North West

Local Education and Training Board

Workforce Development and Education Commissioning Strategy

2013/14 to 2015/16

Contents

Local Workforce and Education Groups (LWEGs)

The Local Education Commissioning plans for each LWEG are published alongside this Strategy and form part of the overall Workforce Development and Education Commissioning Strategy. Plans are available for the following LWEGs:

- Cheshire & Mersey Workforce and Education Group
- Cumbria & Lancashire Workforce and Education Group
- Greater Manchester Workforce and Education Group

Copies can be found on eWin at: https://northwest.ewin.nhs.uk/knowledge/resource/772

Section One

1. Introduction

This document provides the draft collated workforce planning intelligence and resultant strategic education commissioning intentions for the North West Local Education and Training Board (LETB) for 2013/14 to 2015/16. The plan is based on a refresh of the North West Education Commissioning Plan 2012/13 to 2014/15 has been through stages of consultation as outlined below. This plan is provided as an appendix to the MPET Investment Plan 2013/14.

The Strategy describes the North West and local demographics, workforce issues and priorities, the demand analysis and the proposed workforce supply strategy. The structure of the LETB includes three Local Workforce & Education Groups (LWEGs) who will be responsible for leading workforce planning and education commissioning within their localities, the 3 LWEGs are:

- Cheshire & Mersey Workforce and Education Group
- Cumbria & Lancashire Workforce and Education Group
- Greater Manchester Workforce and Education Group

Local plans for each LWEG showing local commissioning intentions are published alongside this plan.

2. Consultation

The LETB and LWEGs agreed that the consultation on the Education Commissioning Plan would be in two stages, the process used is described below:

1. A draft commissioning plan was produced with initial commissioning numbers which were reviewed by the Local Workforce and Education Groups (LWEGs). This helped to identity strategic priorities which were then incorporated into a revised plan

2. As part of the integrated workforce planning process respondents were asked to comment on the initial education and learning priorities for the 2013/14 plan and to identify further priorities – this went through local workforce planners. Providers were asked to indicate their anticipated demand for newly qualified staff and their overall workforce numbers for 5 years. The SHA has worked to more closely align workforce with commission plans and in particular to emphasis the link between demand and supply. The information obtained through this consultation were feed into a 2nd draft of the commissioning plan and re-submitted to the LWEGs for approval to go out for wider consultation.

3. The revised plan went out for wider consultation to all stakeholders including the Shadow LETBs, LWEGs, the Stakeholder Forum, HEIs (via NW Council of Deans), core Professional and Regional Advisory Forums and the wider Professional Networks. It was published through the public pages of the eWin workforce portal, to enable as wide access as possible. The consultation took place during January and February 2013.

The plan has been amended as appropriate to reflect the outcome of the consultations and a summary of the feedback from each consultation is provided in Appendix 2

3. Strategic Drivers

Since the initial consultation on the Strategy there have been a number of key drivers which will impact on the development and implementation of the strategy, in particular the following will have a significant impact:

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) and patient safety

The importance of this report cannot be underestimated and the LETB and LWEGs will need to respond to the significant challenges required to respond to its recommendations. In particular it must ensure that patients are the first priority in what it does and that the core values in the NHS Constitution should be the reference point for this. Five key themes are identified in the report:

1. A structure of fundamental standards and measures of compliance
2. Openness, transparency and candour throughout the system, underpinned by statue, is required to develop a 'common culture'
3. Improved support for compassionate, caring and committed nursing
4. Stronger healthcare leadership
5. Accurate, useful and relevant information

While the LETB will need to focus on those recommendations relating to education and training it will also need to work with stakeholders on all areas where it can contribute to the meeting of other recommendations. The LETB will need to respond to direction, policy or guidance from HEE, regulators or others. The Strategy has already identified key priorities which aligned to recommendations in the inquiry report, such as the assessment of values of behaviours as part of student recruitment, and will commission further activity in the coming months and years to ensure that education and training supports a culture which puts patients first.

North West LETB Priorities

The Shadow North LETB has worked with the LWEGs to identify its key priorities for 2013/14, these are:

1. Addressing the impact of the Francis Report
2. Managing the economic environment by supporting skill mix changes and developing service improvement skills
3. Supporting and developing the transformational changes to the workforce to reflect the changing services in the North West
4. Aligning to the NHS Commissioning Board Mandate and Public Health Outcomes Framework
5. Understanding and developing the Primary Care workforce

The Commissioning Strategy will support the delivery of these priorities and ensure it can support specific initiatives and plans developed form them.

HEE Strategic Intent

HEE has published its Strategic Intent for consultation and which sets out its purpose and role that it will have in leading education, training and development. It also sets out HEEs values and principles and proposes priorities as set out below:

- Excellent education
- Competent and capable staff

- Widening participation
- Flexible workforce responsive to research and innovation
- Ensuring a workforce with the right numbers, skills and behaviours
- NHS values and behaviours

Alongside this HEE will contribute towards four priority areas identified by the Secretary of State and which will be included in the Accountability Agreement between HEE and the LETB, these are:

- Preventing people from dying prematurely by improving mortality rates for the big killer diseases to be the best in Europe, through improving prevention, diagnosis and treatment;
- Improving the standard of care throughout the system so that quality of care is considered as important as quality of treatment, through more accountability, better training, tougher inspections and more attention paid to what patients say;
- Improving treatment and care of older people and people with dementia to be among the best in Europe through early diagnosis, better research and better support
- Bringing the technology revolution to the NHS to help people, especially those with long term conditions, manage their health and care.

The Workforce Development and Education Commissioning Strategy has identified activity which supports these priorities and the LETB is a in a strong position to work with HEE in developing and implementing specific priorities and work-streams.

The Mandate from the Government to the NHS Commissioning Board
The Mandate supports the strategic direction for Commissioning Board and will help inform the LETB and LWEGs of the priorities services will be tasked with up to March 2015. These priorities include:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long-terms conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them avoidable harm

In addition the Mandate highlights the need for support innovation and the broader role of the NHS as employer and its contribution to the growth of the economy. The Strategy has identified areas which support the delivery of the Mandate but will need to work with stakeholders and in particular commissioners and providers, to ensure it can respond to service change and developments.

4. Strategic Priorities

The table below describes the Education Commissioning priorities identified through the consultation with the LETB, LWEGs and wider stakeholders. It includes detail of the progress made during 2012-13 and further work required. The LETB will develop more detailed implementation plans for these priorities and will oversee performance on the delivery of each priority.

Priority	Progress to date and further actions required
The Francis Report – the LETB and LWEGs will respond to the significant challenges required to respond to its recommendations. **NHS Constitution** - **Values and Behaviours** – prior to the publication of the Francis Report the LETB identified the need to assess all students for the appropriate NHS values and behaviours. This included ensuring that the principles and values of the NHS Constitution embedded within training programmes commissioned by the LETB which support positive attitudes and behaviours.	The Education Commissioning Strategy will need to be reviewed as HEE and the LETB consider the implication of the report and how it proposes to implement recommendations relating to education and training A project has been established which has commissioned an assessment tool which will be used as part of recruitment process for applicants to training or substantive posts with the aim of testing the tool on students recruited from September 2012.
Health Visitors - Increasing numbers of Health visitors and Family Nurse Partnerships remains a key priority reflected in the Operating Framework. The additional education costs for commissioning the extra numbers will be a specific funding requirement. The North West overall has the lowest target because of our relatively high numbers of health visitors	For 2013 -14 it is important that the momentum built up on responding to the call to action is maintained. The need to sustain progress is maximised as this will be the final input year for trainees that will be able to support providers in achieving their target workforce. It remains a key priority both for the NHS Commissioning Board and Health Education England and forms part of the Government Mandate to the NHS Commissioning Board
Improving access to Psychological Therapies (IAPT) - Increasing numbers of IAPT therapists at both high and low intensity remains a priority reflected in the Operating Framework and the 4 Year Action Plan. The additional education costs for commissioning the extra numbers will be a specific funding requirement.	To support the role out of IAPT to meet the 4 Year Action Plan 117 High Intensity and Psychological Wellbeing Practitioners were commissioned along with training for a further 84 existing workers in non-CBT IAPT approved modalities including IPT, DIT, Couple Therapy and Counselling for Depression and supervision. IAPT has been identified as a priority within the Government Mandate to the NHS Commissioning Board and has a defined budget in the draft LETB financial allocations. One of three IAPT centres for Children & Young People was awarded to a collaborative based on the Salford Cognitive Therapy Centre and this will expand to cover all areas during 2013-14. Services for Military Veterans, deaf users and long term conditions will continue to expand and programmes to support SMI/MUS are being developed.

Supporting unemployed health graduates - There is an expectation that although most Nursing and Allied Health professional graduates who qualify in 2012/13 will have gained employment that position may change in 2013/14. Funding to support this situation may become a priority to ensure these graduates are not lost to the system. There is already a newly qualified graduates group that works to support initiatives to mitigate such unemployment.	Early signals from Centre for Workforce Intelligence and others are suggesting that due to changes in the model of care in community settings, and with activity rates not falling at a rate initially anticipated, that the level of unemployment in nursing and midwifery is not anticipated to be as high as initially set out in 2012-13. This is evidenced in the current talent pool register. For some professions, such as speech and language therapy and physiotherapy, it remains a challenge to secure first employment posts. The LETBs will continue to work through the Workforce & Education Hub to target intervention to support these professionals into posts through the AHP networks.
Military and Veterans Health – Ensuring the principles of the Armed Forces Covenant are met by ensuring supply of Prosthetists to meet national demand; commissions from associated professions matches demand (physiotherapy); implementing NW IAPT Veterans Initiative to provide access to veterans across the region; liaising with SHA Armed Forces Network on workforce issues. This is identified as a priority within the Government Mandate to the NHS Commissioning Board	The IAPT Military Veterans Pilot has been established and IAPT trainees recruited. The programme works with veterans and families across the North West but is based within the GM LWEG. Commissions to pre-registration Prosthetic & Orthotic education have been maintained to protect future workforce supply. Work is on-going to enable optimum student retention. In respect of its lead commissioning role, NHS North West has commissioned a project from University of Salford to support the development of a workforce and education framework for Prosthetists and Orthotists nationally. This will support the ambitions of having the right workforce in place to deliver high quality care and services to patients including the military veterans. Strong links to the national networks have been built and will need to be maintained by the responsible LETB. This includes National Prosthetic Managers, Annual Prosthetic Stakeholder Conference, North West Armed Forces Network, Murrison implementation forums and the Associate Parliamentary Limb Loss Group.
Commissions – the final planned reductions outlined in the 3 year plan will be implemented and to reflect reduced demand for newly qualified staff and improvements in retention of students.	Early signals from Centre for Workforce Intelligence and analysis of local workforce plans are suggesting that due to changes in the model of care in community settings, and with activity rates not falling at a rate initially anticipated that demand for nursing and midwifery students is not anticipated to be as low as initially set out in 2012-13 final plan, therefore, reductions outlined in the previous 3 year plan will not be implemented.

