BHR Academy AHP Priorities – Workforce Interviews Report

Care City

BHR Health and Care Academy
The Grow Our Own way to stronger communities

BHR Academy AHP priorities: Workforce Interviews Report

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1 Introduction

The BHR Academy dashboard brings together workforce data from across health (acute, community, mental health and primary care) and social care organisations across the London Boroughs of Barking & Dagenham, Havering and Redbridge (BHR). This data has highlighted key themes within the Allied Health Professional (AHP) workforce including an increase in full-time equivalent (FTE) AHPs and an increasing vacancy rate. In October 2022, the BHR Academy AHP Task & Finish group reviewed the data and brought their insights and sense making to the quantitative data to develop a series of AHP priorities for the BHR Academy to take forward.

One of these priorities was to gain a more 'on the ground' perspective of the challenges identified through the Dashboard data, what is happening locally to address these and ideas for future approaches. Care City Innovation C.I.C was engaged to conduct a series of interviews with AHP service leads to capture these perspectives, provide qualitative insight to the data and support future workforce developments.

This report details the themes arising from these interviews and provides recommendations for next steps. The quantitative data presented in this report is from the *BHR Health & Care Academy, BHR AHP Workforce Analysis, December 2022 Data Report* (Appendix A).

2 Methodology

A semi-structured interview schedule was developed in collaboration with the BHR Academy (Appendix B). The interview schedule includes an overview of the interviewee's role and service, their experience of the challenges identified in the Dashboard data, other workforce challenges (including challenges unique to their service/profession), what is currently being done to address these, and what could be done to address these issues.

23 AHP service leads were approached for interview from across the BHR Local Authorities, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and North East London NHS Foundation Trust (NELFT). Efforts were also made to engage with AHPs within Primary Care and VCSE settings.

16 service leads participated in interviews, across 14 interviews. These include service leads for adult community services, children's services, physical and mental health acute services, and lead for OTs in Local Authorities. In addition, the manager of a social care organisation who employs an Occupational Therapist and an AHP support worker was unable to commit to a full interview but did provide insights which have informed this report.

The interviews were conducted via Microsoft Teams and the duration was between 45 and 60 minutes for each interview. The interviews were either recorded and transcribed, with permission, or an additional member of the Care City team was present as a note taker. All recordings were subsequently deleted.

The data from the interviews was amalgamated and key themes and sub-themes identified. Where unique challenges to a service or professional group were identified these have been maintained within the sub themes.

3 Findings

Presented here are the key themes and subthemes identified from the interview data.

3.1 Staff Pressure

A significant theme which emerged from the interviews was that of the pressures experienced by AHPs. These pressures can be attributed to staff shortages, high volume waiting lists, and an increasing BHR population and historical staffing levels. These pressures negatively impact staff well-being, potentially leading to higher sickness rates, burnout, decreased job satisfaction, and poor retention. Ultimately, this may adversely affect the quality of care delivered. Interviewees noted that the pressure experienced by individual AHPs was actually whole-system pressures being concentrated upon the individual delivering care.

3.1.1 Caseloads and Waiting Lists

Long waiting lists and large caseloads add to overwhelming pressure upon the Health and Social Care workforce across BHR . These issues not only impact the quality of patient care but also contribute to increased stress on the workforce. In one service, this situation has led to a rise in informal complaints.

Interviewees reported that there is a constant awareness of long waiting lists amongst staff and that this contributes to an ever present pressure and stress:

"There's an awareness that our waiting lists are particularly long and appointments filled weeks in advance, so there is constant awareness of day-to-day pressures on the service."

While there have been sporadic improvements when a service is fully staffed, the departure of even a single staff member has significant consequences. The dedication and hard work put into reducing waiting lists can quickly unravel when team members leave their positions. The sudden loss of staff disrupts the balance achieved and threatens to reverse any progress made. This constant struggle to maintain an adequately staffed workforce is demoralising for the healthcare professionals:

"Waiting lists dropped off, massive improvement when fully staffed. Demoralising when staff leave as waiting lists will go back up."

"Just fighting to get on top of waiting lists, then someone leaves"

In addition to the general pressure of long waiting lists, interviewees also highlighted that there is top down pressure to get through the lists which is experienced as "see everyone and everyone is urgent". Service leads have had to reassure their teams in response to this pressure:

"[staff] Need to hear that they are not expected to see everyone on list as not sensible or reasonable,"

With regard to case loads there is significant stress experienced due to high caseloads and the inability to meet the increasing demand. Interviewees reported caseloads of 100-200 patients against Royal College recommendations (since withdrawn) of 40-50 patients per AHP. In children and young people's services, physiotherapy and speech and language therapy have been particularly affected by caseload growth. Similarly, adult services, such as speech and language therapy and podiatry, face significant challenges with growing caseloads. This is primarily due to individuals with complex health needs remaining on these caseloads for life. As a result, speech and language therapists and podiatrists are confronted with ever-increasing workloads as they strive to provide ongoing support and intervention to a growing number of patients.

Interviewees reported that the ever-present pressure of waiting lists and caseloads has also led to staff prioritising reducing waiting lists over their own well-being:

"Staff would rather get waiting lists down than look after themselves."

This deep commitment to providing timely care underscores the urgency and gravity of the situation which could also be in conflict with that team's wellbeing.

Service/profession specific issues were also reported. The high-pressure environment within acute mental health settings exacerbates the challenges faced by OTs. The shortage of beds and the pressure to discharge patients quickly can have a negative impact on staff morale. There is a need for more resources, such as additional beds, to allow patients to stay in the ward for a longer period, giving them the opportunity to recover further and enabling OTs to work with them in a more meaningful way:

"I still think that our major workforce issue is related to the fact that people feel too much pressure on the wards. More beds would be beneficial, as it would allow patients to stay a bit longer and improve their well-being before discharge. Staff morale is also affected when we only see patients at their worst and they are immediately transferred to home treatment teams as soon as they show slight improvement."

3.1.2 Stress and absence

"Well being of staff is important to keep them on the shop floor"

Interviewees provided varying accounts of whether staff sickness rates were currently a significant issue. Some interviewees observed an increase in sickness rates surpassing the targets set by their organisation. This surge is believed to be a relatively recent phenomenon, with rates of sickness being lower before the COVID-19 pandemic. Other interviewees did not perceive sickness as a significant issue and reported that sickness rates are not being experienced as substantially different from the period before the pandemic. Stress-related illnesses, headaches, colds, flu, and general fatigue were the main reported illnesses.

