

KADA 



**Funded by
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**Health and care
training,
education and
workforce model
feasibility study**

**Research
Findings Report**
East Riding of
Yorkshire Council
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Summary: Key findings

Bridlington has high and growing health and care needs but constraints in the local labour market means there is not always a sufficient number of workers with the right aptitudes, skills and capabilities to deliver the services needed to meet them. In parallel, there are many local people – both adults and young people – who are not fulfilling their potential in the labour market, limiting incomes and aspirations. A new, place-based model for training, education and workforce development in the sector could strengthen entry, progression and retention, improving local service provision and enhancing access to secure employment opportunities for local residents.

Focus on Bridlington

- Socio-economic conditions in Bridlington affect both demand for health and care workers and the supply of people willing and able to work in the sector, shaped by health need, economic activity, skills and qualifications, and the relative attractiveness of local employment opportunities.
- The data highlights challenges for new pathways into good health and care employment, including high economic inactivity, low qualification levels and slower health sector employment growth locally compared to regional and national trends, despite health being the second largest employment sector in the town.
- The socio-economic context supports Bridlington as a pilot location for a new health and care training, education and workforce development model, given the sector's importance locally and its potential to offer more secure, year-round employment with progression compared to other dominant sectors.
- Bridlington's labour market is relatively weak, with low employment, high economic inactivity, above-average unemployment and lower qualification levels than the wider East Riding, constraining progression, earnings and household incomes.
- A new workforce model that opens progression pathways for people without higher level qualifications could improve opportunities for residents while meeting local health and care workforce needs.

Health and care workforce context

- Health and care workforce shortages are a national issue but are more acute in Bridlington due to demographic change, deprivation and coastal location, requiring a coordinated, place-based response focused on skills, progression and workforce sustainability.
- National and local strategies are closely aligned, emphasising prevention, early intervention, community-based care, integrated working and reducing inequalities, with the workforce positioned as a critical enabler of reform.
- Both national policy and local strategy stress the need for workforce reform, retention and skills development to support new models of care and deliver neighbourhood and community-focused services.

Demand for health and care workers

- Labour market data shows strong demand for health and care workers nationally, across East Riding and in Bridlington, with health and care roles making up a higher share of job postings locally than nationally.
- Recruitment demand is heavily concentrated in frontline care and nursing roles, with Bridlington showing a particularly high proportion of care roles.
- Persistent recruitment pressures are evident, especially in adult social care and community-based services, with re-advertising and longer posting durations indicating difficulties filling key roles locally.
- Local opportunities in Bridlington are relatively limited, with fewer associate professional and professional roles advertised, constraining progression.
- As health and care provision shifts towards prevention and community-based models, workforce requirements and skill needs will change, reinforcing the need to develop a workforce that meets both current and future demand.

Pathways to secure and highly skilled health and care employment

- Local labour market data highlights opportunities in adult social care, nursing, social work and youth support, with nationally defined progression pathways from entry to higher-skilled roles.
- In theory, there are clear pathways from entry to higher level roles within each health and care job family. In practice, however, the labour market data makes clear that this is not always the case in Bridlington (or the wider East Riding area).
- The availability of relatively few intermediate opportunities, and the limited range of health and care jobs available locally, impact on aspirations and constrain opportunities for progression.

Local provision, educational routes and workforce entry points

- Bridlington has a range of health and care provision creating entry points into the local workforce, including hospital, primary and social care providers, alongside some innovative recruitment initiatives.
- These assets provide a foundation for strengthened pathways, but local job opportunities remain limited, and recruitment and progression are affected by multiple dropout points.
- There is no coherent strategic local model coordinating entry, retention and progression, contributing to on-going workforce challenges.
- Current routes are insufficient to meet growing demand and are weakened by clearly identified points where potential workers disengage.
- Any new education, training and workforce model will need to provide greater coherence, address early barriers to entry and retention, and reduce dropout to support both service delivery and secure, skilled local employment.

Barriers to recruitment, retention and workplace progression

- Despite the efforts of many partners, the health and care workforce in Bridlington is affected by a wide range of systemic, place-based and personal barriers which hinder recruitment and progression. This creates significant gaps in local provision, particularly in relation to access to dentistry, mental health support and emergency care.

- Any new education, training and workforce model will have to address Bridlington-specific and wider systemic barriers, supporting individuals to overcome personal issues which constrain their progress.

Learning from practice elsewhere

- Several other areas have already sought to overcome similar health and care workforce challenges to those faced in Bridlington and the wider East Riding area. Research has identified the key factors that support good practice.
- These include clear and shared strategic objectives which are used to determine scope and activities, delivery models shaped to local circumstances and partner capacity, secure and stable funding, a collaborative, partnership-based approach with co-production and co-delivery of services, and clear definition of impact measures so added value can be easily identified.
- Although the context within which the models reviewed for this study operate differs and they are at varying stages of development, they highlight the importance of clear objectives, defined scope and partnership working to address agreed local priorities.

SWOT, key findings and next steps

- The SWOT included in section 9 highlights the key strengths and weaknesses, opportunities and threats affecting the health and care sector in Bridlington which will impact on the development of a potential new model for delivering education, training and workforce development.
- Existing interventions and initiatives already underway in Bridlington and East Riding provide a starting point for a more holistic and coherent model which will support people from initial engagement, through readiness to enter the sector and progression once in a health and care role.
- There are a series of key questions and issues for partners to address if a new model is to be designed connecting demand from employers, supply of labour from local residents, and local education and training pathways.

The issues identified through the evidence base were explored with stakeholders through a series of focus group discussions. These discussions helped to test the emerging findings, understand stakeholder priorities and identify areas where further action may be required. A co creation workshop was then held to review the findings in more detail and develop practical responses with partners. The outputs from this process have informed the development of a roadmap, which is provided as a separate document.

1. Introduction

1.1. Background

In common with other coastal areas, Bridlington faces a combination of rising demand for health and care linked to an ageing population, together with persistent workforce shortages and difficulties attracting and retaining health and care staff in a coastal and relatively rural location.

Alongside this demand for health and care workers, Bridlington also experiences a high rate of economic inactivity, above average unemployment, relatively few higher skilled and secure employment opportunities and young people who are finding it hard to transition from education into sustained employment.

East Riding of Yorkshire Council commissioned Kada Research to conduct a feasibility study and develop an outline business case for a pilot health and care training model in Bridlington, to attempt to address these issues.

The key aim of the eventual model is to increase the number of people employed in the health and care workforce within Bridlington, boost employment opportunities in the sector and reduce the number of young people not in education or work in the town (especially among disadvantaged groups). The feasibility study explored the options for a model which can provide alternative training pathways, develop existing staff skills, and help to address health inequalities locally.

1.2. Project scope

The overall project was intended to involve the following pieces of work:

1. Labour market analysis to identify the current landscape for a pilot project to achieve the aim, including a growing academy in Bridlington.
2. Analysing, using a SWOT mechanism, the existing support offer for different groups of people to get into employment within the health and care sectors in Bridlington.
3. Researching health & care project and academy models across the UK identifying successful models that provide opportunities for Bridlington & the East Riding.
4. Carrying out initial stakeholder engagement with key partners (as determined by the ERYC's project team) to understand, support and challenge existing work.
5. Collaborating with ERYC staff to create a theory of change and lead a co-production workshop to design pilot health and care delivery options.
6. Producing an outline business case for a model that addresses the aims and objectives specified above, detailing the recommended delivery options, stakeholders, and estimated costs.

This report relates to items 1 – 4 of the project scope. Following the co-production workshop, a roadmap for further development of the concept was produced, rather than an outline business case.

1.3. Method and approach

The document has been developed by drawing from desk-based research, data analysis and stakeholder engagement to build an evidence base that will be used to inform the development and testing of options for a future training, education and workforce model.

Desk review. The desk review examined relevant national and local policy, strategy and evidence on health and social care workforce development, training models and place-based approaches. This included reviewing existing workforce strategies, skills frameworks and examples of comparable initiatives implemented in other areas, to identify good practice and lessons relevant to Bridlington.

Data analysis. Data analysis focused on understanding the scale and nature of local workforce challenges and opportunities. This included analysis of available labour market, employment and skills data to assess current workforce supply, demand and progression issues within health and social care, alongside demographic trends influencing future need.

Stakeholder engagement. Semi-structured consultations have been undertaken with key stakeholders across local government, health and social care, and employment support¹. Consultations explored current workforce pressures, existing provision, gaps in pathways, and the opportunities and constraints associated with developing a pilot health and care training model in Bridlington. Consultations completed to date include:

- Principal Strategic Project Manager, Asset Strategy, East Riding of Yorkshire Council
- Head of Regeneration and Funding, East Riding of Yorkshire Council
- Head of Learning, Skills and Workforce Development, East Riding of Yorkshire Council
- Strategic Resourcing Manager, Adult Social Care and Health, East Riding of Yorkshire Council
- Workforce and Education Officer, Adult Social Care and Health, East Riding of Yorkshire Council
- Head of Cultural Transformation Education and Training, Humber and North Yorkshire Integrated Care Partnership
- Employer Engagement Lead, Department for Work and Pensions
- Project Manager, Allied Health Professions Workforce Research Partnership, Sheffield Hallam University
- Deputy headteacher, Bridlington School
- Director of Apprenticeships, University of Hull

In addition to the above, we attended and interviewed people at the Big Care Career Fair Bridlington and facilitated focus group discussions with employers, stakeholders and people with lived experiences of working in health and care.

¹ It should be noted that, at the time that this draft report was produced, no consultation had yet been undertaken with education providers. Engagements with East Riding College and Bridlington schools will be conducted in January 2026.

2. A focus on Bridlington

Socio-economic conditions in Bridlington affect both demand for health and care workers (which is driven by the levels of health and care need in the local community) and the supply of people willing and able to work within the health and care sector (which is affected by levels of economic activity, the skills and qualifications of the workforce and the relative attractiveness of employment opportunities in the health and care sector, compared to other local employment opportunities).

The data highlights several challenges which a new approach to providing pathways to good employment in the health and care sector in Bridlington will need to address, including high rates of economic inactivity and low qualification levels amongst the local population. Whilst the health sector is the second largest in Bridlington in employment terms, growth has lagged behind the growth seen regionally and nationally in recent years.

2.1. Introduction

This section provides a brief overview of the socio-economic context in Bridlington, which has been identified as the initial focus for the new training, education and workforce model given the health and care needs within the town and the socio-economic and labour market challenges faced by local residents.

The analysis draws on data from a range of sources including local data provided by ERYC's Economic Development Team. Some datasets are not available at the Bridlington level, or are only available with greater time lags or a higher level of sampling variation than at East Riding or national level. It should also be noted that a detailed evidence base of health and social care needs has been established through the East Riding Joint Strategic Needs Assessment, including a review of the needs of coastal communities². This has informed but is not duplicated in this socio-economic context section.

The data presented here should therefore be regarded as providing a guide to the local situation rather than a definitive picture. The data evidence has been supplemented with local intelligence through the stakeholder consultations to inform the analysis of Strengths, Weaknesses, Opportunities and Threats set out in Chapter 9.

2.2. Population and demographics

Bridlington is the largest town in the East Riding of Yorkshire Council area, with a population (as of 2024) of 37,909, just under 10% of the ERYC total. The town's population has increased by 6.4% since

² [Rural and Coastal Communities - East Riding JSNA](#)

2011. This is in line with the rate of growth seen in East Riding (6.3%), but considerably slower than the increase in the national population over the same period (+10.4%).

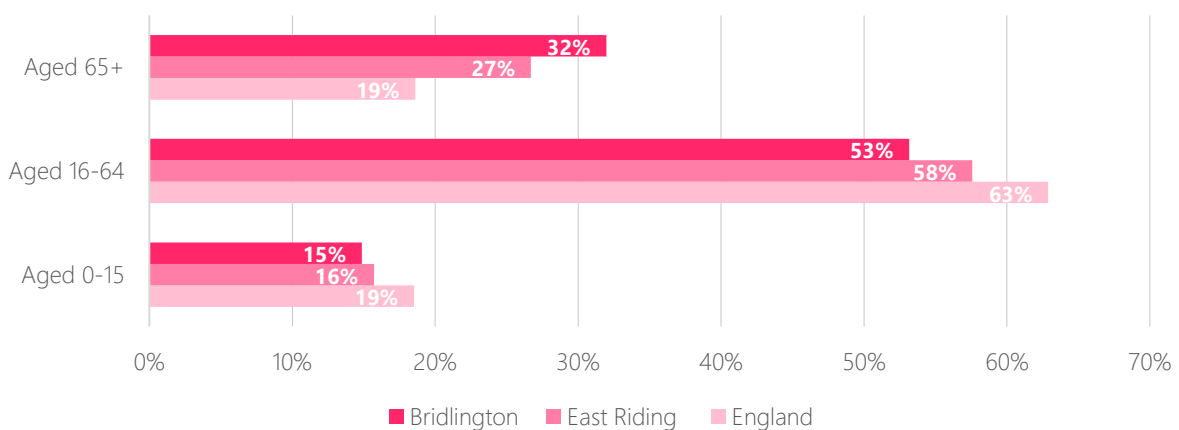
Figure 2-1: Total population (2024)

Area	2024	% change (2011-2024)
Bridlington	37,909	6.4%
East Riding	355,884	6.3%
England	58,620,101	10.4%

Source: Annual Population Survey, 2011-2024

As Figure 2.2 shows, the Bridlington population has an older age profile than the ERYC population, which is itself considerably older than the national population. Nearly one-third of Bridlington residents are aged over 65, compared to only 19% nationally.

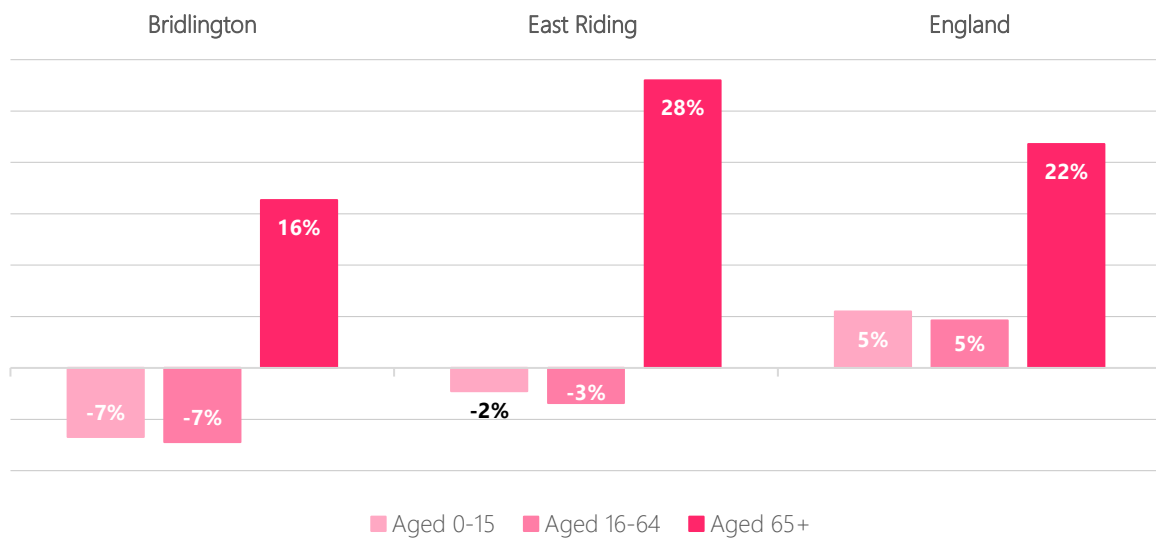
Figure 2-2: Population by age band (2022)



Source: ONS Population Estimates, 2022

Figure 2.3 illustrates that between 2011 and 2022, Bridlington saw an increase of 16% in the number of residents aged over 65, whilst the number of residents aged 15 and under and aged 16-64 both fell by 7%. This highlights the ageing population within the town. Whilst East Riding and England both saw faster increases in their population aged 65+, nationally this was accompanied by a growing population aged under 65, whilst in East Riding as a whole the contraction of the younger age groups was less pronounced.

Figure 2-3: % change over time by age band (2011-2022)

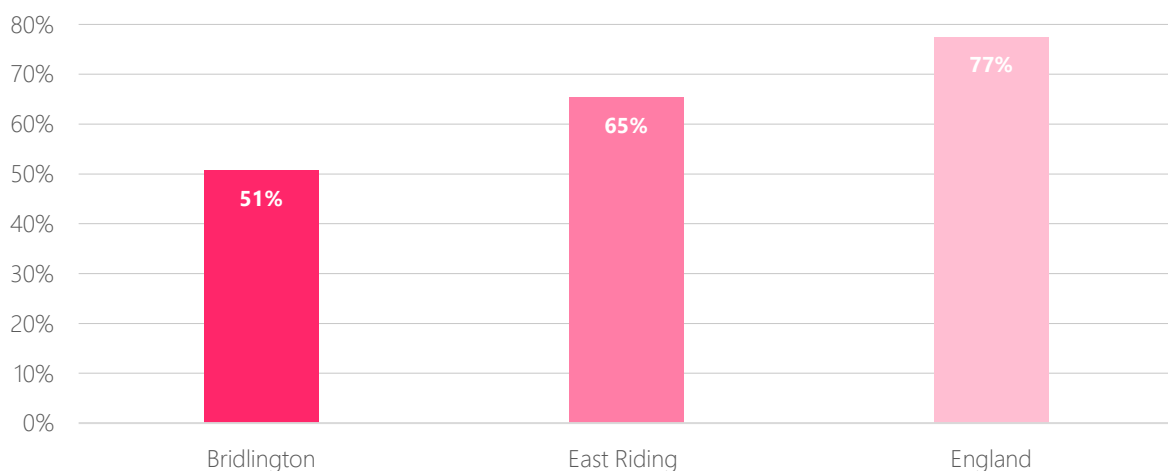


Source: ONS Population Estimates. 2011-2022

2.3. Labour market activity

The proportion of Bridlington’s working age population who are in employment is low. The ERYC Economic Development team have developed an estimate of the Bridlington employment rate using local population and employment data, recognising that data from the Annual Population Survey (APS) has been subject to concerns about its reliability in recent years, particularly in areas where the population is low. The estimate indicates that only 51% of Bridlington’s working age population was in employment in 2023, falling well below the East Riding and national levels. Across England over three quarters (77%) of 16–64-year-olds were employment in 2023.

Figure 2-4: Estimated employment rate (2023)



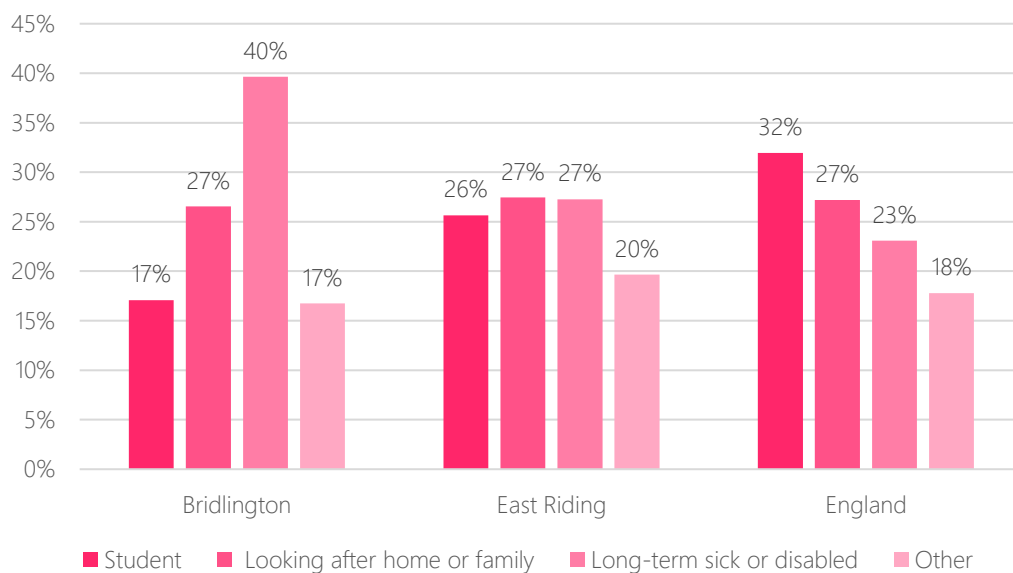
Source: ERYC estimate based on ONS BRES (2023) and working age population data

The APS data also suggests that the unemployment rate in Bridlington is notably higher (9.5%) than the national (3.8%) and regional averages (2.6%) (although again the limitations of the APS for smaller geographies should be borne in mind).

The most reliable (although now somewhat dated) data on labour market activity at the Bridlington level comes from the 2021 Census. This shows that in 2021, 54% of Bridlington's residents aged 16 years and over were economically inactive, a higher proportion than in East Riding (44%) and England (39%).

This largely reflects the population demography in Bridlington, with retired people accounting for 67% of the economically inactive population (compared to 71% in East Riding and 55% nationally). However, when retired people are excluded from the analysis, distinct differences are apparent in the make-up of economic inactivity in Bridlington. Students make up a much smaller proportion of Bridlington's economically inactive population, and people who are long-term sick or disabled account for a much higher proportion than is the case either in East Riding or nationally, as illustrated in figure 2.5.

Figure 2-5: Reasons for economic inactivity (excluding retired people) (2021)

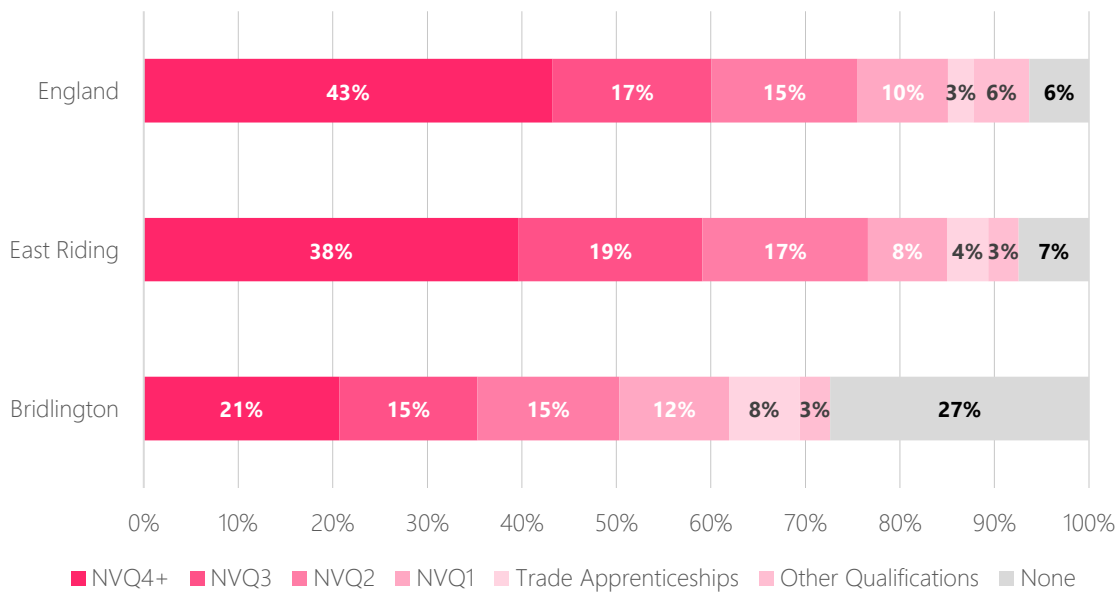


Source: Census, 2021

2.4. Qualification levels

Data on qualification levels shows that overall, Bridlington residents are considerably less well-qualified than their counterparts in East Riding and England as a whole. Drawing on data from the APS or East Riding and England, and Census data for Bridlington, more than one in four working age residents (27%) have no formal qualifications, compared to just 7% in East Riding and 6% in England. Only just over one in five (21%) 16–64-year-olds in Bridlington have an NVQ4+ or equivalent qualification (compared to 43% across England). A lack of qualifications limits career options and pathways and leads to more individuals being employed in low-paid, low-skilled occupations.

Figure 2-6: Qualifications held by working age population (2021)



Source: Annual Population Survey, Census, 2021

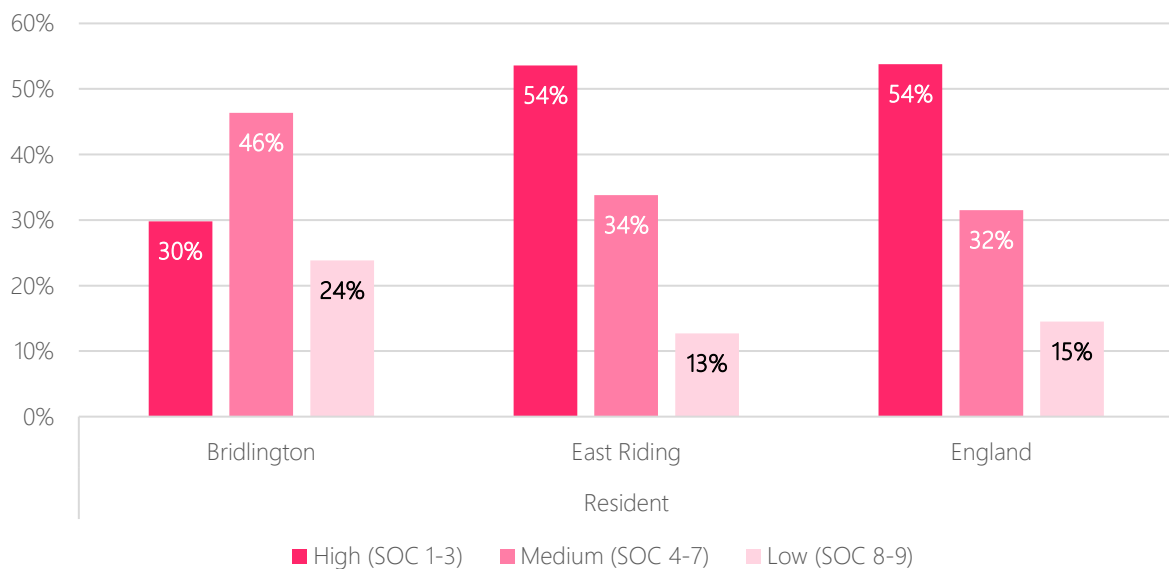
2.5. Occupational data

Figure 2-7 shows the percentage of residents in Bridlington, East Riding and England employed in different occupational groups. Again, Census data is drawn on for the Bridlington position with more up-to-date data available from the APS for East Riding and England.

East Riding and England have a similar pattern with more than half of employed residents (54%) working in higher level roles including managers, professionals and associate professionals. Lower skilled occupations are held by only a small proportion of residents (13% and 15% respectively). In contrast, residents in Bridlington are much likely to be employed in lower skilled occupations. The proportion of residents in elementary roles is 24% whilst only 30% work in higher level positions (24 percentage lower than regional and national levels).

The occupations in which people are employed reflect both their skills and experience and also the opportunities available to them within the local labour market. Many East Riding of Yorkshire residents employed in higher level occupations commute out of the local area to work (54% of residents are employed in higher level occupations but only 48% of the jobs within East Riding workplaces are in these higher-level occupations). The low proportion of Bridlington residents in high level occupations indicates that residents are not commuting from Bridlington to other areas for these roles, reflecting both the more isolated coastal location and the lower level of qualifications held by local residents.

