There has been an increase in consultants in A&E after difficulties in recruiting. There are on-going difficulties in recruiting to A&E middle grades and there has been some reliance on Medical Training Initiative doctors.

Physician Associate roles have worked in the past to support the medical workforce in urgent care and Northampton General Hospital is supporting PA trainees as part of a strategy to recruit more into post.

Nursing roles
There is a need for more to ensure that sufficient numbers of Advanced Nurse Practitioners are available to support the Primary care Streaming initiative and there is potential for expansion of this role.

There is a need to have paediatric specific modules for adult trained nurses working in A&E. The holistic needs of the child need to be met. One possible solution would be to rotate staff between A&E and acute paediatric wards. Dual qualified Adult and Paediatric nurses have been recruited to A&E in the past but they move to children's services and are lost to the department. There is also a real need for nurses with a children's qualification in the Out of Hours service.

There have been some retention issues with placing overseas recruited nurses in urgent care.

There is a requirement for A&E staff to attend Advanced Trauma Life Support courses which are necessary to meet the requirements to be a trauma centre. The course is delivered by the Royal College of Surgeons with a bolt on for nurses. Additional Flexible LBR funding was used to put four NGH staff through the programme in 2014-15 but there will be an ongoing need for A&E staff.

Paramedic and ECP roles
Commissioners are looking at ECP roles to identify a clear strategy for their use with a focus on the tangible benefits. They would also welcome the opportunity to develop a specific role tailored to the meet the needs of GP urgent care patients and low level paramedic/First Response Vehicle back up. This should promote increased operational cover as well as reducing waiting times for those requiring a converying ambulance.

Urgent Care Workforce - Actions

- Developing solutions to recruitment of A&E medical staff (in particular middle grades)
- Postgraduate education and training to support a flexible workforce
- Identify ways to free up experienced staff groups to deliver urgent care by putting in place roles such as Physician Associates and Surgical Assistants to support delivery of services within planned care
- Development of Physician Associates in A&E and Emergency Medicine
- Sustaining and on-going development of Advanced Nurse/Care Practioner roles
- Explore other non-medical solutions in A&E; for example, Paramedics
- Paediatric specific modules for adult nurses in A&E
- On-going Advanced Trauma Life Support courses required
- Need to extend Tracheotomy Care skills training for nursing staff at NGH
- Explore the possibility of developing a specific role tailored towards meeting the needs of GP Urgent Care patients and low level paramedic/First Response Vehicle back-up

Medical Workforce

The Northamptonshire LETC Workforce Transformation Event on 3rd March 2014 identified the importance of Medical Workforce development to support service transformation and greater integration between primary and secondary care. The following actions were identified:

1. Review the medical workforce's current pinch points and assess if they are potential "show stoppers" for transformation
2. Review the medical workforce risks e.g. retirement rates, attrition rates in key services, single-handed and small specialty groups, locum rates and assess whether they are potential "show stoppers" for transformation
3. Assess the Greenaway Report – Future Shape of Training for its suitability as a risk management vehicle for the above
4. Develop Northamptonshire's medical workforce strategy in partnership with Health Education East Midlands
5. Build Northamptonshire's reputation as a place for excellent training and clinical placement supervision

These actions are being taken forward through the Northamptonshire LETC as part of the wider workforce transformation agenda to support strategic plans and the Healthier Northamptonshire Programme, recognising that some of the workforce solutions will be non-medical.

Where relevant, reference is made within the individual elements of the Workforce Plan to the medical workforce within specific areas. The following are overarching themes:

- Attracting and retaining doctors to Northamptonshire in particular the following specialties:
  - Emergency Medicine
  - General Practice
  - Oncology
  - Elderly Medicine
  - Paediatrics
  - Older Persons Psychiatry
- Achieving a re-distribution of trainee posts for Northamptonshire and attracting high calibre trainees
- The important of specialty doctors within the medical workforce

There is no one single solution to improving the medical workforce supply: various are being explored and will be further developed collectively as part of the medical workforce strategy:

- A philosophy of Recruit Locally, Train Locally, Employ Locally
- Creating attractive fellowships and innovative posts
- Working collaboratively with Health Education East Midlands to support re-distribution of training posts across the East Midlands to enable an increase within Northamptonshire and to improve attraction of trainees to the East Midlands and Northamptonshire
- Developing the generalist/specialist role within General Practice to support service transformation
- Proactive development and access to education for SAS doctors to enable specialist registration and support service transformation
- Enhancing the quality of the trainee experience and further developing the capacity and quality of the educator workforce
- Physicians Associates - 2 currently employed at NGH with an additional 6-8 planned in Acute Medicine. 3 trainees commencing in September 2014 in conjunction with University of Birmingham. Plans to develop PA role also at KGH and to explore potential within General Practice and other areas
- Continuing to develop Advanced Practitioner roles
- Expand research opportunities
- Establishment of Senior Lecturer in Quality Improvement at NGH

Wider Workforce

The Wider Workforce plays an important part in enhancing the quality and safety of the individual patient and service user experience. Health and Social Care organisations across Northamptonshire are considering the impact of the Cavendish Review and the publication of the **Care Certificate** on their healthcare and support worker workforce**.** It is hoped this will enhance quality and reduce variation and provide an opportunity for integrated learning across the health and social care workforce particularly in providing services to frail and elderly people.

Clinical Support Workforce

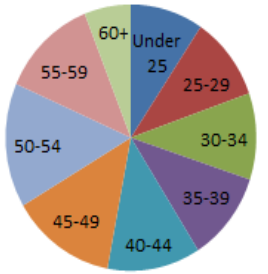
Recruitment & Retention varies across this workforce. Social Care finds it more difficult to recruit than healthcare and retention can be a problem across both sectors. Social Care has been working with the Sector based Work Academy (a collaboration between Northampton College Business Centre, Jobcentre Plus and local care provider Delos, a new scheme aimed at getting unemployed people back into work) to improve recruitment. Kettering General Hospital has introduced a Healthcare Assistant apprenticeship model as part of their Nursing and Midwifery Strategy.

The Clinical Support workforce within healthcare play a critical role across the range of health and social care settings both in terms of direct delivery of care within nursing and therapies and clinical support areas such as radiology, pathology and pharmacy.

It is expected that there will be a shift to more integrated support worker roles within community settings and as part of collaborative care teams in particular supporting re-ablement and independent living. There is a real opportunity for roles to become more generic across therapies, nursing and social care. Education and training of this workforce is important to support working flexibly across boundaries and in particular supporting frail and elderly people and those with long term conditions. Support and training for those delivering health and care within domiciliary settings is also essential.

Clinical Bands 1-4, Age Profile

as at Sept 2013



The age profile of the clinical healthcare support workers shows that there is a fairly even distribution of the workforce and an increasing trend in employment of the younger age groups aligned to the apprenticeship model.

Wider Workforce

Non-Clinical bands 1-4 and 5-9

The numbers of non-clinical apprenticeships is increasing within the Bands 1-4 workforce. There are plans to introduce Apprentices within Estates in roles such as Fitters & Engineers; however, Estates services are gradually shrinking due to PFI. There has been some difficulty in recruiting Clinical Coders and Financial Accountants.