	Data and intelligence on the demand and supply for smaller services will be developed, this will include Sexual Health Services, School Nursing, Community Children's services
Continuing Professional Development – continue implementation of the CPD Strategy to support increased flexibility and responsiveness	There will be increased flexibility to enable providers to access CPD across all current providers. Access to be opened to all eligible staff delivery NHS funded services. Cash allocation to be adjusted to recognise movement of staff under TCS and allocations to support primary care to be maintained on Area Team footprints. Core priorities identified through the consultation are: • Multi-professional support for learning and assessment in practice • Clinical Leadership • Non-medical Prescribing • Clinical Examination For the LETB to review the CPD Strategy to enable further flexibility and ownership by providers.
Operating Framework and QIPP – aligning QIPP plans to workforce plans and using education commissioning to support as appropriate, amongst others: workforce productivity, increasing community and primary care services, impact of new technology and innovation, Pathology Modernisation, long term conditions, the dementia strategy, maternity care, public health safeguarding and supporting positive experiences of care.	The LETB, with the NHS CB and CCGs, will continue to align QIPP plans to workforce plans. They will use the Educational Outcomes Framework and the National Quality Dashboard supported by Workforce Assurance processes alongside high quality education commissioning to support, as appropriate, improvements in workforce productivity, increasing community and primary care services, Impact of new technology and innovation, Pathology Modernisation, long term conditions, safer prescribing, developing Clinical Academic Careers and internships, dementia strategy, maternity care, public health safeguarding and supporting positive experiences of care. In addition to strengthen the links between research and innovation and education commissioning The impact of innovation and new technologies, including genomics will need to be reflected in commissioning both pre-registration and post registration education. This will need to include engagement with the R&D workforce on their education and training needs.
Community and Primary Care – a number of respondents felt the plan needed to more strongly reflect the needs of community and in particular	Access to Community Specialist Practitioner pathways have been protected while HV expansion is taking place. The LETB will increase representation from Primary Care to

primary care services and reflect the shift of activity from hospital settings. This would impact on the knowledge and skills required; in particular the needs of primary care staff, especially Practice Nurses, was highlighted. It was recognised that this would impact on placements. It was felt a specific section on the Primary Care workforce was needed.	ensure stronger links to emerging CCGs and the wider Primary Care workforce including Optometrists and Community Pharmacists. CPD modules to support staff moving to community settings continue to be made available. It will develop a shared inventory of service improvement outputs in partnership with the National Commissioning Board Local Area Teams in response to Building Community Capacity and Internships. As Primary Care becomes a CQC licensed service from 1 April 2012 and with the shift of activity from hospital settings, investment into knowledge and skills is required, particularly the needs of primary care staff, especially Practice Nurses, and the support required to enable students to have access to placements in these settings. The LETB will maximise the use of the primary care workforce contracts with Universities to facilitate this increased investment whilst seeking leads within each of the CCGs to provide oversight of the contract. Furthermore using the leverage of the new placement tariff from 1 April 2013 will be a key influence in enabling capacity to grow the workforce.
Service redesign/transformation - Need to align more transparently with service redesign/transformation and how education commissioning can support delivery of QIPP. This included new ways of working, multi-agency working, competency based workforce planning, the development of new roles and innovation.	The LETB in partnership with the Workforce Modernisation hub will continue to develop more explicitly innovative approaches to service redesign/ transformation utilising education commissioning to support delivery of QIPP with new ways of working, multi-agency working, competency based workforce planning, the development of new roles and innovation. Particular emphasis on the ends of the people with long term conditions, and care needs, including dementia, and support for older people will be made. The LETB and LWEGs will continue to develop links with the Local Area Teams and CCGs and ensure that there is representation on the LETB for service commissioners (proposal for CCG member) The Christie NHS Foundation Trust is one of 2 centres identified to deliver Proton Therapy. The LETB will work with the project team to ensure the appropriate education and training

	for the new workforce is in place – in particular the Therapeutic Radiotherapy and Medical Physics Workforce
Education Delivery - There was a need to ensure that there was a reduced boundary between academic and clinical education and to place this within the context of the whole workforce, notably inclusion of Bands 1-4 and CPD and supporting widening access. In addition there was a need to recognise the contribution that users/carers can make to education and training; this can draw on experiences of programme whom already utilise the role of users and carers in a range of different education contexts.	The CPD strategy is allowing greater flexibility for providers to access CPD from a wider range of HEIs and other providers. Access for new services and non-NHS organisations providing NHS services have increased. Continue to support the expansion of Vocational Learning (Bands 1 to 4) through Developing 'Apprenticeships in the NHS' Consider the wider needs to develop staff at Bands 1-4.
Public Health – the need to strengthen the needs of the Public Health Workforce and ensure effective engagement	LWEGs and the LETB will work with the Public Health representatives to identify workforce and education priorities for Public Health and maintain links through the Public Health Workforce leads
Workforce Modernisation – ensure supply of assistant and advanced practitioners against background of loss of HEFCE funding.	The LETB to continue to support the Workforce Modernisation through the business plan. A re-tender of Foundation Degree is being untaken to assure sustainable supply and value for money. Further work with Deaneries to identify areas of medical shortage for Advanced Practitioners. Implement the outcome of the re-tendering for the Foundation Degree for Assistant Practitioners. Explore ways of ensuring that education and learning supports high quality, safe and effective care.
Efficiency and Productivity – demonstrate return on investments for learner and ensure efficiencies savings are achieved to meet financial pressures including inflation, operating framework and MPET priorities including Health Visiting and IAPT.	As part of LETB authorisation will produce a detailed budget including any pressures and assuring funding for MPET budgets. Efficiencies, including meting management cost targets, have been identified and a final assessment will be made when HEE allocations have been received. The process for novation of contracts has been agreed and will be implemented prior to the disestablishment of the SHA.
Education Management and Infrastructure – performance management and quality assurance of education, including the impact of implementing the Education Outcomes Framework, and learning, practice	NHS North West will remain accountable for education and training until April 2013 and will then work with the newly established Local Education and Training Board (LETB) who will be accountable to Health Education England (HEE) for delivery against the Education

learning and placement activity, innovation in learning including Technology Enhanced Learning (TEL)	Outcomes Framework which will define measurable outcomes for workforce development as well as quality outcomes for education and training. Monitoring of the implementation of the Education Outcomes Framework will be achieved through the three locality based Local Workforce Education Groups who will be responsible for building on existing models for education management moving forward including TEL. Support the implementation of the Core Skills Framework.
Users/carers - recognise the contribution that users/carers can make to education and training	The LETB and LWEGs will developed strategies and practices to ensure effective engagement of user/carers. This will include ways in which existing forums and groups can inform and influence the activity of the Board and Groups.
Academic Workforce – ensuring the Academic Workforce is developed and is sustainable and that there is greater alignment between academic and clinical education.	For the non-medical workforce the LETB will continue to work with providers to support Clinical Academic Careers Internships and access to studentships, jointly funded and supported by the National Institute for Health Research (NIHR) and the Chief Nursing Officer (CNO) as part of the Clinical Academic Training Pathways (CATPs) initiative.
Social Care and non-NHS Providers – recognising the role and needs for the non-NHS workforce in delivering healthcare and ensuring effective engagement with these sectors	The LETB will identify non-NHS and Social Care representation on the Regional Advisory Forum, this will include Optometrists and Community Pharmacists

The priorities for 2013-14 will be informed by the active workforce planning process as well as the review of the 2012/13 priorities. In addition there have been initial priorities or changes which have been identified since the last plan was agreed. These include the further development of joint Nursing/Social Work programmes, M level Nursing and Midwifery programmes, the need for education for sonography services and targeting CPD to deliver workforce transformation agenda.

Appendix 1 outlines the core commissioning intentions, rationale and further work required for 2013/14. Appendix 2 outlines the planned outputs over a 5 year period' together with commissioning intentions, rationale and future activity for education commissioning for 2013/14 to ensure it reflects the new workforce and education arrangements and is fit for purpose. The proposals reflect the new framework for workforce planning and high quality education and training, to support world-class patient care. This is based around the new local provider-led approach through the LETB. The key objectives are to deliver:

- security of supply, ensuring people with the right skills are in the right place at the right time
- responsiveness to patient need and changing service models

- widening participation
- enabling a flexible and supportive education and learning infrastructure
- sound governance
- value for money and maximum return on investment
- robust health education interface
- high quality education and training that supports safe, high quality care and greater flexibility
- fitness for practice and employment

It must also take into account the core functions of the LETB as described in the LETB Operating Principles and reflect the Education Outcomes Framework. It also considers what has worked well in the past and build on success as well as acknowledging and responding to those areas which have not worked well.

