



Purpose

This paper provides members of Adults, Health and Active Lifestyles Scrutiny Board with an overview of the overall workforce challenges impacting on health and care service delivery in Leeds, including the impact of Covid, resourcing pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities.

The paper:

- Summarises the short, medium and long term challenges relating to the health and care workforce;
- Provides an overview of the strategic approach being taken by the Leeds Health and Care Partnership (LH&CP) to address these challenges;
- Considers the key role of the Leeds Health and Care Academy (LHCA) in developing plans and programmes on behalf of the LH&CP, interdependencies within the local health and care system and connectivity at ICS and national level
- Provides an overview of key work programmes and interventions led by LHCA and by partners to address the challenges and tackle health inequalities
- Provides examples of successful initiatives and areas where more improvement is required
- Considers actions that need to be taken outside the control of the Leeds Health and Care system in order to achieve our local workforce ambitions.

1. Summary

The Leeds Health and Care Partnership's strategic approach to developing and sustaining One Workforce in Leeds for health and care is built on common purpose and effective partnership working. There has long been recognition in Leeds that our health and care system will only work effectively for our population through supportive infrastructures and practices and a workforce which is motivated and enabled to work together across organisational boundaries. Within Leeds there is an ambition to be the best place to learn and work whatever your age. With a commitment to work together to provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure a highly diverse, skilled workforce which is needed to work with the people of Leeds, now and in the future.

Strategically, addressing the challenges of the health and care workforce has potential to impact on outcomes relating to both the Leeds Health and Wellbeing Strategy and the Leeds Inclusive Growth Strategy. Ensuring "a valued, well trained and supported workforce" is one of the 12 priorities of the 2016-2021 Leeds Health and Wellbeing Strategy. Working to increase the diversity of the health and care workforce and harness the economic power of statutory health organisations through providing training and employment opportunities to local communities also contributes to the Leeds Health and Wellbeing Strategy priority "strong economy with quality, local jobs" and to overall ambition of the Leeds Inclusive Growth Strategy.

Health and care partners recognise the importance of this agenda to transforming the way the people of Leeds experience health and care services; it is one of the enabling work streams reporting into the Health and Care Partnership Executive Group (PEG) and the Leeds One Workforce Strategic Board. There has also been strong partnership commitment to develop a partnership vehicle (the Leeds Health and Care Academy) to drive the one workforce agenda, and tackle health inequalities and improve patient experience of health and care through this.

2. Background

The Leeds Health and Social Care system continues to experience an unprecedented demand on all of its services. As demand continues to increase, complex challenges with recruitment and retention due to high levels of competition within the labour market, the impact of Covid 19 and cost of living pressures are creating market fragility and threatening the ability to provide continuity of care. These are further exacerbated by Brexit and seasonal pressures.

Additional pressures are made up of a number of factors which include:

- People (public and within workforce) suffering from Covid 19 leading to both increased demand on services and reduced availability of staff
- Fluctuating infection control measures impacting 'normal' activity and services
- Additional presentation in all settings for a variety of conditions
- Increased acuity of presentations in some settings which appear to be linked to late presentations
- A shift in demand for where and how services are delivered, impacting particularly on primary, community and social care
- The changing health profile of the population, e.g. 25% of the population having multiple health conditions, leading to an increasing demand for services.

The challenges these demands are set against include:

- A significant proportion of the health and social care workforce continue to experience exhaustion, trauma and burnout arising from their work to deliver critical services throughout the pandemic.
- A tight labour market resulting in difficulties in recruiting to both entry level roles and registered roles, particularly in the home care and care home sector
- No national workforce plan for social care
- The additional demand of delivering Covid 19 and flu vaccination programmes impacting on available workforce
- Insufficient capacity to address significant backlogs in people awaiting elective surgery, appointments and diagnostic tests
- Insufficient capacity to reduce increased waiting times in adult and children's mental health services for proactive care

In addition, the wider context of Covid 19 recovery continues to present challenges to the health and care sector more broadly:

- A weak employment recovery - with labour and skill shortages across the economy; driven by fewer people available for work, industrial change and competition.