Education and training of this workforce is delivered through a number of in-house programmes; however, there is a need for some to be delivered by external providers. For example, High Level Breakaway training for security and CIPD for HR staff is delivered by external providers.

Education and Training

There are a number of good quality education packages available through QCF qualifications and e-learning for bands 1-4. There is also the use of the apprenticeship framework. The Care Certificate education framework will now provide consistency of education and training of the competencies required of our clinical support workforce. Some training for bands 1-4 is delivered in-house; for example, Porters and Maternity Support Workers.

There is an increasing use of the internet by patients and there is an expectation that health and social care staff will be able to support them. It is reported that this workforce has a lack of IT skills and has insufficient access to IT facilities; this makes it difficult to deliver e-learning training programmes.

There is a need for the support workforce to continue receiving awareness training in dementia and end of life care. There is also a need to provide those working in mental health to have more physical health knowledge and vice versa to support the parity of esteem agenda.

Transition opportunities into professional qualifications are seen as a blockage to progression for support workers, particularly as HEIs do not currently recognise vocational qualifications. The Trailblazer into nursing project may provide part of the solution to this.

Pre-Degree Work Experience

HEEM has been a pilot LETB for this national project to evaluate the benefit of providing pre training work experience to people considering training for a healthcare registration. Kettering General Hospital, Northampton General Hospital and the University of Northampton worked together to: select/recruit, support in post, provide a varied work experience schedule and end of experience assessment. The work experience has been provided at HCA level and was offered to individuals who met the academic criteria required to commence a nursing degree programme, but lacked relevant care experience. Both local and national evaluations are being carried out. It is anticipated that this will improve retention on pre-registration programmes.

# of trainees	Phase One Sep13/Mar14	Phase Two Jun14/Sep14
KGH	5	2
NGH	3	2

Trailblazer Phase 2 Projects

Through the national Trailblazer projects, Apprenticeships will undertake a significant reform which will take time to move from the existing programme to the new approach. To support this transformation, groups of employers are working together to design new Apprenticeship standards for occupations in their sectors, and moving quickly to develop examples of the new system working in practice. The phase 1 Trailblazers have successfully created models of effective practice and provide a strong basis for full implementation of the reforms. Northamptonshire Healthcare Foundation Trust is a Phase 2 Trailblazer into nursing site to build a national level 6 apprenticeship frame work or pre-registration nursing. It will provide an alternative route using the apprenticeship model for individuals to gain a nursing qualification and give applicants an opportunity to maintain an income whilst undertaking training in a more experiential way.

Wider Workforce – Assistant Practitioners

Over 100 Trainee Assistant (and associate) Practitioners (TAPs) have been established since 2010 and over 50 are now qualified. The retention during training and qualification has been excellent. At present APs and TAPs are mainly within acute settings although trainees have now also been established within community and mental health including at St Andrew's Healthcare. There is a collaborative approach across Northamptonshire in using a common development framework linked to Skills for Health competences and common employment arrangements to ensure the future supply of a transferable workforce. The TAPs work towards a Foundation Degree in Health and Social Care at The University of Northampton which has been developed to accommodate service requirements and cover a range of pathways. The programme at St Andrew's is delivered internally with accreditation via the University.

Work continues through the Northamptonshire Assistant Practitioner Group regarding longer term planning for increasing the establishment of Assistant Practitioner roles. There are plans for a further cohort of 15-20 TAPs in March 2015 and the programme has been revised to a modular delivery model to maximise flexibility. There are challenges with the affordability of this trainee employment model and foundation degree fees as this is not a commissioned programme. The viability of specialist programmes such as Children's and Maternity is also challenging and options are being explored to overcome this. It is felt however that the level of academic education is important to support the full potential of the role, its contribution to the whole team and develop the confidence of the individuals. It is also important that there is consistency in the quality of the education framework. The potential for an alternative model of placing HEFC Foundation Degree students within organisations will be explored as part of these on-going discussions. Currently the pathology departments are exploring the potential to utilise the IBMS competency framework as an alternative to the foundation degree, a route previously implemented that became cost prohibitive.

On-going CPD for this staff group is also important including access to a mentorship programme. The foundation degree will be mapped to the care certificate currently being tested and due for implementation in March 2015. The Northamptonshire AP Conference in June 2014 celebrated the success of this programme and achievement of APs and TAPs and the on-going opportunities for the expansion of the role.

Assistant Practitioners	
NHFT	• 9 APs in training in CAMHS, District Nursing, Mental Health, Learning Disability, Specialist Services (Serenity) and Children's. • 3 Qualified APs in Community and Mental Health • Considering future expansion
KGH	• 7 APs in training: CCU, Maternity and Breast Clinic • 22 Qualified APs: MAU, OPD, Cardiac Centre, Maternity, CCU and Pathology • Fulfilling roles previously considered unsuitable, e.g. Ophthalmology • New into Paediatrics, Radiology, CT/MRI
NGH	• 25 APs in training: Theatre, Dermatology, Medical Wards, EAU, Day Surgery, Orthopaedics, Stroke. • 30 Qualified APs: Renal, A&E, EAU, Child Health, Maternity, Gynaecology and Pathology. • New onto trauma wards multi-skilled in nursing, physio and occupation therapies • Aim to increase within Neonatal Unit, Children's wards and Maternity in the community
SAH	• 3 APs in training: Adolescent Service and Women's Service • 1 Qualified AP: Adolescent Service • Evaluation currently underway • Considering future expansion

Wider Workforce - Apprenticeships

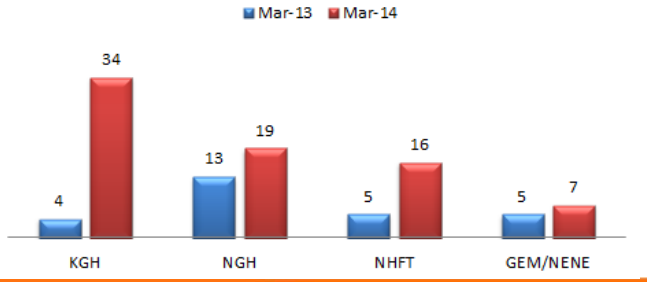
Progress since March 2013

By March 2014 the number of newly appointed apprentices employed in secondary care Trusts increased almost three-fold to 76. The youngest apprentice is 16 and the oldest is 39 years. Apprenticeships are now embedded into workforce development plans and clinical apprenticeships are now offered at KGH, NGH and NHFT. A high percentage of apprentices across all organisations are continuing to successfully secure permanent positions within the NHS.

The 2013 Workforce plan stated an increasing interest by primary care, in particular General Medical Practice, in recruiting apprentices. Apprentices recruited in administration and reception roles have been employed in Daventry, Kettering and Northampton practices. St Andrews' Healthcare and Northampton General Hospital are looking at employing Apprentices in estates.

Expansion of apprenticeships remains a national and local priority. It is expected that the number of apprenticeships across the county will continue to rise and are encouraged by the high numbers of quality apprentices securing substantive posts.

