

Hampshire & Isle of Wight Workforce Strategy

Workforce Strategy - Developing the Workforce of the Future

Our workforce is our greatest asset to deliver safe high-quality services to our population. This strategy sets out the overarching workforce framework to help partners establish the partnership and principles to develop the workforce that will deliver better care across Hampshire and the Isle of Wight (HIOW).

The strategy focusses on;

- The One Hampshire and Isle of Wight Workforce
- A Workforce Focussed on Prevention
- A Clear Career Framework – From the Support Workforce to Consultant Practitioner
- A General Practice Workforce for the Future
- Workforce Productivity
- The Impact of Technology

The ‘One Hampshire & Isle of Wight Workforce’

The underpinning principle of the strategy is a fundamental change from regarding the workforce solely at an organisational level to viewing the workforce across the entire footprint to enable optimal health and care outcomes to the whole population, with a particular focus on our shared values, integration, prevention and patient activation.

This strategy therefore includes not just employed staff in the NHS, general practice and social care settings but also the recognition that unpaid carers, care workers in the independent care sector and our enormous wealth of volunteers are also key to the improving the life of our population. By integrating and working together effectively, staff from all agencies can more easily identify which people are most at risk - for example, of going into hospital - and then assemble a combined package of care, support and lifestyle advice to keep them healthier and independent for longer. Older people and people with long-term health conditions will be the first to benefit from this.

To unpin this development system leaders have agreed to adopt the principles developed by the ‘My Life a Full Life’ Vanguard initiative to underpin our developing partnership. The framework describes the collective ambition and shared values for the health and care workforce in HIOW, and the commitments and actions of the partners to develop and implement a workforce that will transform and integrate services. A key principle of this approach is ‘One Trusted Professional’ at the forefront of an integrated, patient-centred service. We will further develop our workforce to have a breadth of knowledge and competences to provide more streamlined care for those with multi-morbidities. Our networked clinical staff will agree protocols and pathways to avoid duplication of assessments/diagnostics as patients move through the system. This approach is being developed in the SHIP pioneer maternity network. This project embodies our aspiration for a high quality responsive service focused on patient need. The aim is to further embed our current informal partnership, breaking down the barriers and boundaries across 4 NHS maternity providers and 8 CCGs. This will create a more ‘family focussed’ maternity service that offers women a clear, consistent menu of informed choice. Each woman will have a named midwife who works across boundaries utilising an agreed set of clinical guidelines. The named midwife can navigate

women through pathways into any maternity facility. This will enable the wider service to respond to peaks and troughs of activity in individual centres. This will require developing a flexible workforce which works across current geographical boundaries. This network will also standardise competence, skills, training and practices and support and promote multi-disciplinary education and training through a virtual maternity academy to ensure the consistent provision of training for all providers of care on the maternity pathway including GPs. This will be achieved by remodelling funding arrangements and developing and implementing supportive IT systems.

In addition we will;

- Work in partnership across the system to improve recruitment and address skills shortages and ensure no one organisation is left with a staffing shortfall.
- Manage the workforce market more effectively and decrease reliance on agency workers by creating a HIOW concordat and a county-wide bank system.
- Further facilitate the reconfiguring and networking of services and specialist skills across organisations which is essential to achieve the ambitions outlined in this plan.
- Develop a HIOW wide recruitment and retention strategy which values and acknowledges the contribution of the whole workforce including carers and volunteers.
- Address the significant gap in our domiciliary workforce and paid carers, as part of our plan to address delayed transfers of care and ensuring the whole system works more efficiently by developing new public/private partnerships for employment and career development across health and social care.
- Develop agreements between employers on training and development.
- Undertake joint workforce planning across organisations and sectors to enable delivery of care in the most appropriate setting to ensure optimal outcomes.

Supporting our Hidden Workforce – Carers and Volunteers

While considering the One Hampshire and IOW workforce we need to be aware of the huge contribution made by the unpaid carers and volunteers in our society.