The data on sickness rates among different professions shows that podiatrists have the highest sickness rate at 8%, while Radiographers, Physiotherapists, and Occupational Therapists have a sickness rate of 4%. However, the experience of sickness rates is not necessarily reflective of this data. For instance, certain service leads mentioned that they do not experience sickness at the levels indicated by the overall data, and attribute this to providing additional breaks to staff which allows them to rest and recover during their shifts, thereby minimising the risk of burnout and illness. Within radiotherapy the specific issue of repetitive strain injury (RSI) was mentioned which necessitated these additional breaks.

The rise in pressure and workload was reported as the main reason for more staff members taking sick leave due to stress by most interviewees. They also reported that the strain faced by teams due to staffing shortages leaves little room for adjustments when someone goes off sick:

"No flexibility when someone goes off because of staffing, we are pared to the bone"

"More pressure, more staff off sick with stress. More patients on lists, staff can't cope."

3.1.3 Staffing based on historical Levels and service mission creep

This theme explores the difficulties associated with unchanged staffing levels that have persisted across organisations over the past decade. Despite the evolving health and care landscape and increased demand for specialised services, the number of staff has failed to keep pace with these changes.

Long-standing service leads expressed concerns about the consistent staffing levels within their services over the past ten years as the population of their geography expands and people live longer and with more complex needs which require additional, and more extended, AHP input. This places additional pressure on the workforce's caseloads and further strains on waiting lists:

“The lack of growth in staffing numbers directly impacts service delivery within our organisation. As the population continues to expand and people live longer, the demand for specialised services has increased. However, the unchanging staffing levels have hindered our ability to meet this demand.”

"Some patients remain on our caseloads for life, whereas the acute therapy team has a smaller caseload, seeing patients over just a short period of hospitalisation, yet has 23 qualified SLTs."

"In comparison to neighbouring boroughs, our staffing levels are insufficient. Despite the expanding population, staffing numbers have remained relatively unchanged for years. We only receive short-term funding when the situation becomes critical."

"To effectively manage the service, we require a realistic increase in staff as the population grows.”

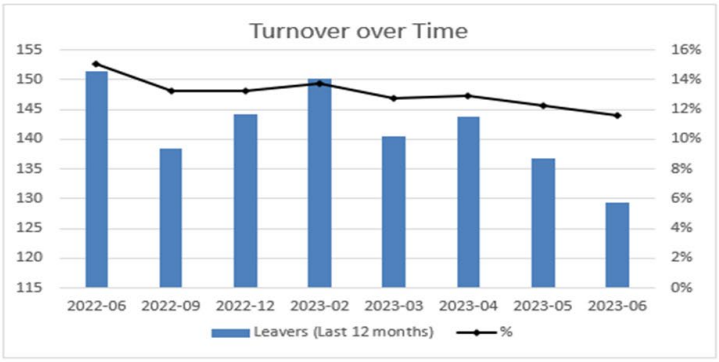
Some interviewees also mentioned that over the last couple of years their service has had to take on additional tasks and responsibilities which has both increased workload and made the service “bitty” and confusing for staff. This ‘mission creep’ of services has not been supported with additional staffing and has therefore increased the staff experience of pressure.

3.2 Recruitment and Retention Challenges

The interviews identified that experiences of recruitment and retention vary by different role bandings, professions and settings, but all interviewees reported issues with recruitment and retention. It is clear that the recruitment landscape has evolved over the years, presenting new challenges and complexities for recruiters. Figure 1 shows AHP turnover rates across BHR from June 2022 to June 2023: rates have fallen from an above-national-average[1] peak in Q3 of 22/23, to rates roughly approximate to the all-staff national average in June 2023[2].

Figure 1

Period	Leavers (Last 12 months)	%
2022-06	151	15.04%
2022-09	138	13.26%
2022-12	144	13.25%
2023-02	150	13.70%
2023-03	141	12.75%
2023-04	144	12.89%
2023-05	137	12.27%
2023-06	129	11.58%



The experience of Band 5 recruitment varies significantly by profession but it was notable from the majority of interviewees that Band 5 recruitment is no longer as straightforward or reliable as it once was. The traditional "conveyor belt" of students entering Band 5 roles has seemingly diminished, leading to a shortage of qualified candidates. Vacancies in Band 6 positions have also proven to be a persistent challenge. Vacancies may remain open for extended periods, resulting in a significant gap in the required staffing complement. Even when candidates are shortlisted from external sources, they frequently lack the necessary readiness and commitment, often withdrawing their applications due to the multitude of choices available to them. Band 7 and senior retention tends to be good but there are fewer positions available at these levels, particularly for staff who want to maintain a clinical focus.

There is also the challenge of cross sector discrepancies in pay and progression with Local Authority roles being likely to have higher pay for newly qualified staff

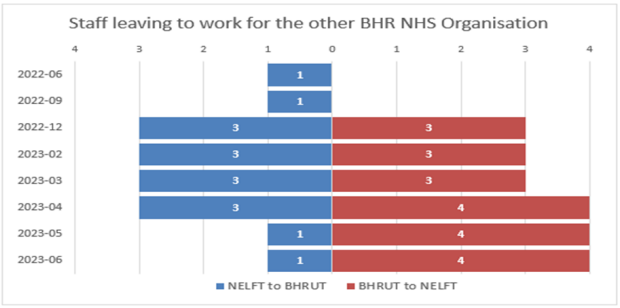
[1] https://www.health.org.uk/news-and-comment/charts-and-infographics/retaining-nhs-nurses-what-do-trends-in-staff-turnover-tell-us#:~:text=Overall%2C%20the%20staff%20leaver%20rate,from%209%25%20to%2011.5%25.
[2] https://researchbriefings.files.parliament.uk/documents/CBP-9731/CBP-9731.pdf

but then less opportunity for advancement compared to NHS colleagues whose pay will increase with experience.