Number of New-to-Post Apprentices 2013-14



Apprenticeship Hub

The Northamptonshire Apprenticeship, hosted by the HEEM Northamptonshire Workforce Team, continues to meet regularly throughout the year and comprises representation from each Trust and other stakeholders including the National Apprenticeship Service, Skills for Health, Skills for Care and Union Learn. The group essentially focuses on working together on apprenticeship issues, sharing good practice, wider funding and development opportunities/changes and accessing national apprenticeship policy initiatives; a recent example being the Government's Trailblazer initiative which is focusing on Nursing Apprenticeships. Northamptonshire Trusts and GP practices were invited to take part in this England-wide initiative led by the Department for Business, Innovation and Skills (BIS) and NHFT have been adopted as a pilot site.

Apprenticeship Forums

Northamptonshire apprenticeship forums are hosted throughout the year with the following objectives:

- To engage apprentices in wider social, economic and public health initiatives;
- To raise awareness of the patient care link regardless of their role;
- To ensure we promote and sustain motivational, performance and behavioural factors such as appropriate use of social media, punctuality, body language and progression opportunities;
- To provide an opportunity for apprentices to network with other apprentices and
- To give the apprentices a 'voice' so that we can learn from their experiences and to ensure apprenticeships are a true route to workforce development

A range of topics are covered including drink awareness, smoking cessation, goal setting and also include guest speakers from NHS and non-NHS organisations including past apprentices now in substantive posts.

Wider Workforce - Actions

- Increase Apprenticeship starts during 2014/15 and improved monitoring of Apprenticeship numbers
- Increase Dementia and End of Life Care Awareness Training for the clinical support workforce
- Map current training and education against the Care Certificate and develop plans to address gaps and opportunities for integrated learning
- Development of integrated education and development solutions across health and social care to support collaborative care teams
- Improve longer term planning of Assistant Practitioner workforce and cost effective training models
- Develop solutions for specialist Foundation Degree pathways
- Develop non accredited mentor education for Qualified Assistant Practitioners
- Establish Northamptonshire Assistant Practitioner Network
- Develop Assistant Practitioner CPD programme
- Widen access to LBR Education Portfolio to Qualified Assistant Practitioners with Foundation Degree
- Explore potential for rotational Assistant Practitioner opportunities
- Explore opportunities for: developing an interface across Assistant Practitioners in Mental Health and A&E, rotational Assistant Practitioner roles, development of generic roles and Assistant Practitioner development in care home settings

Voluntary Sector

There is an increasing emphasis on the importance of families, carers and the voluntary sector in supporting individuals, particularly the frail elderly, learning disability and those living with long-term conditions and dementia. Examples can be found throughout the plan but some are listed below:

Northampton Volunteer Centre is working with Nene on a number of projects which tapped into the voluntary and community sector in Northamptonshire. The first piece of work to be undertaken was to engage GPs, commissioners, nurses and practice managers with local charities in their area. It aimed to make them aware of the work that these groups do in the community and the services that they provide which may benefit patients. To do this the organisation produced a short case studies video to demonstrate some of the great work that voluntary and community sector organisations undertake. This video included clips from Dostiyo (an Asian women and girls organisation), Brushes and Spades (a project which develops volunteers and carries out DIY jobs and gardening for elderly and disabled people), and Teamwork Trust (an organisation that provides work-based education for adults with learning difficulties), to name but a few. The video was shown to GPs and nurses during one of Nene CCG's 'Protected Learning Time' events to show them a variety of organisations that could benefit their patients and get them thinking about engaging with the sector.

Northampton Volunteering Centre (NVC has now been awarded the Voluntary and Community Sector's Support Service contract by Northamptonshire County Council. NVC will assist the voluntary and community organisations of Northamptonshire to maximise their opportunities as well as supporting individuals to contribute to their community through volunteering. It will support the voluntary and community sector to become more flexible in its approach to the current and changing environment. This new contract will be transformational in its approach. NVC will work with a number of partners including Northamptonshire Community Foundation to deliver the three year contract.

Mencap – Getting it Right from the Start
This is a Mencap health project that is being rolled out across primary care. The project is about training volunteers so that they can advise, support and train GPs and their practice staff about the needs of people with a learning disability. It is designed to make sure that people with a learning disability find it easier to know about and use primary healthcare services, and to help people with a learning disability have a better experience when they use health services.

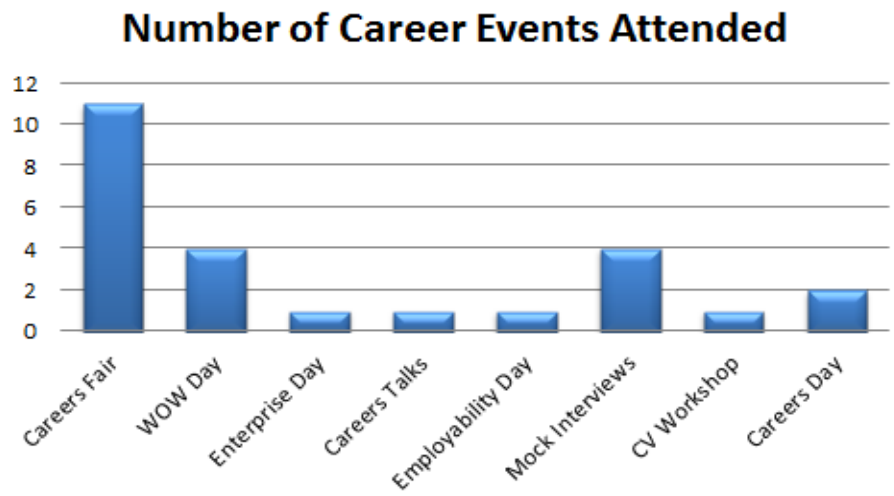
Voluntary sector – Actions

- Identification of possible training needs
- Investigate joint training possibilities with voluntary sector and social care

Widening Participation

The Northamptonshire Workforce Team works in partnership with STEMNET as part of the Science and Engineering Ambassadors Project. There are 42 registered STEM ambassadors from Northamptonshire General Hospital, Kettering General Hospital, Northamptonshire Healthcare Foundation Trust, Nene CCG, EMAS and The University of Northampton.

NHS representatives participated in a wide range of events, including World of Work (WOW) days, workshop presentations, careers fairs and assisting with mock interviews/CV writing. Between April 2013 and March 2014, 83% of requests to attend careers events were able to be met across Northamptonshire. There was a slight increase on the previous year in the number of requests for volunteers to help at CV/mock interview events and World of Work Days.