- The cost of living impacts on individual citizens, which is likely to widen rather than narrow inequalities and lead to greater demand on public services more.
- Lower migration, with 500,000 fewer non UK workers than pre 2016 trend.

These challenges at both wider economic and local health and care system level have significant and complex implications for service delivery within Leeds but can be seen as causing direct and measurable consequences:

- Lack of continuity of care workers
- Significant turnover and vacancy rates in certain staff groups
- Higher reliance on agency staff
- Long waiting times for both urgent and planned care
- Delayed discharges into social care which impacts on hospital effectiveness

Workforce across the health and care sector remains one of the key risks to sustainable service delivery. Whilst this is not unique to Leeds, our large and diverse city also provides specialist clinical services for a much wider geographical footprint and subsequently is balancing additional, competing demands. Although workforce risks sits with organisational boards, collective risk is further mitigated by additional integrated planning activity, business continuity and resilience mapping to understand the areas of risk and how these can be managed.

3. Overview of the strategic approach being taken by the Leeds Health and Care Partnership to address these challenges

Under the guidance of the Leeds One Workforce Strategic Board (LOWSB), partners from across Leeds work together to understand and prioritise strategic actions required to strengthen the health and care workforce across Leeds. This work is primarily planned and coordinated through the Leeds Health and Care Academy through collaborative workforce planning and analysis, shared learning and education, and collective workforce projects. This collaborative strategic approach enables partners to drive forward the shared Strategic Workforce priorities in an increasingly integrated way, with the ambition of optimising investment and resource, focusing expertise, coordinating activity and ensuring benefits are realised for the whole Health and Care system. These Strategic Workforce Priorities underpin the collective delivery of the city's Health and Wellbeing strategy and the Healthy Leeds Plan. The seven strategic workforce priorities are:

1. **Integrated Workforce Design** through jointly developing and designing an integrated workforce to connect care closer to home, recognising and mitigating the risk that introducing new roles and reconfiguring services could destabilise other parts of our system
2. **Growing and Developing Registrants** through attracting, training and recruiting together to improve the profile and potential shared opportunities of registrants across health and social care in Leeds; ensuring we reduce gaps in priority services.
3. **Working Across Organisations** by removing the barriers to cross-organisational and cross-functional working to enable new models of service delivery supporting the Leeds Left Shift.
4. **Preventing ill health** through ensuring that job roles, ways of working and development reflect the increasing shift from treating illness in isolation to the promotion of physical, mental, social wellbeing and prevention of ill health

5. **Narrow Inequalities** by eliminating discrimination and narrowing inequality gaps where they exist to ensure that Leeds is an inclusive and diverse 'one workforce employer', specifically focusing on engaging and attracting people from local communities.
6. **Learning together**, precisely focussing on cross-cutting skills gaps including systems leadership at middle management and digital skills, ensuring our current and future workforce is equipped with the skills and knowledge required to deliver high quality care.
7. **Improving Health and Wellbeing** by specifically focusing on the health, wellbeing and resilience of our 'one Leeds workforce', ensuring our staff are well at work and continue to deliver high quality health and care.

In order to make real progress under these priorities, the Leeds One Workforce Programme (LOWP) was developed collaboratively with a clear and shared understanding that the Leeds system was:

- I. already operating with notable workforce gaps which needed to be addressed,
- II. the workforce of the future would require different roles and skills as digital innovation and the reality of disease would require different models of care,
- III. the health and care workforce is critical in driving inclusive growth.