Approximately 10% of our population provide unpaid care to family members or others because of long-term physical or mental ill health or disability, or old age. Of these approximately 39,437 people (40% of whom are over 65) provide over 50 hours of unpaid care, and 21,513 people provide between 20 and 49 hours of care. Our ageing population and increases in long-term, degenerative conditions, such as dementia means there is growing pressure on care systems and carers. Carers UK estimate that there will need to be a 40% increase in the number of carers required by 2037 and highlight the importance of bringing about a step change in the way that carers are recognised, identified and supported systematically throughout the HIOW health and social care system.

It is vital that unpaid carers have access to the appropriate support. Under the new Care Act, carers have the right to request advice and information about services from local authorities. In HIOW, support is provided by a range of providers. Adult services in Hampshire provides access to the Take a Break service and Shared Lives scheme for carers that are eligible based on completion of a carer's assessment. Respite care and other support is also provided by various charities, including the Princess Royal Trust in Hampshire and Carers IW on the Isle of Wight. Carers UK is a national charity that aims to improve carer's lives by providing direct support, as well as representing carers by working with carers' groups and volunteers in local communities and with local authorities to improve services. Early identification of carers will help to avoid or reduce any detrimental effect on the health and wellbeing of carers themselves and therefore their capacity to provide care. Portsmouth NHS Trust is introducing Carer Passports to help staff in the planning of care and appropriate support. As part of the 15 year

Strategic Framework Health Education England are working with partners to develop an education and training strategy to include patients and carers¹.

The drive to integrate care will require closer collaboration between services and the increased involvement of the voluntary sector. Charities are key to this and it is vital that they are involved in strategic decisions around service transformation. The National Council for Palliative Care is one of the Department of Health's Third Sector Strategic Partners and works closely with the DH and partner charities to assist strategic work with the voluntary sector to improve health and social care in all settings. The engagement of this sector will be increasingly important in future models of care.

A Workforce Focussed on Prevention

It is clear that we must transform our system from one that treats people when they are ill to one that empowers our population stay healthy for as long as possible. Transformation of the workforce will be a key aspect in achieving this significant step-change.

To support and upskill our workforce to enable a person-centred approach to prevention and public health we will utilise the UK Public Health Skills and Knowledge Framework (PHSKF) and extend and build on the innovative work already being undertaken in our system;

- **Making Every Contact Count (MECC)** is a behaviour change intervention whereby health and social care staff are trained to recognise and seize opportunities to provide brief advice to patients on healthy living. This initiative empowers patients and aims to reduce morbidity and mortality risk factors for local populations and provide cost savings through prevention, as well as empower both staff through skills development. It is currently being implemented across HIOW, not only in NHS trusts but also in local authorities and fire and rescue services.
- **Public Health Practitioner Development** increases capacity in our system by enabling non-specialist staff in public health to become registered practitioners.
- **Youth Health Champions** supports young people to be trained in health and wellbeing in order to become a Youth Health Champion. Once trained they can support their peers through health advice and promotion within their settings (i.e. School; Youth Club).
- **Reducing Obesity By Education (ROBE)** is an educational app for health professionals which focuses on childhood obesity. The app (currently in development with an expected prototype to be available for testing by the end of 2016) will enable health professionals to gain core knowledge around childhood obesity along with practical skills and tools to support them in practice.
- **Public Health Apprenticeship** is a new standard being developed. The role will work as part of a team, providing high quality advice and support on healthy lifestyles, facilitate behaviour change and deliver health promotion campaigns. This will provide opportunities for organisations to recruit apprentices into this role to support local prevention and public health. This programme is in the early development phase and we would look to implement this as soon as it is available.

In addition to these existing programmes we need to ensure that the development of behaviour change interventions, including health coaching and motivational interviewing are being delivered within an effective person centred approach. Developing a behaviour change framework or model which enables the system to recognise which workforces need which type/level of training would allow for a fit for purpose behaviour change development programme across HIOW.

We also need greater recognition of the assets which exist within our communities which can support the health and wellbeing of our population. Social capital can have a significant impact on the health and

mental wellbeing of an individual where they feel connected and a part of a community. These assets can be used to support individuals who access health and social care services to be better supported within their communities. A systematic approach to training primary and community professionals on asset based approaches when developing/providing/commissioning services is needed in order to ensure a holistic approach is taken to addressing prevention.