There's a pool of over 70 healthcare representatives, in clinical and non-clinical roles and include the following:

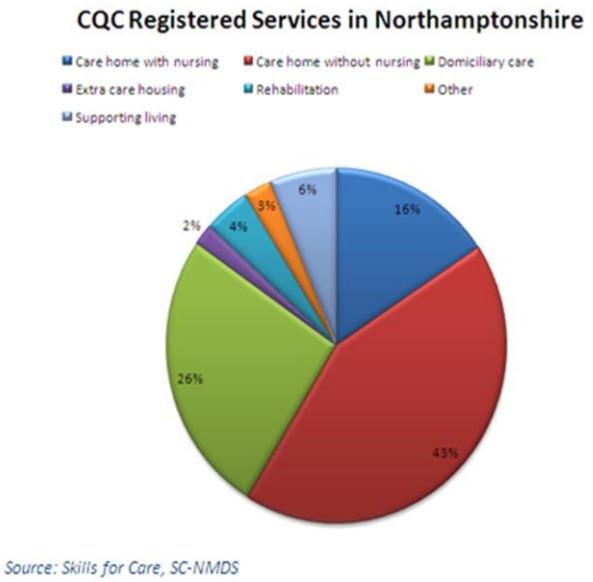
- Practice Nurse
- Mental Health Nurse
- Health Visitor
- Speech & Language Therapist
- Midwife
- Consultant Histopathologist
- Biomedical Scientist

- Dentist
- Physiotherapist
- Pharmacist
- Business Development Manager
- Carer
- Anaesthetist
- Diagnostic Radiographer

Widening Participation to Employment - Careers Events

The Northamptonshire Workforce Team provides on-going support for careers events, working with schools and colleges, STEMNET, Connexions and SWAN CIC. Since April 2013, NHS representatives have visited 15 schools, 3 colleges and attended 2 organised careers events in the community, reaching over 2,000 students from Years 9 to 13 and older.

Social Care – Adult Services



Source: Skills for Care, SC-NMDS

There are 458 Care Quality Commission (CQC) registered service providers in Northamptonshire the majority of which are care homes without nursing.

Self-Directed Support (SDS)

As of December 2013, 6587 adults in receipt of Local Authority support chose to receive this in the form of Self Directed Support (SDS) whether by direct payment or through personal budgets. Adults choosing to be in control of their budget through SDS have increased from 44% in 2011/12 to 71% by end of 2013. This will have an impact on how services will be acquired going forward as those choosing SDS make individual choices about how and what care they want to access.

The Care Act 2014

The Care Act 2014 received Royal Assent on 14th May 2014. The Act contains reforms regarding access to care which will impact on the Social Care Sector significantly. The Act contains the following key changes:

- Single national threshold for eligibility
- A £72,000 cap on social care costs
- Continuity of care when moving from one local authority area to another
- Legal recognition of 'personal budgets' and Self Directed Care

Olympus Care Services

In April 2012 Olympus Care Services were formed as a Local Authority owned company providing care services. They are a significant employer in the county with around 1200 employees related to the care sector. Within their first year of operation, 8% of employees left the organisation (below national average) and 3665 training courses had been attended.

As providers of adult social care services, OCS provide sevices in the home such as reablement, equipment provision and home care. In 2012/13 OCS assisted 4,000 people with Community Occupational Therapy services and over 2,000 people with Telecare equipment, helping them to be safe and secure in their own homes.

They provide wellbeing centres across the county with a range of activities including sport, leisure, learning and volunteering., youth clubs, supported housing, respite care and employment services for people with disabilities.

Olympus Care Services has six residential care homes in Northamptonshire for older people from 65 years of age who are living with general frailties, dementia, and mental or physical disabilities.

Social Care – the Workforce

The Workforce
According to the National Minimum Data Set, there are 8,942 people employed in the Adult Social Care Sector across Northamptonshire. Of these 345 people are employed by the local authority and the remaining 8597 are employed either by the private or voluntary sector.

Local Authority – Adult Social Care
Of the 345 employed by the Local Authority, 189 are employed in community, outreach and support roles, 47 are adult social workers and 51 are in management.

Private/Voluntary Sector
Of the 8597 in the private sector, 6032 are care workers, 662 are ancillary workers and 331 registered nurses.

Education and Training – Care Certificate
Staff working in Adult Social Care Worker roles that would undertake the Care Certificate are:

- Activities workers
- Day Care Assistant
- Day Care Officer
- Domiciliary care worker
- Home care worker
- Nursing Assistant (in a nursing home or hospice)
- Personal Assistants

The Care Certificate replaces the previous National Minimum Training Standards and the previous Common Induction Standards. Care workers work gain skills and knowledge through a structured QCF training programme.

Education and Training – Social Workers
The traditional route into social work is via a three year undergraduate programme. An alternative route is via Step Up to Social Work which is a Government funded, tailored training programme which enables trainees to work towards a qualification to practice as a social worker, at the same time as gaining hands-on experience. It has been specifically designed to enable high-achieving graduates or career changers who have experience of working with children and young people to train to become qualified social workers with a Postgraduate Diploma in Social Work. NCC are using this programme to support in-house trainees as well as providing placements for self-funders. The programme is predominantly work based with academic learning at The University of Northampton and the Open University. The Department of Health has just published the bursary arrangements for trainee social workers. Changes to the Bursary system for people undertaking a social work qualification have been introduced this year. It is not clear what impact this may have, if any.

Supporting Newly Qualified Social Workers
To support the newly qualified workforce, Northamptonshire County Council (NCC) has implemented the Assessed & Supported Year in Employment (ASYE) programme, designed around a Professional Capabilities Framework to develop skills, knowledge and capability and strengthen professional confidence. It is mandatory for all NCC employed social workers. The programme is run in partnership with De Montfort University and Leicester City Council. A senior practitioner role has also been put in place to provide clinical supervision.

Apprenticeships
Apprentices are being recruited into social care organisations at intermediate, advanced and higher levels. There are some specific challenges for domiciliary organisations due the nature of their work, for example, observations being done in someone's home. Differing approaches have been taken to raise awareness of apprenticeships including having apprenticeship champions to promote the benefits.

Social Care – Children's Services

Learning, Skills and Education

A structure programme of education and training is being delivered across multi-disciplinary teams. Educational Psychologists and Education Welfare officers to support improvements in child care services.

Children's Services

Following a series of OFSTED inspections of children's services in 2013, a Children's Service Improvement Plan was developed. NCC has been working closely with the Local Safeguarding Children's Board Northamptonshire (LSCBN) on areas of improvement and steady progress is being made. Work continues to improve protected children, looked after children and fostering and adoption.

Three areas of focus in children's services are

- Social Care
- Early Help and Prevention
- Learning, Skills and Education

Early Help & Prevention

The Early Help Team provides early and effective help and support to children and families. Using the Common Assessment Framework for Families, the aim is to provide an early intervention of information, advice and support to prevent their needs escalating and to enable them to be supported at the lowest level of need, and wherever possible be self-sufficient.

Social Workers

Nationally there is difficulty in recruiting children's social workers due to the high profile abuse and neglect cases that have been in the media. NCC has had difficulty in recruiting social workers in children's services and at the moment have an over-reliance on locums and agency staff. There is a strategy to improve recruitment and retention of this workforce and increase the number of substantive posts. In January 2014 it was reported that a total of 89 experienced social workers were required to take over from agency staff in the children's department. Overall NCC hopes to attract 60 social workers and 25 senior social workers, as well as some managers on a full time basis. Some will be current agency staff who are willing to convert, but others will be from the national pool. The publication of the Narey Report makes recommendations on how to improve teaching of the social work profession.