5. Planning Principles

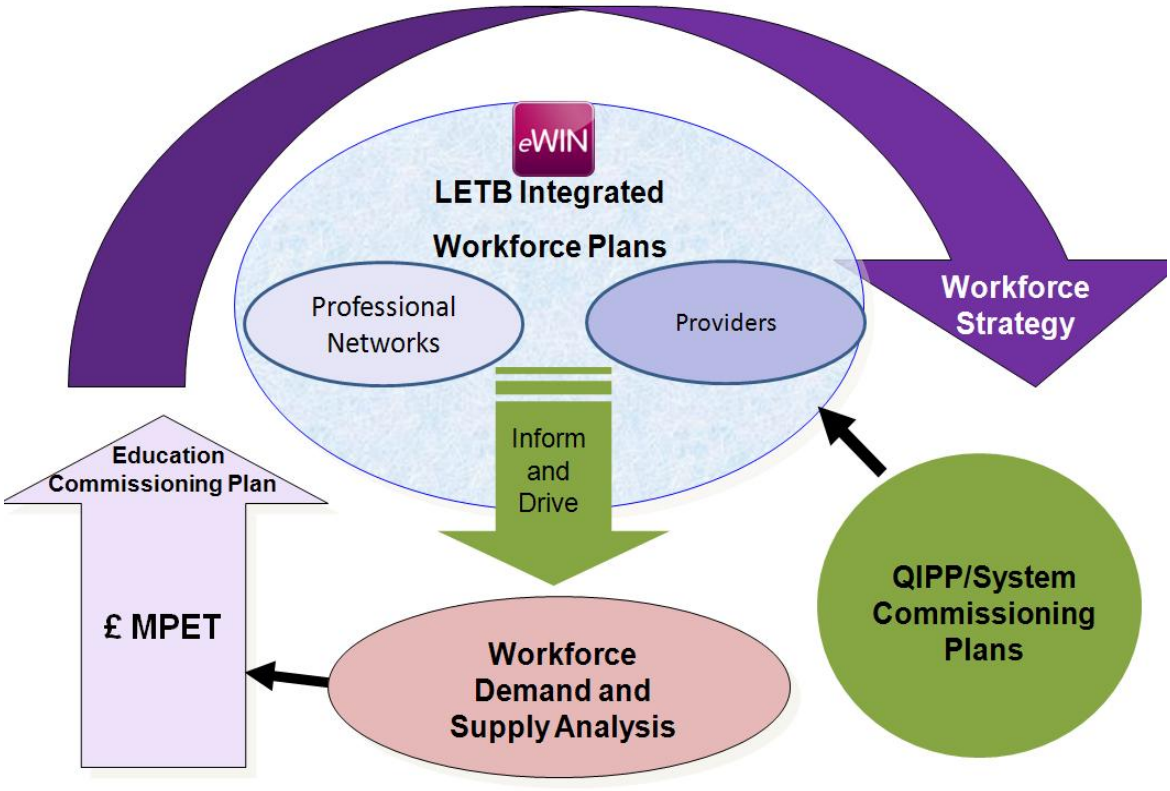
In recognition of the shift of workforce and education responsibilities from Strategic Health Authorities to LETBs, this plan is underpinned by the following principles in Figure 1:

Figure 1

These principles are central to the workforce planning and education commissioning processes. The model that underpins the planning cycle is endorsed by the three WEGs in the North West and is as depicted in Figure 2. The figure demonstrates the importance of the link between workforce planning and education commissioning in assuring that workforce demand and supply informs decisions on MPET investment and that these are, in-turn, informed by stakeholders through local planning and prioritisation which is underpinned by an overarching workforce strategy.

Figure 2.

The North West Model



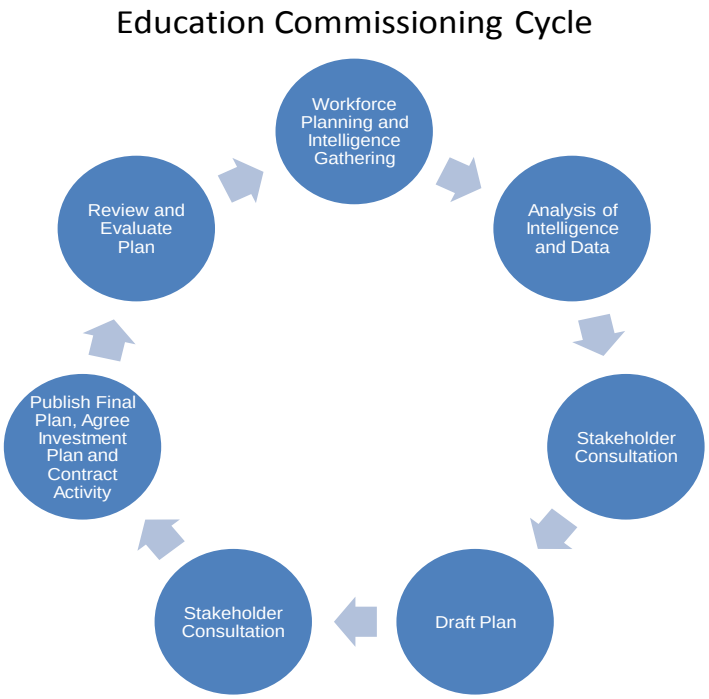
At the highest level, education commissioning aims to ensure that there is a workforce in the right numbers at the right time in the right place and with the right skills. This applies workforce-wide and is often described in a fitness framework:

- **Fitness for Award** (academic or equivalent award)
- **Fitness for Practice** (professional or equivalent standards of practice)
- **Fitness for Purpose** (ability to apply the above in the workplace)

- **Fitness for Employment** (meeting the wider needs for employment including good health, good character and the right attitudes and behaviours)

Education commissioning is managed within a commissioning cycle which encompasses needs assessment, strategic planning, shaping and managing the market, and performance management and ongoing review and evaluation. The cycle is as shown in Figure 3.

Figure 3.



In addition, through the executive infrastructure, the following education competencies are available to support the LETB to manage the education commissioning process.

• **Leadership**	• **Working with partners**
• **Engagement with learners and service users**	• **Collaboration with service commissioners and providers**
• **Managing knowledge and assessing needs**	• **Prioritising investment**
• **Stimulating the market**	• **Promoting improvement and innovation**
• **Procurement**	• **Managing the system**
• **Making sound financial investments**	

Section Two

1. Introducing Local Education and Training Boards

'Liberating the NHS: Developing the Healthcare Workforce *From Design to Delivery'* (Department of Health, 2012) sets out the strategic vision for education and training arrangements in the reformed system. Healthcare providers are placed as the system leaders to inform how the workforce is developed and educated aligned to service delivery needs. Local Education and Training Boards (LETBs) are therefore established to bring together healthcare and public health employers to make decisions regarding local workforce development and investment in education and training.

The core purpose of LETBs is to:

- Identify and agree local priorities for education and training to ensure security of supply of the skills and people providing health and public health services;
- Plan and commission education and training on behalf of the local health community in the interests of sustainable, high quality service provision and health improvement;
- Be a forum for developing the whole health and public health workforce.

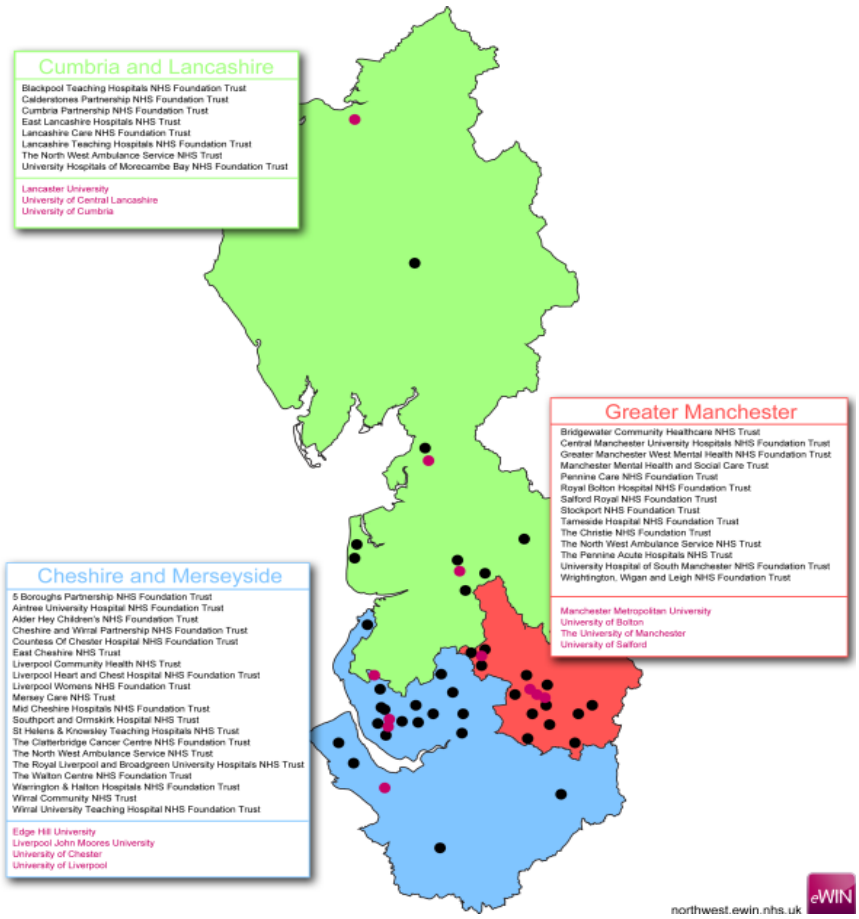
In order to achieve the purpose, LETB functions are to:

- Bring together all healthcare and public health employers providing NHS funded services with education providers, the professions, local government and the research sector, to develop a skills and development strategy for the local health workforce that meets employer requirements and responds to the plans of commissioners;
- Consult with patients, local communities, and staff to ensure the local skills and development strategy is responsive to their views;
- Aggregate workforce data and plans for the local health economy and share with the Centre for Workforce Intelligence to improve local workforce planning;
- Account for education and training funding allocated by HEE;
- Commission education and training to deliver the local skills and development strategy and national priorities set out in the Education Operating Framework;
- Ensure value for money throughout the commissioning of education and training and for running costs;
- Secure the quality of education and training programmes in accordance with the requirements of professional regulators and the Education Outcomes Framework;
- Take a multi-professional approach in planning and developing the healthcare and public health workforce and in commissioning education and training;
- Support access to continuing professional development and employer-led systems for the whole health and public health workforce;
- Work in partnership with universities, clinical academics, other education providers and those investing in research and innovation;
- Work with local authorities and health and well-being boards in taking a joined-up approach across the local health, public health and social care workforce;
- Work with HEE to develop national strategy and priorities.

Following an stakeholder consultation and robust option appraisal led through providers, it has been agreed to establish a single LETB in the North West with three Local Workforce &

Education Groups (LWEGs) with devolved authority based on the configuration is as per figure 4.

Figure 4.



Recognising the need for a continued North West approach whilst enabling a local focus and maximising multi-professional planning, the LETB will support the LWEGs to work closely together. This will be further enabled through a shared service infrastructure for the executive and operational staff of the LETB, this model being fully supported by the three LWEGs.