Figure 2-7: Resident employment in 'higher level' / mid-range / lower skilled occupations Bridlington, East Riding and England (2021 and 2024/25)

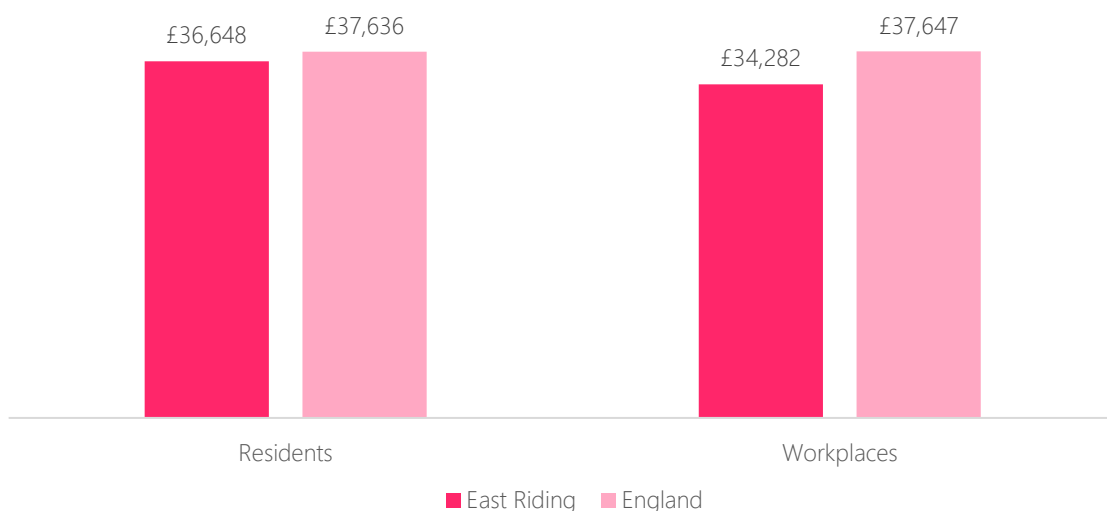


Source: Census, 2021 (Bridlington) & Annual Population Survey, 2024/25 (ER & England)

2.6. Earnings and household incomes

Official data on earnings is not available for small areas such as Bridlington, with the Annual Survey of Hours and Earnings providing data at local authority level only. This shows that median full-time annual earnings for both East Riding residents (wherever they work - £36,648) and people employed in East Riding workplaces (wherever they live - £34,282) are below the national average of £37,640. The disparity between resident and workplace earnings in East Yorkshire reinforces the occupational data which shows that residents commute out to higher-paid roles.

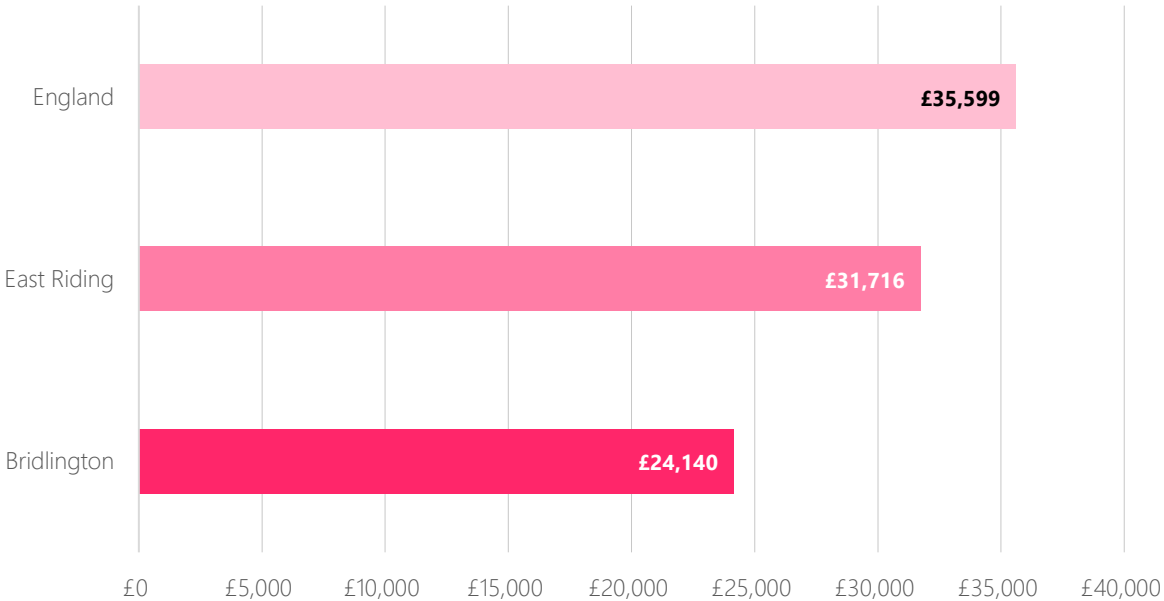
Figure 2-8: Median annual wage for residents and workplaces in East Riding and England (2024)



Source: Annual Survey of Hours of Earnings (ASHE), 2024

Whilst official data is not available for Bridlington, the occupational profile and qualifications data suggest that earnings are likely to be considerably lower within the town. Data from job postings shows an average full-time salary amongst jobs advertised of £26,000 in 2024. This translates into low household incomes, illustrated in figure 2.9, with net household incomes in Bridlington estimated to be around two-thirds of the national average.

Figure 2-9: Average Net Household income (2020)

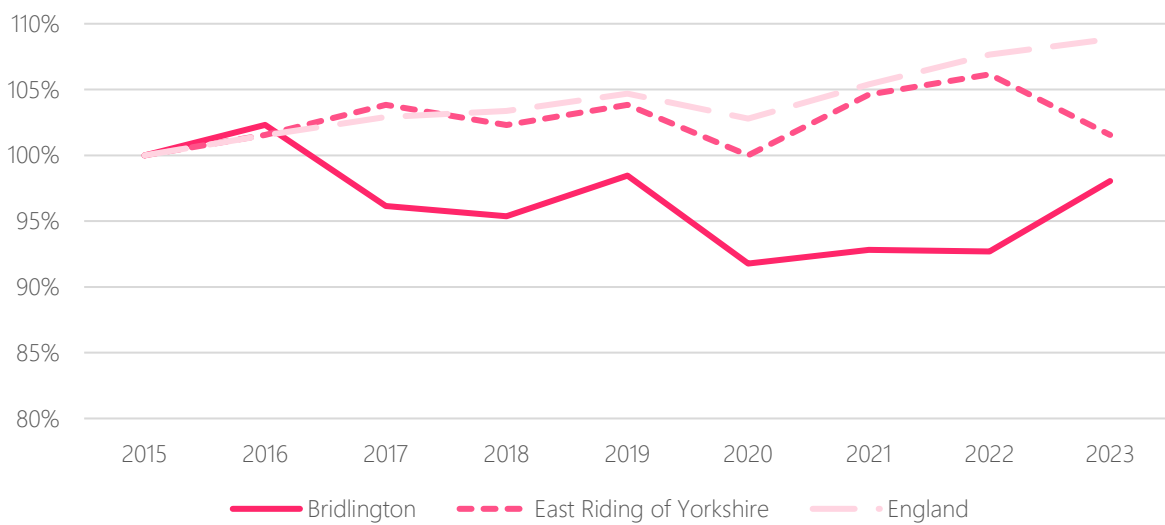


Source: ONS, Income estimates for small areas, 2020

2.7. Employment trends

The Business Register and Employment Survey (BRES) provides an official estimate of the number of jobs available in an area. BRES data shows that the number of jobs available in Bridlington fell between 2016 and 2020. Whilst the number of jobs has increased since then, the total remains below the 2015 level, in contrast to the trend seen in East Riding as a whole and in England.

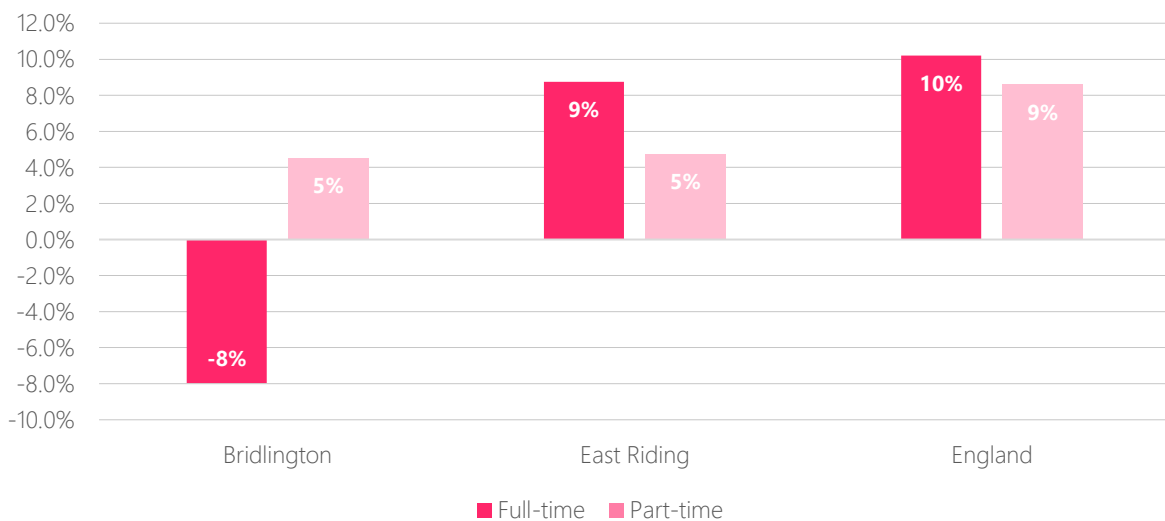
Figure 2-10: Change in total employment, Bridlington, East Riding and England (2015-2023, 2015=100%)



Source; Business Register and Employment Survey (BRES), 2015-2023

Looking in more detail, the data shows that whilst part time employment in Bridlington grew by 5%, full time employment fell by 8% over the period, in contrast to the East Riding and national trends.

Figure 2-11: Change in full-time and part-time employees (2015-2023)

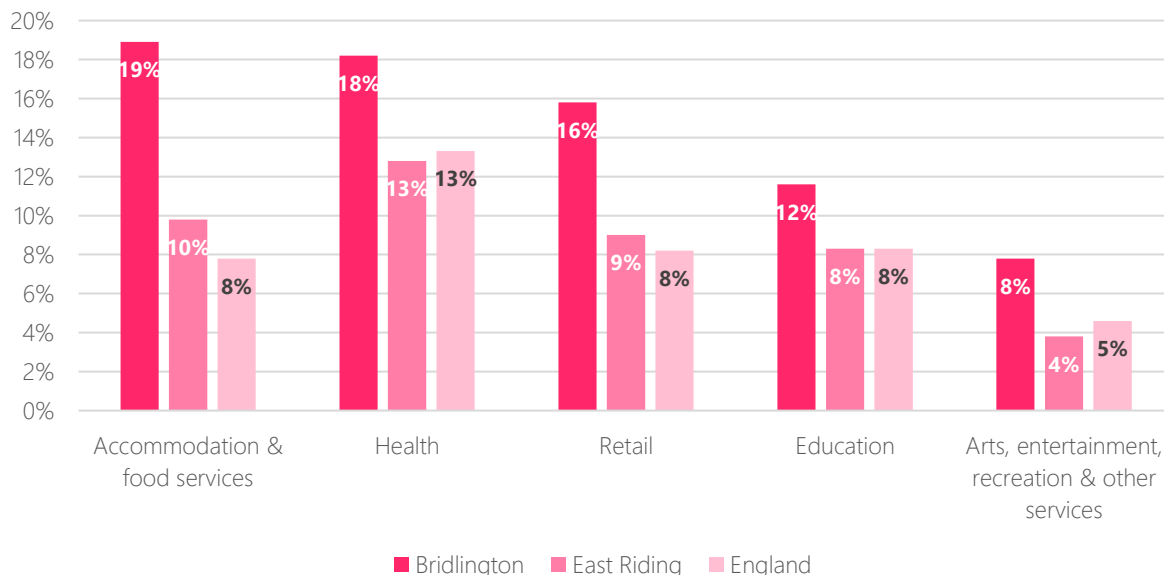


Source; Business Register and Employment Survey (BRES), 2015-2023

Looking at the sectoral make-up of employment, it is clear that the employment opportunities available in Bridlington vary considerably from those seen in East Riding as a whole and nationally. Over half of all jobs in Bridlington are within three sectors: accommodation & food services (18.9%), health (18.2%) and retail (15.8%), which account for less than one-third of jobs in East Riding and England as a whole.

Accommodation and food services and retail jobs strongly rely on tourism and are therefore affected by seasonality. In contrast, the health sector can provide stable, secure and year-round employment

Figure 2-12: Top 5 employment sectors in Bridlington, % of employment (2023)



Source: Business Register and Employment Survey (BRES), 2023

Looking at trends in employment by sector, over the past five years the largest number of additional jobs in Bridlington have been created in the accommodation and food services sector and the arts, entertainment, recreation and other services sector. Employment in health (including care) has fallen slightly in Bridlington, in contrast to significant growth seen in East Riding and nationally.

Figure 2-13: Total employment by sector in Bridlington (2018 & 2023)

Sector	Total Employment			% Change 2018-2023		
	2018	2023	Change 2018-2023	Bridlington	East Riding	England
Accommodation & food services	1,550	1,745	195	13%	18%	10%
Health	1,705	1,680	-25	-1%	6%	12%
Retail	1,515	1,460	-55	-4%	0%	-7%
Education	1,120	1,070	-50	-4%	0%	2%
Arts, entertainment, recreation & other services	550	725	175	32%	11%	7%
Professional, scientific & technical	405	400	-5	-1%	0%	14%
Public administration & defence	550	400	-150	-27%	13%	16%
Business administration & support services	320	335	15	5%	-33%	2%
Construction	285	330	45	16%	40%	7%
Motor trades	155	225	70	45%	40%	-2%
Manufacturing	190	215	25	13%	0%	-3%
Wholesale	210	210	0	0%	11%	-4%
Transport & storage (inc postal)	165	140	-25	-15%	14%	10%

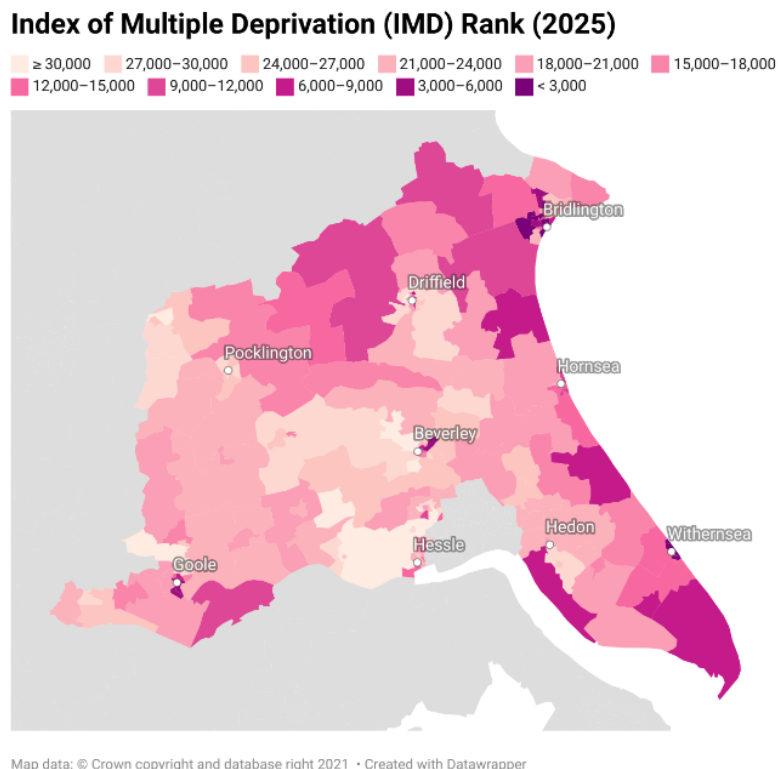
Sector	Total Employment			% Change 2018-2023		
	2018	2023	Change 2018-2023	Bridlington	East Riding	England
Property	175	125	-50	-29%	14%	13%
Mining, quarrying & utilities	80	60	-20	-25%	11%	-4%
Financial & insurance	130	55	-75	-58%	0%	5%
Information & communication	25	40	15	60%	0%	13%
Agriculture, forestry & fishing	60	30	-30	-50%	-14%	-5%
Total	9,190	9,245	55	1%	4%	5%

Source: Business Register and Employment Survey (BRES), 2018-2023

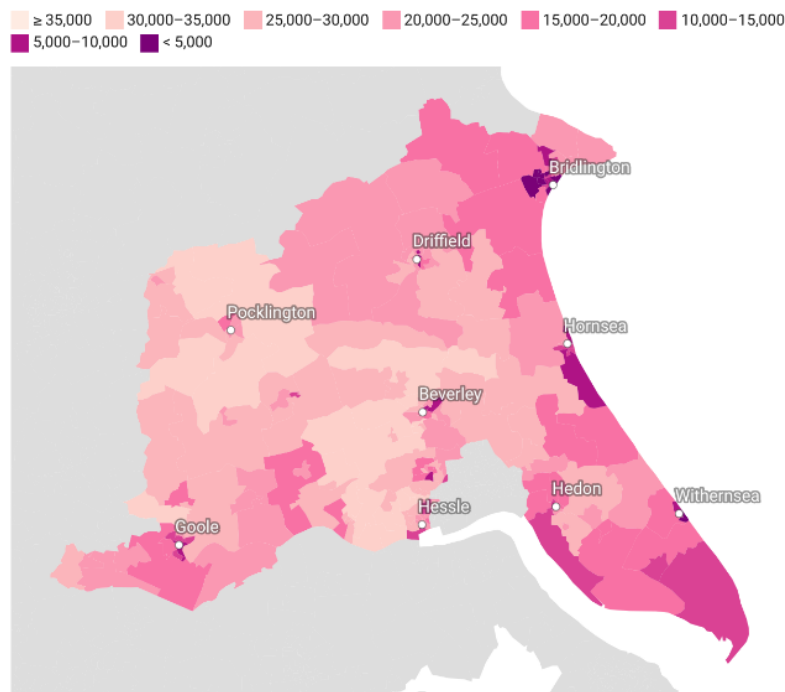
2.8. Deprivation

According to the 2025 Index of Multiple Deprivation (IMD), East Riding is less deprived than the England average (with 10% of its LSOAs (22) classed as being amongst the most 20% deprived nationally). However, its position has worsened in relative terms since 2019, and there are areas of severe deprivation including in Bridlington, where one LSOA is ranked as the 44th most deprived in England. Residents of more deprived areas are more likely to be in worse health, spend more of their lives in poor health, require greater access to healthcare and other services. However, these greater needs are often not met.

Figure 2-14: East Riding IMD and Health Deprivation Rank (2025)



Health Deprivation and Disability Rank (2025)



Map data: © Crown copyright and database right 2021 • Created with Datawrapper

Source: IMD (2025)

2.9. Conclusion

The socio-economic context supports the choice of Bridlington as a place to pilot a new approach to strengthening health and care training, education and workforce development. Health is one of the most important employment sectors within the town and, compared to other significant employers locally (accommodation and food services; retail) offers more secure, year-round employment with the potential for progression (see section 5). However, employment growth within the health and care sector has been lower in Bridlington than nationally and regionally.

Bridlington’s labour market is relatively weak, with low rates of employment, high levels of economic inactivity and above-average unemployment. Qualification levels within the resident population are also considerably lower than in East Riding as a whole, limiting individuals’ ability to progress within the labour market – and limiting earnings and household incomes. A new model to support education, training and workforce development within health and care, which could open up progression pathways for people who do not hold higher level qualifications, could create new opportunities for local residents as well as creating the skilled workforce required to meet local health needs.

3. Health and care workforce context

Health and care workforce shortages are a national challenge, but demographic change, deprivation and the coastal location mean these pressures are more acute in Bridlington, requiring a coordinated, place-based response focused on skills, progression and workforce sustainability.

3.1. National context

National health and care workforce challenges

NHS workforce. Despite sustained growth in the NHS workforce, recruitment and retention pressures remain significant. The NHS employed around 1.4 million full time equivalent staff in England in 2024, representing growth of approximately 36% since 2010. However, workforce expansion has not been sufficient to resolve capacity pressures, highlighting that staffing challenges extend beyond headcount alone to include skill mix, deployment, and productivity.

Recruitment difficulties persist across several parts of the system. At any one time, the NHS has around 100,000 vacant posts, with vacancy rates highest in mental health services at around 9% and community services at around 7%. These persistent gaps indicate ongoing challenges in filling posts substantively and sustainably, particularly in hard to recruit settings.

Retention pressures further compound recruitment challenges. The annual NHS staff leaving rate has remained at around 11%, with more than 50% of leavers leaving voluntarily. High workloads, stress, and work life balance pressures are consistently cited as key factors influencing decisions to leave, contributing to continued churn within the workforce.

Staffing accounts for the largest share of NHS expenditure, underlining that improving performance cannot rely solely on increasing workforce numbers. The evidence points to the need for investment in the right mix of skills, improved staff wellbeing, stronger domestic education and training pipelines, and better retention outcomes to ensure the workforce is sustainable over the long term

Social care. Adult social care faces several longstanding workforce challenges, including: the increasing demand for care; high vacancy and turnover rates; low pay with limited pay progression; and poor terms and conditions compared to competing occupations (including similar roles within the NHS).

Adult social care in England is facing sustained recruitment pressure as demand grows with an ageing population. In 2023/24 there were an average of 8.3% of roles vacant, equivalent to around 131,000 unfilled posts. Although this is down from a peak of about 10.6% (164,000) in 2021/22, the vacancy rate remains significantly higher than the wider UK economy and reflects ongoing difficulties in attracting and retaining staff.³ Turnover is another major challenge. In the same period roughly 24% of directly employed staff left their jobs, amounting to an estimated 350,000 leavers over the year. High turnover means employers must recruit not just to grow capacity but to replace existing workers. A large share of

³ Skills for Care (2024). 'The state of the adult social care sector and workforce, pp-48-56'. [Available here](#).

recruitment, around 57% in 2023/24, comes from within the sector due to this churn, highlighting the instability of the workforce.

Pay and conditions contribute to recruitment difficulties. Care worker pay in the independent sector sits among the lowest across the economy, and the difference in pay between new and experienced staff has narrowed, reducing incentives for retention. A notable share of roles are offered on insecure terms: in earlier data around 21% of the workforce were on zero-hours contracts, rising to 47% in domiciliary care roles, which can deter new entrants.

International recruitment helped reduce vacancies between 2022/23 and 2023/24 by adding significant numbers of workers from overseas. However, this makes the sector vulnerable to immigration policy changes and does not address underlying issues of pay competitiveness or career development.

Underpinning these recruitment pressures is the scale of future workforce need: estimates suggest the sector will require hundreds of thousands more posts by 2035 and beyond to meet demographic demand, with one projection indicating a need for around 430,000 additional posts by 2035.⁴ The combination of high vacancies, high turnover, low pay, insecure contracts and future demand growth highlights the severity of recruitment challenges in adult social care.

National strategic direction for the health and care workforce

National policy highlights the scale of workforce change required across both health and social care. The NHS [Fit for the future: 10 Year Health Plan for England 2025](#), sets the overarching strategic direction for the health and care system and provides the context within which workforce and skills planning must operate.

The plan articulates a long-term vision focused on improving population health, redesigning service delivery and strengthening workforce capability across health and care. Below are the key priorities highlighted in the plan.

- Improving population health and reducing inequalities, with a clear focus on increasing healthy life expectancy and tackling the social determinants of health.
- Shifting care closer to home and into communities, moving away from hospital-centred models towards neighbourhood-based services, stronger primary care and expanded multidisciplinary teams.
- Prevention and early intervention, to reduce avoidable illness and long-term demand on services.
- Digital transformation and data enablement, including interoperable systems, shared patient records and improved use of data to support service redesign and workforce productivity.
- Innovation, technology and productivity, with advanced technologies, artificial intelligence and genomics identified as central to modernising care delivery.
- Workforce transformation and new roles, recognising that demographic change and rising demand require new workforce models, enhanced skills pathways and closer alignment between workforce planning and service needs.
- Integrated and place-based working, with integrated care systems positioned as the primary mechanism for delivering reform across health, care and wider public services.

⁴ Op. cit. (p123)

These priorities make clear that delivery of national ambitions for prevention, community-based care and integrated services is contingent on having a workforce with the right skills, capacity and progression opportunities in place.

[The NHS Long Term Workforce Plan \(published in June 2023 by NHS England\)](#) provided the first long term system-wide strategy for the NHS workforce. It highlighted the need to **train** (increasing the use of apprenticeships and alternative entry routes to widen participation, strengthen entry level pathways and build a more resilient long term workforce pipeline); **retain** (improving workplace culture, leadership and staff wellbeing, providing greater flexibility in careers, working patterns and retirement, and investing in professional development and lifelong learning); and **reform** (working and training differently, modernising education and training to align with future service needs and rebalancing the workforce towards primary, community and mental health settings). Although a new 10 Year Workforce Plan is due to be published shortly (to align with the new 10 Year Health Plan), the need to train, retain and reform recruitment and progression within the NHS are likely to continue to be major priorities.

A similar reframing is emerging in relation to social care. The independent Casey Review⁵ sets out a clear diagnosis of long-standing structural weaknesses in the adult social care system, including workforce shortages, high turnover, low pay, limited progression and inconsistent training and regulation. These issues closely mirror those identified in earlier workforce strategies and remain highly relevant to understanding local care labour markets.

At the same time, the review emphasises the need for a more sustainable and credible long-term direction for social care. This includes stabilising the workforce, improving skills and career pathways, and strengthening integration with health services, rather than relying on continual workforce expansion to meet rising demand. As with health, the focus is shifting towards reforming roles, improving retention and productivity, and aligning workforce development more closely with place-based models of care.

This direction is reinforced by A Workforce Strategy for Adult Social Care in England⁶ and the Care Workforce Pathway guidance⁷. Together, these set out a clearer national framework for roles, progression and professional development, including a shared career structure, defined role expectations, support for professionalisation, and stronger alignment with integrated care ambitions.

Overall, national policy across health and social care recognises the scale of the workforce challenge and the need for strategic, long-term and focused action to build a sustainable workforce capable of supporting prevention, community-based care and integrated service delivery.

3.2. Local context

Health and care challenges in coastal towns

The health challenges facing coastal communities were the focus of the Chief Medical Officer's (CMO) Annual Report in 2021⁸. His 2023 report⁹ focussed on health in an ageing society and emphasised that rural, semi-rural and coastal areas such as East Yorkshire are ageing much more rapidly than urban

⁵ Department for Health & Social Care (2025). 'Independent commission into adult social care: terms of reference'. [Available here](#).

⁶ Skills for Care (2025). A Workforce Strategy for Adult Social Care in England. [Available here](#).

⁷ Skills for Care (2025). 'The Care Workforce Pathway'. [Available here](#).

⁸ Chief Medical Officer (2021). 'Chief Medical Officer's Annual Report 2021: Health in Coastal Communities'. [Available here](#).

⁹ Chief Medical Officer (2023). 'Chief Medical Officer's Annual Report 2023: Health in an Ageing Society'. [Available here](#).

areas. The reports highlight multiple factors underlying poorer health outcomes in coastal areas, including:

- The attraction of older citizens to coastal areas, with more and increasing health problems
- The challenge of attracting NHS and social care staff to peripheral areas
- Smaller catchment areas mean health services are being withdrawn
- Limited transport options making it hard for people to access services, jobs and education and training
- The higher proportion concentrations of deprivation and ill health
- The higher prevalence of seasonal work, impacting on prosperity and wellbeing.

The health and care workforce challenges in Bridlington are consistent with those identified nationally. Pressures relating to recruitment, retention, progression and skills alignment reflect wider structural issues within the sector rather than place specific factors.

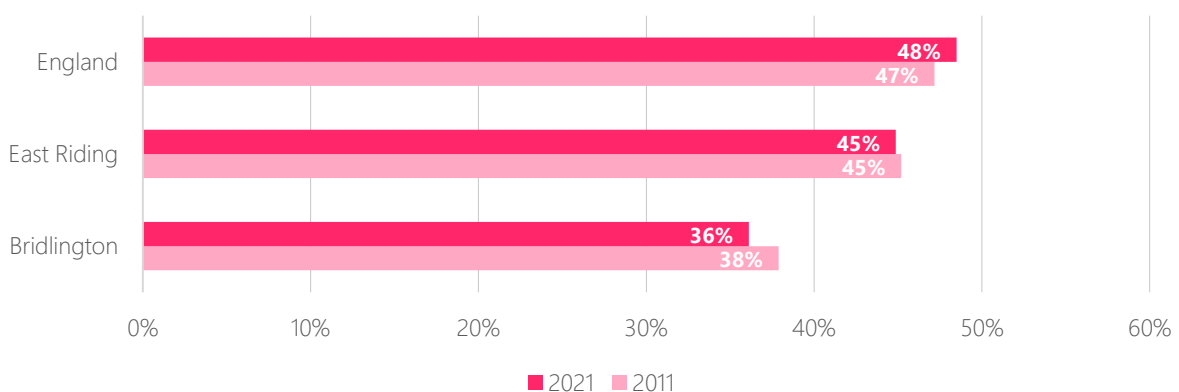
Population health needs in Bridlington

Bridlington’s general health lags behind the national average and East Riding in several areas, indicating a need for greater provision of physical and mental health services. According to Census data, Bridlington residents are more likely to be providing unpaid care (10.6% of the total) compared to residents in non-coastal areas of East Riding (8.9%). Bridlington residents are particularly likely to be providing more than 20 hours of unpaid care a week (6.7% compared to 4.7% in East Riding).