Social Care

There is on-going work to continue to improve children's' safeguarding, particularly as referrals to social care are significantly high at the moment. There has recently been a Making Children Safer event to highlight where improvements have been made and where those who work with children could contribute to further enhance safeguarding. Within healthcare there is a GP Safeguarding lead who is working with NCC on a safeguarding strategy and there is a safeguarding lead nurse at each Trust. Recruitment and retention of children's social care staff is improving and is becoming a far less unstable workforce overall.

A Neglect Assessment Tool has been developed and launched by the Local Safeguarding Childrens Board Northamptonshire (LSCBN). As part of a multi-agency approach to integrated working to support children, young people and families, and to safeguarding children who may be at risk from significant harm, the Neglect Assessment Tool can be used by all professionals, wherever this is appropriate in their work with children, young people and families.

Unaccompanied asylum seeking children coming into the UK frequently come into Watford Gap services on the M1. As a result, they become the responsibility of Northamptonshire social care, putting additional pressure on services.

Social Work Academy

Northamptonshire County Council is launching a new Social Work Academy in order to attract a new generation of social workers who can prove their commitment and passion to improving children's lives.

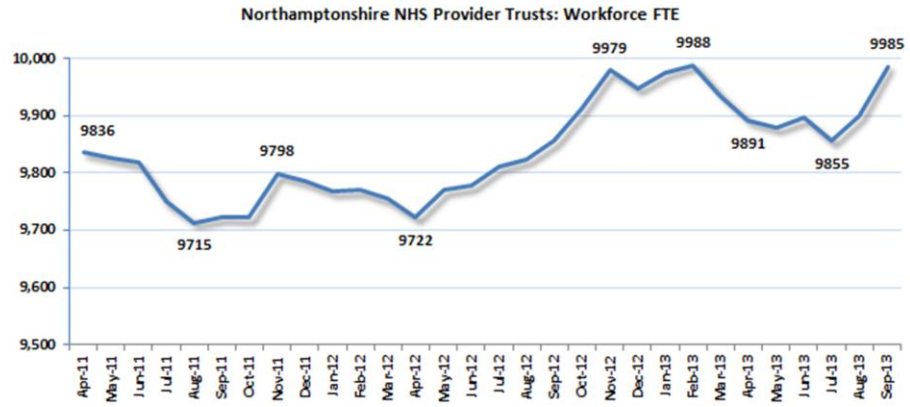
The academy will launch in September and will offer graduates a unique opportunity to benefit from a year-long intensive training and support programme. It provides the opportunity for hands-on learning with high levels of support and mentoring, managing small caseloads, intensive training and lots of career development opportunities. NCC is currently recruiting social workers to the academy.

Social Care Workforce - Actions

- Increased development and delivery of integrated education and training across health and social care
- Provision of education and training to support ongoing development and improved recruitment and retention of the workforce within care homes
- Increase pre-registration student nurse placements within nursing homes
- Implement Care Certificate
- Leadership development of senior staff in care homes
- Identify strategies such as the Social Work Academy to attract and retain children's social workers

Northamptonshire – The Workforce

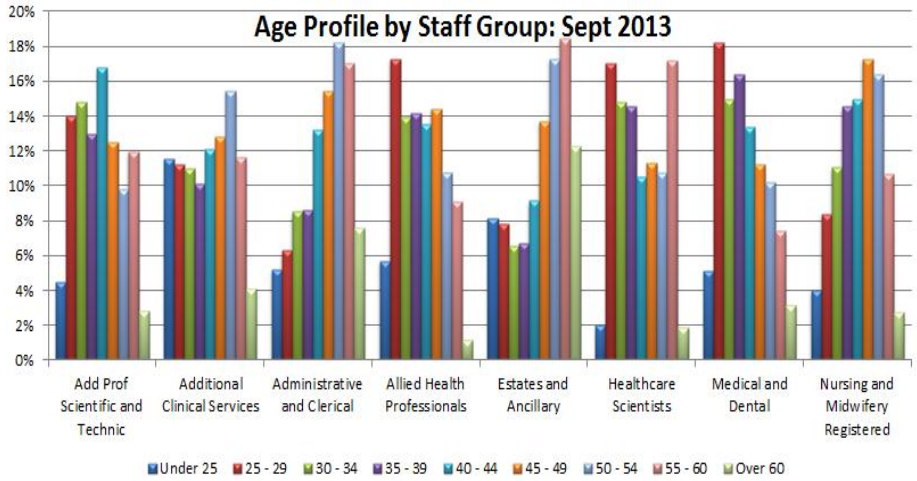
Between April 2011 and September 2013 the workforce increased by 1.5%. The lowest figure was 9715 fte in Aug 2011 and the highest 9988 fte in Feb 2013.

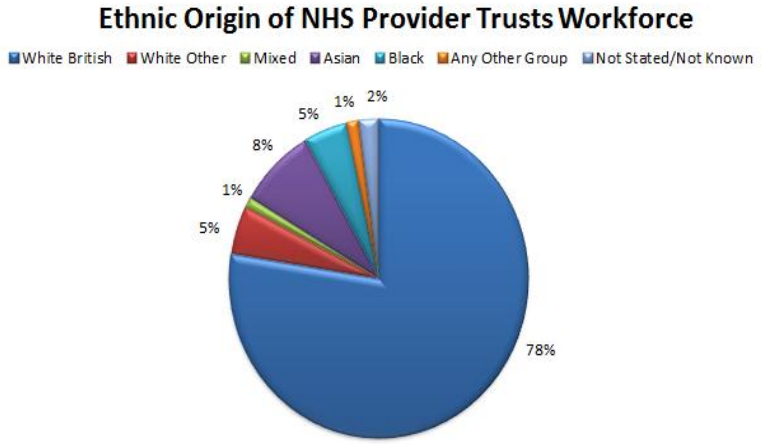


The workforce of NHS healthcare employees in the three provider trusts is made up of the following:

- Medical and Dental Consultants – 4.1%
- Medical and Dental Career Grades – 1%
- Nurses – 32.6%
- Midwives – 2.9%
- Healthcare & Clinical Scientists – 1.9%
- Allied Health Professionals – 6.1%
- Scientific, Therapeutic & Technical – 4%
- Support to Clinical – 32.2%
- Infrastructure – 15.4%

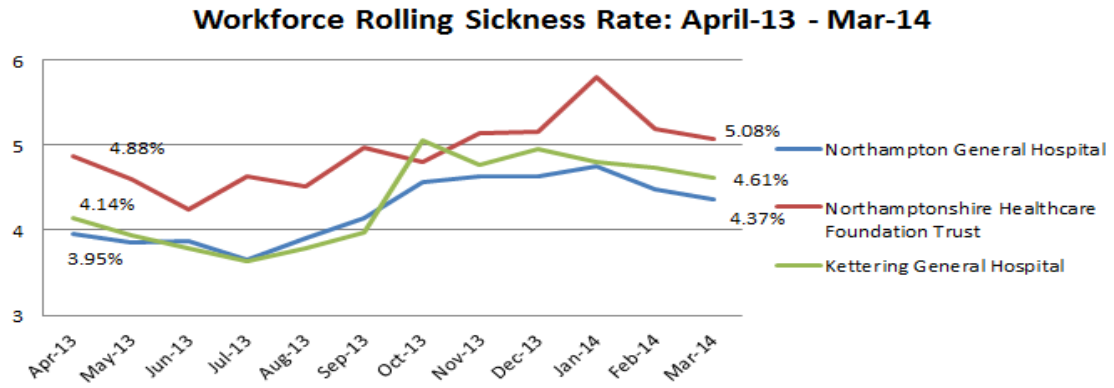
Northamptonshire – Demographics of the Workforce