The workforce transformation required to embed these changes needs to be progressive and challenge traditional ways of working. This could be achieved through more multi-disciplinary and multi-level training and education between sectors. This will enable the development of a shared sense of the system, reduce silo mentality and encourage partnership working. System leadership will be key to driving these changes and in recognising how the system can work collaboratively in order to achieve improved outcomes and reduce inequalities.

A Clear Career Framework – From the Support Workforce to Consultant Practitioner

To deliver high-quality sustainable services to the citizens of HIOW we need a well-trained, highly valued workforce. The health and social care sector is one of the largest employers in the region and it is essential that we attract the best people to work across the 300+ different job roles. We will develop a clear career pathway which enables people to fully develop and work to their potential from apprenticeships through to consultant practitioners. The opportunity for career progression through new and extended roles may lead to improved job satisfaction and increase the retention of the current workforce, which is the biggest opportunity for reshaping the workforce and redesigning service delivery.

Attracting the Best People

Across HIOW the potential available population for education and training or work (e.g. number of people aged between 16 and 65) is 881,412 – around 45% of the population¹.

Studies have found that the career aspirations of young people do not reflect the reality of labour market demand. One survey concluded that 36.3% of teenagers are interested in just 10 occupations, only one, a doctor was a healthcare profession. The studies conclude that there is good reason to believe that the gap between career ambition and labour market demand is a significant problem for young people and employers.

As a health and social care system we will bridge the information gap so that young people are aware and enthused about the job opportunities health and social care has to offer and are well prepared when faced with educational choices.

As a system we will continue to build and improve on what we are currently offering, including;

Improving the Quality of Work Experience - At least 1,000 young people a year undertake work experience in NHS Trusts in HIOW. All our Trusts are committed to signing up to the Work Experience Quality Standards supported by the UK Commission for Employment and Skills and we need to ensure that each placement is a positive experience. We will also look to widen the scope of those considering a role in health and social care by working with communities to support those currently furthest from the labour market into meaningful work experience.

Ambassador Programmes - Ambassador programmes match NHS volunteers with schools requiring speakers. Inspiring the Future⁹ has been adopted as one of the key programmes which ask volunteers to pledge one hour a year.

Promoting Medical Careers - The Isle of Wight NHS Trust has launched a 'Careers in Medicine Training Day' for A-Level students. During the day 30 students from school years 11 and 12 take part in a number of interactive sessions ending with practice on interview skills. The programme complements outreach work to careers fairs and observation days in the Trust. Students from IOW have already successfully applied to medical school. For those students who have decided not to pursue a career in medicine, it is hoped that they have been inspired to explore other opportunities in health and care.

National Step into the NHS Competition - The annual Step in the NHS competition is promoted through the national health careers website¹⁰ (formerly NHS Careers). It asks students in years 8 and 9 (aged 13-15) to create a job description and advertisement for a career in the NHS. In 2015/16 across Thames Valley and Wessex there were 186 entries from 403 pupils across seven schools.

Apprenticeships

The development of a joint HIOW apprenticeship strategy will ensure that the opportunities presented by the apprentice levy are optimised across the system.

The introduction of the apprenticeship levy in April 2017 will be used as a vehicle to deliver new apprenticeships. The levy will apply to both public and private UK employers across all sectors with a PAYE bill in excess of £3m a year. Levy funds can be used towards the cost of apprenticeship training and end-point assessment. They can be used to fund existing employees and in this way can be used to upskill the workforce. This is particularly relevant to the NHS where approximately 80% of apprenticeships are undertaken by existing staff.

