

Rural and coastal transformation – Lincolnshire System



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**Developing health, care and communities through
workforce, education, and training in small places**

“The most successful model of education and training for local comprehensive Public Health Care is socially accountable, immersive community-engaged education woven into a facilitated education and training pathway starting with recruiting local students from rural and underserved communities.”

Strasser, Roger; Strasser, Sarah. 2020.
Reimaging Primary Health Care Workforce in Rural and Underserved Settings.
Health, Nutrition and Population Discussion Paper; World Bank, Washington, DC.

Professor **Roger Strasser** is New Zealand's first Professor of Rural Health, leading the University of Waikato's Rural Health Public Engagement, including public education about rural health and advocacy for rural health, as well as community engagement at the local level.

Lincolnshire as a Pilot

- Rural communities are ageing more rapidly than urban areas.
- Younger population tends to decline the more rural the settlement type.
- Older people experience worse health and have greater need of health and care services.
- Access to health and care services is often poorer than in urban settings.
- Health outcomes are also poorer in coastal areas. The pleasant environment attracts older, retired citizens to settle, who inevitably have more and increasing health problems. An oversupply of guest housing has led to Houses of Multiple Occupation which led to concentrations of deprivation and ill health.

What do we know?

Successful rural workforce transformation requires:

- Commonality, as rural communities identify more with similar communities in other countries than their own urban centres.
- Delivering education and training within rural communities increases the quality and cultural relevance of services through a lived experience.
- Investing in targeted training of rural residents increases recruitment and stability of services in rural locations.
- Initiatives must be co-produced with the local population to be successful.
- HEE investment in a rural and coastal programme allows education and training to act as a catalyst for change in developing a workforce skilled to meet the health and care needs.

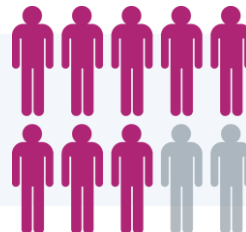
The medical offer



- Developing a 'Specialist Generalist' within rural health and care settings.



- Approximately 80% of doctors completing specialty training settle within 50 miles of the area they trained.



Priorities:

- equitable training investment
- redistributing training posts
- learning experiences and support in rural settings

- A new Doctor (Medical) Apprenticeship route. Opportunities for apprenticeships in the most challenged remote and rural areas.

The TEL offer

- Specialist rural health e-LfH packages.
- Adoption of new immersive technologies and virtual learning environments to support learners across large geographical areas.



The Knowledge and Library Services offer

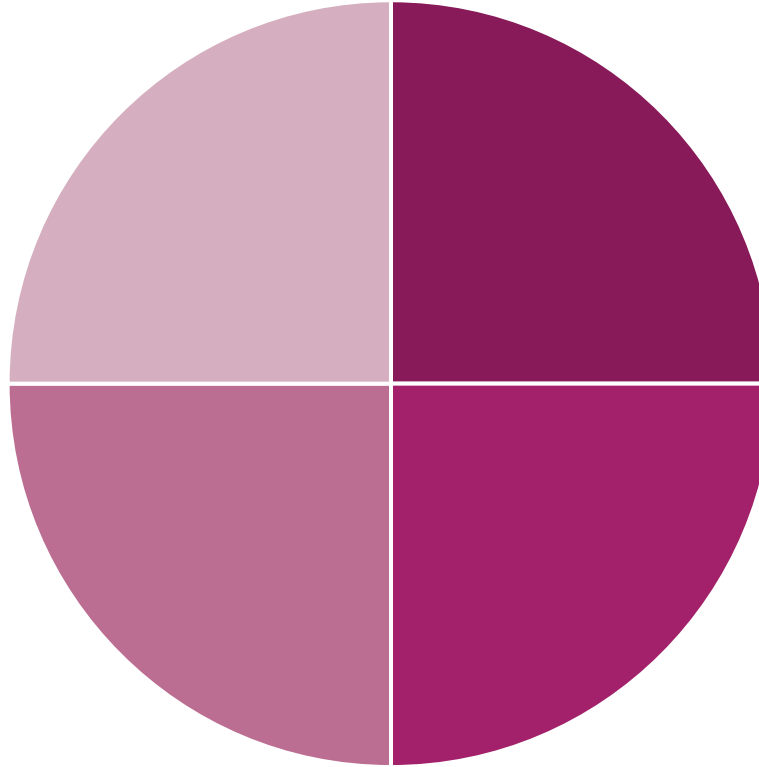
- Leading health and digital literacy and patient information activity with local communities.



Advanced Clinical Practice and AHP

AHP services optimising rehabilitation, functional independence and mental health recovery.

Flexible and adaptable workforce solutions, especially for primary care.



AHP apprenticeships (from support workforce to ACP across the AHP professions).

Support in rural areas offers several workforce solutions supporting clinician retention through skills expansion, career enhancement and multi-disciplinary team leadership.

Impact and delivery

- Recognition that education and training supports recruitment and retention of health professionals through innovation, cultural changes, visible investment and career opportunities.



- Sustainable workforce transformation capacity in all ICS'.

- Support delivery of a workforce reform prioritisation plan.

- Increase local student intake working with ICS host medical schools, through widening access initiatives, to more than 30%. (Strasser).

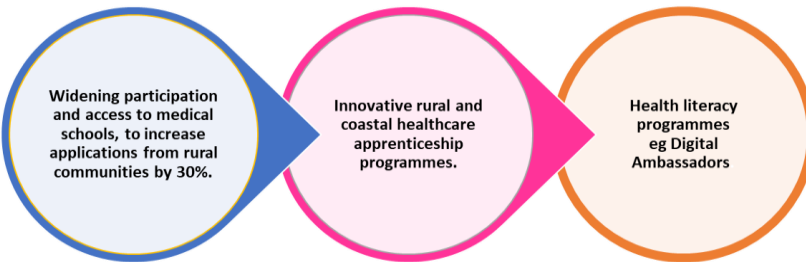


Progress to date

- HEE 22/23 Programme Funding of 250k approved (focus on digital, apprenticeships and widening participation, medical and dental workforce, advanced practice workforce)
- Strategic Oversight Group have held first meeting with 2nd next month.
- Engagement with HEE national team, and regional pilot leads to share learning.
- Local stakeholder engagement (NHS, UoL, TH/PC, LIVES, LA)
- Linking with NCRHC and IIRHC
- Guest Lecture with Professor Roger Strasser, who will be delivering an overview of his widely appraised Rural Workforce Research, at the University of Lincoln Medical School in Nov 2022.
- Aim to launch the Lincs ICS R&C ambitions (Nov 2022) and Lincs ICS R&C WF Strategy (Mar 2023) through this strategic oversight group



Core



Place-based



Using the HEE STAR and other planning tools, work with the ICS and local providers to determine priority interventions.