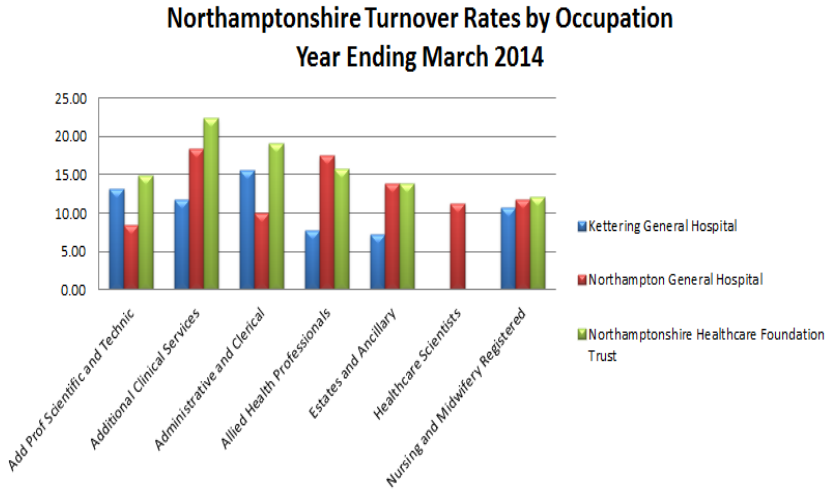


- Within the registered staff groups, both Nursing & Midwifery and Health Care Scientists have 30% of the workforce aged 50 or more.
- Nursing & Midwifery however also has the lowest percentage of the registered workforce staff groups aged less than 35, at 24%
- The non-registered staff groups tend to be those with the more pronounced age profile towards the older end of the range. This does not impact significantly on education requirements but there are concerns with future retirements of skilled trades people within Estates and Maintenance.
- Almost 78% of the workforce classified themselves as White British or Irish as at Sept 2013. Just over 20% of NHS employees within Northamptonshire selected their ethnic origin as something other than White British, this is a higher proportion when compared to the general local population where approximately 15% stated an ethnicity of something other than White British in the 2011 census.
- The most diverse staff group are the Medical and Dental workforce where 41.2% classify themselves as Asian, 34.9% as White – British, 9.9% White-Other and 11.6% as Black, Mixed or Other.

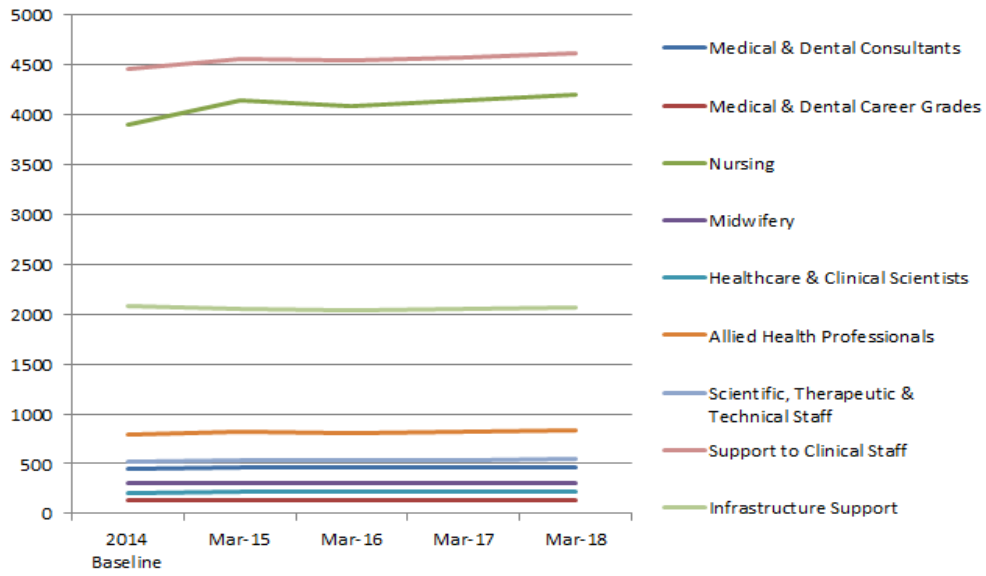
Northamptonshire – The Workforce



- Sickness rates show and upward trend, with both NGH and NHFT peaking around January 2014. KGH peaked in October 2013 at just over 5%. The sickness rates across all trusts have reduced since January 2014 but remain higher than their starting position in April 2013.
- In comparison to national peers, NHFT and NGH's rates sit at the top of the mid-range so are broadly in line with national peers. KGH's rate is above the mid-range and is therefore slightly higher.
- Turnover is displayed on the adjacent chart by Trust and occupation for the year April 2013 – March 2014.
- Apart from Estates and Ancillary, the non-registered workforce tend to have a higher rate of turnover.



Northamptonshire Workforce – Demand for the Future



All Staff Groups (NHS Trusts + SAH)	Mar 2014 Baseline FTE	Capacity Change 2014-15	FTE by Mar-15	% Change From Previous Year	Capacity Change 2015-16	FTE by Mar-16	% Change From Previous Year	Capacity Change 2016-17	FTE by Mar-17	% Change From Previous Year	Capacity Change 2017-18	FTE by Mar-18	% Change From Previous Year	Total Cumulative Capacity Change FTE	% Change from Baseline
Medical & Dental Consultants	467.48	18	485.48	3.85%	-0.69	484.79	-0.14%	2	486.79	0.41%	2	488.79	0.41%	21.31	4.56%
Medical & Dental Career Grades	131.95	0.22	132.17	0.17%	2	134.17	1.51%	2	136.17	1.49%	0	136.17	0.00%	4.22	3.20%
Nursing	3898.56	250.59	4149.15	6.43%	-64	4085.15	-1.54%	58	4143.15	1.42%	52	4195.15	1.26%	296.59	7.61%
Midwifery	300.9	3	303.9	1.00%	0	303.9	0.00%	0	303.9	0.00%	0	303.9	0.00%	3	1.00%
Healthcare & Clinical Scientists	201.16	13	214.16	6.46%	0	214.16	0.00%	0	214.16	0.00%	0	214.16	0.00%	13	6.46%
Allied Health Professionals	798.19	20.01	818.2	2.51%	-7.08	811.12	-0.87%	17	828.12	2.10%	3	831.12	0.36%	32.93	4.13%
Scientific, Therapeutic & Technical Staff	527.33	10.24	537.57	1.94%	1.06	538.63	0.20%	2	540.63	0.37%	3	543.63	0.55%	16.3	3.09%
Support to Clinical Staff	4459.04	100.8	4559.84	2.26%	-18.18	4541.66	-0.40%	37	4578.66	0.81%	36	4614.66	0.79%	155.62	3.49%
Infrastructure Support	2083	-26.73	2056.27	-1.28%	-13	2043.27	-0.63%	9	2052.27	0.44%	9	2061.27	0.44%	-21.73	-1.04%
Total	12867.61	389.13	13256.74	3.02%	-99.89	13156.85	-0.75%	127	13283.85	0.97%	105	13388.85	0.79%	521.24	4.05%

Capacity Change

The capacity change data has been provided on workforce planning returns from NGH, KGH, NHFT and St Andrew's Healthcare and is based on FTE. The base line data used in these charts has assumed filling of all current vacancies.

