Community Transformation – Workforce

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Developing people
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What are the right questions to ask?

Community Transformation plans:

- Is the clinical model sufficiently developed to enable review of workforce requirements and interventions, with evidence of clinical engagement?

- What are the workforce implications of the proposed new models of care?

  - Is the workforce affordable?

  - What will the workforce look like in terms of skills, diversity and behaviours? Is that workforce available? What is the need for the development of upskilling, new roles and new ways of working?

  - What is the implementation plan and timeline for workforce development?

  - What is the vision for an integrated health and social care workforce?

  - What are the implications for those providing self-care, unpaid carers and volunteers?

A **16 bedded community hospital** unit costs **£75k per month** to staff for nursing*

NHS
Health Education England

In one month, a unit like this **cares for around 21 people**

For **£75k,** the same level of care can be offered to clinically-assessed patients in their homes by **12 nurses, 8 therapists, 7 support workers plus some night sits**

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- The workforce at the community hospital will have a different make up and skill set than one which delivers place-based / home cased community care

- So for any new model of community care, the numbers and skills required must be mapped

- Supply of staff with the right skills and development of staff to gain new skills which meet the models' requirements must be considered

    – How long will it take?

    – Feasibility?

Iterative process led by clinicians

Iterative Process – planning frameworks

Calderdale Framework

1. Awareness Raising
2. Service Analysis
3. Task Analysis
4. Competency Identification
5. Supporting Systems
6. Training
7. Sustaining

Successes:

- Do you need to increase workforce productivity?
- Do you want to harness talent locally to assure a cost effective service?
- Do you need to develop innovative services for your population?
- Do you want to assure the competence of your support staff?

the Calderdale Framework

The Six Steps Methodology to integrated workforce planning

Six Steps – a practical approach to integrated workforce planning

The Six Steps Methodology offers:

- a systematic practical approach that supports the delivery of quality patient care, productivity and efficiency

- assurance that workforce planning decisions taken are sustainable and realistic

- a scalable approach, from small ward-based plans to large organisations

- a joined-up approach with social care, where the same approach has been adopted.

Population Centric Model

Offered by

- Prospect Business Consulting
- Gold Business Consulting
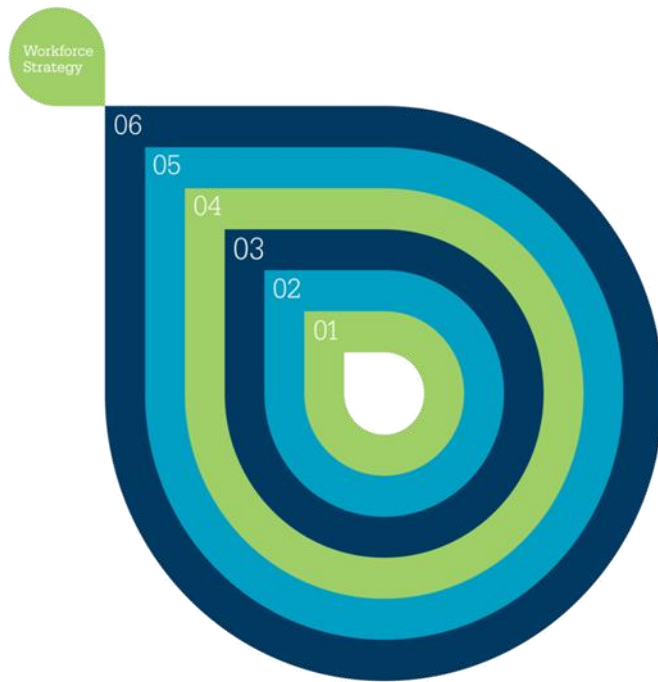
Stage 06 — Gap, Analysis, Reality Check, Planning for Implementation

Stage 05 — Defining Roles and Future Workforce

Stage 04 — Defining Skills, Knowledge and Competence Levels

Stage 03 — Design and Commissioning of Services

Stage 02 — Population Definition / Strategic Environment

Stage 01 — Establishing the Change Management Approach

Supporting Workforce Transition - community hospitals to place based care

- Skills and skill mix
- New ways of working
- Change of care location

Redeploying current staff to work in new ways and new situations requires upskilling or reskilling. **The differences involved should not be underestimated**.