By developing rotational roles working across organisations and sectors we will develop a more flexible workforce that can improve patient care and workforce productivity by working across the health and care interface. Offering exposure to different employers and working environments may also help to address some of the recruitment difficulties experienced by the care sector, particularly around domiciliary care. We will also build on initiatives currently being piloted in Hampshire and Isle of Wight, for example, students from local colleges and sixth forms who are completing the Advanced or A Level BTEC in Health and Social Care this summer are being recruited on the National Skills Academy for Health (NSAH) Apprenticeship Training Agency (ATA) to undertake the Foundation Degree in Health and Social care (Higher Apprenticeship) at Southampton Solent University. These students will be hosted by one of the acute hospitals to enable them to gain the clinical competence required for the FD. Upon completion of the programme they will be in a position to apply for Assistant Practitioner roles in the local area or progress onto undergraduate professional registration training.

Developing and Utilising the Skills of the Support Workforce

One of the key recommendations of the Reshaping the Workforce report (Nuffield Trust, 2016) is the expansion of the support workforce. With short training times, there is an opportunity to mobilise this large and highly flexible workforce to reduce the workload of more senior staff. Current support staff can be upskilled and redeployed, with the possibility of professional registration for those without academic qualifications, which also supports the widening participation agenda.

Support workers comprise 38% of the whole NHS non-medical workforce in HIOW and an even larger proportion of the workforce in social care.

The high cost of living and high employment levels in most of HIOW causes particular issues recruiting lower paid support staff in social care. The vacancy rate and the staff turnover rate in HIOW is greater than the national average.

We will look to increase the retention of this important workforce by increasing the standardisation of training and offering individuals the opportunity to deliver care in a variety of settings. Pilot schemes have demonstrated the opportunities to provide integrated training, for example by offering BTEC students placements within a nursing home, reablement service and an acute hospital. Developing these opportunities underpinned by the recently introduced Care Certificate which standardises the initial training required will be key to developing a high quality and engaged support workforce in HIOW.

We will also give clear opportunities for support staff to further develop their careers, should they wish to do so. To enable progression into more senior roles the HIOW NHS workforce is currently able to access a foundation degree which is delivered in partnership between trusts and Southampton Solent University. We will evaluate the options to develop this to create a holistic training community, covering both health and social care that learns from and about each other's practice, thereby impacting positively on the patient journey.

We will also implement the new 'nursing associate' role as this develops. International evidence and practice in the United States, Canada and Australia shows beneficial impacts to service and patient care where generalist support roles are part of a team and supervised by nurses. This new role will have a clear training pathway and distinct qualification and will allow registered nurses to be confident in delegating and patients confident in receiving care. It should also provide further development opportunities for those in support roles and help to develop a local 'home-grown' workforce. Health Education England - Wessex are currently working with Southampton Solent University who are interested in delivering a pilot module of the potential course and we are expecting this to be ready for delivery in January 2017.

For those support workers who wish to progress onto a pre-registration degree to become a qualified health professional, a 3 month academic 'bridging' programme has been developed that help to prepare for entry to programmes leading to professional registration.

Advanced Practice and Consultant Practitioners

In the future care will increasingly be delivered by non-medical staff. It is therefore vital that the skills of registered non-medical healthcare professionals, such as nurses, pharmacists, physiotherapists and paramedics, are expanded, enabling long-term conditions to be managed more effectively, with increased continuity of care, and gaps in the medical workforce to be alleviated. Advanced practice roles provide opportunities for the development of existing non-medical staff, particularly nurses, as recommended in the Reshaping the Workforce report (Nuffield Trust, 2016).

Advanced Practitioners in specialist areas e.g. neonatal, oncology and emergency care are able to take on some of the tasks traditionally undertaken by junior doctors. They make clinical decisions and order further investigations. In addition many will be independent prescribers and so are able to review and make decisions about medications.

All of our Trusts are currently undertaking in-house developments for advanced practice and we will share the outcomes across our footprint, these include the 'Hospital at Night' project at PHT which will develop an Advanced Clinical Practitioner (ACP) service to work across the Trust as part of the Hospital at Night service. The inclusion of an ACP role in the service aims to provide critical interventions and senior clinical decision making for inpatients that become acutely or critically unwell during out of hours

Consultant Practitioners operate at doctoral level and are expert clinicians in their field e.g. Stroke and Neuro Rehab, Emergency Care etc. They have clear management responsibilities for their team and clinical practice it provides as well as responsibilities for education and training leading

improvements/innovations. Health Education England – Wessex run formal development programmes to prepare Nurses, Midwives and AHPs for Consultant roles. The programmes are work-place based, with participants studying at doctoral level alongside their development in the other domains. There are pathways in;

- emergency care,
- midwifery,
- mental health,
- learning disabilities,
- cardiovascular (neurological rehabilitation and heart disease).