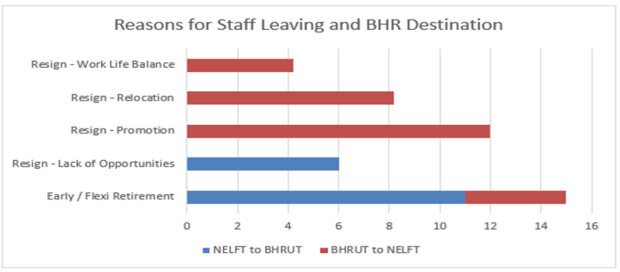
Some of the key drivers to recruitment and retention are highlighted by the Dashboard data when reasons for leaving one BHR trust for another are explored. Figure 2 compares the numbers and reasons of AHP staff leaving NELFT for BHRUT and vice-versa: the primary reasons being the opportunity for promotion and early/flexi retirement.

Figure 2

Period	NELFT to BHRUT	BHRUT to NELFT
2022-06	1	0
2022-09	1	0
2022-12	3	3
2023-02	3	3
2023-03	3	3
2023-04	3	4
2023-05	1	4
2023-06	1	4



Reason	NELFT to BHRUT	BHRUT to NELFT
Early / Flexi Retirement	11	4
Resign - Lack of Opportunities	6	0
Resign - Promotion	0	12
Resign - Relocation	0	8
Resign - Work Life Balance	0	4



3.2.1 Competition from Inner London Trusts

All interviewees reported that a huge challenge to retention and recruitment was the movement of healthcare professionals from the BHR area to inner London trusts, which can be attributed to several factors. One prominent reason is the disparity in wages compared to inner London Boroughs and how close BHR is situated to these other boroughs :

"We are on the borders of London and people only have to go a few steps in and they are paid significantly more with Inner London Weighting and things like that"

"The borough sits on the outskirts of London, so close to Barts where people want to work more and get inner London weighting"

"Also we don't have London waiting so we're a less attractive place"

Certain trusts outside BHR also offer Recruitment and Retention Premiums (RRP) and upgraded banding to attract staff, while BHR lacks such incentives, making it a less attractive place for healthcare professionals.

The disparity in banding also affects the attractiveness of the BHR area. Radiographers in other areas may be paid at a Band 8a level, while in the BHR area, they may only reach Band 7.

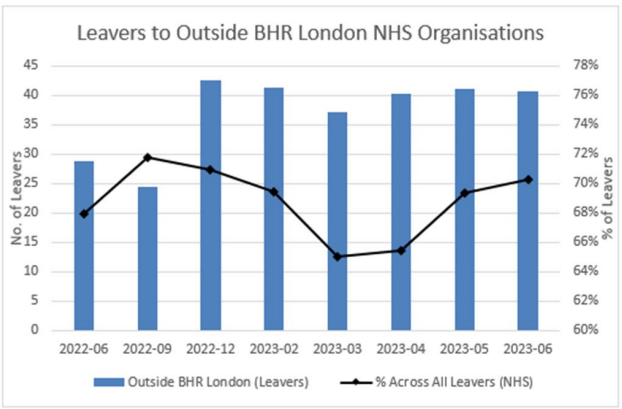
"We're not in line with national competition, other trusts are offering RRP and upgraded banding to attract staff."

This discrepancy in career progression and remuneration further contributes to the migration of healthcare professionals seeking better opportunities elsewhere. Figure 3 supports the reports from interviewees: the Dashboard data shows that of those leaving roles within BHR, high rates are doing so for roles in other NHS organisations across London.

Figure 3

Period	Outside BHR London (Leavers)	% Across All Leavers (NHS)
2022-06	29	68%
2022-09	24	72%
2022-12	43	71%
2023-02	41	69%
2023-03	37	65%
2023-04	40	65%
2023-05	41	69%
2023-06	41	70%

*includes all NHS Organisations such as ICBs and non Trusts



3.2.2 The need for better PR for recruitment

The perception and public relations (PR) surrounding community based AHP roles have emerged as a significant concern. It has been observed that new job applicants often prefer hospital positions over community roles due to the belief that hospitals offer more varied and valued experiences. Recruitment advertisements have failed to effectively convey the breadth and depth of opportunities available in the community.

By improving the PR surrounding community healthcare positions, the organisation can attract a wider pool of applicants and create a more balanced workforce. This, in turn, will ensure that teams dedicated to community health and social care receive the recognition and support they deserve. Ultimately, effective PR will help bridge the gap between the perceptions and reality of community healthcare, leading to a stronger and more diverse health and social care workforce.

The BHR Academy Dashboard can support the targeting of PR to ensure a more balanced workforce through provision of demographic data concerning AHP professions across BHR: for example, that Radiographers, Occupational Therapists, Podiatrists and Art/Music/Drama Therapists have the oldest workforce and Speech & Language Therapists, Physiotherapists and Dieticians have the youngest workforce.

3.2.3 HR Processes

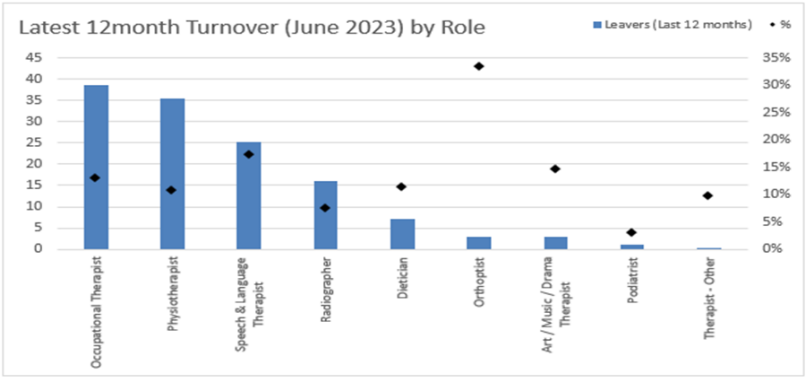
Interviewees identified "slow and laborious" HR processes as an additional challenge to recruitment within a landscape which is already lacking in qualified AHPs. This was particularly noted in relation to agency staff, as they opt for opportunities with less bureaucratic red tape.

3.2.4 Unique service challenges

The challenges of recruitment and retention are not consistent in either scale or key drivers across AHP professions in BHR. Figure 4, derived from Dashboard data, demonstrates the high variability in lever rates between professions from June 2022 to June 2023.