Health Education England (HEE) is the national body that has strategic oversight of workforce and education across England. It was formally established as a Special Health Authority on 28th June 2012. Essentially LETBs are sub-committees of HEE as they are not legally constituted in their own right. LETBs have fully delegated powers, through a robust authorisation process, to plan and develop the workforce and commission education at local level to meet locally-identified needs and priorities. At the time of writing this plan, the LETB in the North West is at shadow LETB stage and is progressing towards assessment against the authorisation criteria. This plan will therefore form an important part of the authorisation process towards formal establishment.

In order to deliver the education commissioning requirements for the LETB in the North West, joint and lead commissioning arrangements are required. This is where a LWEG carries out commissioning on behalf of one or more of the LWEGs, or on behalf of HEE nationally. Details of the joint and lead commissioning arrangements have been agreed by the LETB.

2. North West Population and Demographics

The North West region is one of the most deprived areas within NHS England with challenging health, and population demographics, epidemiology and community health profiles.

The following represent a summary of the key statistics and facts for the North West as a whole region.

- The North West has the second largest workforce after NHS London with over 157,155.25 Full Time Equivalent (FTE) (Source NHS Information Centre for Health and Social Care website: Electronic Staff Record (ESR) Date Warehouse (DW) May 2012 datasets)
- Spend around £11.8 billion annually on NHS funded health care services across the North West
- Spend around £680 million on Education Commissioning and Education Management across the North West
- An increasing number of social enterprises and any qualified provider (1,494 on the Care Quality Commission (CQC) register for the North West) are forming in the provider landscape
- North West has the second highest sickness absence rates in NHS England (after the North East) currently 4.4% (June 2012)
- Challenging health visitor trajectories: 1808 FTE by March 2015
- Some service performance issues across the North West, for example Accident & Emergency, 18 weeks and Hospital Acquired Infection rates (HAI)
- Some patient safety issues across the patch as identified in CQC cases
- High areas of deprivation and isolated demand
- Diverse workforce demographics
- Diverse population demographics outlined below
- Reputation for innovation
- Hard working and motivated workforce with positive results in staff surveys 2010 and 2011
- Challenges for aspirant foundation trusts to pass through Monitor gateways

The following represent a summary of the key statistics and facts for the North West as a whole region.

Population

- The population of the North West is projected to continue to grow more slowly than any other region in England.
- The total population was 6.9 million in mid-2010, 13% of the population of England − the third largest English region. In the period 2001 to 2010 the population of the North West grew 2.4%, the lowest growth of all English regions. Within the region Manchester showed the largest increase at 17.9% between 2001 and 2010. However, the populations of Burnley and Sefton decreased by 4.7% and 3.5% respectively.
- Projections based on the mid-2008 population estimates show that the North West population could grow to 7.4 million in 2030. This represents a projected increase from 2010 of 7%, around half the projected rate of increase in England (14%).
- The North West had the second highest population density in England with 490 people per square kilometre in 2010, compared with the England average of 400. Within the North West the population density varied substantially, ranging from 24

people per square kilometre in Eden local authority in Cumbria, to 4,300 people per square kilometre in Manchester. This is nearly as high as the population density of London (5,000 people per square kilometre).

Community Health Profiles

- People's health in the North West is generally worse than the England average. However, levels of violent crime and excess winter deaths are better than average.
- There are inequalities in health across the North West which is closely related to deprivation. For example, people in more affluent local authorities, such as Ribble Valley and Cheshire East, generally experience better health than the England average. However, the health of people in areas with the highest levels of deprivation, such as in Tameside or Liverpool, is generally worse than the England average.
- Although rates of early deaths from heart disease and stroke and all-age all-cause mortality in the North West above the England average. Hospital admissions are falling in line with national trends they still remain related to alcohol in the North West are above the England average and are rising at a faster rate.
- Children's health across the North West is generally worse than the England average, including the proportion of mothers smoking in pregnancy and the average number of decayed teeth among children aged five years. However, the level of physical activity among children is better than the England average.
- The North West is the region with the second highest rate of hospital stays related to alcohol and deaths from smoking.
- The challenge to improve health requires North West strong action by strategic partnerships.

Education Attainment

- The population of working age with no qualifications is higher in the North West at 12.8% than the average UK of 11.8%.
- For secondary school age children the absenteeism is 7.38% compared with the average for England of 7.21%/ The percentage of persistent absentees is 5.4% this is higher than the average for England at 4.9%.
- The percentage of pupils achieving 5 or more GCSE's at grades A* - C is 70.9% higher than the average for England at 70.0%

Unemployment

- Since April 2008 there has been a steady increase unemployment rates from 6.9% to 8.9% across the North West.
- The most significant rise has been a 7.1% rise in the age group 18-24, from 14.7% to 21.8%, with the male population being particularly affected rising from 17.69% for Apr 08 to Mar 09 to 25.2% in March 12.
- The Wholesale & Retail Trade industry is the biggest employer representing 16.6% of jobs in the North West and has increased by 2.9% over the last year. This is followed by Human Health & Social Work activities which represent 14.3% of jobs, decreasing by 0.6% over the last year.
- Over the last year the most significant reduction in jobs over the last 12 month has been in the Manufacturing sector with 7% reduction. However increases have been seen in Accommodation & Food Services (3.8%) and Admin & Support Services (3.0%).
- The number of claimants of Jobseeker's Allowance averaged over the 12 month period of Apr 11 – Mar 12 in the North West is 4.4% higher than the UK average of 3.9%.
- The Job density for the North West is 0.74 lower than the UK average of 0.77. Jobs

densities are the number of jobs per resident aged 16 to 64.

Age Profiles and Diversity

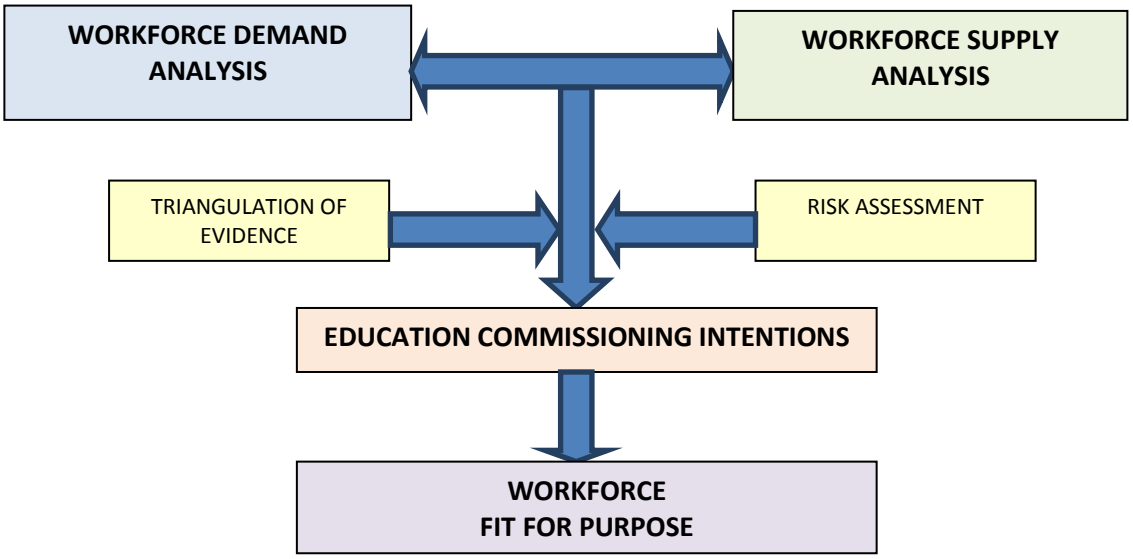
- The population of the North West is living longer and health is improving for many, but not all, of the 6.9 million residents. However, compared with the rest of England, men in the North West can still expect to live 2.9 years less than those in the South East, whilst women can expect to live 2.5 years less than those in the South West.
- The population of the North West has a similar age structure to the United Kingdom (UK). The differences are most noticeable in the 25 to 39-year old groups where the national proportions are over one percentage point higher than those of the North West and among 15 to 24-year-old where the reverse is true. The proportion of the population aged 65 and over was close to that for England as a whole, at 16.7% in 2010. The population of this age group for the North West is projected to increase to 22.5% in 2030, slightly above the figure for England (21%).
- The projections show the number of children increasing by 50,000 or 4 per cent, and the number of people of pension age increasing by 631,000 (using the pension age of 60 for women and 65 for men that applied up to 2010) – a rise of 47 per cent. Conversely, the working-age population is projected to fall by 84,000, or 2 per cent. This is one of two regions projected to experience a decrease in the number of working-age people; the other is the North East.
- Total population estimate in the northwest of 6.897.9 million. 8.3% from Black and Minority Ethnic (BME) groups non white, which is an estimated 574,600 people. (2011, Office for National Statistics)
- It is estimated the around 6% of the population are lesbian, gay or bisexual (LGB). If this is the case then it is estimated that approximately 9,600 NHS employees could be LBG.
- 16% of the working age population have a disability (men aged 16 – 64 and women aged 16 – 59) - Pennine Acute Hospital NHS Trust, Equality Data for the North West and UK, May 2010

3. Workforce Demand Analysis

In respect of the intelligence gathering stages of the education commissioning cycle, this plan is informed by several evidence sources including:

- Local integrated workforce plans and training needs analysis
- Workforce data (ESR) and staff survey information
- Education data including Professional Education and Training Database (PETD), CPD Apply, newly qualified talent pool data and intelligence obtained through contract review meetings with Higher Education Providers
- Centre for Workforce Intelligence reports
- Professional networks
- Professional, Statutory and Regulatory Body and other reports
- National student survey
- National and regional strategic and policy developments including Clinical Commissioning Groups, NHS Commissioning Board, Health Education England and Department of Health
- Clinical networks and clinical senates
- Review of previous NHS North West education commissioning plans, quality assurance of education commissioned and performance of Learning and Development Agreements

The evidence base is risk assessed through triangulation of the evidence to translate the evidence into education commissioning intentions for the future workforce supply.



4. Workforce Supply Strategy

Analysis of data and intelligence is informed by the vision and priorities of the LETB which are tested against core commissioning activities combined with financial assessment and the commissioning activities that add value to the whole process, see Table 6.

Table 6.