- During 2014-15 there are plans to recruit over 147 adult nurses across all trusts, and St Andrew's is aiming to recruit approximately 70 Mental Health Nurses. Some of these posts are planned to be filled from successful overseas recruitment campaigns.
- This recruitment pattern is set to reverse in 2015-16 with a planned capacity reduction of 64 fte nurses predominantly from NHFT due to re basing of secondary care beds.
- Over the next four years , the registered nursing group will see an overall increase of 7.61% predominantly due to St Andrews' planned capacity increases. The overall nursing increase for NHS provider trusts alone (NGH, KGH and NHFT) is just over 2% (see page 108).
- The predicted capacity change for clinical support over four years is almost 3.5%, with the majority of these planned to be recruited in 2014-15.
- Overall Infrastructure support is planned to reduce by just over 1%, however, the overall decrease is offset by St Andrews capacity increases. A 3.6% reduction in capacity is planned for infrastructure and support staff for the NHS provider trusts.

Northamptonshire Workforce – Demand for the Future

Below is a summary of the planned FTE capacity change forecast to 2018. These are aggregated forecasts from Northampton General Hospital, Northamptonshire Healthcare Foundation Trust, Kettering General Hospital and St Andrew's Healthcare. General Practice workforce can be found in the Primary Care Section.

Nursing (NHS Trusts + SAH)	2013-14	2014-15	2015-16	2016-17	2017-18
General Adult Nursing	69	147.08	-48	2	2
Neonatal Nursing	0	2	0	0	0
District Nursing	5	0	0	0	0
School Nursing	0	5	10	10	10
Modern Matrons	0	1	0	0	0
Health Visiting	10	10.88	0	0	0
Children's Nursing	14.2	1	0	0	0
Learning Disability Nursing	16	21	2	14	12
Mental Health Nursing	32	60.63	-28	32	28
N,M and HV Learners	0	2	0	0	0
Nursing Dual Qualification	6	0	0	0	0
Total	152.2	250.59	-64	58	52

AHP & St & T	2013-14	2014-15	2015-16	2016-17	2017-18
Dietitian	1	1	0	1	0
Diagnostic Radiographer	13	2	1	13	0
Dental Therapists	0	2	0	0	0
Occupational Therapists	-6	11.36	-2.1	3	3
Orthoptists	0	1	1	0	0
Physiotherapists	0	3.65	-1.3	0	0
Podiatrist	-7	0	-1.68	1	0
Speech & Language Therapist	0	1	0.76	0	0
Operating Dept Practitioner	-16.21	4.7	0	0	0
Audiologist	-1.5	2	0	0	0
Cardiac Physiologist	2	3	0	0	0
Pharmacist	3	3.2	2	0	1
Social Services	0	-4	0	0	0
Clinical Psychologist	-2.5	3.3	0	2	2
All AHP & ST&T	-14.2	34.21	0.32	20	6

Medical & Dental Staff (Consultant)	2013-14	2014-15	2015-16	2016-17	2017-18
Trauma & Orthopaedic	2	2	-0.64	0	0
Emergency Medicine	0	1	0	0	0
General Surgery	-1.5	2	0	0	0
Orthodontics	1	0	0	0	0
Clinical Radiology	3	1	0	0	0
Community Sexual Health	-0.5	0	0	0	0
Urology	0	2	-.50	0	0
Haematology	0	3	0	0	0
Medical Microbiology	0	1	-0.85	0	0
Anaesthetics	0	7	0	0	0
Cardiology	0	1	0	0	0
Rehabilitation	0	1	0	0	0
Public Health Medicine	0	-1	0	0	0
General Psychiatry	1	-2	-1	0	1
Child & Adolescent Psychiatry	1	0	1	1	0
Forensic Psychiatry	2	1	1	0	1
Old Age Psychiatry	0	-1	0	0	0
Learning Disability Psychiatry	0	0	0	1	0
All M&D Consultants	8	18	-0.99	2	2

Medical & Dental Staff (Career Grade)	2013-14	2014-15	2015-16	2016-17	2017-18
Paediatrics	1	0	0	0	0
Medicine (Other)	1	0	0	0	0
General Medicine	0	-3	0	0	0
Rehabilitation Medicine	0	3.22	0	0	0
General Psychiatry	1	0	0	0	0
Child & Adolescent Psychiatry	0	0	1	0	0
Forensic Psychiatry	1	0	1	1	0
Learning Disability Psychiatry	1	0	0	1	0
All M&D Career Grades	5	0.22	2	2	0

Northamptonshire Workforce – Demand for the Future

The tables below show the projected capacity change by staff groups for NHS provider trusts only. Overall the capacity change for all staff groups is 0.74%. The overall predicted capacity change when taking St Andrews Healthcare into consideration is 4.05% (see page106). Nursing and Midwifery within NHS provider trusts is predicted to increase by 2.1% from the baseline point over the next four years (compared to 7.61% when taking St Andrews into account). Also shown below are the vacancy rates by staff group for NHS provider Trusts + St Andrews Healthcare (overall rate of 7%) and then for just NHS provider Trusts (overall rate of 8%). The highest vacancy rate is for the Nursing and Midwifery group at 13%.

Staff Group (NHS Trusts only)	Mar 2014 Baseline FTE	Capacity Change 2014-15	Mar 2015	Capacity Change 2015-16	Mar 2016	Capacity Change 2016-17	Mar 2017	Capacity Change 2017-18	Mar 2018	Total Capacity Change FTE	% Change from Baseline
Medical & Dental Consultants	425.68	16	441.68	-3.69	437.99	0	437.99	0	437.99	12.31	2.89%
Medical & Dental Career Grades	108.95	0.22	109.17	0	109.17	0	109.17	0	109.17	0.22	0.20%
Nursing	3421.36	152.59	3573.94	-98	3475.94	10	3485.94	10	3495.94	74.59	2.18%
Midwifery	300.9	3	303.9	0	303.9	0	303.9	0	303.9	3	1.00%
Healthcare & Clinical Scientists	201.16	13	214.16	0	214.16	0	214.16	0	214.16	13	6.46%
Allied Health Professionals	636.74	15.01	651.75	-11.08	640.67	12	652.67	0	652.67	15.93	2.50%
Scientific, Therapeutic & Technical Staff	415.75	6.24	422	-0.94	421.06	0	421.06	0	421.06	5.3	1.27%
Support to Clinical Staff	3379.76	55.8	3435.56	-44.18	3391.38	0	3391.38	0	3391.38	11.62	0.34%
Infrastructure Support	1618.2	-35.73	1582.48	-22	1560.48	0	1560.48	0	1560.48	-57.73	-3.57%
Total	10508.5		10734.6		10554.75		10576.75		10586.8	78.24	0.74%