Figure 4

Role Type	Leavers (Last 12 months)	%
Occupational Therapist	38.6	13.01%
Physiotherapist	35.4	10.67%
Speech & Language Therapist	25.2	17.16%
Radiographer	16.0	7.55%
Dietician	7.1	11.25%
Orthoptist	3.0	33.31%
Art / Music / Drama Therapist	2.9	14.58%
Podiatrist	1.1	3.00%
Therapist - Other	0.2	9.66%



Specific challenges faced by adult speech and language therapists (SLTs) include difficulties in recruiting for specialist services and the high prevalence of swallowing disorders in their caseloads. In fact, approximately 80% of the caseload for adult SLTs consists of individuals with swallowing disorders. This poses a unique challenge as newly qualified therapists often lack the necessary skills and expertise to effectively address these complex swallowing issues. To bridge this gap, it typically requires an investment of approximately 120 hours of training to reach a basic level of competency in managing swallowing disorders.

These challenges highlight the need for targeted recruitment strategies to attract SLTs with specialised skills in adult services. Additionally, ongoing professional development and training opportunities should be provided to enhance the competency of newly qualified therapists in managing swallowing disorders. By addressing these challenges, organisations can ensure that adult SLTs have the necessary expertise to provide effective and comprehensive care to individuals with communication and swallowing difficulties.

The recruitment landscape within the children's services sector, specifically in speech and language therapy, was reported as a source of frustration and uncertainty. Organisations are facing difficulties due to a dwindling number of applicants, a scarcity of qualified professionals, and the complexities associated with international hiring. These challenges have significantly impacted the ability to fill crucial positions, leaving the service leads in a constant struggle to find a solution that can revitalise the recruitment process and secure a competent and committed workforce. In addition to speech and language therapy, the nutrition and dietetics team also faces significant challenges in recruiting staff who can work effectively within the children's services. This is primarily due to the specialised nature of the skill set required, which necessitates additional training. Consequently, the team is finding it challenging to attract individuals with the necessary expertise to fill the available positions within their designated bands.

Interviewees reported that the national shortage of OTs is having a significant impact at the local level within BHR, across all sectors, with one setting experiencing a vacancy rate of 52%. OT shortage is partly attributed to the changing scope of the role and additional pressures:

"Working in acute settings, we have witnessed our roles evolve into being more involved as assessors in the discharge process, assuming tasks that were previously performed by social workers. This transition has altered our focus and extended our scope beyond traditional occupational therapy duties."

"While there is a push to discharge patients quickly for various reasons, it is vital to recognise the importance of allocating time for setting real, meaningful goals with patients"

Podiatry, like Speech and Language Therapy, encounters a challenge of training new Band 5 professionals. Consequently, they experience a four-month period during which they cannot have a full caseload.

3.2.5 International Recruitment

Both NHS Trusts in BHR are striving to recruit overseas candidates and have been successful with appointing Occupational Therapists. The reliance on international sources to produce Occupational Therapists is an acknowledgment of the struggles faced in nurturing a local workforce.

Recognition of the value that international recruits bring to the organisations is reflected in the efforts to attract and retain them. As one lead emphasised, "*If you recruit internationally, they will probably be highly qualified*". This highlights the commitment of the area to leverage the expertise and skills that international recruits offer.

Interviewees stressed that much work is needed to ensure a smooth transition for international recruits and support their retention, and various strategies should be considered. One effective approach is incorporating international recruits into preceptorship programs, which are typically designed for newly qualified staff. This enables them to acclimate to their roles and navigate the transition period to the NHS successfully:

"Allow international recruits to go into preceptorship programs, usually for newly qualified staff. That's one way round it."

A service lead also mentioned that efforts could be made to establish buddy systems. These systems aim to create a supportive environment and enhance retention by pairing international recruits with experienced staff members. By doing so, a support network facilitates the adjustment of international recruits to the new work environment. The lead further explained, "*There's been a push to find buddies for people, a way to support retention*".

Another significant part of the smooth transition of international recruits into their roles concerns the necessary bureaucratic processes (visas etc.), and dedicated teams/individuals within organisations are vital to ensuring that these processes proceed smoothly and support retention and recruitment.

3.2.6 Agency Staff

Recruiting AHP agency workers has become a common practice to address staffing shortages in Local Authorities and NHS organisations. However, this approach brings its own set of challenges and concerns. Additionally, the agencies themselves are viewed as a source of frustration due to their limited pool of candidates, lack of control over training, and perceived influence on higher remuneration demands.

"Some recruits from the agency have had to be sent away as they were deemed unsuitable."

This highlights the concern surrounding the inconsistent quality of Occupational Therapists (OTs) provided by agencies. Thorough vetting and assessment processes are necessary to ensure the competency of agency recruits.

Several interviewees emphasised the challenges in the agency recruitment process:

"Even for agency workers, they are thin on the ground as well. There are challenges if you get permission to recruit from agencies, to get them on board."

Delays in obtaining CVs and the overall recruitment timeline were also cited as significant issues, hindering prompt filling of vacant positions.

Interviewees raised concerns about the costs associated with agency workers. One lead stated:

> *"Workers can ask for £38 an hour and have only eighteen months experience."*

This disparity in remuneration adds to the financial burden on the system, particularly when agency staff are extensively relied upon.

3.2.7 Ceiling of progression for AHPs wanting to remain clinical

Historically, healthcare professionals faced a ceiling at Band 7, which required transitioning into managerial or operational roles to progress into an 8a role. However, there has been a drive forward nationally to create Advanced Clinical Practitioners' roles which means that practitioners can now develop their skills and knowledge to expand their scope of practice and cater to the diverse needs of the individuals they care for at a higher banding. Within both trusts there are few of these roles and across BHR, the number of Extended Scope Practitioners is far fewer than other Boroughs in the North East London Integrated Care System.

3.2.8 AHPs Embracing Alternative Paths

Interviewees reported a noticeable trend among AHPs to seek alternatives to the high-stress environments they often encounter within their professions. Many individuals have chosen to leave London in search of a better work-life balance, desiring the opportunity to work remotely and minimise face-to-face interactions. This was particularly noted amongst physiotherapists and occupational therapists (OTs). Many physiotherapists have opted to establish private practices, while numerous OTs have steered their careers towards private businesses instead of joining the public sector. The allure of higher salaries and reduced stress levels outside the sector has enticed these professionals away from their traditional paths. Notably, one OT has taken on a new role as a project lead, signalling a shift out of the profession and towards a career in project management, and a podiatry student on an NHS placement was very adamant with the hosting service that she would be going into private practice once she had completed her degree.