3.1 Leeds City Resourcing Group

Workforce risk sits with organisational boards however capacity risk in relation to recruitment, retention and workforce mobility is collectively addressed through the Leeds City Resourcing Group (LCRG). Working on behalf of the three NHS Trusts, Leeds City Council and the ICS in Leeds (as well as the whole health and care system), LCRG was established to develop and deliver a plan to address shared workforce priorities linked to resourcing. The remit of which is informed by partner insights into collaborative recruitment and resourcing and has been structured as follows into six collaborative work streams:

- I. **International Recruitment:** It is recognising that the local and national pools of experienced and skilled staff are not sufficient to meet current city needs. Therefore an international approach to recruitment channels for priority roles are being developed and delivered which seek to address the workforce deficit.
- II. **Entry Criteria:** Through expanding entry level routes and ensuring that these are at the lowest appropriate level for each role alongside consistency across our partners, there is a focus on widening access to potential talent pools. To mitigate against in-work poverty there is a strategic focus on promoting career opportunities once in the health and care workforce through connecting in with the Academy's Education and Careers portfolio.
- III. **Collaborative Recruitment Processes & Campaigns:** With a focus on optimising conversion of applicants to appointments (rather than increasing number of applicants), and increasing opportunities to stay in the system, the delivery of this workstream utilises the strength of partnership working. Activity delivered under this workstream enhances existing initiatives such as the We Care Academy (a bespoke, streamlined approach to the attraction and selection of the adult social care workforce) and talent pipeline, ensuring duplication of effort is avoided and both impact and reach is optimised. This is being achieved by considering media routes and marketing of jobs but also developing links at an early stage with prospective applicants, through school, colleges and universities

engagement through the use of the city's iCare ambassadors. This work is complemented by a strategy to recruit from overseas through the international recruitment into specific roles.

- IV. **Flexible Working Redesign:** The labour market has changed, impacted by the effects of the pandemic. Furlough, working from home or in isolation has promoted some to rethink their work life balance. To respond to this, it is vital to revisit the more traditional approach to role design and explore new operating and resourcing models for different health and care services to help increase job opportunities, which better fit what our candidates are looking for.
- V. **Recognition & Benefits:** With a focus on levelling up non-pay benefits across health and social care to aid competitiveness of Health & Care as a sector, with the aim of supporting retention within the system.
- VI. **Workforce Data & Planning:** In the increasingly complex and pressured context of health and care workforce planning, partners across Leeds are balancing immediate service needs with long term analysis, predictions and change. In order to improve system resilience and better integration, organisational workforce analysis needs to be considered collectively across partners organisations to better understand and inform the Leeds system. Collective workforce planning and transformation is predicated on the need for better data sharing and building capability across our city, themes which are supported across the Academy and One Workforce projects.

3.2 Narrowing Inequalities through partnership working

The Leeds One Workforce Programme (LOWP) is also directly supporting assurance that health inequalities are being proactively addressed and measurably reduced under the following areas:

- I. **Linking with communities and Leeds City Council and working more closely with local partners** - The advent of a population health planning approach to place based health and care governance in Leeds has brought together key partners from health, social care and the third sector to focus on the needs of the population of Leeds and drive the reduction of health inequalities. Population and Care Delivery Boards are at the early stages of development and it is recognised that there is an opportunity to connect strategic workforce planning to reduce health inequalities through these boards. Partnership working is at the heart of the LOWP and collaborative projects are rooted in local communities including Narrowing Inequalities through Connecting Communities with Health and Care Careers (CCHCC); the development of the integrated Leeds Talent Pipeline service, and the Academy's Education and Careers portfolio. All of these embed third sector, educational outreach and independent partners in design, delivery and evaluation. The LOWP also includes work streams which are at the early stages of development, around Developing the Leeds Health & Care Partnership Together, Strategic Health and Social Care Workforce Planning and System OD.
- II. **Support social value procurement by purchasing more locally and for social benefit**
By supporting local businesses and other organisations to bid for and supply more goods and services, an integrated care system can support more local residents into decent employment and out of poverty. In doing so, the risk of them and their

families becoming mentally and physically unwell reduces and pressure on services falls as well. Non-pay expenditure often makes up at least 40% of running costs for health and care organisations and therefore the potential impact on working through supply chain is similar in impact to that on people who are directly employed. It is estimated that predict spending on social services will almost double between 2018-38.

Anchor institutions can influence the terms and conditions and rates of pay of other organisations through their commercial relationships and consideration can be given to what can be bought locally, creating employment and economic benefit in the city.