An ageing population combined with positive net inward migration of people of retirement age creates challenges in improving the general health of Bridlington, and healthy life expectancy in East Riding has fallen between 2015 and 2023. For females it has fallen from 64.3 to 61.6 and for men from 63.9 to 61.3, with these trends reflecting the national picture.

Bridlington had a lower rate of residents who described their health as ‘very good’ (36%) compared to East Riding of Yorkshire (45%) and England as a whole (48%) in the 2021 census. Alongside this the percentage of Bridlington residents reporting ‘very bad health’ increased between 2011 and 2021.

Figure 3-1: Proportion of residents describing their health as ‘very good’ (2011 & 2021)



Source: Census, 2011 & 2021

There is a larger prevalence of long-term illness in Bridlington compared to East Riding as a whole. The prevalence of depression is 14.7% compared to 13.3% in East Riding. According to the Small Area Mental Health Index (SAMHI), which is a composite annual measure of population mental health for each LSOA in England, Bridlington North (1.13) and South (1.89) are both higher than East Riding (0.44), indicating there is a higher level of need in these areas comparatively. The proportions of residents in Bridlington South and Bridlington North receiving Personal Independence Payments due to mental health conditions are higher than in East Riding, 7.89% and 3.36% respectively compared to 2.89% in East Riding. The poor health levels in Bridlington compared to the average of East Riding of Yorkshire indicate a need for strong healthcare provision.

There is also a clear difference in hospital admissions between East Riding's coastal and non-coastal populations, with coastal populations having a higher rate per 1,000 people. Premature death rates were 24.6 per 1,000 compared to 14.6 for coastal and non-coastal areas respectively. There were also higher rates of emergency hospital admissions between 2017 and 2022 related to coronary heart disease, self-harm, COPD and alcohol, indicating a greater need for health and care services – and therefore a skilled health and care workforce – in the region.

Local strategic response

The [East Riding Health and Wellbeing Board](#) is responsible for setting the strategic direction for improving health and wellbeing across the East Riding of Yorkshire. The Board brings together the local authority, NHS, public health and wider partners to agree shared priorities and coordinate action across the local health and care system.

The [Joint Health and Wellbeing Strategy 2023–2028](#) sets out the Board's priorities for addressing local health needs and reducing inequalities over the five-year period. Key priorities in the strategy include: prevention and healthier lifestyles; reducing health inequalities; mental health and wellbeing; supporting people to live independently for longer; community support and social connection and workforce wellbeing and healthy workplaces.

Delivering these priorities depends on the availability of a skilled, resilient and sustainable local health and care workforce, particularly in community and neighbourhood-based roles.

3.3. Conclusion

The context review supports the concept of a new training, education and workforce development model for the health and care sector. National and local strategies are closely aligned in their assessment of health and social care challenges and the action required to address them. Both emphasise prevention, early intervention, community-based care, integrated working and reducing inequalities as central to improving outcomes. Across both levels, the workforce is positioned as a critical enabler of reform. National policy highlights the need for workforce reform, retention and skills development to support new models of care, while local strategy recognises the importance of a supported and resilient workforce to deliver neighbourhood and community focused services.

4. Demand for health and care workers

Labour market data illustrates the strength of demand for health and care workers and the number of employment opportunities available nationally, in East Riding and in Bridlington. Health and care roles make up a significant share of all job postings; with demand more pronounced in Bridlington (24.9%) and ERYC (18.2%) than nationally (13.6%). Both national and local recruitment activity is heavily concentrated in frontline care roles, particularly care workers and home carers, alongside nursing occupations. The data for Bridlington shows a particularly high proportion of jobs in care roles.

4.1. Introduction

Demand for health and care workers is derived from the demand for health and care services within the population. As the population ages and levels of illness within the population increase, demand for health and care workers is also increasing.

This section uses data at national, East Riding and Bridlington level to analyse current employment opportunities in the health and care sector. Data at national and East Riding level is from the Office for National Statistics' Labour demand volumes by Standard Occupational Classification 2020¹⁰. Vacancy data was aggregated over a 12-month period (monthly data from December 2024 to November 2025 for the UK, and quarterly data from Q4 2024 to Q3 2025 for East Riding¹¹, providing the most up-to-date available picture for each area¹²). Equivalent ONS data is not available at Bridlington level. For Bridlington labour market information, the report draws on Lightcast data provided by ERYC.

A summary of the labour market data is included in this section, with the full data tables provided in Annex 1.

4.2. Overview of national and local demand for health and care workers

Figure 4.1 shows the number of job postings nationally and in East Riding of Yorkshire over a 12-month period. It compares total job postings with those in health and care and sets out the share of all advertised roles that are in the health and care sector at national and local level. Health and care roles account for over 18% of jobs advertised in East Riding, compared to 13.6% across the UK as a whole.

¹⁰ Office for National Statistics (2020) 'Standard Occupational Classification (SOC 2020)'. [Available here](#).

¹¹ Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification (SOC 2020), UK. [Available here](#).

¹² Local and national data are not available for the same exact time period (local data is available quarterly and national data is available monthly)

Figure 4-1 Health and care occupations as a share of total job postings (UK and East Riding)

	UK (Dec '24 – Nov '25)	East Riding of Yorkshire Council (Q4 '24 – Q3 '25)
Total job postings	8,022,068	22,895
Health and care job postings	1,087,093	4,166
Health and care job postings as % of national job postings	13.6%	18.2%

Source: Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

Job postings data shows that recruitment demand for health and care occupations is strongly weighted towards frontline care roles at both national and East Riding level. This is more pronounced in East Riding than across the UK as a whole, reflecting the greater concentration of health and care jobs in adult social care and community-based settings compared to the national position.

This is illustrated in figure 4.2 which shows total health and care job postings by broad SOC group over a 12-month period, with the absolute numbers shown in figure 4.3. Caring personal services account for 38% of all UK health and care job postings but 48% of total demand in East Riding. This 10-percentage point difference highlights the extent to which the local labour market is more heavily reliant on care workers and related roles than is the case nationally.

Nursing professionals form the second largest source of demand in both geographies, accounting for 15% of total postings nationally and locally. This suggests that recruitment demand for nursing roles in East Riding broadly mirrors national patterns, despite much lower absolute volumes.

After welfare and housing associate professionals, which account for 9% of advertised jobs nationally and 8% in East Riding, the next three most common occupational groups are all professional occupations – other health professionals¹³, therapy professionals¹⁴ and health professionals¹⁵. These groups illustrate a significant difference between the national and local labour markets – accounting for 24% of health and care job roles advertised nationally but only 15% of roles advertised in East Riding or Yorkshire.

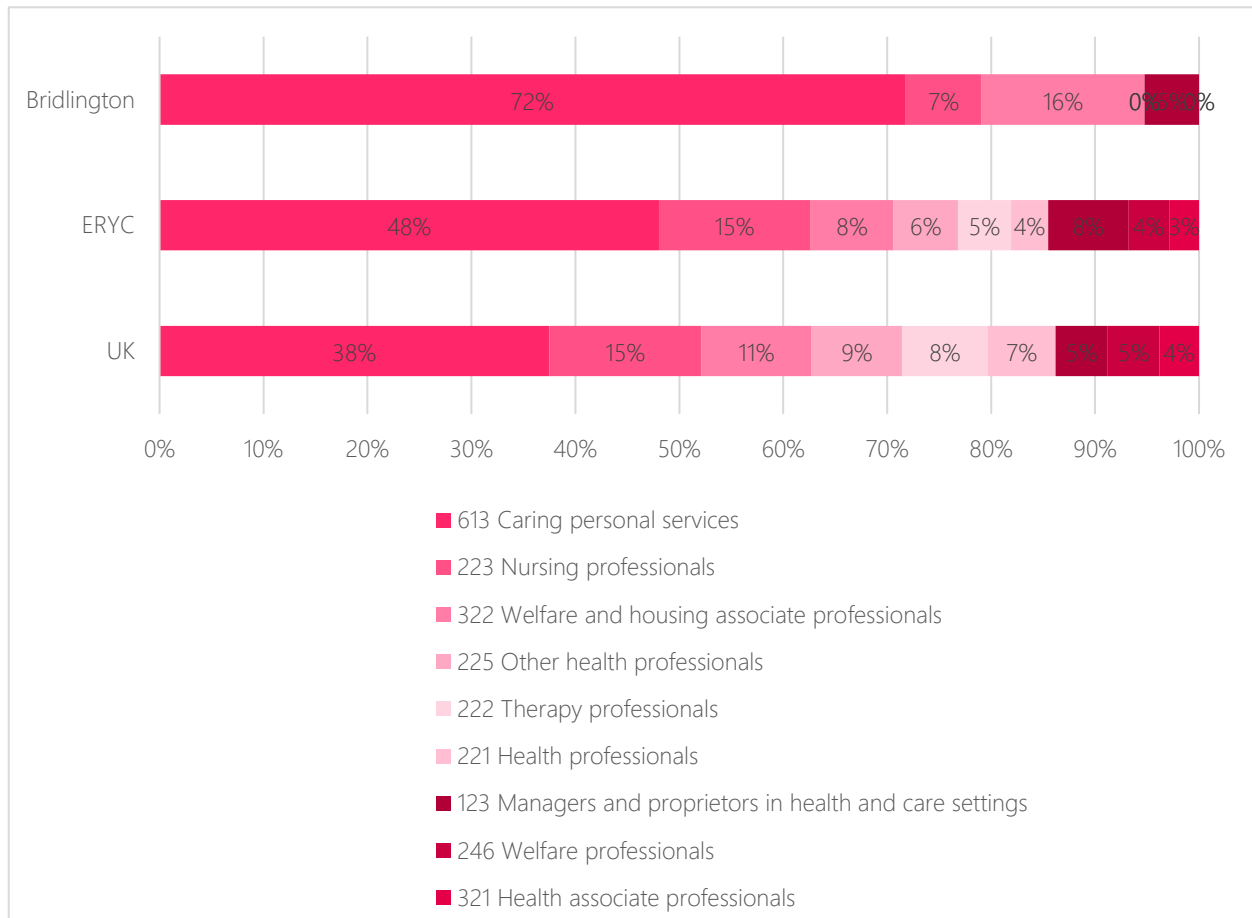
The lower share of professional and specialist roles in East Riding and Bridlington reflects the structure of NHS service provision in the area. Bridlington Hospital is run by York and Scarborough Teaching Hospitals NHS Foundation Trust. It provides planned orthopaedic surgery (including all planned orthopaedic surgery for the Yorkshire coast), rehabilitation, mental health services, outpatient clinics and a 7am to 11pm Urgent Treatment Centre. It does not have a full A&E department or intensive care unit and does not take unselected emergency admissions. Most acute, emergency and specialist medical services for the area are therefore provided at Scarborough, Hull and York. The roles that exist in Bridlington are concentrated in care homes, community settings, the hospital's planned care services and outpatient clinics. The vacancy data reflects this local service offer. There is strong demand for frontline care and community nursing. There are few opportunities in the intermediate and professional clinical roles that require acute admission, emergency or intensive care settings.

¹³ The 'Other health professionals' occupational category includes pharmacists, optometrists, dental practitioners, medical radiographers, paramedics, podiatrists, and other health professionals

¹⁴ 'Therapy professionals' includes physiotherapists, occupational therapists, speech and language therapists, psychotherapists, clinical psychologists, other psychologists and other therapy professionals not elsewhere classified

¹⁵ Including generalist medical practitioners and specialist medical practitioners

Figure 4-2 Health and care job postings by occupational group (UK and East Riding)



Source: Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

Figure 4-3: Total health and care job postings by SOC group

SOC Group	UK job postings Dec 24 – Nov 25	% of UK H&C job postings	ERYC job postings Q4 '24 – Q3 '25	% of ERYC H&C job postings
613 Caring personal services	407,811	38%	2,002	48%
223 Nursing professionals	159,094	15%	607	15%
322 Welfare and housing associate professionals	115,150	11%	333	8%
225 Other health professionals	94,393	9%	258	6%
222 Therapy professionals	89,912	8%	212	5%
221 Health professionals	70,840	7%	149	4%
123 Managers and proprietors in health and care settings	54,475	5%	321	8%
246 Welfare professionals	54,124	5%	165	4%
321 Health associate professionals	41,294	4%	119	3%
Total	1,087,093	100%	4,166	100%

Source: Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

4.3. Most advertised health and care occupations (UK and East Riding)

Within these occupational groups, it is possible to look at employment opportunities within specific occupations. A full list of job postings by health and care occupation is provided in Annex 1. Figure 4.4 below shows the most common postings at UK and ERYC level.

National labour demand is heavily concentrated in frontline care and nursing roles. Care workers and home carers account for by far the largest volume of new job postings, with over 205,000 adverts issued between December 2024 and November 2025. This is followed by nursing auxiliaries and assistants at nearly 99,000 postings, and other registered nursing professionals at around 77,000. High levels of demand are also evident for specialist medical practitioners, care managers, senior care workers and social workers, each recording between 40,000 and 57,000 postings over the year.

The East Riding job postings profile broadly reflects the national structure but with an even stronger emphasis on frontline care occupations. Care workers and home carers account for the largest share of local recruitment demand, with 1,103 job postings over the year, followed by nursing auxiliaries and assistants at 434 postings and other registered nursing professionals at 266 postings.

The same 15 health and care occupations account for the largest number of vacancies both nationally and in ERYC, indicating strong alignment between local and national demand profiles. The differences lie in scale and ranking rather than the types of roles in demand.

In both geographies, recruitment is dominated by frontline care and nursing roles, particularly care workers and home carers and nursing auxiliaries and assistants. Registered nursing roles, social workers and allied health and community occupations also feature. However, in relative terms there are fewer opportunities for specialist medical practitioners in East Riding (4th most common opportunity nationally but 9th most common in East Riding) and more for residential, day and domiciliary care managers and proprietors and senior care workers (6th and 7th most common opportunities nationally but 3rd and 5th most common in East Riding).

This reflects the configuration of local services rather than stronger retention. Bridlington Hospital is the local district hospital and is run by York and Scarborough Teaching Hospitals NHS Foundation Trust. It provides planned orthopaedic surgery, rehabilitation, outpatient clinics and a 7am to 11pm Urgent Treatment Centre. It does not have a full A&E department or intensive care unit and is not equipped to take unselected emergency admissions. Acute, emergency and most specialist medical services for the area are therefore provided at Scarborough Hospital, at Hull Royal Infirmary and Castle Hill Hospital, and at York Hospital. As a result, few specialist medical vacancies arise locally. The lower posting volume does not indicate better specialist retention in East Riding. It indicates that these roles are simply not based locally in significant numbers.

Figure 4-4: Top 15 most common health and care job postings (UK and East Riding)

Occupations	UK Total new job postings (Dec 24 – Nov 25)	ERYC Total new job postings (Q4 '24 – Q3 '25)
Care workers and home carers	205,543	1,103
Nursing auxiliaries and assistants	98,730	434
Other registered nursing professionals	76,832	266

Occupations	UK Total new job postings (Dec 24 – Nov 25)	ERYC Total new job postings (Q4 '24 – Q3 '25)
Specialist medical practitioners	57,463	118
Welfare and housing associate professionals n.e.c.	49,573	159
Residential, day and domiciliary care managers and proprietors	48,845	276
Senior care workers	46,519	248
Social workers	40,617	123
Other health professionals n.e.c.	31,879	109
Youth and community workers	27,831	89
Occupational therapists	24,393	59
Registered community nurses	22,276	120
Dental nurses	22,196	79
Registered nurse practitioners	21,949	98
Pharmacists	21,606	70

Source: Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

4.4. Demand for health and care workers in Bridlington

Analysis of Lightcast data shows that health and care roles form a significant part of the Bridlington labour market. Of the 1,283 unique job postings advertised between July 2024 and July 2025, 320 were in health and care, representing 24.9% of all postings. This indicates that around one in four employment opportunities in Bridlington are in the health and care sector – a much higher proportion than seen either nationally or in East Riding as a whole.

Figure 4-5 Health and care occupations as a share of total job postings (Bridlington)

	Bridlington (Jul '24 – Jul '25)
Total job postings	1,283
Health and care job postings	320
Health and care job postings as % of national job postings	24.9%

Source: Lightcast data (2025)

Figure 4.6 shows the most commonly advertised job roles in Bridlington over a 12-month period, and the median length of time for which each role was advertised. The shading indicates health and care roles.

Figure 4-6 Top job postings in Bridlington July 24-July 25

Occupation (SOC)	Unique Postings (Jul '24 - Jul '25)	Median Posting Duration
Care Workers and Home Carers	206	32 days
Kitchen and Catering Assistants	110	22 days
Cleaners and Domestic	90	20 days
Sales Related Occupations.	88	22 days
Sales and Retail Assistants	66	19 days
Bar Staff	42	30 days
Waiters and Waitresses	36	30 days

Occupation (SOC)	Unique Postings (Jul '24 - Jul '25)	Median Posting Duration
Sales Supervisors - Retail and Wholesale	35	24 days
Other Registered Nursing Professionals	31	15 days
Customer Service Occupations*	30	16 days
Roundspersons and Van Salespersons	26	18 days
Social Workers	24	21 days
Chefs	24	25 days
Bar and Catering Supervisors	23	17 days
Construction and Building Trades*	22	20 days
Teaching Professionals*	21	18 days
Youth and Community Workers	21	25 days
Teaching Assistants	21	26 days
Managers and Directors in Retail and Wholesale	20	22 days
Cooks	19	30 days
Personal Assistants and Other Secretaries	17	26 days
Assemblers and Routine Operatives*	17	35 days
Residential, Day and Domiciliary Care Managers and Proprietors	15	11 days
Plant and Machine Operatives*	15	29 days
Packers, Bottlers, Canners and Fillers	15	27 days
Housekeepers and Related Occupations	14	23 days
Health Care Practice Managers	13	23 days
Receptionists	13	16 days
Early Education and Childcare Practitioners	12	21 days
Large Goods Vehicle Drivers	12	26 days
Bookkeepers, Payroll Managers and Wages Clerks	11	29 days
Other Administrative Occupations*	11	32 days
Welding Trades	11	17 days
Carpenters and Joiners	11	30 days
Other Elementary Services Occupations*	11	27 days
Youth Work Professionals	10	34 days
Security Guards and Related Occupations	10	14 days
Warehouse Operatives	10	17 days
Quality Assurance Technicians	9	29 days
Transport and Distribution Clerks and Assistants	9	21 days
Retail Cashiers and Check-out Operators	9	15 days
Elementary Construction Occupations*	9	11 days
Primary Education Teaching Professionals	8	21 days
Special and Additional Needs Education Teaching Professionals	8	29 days
Engineering Technicians	8	18 days
Merchandisers	8	15 days
Catering and Bar Managers	8	25 days
Sports and Leisure Assistants	8	26 days
Textile Process Operatives	8	24 days
Process Operatives*	8	28 days
Total unique postings	1,283	N/A
Health and care unique postings	320	
Health and care postings as a percentage of total	24.9%	

*Not elsewhere classified

Source: Lightcast data (2025)

Care workers and home carers is the most frequently advertised occupation, with 206 job opportunities – nearly twice as many as the next most commonly advertised job role (kitchen and catering assistants). The long median posting duration of 32 days suggests persistent difficulties in filling positions, something that was validated in stakeholder consultations. Other health and care roles with notable demand include other registered nursing professionals with 31 postings and social workers with 24 postings, both indicating some local demand in clinical and professional roles. However, compared to the East Riding data, and in even greater contrast with the national data, there is a lack of job opportunities in the health professionals, therapy professionals and other health professionals occupational groups.

4.5. Conclusion

The demand for health and care workers analysis confirms strong and sustained demand for health and care workers at national, East Riding and Bridlington level. Health and care roles account for a significant share of all job postings, with demand more pronounced locally, reflecting the importance of the sector to the East Riding labour market.

Across all geographies, recruitment demand is concentrated in frontline care and nursing roles. The data highlights ongoing pressures in adult social care and community-based services, with evidence of persistent recruitment challenges, particularly in Bridlington, where re-advertising and longer posting durations indicate difficulties in filling key roles. The data also illustrates the extent to which local opportunities in health and care are currently limited in Bridlington, with relatively few associate professional or professional opportunities being advertised.

The contextual information presented in section 3 indicates that, as the focus in health and care provision moves towards prevention, early intervention, community-based care and integrated working, workforce requirements and the skills required within the existing health and care workforce are likely to change. There is therefore a need to develop a local workforce which can not only meet the demands of today's health and care provision but anticipate and respond to future patterns of health and care service provision.

5. Pathways to secure and highly skilled health and care employment

The local labour market data highlights employment opportunities in Bridlington in adult social care, nursing, social work and youth support. Within each of these occupational areas, there are nationally defined pathways for progression meaning that with appropriate education and training and opportunities to develop skills and experience within the workplace, it should be possible to move from entry level to higher-skilled roles.

5.1. Introduction

This section sets out how people enter and progress through the most in demand¹⁶ health and care roles across the UK. The Lightcast data set out in section 4 has been used to identify key health and care occupations in Bridlington; the 'occupational families' in which each of these sits have been identified using Skills England's mapping¹⁷. Typical progression pathways within these 'families' are mapped, showing role interconnections as responsibility and qualification levels increase. Drawing upon the stakeholder consultations, the section sets out how people experience these pathways locally, highlighting where disengagement occurs, and explaining why these drop off points occur.

5.2. Occupation families for current health and care roles in Bridlington

Skills England groups occupations into fifteen occupational families based on shared skills, knowledge and behaviours. These families are designed to show how people enter a sector and progress over time, bringing individual roles together into structured pathways rather than treating them in isolation. The health and care occupations identified in Bridlington fall within three of these occupational families:

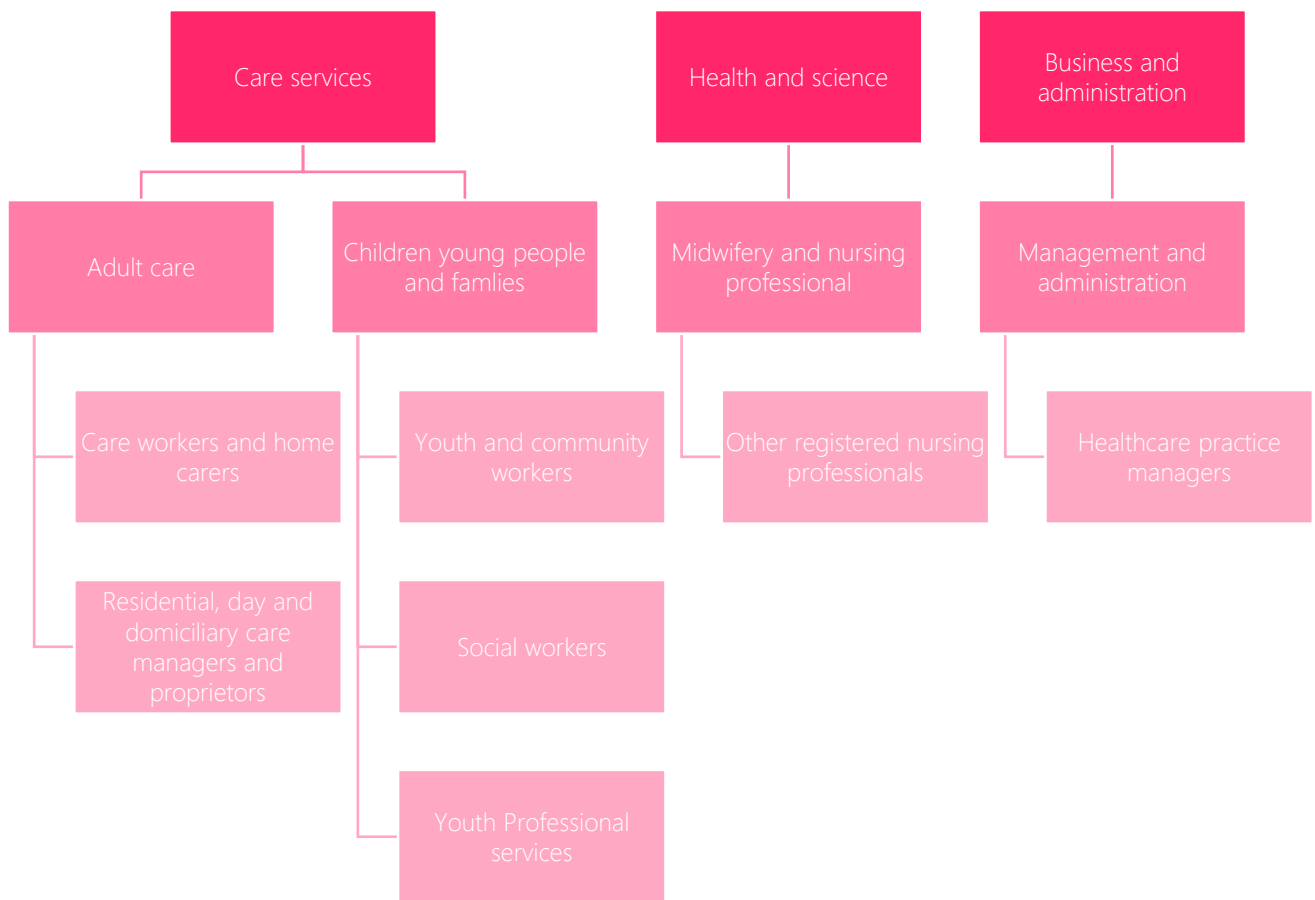
- **Care services.** These include pathways built around core capabilities such as safeguarding, communication, ethical practice and person-centred support, applied across a range of care settings.
- **Health and science.** This covers clinical and technical roles that support the delivery of health services. This includes regulated professions and supporting occupations linked to diagnosis, treatment and patient care, such as registered nursing roles.
- **Business and administration.** These include managerial, administrative and practice management roles that enable health and care services to operate effectively. This includes healthcare practice managers and related roles that provide leadership, coordination and operational support across organisations.

The figure below shows how the health and care occupations identified in Bridlington sit within these three occupational families.

¹⁶ Within Bridlington

¹⁷ Skills England (2025). 'Occupational Maps'. [Available here](#).

Figure 5-1: Occupational families relevant to this study



Source: Kada Research illustration using data from Skills England (2026)

To support understanding of entry points and progression, the occupations identified in Bridlington are also grouped by typical qualification level (according to the Skills England mapping). This shows how local demand aligns with different stages of education and training and provides a foundation for the pathway analysis that follows. Each ‘family’ also includes a wide range of other roles which the Lightcast data shows are not currently in demand in Bridlington. However, these still provide opportunities for progression for those who are willing and able to travel outside the local area for work – and potentially may become available locally as changes are made to the way in which health and care services are delivered in future¹⁸.

¹⁸ E.g. as set out in the previously mentioned 10 Year Health Plan for England, which sees greater place-based and community provision of health services.

Figure 5-2: Grouping health and care occupations identified in Bridlington by qualification level

Technical Qualifications Levels 2 to 3 ¹⁹	Higher technical qualifications Levels 4 to 5 ²⁰	Professional qualifications Levels 6 to 7 ²¹
Care workers and home carers	Residential, day and domiciliary care managers and proprietors	Other registered nursing professionals
Youth and community workers	Health care practice managers	Youth work professionals
		Social workers

Source: Lightcast vacancy data (2025)

This qualification-based grouping highlights where demand is concentrated across entry level, intermediate and professional roles. The sections that follow build on this, mapping how these roles sit within occupational pathways, how people typically enter the workforce, and where progression opportunities and constraints arise in the local context.

5.3. Adult care worker pathway

Two occupations within adult social care were identified through the Bridlington mapping and vacancy analysis. These are Care Workers and Home Carers and Residential, Day and Domiciliary Care Managers and Proprietors. These roles sit at opposite ends of the adult social care pathway and together illustrate both the main entry point into the sector locally and the senior leadership roles that exist within the same occupational family.

The figure overleaf shows how these locally identified occupations align with the Skills England adult care work pathway across qualification levels.