This growing movement demonstrates the increasing opportunities available for AHPs outside the conventional health and social care system, prompting individuals to seek alternative paths that better align with their personal and professional goals.

3.3 Workforce Solutions

3.3.1 Apprenticeships

This section explores the perspective of various services within the social care, local authorities, and NHS trust sectors regarding the implementation of apprenticeships as a solution to address workforce challenges. It aims to provide an overview of the opinions and experiences shared by respondents from these organisations, focusing on the benefits, funding concerns, recruitment challenges, and the potential of apprenticeships to bridge the skills gap.

The main apprenticeship programs identified across social care, local authorities, and NHS trust sectors were for occupational therapy and physiotherapy. There are also opportunities for speech and language therapy apprentices and shortly there will be a dietetics apprenticeship available. Podiatry is hoping to support an apprentice in Summer 2024.

Recruitment challenges were identified as a driving factor behind the decision to focus on apprenticeships as an alternative strategy. Organisations face difficulties in recruiting staff for vacant positions, leading them to turn to apprenticeships as a means of filling these gaps.

"We only have 2 vacant posts. And it's been a stable workforce until recently. Have advertised but are not able to recruit. Decided to go for apprenticeships."

Apprenticeships have attracted interest from individuals with diverse backgrounds, including university graduates seeking more vocational pathways and those who previously did not perceive clear career paths in their desired fields. The accessibility and long-term career prospects offered by apprenticeships were viewed as positive factors in attracting a wider range of individuals. Apprenticeships also encourage local people to join the workforce which is a key priority for BHR, ensuring that the workforce represents the community it's serving.

Interviewees consistently expressed positive views regarding the implementation of apprenticeships as a long-term solution to workforce issues:

"I'm a big advocate for apprenticeships and I think that it is the answer to a lot of workforce issues in the longer term."

"It doesn't solve a lot of problems right in the medium to long term, but I do think this is a smart way forward and why I will support it in any way I can."

However, a recurring concern among respondents was the limited availability of funding for apprenticeship positions. Respondents expressed frustration over the lack of funding, particularly in relation to providing support for apprentices in subsequent years. One respondent emphasised,

"Great to have more apprenticeships but no funding. I gave up an OT post so we could backfill."

Respondents highlighted that apprenticeships provide job opportunities for staff who have completed their training. While the organisation may not immediately offer a position, alternative options within the larger network were considered. The interviewees acknowledged the importance of communicating these possibilities to apprentices during the recruitment process.

Mentors were recognised as essential for providing support to apprentices. Respondents stressed the need for clear support systems and expectations for apprentices to ensure their success. One service lead felt that when 'growing our own' apprentices (with existing staff currently in Band 2, 3 or 4 roles), the team knew the individual and so there was more buy-in to support the apprentice to succeed. Various services have supported this 'grow our own' approach by utilising the available budget previously allocated for higher band salaries to backfill the study time.

Recognising the scarcity of suitable candidates, the concept of full-time equivalents has undergone transformation within services. In response to the difficulty in finding Band 6 candidates for a new Advanced Higher Diploma (AHD) pathway, a creative solution has been implemented. The position has been elevated to Band 7 while operating at a reduced working capacity of 0.8 full-time equivalent (FTE), with the aim of attracting more qualified individuals. This strategic adjustment allows for a more competitive offering and opens up opportunities for professionals seeking career advancement within the organisation. By adapting and tailoring the roles to better meet the available talent pool, these services ensure that they can attract and retain qualified personnel to meet the demands of their respective fields.

These findings indicate a positive outlook on the implementation of apprenticeships as a solution to address workforce challenges in social care, local authorities, and NHS trusts. While there is a recognition of the benefits, funding concerns and recruitment challenges remain key areas of focus.

3.3.2 Rotational opportunities

Interviewees agreed on the benefits of rotational roles for newly qualified AHPs and also argued for more rotational roles at higher bandings to support recruitment and retention.

Band 5 AHPs, including physiotherapists, speech and language therapists, and occupational therapists, often start in rotational posts, allowing them to gain diverse experiences. There are also some Band 6 rotational roles within BHR. Rotations vary in duration across different levels. Band 5 AHPs typically undergo rotations lasting around 4 to 6 months for physiotherapists and 6 months for occupational therapists. Band 6 AHPs may have rotations extending up to 8 months for occupational therapists, and physiotherapists may undergo a trial period of 6 months. At the Band 7 level, rotations in specialised areas, such as stroke and neuro, may occur once a year.

In 2020, there was an envisioned expansion of rotational opportunities for AHPs across three settings: NELFT, BHRUT, and primary care in the Musculoskeletal service (MSK). Advancing AHP rotational opportunities for integrated care has the potential to provide a consistent offer across acute and local authority settings. Interviewees expressed the desire to offer rotational roles to AHPs across the entire system, providing them with a valuable and integrated experience. While challenges exist, creating a fluid workforce that can adapt to bottlenecks in care pathways ensures timely and efficient service delivery to patients and clients. The theme of advancing AHP rotational opportunities highlights the significance of career development and workforce management in achieving integrated care.

Implementing rotations presents challenges and operational difficulties. Voluntary rotations, ad hoc arrangements, and budgetary constraints make maintaining rotations across different services challenging. Availability of staff for rotational posts can also be a hindrance in filling other vacant positions. Another challenge is that Band 5 AHPs often complete their rotation and then leave their service for other opportunities and specialisation.

3.3.3 Advanced Clinical Practitioner (ACP) roles

Efforts are underway to expand the workforce through the development of advanced clinical practice pathways and master apprenticeship programs. Many of the Leads see this enhanced role as "growing our own" by ensuring those skilled workers who choose to stay in the clinical world of their professions now have the opportunity to progress.

One dietician is in training and once completed their training will be able to prescribe nutritional supplements, easing the pressure on Doctors. Within the MSK advanced Clinical Practitioners will be able to help reduce the flow of patients referred to consultants. The role of Extended Scope Practitioners within acute trusts , community services and primary care can support the flow both ways: alleviating pressure on GP's in primary care and consultants in hospitals. Business cases for additional ACP roles across BHR are currently being developed.