Leeds has a well-established and nationally recognised Anchor Institution programme to drive economic growth through our public sector bodies. Leeds One Workforce is represented on the Anchor Institutions programme led by City Development, Leeds City Council to ensure links are made to LOWP, particularly through the Employers working group. As a city, Leeds already operates social value procurement through the guiding principle of “optimising the Leeds pound” which supports investment in local services and enterprise as part of our Inclusive Growth Strategy.

III. Widening access to quality work

The LOWP also includes a partnership programme around “Narrowing Health Inequalities”, which constitutes a rolling programme of initiatives rooted in priority neighbourhoods and with vulnerable groups, working with local communities to raise aspirations, skills and opportunities for diverse residents to join and succeed in fulfilling health and care careers. There is a focus on widening access to quality work running through the LOWP, which include talent pipeline, narrowing inequalities through the development of attractive and progressive careers tailored for disadvantages communities, working with partner colleagues and high education institution and the programme of work associated with the We Care Academy.

A strong example of effective partnership working in this arena is the recent Connecting Communities with Health and Care Careers programme; supporting hyper local engagement and recruitment from the city’s most deprived neighbours (within 3% IMD). Implemented in 2022 the project offered bespoke interventions, with a range of opportunities made to support people into employment, education and training, work experience and volunteering. This programme advanced the insights gained from previous projects such as Lincoln Green (2019) and Red Kite View (2021), which focused on hyper local recruitment within deprived areas of Leeds and specifically in the case of Red Kite View aimed to support the recruitment of a new service at St Mary’s Hospital site in Armley.

3.3 Health and Wellbeing

In order to provide high quality safe care the health and care workforce needs to be healthy. As members of the community, staff role model behaviour and provide an exemplar for our citizens. Aligned to the strategic workforce priority on Improving Health and Wellbeing, an Improving Mental Health Community of Practice with a clear and obvious links to reducing

health inequalities has been established. The Community of Practice provides the opportunity to collectively share best practice, provide peer support, collaborate on projects, and assess aggregate risk for the city; with clear escalation available through the Strategic Workforce Director to HR Directors group and Leeds One Workforce Strategic Board. Shared learning is further supported through quarterly focused workshops supported by our academic partners. It is through shared learning and understanding that workplace improvement and innovation is achieved, which in turn supports workforce retention.

The Academy facilitates a varied range of health and wellbeing support and training which includes compassionate circles, wellbeing retreats, Wellness Recovery Action Plan (WRAP), Health and Well-being Champion training and Mental Health First Aider. It is also involved with the workplace health elements of the Leeds Inclusive Anchors workstream.

3.4 Enabling Partnerships

The Academy works together with a number of national, regional and local partners to bring together a number of different perspectives and resources to jointly achieve the city's vision to help people live healthier lives for longer. This partnership working enables the work of the Academy, an overview of which is included in the accompanying papers, but also supports and influences the work of external partners, connecting policy back into evidence and impact. In brief, there are a range of diverse relationships with national partners including Department of Health and Social Care through the Leeds Health and Social Care Hub (People and Talent); NHS Employers; NHS England and Skills for Care. Additionally, West Yorkshire Integrated Care System; West Yorkshire People Board; Health Education England (Yorkshire & Humber) and West Yorkshire Combined Authority are a number of regional bodies which are active with the Academy in collaborative projects and programmes. With local partners being Leeds providers and networks; Leeds Committee of the Integrated Care Board; Population and Health Boards and an emerging and developing relationship with Leeds Learning Alliance.

4. Successful initiatives and areas where more improvement is required

Below is a summary of current activity and responses to the workforce challenges detailed above. Understanding both the successes and limitations of initiatives informs subsequent work leading to new and innovative approaches for future planning and actions:-

- Through geographically targeted initiatives involving local communities, we have been successful in diversifying and increasing the numbers of new entrants into jobs and training in Health and Social Care. One example of this is the 'We Care Academy' led by the Council; a recruitment model offering a bespoke, streamlined approach to the attraction and selection of the adult social care workforce in Leeds. This work continues to provide a supportive approach to understanding and assessing the strengths and skills an applicant has and then provides them the required training into a role or signposts and supports them to gain further mandatory accreditation to allow them to return and take up a role later.
- Collaborative recruitment campaigns - Joint NHSE/Indeed and Health and Social Care Recruitment Event in April 2022. This is the first event on which to build future events where candidates are supported to explore a variety of employment options

and the recruitment process is brought alive and streamlined to make that happen effectively.