A Primary Care Workforce for the Future

Primary care is an essential element of the health and social care system. We will take forward the actions outlined in the General Practice Forward View (DH, 2016) to implement a greater skill-mix and multi-disciplinary team approach. This along with new employment models will lead to fulfilling roles and will stabilise and transform primary care into a service which is both effective and sustainable in the future.

General Practitioners

General Practitioners remain at the heart of the workforce and the HIOW system will continue to extend the support it provides to improve the recruitment and retention of this workforce.

Recruitment

Health Education England – Wessex has increased the number of general practice training places from 130 in 2010 to 150 in 2016 and will continue to promote general practice as a career of choice at a range of levels. This includes the use of GP ambassadors who visit local schools to enthuse 6th form students about a career in general practice. In addition we will also continue to build links with the medical school at University of Southampton to emphasise general practice to undergraduate medical students.

To ensure full recruitment to all GP training opportunities further efforts will be undertaken to promote general practice as a career path of choice to post-graduate medical trainees. This will build on initiatives including;

- The development of innovative 'extensivist' training posts at Lymington hospital which allows trainees the opportunity to broaden their experience by working in multi-disciplinary teams in primary care, secondary care and specialist clinics during their training programme.
- The opportunity to do 6-12 months 'out of programme experience' (OOPE) in with partner organisations in New Zealand, South Africa, Cambodia or Kenya
- The incentive scheme to provide additional support to 'hard to recruit to' areas. In 2015/16 this has resulted in the full recruitment of 10 GP trainees to the IOW.
- Taster sessions for FY1 trainees to shadow an ST3 in GP for a week to gain further exposure of the specialty

Retention

While the recruitment of new GPs is important there are particular concerns in HIOW about the numbers of GPs who are signalling their intention either to reduce their working hours or even to take early retirement. Therefore it is essential that the HIOW system provides a supportive professional environment to retain the current workforce.

We will improve retention of the general practitioner workforce through;

- The development of new models of care, currently being explored by our Vanguard sites, which will enable GPs to experience a greater breadth of clinical work and employment models more aligned to their aspirations and lifestyle.
- Promoting the RCGP First5 scheme to support new GPs through the first five years in practice up to the first point of revalidation.
- Ensure GPs are aware of The Retained Doctor Scheme. This is a package of support to help GPs who might otherwise leave the profession to stay in clinical general practice work. The scheme enables Retained GPs to keep up to date, develop their careers, supports portfolio careers and supports revalidation. This is particularly effective at supporting GPs who may be lost due to caring responsibilities.
- Promote and support Wessex Insight. This is a service run by the Wessex Local Medical Committee which offers professional support for practitioners who may be struggling with challenges which are causing a negative impact on their performance.
- Practice Based Small Group Learning is an innovative approach to CPD for GP's. GPs from a single or several practices voluntarily work in small groups of 5-12. This approach closes the gap between current practice and "best practice" by discussing real patient problems and the evidence to solve these cases.

Return

- Fully support the Return to Practice scheme which provides an opportunity for GPs who have previously been on the GMC Register and on the NHS England National Performers List (NPL), to safely return to General Practice after a career break, raising a family or time spent working abroad. This can also support the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS experience.

Wessex Primary and Community Learning and Development Hubs

To meet the needs of our population and to ensure the sustainability of services it will be essential to develop a non-medical workforce in general practice in addition to GPs. The GP Forward View, published by NHS England and the Royal College of General Practice, restates the commitment to invest in 13 multidisciplinary training hubs (Community Provider Education Networks) across the country to support the development of the wider workforce within general practice. This will include developing new undergraduate placements in general practices for a range of pre-registration students including physiotherapists and pharmacists, extending the proportion of pre-registration nursing students who are offered a primary care placement, development for current staff and aligned workforce planning.