3.3.4 AHPs working together

To effectively address the historical gaps in mental health services and enhance the recovery agenda, it is crucial to utilise a diverse range of AHPs. Currently, there may be underutilisation of professional groups such as drama therapists, music therapists, art therapists, and speech and language therapists (SaLT) in mental health services. By incorporating these professionals into the framework, their unique therapeutic perspectives can enrich the care and support provided to individuals with mental health conditions:

"bring in other therapeutic groups that we have not utilised before, they won't be doing what an OT does, but they will offer something to those teams from a therapeutic different perspective."

To maximise the effectiveness of these AHPs, it is important to assess how they are currently used and explore opportunities for improvement. Building evidence-based practices and conducting research can help identify the most effective ways to integrate these therapeutic approaches into mental health services. By bringing in additional therapeutic groups that have not been utilised before, services can benefit from diverse perspectives and offer a broader range of therapeutic options to individuals

One area of focus could be on communication challenges linked to trauma and mental illness. Speech and language therapists (SaLT) can play a significant role in

addressing communication difficulties from a communication perspective, rather than focusing solely on the underlying mental health diagnosis.

Moreover, by exploring and expanding the use of AHPs, mental health services may be able to address recruitment challenges. Offering a variety of therapeutic options can attract professionals from different backgrounds and expertise, ultimately enhancing the overall service and increasing the availability of specialised support for individuals seeking mental health assistance.

3.3.5 Leadership roles

Many of the service leads we interviewed talked about more AHP leadership positions and NELFT in particular has recruited three AHP professional Leads to support AHP leadership capacity, linking the corporate AHP leadership team (workforce lead, practice education) and what's going on on the ground in the localities.

Recognising the need to elevate the visibility of AHPs, the organisation aims to ensure equity in terms of leadership presence, numbers, and capacity. While progress has been made, there is still a lag in AHP leadership compared to other healthcare professionals, such as medics, nurses, and psychologists. The organisation acknowledges the importance of AHPs being seen as leaders and wants to address this disparity, striving for greater representation and influence for AHPs in decision-making processes.

Through these roles they are striving to create a stronger professional identity and voice for AHPs, the aim is to enhance job satisfaction and make AHPs feel valued and heard. This includes empowering AHPs to have a voice in interdisciplinary teams, especially when operational management is led by professionals from other backgrounds. By recognising and valuing the unique contributions AHPs bring to the organisation, it is hoped that they will feel more engaged and motivated to stay.

NELFT's commitment to integrating AHPs into decision-making processes is evident, with AHP leads being brought into conversations and actions that were previously limited to nursing and psychology. This collaboration and integration is seen as a positive step towards a more inclusive and holistic approach to healthcare delivery.

The success of the AHP leadership roles within NELFT hopefully will serve as an inspiring example for other health and social care care organisations in the area. By prioritising the development of AHP leadership and demonstrating the positive outcomes it can achieve. Through sharing their experiences, lessons learned, and best practices, will help foster a collective effort to elevate the role of AHPs as leaders in health and social care, promoting collaboration and innovation across the region.

3.3.6 Student Placements

To address the recruitment challenges, a strong focus is being placed on "growing our own" talent and enhancing the student placement offer. Interviewees recognised that providing positive and valuable student placements can be a drawcard for future employment:

> *"If you have had a positive placement, you are more likely to consider that employer as an employer of choice when you qualify."*

However, the capacity to take on students is currently limited due to high workloads and long waiting lists:

> *“In order to take a student, we need to have a reduced workload, but we can't do that as we have long waiting lists."*

One suggestion to enhance the student placement experience is to provide additional support and recognition for student supervisors. Just as it is done in social work, compensating supervisors for their extra input to students can incentivize and reward their efforts, ensuring that students have a good and meaningful placement experience.

By prioritising the development of student placements, creating opportunities for meaningful experiences, and exploring options for supporting student supervisors, BHR can attract and retain talent from within. These efforts will not only address the immediate recruitment challenges but also foster a positive and engaging work environment that encourages future graduates to consider BHR.

3.3.7 Support for ARRS roles

Interviewees reported that AHPs in ARRS roles within primary care require additional professional support and that First Contact Practitioners (FCPs) needed more resources. They also recognised the huge potential of FCPs in primary care settings to alleviate acute influx and reduce referrals to consultants and reduce the workload on GPs but that these roles were not being fully utilised in a way which supports an integrated system. They also mentioned that AHP roles in primary care are often not implemented in a very planned way with little or no consultation with other sectors which can lead to doubling up of work and a lack of support for the AHPs.

3.3.8 Work Experience

Both BHRUT and NELFT offer work experience opportunities and summer schools to young people. There is also a scheme available in BHRUT (for those aged 16+) that allows individuals to shadow various therapies for a week. The focus is on engaging high school students when they are contemplating their career choices and promoting AHP as a viable career choice.

In NELFT, applicants interested in AHP work experience now go through the volunteering team, who refer them to the AHP Professional Leads. This ensures that the services can accommodate the placement and that the individual has the best experience possible. The hope is that they will later consider becoming part of the NELFT team.

Work experience programs have been put on hold in some areas due to limited resources. Certain services are unable to support students, let alone provide workplace experiences. The necessary prioritisation of student placements has also impacted the availability of work experience opportunities.

3.4 Structural/operational workforce support

3.4.1 Estates

Several key issues were highlighted regarding the current state of facilities. One major concern was the insufficient space available to accommodate appointments. The service leads expressed their worry that even with additional staff, there would be no suitable areas to allocate them, further exacerbating the problem.

Additionally, one AHP Service Leads emphasised the need for physical space for training sessions. They suggested that a multifunctional training room could serve the purpose of providing ongoing education and training opportunities for staff members, while also assisting with meeting the growing demand for space for appointments. This approach would not only enhance the skills and capabilities of the staff but also contribute to improving overall service delivery and efficiency.

Taking into account these concerns, it is evident that addressing the shortage of physical space, finding appropriate space for additional staff, and creating a better-designed environment are crucial priorities. Furthermore, the implementation of a training room that can accommodate both staff training and the demand for appointments would greatly contribute to the improvement of patient care and staff development.