- Working collaboratively with workforce data and insights teams such as Health Education England (HEE), Skills for Care, Skills for Health and the West Yorkshire Workforce Observatory workforce data and planning team, the Academy is coordinating work to deeper understand insights into priority areas of workforce demand across health and care. This ensures that recruitment is targeted and specific. A collaborative workforce planning framework is now in development with partners following the insights from the LOWSB strategic workforce planning session held in June. The Leeds Workforce Planners Community of Practice has come together a number of times over the last quarter to share data, methodologies and insights in order to agree where and how the system best collaborates. Guided by the principles identified at LOWSB, technical experts are now shaping the working framework. Work is also continuing with the Leeds Population Health and Care Boards, to introduce the concept and foundations of collaborative workforce planning in order to underpin future strategy and transformation. To date, the following Boards are actively engaged: Maternity, End of Life, Long Term Conditions, Frailty and Same Day Response.
- Successful collaborative workforce planning based on data insights is evidenced in the Allied Health Practitioners (AHP) project which has recently concluded. AHPs are the third largest clinical workforce in the NHS, working across health and care across 14 different professions. The breadth of skills and reach across people's lives and organisational boundaries make AHP's ideally placed to lead and support transformative change. Understanding data insights and the current and future workforce capability and demand is vital in order to support the Leeds One Workforce strategic workforce priorities and One Workforce ambition. The recommendations of this project have informed next steps around collaborative workforce projects and shared learning and education programmes.
- Following the system's collective vaccination response at the start of the pandemic a Portability Agreement was developed to provide a mechanism to share resource within partnerships. Since it was launched in 2020, over 30 signatories across health and care organisations have been secured, with the deployment of staff being activated numerous times. A recent example of its use is within the Transfer of Care Hub, where the agreement enabled staff to access electronic patient records held in an organisation that was not their employer; enabling integrated care across the service.
- Workforce mobility is a strategic and effective approach to increase employee engagement and build a skilled workforce. Enabling staff mobility not only supports service delivery but it also increases accessibility to other roles across the system and ultimately retention, either through linear movement or promotion, generating a positive and inclusive culture. Within the Leeds and Health Care Academy, there is a catalogue of programmes to support workforce development through learning together. This is facilitated through collaborative apprenticeships, shadow programmes, peer mentoring/networking and targeted development programmes e.g. Springboard.

- A winter recruitment campaign was held 21/22, with an aim at attracting registrants into the workforce from outside the city. This success of this campaign was limited due to the fundamental shortage of available registrant workforce. The insights from this campaign have however supported the development and focus of a number of collective projects, specifically international recruitment and re-imagining and expanding clinical placements across the system. Through harnessing feedback from clinical educators and students, innovative methods promoting interdisciplinary learning and teaching are currently being developed to expand placement opportunities with a focus within areas with the greatest workforce need.

Commissioned by PEG and hosted by the Leeds Health and Care Academy, the West Yorkshire Teams Leeds Hearts and Minds programme kicked started a city wide collaboration with the aim of creating conditions for a flourishing integrated health and care system which places people at its heart; reduced health inequalities and improves outcomes and experiences for everyone. The initial phrase of the programme has provided valuable insights upon which further engagement, development and culture change can be built upon.

5. Transformation service delivery

The above proactive initiatives and responses to workforce challenges are supported by longer term workforce planning that predict a changing nature of work within care and the need to develop our approach to our future workforce needs. This has led to a transformational approach to how we utilise our resources across the whole system of health and care.