The Wessex Primary and Community Learning and Development hubs will create the infrastructure needed to deliver a highly skilled multi-professional workforce to work alongside our GPs. This is being delivered in partnership with the Wessex AHSN via the Wessex Primary Care Project, the Wessex School of General Practice and CCG and Vanguard workforce leads. It will ensure a supply of qualified nurses, allied health professionals and pharmacists, who are equipped with the skills and experience to work in primary care teams. Key deliverables include:

- Facilitating the development of new roles in primary care
- Improved HIOW primary care workforce supply and demand information
- Additional clinical and non-clinical apprenticeship opportunities
- Improved education capability and capacity in primary care to enable the development of innovative practice experiences for a range of pre-registration health professionals who are not currently reflected in the primary care workforce.
- An expansion in pre-registration adult nurse placements in primary care settings and support to the development of the associate nurse role

- The development of training for the whole primary care workforce in line with the GP stepping forward document, (including Making Every Contact Count, coaching and motivational techniques across a spectrum of levels of intervention).

Practice Nurses

By fully utilising the advanced role of the practice nurse it will enable an increased number of appointments to be seen by the non-medical workforce thus releasing more GP time to deliver more complex patient care.

We will offer opportunities to develop our practice nurses in line with the Practice Nurse Career Framework HEE (Wessex), including;

- Support workers to be offered the opportunity of an apprenticeship in primary care and a career progression to become an assistant practitioner or registered nurse
- Supporting the workforce by increasing the number of places commissioned on the Foundation in Practice Nursing course to provide accredited training with provision of the key clinical skills for this new role.
- Providing Non-Medical Prescribing places for the advancing role of the practice nurse and providing a continuing pathway to become an advanced nurse practitioner.

Pharmacists

A number of general practices have started to include clinical pharmacists in their multi-disciplinary teams. The experience from these sites suggests that there have been significant benefits for both patients and for practice teams.

This extended pharmacist role could include independent prescribing as well as supporting patients to self-manage their long term conditions, through optimising medicines, and improving medicine-related communication between general practice, hospital and community pharmacy e.g. on admission and discharge.

The HIOW system has two sites in the current NHS England pilot scheme covering 63 practices in North East Hants and in South East Hants and pending the evaluation of the pilot we will look to increase the utilisation of pharmacists in extended roles across general practice.

We will also further utilise the pharmacy workforce in other settings, as recommended in The Carter Report (2016) which emphasises the key role of clinical pharmacy staff in securing better value in medicines use, driving better patient outcomes, and contributing to the delivery of 7 day health and care services.

The supply of pharmacy graduates is increasing as a result of the number of pharmacy undergraduate places in England has increased year on year. In 1999 there were 12 schools of pharmacy training around 4,200 students. By 2011 there were 24 schools of pharmacy training around 10,950 students (CFWI 2014).

Allied Health Professionals

AHPs have expertise in a range of assessment, diagnosis, treatment and rehabilitation interventions that we could more fully utilise in a range of settings.

Within HIOW, developmental work is already underway to explore new roles for AHPs in primary care. To date, these roles have been profession and/or care pathway specific, for example, frailty clinics lead

by physiotherapists, same day access services involving physiotherapists and paramedics and the training of advanced musculoskeletal physiotherapists so they can be 'first contact practitioners' in primary care for those with musculoskeletal problems.

The AvOCET project (Non-Medical Community Workforce Development Project) in Gosport promotes the use of specialist practitioners, such as advanced AHP practitioners, to undertake roles that have historically fallen under the remit of the GP. Further scoping work is required around the potential of each AHP profession within primary care. With the development of an AHP leadership role in the HEE Wessex Primary and Community Learning and Development Hubs further intelligence in this area will be gathered and will inform future steps. A local governance framework for advanced practice is also being developed. This will include an 'a-z' of the Advanced Practitioner to highlight capabilities, skills, competencies and 'added value' that advanced practitioners can bring to clinical settings to improve healthcare delivery.