3.4.2 Co-design of services

The importance of co-production in transforming services was strongly emphasised during the interviews. It was recognised that involving individuals with direct experience in a specific service, particularly those within the AHP professions, is crucial for effective decision-making and successful service improvements. The service leads expressed their concern that changes were often being made by individuals who lacked firsthand experience or detailed knowledge of the particular AHP service, leading to potential gaps and oversights in the transformation process and potentially to issues with retention.

It was emphasised that AHPs should be given the opportunity and time to thoroughly examine existing services and actively contribute to their transformation. In order to ensure meaningful engagement and co-design, it was recognised that transformation teams need to engage with staff on the ground,

including frontline practitioners, to gain a comprehensive understanding of the roles and issues specific to AHPs.

"AHPs need time to look at services and help shape/codesign services. Need to engage with staff on the ground to co-design services and managers often not on the ground for some time"

There was also a call for improved standardisation of approach and the need to bring together teams from all sectors to map out specific pathways and establish *"who the best person is for the patient to see".*

3.4.3 REGO

Rego is a referral management platform designed to assist clinicians in both primary and secondary care settings. By incorporating artificial intelligence, smart integration, and intelligent workflow, Rego aims to streamline the referral process and eliminate manual tasks, thereby saving valuable clinical time. One notable aspect is its ability to triage patients accurately and efficiently, ensuring they are directed to the most appropriate level of care.

Feedback regarding Rego has been mixed, with a clear divide between the opinions of FCPs (First Contact Practitioners) and GPs. FCPs have expressed great satisfaction with the tool, appreciating its ability to automate and simplify the referral process. They value the way Rego leverages technology to perform tasks on their behalf, freeing up their time for other essential clinical duties. However, GPs have expressed a level of discontent with Rego. While the specific reasons for their dissatisfaction were not provided, it is evident that not all GPs share the same enthusiasm for the tool.

One of the notable benefits of Rego is its ability to determine the appropriate destination clinic for patients across the BHR region. By streamlining referrals and directing patients to the most suitable healthcare providers, Rego has shown potential in reducing the need for consultant referrals while increasing referrals to Extended Scope Practitioners (ESPs). This shift in referral patterns should be considered when evaluating staffing requirements, as there may be a need to allocate more resources to ESPs to meet the increased demand.

It is worth noting that although there have been discussions about analysing REGO data to support the redistribution of funding towards ESPs and the MSK (Musculoskeletal) service, this reallocation has not been implemented yet.

Therefore, further action is required to ensure that the data analysis translates into meaningful changes in resource allocation, funding distribution and equality across BHR.

3.4.4 A fully integrated service

To support the establishment of a fully integrated health and care service, it is essential to recognise the role of social care in addressing residents' healthcare needs. By ensuring that social care offers support in alignment, and in conjunction with other sectors the burden on AHPs can potentially be reduced, supporting recruitment and retention. By investing in the development of social care workers they can acquire the skills and knowledge needed to effectively contribute to the provision of healthcare services.

An innovative example of this within BHR is the development of 'Enablement Champions': experienced care workers who have completed a level 4 apprenticeship to support the delivery of AHP care plans within care home settings. The apprenticeships, involving input from local AHPs, have developed both skills within social care to support AHPs and the relationships between social care and therapy services.

Moreover, for a truly integrated system, the workforce should have the flexibility to move across different sectors. This mobility allows for cross-learning and collaboration between various healthcare settings. By viewing the system as a whole and fostering an environment where staff can be moved to where they are most needed, whether it be within the NHS or social care, greater efficiency and effectiveness can be achieved. This approach facilitates a seamless flow of care, enabling healthcare professionals to work collaboratively and ensure that patients receive comprehensive and coordinated support.

Furthermore, integrating various specialties such as neuro rehabilitation, speech therapy, physiotherapy, and dietetics within a single community base can enhance coordination and continuity of care. However, the absence of a neurologist in the community clinic due to their presence in a hospital setting can present a challenge that needs to be addressed. By addressing these challenges and promoting top-down support, bringing care into the community has the potential to optimise healthcare resources, improve patient outcomes, and facilitate more efficient and collaborative care delivery.

3.4.5 Reducing Paperwork Burden

The burden of paperwork and red tape in in-patient therapy is overwhelming, particularly when it comes to issuing frames and completing referral forms for community services. The amount of paperwork involved is excessive, considering that community services should have access to all patient notes from the outset. This situation calls for significant system and cultural changes.

"The amount of paperwork that's to be done just to do a referral to community service that should have access to all patient notes in the first place is ridiculous."

To address these challenges, it is crucial to streamline paperwork and transition to electronic systems. The current reliance on manual forms is labour-intensive and time-consuming.

"We must strive for streamlined processes and embrace technology to eliminate the need for excessive form filling."

"It's those system changes, the culture changes that I would like to see happen. Paperwork to be streamlined, go electronic, not having to fill out hundreds of forms"

3.5 The role and value of support workers in service delivery

Support workers play a crucial role in AHP services. They are seen as valuable additions to the workforce, and "*recruitment of these posts has been much easier than qualified AHPs*". Support workers were seen by all service leads as adding value to the service and were recognized for their contributions including face-to-face engagement with patients, running groups, administrative tasks, implementing care plans, and ensuring resources are available.

Recruiting Band 3 and 4 support workers in the health and social care sector has been relatively smooth, indicating strong interest and availability of candidates for these roles. While finding suitable candidates may require extra effort, there is a favourable pool of individuals interested in support worker positions within BHR.

Support workers have different role names depending on the organisation and service they work for, but efforts are being made to map out their roles and

responsibilities both within and between organisations. There is a competency framework in place for their development, and some support workers have the opportunity to pursue apprenticeships or additional skills learning. However, the level of training can vary, and some individuals may require more time or additional support to pass the training. Clearer support systems and expectations for apprentices are being considered to address these challenges. The development of support workers is seen as a positive step, and efforts are being made to secure funding and build cases for their professional development.

Efforts are being made to retain and develop the talent of support workers through dedicated roles and support systems to support their professional development, and utilise their skills to enhance service delivery.

3.6 Health & Wellbeing

This theme aims to provide insights into the wellbeing support and staff awareness of that support within Health and Social Care Services in Barking and Dagenham, Havering, and Redbridge (BHR). It explores the challenges faced by staff members in accessing wellbeing services and emphasises the importance of staff wellbeing.