A key element for success is staff **willingness to change** and it is important to develop and support this so that staff

- feel empowered to change
- confident they have the right skills
- welcomed in their new role
- role enhancement / job enrichment
- opportunities for further development

Current Workforce

Practical Considerations:

- Clear identification of levels of autonomy required plus essential clinical skills to support autonomy eg non-medical prescribing
- Geography involved – clinical time lost/ transport solutions – modelling of service delivery model through tools like WRaPT
- Staff engagement; expectations; recruitment; staff retention

Supporting Workforce Transition - community hospitals to place based care

Plans will inevitably require planned supply of staff - if only to maintain (rather than grow) the workforce

Future Workforce

Consideration needs to be given to:

- supply
  - what are the current routes - education providers vs grow your own?
  - what's in the pipeline now? Future supply / when available?
- capacity of the model to support supply
  - particularly for PGME specialties which may be delivered more in the community in future, to continue to provide safe training in that setting the model must provide a suitable infrastructure (keep in mind the impact on the GMC required curricula when stopping or moving a service from an acute to a community setting)
  - placement capacity for increased supply of non-medical registered and non-registered clinicians
  - apprenticeships
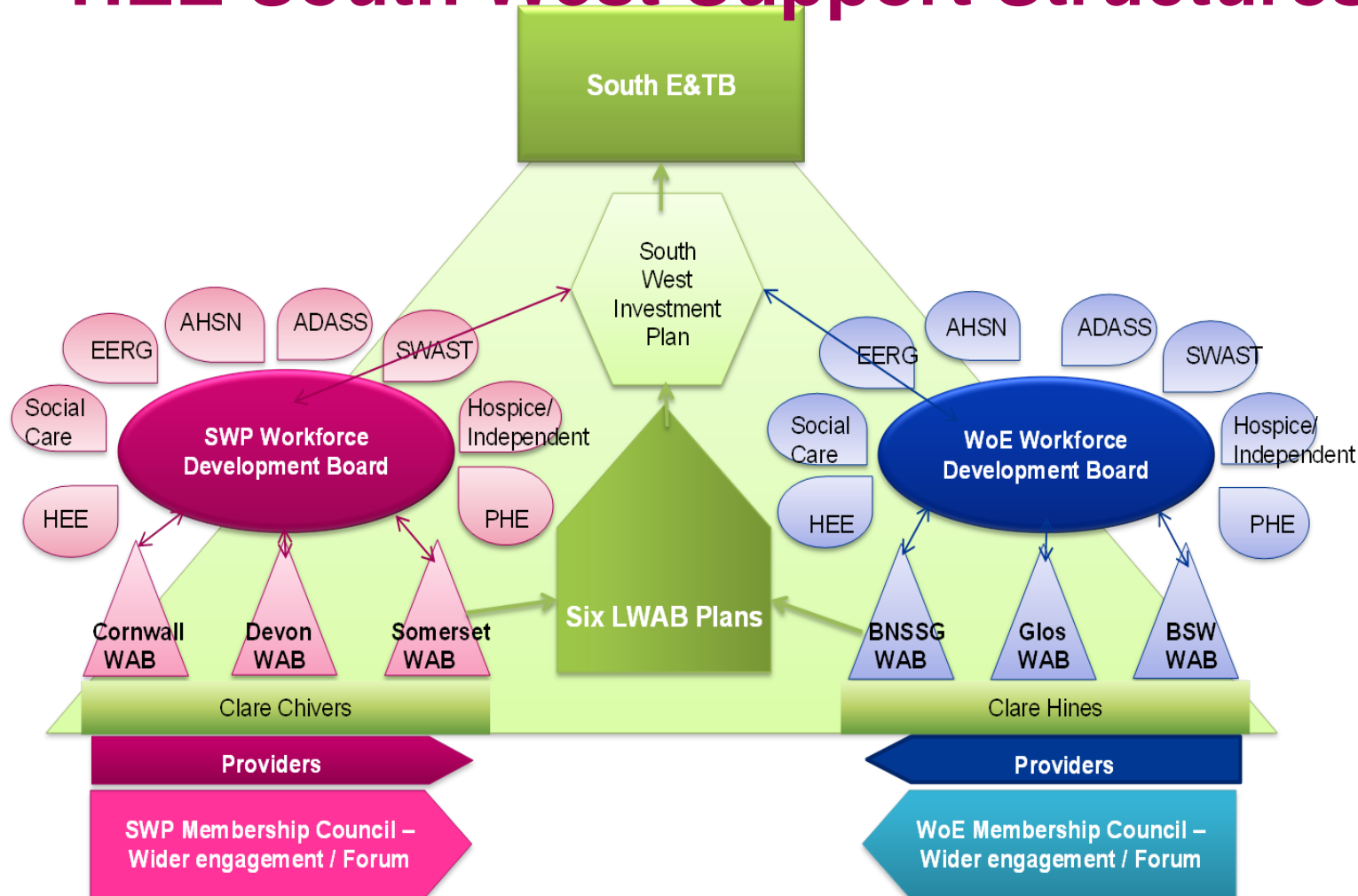
Influence an STP footprint has over its workforce