The occupation Care workers and Home Carers maps directly to the Skills England occupation Adult Care Worker, which sits at Level 2 within the adult care pathway. This role represents the primary entry point into adult social care and focuses on delivering frontline care and support across residential, domiciliary and community settings. Typical entry routes (according to the Skills England analysis) include technical qualifications and apprenticeships (although local stakeholders highlighted entry without relevant qualifications). This occupation was identified as in demand in Bridlington and was described by stakeholders as the most accessible route into health and care employment locally.

Progression within the pathway typically moves through Lead Adult Care Worker at Level 3. This role involves coordinating care, supporting colleagues and contributing to care planning. While this occupation did not appear in the Bridlington vacancy data, it is included to illustrate the next step within the national pathway and the point at which additional responsibility and supervisory duties are introduced.

At higher technical level, the pathway includes Lead Practitioner in adult care at Level 4. This role focuses on care quality, specialist practice, mentoring and workforce development. Although it did not

¹⁹ Technical occupations: skilled occupations that a college leaver or an apprentice would be entering, that typically require qualifications at levels 2/3. It is noted that many care workers enter the occupation without formal relevant qualification and then acquire these once in post.

²⁰ Higher Technical occupations: require more knowledge and skills acquired through experience in the workplace or further technical education. They typically require qualifications at levels 4/5.

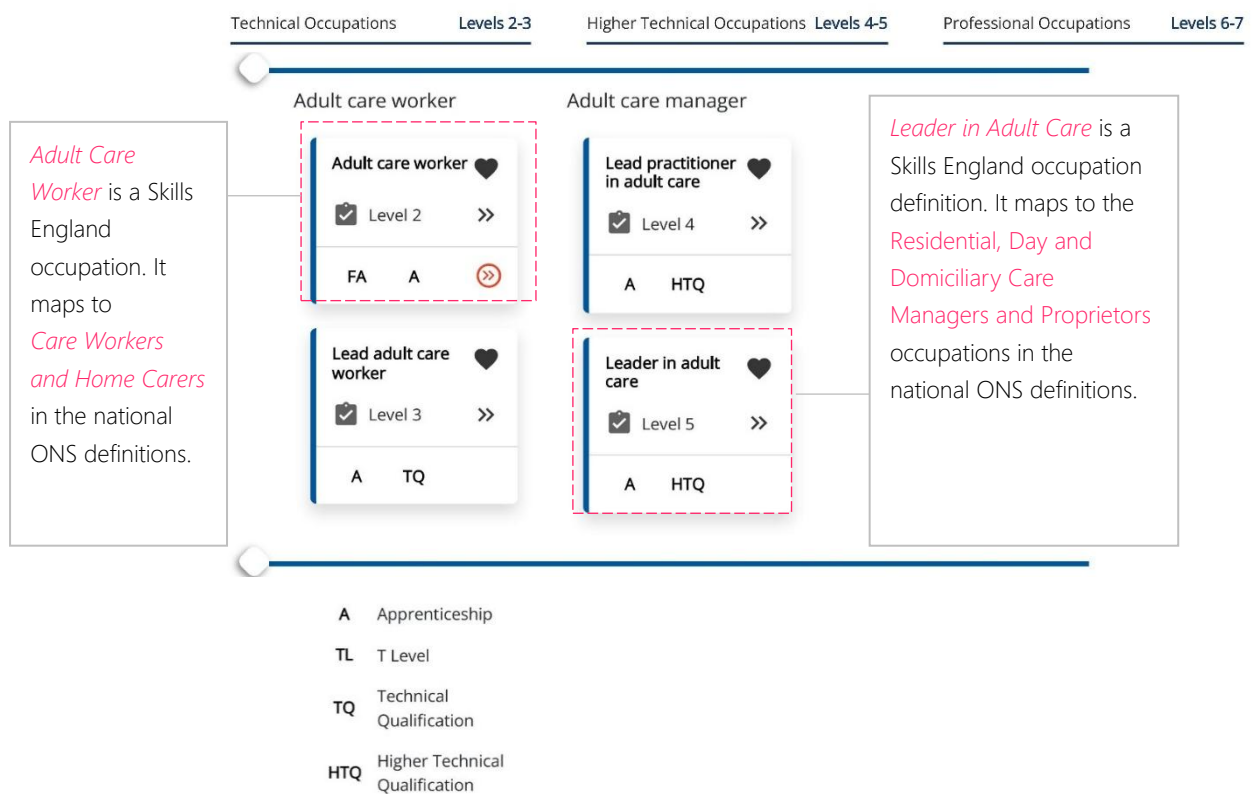
²¹ Professional occupations: occupations where there is a clear career progression from higher technical occupations, as well as those occupations where a degree apprenticeship exists.

feature in local vacancy data, it represents an important progression role within the national pathway and highlights where intermediate progression opportunities are less visible locally.

The occupation Residential, Day and Domiciliary Care Managers and Proprietors maps directly to the Skills England occupation Leader in Adult Care, which sits at Level 5. This role has responsibility for service leadership, regulatory compliance, staffing and operational performance. It was identified as in demand in Bridlington, demonstrating that senior leadership roles within adult social care are present locally.

This pathway shows that adult social care in Bridlington offers a clear entry point and identifiable leadership roles. However, while the national pathway sets out a structured route from entry to leadership, the vacancy data and stakeholder consultations indicate that progression between these points is less clearly realised in practice.

Figure 5-3: Adult care work pathway



Source: Skills England adult care occupations (2025)

Stakeholders described adult social care roles as facing structural recruitment and retention challenges that cut across both entry level care workers and senior care managers. Demand for care is strong,

particularly in domiciliary settings, but providers' ability to expand or stabilise services is constrained by workforce availability rather than lack of need.

"They don't have the staff to take on all the packages."

Stakeholders emphasised that working conditions, rather than lack of interest alone, are a major barrier to recruitment and progression. Domiciliary care roles are shaped by travel requirements, lone working and rigid rotas, which limit accessibility for younger entrants and people seeking flexible work. These issues were seen as affecting the entire pathway, from entry level care workers through to those considering progression into supervisory and management roles.

The co-design workshop in March 2026 produced responses to these structural barriers (see separate report),.

"You're going to need a car, aren't you?" "It is a seven-day rota." "It's not that flexible."

Progression into care management was described as possible but fragile, with stakeholders noting that individuals can move quickly into senior roles once in the sector, but that high turnover and limited visibility of intermediate roles weaken the pathway in practice. This contributes to ongoing churn, with people leaving before progression opportunities are realised.

"It doesn't take long to go up the ranks." "People need to be aware that there's progression." "People move on anyway."

Finally, stakeholders highlighted that lived experience of caring is a key but under used recruitment asset within adult social care. People who have cared informally for family members were seen as well suited to care roles, yet pathways that recognise and convert this experience into sustained employment remain inconsistent, although the HNY ICB Volunteers at the Heart initiative is designed to bring people into care work through structured volunteering with allowances and the Freedom Providers micro-provider scheme already supports 50 local individuals to run small care businesses, providing a working example of how informal caring experience can lead to paid work.

5.4. Nursing pathway

The Bridlington vacancy data identified two roles within the nursing pathway. These are Nursing Auxiliaries and Assistants²² who support registered nurses and other health professionals in delivering care across hospital, community and social care settings, and Other Registered Nursing Professionals, who provide autonomous nursing care and clinical leadership across a range of specialisms.

Nursing Auxiliaries and Assistants represent the main entry point into the nursing pathway locally. These roles typically sit at lower qualification levels and focus on supporting direct patient care, monitoring wellbeing, and assisting clinical staff. While they provide an accessible entry into health employment, progression beyond this role requires formal training and registration.

At a higher technical level, this pathway includes:

²² This role is typically advertised using the title healthcare assistant (this title is available in the vacancy data, but has been grouped more broadly under the care workers and home carers occupation

- **Nursing associates:** The nursing associate role was introduced into the health and care workforce to bridge the gap between health and care assistants and registered nurses. Nursing associate is a stand-alone role that will also provide a progression route into graduate level nursing. It's intended that the role will enable registered nurses to focus on more complex clinical duties. Nursing associates work in the public, independent and voluntary sectors and it is a statutorily regulated profession. The standards for proficiency are set by the Nursing and Midwifery Council (NMC). Successful completion of this apprenticeship will meet the education requirements for registration with the NMC.
- **Assistant practitioner (health).** This occupation is found in the health and care sector. Assistant Practitioners carry out their duties in a range of settings, such as hospitals, clinics or in the community (e.g. GP surgeries). They may visit individuals in their own homes or in residential care where their wider team may include workers from both health and social care. They work in a wide range of health and care services for example diagnostic services, rehabilitation, orthopaedics, oncology, end of life care, mental health and learning disabilities. Assistant Practitioners are often hybrid roles aligned to local population and service needs and cross traditional occupational boundaries.

As shown in Figure 5-4, progression to Registered Nurse requires completion of a Level 6 qualification, either through a full-time university nursing degree or a nursing degree apprenticeship, both of which combine academic study with supervised clinical practice. Registration with the Nursing and Midwifery Council is mandatory. Once qualified, Registered Nurses can progress through specialist practice, advanced clinical roles or leadership positions, including roles within social care settings such as nursing homes.

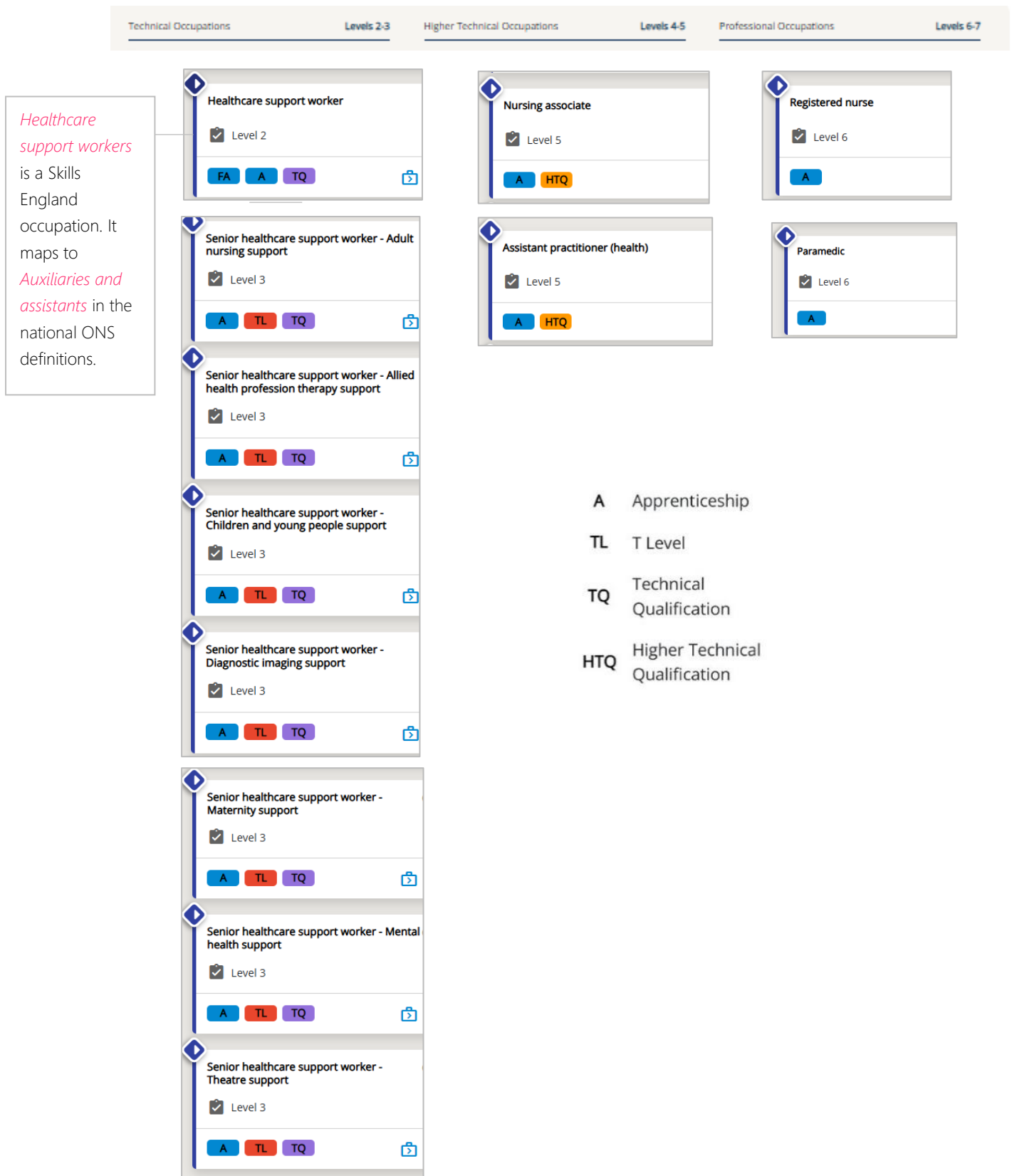
Stakeholders identified ongoing challenges in recruiting nurses into social care settings, particularly nursing homes. Registered nurses working in these environments were described as difficult to recruit.

"There is a real challenge in recruiting to social care. So, for example, in your nursing homes where you have registered nurses, they're really hard to recruit to."

In addition, stakeholders highlighted persistent recruitment challenges within specific nursing specialisms, including mental health nursing and learning disability nursing.

"We are struggling though with recruitment on with mental health workers at all levels, learning disability nursing."

Figure 5-4: Nursing occupational pathway



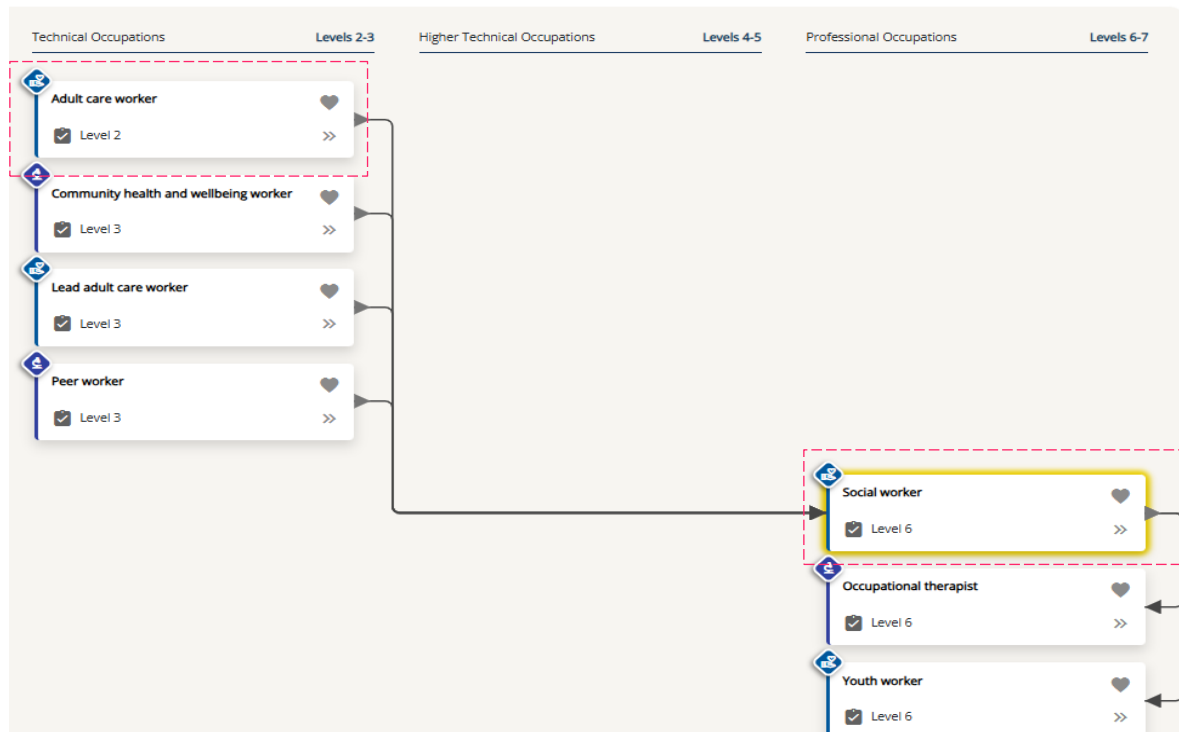
5.5. Social work pathway

The Bridlington vacancy data identified Social Workers as a role in demand locally. This occupation sits within the children, young people and families sub group of the care services occupational family and represents a professional level role within the wider health and care system.

This professional role involves statutory assessment, case management and safeguarding responsibilities. Social workers provide information, advice and support to those who are socially excluded or are experiencing crisis; they protect the welfare of vulnerable groups including children, young people, people with disabilities, elderly people and people who are mentally or physically ill, and they may specialise in specific areas of work. Social work is a regulated profession, and practitioners must be registered with the appropriate statutory body. To register a social worker must satisfy the criteria for registration. Non-graduates must undertake a three-year degree in social work; graduates with relevant experience may take a two-year postgraduate diploma/master’s degree. Prior relevant work experience or relevant voluntary work is encouraged. Background checks including a DBS check are required.

The figure below shows the progression pathway for the social worker occupation and illustrates how a range of care and community-based roles at Levels 2 and 3 can feed into the social worker Level 6 professional occupation. For emphasis, roles identified as in demand in Bridlington, from the vacancy data are highlighted with a dotted boundary.

Figure 5-5: Social worker occupation progression map



Source: Skills England social care occupations (2025)

The pathway includes several technical level roles that can feed into social work. Of these, Adult Care Worker was identified in the Bridlington vacancy data. Stakeholders recognised this role as a common entry point into local caring and support roles.

In Skills England's pathway design, experience gained in technical roles such as Adult Care Worker can support progression into professional roles at Level 6, including Social Worker. Stakeholders also acknowledged that the skills developed in care roles align closely with social work practice, particularly around safeguarding, communication and working with complex needs.

"People working in care already have a lot of the skills you need for social work, especially around safeguarding and dealing with difficult situations."

However, stakeholder consultations indicate that, in practice, the link between entry level care roles and progression into social work is not clearly articulated or consistently supported locally. Discussions about routes into social work focused primarily on formal education pathways, particularly degree level training and postgraduate conversion routes.

"When we talk about social work, it nearly always comes back to going to university and doing the degree."

Stakeholders described limited visibility of structured progression from care-based roles into professional social work, despite the relevance of experience gained in those roles.

"There isn't really a clear route that shows how someone in a care role moves into social work."

As a result, progression into social work in Bridlington is experienced as something that individuals must navigate independently rather than as a clearly signposted local pathway.

"If someone does make that jump, it's usually because they've pushed for it themselves rather than being guided through it."

Stakeholders also highlighted that where progression does occur, it is often dependent on supportive employers or bespoke opportunities rather than a designed system.

Overall, the pathway analysis highlights that the challenge in Bridlington is not the absence of entry roles that could feed into social work, but the lack of a visible and supported route that helps individuals understand how experience gained in adult social care can be translated into professional training and employment.

5.6. Youth work pathway

The Bridlington vacancy data identified Youth Support Worker and Youth Worker as roles in demand locally. These roles sit within the children, young people and families sub group of the care services occupational family.

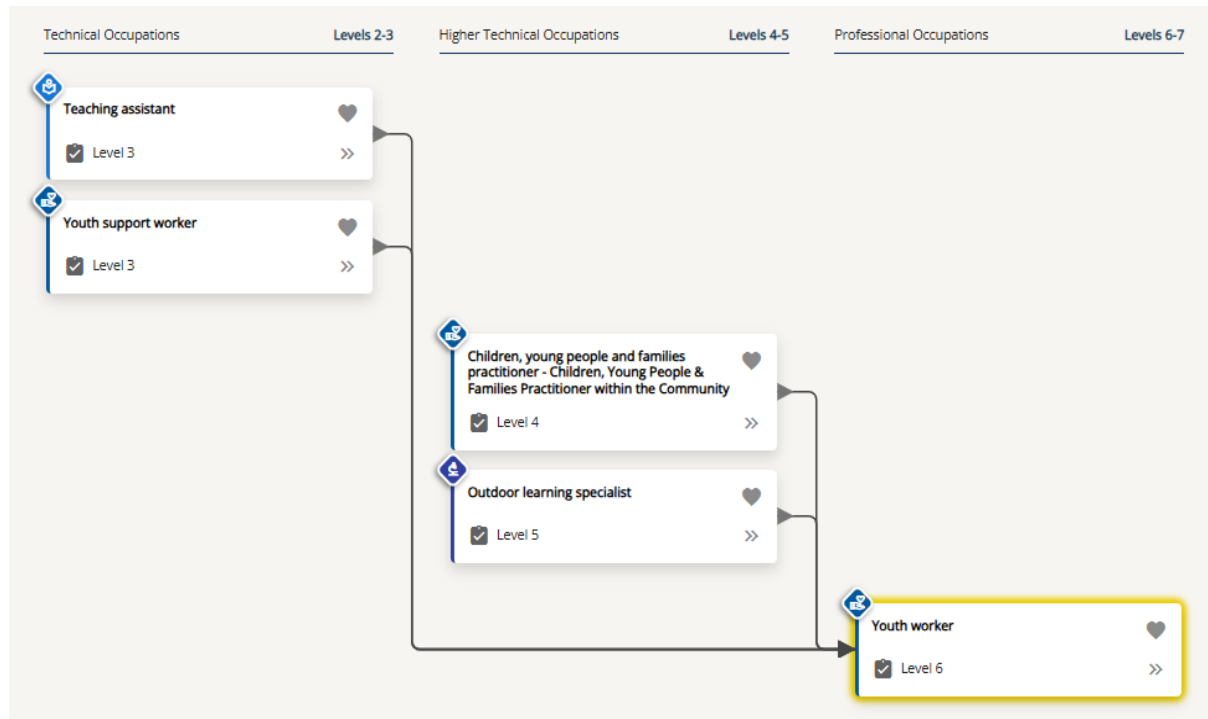
- **Youth Support Worker/ Youth and Community Workers.** Youth and Community Workers provide support to individuals or groups of individuals through a range of activities or services that aim to encourage participation in social and community life and promote personal and social development. Workers in this group also provide family support activities in the home and community, to both parents and children. Entrants will require a qualification accredited by the national youth agency at level 2 or 3. Apprenticeships are also available. Some employers may require people to be aged over 21 years of age. Background checks including a DBS check are required.
- **Youth Worker.** This role focuses on supporting young people through youth services, outreach and development programmes. Professional youth workers require an accredited qualification at degree level, recognised by the national youth agency. Experience working with young people may also be useful. Background checks including a DBS check are required.

The youth worker is a level 6 role that requires a level qualification either at the degree level or apprenticeship. For a youth support worker interested in progressing to a youth worker, there are level 4 and 5 qualifications that they can do before doing the level 6 apprenticeship. At the higher technical level between youth support worker and youth worker are higher technical occupations that include:

- **Children, young people and families practitioner - Children, Young People & Families Practitioner within the Community.** This is a level 4 occupation that focuses on supporting children, young people and families, including carers, to achieve positive and sustainable change. It involves assessing complex needs, agreeing appropriate interventions or referrals, and working in partnership to promote safety, wellbeing and positive outcomes. Practice is grounded in respectful, evidence-based approaches and delivered in collaboration with other professionals. The role requires sound professional judgement, regular reflection through supervision, and ongoing evaluation of impact, with the aim of making a meaningful difference to children, young people and families.
- **Outdoor learning specialist.** This is a level 5 occupation. Apprentices are employed by charitable outdoor organisations, private and for-profit outdoor learning businesses, schools, expedition providers, social enterprises, etc. Outdoor Learning Specialists work within outdoor activity or education centres; outdoor adventure and activity businesses; expedition and sports tourism providers; early years, schools, colleges and universities; national parks, nature reserves and country parks; youth work and youth development organisations; health, wellbeing and social care contexts; and training and educational organisations.

In Bridlington, youth and community worker roles represent the fourth most common professional or associate professional health and care occupation in the vacancy data. There were 21 postings over the 12 month study period with a median posting duration of 25 days.

Figure 5-66: Occupational pathway for the youth worker



Source: Skills England occupational map (2025)

5.7. Healthcare practice manager pathway

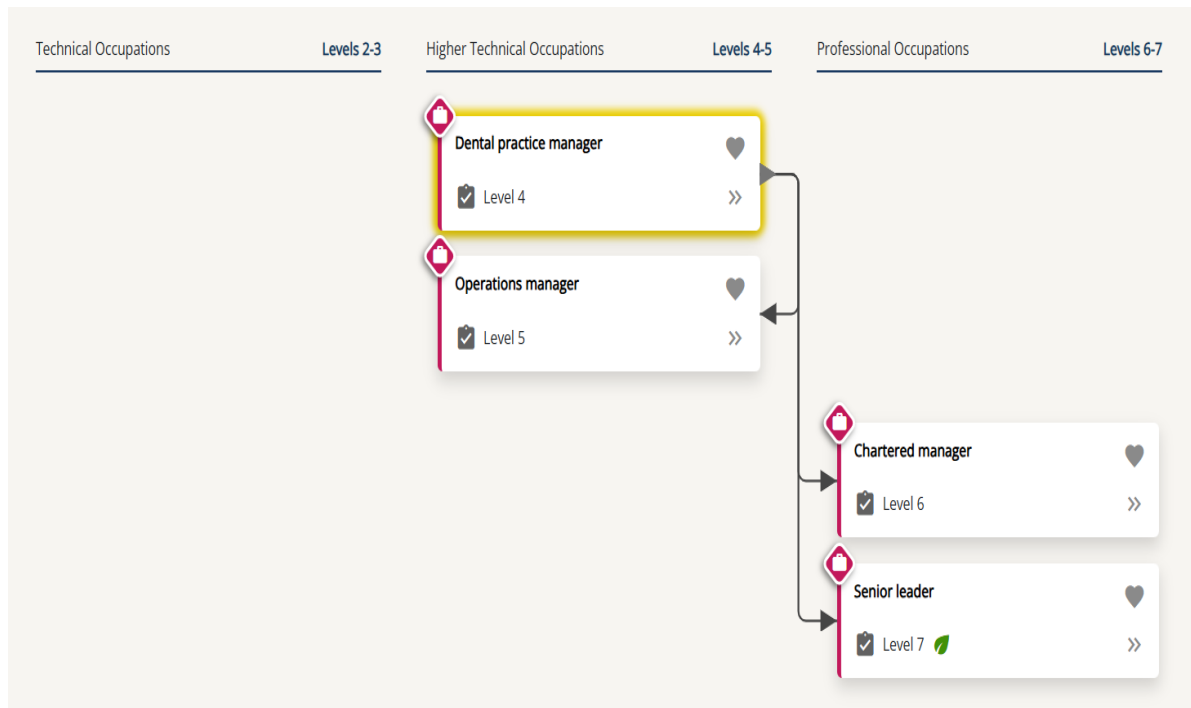
Healthcare Practice Managers plan, organise, direct and co-ordinate the work and resources of medical, dental and other types of healthcare practice, including veterinary practices. Related job titles include:

- Clinic manager
- Dental practice manager
- GP practice manager
- Patient services manager
- Veterinary practice manager

There are no pre-set entry requirements. Candidates are recruited with a variety of academic qualifications or with relevant experience, which is likely to include previous experience in a business administration role. Professional qualifications are available and are required for certain posts.

Looking at the vacancy data for Bridlington, the data does not specify what type of practice manager is being advertised. As a result, the Dental Practice Manager role has been used as a proxy to illustrate the pathway for a Healthcare Practice Manager role.

Figure 5-77: Occupational pathway for a healthcare practice manager



Source: Skills England occupational map, 2025

5.8. Conclusion

In theory, there are clear pathways from entry to higher level roles within each health and care job family. In practice, however, the labour market data makes clear that this is not always the case in Bridlington (or the wider East Riding area), with relatively few intermediate opportunities hindering progression and a limited range of health and care jobs available locally.

6. Local provision, educational routes and workforce entry points

In Bridlington, there is a variety of health and care provision creating opportunities and entry points into the local health and care sector workforce. These provide some foundations upon which new and strengthened pathways can be built, but as the early chapters highlight, the range of jobs opportunities available locally is quite limited. Recruitment and progression locally is also hindered by the presence of multiple dropout points.

6.1. Local health and care provision

Bridlington has a range of existing health, care and community provision, spanning NHS services, adult social care, and voluntary sector support. These elements form a local offer that provides treatment and ongoing care across a range of age groups, although there are community concerns about local provision of some services.