Inputs	Core Activities	Activities that add value	Outputs
LETB vision and priorities Workforce plans Users/carers Employers Students Financial resources Workforce intelligence Market intelligence HEE and national priorities	**Planning** Agreeing commissioning and investment plans based on local workforce plans	Review by advisory mechanisms Academic and placement capacity Quality outcomes	A workforce available with the right skills in the right numbers in the right place at the right time
	Procurement Tendering Negotiating and letting contracts	Market management Health and Education interface Procurement processes	
	Contracting Contract framework Quality assurance Performance management Financial management	National standard contract framework and associated Benchmark Price Learning and Development Agreements Education Commissioning for Quality incorporating quality assurance and performance management systems Information management systems	
	Education Delivery Academic education Practice/work-based education	Curriculum design, development and review Placement management and support Patient, employer and student engagement Health and Education interface NHS Constitution support activities	
	Performance Management Performance assurance and review Action planning	Education Commissioning for Quality and associated Contract Performance Indicators Quality assurance action plans Risk-based interventions	

5. Key Objectives

a) Security of supply

Underpinned by robust workforce planning from LETB members, the education commissioning and workforce development intentions are framed around ensuring supply of the right people with the right skills in the right numbers at the right time in the right place. This is further supported by work on enhancing student retention, this being informed by the outcomes of the Staying the Course project commissioned from Manchester Metropolitan University, and also the workstream focusing on Values and Behaviours. Engagement in careers promotion is also a key contributor to enhancing recruitment, such as involvement in the 'Big Bang' and 'STEM' (science, technology, engineering and mathematics) initiatives.

b) Responsiveness

Through consultation with all stakeholder communities and combined with strong leadership by the LETB, education and workforce development will be informed by patient need and changing service delivery models, thus demonstrating responsiveness for the healthcare system as a whole.

c) Widening participation

Recognising the differing needs of the current and future workforce, education and workforce development will need to continue to address widening participation. This will be achieved through various means including the following:

- Flexible routes through education including skills escalator approach, apprenticeships, role development such as assistant and advanced practitioners
- Continuing to offer a flexible commissioning portfolio of full-time, part-time, post-graduate professional programmes
- Promoting accreditation of prior and/or experiential learning
- Maximising the use of available technologies to support learners, such as skills simulation, distance learning, e-learning and blended learning
- Continuing to offer an affordable secondment scheme to offer a 'grow your own' approach for the benefit of LETB member organisations
- Promoting equity to work towards a workforce profile that is reflective of the population it serves
- Enabling access to education and development for the healthcare workforce
- Supporting and promoting multi-professional and interprofessional learning in both the academic and practice settings

d) Education and learning infrastructure

Critical to ensuring workforce supply is having the right education, learning and workforce development infrastructure in place. The legacy SHA has developed a robust infrastructure for the North West, and continuity of these models will assure success into the future. This includes the following:

Education Governance	embeds accountability, transparency and continuous improvement in education into organisational culture
North West Workforce Modernisation Hub	providing the leadership and development for workforce modernisation and skill mix change
North West Placement Support Infrastructure	supporting Practice Education Facilitators in service delivery settings and enabling capacity for students and learners through the North West Placement Development Network
North West Centre for Professional Workforce Development	leading across the professional networks of Pharmacy, Healthcare Science and Allied Health Professions
North West Healthcare Libraries Unit	ensuring all staff and students have access to, and the ability to evaluate, best evidence that underpins effective clinical practice, service commissioning and policy decision making

In addition, support mechanisms will continue to facilitate appropriate support for new qualifiers, strategic engagement on national priorities such as health visiting, non medical prescribing, preceptorship and return to practice.

e) Governance

Workforce development, education and training can only be achieved through strong partnership working and all partners understanding and delivering their respective roles and responsibilities. To deliver sound governance the LETB will ensure the following:

- All contracts with HEIs will be novated from NHS North West to Health Education England with accountability to the LETB within the required timescales
- All Learning and Development Agreements with placement providers will be transferred from NHS North West to the accountability of the LETB within required timescales
- The LETB will commission education using the National Standard Contract Framework and associated Benchmark Price for relevant professions or local pricing structures where applicable
- Practice placements and relevant learning activity will be managed through the Learning and Development Agreements ensuring all service providers offer appropriate levels of support for students and learners
- The LETB will manage the implementation of the tariffs for education and training through an agreed transition plan that assures system stability
- Secure information systems, such as Professional Education and Training Database and CPD-Apply, that facilitate effective processes and information collation and analysis

f) Sound financial management

Through appropriate financial governance, the LETB will ensure it delivers maximum value for money and cost-effectiveness for all MPET funded activity.

g) Health education interface

The education sector is undergoing major system reform, with significant changes to how education is funded and to student support. Whilst the majority of healthcare professions are funded through MPET, there are a number of professions that are not included and are trained and educated through the Department for Business, Innovation and Skills policy framework. Such professions include undergraduate medical and dental, healthcare

scientists and some of the smaller professions such as arts therapies. It is therefore essential that there is a robust interface to ensure the health and education sectors work together and understand the impact of the different systems and policies. In order to achieve this objective the LETB will:

- Maintain mechanisms for local engagement with education officers from the education funding sector
- Promote linkages to assure workforce supply for the professions not accommodated within MPET
- Ensure relevant mechanisms for accounting for non-MPET activity within the Learning and Development Agreements
- Through the education contract framework and the business of the LETB, ensure regular strategic communication and liaison between health and education partners both as collective through Council of Deans North West and individually through contracting framework

h) High quality education and training

The quality of education and training is monitored and assured through both the Standard National Contract with Higher Education and Learning and Development Agreements (LDA) with Placement Providers. Both are based upon the Education Commissioning Quality (ECQ) metrics (DH, 2009), the indicators for which are embedded within the NHS Education Outcomes Framework (DH 2012). This includes the requirement for all Placement Providers to ensure that placement learning supports the principles and values of the NHS as set out in the NHS Constitution (DH, 2012) including the assessment of Board Level Engagement and Safe Supervision.

Education Governance provides the framework to help guide and measure the contribution and impact of education in achieving organisational priorities with the Education Outcomes Framework (EoF), providing the focus for the necessary partnership working with all stakeholders responsible for quality. This approach both minimises burden and duplication and maximises sharing and learning across regulators for example, health, social care and education regulators, professional regulatory bodies, service commissioners etc.

i) Fitness for practice and employment

A priority for the LETB is to ensure that staff are fit for practice and employment to meet patient needs both now and into the future. To deliver this plan must ensure that it supports and delivers education and training which is based on:

- Support of the NHS Constitution and in particular it's shared values and behaviours
- Rigorous programme approval and validation
- Clear, shared learning outcomes for clinical placement learning
- Promotion of quality learning environments
- Patient and employer engagement and feedback
- Multi and inter professional learning
- Student satisfaction
- Support for preceptorship
- Preparation for life-long learning
- Widening access and participation in leaning
- Working to enable the workforce to reflect the communities it serves

6. Joint Commissioning

Joint commissioning is the process where a LETB carries out commissioning on behalf of one or more other LETBs through an agreement between the bodies. This section describes how this will be determined and managed locally but there will be cases where a LETB will be asked to this on behalf of HEE nationally. The main criteria for agreeing to joint commissioning are:

- Volume or number of commissions
- Financial value (number of commissions and level of specialism)
- Level of specialism of programme
- Viability of multiple provider
- SHA location in relation to providers of small number specialities
- Pre-existing commissioning of specialities
- Advice on regionally or nationally planned specialities and professions

The process for determining whether to consider joint commissioning would be:

- An area of commissioning is identified as meeting one or more of the criteria set out above
- There is agreement between the LWEGs

An agreement is made which describes the following:

- The scope and range of the joint commissioning
- Process for identifying demand and sharing intelligence and data
- Agreement on performance indicators and quality assurance process if different for other core activity
- Reporting mechanisms
- Financial arrangements including transfer of funding

There are a number of areas where the LETB has a lead commissioning role, these are based on commissioning activity directly devolved to the LETB or where national provision of training is located within the LWEG area;

GM LWEG

- Pre-registration Prosthetic and Orthotics education
- The Centre for Pharmacy Postgraduate Education

C&L LWEG

- The national contract for the NHS Student Bursaries provided through the NHS Business Services Authority

C&M LWEG

- Pre-registration Orthoptics (with Yorkshire & Humber LETB)

It is anticipated that these lead roles will continue after transition.

There will also be local shared commissioning and the following section outlines the shared commissioning requirements and cross boundary working between LWEGs:

- Nursing – proportions of nursing commissions for Wrightington, Wigan & Leigh NHS Foundation Trust, Bridgewater Community NHS Trust and Southport and Ormskirk Hospital NHS Trust are provided through C&L LWEG and 5 Boroughs NHS Foundation Trust is served by both C&L and C&M LWEG
- Paramedics and Operating Department Practitioners – C&L and C&M LWEG supports the overall supply for the LETB
- Occupational Therapy – a small proportion of commissions are placed at York St John University, primarily serving the C&L LWEG
- Podiatry, Speech & Language Therapy – GM LWEG is the sole provider for the LETB
- Therapeutic Radiography, Dietetics – C&M LWEG is the sole provider for the LETB

- Prosthetics and Orthotics – GM LWEG is the sole provider for the England and acts as lead commissioner
- Orthoptics – C&M LWEG is one of only two providers in England
- Clinical Psychology – the three education providers jointly provide education, due to small numbers commissions are equally distributed.
- Pharmacy – GM LWEG is sole provider of pre-registration programme for the LETB although each LWEG have undergraduate pharmacy providers
- For small professions, including Healthcare Science, Pharmacy and IAPT the commissions are based on average anticipated demand based on workforce data; actual commissions may fluctuate between years
- Figures include commissions for North Cumbria Universities Hospital NHS Trust which will sit with the North East LETB. These will need to be subject to agreement with the NE LETB

Final HEI activity will be agreed through the LWEGs and LETB and will follow consultation on the final commissioning plan and confirmation of the funding allocation form HEE based on the Investment Plan. At that point an Operational Education Commissioning Plan will be prepared and contract values set after negotiation with the relevant HEIs.

Indicative Commissions

Anticipated Outturn 2012/13-2017/18

The table shows the anticipated outturn for the period 2012/13 to 2017/18 while table 2 shows the proposed Commissions for 2012/13 to 2014/15.

The table shows core MPET funded non-medical pre-registration programmes and projected outturns are based on input minus anticipated attrition. The level of attrition has been adjusted to meet targets for improved retention.