Paramedics

Paramedics are increasingly becoming employed in the primary care sector and the traditional role of the paramedic is evolving in line with the move towards more community-based work. The development of new and enhanced skillsets is key to enabling paramedics to adapt to new ways of working in reconfigured health economies.

However it is important to recognise that there are currently significant shortages in the paramedic workforce both in HIOW and nationally, which has resulted in paramedics being added to the National Shortage Occupation List in April 2015.

It is essential that the system works collaboratively to ensure that we recognise the impacts for education and training on this increased service demand and that the recruitment of staff to one sector does not result in staff shortages in another.

Workforce Productivity

Our system faces a significant financial challenge over the next five years. Workforce costs account for approximately 70% of all NHS expenditure. The Carter Report (Crown Copyright, 2016) emphasises the key role of workforce productivity in delivering financial savings. It argues for a change of mindset from viewing workforce as a creative and productive asset to be harnessed, rather than a cost to be controlled.

The report compares a number of workforce metrics across NHS trusts to identify variation in practice. Addressing this variation offers the potential to achieve both efficiency savings and deliver improved clinical outcomes for HIOW. Key workforce actions are:

- Increasing the level of staff engagement: There is a variation in levels of staff engagement between HIOW NHS trusts across the region. Carter highlights the link between improved clinical outcomes and engaged staff. This will require continued focus as organisations move towards new ways of working requiring increased workforce flexibility and multi professional teams
- Addressing turnover: NHS turnover rates in HIOW are higher than the average for England and have shown a small year on year rise. Turnover in the social care workforce is also higher than national averages and considerably higher than the NHS with particularly high rates for care workers. Developing a 'One Hampshire and Isle of Wight' approach to recruitment and retention could be key in helping to address this issue.

The Impact of Technology

Technological advances, including genomics, tele-medicine and tele-health will be implemented more widely in patient care and will result in changing the way we work. Communication technology will enhance mobile working and communication between professionals working in care pathways, and social networking will provide access to information for staff and the public. Tele-medicine and tele-health will potentially improve efficiency in assessment, diagnostics, monitoring and self-management. Patients will be empowered through new health technology, whether offering self-service (ranging from making an appointment or requesting repeat medication to remote monitoring of blood pressure or home test kits for medical screening) or encouraging self-care, resulting in a shift of activity from providers to patients. It will be critical to quantify the impact that these developments will mean for workforce levels recognising that previous technological developments have not necessarily led to a reduction in workforce numbers, and indeed it can lead to increased demand due to improved diagnosis and patient expectations.

Organisations need to develop a culture of innovation – developing both capacity and capability. An innovative culture starts with basic training, education and induction and continues through lifelong learning. The workforce also needs to be ready for new advances in healthcare as these are developed, and training of new and existing staff needs to reflect this.

A key priority across Wessex is to build a competent and capable workforce that uses technology and is receptive to new opportunities and innovations. This will be facilitated by the support and promotion of clinical academic careers and placements, the increased use of technology in staff training through e-learning and simulation, and the development of education and training programmes that reflect changing technologies, delivery systems and disease management. Will ensure staff are confident, both to use technology themselves, and to support patients and carers to use technology effectively, particularly in the management of long term conditions. This will lead to new ways of working and needs to be supported by a more innovative approach to care pathway planning and workforce design.

Next Steps

Developing the health and social care workforce is a continuous process. This strategy sets out the overarching workforce framework to help partners develop the workforce that will deliver better care across Hampshire and the Isle of Wight (HIOW).

Health and care providers need to consider their workforce plans and ensure that plans will deliver not only for their organisation but address the workforce development challenges of the HIOW system.

The newly established HIOW Local Workforce Action Board (LWAB) has developed this strategy and will be the vehicle through which local health and social care partners are brought together to discuss and action workforce issues facing the health and social care system. The regional HR Directors Network will also be critical to develop system-wide HR solutions. By each fulfilling our shared responsibilities, and by holding each other to account, we will improve health outcomes for the citizens of Hampshire and Isle of Wight.