- **Southern Education & Training Board**
  - ➤ Key input from STPs (each has an exec seat)
  - ➤ Represent and advocate for local need within national context
  - ➤ Advice and collaborate on the whole health, care and public health workforce

- **Strategic Workforce Development Groups** (SWDG)
  - ➤ Provide a wider forum for SW STPs where they can engage with a range of stakeholders that may be unable to attend all individual LWABs
  - ➤ Provide an opportunity for STPs to identify emerging themes; efficiencies of scale; and sharing of good ideas/solutions
  - ➤ Help inform local team investment decisions

Influence an STP footprint has over its workforce

- **Local Workforce Action Boards** (locally titled)

  - ➤ align and develop the workforce to meet STP priorities - include areas such as strategic HR issues, recruitment including overseas recruitment; staff retention and absence as well as education and training

  - ➤ develop solutions; agree a workforce work programme and oversee implementation of the work programme to support STPs

  - ➤ engage with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations

  - ➤ working with the regional E&TB take action to ensure

    - ✓ Availability of workforce intelligence
    - ✓ Supply pipeline for the identified future workforce
    - ✓ Workforce development and transformation enablers
    - ✓ Quality is built into every aspect of education and training
    - ✓ Leadership and organisational development is embedded across the STP

Workforce Education and Training -1

Workforce CPD

- an individual/employers responsibility agreed as part of appraisal providing assurance that staff have the right level of skills, knowledge and competence to deliver the services they are employed to undertake

Workforce Transformation

- ensuring staff who will be working differently, in a different environment and across professional boundaries are educated, trained and supported to do so.

- Supported by HEE in response to the detail of STP requirements

The articulation about who and how staff will work differently is still at embryonic stage currently with a few professions pushing the boundaries i.e. Pharmacists and Paramedics working in General Practice

Plans will need to be able to articulate how provision of high quality education in response to the planned service change will be secured.

HEE: Education to Support Transformation

Five year education contracts commenced 2015/16 academic year.

Developed in response to stakeholder feedback

- education to meet workforce transformation needs
- content changes iteratively year on year as new models of care are developed
- responsive to Five Year Forward View and emerging national agendas

Community and Primary Care Workforce Development
(University of the West of England and University of Plymouth)

Advancing Practice in Acute and Urgent Care Settings
(University of the West of England and University of Plymouth)

Improving Access to Psychological Therapies
(University of Exeter)

Non-medical Prescribing for Nurses AHPs and Pharmacists (University of the West of England in partnership with the University of Bath)

Changes in education to assist workforce transformation

- Learning together to assist integration

- Breaking down professional barriers

- Working across organisational boundaries

- Increasing focus on the public health agenda – motivational interviewing – patient centric

- Co-production of new care models underpinned by learning experiences

Workforce Education and Training -2

Education commissions

- last cohort of HEE non-medical commissions commenced Sept 16 – current cohorts will run out over the next 3 – 4 years.

- STPs will need to engage with education providers to ensure future supply will meet their local needs

Apprenticeships

- Many current preparation routes will move to an apprenticeship model – nurse associates and eventually registered nurses; dental nurses already have an apprenticeship model

- This will potentially provide STPs with flexibility and control around workforce and skills supply

- Plan skills development for the wider STP footprint and across organisational boundaries, supporting care; health care and integration of ways of working across the system

Engagement of the workforce in change

Suggested STP indicator:

- Evidence of an engagement plan to fully involve the workforce, including staff-side representatives and unions in the change process.

Engagement is a key element of the iterative process for workforce planning (see frameworks earlier)

- Do it **early** in the process
- Involve **all levels** of the workforce
- Engage with **all sectors** of the wider STP footprint (partnership and collaborative working)
- **System thinking** - the wider partners delivering health and social care services need to be on board from the beginning also as they are part of the overall system which has the ambition to provide the solutions

Be truthful about timescales, challenges and realities particularly where there is lack of available information currently and acknowledge future opportunities to share more detail when available.