Programme	2012/13	2013/14	2014/15	2015/16	2017/18
Nursing & Midwifery					
Nursing	2583	2423	2322	2686	2807
Midwifery	206	208	210	227	229
Allied Health Professions					
Diagnostic Radiography	145	146	147	148	149
Dietetics	40	38	39	39	40
Occupational Therapy	179	171	166	168	167
Orthoptics	28	29	27	27	28
Paramedics	132	110	122	117	155
Physiotherapy	164	151	147	145	143
Podiatry	55	52	49	49	48
Prosthetics & Orthotics	24	24	25	25	25
Speech & Language Therapy	68	70	65	65	66
Therapy Radiography	19	24	26	26	27
Other Professions					
Operating Department Practitioners	79	82	79	80	79
Clinical Psychology	66	71	71	71	71
IAPT High Intensity	67	67	67	36	36
IAPT Low Intensity	45	45	45	45	45
Pharmacists	67	68	68	68	68
Pharmacy Technicians	55	55	55	55	55
Audiology[1]	32	33	30	0	0
Healthcare Science Practitioners (PTP)	65	66	72	97	97
Healthcare Scientist	33	25	27	32	35
Dental Therapists	19	29	28	28	28
Assistant Practitioners	240	255	220	220	220
Advanced Practitioners	94	70	90	90	90

[1] Outturn from Audiology moves from the MPET funded programme to PTP in 2012/13 and are counted in the PTP outturn from 2015/16

Proposed Commissions for 2012/13 to 2015/16

The commissions are subject to review in light of the outcome of the workforce planning and education priorities process which is due to be completed at the end of September 2012. It will then be subject to further consultation within the LETB and LWEGs. The commissions for 2013/14 onwards are indicative and relate to pre-registration programmes.

Programme	2011/12 (Actual)	2012/13 (Actual)	2013/14 (proposed)	2014/15 (proposed)	2015/16 (proposed)
Nursing & Midwifery					
Nursing	3175	3066	3114	3114	3114
Midwifery	231	253	253	253	253
Allied Health Professions					
Diagnostic Radiography	172	172	172	172	172
Dietetics	38	38	38	38	38
Occupational Therapy	246	246	246	246	246
Orthoptics	38	38	38	38	38
Paramedics	132	126	186	186	126
Physiotherapy	239	236	236	236	236
Podiatry	81	80	80	80	80
Prosthetics & Orthotics	30	30	30	30	30
Speech & Language Therapy	94	94	94	94	94
Therapy Radiography	44	44	44	44	44
Other Professions					
Operating Department Practitioners	115	112	110	108	108
Clinical Psychology	72	72	72	72	72
IAPT High Intensity	67	67	67	36	36
IAPT Low Intensity	45	45	45	45	45
Pharmacists	72	68	68	68	68
Pharmacy Technicians	55	55	55	55	55
Audiology	38				
Healthcare Science Practitioners	87	85	111	111	111
Healthcare Scientist	27	32	35	40	45
Dental Therapists	30	30	30	30	30
Assistant Practitioners	261	275	227	227	227
Advanced Practitioners	70	71	94	94	94

Note: these figures include commissions for North Cumbria Universities Hospital NHS Trust which will sit with the North East LETB. These will need to be subject to agreement with the NE LETB

Appendix

Education Commissioning Intentions 2013-14

Commissioning area	Commissioning Intentions	Rationale	Further work required
Nursing and Midwifery			
Adult, Mental Health, Child and LD Nursing	A small increase in commissions of 2.5% has been proposed for 2013/14 which would give an overall reduction of 11.5% from 2010/11. The LETB will work with the WEGs and HEIs to determine local demand by branch	Past reductions in nursing commissions have been based on demand identified through analysis of workforce plans and taking into account reductions in attrition. Review of this data suggests that a small increase commissions is necessary to meet the need to for an increased workforce identified in the 2012/13 workforce plans.	The LETB will continue to work with provider to deliver Modernising Nursing Careers and key priorities including: • Assessment of values and behaviours • Common assessment processes and documentation • Shared placement capacity and mentor preparation • The Student Quality Ambassador Scheme • Increased community placements • Acceleration routes into community specialist roles • Embedding high impact changes into education programmes
Midwifery	Midwifery supply remain static with outputs from the historic commissions and return to practice	The region has seen limited reduction in midwife to birth ratios and to respond to any impact of the "Call to Action on Health Visiting	The LETB closely work with providers through the WEGs to ensure that supply of midwifes is maintain and to use routes such a return to practice and the 18 month programme to respond to fluctuations in demand

Community Specialist Pathways	The SHA has committed to providing maximum flexibility to the development of the primary care workforce to meet and will continue with approaches outlined in the 2009 plan.	There is a clear imperative to ensure the continued supply of Community Specialist Practitioners as identified through the local workforce plans. This will also require support to maintain sustainable academic and practice education capacity and capability	The LETB has identified the need to both understand the needs of the primary care workforce and assure access to education and will work with primary care leads and community services to ensure commissioning and education capacity and capability meets their needs. It will work in partnership with local authorities, regulators and service providers to develop sustainable capacity for supporting shift of care from hospital to community settings using skills based modular approaches such as non medical prescribing, driving the call to action on Energising for Excellence and the individual staff groups. Furthermore it will develop increased workforce intelligence on current profile and capacity of District and Practice Based Nursing
Health Visiting	The LETB will respond the Call of Action for Health visiting and meet targets for workforce expansion identified through the national programmes and HEE SLA	The following strategic imperatives will have a significant impact on both capacity and capability of the system. These are:	To support this the SHA will use the opportunities presented by: • the implementation of the new pre-registration nursing standards to deliver fast track graduate routes

		• Expansion of the family nurse partnership programme • The application of a new service delivery model for health visiting • The professional mobilisation of the current Health Visiting workforce	• the development of a local bursary scheme for non employed learners • promotion of a university accredited work based learning programme • requirement of Primary Care Workforce providers to deliver two cohorts per year • return to practice and preceptorship of qualified health visitors • through the partnership, will continue to maximise the flexibilities national guidance affords.
Allied Health Professions			
Arts Therapies (Art, Drama & Music)	Practice placements are provided in NHS and non-NHS settings. The LETB and WEGs need to maintain learning support provided for pre-registration students. Maintain status quo pending development of better evidence base.	The pre-registration education for this group of professions is not included within MPET, therefore the education is not commissioned by LETBs. The changes in higher education funding may have an impact on supply as prospective students may be deterred. This group are very small professions with many being employed by the independent sector and some employed under banner of 'mental health workers'. Arts therapists provide services to mental health, learning disabilities and	The CFWI report highlights the need for better understanding of this workforce group and the contribution to services they provide combined with the impact on health outcomes. The LETB and WEGs needs to develop enhanced understanding of this workforce at local level.

		communication difficulties, these client groups now living longer and into later life. A session-based service commissioning approach is becoming more evident.	
Dietetics	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan)	Service demands projected to maintain or increase due to rising obesity and aging population. Malnutrition in hospital agenda combined with challenges of community malnutrition. Dietetic contribution to major public health campaigns.	Impact of public health prevention agenda may have future impact on workforce demand.
Occupational Therapy	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan)	Reduced demand from service provider workforce plans, however increasing demands for services likely as a result of ageing population, increased long-term conditions and potential rise in mental health conditions. Workforce supply forecast marginally exceeds workforce demand. Small numbers of new qualifiers on talent pool.	Need to develop a better understanding of future workforce demand and also demand from non NHS sectors. Need to consider potential service demands, particularly in respect of focus on self care and independent living.
Orthoptics	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan) The commissions place include 3 commissions on behalf of the	Demand for services likely to grow due to aging population and increase of long term conditions. Workforce shortages remain evident. Drive towards AHP led services, such as glaucoma services. Female workforce	Practice placement capacity nationally is critical and is becoming a limiting factor to maintaining commissions. Further work, potentially through HEE, is required to assure sufficient capacity for students. Need to

	NHS in Wales to meet the projected workforce demand for services in Wales	issues are prevalent.	consider further opportunities for skill mix to enable workforce supply.
Paramedics	The core commissions are to remain unchanged for the planning period. In line with additional service commissioning, two additional cohorts of EMT conversions are under discussion which will result in an additional 120 commissions over the 2013-14 and 2014-15 financial years. This is being managed in funding terms by reducing the salary contribution payable to the Trust.	The demand for the conversion programme for emergency medical technicians has reduced, however there is sustainable demand for the conversion programme for the duration of this commissioning plan. The reduction in commissions is in line with workforce projections for the North West Ambulance Services NHS Trust. Current staff turnover rates are between 3.7% and 5% with 80-100 Paramedics recruited annually.	The Chief Health Professions Officer has highlighted the importance of the Paramedic profession in relation to the QIPP agenda and suggested a potential enhanced role. Workforce demand will need to be understood in light of any service developments. The impact of the outcomes from the NW Paramedic Programme Review and the Paramedic Evidence-based Education Project will need to be considered.
Physiotherapy	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan)	Reduced demand from service provider workforce plans. Workforce supply forecast marginally exceeds workforce demand. Moderately increasing numbers of new qualifiers on talent pool. Workforce has relatively young age profile. Evidence of reduced Band 7 and 8 posts in service coupled with evidence of increasing proportions of new qualifiers gaining short-term or temporary contracts. Reduction in availability of international workforce predicted to impact on UK workforce supply.	Current oversupply position needs to be monitored to ensure commissioning does not result in further over supply. Need to consider potential service demands, particularly in respect of focus on rehabilitation, reablement, self care and independent living.