There are 34 NHS Sites in Bridlington, many of which sit under Bridlington and District Hospital.²³ There are 22 sites providing social care, primarily residential care homes. Reorganisation of local GP services since 2023 means there are now two large practices which provide access to a range of primary care services. There are currently only three dental practices in the town with none currently accepting new NHS patients. The health roles indicated in Figure 2-13: Total employment by sector in Bridlington (2018 & 2023) and the job demand outlined in Figure 4-6 Figure 4-6 Top job postings in Bridlington July 24-July 25 primarily comes from these sites.

Bridlington Hospital offers a range of services although it does not have an A&E department, with City Healthcare Partnership operating a minor injuries unit at the site. The hospital is an elective surgical hub, providing access to common surgical procedures including cataract surgeries and hip replacements. The separation from emergency services means surgery is not disrupted by sudden urgent care requirements, reducing waiting times.²⁴ The hospital's cardiac monitoring unit, acute medical wards and maternity services were transferred to Scarborough Hospital in 2009.²⁵

The Integrated Care Board ran a survey²⁶ to understand where residents of Bridlington feel healthcare services are limited. Residents identified several gaps including dental services and general practice appointments. Mental health services and A&E care were flagged as areas with insufficient support, particularly for young people. The survey showed that residents want improvements in healthcare accessibility and delivery, whilst also reflecting positively on GP practices and community health services. Gaps in services reflect both strategic decisions about health and care delivery, and difficulties in filling roles which limits local capacity.

²³ ERYC Local Insights

²⁴ York and Scarborough Teaching Hospitals NHS Foundation Trust - Bridlington Hospital wins recognition for surgical hub bringing shorter waiting times for planned operations

²⁵ York and Scarborough Teaching Hospitals NHS Foundation Trust - A history

²⁶ Bridlington Health and Wellbeing Strategy Survey, ICB

Local voluntary organisations and community hubs also play a role in supporting wellbeing and preventing isolation in Bridlington. Facilities like the Hinge Centre collate and relay lived experience feedback to improve services and run social inclusion activities, while smaller community led initiatives offer support around technology use, social engagement and wellbeing. In another example of local voluntary organisations supporting services Humber & Wolds Rural Action deliver the East Riding of Yorkshire Good Neighbours Volunteer Scheme supporting residents to stay in in their own homes for longer. This delays the need for access to regulated care and residential care. They also support other existing and new independent voluntary groups to establish similar schemes. These grassroots efforts help fill gaps in formal services and foster community resilience.

These local services employ local people and provide entry points into health and care roles for Bridlington residents.

6.2. Entry points

Consultations with local stakeholders show that people enter health and care roles in Bridlington through a range of routes across social care, primary care, community health and NHS support services. The key entry points identified within stakeholder interviews were as follows:

- **Further education and college-based provision.** Stakeholders identified further education as a key entry point into health and care, with Level 2 and Level 3 health and social care courses at East Riding College providing early exposure to a wide range of roles. Complementing the provision of qualifications, the Bridlington Medical, Health and Care Academy based at Bridlington College (see below) provides an enrichment offer for young people that brings together learners from local schools and the college to explore health and care careers. Whilst L2 and L3 qualifications can provide an entry point to the sector, stakeholders reported that progression into employment is not always linear, with limited support to transition learners into specific local roles or employers and others opting to pursue academic routes outside the local area or move into different occupational areas.

Consultation with local school careers leadership added a useful nuance on destinations. School students are more likely to pursue higher education routes such as medicine, biomedical sciences and allied health professions. Adult social care roles are filled more often by college students progressing through Level 3 provision rather than directly from school. The pipeline into adult social care from school level is therefore weaker and less visible than the higher education pipeline into clinical careers. In the co-design workshop, this led participants to conclude that two distinct pathway narratives are needed (clinical, and care and support), each with its own audience, role models and entry routes. This is reflected in the roadmap subsequently developed.

- **School engagement and early careers activity.** Stakeholders described extensive engagement with schools in Bridlington, including careers fairs, assemblies and classroom sessions. This activity helps raise awareness of the breadth of health and care roles and challenge assumptions about the range of roles and types of work involved. While this work improves understanding, it does not on its own lead to sustained entry into the workforce.
- **Apprenticeships and employer led training.** Apprenticeships were described as a strong but limited entry route. Where they exist, they allow people to earn while they learn and build confidence in the workplace. However, stakeholders highlighted that apprenticeship opportunities in Bridlington are few and dependent on individual employers being able to offer supervision, transport and suitable working patterns.

- **Degree-level apprenticeship provision.** The University of Hull is one of the largest providers of health and care degree apprenticeships in the region and, as the nearest higher education institution to Bridlington, might be expected to serve as a natural higher-level progression route for local people. However, its degree apprenticeship programmes are primarily designed for those already working in the sector, with delivery partnerships concentrated among major NHS trust employers rather than the smaller social care and community health providers that make up the core of the Bridlington employer base. Delivery also requires travel to Hull, which presents a familiar access barrier for residents without reliable transport. The reach of degree-level apprenticeship provision into the SME and micro-provider base in Bridlington therefore remains limited, and the current offer is not well configured to open new entry points for people not already employed in health and care.
- **Sector based work academies and pre-employment programmes.** Stakeholders described sector-based work academies and targeted pre-employment programmes as some of the most effective entry routes for adults. These programmes which are targeted at unemployed and economically inactive adults work because they are linked to real vacancies, involve employers from the start and provide intensive one to one support for learners. Where these programmes have been run, conversion into employment has been high.
- **Lived experience and informal entry.** Many stakeholders highlighted lived experience as an important but informal route into health and care roles. People who have cared for family members or supported others in their community often have strong motivation and relevant skills. However, this experience is rarely recognised or systematically supported into paid roles or progression.

6.3. Current local approaches to encourage recruitment

The stakeholder consultations highlighted a number of initiatives already underway to encourage Bridlington residents to consider and enter careers in health and care.

Freedom Providers (micro provider model)

The [Freedom Providers scheme](#) delivered by Yorkshire In Business, gives training and job opportunities to those wanting to set up as a micro providers offering care to residents in their own homes. This micro provider model was developed as a response to growing pressure on the regulated social care workforce and the increasing complexity of care needs. It focuses on supporting very small, locally based providers, often individuals or micro businesses, to deliver non regulated care and wellbeing support within the community. This typically includes help with shopping, social contact, light domestic tasks, and support to remain active and independent.

By meeting these lower level and preventative needs, the model helps reduce demand on regulated domiciliary care services, allowing qualified care workers to focus on people with more intensive or clinical needs. It also widens access to the care sector by creating roles that do not require formal qualifications at entry, making them suitable for people with lived experience of caring, those returning to work, or individuals who may not have thrived in formal education.

Bridlington medical, health and social care academy (post 16 model)

The Bridlington medical health and social care academy is a partnership between East Riding College, Headlands and Bridlington schools. Working with professionals in the health and care sector, it is designed to give students a head start in NHS and social care professions. It provides post-16 students with relevant experience needed to progress into a career within the NHS and social care.

Its purpose is to give students practical insight and experience of health and care professions by using industry standard facilities and real-world learning environments on East Riding of Yorkshire's Bridlington campus. Students engage with a clinical skills centre equipped with simulated hospital wards, medical technology and a communications space resembling a GP surgery. This hands-on setting helps build confidence and competence in clinical and care skills, preparing learners for further study or employment in roles such as nursing, midwifery, allied health, social work and other care professions. The academy has been supported by community funding partners including the lords feoffees and local development initiatives. Since its establishment it has hosted open events and career activities to promote health careers to local students and has contributed to a pipeline of learners progressing into higher education and training programmes across a range of health disciplines.

Consultations confirmed that the academy is viewed as one of the most effective and joined up health and care careers initiative in the area. It has been running since 2017 and is valued for its sustained two-year engagement model rather than one off sessions. Core elements include mentoring linked to specific career interests, regular sessions with NHS, care and allied health professionals, UCAS support, and university and clinical site visits. Networking through the programme is seen as particularly valuable, with students often having met professionals they later encounter in interviews. However, the academy is constrained in scale. Capacity is capped at around 30 places per year, and while mentor availability has been identified as a constraint, feedback from school leaders at the co-design workshop indicated that filling the allocated places can also be challenging. The sustained two-year commitment required of participants is a significant ask for young people, and maintaining engagement over that period can prove difficult. Delivery relies heavily on individuals doing the work alongside their main roles, and funding is raised year by year.

Choose Care (recruitment model)

[An initiative by East Riding of Yorkshire Council](#), the mission of 'Choose Care, Change Lives' is to inform, educate and inspire people to consider careers in care across the East Riding. Choose Care is designed to support both employers and potential recruits in a labour market where care providers struggle to fill vacancies and residents face barriers to entering sustained employment. Key elements include targeted care careers fairs held in or near Bridlington, close working with Jobcentre Plus, and direct engagement with care providers experiencing staffing shortages.

The model also places strong emphasis on outreach and engagement. This includes careers activity in schools and colleges, promotion of care roles as viable and meaningful careers, and practical one to one support for individuals who may lack confidence or prior experience. By providing wrap around support in the early weeks and months of employment, the approach aims to reduce early drop out, which is a persistent issue in the sector.

Choose Care was discussed in both the employer FGD and the stakeholder FGDs. Participants described it as effective at targeted recruitment and reducing early drop out. However, they also noted that it operates as a standalone initiative rather than part of a coordinated pathway. Choose Care brings people to the point of employment but has limited capacity to support progression once people are in post, which is the stage where attrition is highest.

Mobile health and care careers bus (innovative engagement model)

A [mobile careers bus](#) has been piloted in Bridlington, repurposed from a wider skills bus operated by the economic development team. The bus functions as a mobile learning and engagement space and has been used to deliver health and care careers activity directly within school settings. Delivered in

partnership with NHS colleagues, this approach increases visibility of careers and reduces access barriers for young people, particularly those less likely to attend off site events or careers fairs.

6.4. Dropout points

While there is a high level of activity at the entry stage, these routes operate in parallel rather than as a coherent pathway. As a result, stakeholders reported that people tend to disengage at the same stages. Stakeholder feedback indicates that drop off points tend to recur, reflecting long standing structural issues around job availability, pay, transport, support and progression rather than individual choice or motivation. The key drop off points identified within stakeholder interviews were as follows:

- **After qualification but before employment.** A major drop off point occurs after people complete health and care courses but before they enter work. Stakeholders linked this to limited local vacancies, competition for NHS roles and reluctance to enter social care due to pay and conditions. Travel to Scarborough, Hull or York is often required for clinical roles, which many people are unable or unwilling to do.
- **Early exit from employment.** Early exit from employment was consistently described by stakeholders as a major issue, particularly within social care and entry level health roles. Stakeholders explained that individuals are often well supported up to job entry, but support drops away once they start work. This makes the first few months particularly challenging. *"That early period is where people either stay or leave."*
- **Limited visibility of progression.** Stakeholders highlighted the lack of clear progression routes as a reason people disengage. Entry level roles are often experienced as dead ends rather than stepping stones into senior, specialist or clinical positions. *"There isn't a clear pathway that shows what comes next."* *"Without that visibility, people move on or leave the area."*

6.5. Conclusion

Bridlington has a range of health and care provision and local assets that provide some opportunities through which local people enter health and care roles. Employment opportunities can be found in Bridlington and District Hospital and primary and social care providers, and some innovative workforce initiatives exist to encourage recruitment and ease local service pressures; however there is no coherent strategic local model effectively co-ordinating entry and retention and local residents continue to experience uneven access to key services, linked to some extent to recruitment, retention and workforce progression challenges.

Current entry routes and pathways provide a foundation upon which new routes can be developed but they are not part of an overall coherent model or sufficiently strong enough to meet growing demand; a situation that is compounded by the presence of clearly identified points where potential workers dropout of the system. This negatively impacts upon local health and care provision and restricts access to secured and skilled local employment for residents.

Any new education, training and workforce model will need to provide greater coherence in terms of entry to the sector and address the initial barriers which lead new entrants disengaging. The following chapter considers the key local barriers to recruitment, retention and workforce progression.

7. Barriers to recruitment, retention and workplace progression

Recruitment and progression within health and care occupations in Bridlington is affected by a range of systemic, place-based and personal barriers. The design of the proposed a new model for education, training and workforce development will need to address these barriers and incorporate solutions to overcome them, if the hoped-for impact on career prospects for local residents is to be achieved.

7.1. Introduction

Despite a wide range of health and care assets across Bridlington and significant efforts being put into promoting health and care careers stakeholders highlighted a range of barriers that hinder recruitment, staff retention and workplace progression.

The barriers are compounded by a fragmented local skills and progression system, with limited coordination between employers, training providers and support services, and a lack of clear, accessible pathways into and through health and care roles for local residents, particularly young people and those who do not follow traditional academic routes.

Whilst it was reported that there is strong employer appetite to offer work experience and local initiatives are beginning to address gaps in provision, workforce supply remains fragile and uneven. This has created a clear need for a coordinated, place-based training and progression model to strengthen workforce supply, improve progression and retention, and better align skills provision with local health and care needs.

7.2. Systemic barriers

NHS system level changes creates bottlenecks in the transition from education into employment

Stakeholders noted that on-going macro level changes across the NHS are constraining employment opportunities and progression within the health and care sector. The incorporation of NHS England functions into the Department of Health and Social Care is leading to staffing reductions and fewer roles, whilst mergers and boundary changes affecting Integrated Care Boards (ICBs) are creating short term uncertainty around roles and responsibilities and slowing recruitment and progression activity. NHS Trusts are under pressure to deliver significant cost savings as part of a government directive (in some cases up to 50%), which is leading to fewer vacancies and recruitment freezes across many roles. These changes are impacting on progression routes with apprenticeships, a key mechanism for progression from support roles into registered professions, directly affected:

"We were due to run an apprenticeship programme for nurse associate apprentices, but we've had to put it on pause while we work through all of these changes."

"What we have seen this year, as a direct result of the cost saving exercises being enforced by government, is undergraduates graduating and not getting employment. It is the first time we have seen nurses graduate without job offers from the hospitals they trained in or from secondary care."

"Not gaining employment post training is not exclusive to nursing, we are now seeing it in physiotherapy and occupational therapy, and we expect it will start to happen in radiography as well."

Stakeholders explained that constrained employment opportunities in secondary care are resulting in some newly qualified graduates being redirected into alternative settings including primary care and social care. However, this redirection is occurring at a limited scale. Traditionally, NHS Trusts would over-recruit from graduate cohorts to manage attrition and replace an ageing workforce. Current financial constraints mean Trusts are no longer able to do this. As a result, a bottleneck has emerged at the point of transition from education into employment, with some graduates unable to secure roles aligned to their training and aspirations.

Fragmented system coordination and limited joined up working

Stakeholders highlighted that progression barriers are reinforced by fragmentation. While multiple organisations, including education providers, employability services, employers and commissioners, are active in supporting entry into health and care these activities are not aligned into coherent workplace pathways. Instead, they operate in parallel, with limited coordination and shared ownership of outcomes. This places the burden of navigation on individuals. People are expected to move between programmes, providers and services without clear guidance or continuity of support. This particularly disadvantages individuals with low confidence, limited digital access or complex personal circumstances, increasing the likelihood of drop off at key transition points.

"People are doing good things, but they are doing them in isolation. From the individual's point of view, it just feels like lots of separate things rather than one clear route."

Schools described receiving frequent one off offers from external partners that result in a single session for a small group and then no further contact. Initiatives often depend on individual champions and disappear when those individuals move on or change roles. The result is initiative fatigue and growing scepticism about new offers. What schools value, and what they report as actually changing student outcomes, is sustained, joined up work over time. Small group, repeated contact with charismatic and authentic professionals matters more than scale. Mentoring and real relationships are more powerful than presentations.

Training can prepare people for work, but without clear links to employers, live vacancy intelligence or coordinated progression planning, individuals struggle to navigate the complex system. Successful outcomes often arise in isolation or by accident rather than through a well-designed coordinated system.

Weak operational engagement with employers

Stakeholders noted that while employers are often involved in high level or strategic discussions about workforce needs, this engagement does not consistently translate into day-to-day recruitment activity, progression planning or live vacancy intelligence. As a result, employability and training provision is not always aligned to real and current opportunities within health and care.

Employer engagement is often informal and reliant on personal relationships rather than structured pathways. Where strong relationships exist, they work well, but they are not consistent or scalable. This creates a fragile system in which job ready individuals are not consistently matched into vacancies and progression is not actively planned or supported once someone enters employment.

"We can get people job ready, but if we don't know what vacancies are coming up or what employers actually need right now, people just sit there ready and waiting."

Funding structures prioritise entry over progression

Stakeholders identified current funding arrangements as a structural barrier to progression. Funding for adult learning and employability programmes is largely tied to short term outcomes such as course completion rates, entry into employment or limited sustainment periods. Once these outcomes are achieved, funding and individual support end.

This creates a system designed to move people into work, but not to sustain them in work. There is little flexibility within existing funding models to provide follow on support, help individuals to navigate progression routes or work with employers to support advancement into more skilled positions. As a result, progression is often dependent on individual motivation or employer goodwill rather than being actively supported.

Funding structures also limit the ability of providers to respond to setbacks or delays. Where individuals take longer to progress, or where suitable roles are not immediately available, there is limited scope to continue support. Stakeholders noted that this increases the risk of disengagement and early exit, particularly for those who need sustained guidance and encouragement.

"Once someone gets into a job, that's effectively the end of the funding. There isn't really anything there to help them take the next step."

Absence of mechanisms to retain and mobilise job ready individuals

Stakeholders highlighted the lack of formal mechanisms to retain contact with, and support, individuals who are ready for work but have not yet secured a role. While people can reach a point where they are assessed as job ready, there is often no structured way of keeping them engaged if a suitable vacancy is not immediately available.

Stakeholders explained that without mechanisms such as talent pools, tracking systems or regular follow up, individuals can quickly lose confidence and/or motivation and begin to disengage. This is particularly challenging for young people with special educational needs, those who require supported transitions into work, or individuals who have taken significant steps to become work ready after long periods of inactivity. When momentum is lost prospective workers often dropout and lose touch with workforce pathway activity.

The absence of these mechanisms also weakens employer's ability to respond quickly when vacancies do arise. Job ready individuals are not easily matched to opportunities, meaning employers continue to report shortages with potential candidates no longer engaged or easily contactable.

"People get to the point where they're ready, but if nothing happens straight away, you lose them. There's nothing holding them in place until the right opportunity comes along."

Shortage of local health and care trainers

The co-design workshop identified a critical shortage of qualified local trainers as one of the problems requiring a coordinated response. Bridlington lacks the density of experienced practitioners able to deliver accredited health and care training locally, particularly bootcamp style and intensive provision. This means much skills training is delivered at colleges or training centres outside the town, which

requires travel that many residents cannot easily make. It also limits the scope for workplace-based learning, mentoring and on the job qualification delivery.

Workshop participants noted that the trainer shortage is self-reinforcing. Without enough learners enrolled locally, it is not commercially viable for training providers to send qualified trainers to Bridlington. So learners continue to travel elsewhere, and local training capacity does not grow.

Digital and soft skills gap exacerbated by digital poverty

The co-design workshop identified a growing digital and soft skills gap as a distinct local barrier, exacerbated by higher levels of digital poverty in Bridlington than across the wider East Riding. Many health and care entry routes now require people to navigate online application systems, complete mandatory e-learning modules, and use digital tools as part of their role. For people without reliable internet access, sufficient data, or confidence in using digital devices, these requirements create significant hidden barriers that are not addressed by qualifications focused provision alone.

Employer FGD participants noted that difficulty completing online DBS applications, e-induction programmes and mandatory training portals is a recurring reason why new starters disengage in their first weeks of employment. Stakeholders described this as an area where additional wrap around support is needed at the point of entry.

7.3. Place-based barriers

Geography and rurality

Stakeholders highlighted geography as a major progression barrier in Bridlington. While entry level care roles are readily available locally, progression into more complex roles with greater responsibility often requires travel to a more distant workplace or between dispersed communities. This creates an expectation that workers can drive, afford a vehicle and feel confident travelling, which is not realistic for many, especially young people.

These challenges are intensified by poor transport connectivity and seasonal conditions. Winter weather limited public transport and long travel times make it difficult for people to access training, education and progression opportunities outside their immediate area. As a result, individuals who have the skills and motivation to progress may remain in entry level roles or leave the sector altogether due to practical constraints rather than capability.

Geography also interacts with the structure of local labour markets. As the vacancy data set out in section 4 highlights, opportunities in Bridlington are more limited and progression routes are narrower than in larger urban centres. Stakeholders noted that occupational pathways such as those mapped by Skills England assume mobility and choice, which does not reflect the lived reality of people who need or want to work locally.

"If you can't drive or don't have a car, your options narrow very quickly. People aren't stuck because they don't want to progress, they're stuck because of where they live."

Seasonal labour markets

Stakeholders noted that many residents Bridlington move into tourism and hospitality roles during the spring and summer months. While this provides short term employment, it draws people away from care roles at the same time as demand for care continues to grow.

This cycle makes it difficult to sustain progression pathways. Individuals may enter care roles on a temporary basis but leave when seasonal work, which may offer more flexible hours or more attractive working conditions, becomes available. Providers are then less able to invest in training and development, as retention is uncertain. Stakeholders explained that progression relies on continuity, experience and trust, all of which are undermined by regular churn in the workforce. The impact is felt most strongly in winter, when demand for care increases. Stakeholders noted that this reinforces a pattern where care roles are seen as a stop gap rather than a long-term career, limiting progression even for those who might otherwise advance.

7.4. Personal barriers

In addition to systemic and locality related barriers, stakeholder consultations highlighted a set of personal barriers that shape how individuals engage with health and care pathways in Bridlington. These barriers do not reflect a lack of interest or capability, but instead relate to confidence, perceptions, responsibilities and individual circumstances that influence decision making and persistence.

Confidence, motivation and readiness for work.

Stakeholders described how some individuals disengage not because they lack skills or qualifications, but because of low confidence and difficulty sustaining momentum. Where there is a delay between training completion and job entry, individuals can quickly lose confidence and withdraw from the pathway. This was particularly evident for people returning to work after a period of inactivity or those entering health and care for the first time.

Perceptions of roles and sector stigma.

Negative perceptions of social care and entry level health roles were consistently raised. Stakeholders noted that some individuals rule out care roles due to assumptions about low pay, demanding work or personal care tasks, even when alternative roles exist within the sector. These perceptions shape career choices early on and reduce the pool of people willing to enter or remain in certain roles.

These perceptions are particularly entrenched for adult social care, and are strongly reinforced by parents. Many parents in Bridlington either work in care or have done so, and their lived experience of low pay, difficult working conditions and limited progression is passed on to young people. Students typically arrive already aware that care work is not well paid, before any careers conversation takes place. This is described as one of the hardest barriers for schools to address alone, because it sits within family experience rather than information gaps. Career options seen as more attractive by young people locally include engineering, construction trades and the armed forces, all of which are perceived as better paid, more visible locally and more highly regarded. Any perceptions work for adult social care will therefore need to engage parents and families directly, not just students, and will need to demonstrate genuine improvements in pay, terms and progression rather than just rebrand existing roles.

Caring responsibilities and constrained availability.

Some individuals interested in health and care work also have their own caring responsibilities, which limits their ability to take on shift-based work, unsocial hours or full-time roles. This can restrict both entry into employment and progression once in post, particularly where roles offer limited flexibility.

Age, safeguarding and suitability constraints.

Age and safeguarding requirements were identified as personal barriers for some younger people. Certain roles, particularly those involving lone working or personal care in people's homes, are not suitable for under 18s or require higher levels of trust and experience. This limits the range of roles available to younger entrants and can delay progression into frontline positions.

Digital confidence and system navigation.

Stakeholders described difficulties among some individuals in navigating digital systems, including online applications, mandatory training platforms and compliance processes. Limited digital confidence can act as a hidden barrier, preventing people from completing required steps or progressing smoothly once in role.

Aspirations shaped by place and circumstance.

Aspirations are shaped by local context. Some individuals complete qualifications but do not progress into employment or higher-level roles because their expectations are shaped by family experience, limited exposure to professional careers or a desire to remain local. This can result in people opting out of progression even where pathways technically exist.

7.5. Conclusion

Despite the efforts of many partners, the health and care workforce in Bridlington is affected by a wide range of systemic, place-based and personal barriers which hinder recruitment and progression. This creates significant gaps in local provision, particularly in relation to access to dentistry, mental health support and emergency care. Any new education, training and workforce model will therefore have to address Bridlington-specific and wider systemic barriers, supporting individuals to overcome personal issues which constrain their progress.

The following summarises examples of good practice that illustrate how some of these have been successfully addressed in other areas.

8. Learning from practice elsewhere

Whilst health and care partners in Bridlington are working hard to address barriers hindering recruitment and progression in the sector, there is no over-arching local approach to tackling the issues identified. The models reviewed in this chapter provide examples of how other areas have looked to address similar barriers and challenges and highlight the importance of clear objectives, defined scope and partnership working to address agreed local priorities.

8.1. Introduction and comparator model overview

Several areas facing challenges similar to those seen in Bridlington have tried new approaches to overcome recruitment and retention difficulties in the health and care sector. This includes new ways of working, partnership approaches and, in some cases, the establishment of health and care academies focussed on specific local priorities.

A number of these new ways of working have been reviewed to identify what can be learned from the experiences of other places. The examples selected are drawn from the existing knowledge of the client and consultant team, supplemented by a search of online literature which identified several relevant additional models. Whilst some of the examples reviewed are badged as 'Academies', focussing specifically on workforce recruitment, retention and development, others have a broader remit to strengthen the health and care sector in a particular location, or a different or more specific focus (e.g. focussing specifically on increasing apprenticeship opportunities, or on encouraging greater innovation in health and care).

The following examples have been included in the review (summaries of each are provided in the [Annex 5: Comparator models](#))

The examples largely focus on place-based responses to workforce, health and inequality challenges in rural, coastal, and deprived communities (e.g. *Fylde Coast Health and Social Care Career Academy*, *The Apollo Project*, *Mablethorpe Centre for Future Living*, *Sheffield Hallam University AHP WRaP*). Common contextual drivers of these models are the ageing population, high levels of economic inactivity, skills shortages, poor health outcomes, barriers to accessing education and stable employment (*The Apollo Project*; *Humber and North Yorkshire ICB Widening Access Model*). Many of these models are responses to system pressure in the health and social care sector. The links between employment, population health and long-term resilience are explicitly recognised within several of the comparator models (*Northumbria Apprenticeship Model*; *Leeds Health and Care Talent Hub*). Some operate locally with national relevance, such as pilots or demonstrators (*HNY ICB Widening Access*; *AHP WRaP*). Some models are linked to the physical development of a health and care campus (e.g. *Lancaster University Health Innovation Campus*, *Mablethorpe Centre for Future Living*).

Across the comparator models, common activities are focused on workforce entry, career entry, progression, and retention, particularly for people facing barriers to employment. Common delivery models include careers hubs or coordination functions, outreach into schools and communities, pre-employability and work-experience programmes, and apprenticeships or employer-linked training

pathways (e.g. *Humber and North Yorkshire ICB Widening Access Model, Leeds Health and Care Talent Hub, Northumbria Apprenticeship Model*). Many models deliver intensive, person-centred support such as job coach provision, pastoral support, guaranteed interviews, supported internships and tailored routes for specific groups including young people, neurodiverse individuals, veterans and career changers (*Apollo Project, Northumbria Apprenticeship Model, Leeds Health and Care Talent Hub*).

Partnership delivery is a consistent feature. NHS organisations, local authorities, FE colleges, VCSE organisations, and employers often jointly deliver activity, with a strong emphasis on aligning workforce delivery with wider public health and inequality objectives.

8.2. What ‘good’ looks like in health and care academy models

Given the widespread challenges relating to the health and care workforce and the growing number of local initiatives seeking to address similar challenges, research has been undertaken nationally to explore good practice and what works. The Local Government Association (LGA) has developed guidance²⁷ for places seeking to establish care and health career academies. This guidance has been used as a framework against which to review the comparator models included in the research, although not all the examples reviewed are ‘academies’.

The LGA’s research highlights that there is no single blueprint. Instead, effective workforce interventions are shaped by local labour market conditions, workforce pressures and partnership arrangements. What successful models have in common is a clear purpose, strong collaboration, sustainable delivery and a focus on impact. Figure 8-1: Care and health career academics: key features of good practice provides a summary of the key elements of good practice identified through the research.