One Lead enthusiastically described the wellbeing offer provided, stating:

> *"Fantastic wellbeing offer - exercise, pilates, mindfulness sessions - counselling - the wellbeing team come out to the teams for reflective time and are well supported."*

The substantial majority of interviewees echoed this sentiment that their organisations' health and wellbeing initiatives are comprehensive, covering various aspects of support and that *"all teams are aware of the wellbeing offers"*, and that health and wellbeing and the offers available are always discussed in team meetings

However, accessing these services can be challenging due to some sessions being held during the day and not easily accessible to all staff members based on their location. Other challenges to accessing the offers include that whilst staff recognise the potential benefits of support they believe their time is better spent in clinical contact, and advanced booking system poses a challenge in finding suitable slots that align with staff members' schedules:

"Health & wellbeing - probably not using it as much as they should. They get support from each other. Other set-ups include peer support informally."

"Staff members often prioritise reducing waiting lists and attending to patient care over their own wellbeing."

Health and Wellbeing offers were reported as being sufficient across sectors with staffing levels and pressure being identified as the core issue:

"There is a sense that when there is so much pressure, money is invested in more staff as the thing that would make the biggest change is to be better staffed."

It is important to note that the temporary closure of the KeepingWellNEL service, available to all employees in health and social care across BHR, highlighted the inequality in wellbeing offered for AHPs and support workers in care homes. As one care home employee stated, the service had saved her life. This underscored the need to address and rectify the inequality in wellbeing offers, especially in the context of integrated services. The KeepingWellNEL service received additional funding and has recommenced as of August 2023:

'The renewed offer is focused on prevention and self-care and will offer live workshops and a range of self-care interventions covering mental health, menopause, incident response, reflective leadership support, manager training in workplace wellbeing, financial and cost of living advice, and virtual exercises.

All staff employed by the NHS can access any online events, training or wellbeing workshops offered by KeepingWellNEL, in addition to their Trust-specific wellbeing support offer. Staff working in social care and primary care can also book a holistic wellbeing conversation with a trained HWB adviser and clinical supervisor, to best identify where and how their wellbeing needs can be met.

The KeepingWellNEL team will work closely with NEL Primary Care Training hubs to encourage uptake of the service, which will be co-designed by local primary care wellbeing champions to make sure the specific needs of staff are met'.

4 Recommendations

Prioritise Staff Well-being: Staff well-being must continue to be a priority, considering the pressures and challenges they face. Promoting *accessible* health and well-being programs, creating a culture where well-being is valued and integrated into the working day, and providing support for staff experiencing burnout or high caseloads can contribute to a more sustainable and supportive work environment. To address the issue of pressure experienced by individual AHPs being the distillation of whole-system pressure, it is recommended that communication and interaction between all sectors (including ICB) of particular pathways is improved to foster greater understanding of the operational mechanisms and challenges faced at all levels.

Reduce bureaucracy: Streamlining HR processes, reducing red tape, and simplifying paperwork are required to make the system more efficient and reduce pressure. This includes standardised pathways, reducing variation in care, and implementing electronic systems to eliminate excessive form-filling and improve access to information.

Foster Collaboration and Leadership: Strong leadership and collaboration among different professional groups are essential for effective service design and decision-making. Fostering a culture of collaboration, reducing competition, and ensuring the voices of AHPs are heard in service planning and at leadership level are vital for a more effective and satisfying work environment.

Increase the number of Extended Scope Practitioners (ESPs): To achieve equity with other boroughs in North East London, and support recruitment and retention, there needs to be an increase in numbers of Extended Scope Practitioners (ESPs) within BHR.

Share training and resources: large NHS organisations have far more learning and skill development opportunities than other organisations where they have a much smaller percentage of AHPs, and AHP support workers, in their workforce. To reflect the integrated nature of the health and care system we recommend that AHP training and resources held by local large trusts are made available to AHPs elsewhere in the system, potentially through a portal with learning resources that are accessible and shared across the sectors.

Scale up AHP support worker provision: support workers are a valuable addition to the AHP workforce, there is strong local interest in these roles and, with the correct support in place, can also provide an important pipeline to qualified staff.

Ensure robust supervision/mentor structures which balance need with capacity: robust support requires capacity which is often lacking but other professions offer models for exploration. For example, local authority respondents highlighted the social worker model in which newly qualified social workers have an assigned mentor (who is additionally remunerated for this work) during their early years.

Cross-sector rotations: introduce rotational posts for AHPs so that their experience is broadened across health and care and they have a complete knowledge of a pathway. This also may allow workers to be flexible and move around services to enable patients to get the right support for their individual needs, whilst also offering attractive and varied roles to support retention and recruitment.

Continue to 'grow our own': continue to develop career pathways (including apprenticeships) for support workers, develop an enhanced work experience programme (offering experience across sectors) and ensure the offer of quality and meaningful student placements (including providing additional support and recognition for student supervisors).

Address Staffing Shortages: The national shortage of Allied Health Professionals is a significant concern. It is crucial to prioritise increasing AHP numbers within BHR. This can be achieved through targeted recruitment campaigns, partnerships with educational institutions, and offering attractive career pathways and incentives to attract and retain AHP professionals.

5 Appendix A

Item 7. AOB - AHP Qualified Roles - Task & Finish Story Telling 202301.pdf

6 Appendix B

Semi-structured interview schedule

To start with can you please tell me about your role and give an overview of what it involves?

What is the size of your team and the number of AHPs and AHP support workers?The main highlights from the data packs are increases in qualified AHP vacancies, sickness, and FTE numbers. How are these being experienced on the ground? How does the current level of staffing feel?

The data also tells us about AHP support workers – there has been an increase in FTEs and a decrease in Vacant FTEs. How has this been experienced on the ground? How does the current level of support worker staffing feel?

What do AHP support staff do?

What are the main workforce challenges facing your service currently?

Are there workforce challenges which you think are unique to your type of service or profession? If any, what are they?

What is currently being done to address these challenges? Both at service and organisational level?

What still needs to be done to address these challenges?

What would you do to address these challenges in an ideal world (where, for example, money was no object)?

What do you think the most important things are that AHPs (and AHP support workers) in your organisation/team need at the moment?

Are there any upcoming developments in AHP workforce in your organisation/service? If any, please describe and share your thoughts on these

What do you think should be the main aim of AHP workforce initiatives?

What does the ideal AHP workforce look like to you?/ What would your ideally staffed service look like?