Podiatry	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan)	Reduced demand from service provider workforce plans, however limited evidence of changing demand from private sector. Small increase in numbers of new qualifiers on talent pool.	Need to consider impact of growing numbers of diabetes patients, long term conditions management and aging population. Further evidence of workforce demand for the private sector is required.
Prosthetics and Orthotics	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan)	In line with the projected service developments and the increased demand from the military veterans, there is a need to maintain newly qualified supply. National workforce data is poor and incomplete, however there is evidence of increasing proportion of females which results in lower participation rates, plus there is evidence of aging workforce profiles.	Outcomes from Prosthetics & Orthotics Workforce & Education project will need to be considered, particularly opportunities for different skill mix in the workforce and enabling the right education for a small, complex workforce. Engagement with national agenda for specialist commissioning of services is critical to ensure that workforce is appropriately considered in service commissioning and service contracts.
Radiography (Diagnostic & Therapeutic)	a) Diagnostic Radiography Maintain commissioning levels for the period 2013/14 to 2015/16. This can only be delivered if there is robust assurance from service providers that there is sufficient practice placement capacity. (unchanged from 2012-13 commissioning plan)	Demands of the growing population coupled with the enhanced services for ante-natal screening and other screening programmes indicate demand for Diagnostic Radiography services is likely to increase. Sonography workforce is sourced primarily from qualified Diagnostic Radiographers, this is an area where there are shortages. Currently no direct entry	Projected increased demand in services may have impact on practice placement capacity, therefore continued focus required to ensure capacity is not reduced. Need to continue to work on understanding attrition from pre-registration training and how retention can be further enhanced. The LETB may wish to consider potential for a different model of education for future

	b) Therapeutic Radiography Maintain commissioning levels for the period 2013/14 to 2015/16. This can only be delivered if there is robust assurance from service providers that there is sufficient practice placement capacity. (unchanged from 2012-13 commissioning plan)	education route for sonography training. Demands of increasing and aging population. Implications of development of proton therapy facilities. Vacancy routes of up to 5% nationally. Impact of non-UK recruitment.	sonographer workforce supply. Projected increased demand in services may have impact on practice placement capacity, therefore continued focus required to ensure capacity is not reduced. Need to continue to work on understanding attrition from pre-registration training and how retention can be further enhanced. Further exploration of skill mix opportunities may be required to enable the required workforce growth.
Speech & Language Therapy	Maintain commissioning levels for the period 2013/14 to 2015/16 (unchanged from 2012-13 commissioning plan)	The workforce picture for this profession is complex with polarised issues impacting. At one end of the scale there is evidence of increased demand for services due to aging population, rise in dementia and increasing numbers of children with complex speech, language and communication needs. However, at the other end of the scale there is projected increase in workforce supply of 36% with no evidence of a retirement bulge.	There is evidence of impact on SLT services due to increased referrals as a result of Health Visitor workforce growth. In addition, changes to social and intermediate care is having an impact in terms of demand for SLT staff time to support staff training. There is also pressure to move to 7 day working patterns, and this poses particular challenges with a small, geographically spread workforce. Further evidence is required to inform commissions into the future.

Healthcare Scientists and Small Professions			
Dental Professions	The level of commissioning will remain at the same level as planned for Dental Therapists as at 2012-13.	A recent review of the Dental Therapist workforce in the North West showed it to have the highest number of Therapists for the population in England. There was no evidence that the current level of commissioning needed to increase to maintain the existing level of workforce	NHS North West is carrying out a review of demand for Dental Therapists who are currently trained at two centres in the Region. The aim of the review will be determine medium to long term demand, access to newly qualified Therapists across the Region and value for money. It is anticipated that this review will completed in March 2013.
Clinical Psychology	Training numbers are small and while attrition remains low employment of new graduates remains strong. As a consequence levels of commissioning will remain unchanged.	Clinical Psychologists remain central to the delivery of interventions for complex needs across a range of services and to provide consultancy and leadership for integrated psychological services.	There have increasingly been providing leadership for evolving IAPT services and supporting more complex cases identified through the stepped care model and wider integrated psychological services. The demand for other Applied Psychologists including in Health and Counselling is unclear and may need to be considered by the LETB
Healthcare Science	Specialist Training Programme (STP) numbers have been identified through provider expressions of interest and have scope to rise to meet demand from new specialisms and providers, notably in the Physiological Sciences.	There has been considerable progress in developing and delivering programmes through MSC and there are actual or proposed programmes available in the NW or through the lead commissioning arrangements. Investment in MSC programmes	Future commissioning will need to take into account the expansion of Modernising Scientific Careers, including: • Additional STP Pathways • New HSST training programmes • HCS

	LETBs do not directly commission Practitioner Training Programmes which are not MPET funded but are expected to provide placement support. The commissioning plans consider output from the new PTP programmes while assuring supply through top-up and conversion programmes on existing programmes. Higher Scientist Specialist Training (HSST) posts will remain unchanged Access to the Foundation Degree will also be maintained and final numbers will be based on expressions of interest from providers	is based on the current level and the move to PTP programmes enable increased investment in STP in response to provider demand.	• The impact of service change and in particular pathology modernisation • Access to diagnostics, especially in primary care • Genomics and technological innovation • Development of Proton Therapy Salary support costs have been set relatively high for this group nationally with additional support costs included, so may have to commission less numbers than anticipated to remain within previous funding envelope. Re-costing of change to MSC being done nationally.
IAPT	Training numbers for 2013/45 are based on a 'Talking therapies: A four-year plan of action'. This identified the need for the NHS to complete the roll-out of IAPT services so that by 2014/15 services should meet 15% prevalence for adults that requires it. Projected demand for PWPs is anticipated to be higher than for High Intensity Workers as PWPs progress to more senior roles and	Additional trainees are being trained to support specific service developments, these include: • Deaf Access • Military Veterans Services • Oncology • Collaborative Care/Long Term Conditions • Older Peoples Services The North West will also host one the three IAPT CAMHS Pilots which will provide training	To this end the LETB will work with PCTs, service providers and universities to explore options for training beyond 2013/14. Training numbers for 2011/12 to 2013/14 are determined by the Four Year Action Plan but beyond that it is anticipated that numbers will reduce to meet turnover and reduced levels of expansion. It is planned to retain training centres in each NLG area

	training in High Intensity Therapies. The numbers of trainees per WEG area will vary year on year depending on the pace of development of IAPT services locally but education provision is available within each WEG area for both training routes	predominantly for the region but will provide access to services across the North of England and Midlands. The final element to developing IAPT services is the provision of non-CBT training in line with NICE Guidance. The training is targetted through qulaified High Intensity Workers and is delievered through a number of National training providers. Long term trainining demand will be determined on an annual basis with IAPT services depending on need.	
Operating Department Practitioners	Following analysis of all available intelligence, it is proposed to make reductions to Operating Department Practitioners of 3% in 2012-13 and an additional 2% in 2013-14 and 2014-15. This represents a cumulative reduction of 6.1% in total over the three year period.	CfWI has identified that the number of practising Operating Department Practitioners (ODPs) is broadly equal to service demand. In addition CfWI has reported that ODPs are due to take over some of the operating theatre responsibilities currently held by midwives. This is likely to have an impact in respect of demand for ODP workforce. CfWI indicates that the UK is a supplier of ODP workforce to overseas countries, primarily United States of America and	As agreed with relevant stakeholders, it is recommended to continue towards full implementation of the shift from diploma to degree during 2012-13. The LETB will work with HEIs and placement providers to implement strategies to reduce attrition.

		Australia. This suggests that there needs to be continued consideration of recruitment and retention strategies and career development issues by service providers. Finally, the attrition rate is significantly above the 13% or less target, therefore this continues to be an area where opportunities for improvement will be considered and discussed with the higher education providers.	
Pharmacists	There was an increase in pre-registration pharmacists in 2008/09 following reductions in 2006/07 made in response to the financial pressures caused by Agenda for Change on trainee salaries. Despite this increase there has been evidence of low levels of conversion to NHS posts from newly qualified pharmacists to the private sector on qualification, this may affect up to 50% of trainees. NW Trust Chief Pharmacists have implemented a range of initiatives that are being employed to retain registrants including flexible working arrangements, split posts, flexible arrangements for further education, pay band inflation, etc.	There has been improved retention of newly registered pharmacist. Training places are commissioned across all LETB subject to expressions of interest for trainees made by individual providers according to need. areas but this varies each year depending on demand. MPET funds tuition costs and salary contributions. Pre-registration Pharmacy training is delivered in partnership with The University of Manchester.	There will a continuing need to work with pharmacy leads and LETBs on recruitment and retention of newly registered pharmacists within the NHS. In addition providers will need to consider the implications of Modernising Pharmacy Careers on future supply and impact on placement capacity and capability. There is a need to develop stronger links with Community Pharmacists to understand their workforce needs and impact on NHS provision and workforce supply. The Pharmacy Workforce Networks is taking this forward.

	As a result of these actions, in 2009, 72% remained in the NHS after qualifying. The SHA will need to review these plans depending on the outcome of Modernising Pharmacy Careers and its' potential impact on pre-registration training.		
Pharmacy Technicians	The commissions for Pharmacy Technicians increased in 2006/07 and at this stage it is intended that this level will remain unchanged.	No evidence for additional demand has been identified and supply matches demand based on local workforce plans	As a newly regulated profession LETBs may need to consider how this group access CPD to help maintain registration.
Others			
Associate Practitioners	To commission numbers based on organisational demand identified through workforce plans and assured through the role submission process	Role is still in development	DH MSC team currently developing national approach to level 1-4 roles and training within HCS which may affect future cohorts. NW HSC Foundation degree review due March 2013.
Assistant Practitioners	To commission numbers based on organisational demand identified through workforce plans and assured through the role submission process	There are still significant areas for development of the role across the North West.	Work to support part of the Workforce Modernisation hub business plan.
Advanced Practitioners	To commission numbers based on organisational demand identified through workforce plans and assured role submission process	There are still significant areas for development of the role particularly in areas of medical shortage.	Work to support part of the Workforce Modernisation hub business plan. Work with Deanery required to identify areas of medical shortage.
Bands 1-4	Maintain investment levels in 2013/14 to support Apprenticeships, wider vocational learning including pre-	There is a continued need to develop the Band 1-4 workforce investing in both exisiting and new employees, with particular focus	Investment will need to take account of a number of emerging challenges including: • Introduction of

	employment and employment progression	on the Level 2 baseline (Leitch) and regional unemployment.	Apprenticeship Loans for those staff aged 24 and over from Sept 2013 • Bridging the gap between vocational learning anf academic entry • Balancing investment across existing staff and youth unemployment initiatives • Changes to HEFCE funding for Assistant Practitioners
Placements- Introduction Section	NHS North West's Strategic Clinical Placement Strategy continues to monitor and manage placement capacity through the NW Placement Development Network and drive improvement in quality of placement education and training through the annual monitoring of Practice Education Facilitator Outcomes.	Overall growth in placement capacity in 2011/12 equates to 463, with development totalling 202 placements in the NHS and 261 placements in the non NHS; the impact of this growth is offset against a loss in capacity of 144 placements in the NHS alone. Priority professions include Physiotherapy and Orthoptics, as well as pre registration nursing across all fields of practice. This is mainly due to the transfer of services from acute to community as well as the impact of national initiatives eg. Health Visiting, and Modernising Scientific Careers, where new types of learning opportunities have been identified in practice to manage capacity, and new placement models	NHS North West will remain accountable for education and training until April 2013 and will then work with the newly established Local Education and Training Board (LETB) who will be accountable to Health Education England (HEE) for delivery against the Education Outcomes Framework which will define measurable outcomes for workforce development as well as quality outcomes for education and training. Monitoring of the implementation of the Education Outcomes Framework will be achieved through the three locality based Local Workforce Education Groups who will be responsible for building on existing models for education management moving