Ageing workforce - particularly in rural areas

Considerations:

- Effect of pension age change in national pension
- Effect of NHS pension scheme changes
- Retire and return schemes
- Immigration of older workforce prior to retirement – particularly to rural areas such as Devon and Cornwall
- Reduction in hours worked closer to retirement – participation
- Travel to work
- Impact of service changes on decisions to leave/ retire
- Impact of BREXIT?

Major staff group age profiles
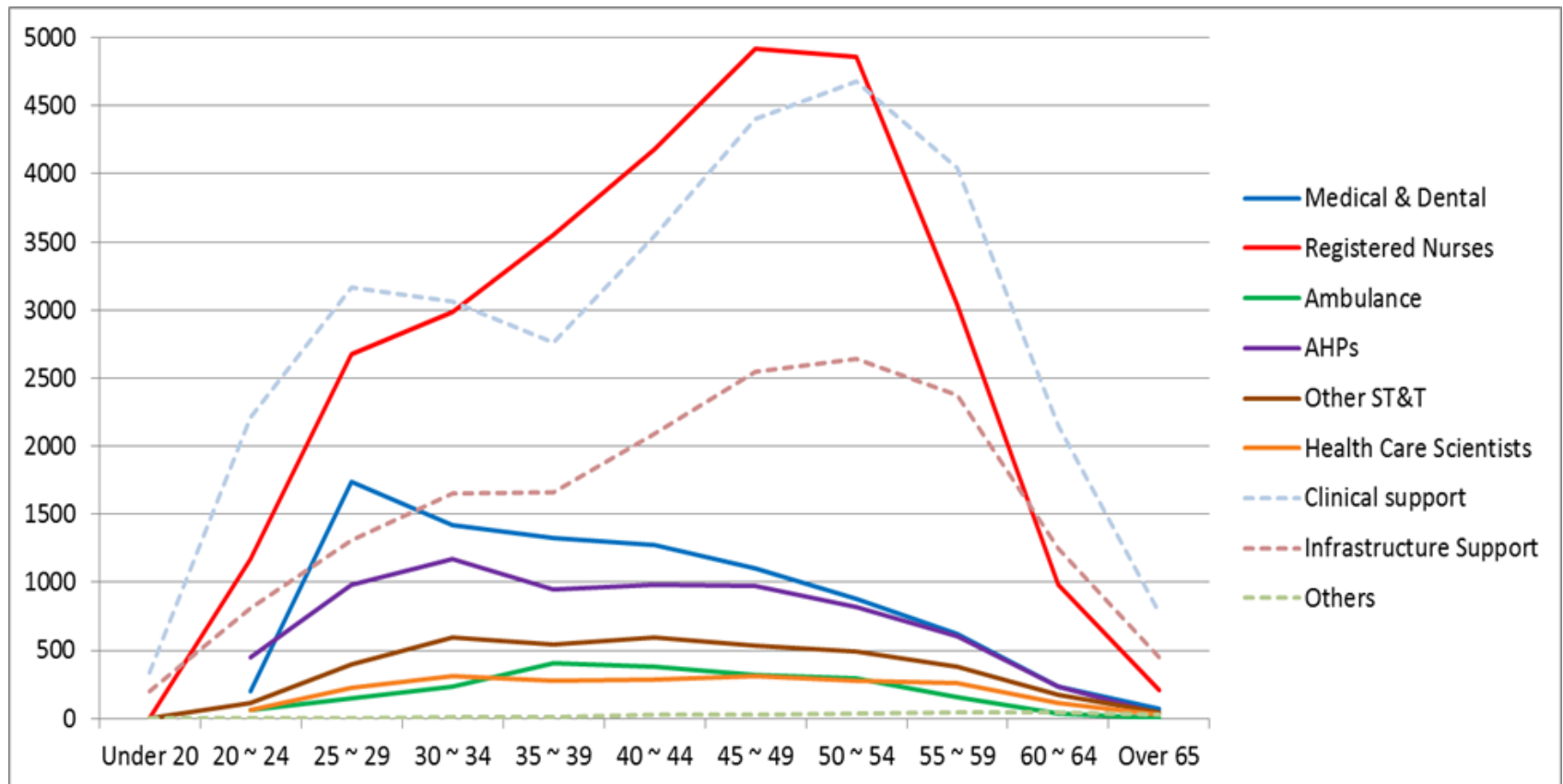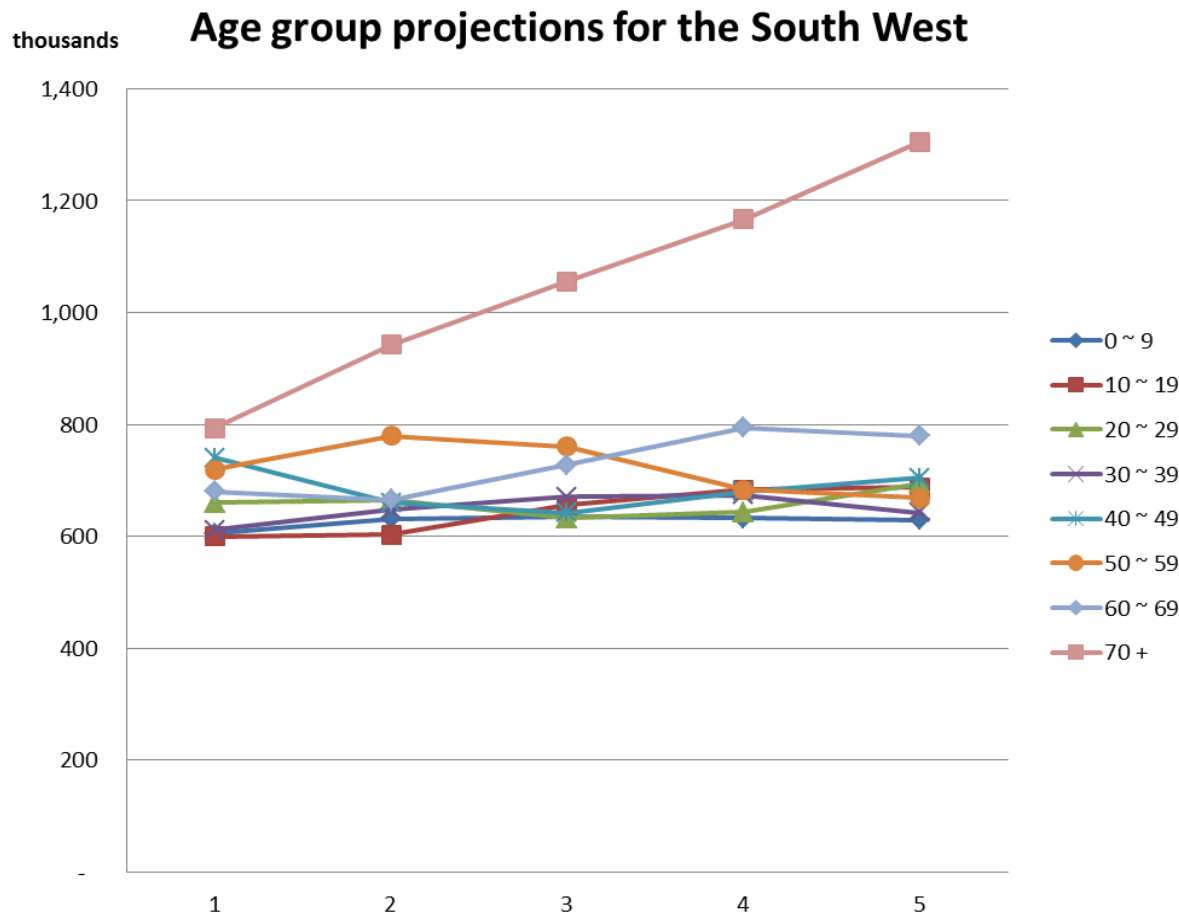

March 2015 ESR data

Rurality and Age profile
England; South West; Devon and Cornwall

All staff - % age profile

Registered Nursing - % age profile

Legend: SW, England, D&C

	Over 50	Over 55
England	28%	12.5%
South West	30%	14%
Devon & Cornwall	35%	Nearly 16%

South West population age projections

Age group projections for the South West

thousands

Legend:
- 0 ~ 9
- 10 ~ 19
- 20 ~ 29
- 30 ~ 39
- 40 ~ 49
- 50 ~ 59
- 60 ~ 69
- 70 +

Looking at the major age band groups

- Birth to 19 will grow by 9%;

- 20 to 59 will remain reasonably static;

- Whereas the 60 plus age group will have a significant increase of 41%;