This medium to longer term approach considers the wider partner infrastructure and design of services and allows us to:-

- Redefine our delivery models, linking with partners to understand what role each party can play at what point
- Prioritise preventative services
- Work with service users to redefine their needs and approach to them
- Expand the use of technology to support service users in their homes

The Alliance between LCH, LCC and other partners will deliver an innovative and ambitious suite of joint services and service developments. With a shared vision based around effective system and a belief in taking a “home first” approach to providing support at home or intermediate care. There is a shared vision which brings together all urgent response and short term rehabilitation and reablement function to create one co-ordinated health and social care delivery model. To achieve this vision in day to day practice will require a combined effort in the allocation and utilisation of resources. This work will focus on the development and improvement of collaborative, multi-disciplinary working across these pathways and achieve better outcomes and experience of services for people within existing and reducing resources.

There are many examples of smaller but important transformation projects across the city and workforce is an important factor in their design, development and success. The Leeds Health and Care Academy acts as an integrator to ensure that programme leads can make the best use of our city’s collective assets and expertise.

6. Actions that need to be taken outside the control of the Leeds Health and Care system in order to achieve our local workforce ambitions

National Social Care Workforce Plan

The Skills for Care forecasts show that if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the population between 2021 and 2035, an increase of 27% (480,000 extra posts) would be required by 2035. The majority of the Social Care workforce in Leeds is made up of organisations in the private independent sector, employing 81% of this workforce. This sits alongside services provided directly by Leeds City Council in conjunction with partners and support from the 3rd Sector. Skills for care 'The state of the adult social care sector and workforce in England report' 2021/2022 estimated 17,900 organisations are involved in providing or organising adult social care in England in 2021/22.

The total number of posts in adult social care in England as at 2021/22 was 1.79 million (up 0.3% from 2020/21). Of these posts, 1.62m were currently filled by a person (filled posts) and 165,000 were posts that employers' were actively seeking to recruit somebody to (vacancies). Skills for Care workforce estimates, show a decrease in the number of filled posts in 2021/22. Overall, the decrease was around 3% (50,000 posts).

The vacancy rate has risen over the same period to the highest rate since records began in 2012/13. The number of vacancies increased by 52% in 2021/22 by 55,000 to 165,000 vacant posts. The vacancy rate in 2021/22 was 10.7%. This shows that the decrease in filled posts is due to recruitment and retention difficulties in the sector rather than a decrease in demand. Employers have not been able to recruit and keep all the staff they need. As a result, an increasing number of posts remain vacant. In addition, the starter rate has fallen from 37.3% in 2018/19 to 30.8% in 2021/22. The turnover rate these periods remained at a similar level (29% in 2021/22). Therefore, around the same proportion of people are leaving their roles, but there are fewer people replacing them.

Effective workforce planning across the whole social care workforce is required, with expansion of workforce in roles which are designed in coproduction with people who draw on care and support, and in roles which enable prevention, support of growth of innovative models of support is required to balance increasing demand with declining workforce.

Better integration and alignment of funding across Health and Social Care

Financial frameworks are critical enablers of integration. They must align with and reinforce wider strategic objectives and delivery approach, including regulatory, accountability, behavioural and organisational frameworks.

Closer integration of policy across health and social care affecting education and workforce

Training and learning together can play a key role in enabling an integrated workforce. Work with national and local partners will support identifying improvements of initial training and learning for staff in roles at the interface between health and social care to ensure they have the skills and knowledge needed to work collaboratively across sectors.

Investment in digital systems and data agreements which cross organisational and sector boundaries

A core level of digital capability is critical in delivering integrated health and care and enabling transformed models of care; digital integration will open up new ways for individuals to access health and social care services.

7. Additional papers for context

An overview of the Leeds Health and Care Academy Annual report can be accessed here - [Annual report 2021/22](#)

Leeds Health and Care One Workforce Strategy 2024 can be accessed here - ([Leeds Health and Care One Workforce Strategy- 2024](#)).

Leeds One Workforce Programme can be accessed here - [Leeds One Workforce Programme - Leeds Health and Care Academy](#)