The tables contained in Annex 5: Comparator models summarise the drivers for each comparator model, what each delivers and each is organised and funded, concluding with a summary of lessons relevant to the Bridlington context. Overall, the comparator models show that there is no single way to deliver a care and health career academy. Different places have established models and ways of working that reflect their local workforce priorities, geography and partnership arrangements.

Figure 8-1: Care and health career academics: key features of good practice

Criteria	What good looks like
1. Scope and activities	A clearly defined offer linked to local workforce priorities. Activities span careers advice, pre-employment support, training and apprenticeships, placements, progression routes and support for retention. Provision is coherent rather than fragmented and avoids duplicating existing services.
2. Delivery models	A flexible model shaped by local context. Delivery may be place based, system wide or hub and spoke, with a mix of in person and digital provision. Roles and responsibilities are clear, with dedicated capacity for coordination and delivery.

²⁷ [Care and health career academies: What good looks like | Local Government Association](#)

Criteria	What good looks like
3. Funding	blended and sustainable funding model drawing on local authority, NHS, skills and programme funding. Short term pilot funding is complemented by longer term commitments and integration into core workforce and skills budgets.
4. Collaboration, co-production and co-delivery	Strong partnership across local authorities, NHS, education providers, employers and the voluntary sector. Employers and learners are involved in co designing the offer, with shared ownership, joint governance and aligned objectives.
5. Demonstrating impact	Clear outcomes framework covering participation, progression, recruitment, retention and diversity. Data is routinely collected and used to improve delivery, demonstrate value for money and support the case for continued investment.

Source: Kada summary of LGA research

8.3. Key criteria 1: Scope and activities

Effective care and health career academies have a clearly defined offer linked to local workforce priorities and activities should be coherent rather than fragmented. The comparator models show different ways of achieving this, depending on local context.

Some models take a broad approach and their scope covers the entire workforce pathway. For example, Leeds Health and Care Academy and the Humber and North Yorkshire Widening Access Demonstrator include careers information, routes into employment, training and progression. In Leeds, there is also a strong focus on supporting retention, upskilling the existing workforce and joint working to develop the workforce of the future. These approaches are designed to join up existing provision across multiple partners and reduce duplication within large and complex systems.

Other models focus more narrowly on specific workforce challenges. The Northumbria Apprenticeship Model focuses on apprenticeships as a key route into health and care roles, responding to low take up and affordability barriers. The Apollo Project focuses on pre-employment support, work experience and progression for people who face significant barriers to entering the labour market, reflecting high levels of economic inactivity in coastal areas. The Fylde Coast Health and Social Care Career Academy was launched with a wide-ranging remit across all health and care occupations, but activity focuses on adult entry into care roles, responding to local needs and priorities.

Initiatives such as Mablethorpe Centre for Future Living and Lancaster University Health Innovation Campus have a different focus and are less directly aligned with the 'Academy' scope which is the focus of the LGA research. These capital-focused investments represent examples of wider place-based approaches to health, wellbeing, innovation and regeneration. They have economic, research and service provision elements, creating workforce opportunities to which the model then provides a response. In contrast, the Allied Health Professions Workforce Research Partnership focuses entirely on workforce issues but is a longitudinal programme of research to identify challenges and pilot and evaluate responses to inform future delivery, rather than providing a model which can be transferred to other places.

In summary, the comparator models show that good practice can involve either a broad offer across the pathway or a more focused set of activities, depending on local priorities.

8.4. Key criteria 2: Delivery models

Research into existing place-based health and care workforce interventions highlights that there is no 'one size fits all' delivery model and that approaches should be shaped by local context. This is reflected clearly in the comparator models.

In larger areas, delivery is often organised through coordinating or hub-based arrangements, with dedicated staff teams and management structures to oversee and deliver activity. Leeds Health and Care Academy, for example, uses a central coordination function and digital tools to align activity across employers, education providers and other partners. The Humber and North Yorkshire Widening Access Demonstrator similarly uses a central careers hub to support outreach, work experience and access to training.

In rural and coastal areas, delivery places greater emphasis on outreach and person-centred support. The Apollo Project uses job coaches, schools' engagement and community-based delivery to support individuals into work. The Northumbria Apprenticeship Model combines targeted recruitment, guaranteed interviews and ongoing support to help apprentices progress within the organisation.

Capital programmes such as Mablethorpe and Lancaster operate through physical facilities that bring partners together. These sites support collaboration and co-delivery but do not directly manage workforce pathways themselves.

The differences in delivery models reflects the LGA position that delivery models should be flexible and designed around local geography, capacity and need.

8.5. Key criteria 3: Funding

Blended and sustainable funding is very important. The comparator models show different stages of progress against this principle.

More established academies benefit from ongoing funding from multiple sources. Leeds Health and Care Academy, for example, is supported through a combination of local authority, NHS and skills funding, which allows activity to be integrated into core workforce and skills arrangements. The scale of activity is demonstrated by the size of the staff team, which has grown to 25 people as the Academy's activities have expanded and funding has been secured to deliver specific projects and initiatives.

Other models operate with time limited funding. The Humber and North Yorkshire Widening Access Demonstrator and the Apollo Project are funded as pilot programmes. While they demonstrate positive early outcomes, their longer-term sustainability depends on future funding decisions.

Capital led initiatives such as Mablethorpe Centre for Future Living and Lancaster University Health Innovation Campus rely primarily on regeneration and capital investment. While this enables new facilities and shared spaces, it does not in itself secure long term revenue funding for workforce coordination – but the new facilities provide a catalyst for partners in each location to come together to jointly address these challenges using existing budgets, as well as acting as a 'beacon' to potentially to attract additional funding in future.

Alignment with the good practice identified through the LGAs research is strongest where funding supports ongoing coordination and integration of workforce development, rather than being used to fund short-term delivery of stand-alone initiatives.

8.6. Key criteria 4: Collaboration, co-production and co-delivery

Strong partnership working is of central importance to successful models of health and care recruitment, retention and progression, and it is evident across all the comparator models. The way this collaboration is organised, and the partners involved, varies by context.

In larger systems, collaboration is often formalised through governance arrangements. Leeds Health and Care Academy and the Humber and North Yorkshire Widening Access Demonstrator involve local authorities, NHS organisations, education providers, employers and voluntary and community sector partners working together around shared objectives. Formal partnership arrangements or Memoranda of Understanding are in place. The Leeds model has senior representatives from each partner organisation on the Academy's Board, and a member board including wider partners.

More focused models rely on close operational collaboration. The Apollo Project works closely with colleges, employers and VCSE organisations to deliver job coaching, placements and progression routes. The Northumbria Apprenticeship Model depends on strong commitment from senior leaders within the NHS trust, alongside links to schools and local partners.

Across the models, employer involvement is crucial to the provision of opportunities for both entry and progression for learners and therefore the long-term sustainability of each approach. To some extent, this is easier to establish and maintain in places where there are a small number of large employers who account for the vast majority of health and care opportunities. In Leeds, five key employers (four NHS Trusts and the local authority's Workforce Directorate) are the key stakeholders who drive the Academy and agree its priority activities. In other places (e.g. Fylde Coast), the Academy works to support a wide range of smaller employers including private care providers, but day-to-day activity is largely determined by the College and Council working in conjunction with DWP.

8.7. Key criteria 5: Demonstrating impact

Demonstrating impact and using data to support continuous improvement is another key element of best practice. The comparator models vary in how far this has been developed.

More established models such as the Northumbria apprenticeship model use data to evidence progression and retention within the organisation, something which has been crucial to obtain and maintain senior buy-in. Leeds Health and Care Academy tracks outcomes including participation, progression, retention and diversity in order to demonstrate its impact on improving quality and that it has added more value than would be achieved working individually.

Newer pilots such as the Humber and North Yorkshire Widening Access Demonstrator focus on early outcomes and value for money. Capital led initiatives such as Mablethorpe and Lancaster are at an early stage, with workforce impacts still emerging. Research focused activity, such as the Sheffield Hallam University Allied Health Professions Workforce Research Partnership, will contribute to the evidence base rather than delivering immediate workforce 'outcomes'. The benefits of this activity will be felt in the medium to long-term when a strengthened evidence base relating to Allied Health Professions will inform future workforce interventions to support retention and progression.

The evidence base is uneven across the comparator models. The strongest impact data comes from three models. The Apollo Project moved over 650 participants into employment across its two year pilot and won the Three R's Award at the Great British Care Awards. The Northumbria Apprenticeship Model achieved 93% retention across 497 direct entry apprentices between 2022 and 2024. The Leeds Health and Care Academy retained 90% of Talent Hub participants in post at 12 months. The HNY ICB Widening Access Demonstrator is newer, with early data showing 47 engaged and 20 into employment between July and October 2025, and a £2.26 return per £1 of public money. For Mablethorpe, Lancaster and Cambridge, impact data is limited.

8.8. Conclusion

Several other areas have already sought to overcome similar health and care workforce challenges to those faced in Bridlington and the wider East Riding area. Research undertaken by the LGA has identified key factors support good practice (although it did not evaluate the success of impact of any of the local approaches). Although the context within which the models reviewed for this study operate differs and they are at varying stages of development, the comparator models do provide relevant information, guidance and experience that can be used to shape a potential solution to the acute challenges facing Bridlington.

The final section of this emerging issues report includes a SWOT analysis based on the research undertaken to date, and highlights key lessons, issues still to be explored and next steps for the feasibility study.

9. SWOT, key findings and next steps for the research

This section summarises the key findings from the research to date, highlighting strengths and weaknesses, opportunities and threats which could impact on the development and effectiveness of a new model. It highlights a series of questions which will need to be addressed in the next round of consultations and engagement activity, to feed into the co-design of a model which has the support of key partners and will have the desired impact on opportunities, aspirations and progression routes through health and care careers locally.

9.1. Strengths, weaknesses, opportunities and threats

The SWOT below provides a concise, structured overview of the internal and external factors and environment in which a potential health and care training, education and workforce model designed to address the challenges outlined in the previous chapters will be developed. Subject to partner / stakeholder comment and further input it provides a foundation for the potential development of a business case to support the new approach.

Figure 9-1: SWOT

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strong and sustained demand for health and care workers at national, East Riding and Bridlington level, providing a clear and reliable pipeline of employment opportunities. • Health and care is already one of the largest employment sectors in Bridlington offering stable, year-round employment (In contrast to other dominant local sectors such as tourism and retail). • Clear national occupational pathways exist across adult social care, nursing, social work, youth work and healthcare management, providing a strong structural framework to build progression routes. • The health and care context analysis shows strong alignment between national policy, local strategy and stakeholder priorities around prevention, community-based care, workforce wellbeing and widening access • The University of Hull has expressed active interest in increasing Bridlington outreach. The number of Bridlington students accessing Hull's offer has been declining, creating a shared institutional interest in building local pathways. • General support for the concept amongst partners • Existing foundational work that can be built upon 	<ul style="list-style-type: none"> • Weak visibility of progression routes from care roles into professional occupations such as nursing and social work, despite strong skills alignment. • Persistent recruitment and retention challenges in adult social care linked to pay, working conditions, inflexible rotas, travel requirements and lone working. • Limited co-ordination across key partners. • Geographic isolation restricts potential for academic link ups.

Opportunities

Threats

<ul style="list-style-type: none"> • Development of health and care campus provides physical location/stimulus for skills and economic development. • On-going and growing demand for health and care services – pipeline of future employment opportunities. Some of these roles are highly skilled and well remunerated. • Growing demand for community based, preventative and integrated care roles aligns well with Bridlington's population health needs and offers scope to develop new local roles. • Potential to draw on strong comparator models from areas, including talent hubs, apprenticeship led pathways, job coach models and widening access approaches. • Potential to create a physical or virtual focal point for health and care careers and progression, such as a campus or hub, to improve visibility, navigation and coordination. • Opportunity to widen participation by designing alternative routes for people without higher level qualifications, including young people, career changers, those with lived experience of care and economically inactive residents. • Scope to strengthen employer engagement at an operational level, improving vacancy intelligence, matching and early retention support. 	<p>University of Hull, as the local HE provider and a major regional provider of health and care degree apprenticeships, represents a potential partner for widening degree-level access, albeit one whose current offer is primarily orientated towards larger NHS employers rather than the SME base.</p> <ul style="list-style-type: none"> • Ongoing NHS financial pressures, recruitment freezes and system reorganisation risk constraining progression opportunities and creating bottlenecks at the transition from education into employment. • Transport constraints, rurality and limited local role availability may continue to restrict progression for those unable or unwilling to travel. There are three distinct transport challenges in Bridlington that need separate responses. <ul style="list-style-type: none"> ○ Travel to training providers. East Riding College delivers most relevant health and care qualifications at its Beverley campus, about an hour each way by bus. This is prohibitive for people without a car or means to cover travel costs alongside reduced training income. ○ Travel to professional and clinical roles. Progression beyond entry level care typically requires travel to Scarborough (around 17 miles), Beverley (around 19 miles), Hull (around 28 miles) or York (around 40 miles), where more specialist roles are based. ○ Travel within Bridlington for domiciliary care. Most providers expect workers to have their own vehicle and driving licence to cover dispersed client addresses. • Persistent low pay and insecure terms in parts of the social care sector risk undermining the attractiveness of roles, even where training pathways are strengthened. • Persistent brain drain of young, skilled residents leaving Bridlington for higher education and career opportunities in larger cities. This reduces the pool of qualified local workers available to the health and care sector and limits visibility of successful health and care careers within the community.
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	<ul style="list-style-type: none"> • Growing digital and soft skills gap, exacerbated by higher levels of digital poverty in Bridlington than the wider East Riding. This creates hidden barriers to completing online applications, mandatory training modules and digital compliance requirements that are increasingly embedded in health and care entry routes. • Critical shortage of qualified local health and care trainers. This limits the scope for local delivery of accredited training and restricts the growth of workplace based learning and progression pathways within Bridlington. • Risk that NHS recruitment freezes push newly qualified graduates away from Bridlington permanently rather than redirecting them into local social care settings. This would accelerate the existing brain drain and reduce future clinical workforce capacity.
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Source: Kada summary

9.2. Key findings emerging from the research

The desk research and scoping consultations demonstrate that:

Health and care context

- There is on-going demand for skilled workers in a range of health and care roles in Bridlington and across the wider East Riding area, and examples of care needs not being met locally because of a lack of capacity within the local labour market. Demand is likely to increase in the coming years as health and care needs increase as the population ages, meaning there is an urgent need to encourage more people into the sector.
- Most of the employment opportunities currently available locally are in care worker roles, with some management roles and professional opportunities in nursing, social work and youth work.
- Compared to the national labour market, East Riding in general and Bridlington in particular offer fewer intermediate roles and fewer employment opportunities for health, therapy and other health professionals, impacting on aspirations and progression opportunities.
- However, this may change in future as health and care provision is transformed towards integrated and preventative neighbourhood-based services, delivered through multi-disciplinary primary care teams.
- This is likely to lead to workforce transformation and new roles providing an opportunity to secure more, higher-skilled health and care roles within Bridlington and East Riding.

Bridlington context

- Bridlington's resident population is on average considerably less well-qualified and less likely to be in employment than is the case in East Riding as a whole or nationally.
- Employment in the town is concentrated in lower-skilled, lower-paid sectors, some offering seasonal opportunities, with limited opportunities for progressions, impacting on aspirations and ambition amongst local people.

- The limited opportunities result in better qualified and more able residents moving away for study and work. The remaining population experience low incomes and higher levels of deprivation.
- The health and care sector has an important role to play in the local economy and already provides secure and rewarding employment opportunities. With the expected growth and changes to service delivery highlighted above, the sector can play a bigger role in providing employment opportunities which offer the possibility to progress from entry level roles accessible to local people (including young people with lower qualifications and adults who have had time out of the labour market) to technical and professional roles.

Challenges and local responses

- The research highlights a number of issues currently being experienced by those seeking to attract Bridlington residents into health and care roles, many of which are shared with other places but some of which are specific to Bridlington.
- These include perceptions of the sector, actual experience of pay, working practices and terms and conditions, and the range of job opportunities actually available and accessible locally.
- There are already a number of local initiatives working to respond to these challenges, including the Bridlington medical, health and care academy which seeks to raise engagement, aspirations and support young people to pursue a career in health and care, the Choose Care project which engages with adults and young people to promote care sector roles and the microprovider model which supports individuals to set up their own business to provide non-regulated care to increase local capacity. However, these could be seen as a series of individual interventions rather than a coherent approach to addressing the challenges identified.

Learning from approaches elsewhere

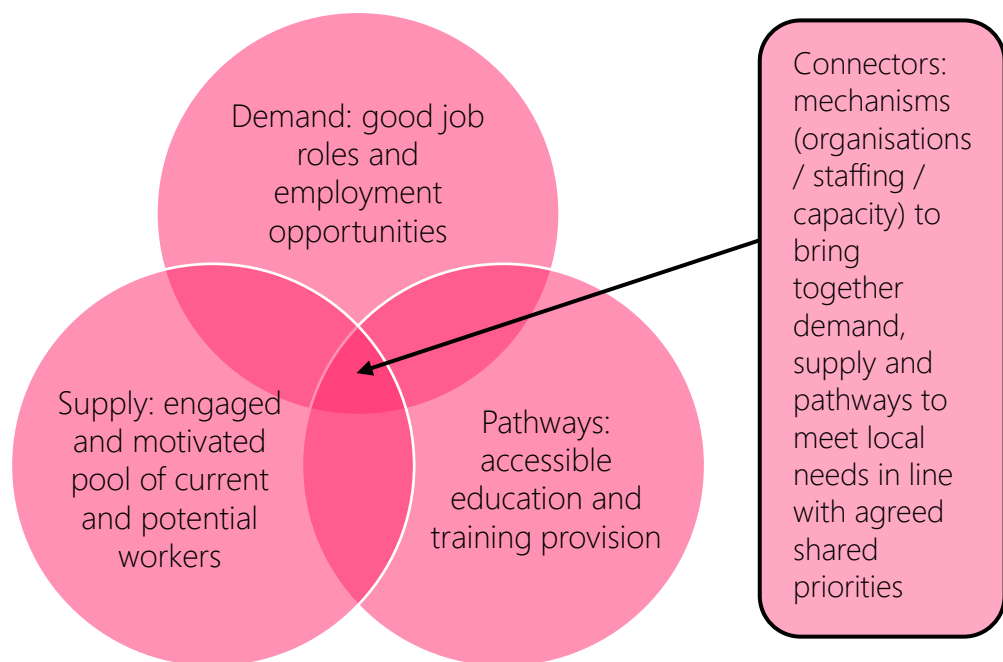
- Other areas have faced similar challenges and have developed more strategic responses, providing lessons from which East Riding can learn:
 - The need for a clear, agreed strategic focus (whether broad or narrow)
 - The importance of a partnership approach, collaborative development of the model and co-design of services – including major health and care employers as the main source of employment demand
 - A range of different approaches have been adopted with regard to education and training provision – in some places, the models involve linking learners to existing provision whilst others commission or deliver specific, additional training
 - The need for ring-fenced and secure funding to provide a sustainable model
 - The value added by dedicated staff, management and governance structures, over and above existing partnership working
 - Different approaches with regard to a physical space – with some places establishing a Hub location and others operating virtually or through partner facilities
 - The importance of agreeing success measures linked to shared priorities, allowing progress and added value to be clearly identified.

In summary, therefore, the research indicates that it is feasible that a new health and care training, education and workforce development model could be developed in Bridlington.

9.3. Key questions and issues for the co-design work to address

It is clear from the research that successfully supporting recruitment, retention and progression within the health and care sector is dependent on a number of separate but overlapping elements, as illustrated below.

Figure 9-2: Key elements of a successful model



Source: Kada summary

Whilst a new model can introduce 'connector' mechanisms to improve coordination across the various elements, each element must itself be in a position to make a full contribution. Otherwise, the connection and coordination work will be built on weak foundations.

Key questions and issues relating to each of these elements which were tested / discussed in the workshops include:

- **Demand:** To what extent does the Bridlington area offer sufficient health and care opportunities to justify the establishment of a new model? Would a wider geographic focus be more appropriate? To what extent will the nature and number of opportunities change in the coming years? Are the working conditions, pay and terms attractive to local residents and can employers be supported to make them more so, if not? Are these opportunities visible to local people? Are key local employers on board with the new model and willing to make their opportunities available through it (i.e. recruiting via the new model / hub?)
- **Supply:** To what extent does the Bridlington area offer a sufficient number of people interested or potentially interested in health and care opportunities to justify the establishment of a new model? Would a wider geographic focus be more appropriate? Would a focus on Bridlington indicate a focus on particular job roles / opportunities given the nature of the local workforce? Given the existing engagement work and initiatives already underway, is there more which could be done to

increase engagement and motivation to work in health and care, or is this element already well-provided for (and therefore should the focus of activity be elsewhere)? Are all local cohorts who could potentially be interested in working in the sector being reached, or is there a need for further, targeted outreach activity?

- **Pathways²⁸**: To what extent does the existing local education and training offer meet the needs of a) employers b) local people and c) the emerging job roles of the future? To what extent can changes be made to existing provision to enable the key target groups (young people, adults who need more support in the workplace) to better access and benefit from existing provision, or is new / different / bespoke provision required? To what extent can more specialised be delivered locally or does this require a larger geographic scale to be viable?

The stakeholder workshops and employer and lived experience discussion groups and co-design workshop considered these questions and were used to refine the specific role for the new education, training and workforce development model. They also began the work to design the 'connectors' element of the model.

As a result, a Theory of Change for the new model was developed and agreed, and a roadmap for potential delivery was produced (see separate reports).

²⁸ Note that this area is less well-developed than the others, with no consultation having yet been undertaken with Bridlington College, the two local secondary schools or local employers.

Annex 1: Detailed job postings data

AO1.1 Job postings by SOC group and occupation, UK and East Riding

The table that follows details specific occupations under each of the mapped SOC groups.

Figure 12:1: Health and care job postings by SOC group and occupation across the UK and East Riding

SOC Group	Occupations	UK Total new job postings (Dec 24 – Nov 25)	ERYC Total new job postings Q4 '24 – Q3 '25)
613 Caring personal services	Nursing auxiliaries and assistants	98,730	434
	Ambulance staff (excluding paramedics)	4,943	2
	Dental nurses	22,196	79
	Houseparents and residential wardens	20,134	92
	Care workers and home carers	205,543	1,103
	Senior care workers	46,519	248
	Care escorts	5,347	19
	Undertakers, mortuary and crematorium assistants	4,399	25
	Sub total	407,811	2002
123 Managers and proprietors in health and care services	Health care practice managers	5,477	45
	Residential, day and domiciliary care managers and proprietors	48,845	276
	Early education and childcare services proprietors	153	
	Sub total	54,475	321
221 Health professionals	Generalist medical practitioners	13,377	31
	Specialist medical practitioners	57,463	118
	Sub Total	70,840	149
222 Therapy professionals	Physiotherapists	17,311	44
	Occupational therapists	24,393	59
	Speech and language therapists	12,106	19
	Psychotherapists and cognitive behaviour therapists	3,461	6
	Clinical psychologists	6,047	12
	Other psychologists	12,314	21
	Therapy professionals*	14,280	51
	Sub total	89,912	212
223 Nursing professionals	Midwifery nurses	3,862	0
	Registered community nurses	22,276	120
	Registered specialist nurses	15,089	64
	Registered nurse practitioners	21,949	98
	Registered mental health nurses	10,305	50
	Registered children's nurses	8,781	9
	Other registered nursing professionals	76,832	266
	Sub total	159,094	607

SOC Group	Occupations	UK Total new job postings (Dec 24 – Nov 25)	ERYC Total new job postings Q4 '24 – Q3 '25)
225 Other health professionals	Pharmacists	21,606	70
	Optometrists	10,958	34
	Dental practitioners	10,207	5
	Medical radiographers	13,987	33
	Paramedics	3,022	4
	Podiatrists	2,734	3
	Other health professionals*	31,879	109
	Sub total	94,393	258
246 Welfare professionals	Social workers	40,617	123
	Probation officers	2,131	8
	Clergy	3,847	16
	Youth work professionals	1,358	2
	Welfare professionals*	6,171	16
	Sub total	54,124	165
321 Health associate professionals	Dispensing opticians	3,584	12
	Pharmaceutical technicians	10,797	47
	Medical and dental technicians	18,872	21
	Complementary health associate professionals	4,511	33
	Health associate professionals*	3,530	6
	Sub total	41,294	119
322 Welfare and housing associate professionals	Youth and community workers	27,831	89
	Child and early years officers	18,787	52
	Housing officers	14,133	8
	Counsellors	4,826	25
	Welfare and housing associate professionals*	49,573	159
	Sub total	115,150	333

*Not elsewhere classified

Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

AO1.2 Most common job postings by occupation, UK

Figure 12:2: Ranking of health and care occupations in the UK

Occupations	UK Total new job postings (Dec 24 – Nov 25)
Care workers and home carers	205,543
Nursing auxiliaries and assistants	98,730
Other registered nursing professionals	76,832
Specialist medical practitioners	57,463
Welfare and housing associate professionals n.e.c.	49,573
Residential, day and domiciliary care managers and proprietors	48,845
Senior care workers	46,519

Occupations	UK Total new job postings (Dec 24 – Nov 25)
Social workers	40,617
Other health professionals n.e.c.	31,879
Youth and community workers	27,831
Occupational therapists	24,393
Registered community nurses	22,276
Dental nurses	22,196
Registered nurse practitioners	21,949
Pharmacists	21,606
Houseparents and residential wardens	20,134
Medical and dental technicians	18,872
Child and early years officers	18,787
Physiotherapists	17,311
Registered specialist nurses	15,089
Therapy professionals n.e.c.	14,280
Housing officers	14,133
Medical radiographers	13,987
Generalist medical practitioners	13,377
Other psychologists	12,314
Speech and language therapists	12,106
Optometrists	10,958
Pharmaceutical technicians	10,797
Registered mental health nurses	10,305
Dental practitioners	10,207
Registered children's nurses	8,781
Welfare professionals n.e.c.	6,171
Clinical psychologists	6,047
Health care practice managers	5,477
Care escorts	5,347
Ambulance staff (excluding paramedics)	4,943
Counsellors	4,826
Complementary health associate professionals	4,511
Undertakers, mortuary and crematorium assistants	4,399
Midwifery nurses	3,862
Clergy	3,847
Dispensing opticians	3,584
Health associate professionals n.e.c.	3,530
Psychotherapists and cognitive behaviour therapists	3,461
Paramedics	3,022
Podiatrists	2,734
Probation officers	2,131
Youth work professionals	1,358
Early education and childcare services proprietors	153

Source: Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

AO1.3 Most common job postings by occupation, East Riding

Figure 12.3: Ranking of health and care occupations in East Riding of Yorkshire Council