Staff Group (SAH+NHS)	FTE	Vacancies	Vacancy rate
AHPs	769.6	28.61	4%
Nursing & Midwifery	3726.4	473.09	13%
Other Qualified Scientific, Therapeutic and Technical	491.5	35.85	7%
Healthcare Scientists	161.3	8.47	5%
Medical Consultants	422.5	45.21	11%
Medical Career Grades	120.45	11.50	10%
Support Staff	4289.5	169.50	4%
Infrastructure Support	1997.9	85.09	4%
Grand Total	11979.1	857.32	7%

Nursing and Midwifery (NHS Trusts Only)	Mar 2014 Baseline FTE	Capacity Change 2014-15	FTE by Mar-15	% Change From Previous Year	Capacity Change 2015-16	FTE by Mar-16	% Change From Previous Year	Capacity Change 2016-17	FTE by Mar-17	% Change From Previous Year	Capacity Change 2017-18	FTE by Mar-18	% Change From Previous Year	Total Capacity Change FTE	% Change from Baseline
General Adult Nursing	2367.73	145.08	2512.81	6%	-50	2462.81	-2%	0	2462.81	0%	0	2462.81	0%	95.08	4.0%
Neonatal Nursing	67.74	2	69.74	3%	0	69.74	0%	0	69.74	0%	0	69.74	0%	2	3.0%
District Nursing	81.5	0	81.5	0%	0	81.5	0%	0	81.5	0%	0	81.5	0%	0	0.0%
School Nursing	23.21	5	28.21	22%	10	38.21	35%	10	48.21	26%	10	58.21	21%	35	150.8%
Modern Matrons	56.55	1	57.55	2%	0	57.55	0%	0	57.55	0%	0	57.55	0%	1	1.8%
Health Visiting	121.97	10.88	132.88	9%	0	132.88	0%	0	132.88	0%	0	132.88	0%	10.88	8.9%
Children's Nursing	102	1	103	1%	0	103	0%	0	103	0%	0	103	0%	1	1.0%
Learning Disability Nursing	56.15	-3	53.15	-5%	-8	45.15	-15%	0	45.15	0%	0	45.15	0%	-11	-19.6%
Mental Health Nursing	502.5	-11.37	491.13	-2%	-50	441.13	-10%	0	441.13	0%	0	441.13	0%	-61.37	-12.2%
N,M and HV Learners	42	2	44	5%	0	44	0%	0	44	0%	0	44	0%	2	4.8%
Midwives	300.9	3	303.9	1%	0	303.9	0%	0	303.9	0%	0	303.9	0%	3	1.0%
Total	3722.25	155.59	3877.87	4%	-98	3779.87	-3%	10	3789.87	0%	10	3799.87	0%	77.59	2.1%

Staff Group (NHS)	FTE	Vacancies	Vacancy rate
AHPs	616.1	20.61	3%
Nursing & Midwifery	3301.2	421.09	13%
Other Qualified Scientific, Therapeutic and Technical	387.9	27.85	7%
Healthcare Scientists	161.3	8.47	5%
Medical Consultants	382.5	43.21	11%
Medical Career Grades	97.45	11.50	12%
Support Staff	3210.3	169.50	5%
Infrastructure Support	1533.1	85.09	6%
Grand Total	9689.8	787.32	8%

Northamptonshire Workforce – Demand for the Future

The below capacity change charts indicate where there is likely to be future recruitment challenges, alongside any planned capacity increases/decreases.

Staff Group	Recruitment and/or Retention Challenge?	Retirement Challenge?	Planned Capacity Changes 2014-15	Planned Capacity Changes 2015-16	Planned Capacity Changes 2016-17	Planned Capacity Changes 2017-18
Nursing & Midwifery						
Adult/General Nursing	✓		↑	↓	↑	↑
District Nursing	✓	✓	↔	↔	↔	↔
Health Visiting			↑	↔	↔	↔
Neonatal Nurses	✓		↑	↔	↔	↔
School Nursing (Children & Young Person)	✓		↑	↑	↑	↑
Children's Nursing	✓		↑	↔	↔	↔
Learning Disability			↑	↑	↑	↑
Mental Health			↑	↓	↑	↑
Dual Qualification (LD & MH)	✓		↔	↔	↔	↔
Midwives		✓	↑	↔	↔	↔
Practice Nurses	✓	✓	↑	↑	↑	↑
AHPs & Scientific						
Dietitian			↑	↔	↑	↔
Podiatrist			↔	↓	↔	↔
Diagnostic Radiographer	✓		↑	↑	↑	↔
Therapeutic Radiographer			↔	↔	↔	↔
Occupational Therapist	✓		↑	↓	↑	↑
Physiotherapist			↑	↓	↔	↔
Speech & Language Therapist	✓		↑	↓	↑	↔
Operating Department Practitioner	✓		↑	↑	↔	↔
Pharmacist	✓		↑	↑	↔	↑
Clinical Psychologist	✓		↑	↔	↑	↑
Audiologist			↑	↔	↔	↔
Cardiac Physiologist	✓		↑	↔	↔	↔
Pharmacy Technician	✓		↑	↑	↔	↔
Orthoptists			↑	↑	↔	↔

Northamptonshire Workforce – Demand for the Future

Staff Group	Recruitment and/or Retention Challenge?	Retirement Challenge?	Planned Capacity Changes 2014-15	Planned Capacity Changes 2015-16	Planned Capacity Changes 2016-17	Planned Capacity Changes 2017-18
Medical Staff						
Emergency Medicine	✓		↑	↔	↔	↔
Trauma & Orthopaedic			↑	↓	↔	↔
Clinical Oncology	✓		↔	↔	↔	↔
Haematology	✓		↑	↔	↔	↔
Anaesthetics			↑	↔	↔	↔
Paediatric Group	✓		↔	↔	↔	↔
Respiratory Physiology	✓	✓	↔	↔	↔	↔
General Surgery			↑	↔	↔	↔
General Medicine	✓		↓	↔	↔	↔
Urology			↑	↓	↔	↔
Obstetrics & Gynaecology			↔	↑	↔	↔
Public Health	✓		↓	↔	↔	↔
General Psychiatry	✓		↓	↓	↔	↑
Child & Adolescent Psychiatry			↔	↑	↑	↔
Forensic Psychiatry			↑	↑	↑	↑
Old Age Psychiatry	✓		↓	↔	↔	↔
Radiology Group			↑	↔	↔	↔
Rehabilitation Medicine			↑	↔	↔	↔
GPs	✓	✓	↑	↑	↑	↑
Support Staff						
Healthcare Support Workers			↑	↑	↑	↑
Assistant Practitioners			↑	↑	↑	↑
Apprentices			↑	↑	↑	↑
Admin & Clerical			↓	↓	↑	↑
Estates	✓		↑	↑	↑	↑
Infrastructure Support staff			↓	↓	↑	↑