		implemented aligned with service changes to improve quality eg. Care pathway approaches to placement development.	forward.
Placement- Mentorship	Multi-professional support for learning and assessment in practice (MSLAP) modules to increase by 10% from 2012/13 commissions	2012/13 is the second year of monitoring the outcomes of Practice Education Facilitation where Placement Providers are required to evidence that mentorship capacity is tangibly increased in priority areas eg placement, professions, providers, sub regions, workforce priorities. In addition to this uptake and activity relating to 'MSLAP' is now monitored via CPD apply. Evidence from PEF monitoring indicates: - Aging Mentor workforce with an estimated 16% of Mentors/ Placement Educators over age 55 years - Placement growth in 'non NHS' organisations to increase breadth of student experience across patient care pathways and for all professions - Need to improve mentor/ student ratios, including mentors/ placement educator developments in the 'right place'	The NW LETB considers the presentation of evidence in line with emerging HEE requirements with specific focus on the following: - supply of mentors/ placement educators to deliver 'safe supervision' - Consistent processes to measure student/ mentor/ patient satisfaction with levels of 'supervision' Support the continued development of the Core Skills Framework

		- Need to increase the supply of Practice Teachers to deliver increased number of Health Visitor, and School Nurse commissions.	
Quality Assurance	This is the third year of implementation of the Department of Health's (2009) 'Education Commissioning for Quality Framework' in the North West to monitor the quality and continuous improvement of all education activity. The process is similar to the GMC approach for post graduate medicine. The ECQ framework is embedded within the overarching NHS Education Outcomes Framework (DH 2012). This includes the requirement for all Education Providers to ensure that learning supports the principles and values of the NHS as set out in the NHS Constitution (DH, 2012) including the assessment of 'Board Level Engagement' and 'Safe Supervision'. The priority for monitoring the quality of education in practice in 2012/13 through a review of Practice Education Facilitation Outcomes has been to establish	All NW Universities have met the required ECQ quality standards for 2012/ 13; specific areas of good practice include : - employer engagement and satisfaction with commissioned programmes - stable rates of graduate employment from health programmes to regional posts - improvement to the student experience	The priorities recommended to the Local Workforce and Education Groups/ NW LETB for 2013/14 are as follows: - to ensure the evidence collected via all quality monitoring activities is presented in line with emerging HEE requirements and the NHS Education Outcomes Framework - To consider ways of using MPET in 2013 to provide increased educational quality leverage against metrics. - To share best practice across all stakeholders via regional networks, further built upon with the use of other means eg. eWIN.

	baselines for placement quality against which improvement measures can be set to benchmark and monitor trends, eg. Reduction in placement related student complaints, increased recruitment of students to first posts, improvements to student to mentor/ placement educator ratios etc.		
CPD	Carryover of CPD investment levels for both provider cash allocations and HEI contracts	Ongoing support of the professional and personal development of professionally registered staff delivering NHS care	Fully implement the transformational elements of the CPD Strategy including; • Determine access formula for community practitioners and non-NHS Providers of NHS care • Introduce the Learning Needs Analysis (LNA) toolkit, enabling a comprehensive and consistent approach to workforce learning and development plans and education strategies • Determine process through the LDA to ensure alignment of Mentorship provision with service need
LDA	Learning and Development Agreements in 2012/13 have been further developed to reflect the organisational changes that		In 2013/14 financial year LDAs with placement providers will be transferred to the Local Education and Training Board (LETB)

	have taken place across the North West ensuring that the anticipated implementation of tariffs for undergraduate students in medical placements in secondary care (SIFT) and all non-medical placements (NMET) are accurate.		through appropriate governance arrangements. Health Education England is currently undertaking work to revise the LDA framework to reflect the new system architecture and ensure congruence with current policy. The NW LETB will renegotiate contracts based on the revised LDA framework over a period of three years.

Appendix 2

Consultation Responses

There were a total of 15 responses to the 2nd stage of the consultation, overall for the two stages a total of 27 responses were received. It should be noted that all NHS organisations were able to contribute to the development of the draft plan through the integrated workforce planning process and that the majority of respondents replied on behalf of organisations or professional networks.

The breakdown of responses to each stage of the consultation is outlined below. Where appropriate the strategy has been amended to reflect

Stage 1

The review and analysis of responses to this stage has been completed and the summary for the key messages received as part of the first stage of the consultation is outlined below:

- Respondents felt the priorities set out in the 2012/13 Commissioning Plan were still applicable and needed to be taken forward to 2013/14.
- There was very strong support and commitment to the apprenticeship programme and that future demand would remain high. More generally the needs to develop staff and bands 1-4 was felt to be a priority.
- There was a need to ensure that education and learning supported high quality, safe and effective care including new ways of working.
- How education and training can support providers in meeting QIPP and financial challenges
- The importance of students and existing staff delivering evidence based care and research capability as well as innovation and technology adoption; Strengthening the links between research & innovation and education commissioning
- Narrowing any gap between academic and clinical education
- Recognition of need to meet the learning requirements of new service providers and social care especially in support of integrated care including non-NHS providers of NHS commissioned services.
- Evidence on determining return on investment for learning and development
- Developing technology enhanced learning
- Greater integration and multi-professional approaches, in particular to support effective team working
- Impact of organisation change/transformation including the impact of changes resulting from any qualified provider
- There was support for the development and introduction of the Core skills framework and skills passport
- Consideration of greater flexibility of CPD resources including:
  - To consider the movement of a greater proportion of funding from University provision to the cash allocations
  - Greater emphasis of clinical skills and competencies and alignment to care pathways
  - Concern that access to specialist CPD was maintained
  - Ongoing demand for degree conversion/top-up in nursing
  - Ability to use contracts for bespoke CPD activity
  - Strengthening the quality assurance of CPD provision
  - Cervical Screening Training including meeting within the lesbian & bisexual women's community

An associated group of meetings were held with CPD and HEIs to identify key CPD priorities for 2013/14. This will be reported separately but the areas identified as core were:

- Multi-professional support for learning and assessment in practice
- Clinical Leadership
- Non-medical Prescribing
- Clinical Examination

There were a number of specific local issues raised which are reflected in the local sections of the plan.

Stage 2

The second stage of the consultation will cover a wider constituency identified in the LETB Workforce & Education Advisory Structures including the sub-regional stakeholder forums, networks and advisory groups. In addition the plan is published on the eWIN to enable the wider workforce and public respond to the plan. The aim of the second stage consultation is to:

- Test the assumptions made in the draft plan
- Recommend any changes or additions
- Agree the final plan for authorisation by HEE

Specifically stakeholders are invited to respond to the following questions:

1. Has the Workforce Development and Education Commissioning Strategy identified the appropriate strategic context?
2. Are there other key factors that need to be considered?
3. Is the proposed supply strategy and associated commissioning intentions appropriate to deliver the required workforce? If not, how do they need to change?
4. Does the plan reflect the need to support service transformation and organisational changes, encouraging innovation in workforce development, the impact of the Quality, Innovation, Productivity and Prevention agenda and changes in service delivery? If not, what needs to change?
5. Does the plan reflect the whole workforce and address the requirements for multi-professional working in the service environments? If not, what needs to change?
6. Have you any other comments or suggestions you would like to provide?

Overall the respondents were supportive of the key priorities identified in the plan and commissioning assumptions made, the consultation questions are included in the appendix. The key messages from the consultation responses were:

Meeting service priorities

- Assuring that commissioning plans can respond to any implications for the Francis Report
- Clinical Leadership Framework for wider workforce
- How education and training can support QIPP
- Greater emphasis on the development and implementation of new roles
- The impact of long term care service and support for older people
- Need to ensure needs of smaller services are met, ie, Sexual Health Services, School Nursing, sick child and children's community services

Innovation

- Training associated with Genomics and the associated technology
- Preparation for implementing Modernising Pharmacy Careers

- Promotion of innovation both in education and service including links to AHSNs
- Engagement with R&D workforce and clinical research nurses and support for their training needs

Education Delivery

- Support and commitment to the apprenticeship programme and support for the development of Bands 1-4 more generally with a single framework
- Development of outcome measures especially in relation to the LDA
- Delivery more inter-professional learning
- Impact of increased part time working on supply
- Increased flexibility of the way the CPD contract is accessed and consideration of move from contracted activity to cash allocations

Organisation change

- Closer integration with primary care and community pharmacy in particular including their role in public health
- Ensuring more robust data and to strengthen links on the public health workforce especially with integration with Local Authorities, and social care and Education Authorities
- Impact on AQP on determining workforce demand and impact on supply

Other

- Integration of IAPT across whole pathways of psychological care and developing further roles especially at assistant and support level
- The need for the workforce to reflect the local population and ethnicity in particular
- The role of the LETB to support non-clinical staff
- Tension between meeting statutory and mandatory training and wider professional and personal development

Appendix 3

Equality Impact Assessment

The Equality Impact Assessment will be published alongside this plan but is based on the assessment undertaken for the North West Workforce, Education Commissioning and Education and Learning Strategy. NHS North West has continued to implement its EIA Action Plan and in particular has undertaken the following actions:

- Published recording and collation of the experiences of staff from equality target groups which will form the basis of a marketing package to support recruitment of students and staff from these groups.
- Completed a review of Widening Access Project and whether this is impacting on recruitment into professional roles for under-represented groups. Proposal that funding should be aligned to local initiatives to support the development of staff from equality targets groups
- Expand the apprenticeship programme to support young people into the NHS
- Provide regular monitoring of the diversity of student profiles through the contract data base and published through the Annual Report.
- Including questions on equality and diversity into the student focus group meetings as part of the contract annual reviews. This includes questions relating to equality and diversity in training programmes and to support for students from equality target groups.