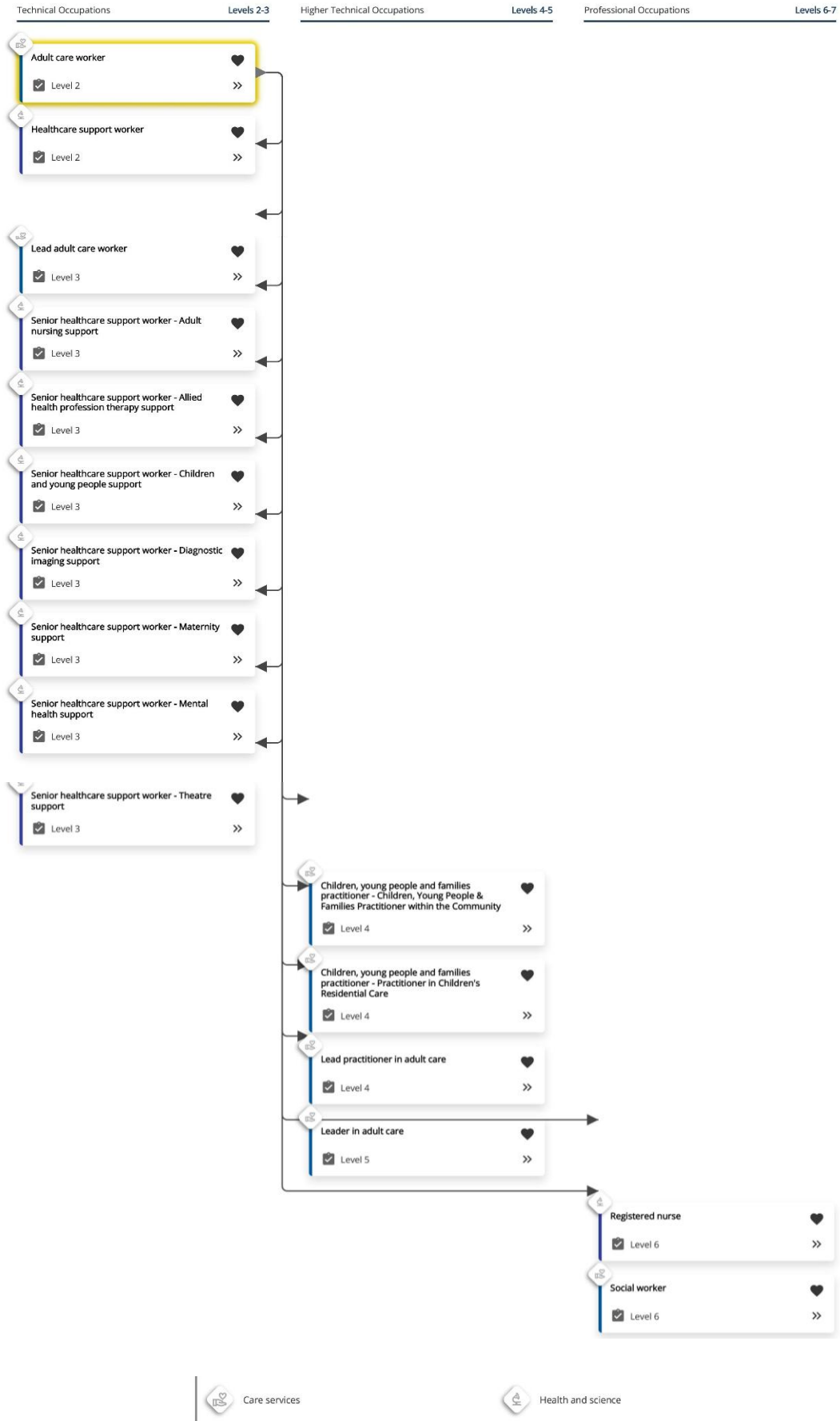
Occupations	ERYC Total new job postings Q4 '24 – Q3 '25)
Care workers and home carers	1103
Nursing auxiliaries and assistants	434
Residential, day and domiciliary care managers and proprietors	276
Other registered nursing professionals	266
Senior care workers	248
Welfare and housing associate professionals n.e.c.	159
Social workers	123
Registered community nurses	120
Specialist medical practitioners	118
Other health professionals n.e.c.	109
Registered nurse practitioners	98
Houseparents and residential wardens	92
Youth and community workers	89
Dental nurses	79
Pharmacists	70
Registered specialist nurses	64
Occupational therapists	59
Child and early years officers	52
Therapy professionals n.e.c.	51
Registered mental health nurses	50
Pharmaceutical technicians	47
Health care practice managers	45
Physiotherapists	44
Optometrists	34
Medical radiographers	33
Complementary health associate professionals	33
Generalist medical practitioners	31
Undertakers, mortuary and crematorium assistants	25
Counsellors	25
Other psychologists	21
Medical and dental technicians	21
Care escorts	19
Speech and language therapists	19
Clergy	16
Welfare professionals n.e.c.	16
Clinical psychologists	12
Dispensing opticians	12
Registered children's nurses	9

Occupations	ERYC Total new job postings Q4 '24 – Q3 '25)
Probation officers	8
Housing officers	8
Psychotherapists and cognitive behaviour therapists	6
Health associate professionals n.e.c.	6
Dental practitioners	5
Paramedics	4
Podiatrists	3
Ambulance staff (excluding paramedics)	2
Youth work professionals	2
Midwifery nurses	0

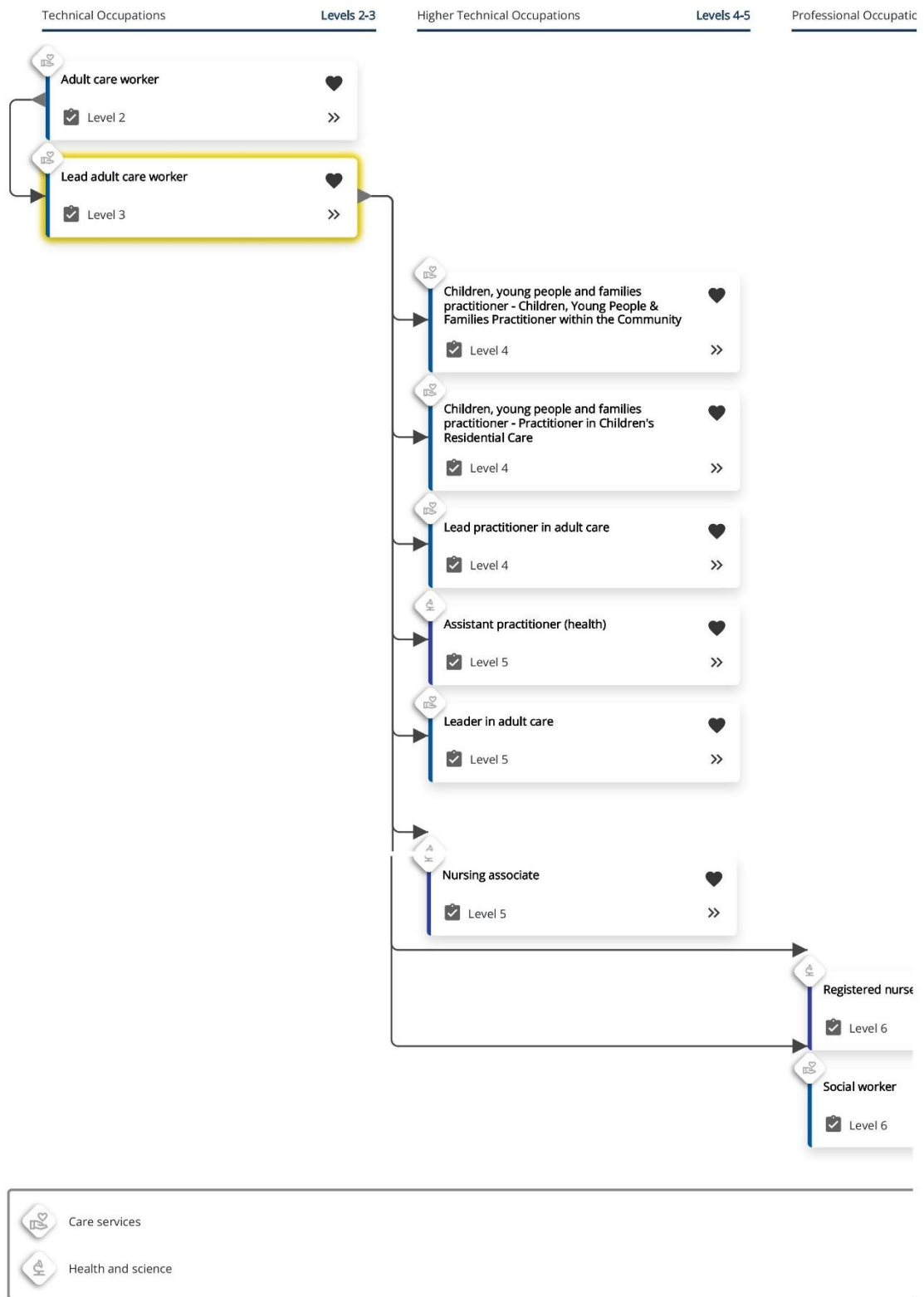
Office for National Statistics (2025) Labour demand volumes by Standard Occupational Classification

Annex 2: Occupational maps

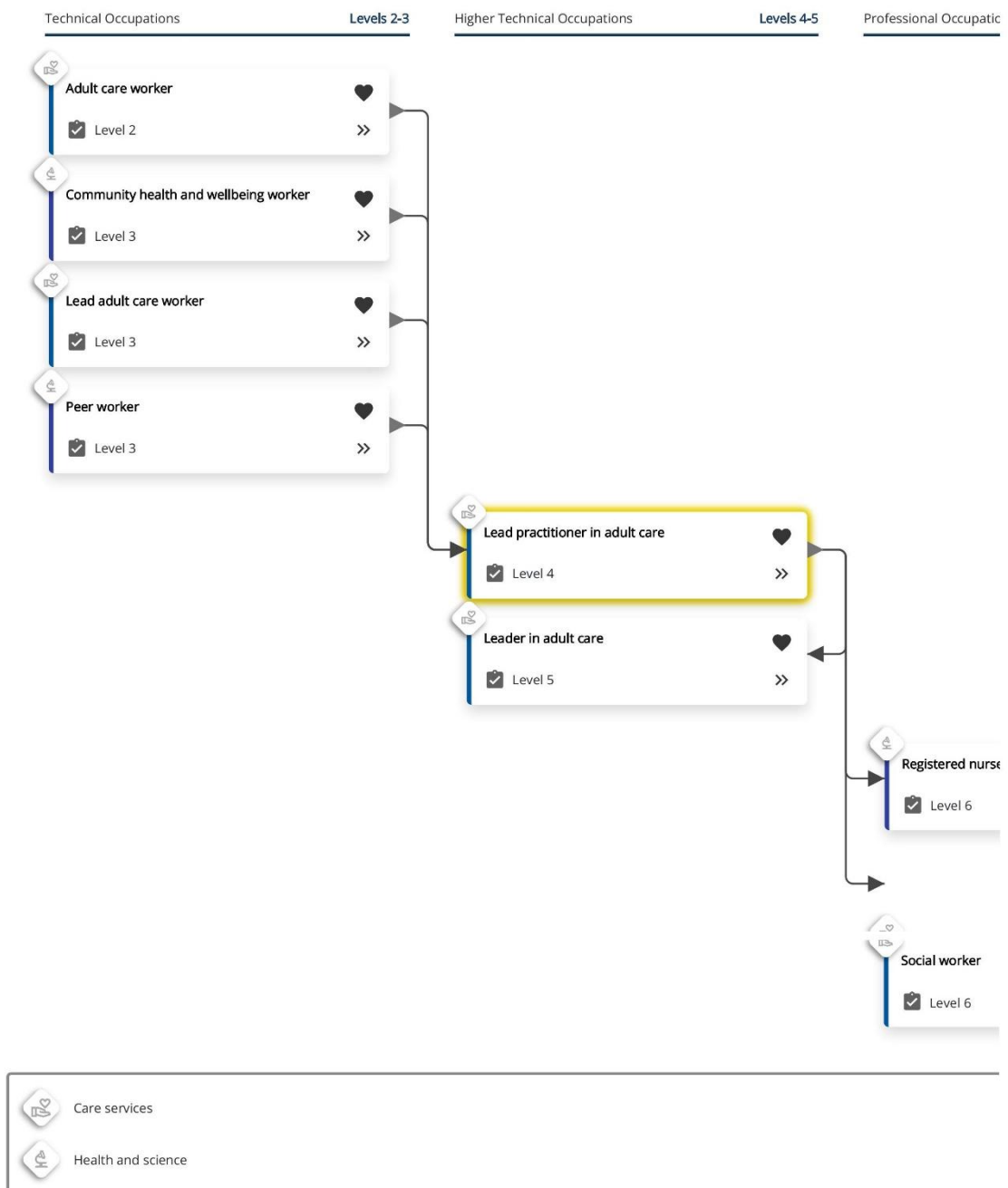
AO2.1 Adult care worker occupational map



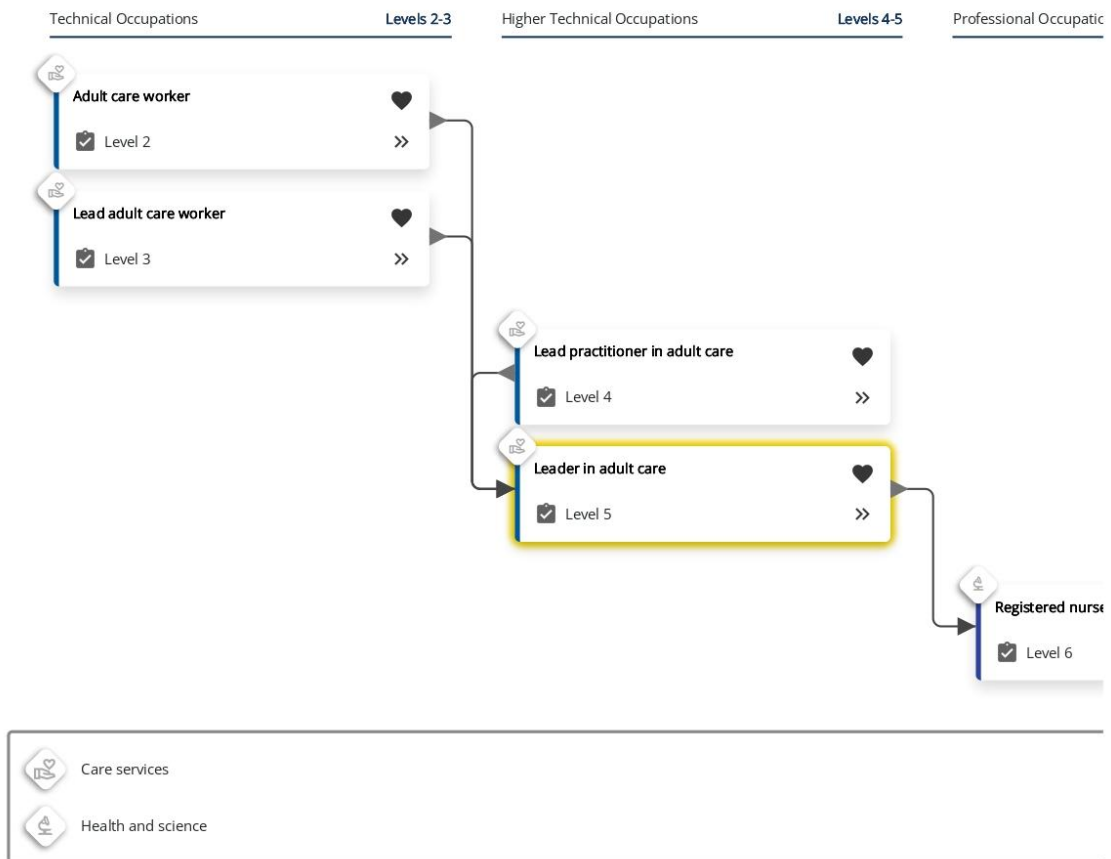
AO2.2 Lead adult care worker occupational map



AO2.3 Lead practitioner in adult care occupational map



A02.4 Leader in adult care occupational map



Annex 3: Description of the health and care roles in Bridlington

Figure 13.1: Health and care role descriptions, entry level qualifications and similar roles

Occupation (SOC)	Short role description	Typical entry level qualifications	Roles with similar titles
Care workers and home carer	Provide personal care and practical support to people in their own homes or residential settings, supporting daily living, dignity and wellbeing.	No formal entry requirement. Level 2 or 3 diploma in adult care common. DBS required.	Care assistant, domiciliary carer, support worker, personal care assistant
Other registered nursing professionals	Deliver and coordinate clinical nursing care across community, hospital or care settings, including assessment, treatment and monitoring.	Registered nurse qualification and NMC registration. Degree level.	Staff nurse, community nurse, practice nurse
Social workers	Assess needs, plan and coordinate care and protection for adults, children and families, working within statutory frameworks.	Approved social work degree and professional registration.	Adult social worker, children's social worker, safeguarding officer
Residential, day and domiciliary care managers and proprietors	Manage and coordinate care services including staffing, compliance, finance and quality of care delivery.	Relevant management experience. Level 5 leadership in adult care typical. Registration with regulator required.	Care home manager, domiciliary care manager, supported living manager
Health care practice managers	Plan and manage the day to day running of GP, dental or other healthcare practices including staff, finance and compliance.	No fixed requirement. Management experience common. Professional qualifications beneficial.	GP practice manager, dental practice manager, clinic manager
Youth and community workers	Support health, wellbeing and social development of young people through outreach, programmes and community-based activity.	Level 3 to degree level qualifications common. Experience valued.	Youth worker, community wellbeing worker
Youth work professionals	Design and lead youth services, safeguarding and developmental programmes at a strategic or specialist level.	Degree level qualification in youth or community works typical.	Senior youth worker, youth services officer
Early education and childcare practitioners	Support early development, care and learning of young children in regulated settings.	Level 2 or 3 early years qualification typical. DBS required.	Nursery practitioner, early years assistant

Source: Kada Research (2025)

Annex 4: Qualifications required to progress across roles

Figure 14.1: Qualifications required to progress across roles

Occupation Name	Level	Apprenticeships	HTQs (Levels 4-5)	T-Levels	TQs (Levels 2-3)	Foundation Apprenticeships
Adult care worker	2	✓	×	×	×	✓
Healthcare support worker	2	✓	×	×	×	✓
Lead adult care worker	3	✓	×	×	✓	×
Senior healthcare support worker - Adult nursing support; Allied health profession therapy support	3	✓	×	✓	✓	×
Senior healthcare support worker - Children and young people support	3	✓	×	✓	✓	×
Senior healthcare support worker - Diagnostic imaging support	3	✓	×	✓	✓	×
Senior healthcare support worker - Maternity support	3	✓	×	✓	✓	×
Senior healthcare support worker - Mental health support	3	✓	×	✓	✓	×
Senior healthcare support worker - Theatre support	3	✓	×	✓	✓	×
Community health and wellbeing worker	3	✓	×	×	×	×
Peer worker	3	✓	×	×	×	×
Children, young people and families practitioner - Children, Young People & Families Practitioner within the Community	4	✓	×	×	×	×
Children, young people and families practitioner - Practitioner in Children's Residential Care	4	✓	×	×	×	×
Lead practitioner in adult care	4	✓	✓	×	×	×
Leader in adult care	5	✓	✓	×	×	×
Assistant practitioner (health)	5	✓	✓	×	×	×
Nursing associate	5	✓	✓	×	×	×
Registered nurse	6	✓ ²⁹	×	×	×	×
Social worker	6	✓ ³⁰	×	×	×	×

*Not elsewhere classified

Source: Kada Research (2025)

²⁹ ST0781: Registered nurse degree (NMC 2018)

³⁰ ST0510: Social worker (integrated degree)

Annex 5: Comparator models

AO5.1 Leeds Health and Care Academy (including the Talent Hub)

Location	Leeds
What is it?	A partnership approach to providing learning and development for the current health and care workforce; supporting candidates moving into or across health and care organisations in Leeds; and using data and analysis, to plan and inspire the future workforce. Includes the <i>Talent Hub</i> which provides a citywide service that connects the people of Leeds with career, education, training and volunteering opportunities in health and social care.
Barriers and challenges addressed	<ul style="list-style-type: none"> • Significant health and care employment demand with a workforce of c. 60,000. Turnover rate of 34% in adult social care, with 9% of posts vacant. • Academy was created to better integrate the health and social care workforce, and develop the workforce through collaborative planning, delivery and learning: <ul style="list-style-type: none"> ➤ Integrated Workforce – Reducing duplication by joining up partners and resources. ➤ One Workforce Culture – Building shared capacity and seamless pathways. ➤ Inclusive Access – Breaking down barriers for people facing inequality or exclusion. ➤ Efficient Resource Use – Sharing learning and infrastructure to maximise impact.
Scope and activities	<p>Three key elements:</p> <ul style="list-style-type: none"> • <i>Career Compass Leeds</i>: a tool to explore health and care careers in Leeds enabling people to explore different roles and careers options and find one suited to them • <i>Leeds Health and Care Learning Portal</i>: access to free relevant learning opportunities for people working in the health and care sector • <i>Talent Hub service</i>: connecting people with career, training and volunteering opportunities in health and social care. <p>The <i>Talent Hub</i> provides a holistic, person-centred approach to support entry to and progression in health and care roles, focusing on those in disadvantaged communities, narrowing inequalities in Leeds and ensuring diversity in the healthcare workforce. The Hub creates links with community ‘destination partners’ who already work closely with potential candidates (e.g. local education and training providers, community groups, charities, employment & skills services) and offers an online self-referral service for people wanting to explore opportunities. Organisations who can provide job opportunities, qualifications, volunteering or training opportunities work with destination partners to develop connections and ensure the best possible fit is established. The Hub provides targeted advertising, pre-screening candidates, and pre-employment programmes which allow candidates to undertake</p>

	simulated learning aligned to the potential job role before deciding whether to apply.
Delivery model	The Academy is a partnership organisation delivering an integrated service across its core members (and funders): Leeds City Council, Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust, West Yorkshire Integrated Care Board. It has c. 25 staff who are hosted by the Leeds Teaching Hospitals NHS Trust. It works with all health and care organisations across Leeds including primary care (Leeds GP Confederation), Leeds Academic Health Partnership, universities (Leeds; Leeds Beckett; Leeds Trinity), Leeds City College, Leeds Care Association, Forum Central (VCS) and other local partners.
Funding	<p>Core funding is provided by the partners listed above. The Academy moved from annual to three-year funding cycles to aid planning and create a more sustainable model.</p> <p>The Academy has attracted significant external funding to deliver key projects and programmes including the Community Renewal Fund, charitable funding and research grants.</p>
Collaboration, co-production and co-delivery	<p>The Academy focuses its efforts and resources on projects and training where the partners agree that it is better to work together. Decisions are made jointly about priorities, in line with the agreed One Workforce Strategy.</p> <p>Executive Directors of each of the partners sit on the Academy Steering Group, and there is a Board which includes representatives from third sector organisations, universities, colleges, Leeds City Council and the Leeds Care Association.</p>
Impact	<ul style="list-style-type: none"> • People supported by the Talent Hub also access education, training, work experience, volunteering and specialist support which helps them make positive changes in their lives. • 90% of participants remain in post after 12 months, far surpassing conventional retention rates. • The approach has led to policy and recruitment practice change across Leeds health and care organisations. • The Hub has supported hundreds of people into employment, with participants reflecting diverse backgrounds including long-term unemployed, career changers, and people with caring responsibilities.
Is it scalable?	Yes – the Academy has grown over time as new opportunities for joint working have been identified and additional funding has been secured. There is the potential to expand to more roles – clinical and non-clinical and can support those who are looking for a mid-career change. The model is adaptable; relevant employers can be chosen depending on local needs and challenges which can act as anchor institutions. Growth depends on partner agreement and stakeholder buy-in.
Is it transferable?	Yes - the model is potentially transferable and can be adjusted to local needs provided connections with local partners can be made.

Lessons for Bridlington	<p><i>Partnership and governance</i></p> <ul style="list-style-type: none"> • A broad coalition of employer organisations is involved, ensuring a wide range of vacancies are available increasing the appeal to candidates. • Senior leaders from each of the key partners are involved in the Steering Group and the wider range of local stakeholders are involved in the Academy Board. • Joint agreement of success measures during the development phase – accelerating progress, improving quality, driving efficiency and amplifying impact. • Considerably effort and capacity is needed to consider and manage the evolving pressures, challenges and needs of all partners, and time needs to be allowed for listening, facilitating, advocating, enabling and mediating. • There is a need to prioritise programmes and services that make the biggest difference and focus on longer term priorities, so as to not dilute the Academy's impact³¹. <p><i>Activity and delivery</i></p> <ul style="list-style-type: none"> • Users register their details to access the learning and careers hub enabling engagement to be tracked. • Provision of online learning options can overcome some challenges of accessing education and training. • Through its Talent Hub programme, the Academy works with trusted VCS organisations to engage people from disadvantaged communities and encourage them to consider health and care careers³². • The person-centred, tailored and holistic support which is provided, including to those who have been out of the workforce or are lacking in confidence, sits within a wider offer including a careers portal, access to work experience and a gateway to education and training.
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³¹ LGA (2024) 'Leeds Health and Care Academy' [Available here](#)

³² Institute of Health Equity (2025) 'NHS Employers: Building Opportunity: Reducing Health Inequalities Through Inclusive Local Recruitment' [Available here](#)

AO5.2 Fylde Coast Health and Social Care Career Academy

Location	Blackpool and the Fylde Coast
What is it?	An employer-led academy designed to meet the education, training and development needs of health and care providers and employers on the Fylde coast.
Barriers and challenges addressed	The model was developed as a response to the challenges that local providers have in relation to workforce development, and builds on plans, people, strategies and commissioning needs.
Scope and activities	<ul style="list-style-type: none"> • Recruitment events and job fairs to provide opportunities for learners to meet employers. • Delivery of Talent 4 Care (social care sector-based work academy) and NHS sector-based work academy courses, including work placements and a guaranteed interview for learners. • Supporting local providers by providing upskilling in areas where the Care Quality Commission (CQC) has identified improvements are needed. • Informing local care providers of courses and qualifications to meet skills gaps with no cost to the employer or the learner. CPD and bespoke training courses are run throughout the year. <p>Person-centred support for learners including childcare support, bus passes and bursaries / incentive payments. Resilience training for staff and learners.</p> <ul style="list-style-type: none"> • Showcasing research and best practice to enable local providers to implement new models of care to improve the health and wellbeing of the local and national population.
Delivery model	<p>There is a strategic level partnership between local care providers, Blackpool and The Fylde College, Blackpool Teaching Hospital NHS Foundation Trust and Blackpool Council. A Memorandum of Understanding and shared vision support partnership working to address skills gaps and vacancies.</p> <p>An Academy Manager is employed by Blackpool Council but works closely with the College and with employers to deliver the face to face sector-based work academy training courses at the Academy's physical location in Blackpool. The Academy works closely with Jobcentre Plus and local organisations to source learners who are unemployed or economically inactive and looking to enter the health and care sector.</p>
Funding	<ul style="list-style-type: none"> • NHS • Health Education England • DWP³³
Collaboration, co-production and co-delivery	Training courses and designed to meet the needs of local health and care employers, and delivered in partnership with employers in order to incorporate work placements and guaranteed interviews.

³³ FE News (2018) 'Fylde Coast Health and Social Care Career Academy sees first students secure roles with the NHS' [Available here](#)

Impact	<ul style="list-style-type: none"> • Just over two-thirds of learners (75 out of 110) were successfully offered employment in the social care sector in the first year. • Around 350 people trained in level 1 and 2 qualifications in health and social care from the continuing professional development courses. • There has been a 33 per cent increase in resilience of learners on the sector-based work academies. • Over 3,000 vacancy guides distributed to promote employment opportunities³⁴
Is it scalable?	Yes – activity can be scaled to meet the needs of local employers, as long as funding can be secured to run the sector based work academies.
Is it transferable?	Yes – similar activity is already underway in Bridlington with Job Centre Plus soon to run a sector-based work academy programme to meet the needs of Scarborough Hospital. This could be incorporated into a wider programme of activity as part of an Academy-type model.
Lessons for Bridlington	<ul style="list-style-type: none"> • Bridlington has a coastal geography similar to that of the Fylde and similar deprivation challenges to Blackpool. The two areas share challenges such as meeting the needs of an ageing population, meeting affordable housing needs of residents

³⁴ LGA (2023) 'Fylde Coast Health and Social Care Career Academy' [Available here](#)

AO5.3 Northumbria Apprenticeship Model - Northumbria Healthcare NHS Foundation Trust (NHCFT)

Location	Northumberland and North Tyneside
What is it?	<p>Established in 2022 it is an inclusive, targeted apprenticeship model to increase apprenticeship opportunities within the Northumbria Healthcare NHS Foundation Trust, and their take-up by local people.</p> <p>The Trust serves rural and coastal communities with lower educational attainment and poorer health outcomes. Workforce and education initiatives were seen as a way to improve public health. However, the Trust had only a limited offer of apprenticeship programmes and uptake was low. Finances were found to be a key barrier as the apprenticeship salary was not in line with national living wage and so people from lower socio-economic backgrounds were deterred from applying³⁵.</p>
Barriers and challenges addressed	Challenges with recruitment to entry level roles and low apprentice uptake. Low salaries deterred applications.
Scope and activities	<ul style="list-style-type: none"> • Engaging the Trust's Executive Team to build understanding of the potential of the apprenticeship programme to support workforce development and population health objectives • Building a business case to pay apprentices a real wage and conduct targeted proactive recruitment. • Widening the scope of apprenticeships, offering a wider breadth of careers across the healthcare sector and provide a clear pathway to progression. • Building strategic links with local schools, colleges and local authorities ensured a coordinated approach to connecting potential applicants to apprenticeship opportunities. Apprentice Career Ambassadors presented at school events. • Creating recruitment pathways were created for adults, for example, by connecting with Veterans and Armed Forces organisations. • Providing guaranteed interviews for Care Experienced people who are under 25 years old • Providing pastoral support for vulnerable people at each stage of the apprenticeship programme.
Delivery model	Combining practical work experience with academic study at partner universities (Northumbria and Sunderland). Apprentices are employed by the Trust receiving a salary. 20% of their time is dedicated to study with a blended learning approach. Apprentices receive structured support from mentors, practice supervisors, academic coaches, tutors and line managers. The programme also supports quick career progression. It is a flexible programme that can pivot towards material that supports the Trust's changing requirements.
Funding	<ul style="list-style-type: none"> • Apprenticeship funding via the UK's apprenticeship levy and government funding. • The Trust's own internal budget • Academic study at partner universities (Northumbria and Sunderland)

³⁵ Health Anchors Learning Network (2025) 'Leveraging the power of apprenticeships in Northumbria Healthcare Foundation Trust' [Available here](#)

<p>Collaboration, co-production and co-delivery</p>	<ul style="list-style-type: none"> Local schools and colleges, local authorities, VCSE organisations such as Veterans and Armed Forces organisations and Health care organisations have been involved in recruitment.
<p>Impact</p>	<ul style="list-style-type: none"> Between 2022 and 2024, Northumbria Healthcare recruited 497 direct-entry apprentices, with 93% of them continuing to work for the Trust after their apprenticeship ended. In addition, in 2023, 25% of the Trust's apprentices came from deprived communities, up from 20% in 2021. 5.5% have a disability, compared to an NHS average of 3%. The model is fully embedded in workforce planning and development. Success stories include individuals progressing from Level 2 customer service to Level 3 business admin Data Specialist and ultimately pursuing a Student Nursing Associate apprenticeship, underscore the programme's effectiveness in unlocking long-term career potential within the region. The Trust is now fully utilising its Apprenticeship Levy, making the most of the opportunity of available funding and preventing significant funds from being returned to HMRC.
<p>Is it scalable?</p>	<p>The Trust are looking to scale the programme with the following future focus areas:</p> <ol style="list-style-type: none"> Retention: Achieving a psychologically safe environment to ensure people from vulnerable groups, like those with care experience, have stable and meaningful careers. Strategic partnerships: Building on partnership with Education Partnership North East, which will see a new School of Health open in Ashington in 2026, creating further accessible routes into the NHS. The School of Health is being developed in Ashington by Education Partnership North East in strategic partnership with Northumbria Healthcare NHS Foundation Trust. It is scheduled to open in 2026. It is designed to provide locally accessible health and care education in a community that has historically struggled to attract residents into clinical careers, a challenge directly comparable to Bridlington's. Wider public health gains: Continuously using good employment as a lever for better health outcomes for local people, supporting the overarching public health agenda.
<p>Is it transferable?</p>	<p>This project is transferable. East Riding could target certain apprenticeships based on local need:</p> <ul style="list-style-type: none"> Some of the elements which underpin the success of the approach are already present in Bridlington / East Riding (to some extent) e.g. engagement with schools. However, it depends on employer commitment (in this case the hospital trust but potentially including a wider range of employers) to creating attractive, well-paid apprenticeship opportunities, which has been identified as a gap within the Bridlington health and care sector.
<p>Lessons for Bridlington</p>	<p>Key learnings include:</p> <ul style="list-style-type: none"> Highlights the potential to significantly increase apprenticeship opportunities if buy-in from senior leaders within strategic health employer organisations is secured.

	<ul style="list-style-type: none">• Demonstrates that a well-developed apprenticeship programme can be effective in supporting people from rural and coastal communities (which often experience lower educational attainment and poorer health outcomes) into health and care roles offering opportunities for progression.• Paying a salary equivalent to a Band 2 role for Level 2 and 3 apprentices is paramount to creating accessible and inclusive pathways, especially for hard-to-reach groups.• Securing buy-in from Senior Leaders within key employer organisations that views widening access to employment as worthwhile investment - both for the Trust and the wider community.• Role models who share the lived experience of key recruitment groups (such as veterans or apprentice ambassadors) are more effective than traditional careers guidance, as they can make opportunities feel tangible and relatable, whilst also addressing some of the barriers people face.• There is greater power and reach for this type of work when collaborating closely with local partners, including councils and schools, to work on the same agenda.
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A05.4 Widening Access Demonstrator - Humber and North Yorkshire Integrated Care Board

Location	North East Lincolnshire
What is it?	<p>The Widening Access Demonstrator programme is a UK Government funded nationwide programme aiming to tackle health inequalities and support people from working-class communities into meaningful, long-term careers in health and social care</p> <p>The Humber and North Yorkshire Integrated Care Board (HNY ICB) was selected as one of ten areas to test and evidence what works in widening access to health careers.</p>
Barriers and challenges addressed	<p>This Model is addressing similar challenges to that of East Riding. It is aiming to provide adequate opportunities for people to gain good local employment whilst narrowing health inequalities through inclusive recruitment practices and investing in local training.</p>
Scope and activities	<p>The primary scope of the programme is to tackle health inequalities and build a sustainable, representative local workforce for the NHS and social care providers. Key target demographics include:</p> <ul style="list-style-type: none"> • Economically inactive young people and individuals • People with long-term health conditions or disabilities • Members of ethnic minority communities • People from working-class communities and areas with high unemployment <p>The initial phase aims to support local people into positive destinations, such as employment or further training, through the creation of structured pathways into required roles.</p> <p>The ICB are coordinating a wide range of activities, in partnership with Job Centres and the Department for Work and Pensions (DWP), to create structured pathways into employment. These include::</p> <ul style="list-style-type: none"> • Pre-employment programmes: Delivering high-quality, targeted training to prepare participants for the workplace. • Skills development: Providing key skills training, job application support, and interview preparation. • Work placements: Offering hands-on work experience opportunities within health and social care environments to give participants practical insight into available roles. • Mentoring and support: Providing access to quality mentoring, supervision, and pastoral care to develop confidence and qualifications.

	<ul style="list-style-type: none"> • Community outreach: Engaging in youth engagement and outreach activities to raise awareness of career opportunities in the sector. • Partnership working: Collaborating with local education providers, charities, and other non-NHS organisations to align local talent with local vacancies. <p>Participants are channelled into a variety of entry-level positions, including healthcare support workers, pharmacy support staff, and administrative or facilities roles, with a focus on long-term employment opportunities.</p>
<p>Delivery model</p>	<p>Key aspects include:</p> <ul style="list-style-type: none"> • Careers Hub: They are central to the model and provides a 'one-stop shop' for jobs, training and career information. The Hub is used widely for outreach, career events and job centres. The Careers Hub in the HNY Widening Access Demonstrator is a physical outreach space used for in person careers events, employer engagement sessions and Jobcentre Plus liaison. It is not a purely online resource. It complements the Springpod virtual work experience platform which provides flexible online learning and certificates. In Bridlington's context, the Log on Move On portal is the closest equivalent for digital access. It provides information on local education and training pathways. However, stakeholders confirmed in both the FGDs and the co-design workshop that awareness of Log on Move On among job seekers and career changers is currently low. • Expansion of work experience opportunities: Step Into Healthcare includes immersive simulation-based experiences; the Springpod virtual work experience programme provides flexible online learning and certificates to support job or education progression. Early indicators are positive. Between July 2025 and October 2025, 47 local people were engaged with the programme, 5 employers signed up, and 20 people gained employment in health and care fields. An initial value for money assessment calculated a return of £2.26 for every £1 of public money spent. • Outreach programme where work with local schools, colleges and the wider community help connect people to opportunities. • Training and qualification pathways: Work with apprenticeships helps create new work pathways for young people. The Learning Hub provides access to funded training and coaching support to help people stay in employment. • Focused efforts on social care recruitment, targeted pre-employability programmes and volunteering pathways through the Volunteers at the Heart initiative. Additionally, a Veterans Programme supports members of the Armed Forces community to transition into civilian roles through workplace attachments. • Holistic employability support is delivered by a local employability service which offers support for people aged 14+ from all backgrounds and

	<p>abilities to ensure residents can secure good work, gain new skills and remain healthy.</p> <ul style="list-style-type: none"> • Initiatives include a work experience programme for people from age 14+ and for young SEND people. • A supported employment programme for young people with neurodiverse conditions. A structured voluntary placement scheme for unemployed/career switchers.
Funding	This Programme is funded by the UK Government.
Collaboration, co-production and co-delivery	<ul style="list-style-type: none"> • This Model is led by HNY ICB in collaboration with Local Authorities and other partners. Local Authorities who work with the ICB include East Riding of Yorkshire Council, Hull City Council, North East Lincolnshire Council, North Lincolnshire Council, North Yorkshire Council (a single unitary authority since 2023) and City of York Council. Other Partnerships include local job centres, schools, colleges, employers and charities. • Job centres are involved in the outreach programme as well as local schools and colleges. Local employers and the Local Authority collaborate to focus efforts on social care recruitment and targeted pre-employability programmes based on local need.
Impact	<ul style="list-style-type: none"> • An initial value for money assessment shows that there is a £2.26 return on investment for each £1 spent of public money. (July 2025 to October 2025) • Since the start of the Programme in July 2025 to October 2025, 47 local people have been engaged with the Programme, 5 employers have signed up to the Programme, and 20 people have gained employment in health and care fields.
Is it scalable?	This Model had a 2-year pilot stage and has progressed since. Positive value for money figures show that this has potential to grow and expand to other regions.
Is it transferable?	This model is replicable and many aspects can be transferred to East Riding. Pre-employability programmes can be replicated, focusing on local needs and challenges. Outreach programmes can also be developed with local schools and colleges.
Lessons for Bridlington	<ul style="list-style-type: none"> • This Model addresses similar challenges to that of East Riding. It aims to narrow health inequalities by embedding inclusive practices and investing in local training. Over 20,000 residents of East Riding live in localities in the top 10% most deprived areas in England and so it is important that inclusive practices are imbedded to provide adequate opportunities for people to gain good local employment. • Ultimately this model will enhance care delivery in the area. Data shows clear inequalities associated with the deprivation level. Males in the most deprived areas have a life expectancy of 72 years - 9 years younger than

	<p>those who live in the least deprived areas. For females there is a 5-year gap³⁶.</p> <ul style="list-style-type: none"> • A significant proportion of those entering pre-employability programmes and reaching positive destinations were self-referrals generated through outreach activity. Tracking these individuals into sustained employment and education pathways has been challenging. They are currently working with UCAS and employers to improve visibility, data sharing, and follow-through reporting. Vacancy freezes within NHS has also created difficulties.
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AO5.6 The Apollo Project

Location	Great Yarmouth and Waveney.
Lead organisation	Supported by Norfolk and Waveney ICB ³⁷ , the Apollo project is a partnership strategically led by East Coast College and delivered in collaboration with the College of West Anglia, City College Norwich, East Norfolk Sixth Form College, Suffolk New College and West Suffolk College ³⁸ .
Year established	January 2024
Overview of the model	<p>The model aims to deliver a two-year project to create work-based opportunities in the health and social care sector. By providing training and job coach support, the Apollo project helps people gain employment within a range of jobs in the health and social care sector and provides free training for the local workforce to progress their careers.</p> <p>The model is person focused and has been designed for people looking to work or retrain to access established local training and employment networks.</p>
Local or national context	<ul style="list-style-type: none"> • Over 4 in 10 working age adults in coastal towns are economically inactive; more than double the national average. Half of these people are economically inactive due to health conditions. • The Chief Medical Officer's Annual Report in 2021 highlighted that coastal areas face some of the worst health outcomes in England, with people having low life expectancy and high rates of many major diseases. • In Great Yarmouth 26% of population have no qualifications, and the level of GCSE attainment is 44% – well below national average. • Poor education attainment levels to date have stifled opportunities for local people to progress into careers in health and social care and contributed to a large economically inactive population³⁹.

³⁶ LGA (2024) 'East Riding of Yorkshire: Reducing the systematic barriers experienced by inclusion health groups' [Available here](#)

³⁷ NHS England (2025) 'How acting as an anchor employer can help the NHS address health inequalities in coastal communities' [Available here](#)

³⁸ East Coast College (2024) 'Initiative New Health and Social Care employment and training support is launched' [Available here](#)

³⁹ NHS England (2025) 'How acting as an anchor employer can help the NHS address health inequalities in coastal communities' [Available here](#)

<p>Delivery model</p>	<p>The East Coast college was the lead on the Apollo project, but other colleges were involved. Each college had job coaches with 1:1 support available. DWP job coach was used as a referral mechanism for more tailored support. Foundation students were able to do their diplomas in care homes. Organisations have been helped in recruitment of volunteers. VCSE organisations were provided with funding to provide support in the form of training, workshops, to help people enter the HSC sector.</p> <p>Key aspects include:</p> <ul style="list-style-type: none"> • Job coaches – experienced job coaches offer support and guidance for those looking for employment, helping address any gaps in skills by providing tailored support to find work in the health and social care sector. • Vocational trainers – specialist courses can help people develop and enter a Health and Social Care career. • Support to existing Level 2 and Level 3 college students to work alongside their studies and to assist with career aspirations and work placements. • Supported internships – people who may have neurodiversity or additional needs or are finding barriers into employment that have an aspiration of securing employment through work-based activities. <p>Examples include:</p> <ul style="list-style-type: none"> • The Work and Learn programme supported HSC students to find work alongside their studies. They received support from a job coach, and work placement coordinators connected them with employers. Neuro diverse people receive support e.g. transport support. • Step into healthcare - Colleges support Yr10 students to carry out simulation activity. Ambassadors deliver work sessions where students follow patient journey through from ambulance. • A 'try before you buy' recruitment model is used for care homes and day centres to ensure students are a good fit and ensure they are ready for employment.
<p>Key stakeholders</p>	<p>Norfolk and Waveney ICB, educational institutions, local employers</p>
<p>Funding sources</p>	<p>NHS funded</p>
<p>Key outputs and outcomes</p>	<ul style="list-style-type: none"> • The Apollo Project has proudly been named the winner of the Three R's Award at the Great British Care Awards – Eastern Region, a category that honours organisations and individuals who are reshaping the future of the Social Care sector through innovative approaches to recruitment, retention, and recognition. • Supported over 650 participants into employment within the sector and over 4000 engaged to date • The project report highlights the following impacts: <ul style="list-style-type: none"> • 329 gained a HSC related qualification or completed a course. • 774 employees engaged in skills, education and training. • 20 VCSE funded projects across Norfolk and Suffolk⁴⁰

⁴⁰ Apollo Health and Social Care (2025) 'Your impact. Apollo: Innovations in Health and Social Care report' [Available here](#)

Evidence of impact	The final monitoring report provides case studies and statistics of impact ⁴¹
Relevance to Bridlington and East Riding	Shared challenges as mentioned in the context section indicate that this model and its aims are relevant to Bridlington and East Riding.
Transferable elements	Job coaches providing tailored support is a significant transferable element of the model. Connecting students with local employers is another element which can be transferred to Bridlington and East Riding. Employer focuses can be changed depending on local need.
Constraints and limitations	<ul style="list-style-type: none"> • Care industry not supporting 17-year-olds. They must wait until they are 18 although they can support in other ways such as mealtimes, activities. • People on care visas are not entitled to funding for diploma. Training budgets in social care are shrinking.
Scalability and growth potential	This project has growth potential through further funding and targeted support in a wider range of topic areas. More people can be reached if further support is funded.

The following two examples are capital programmes with an associated workforce development programmes:

AO5.7 Mablethorpe Centre for Future Living

Location	Mablethorpe
Lead organisation	The Campus is owned by East Lindsey District Council and run by Acis Group (a charity).
Year established	Funding received in 2022; Centre launched in 2025.
Overview of the model	A place-based model designed to improve health, wellbeing, skills, and opportunities across the Lincolnshire coast. This is an intervention focused on the holistic support for improved health and wellbeing, skills development and the provision of good quality jobs for local people. It is not solely focused on workforce development within the Health and Social Care sector.
Local or national context	This project is a landmark new development designed to boost health, wellbeing, skills, and innovation across the region. The vision is to transform access to

⁴¹ Apollo Health and Social Care (2025) 'Your impact. Apollo: Innovations in Health and Social Care report' [Available here](#)

	<p>health and wellbeing services, develop local skills, and provide a collaborative base for partners across sectors⁴².</p> <p>The Mablethorpe model is more useful as an illustration of what anchor institution capital investment can achieve in a comparable coastal community than as a direct delivery template. The centre was built with £8.6 million of Towns Fund money, a route no longer available. Its research and innovation functions are not directly replicable without equivalent capital investment and university partnerships. The transferable lesson is the anchor institution principle. A visible, trusted physical facility that brings together health services, training, research and community access can catalyse workforce development as a side effect. The potential Bridlington health campus site, plus existing assets at Bridlington Hospital and East Riding College, give a partial equivalent. The roadmap lists the health campus site as an existing input rather than a future dependency.</p>
<p>Delivery model</p>	<p>The Centre brings together public, private and voluntary organisations. It offers learning and skills development opportunities for individuals of all ages. It provides health and wellbeing services tailored to local needs. There is also support for businesses and start-ups. The Centre has a community café and open space to connect with others for those with a membership. There is also accommodation for those working and collaborating at the Centre.</p> <p>One main focus is on medical innovation, training, research and development. Centre facilities include a pathology laboratory and additional laboratory space. There are opportunities to take part in more general research with local, regional and national significance⁴³.</p> <p>There will be a testbed for rural and coastal health; it will be a nationally significant centre in which new and innovative ways of learning and working are implemented, new technology is developed, manufactured and tested and where nationally significant academic research into population health will be focussed.</p> <p>Academic proposals, strategic system-wide plans to address health inequalities and attract professionals to the coast, and national plans for a testbed for delivering oral health services differently are well developed.⁴⁴</p>
<p>Key stakeholders</p>	<p>Led by a coalition of local, regional, and national partners, the development of the Campus for Future Living aims to put Mablethorpe at the heart of provision of health and care related jobs. Nottingham Trent and Lincoln Universities, Health Education England and the National Centre for Rural Health and Care are committed to the project, along with other partners⁴⁵.</p>

⁴² East Lindsey District Council (2025) 'A bright future unveiled in Mablethorpe as the Campus for Future Living officially launches' [Available here](#)

⁴³ Centre for Future Living (2025) 'About the Centre for Future Living' [Available here](#)

⁴⁴ Rose Regeneration (2021) 'The Campus for Future Living, Mablethorpe' [Available here](#)

⁴⁵ Connected Coast (2025) 'Campus for Future Living' [Available here](#)

Funding sources	The Campus was made using £8.6 million of Government Towns Fund funding, secured in 2022 ⁴⁶ .
Key outputs and outcomes	Too early to say
Evidence of impact	N/A
Relevance to Bridlington and East Riding	Similar rural and coastal health challenges make this project relevant to Bridlington and East Riding.
Transferable elements	This model works best adapted to local needs and challenges.
Constraints and limitations	East Riding's rural geography could be a constraint. This could mean longer travel times for partners, staff and students. There could also be difficulty attracting researchers, clinicians, and specialists. Funding and buy-in can also be a constraint.
Scalability and growth potential	This model can be expanded. The research elements can be expanded to include more academics/research partners. The topics of research can also grow to include other related areas. Education and training programmes for individuals could be scaled to add apprenticeships. Business support could evolve to incorporate incubators or bootcamps/accelerator programmes. Due to the use of flexible space, support can evolve smoothly with the right funding and partnerships with evidenced positive impact.

AO5.8 Lancaster University Health Innovation Campus

Location	Lancaster
Lead organisation	Lancaster University
Year established	2020
Overview of the model	<p>An eco-system of cross sector, multi-disciplinary experts working in health and care which bring together the new Health Innovation Campus to work on some of society's most significant health challenges⁴⁷.</p> <p>The University's ambition is to establish itself as a major international presence in the field of Health and Medicine through the design of this new Health</p>

⁴⁶ Acis Group (2025) 'A bright future begins as the Campus for Future Living opens in Mablethorpe' [Available here](#)

⁴⁷ Lancaster University (2025) 'Health Innovation Community' [Available here](#)

	Innovation Campus. The campus masterplan brings together businesses, the NHS, students and academics from a broad range of disciplinary backgrounds ⁴⁸ .
Local or national context	The preservation of good health and quality of life presents significant challenges to an increasingly ageing population. Health systems in the UK are under pressure to develop innovative approaches to address these issues ⁴⁹
Delivery model	Key aspects include: <ul style="list-style-type: none"> • A home for Lancaster University's Medical School and Division of Health Research - space for external organisations to co-locate and work on site with the University on significant health challenges. • The Campus has teaching, offices, and shared workspace facilities. The Campus building features various meeting rooms and event spaces – including a dedicated Innovation Lab and Business Lounge. Health professionals can use the space to collaborate and work. • Business advice for early-stage health and care organisations or large-scale strategic partnerships utilising world-class academic expertise. • Assisting companies to grow and innovate in health and care⁵⁰. • Events are organised highlighting health research, business support opportunities and health and care focussed cultural and social activities⁵¹. • On-site café will include fresh and healthy food options at affordable prices⁵².
Key stakeholders	<ul style="list-style-type: none"> • NHS • NIHR⁵³ • North West Cancer Research • Northern Health Science Alliance • Bionow and the Innovation Agency⁵⁴
Funding sources	<ul style="list-style-type: none"> • Lancashire Enterprise Partnership £17m from Growth Deal Programme⁵⁵ • ERDF • HM Govt Northern Powerhouse • Lancaster University⁵⁶
Key outputs and outcomes	<ul style="list-style-type: none"> • Worked with more than 200 health-related SMEs in Lancashire to assist them with their innovation strategy⁵⁷.
Evidence of impact	None

⁴⁸ John McAslan + Partners (2020) 'Lancaster University, Health Innovation Campus' [Available here](#)

⁴⁹ Lancaster Vision (2019) 'Health Innovation Campus' [Available here](#)

⁵⁰ Lancaster University (2025) 'Support' [Available here](#)

⁵¹ Lancaster University (2025) 'Health Innovation Community' [Available here](#)

⁵² Lancaster University Facilities (2020) 'Health Innovation Campus Complete' [Available here](#)

⁵³ Lancaster University (2022) 'Health Innovation Campus sees Lancaster Invest In Future' [Available here](#)

⁵⁴ Lancaster Vision (2019) 'Health Innovation Campus' [Available here](#)

⁵⁵ Lancaster Vision (2020) 'Phase one of Lancaster University's new Health Innovation Campus complete' [Available here](#)

⁵⁶ Lancaster University (2020) 'Health Innovation Campus Complete' [Available here](#)

⁵⁷ Lancaster University (2022) 'Health Innovation Campus sees Lancaster Invest In Future' [Available here](#)

Relevance to Bridlington and East Riding	The system of bringing together academia, healthcare, SME's, public sector and community partners to solve health challenges in a collaborative way is relevant to East Riding and Bridlington. Creating a regional hub for health innovation, training and health & wellbeing services for local residents could boost jobs and skills, as well as improve access to healthcare.
Transferable elements	This model is transferable. Using local assets and anchor institutions, Bridlington can use a similar model.
Constraints and limitations	Model cannot be replicate directly. It will depend on what anchor institutions are available, willing and relevant to local needs and challenges. Various funding sources may be needed to develop a hub. Buy-in from stakeholders and local institutions are necessary.
Scalability and growth potential	This model does have growth potential if partnerships are developed with local employers, educational institutions and the health sector.

The final example is a relevant supporting research activity which provides an example of the intelligence foundational work required for successful pathways:

AO5.9 Sheffield Hallam University Allied Health Professions Workforce Research Partnership

Location	Sheffield
Lead organisation	Sheffield Hallam University
Year established	2025
Overview of the model	The five-year Allied Health Professions Workforce Research Partnership (AHP WRaP) aims to improve patient care by ensuring staff in allied health roles – such as paramedics, physiotherapists and radiographers – have the right skills and are available when and where they are needed in NHS hospitals, community services, and general practice ⁵⁸ .
Local or national context	AHPs provide essential services across urgent, emergency, acute and community settings. However, AHP services are short-staffed, and this can affect patient care and waiting times – especially in rural and coastal communities. This means some people can't get imaging, cancer treatment and rehabilitation when they need it. These shortages also affect the working conditions and well-being of AHPs, which may make them want to leave the NHS ⁵⁹ .
Delivery model	Several projects undertaken:

⁵⁸ AHP WRaP (2025) 'Allied Health Professions Workforce Research Partnership' [Available here](#)

⁵⁹ AHP WraP (2025) 'About the partnership' [Available here](#)

	<ul style="list-style-type: none"> • Project 1: James Lind Alliance (JLA) Priority Setting partnership (PSP) methodology to identify unanswered questions and concerns about the AHP workforce. Representation from patients and the public to ascertain topics that research needs to prioritise to improve working lives of AHPs • Project 2: This study aims to understand why AHPs leave or stay, and to identify effective strategies for improving retention. It will combine data analysis, surveys, and focus groups in four stages. It will review existing evidence and examine national workforce data to identify which professions and workplaces face the most significant challenges. A survey will explore views of AHPs. • Project 3: Understanding the impact of apprenticeships in healthcare. AHPs shortages are most acute in rural, coastal and deprived areas. NHS has expanded apprenticeships in response. This project explores how well AHP apprenticeship routes are working and what challenges persist. This will combine national data analysis with discussions involving universities, NHS managers, systems leaders, service users. • Project 4: An open-source model that brings together local information on the workforce (supply), population case-mix (demand) and provides a means for assessing the impact of workforce interventions to aid decision making at a local level in terms of outcomes and distribution of outcomes. The output will be put together in the R application⁶⁰. • Seed-funded projects provide early career researchers the opportunity to lead on small projects which include the AHP Hub in the bullet point below. • Allied Health Profession (AHP) hubs including various professionals such as dieticians, speech and language therapist, mobile radiographer. AHP can do more primary care in the community to free up time of other professionals.
Key stakeholders	<p>The partnership is led by Sheffield Hallam University (PI Professor Julie Nightingale) with partners at Anglia Ruskin University, the University of Suffolk, University of Lincoln, University of Sheffield, and NHS East of England⁶¹.</p> <p>The work is guided by two stakeholder groups: the Expert Reference Group (ERG) and the Patient and Public Involvement and Engagement Group (PPIE). The ERG brings together senior NHS managers, members of Integrated Care Boards, and professionals from across the AHP workforce, offering strategic insight and practical expertise. The PPIE group ensures that the voices and experiences of patients, carers, and the wider public are central to the project. Together, these groups ensure that AHP WRaP remains grounded, relevant, and shaped by those with both professional expertise and lived experience⁶².</p>
Funding sources	National Institute for Health and Care Research (NIHR)
Key outputs and outcomes	Research ongoing. Report to be developed in May/June 2026 which will determine further action.

⁶⁰ AHP WRaP (2025) 'Research Projects' [Available here](#)

⁶¹ AHP WRaP (2025) 'Allied Health Professions Workforce Research Partnership' [Available here](#)

⁶² AHP WRaP (2025) 'Our Partners' [Available here](#)

Evidence of impact	N/A
Relevance to Bridlington and East Riding	<p>This health workforce planning project especially focuses on rural, coastal, and underserved urban areas – areas similar to Bridlington and areas of East Riding.</p> <ul style="list-style-type: none"> • Difficulty in accessing healthcare • Brain drain in rural and coastal areas • Less incentive to go back to coastal, rural areas after residents leave to study. • Career progression challenges in rural areas
Transferable elements	<p>Research studies can play a role in identifying a broader innovation strategy, for example identifying priorities for the area, or help co-design local workforce retention or training initiatives.</p>
Constraints and limitations	<ul style="list-style-type: none"> • Research focused – actions following the research depends on evidence findings. It may not result in a case for a physical building, hub, or major system change. • Partners are needed. Relationships must be built first with NHS and educational institutions. • This cannot be self-sustainable. Funding will be required to progress with research and act on its findings.
Scalability and growth potential	<p>The research can be expanded beyond AHPs to other professions/roles like nursing and social care which would require reframing of aims, partnerships with different professional bodies and different funding.</p>



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