

Portfolios and Programmes

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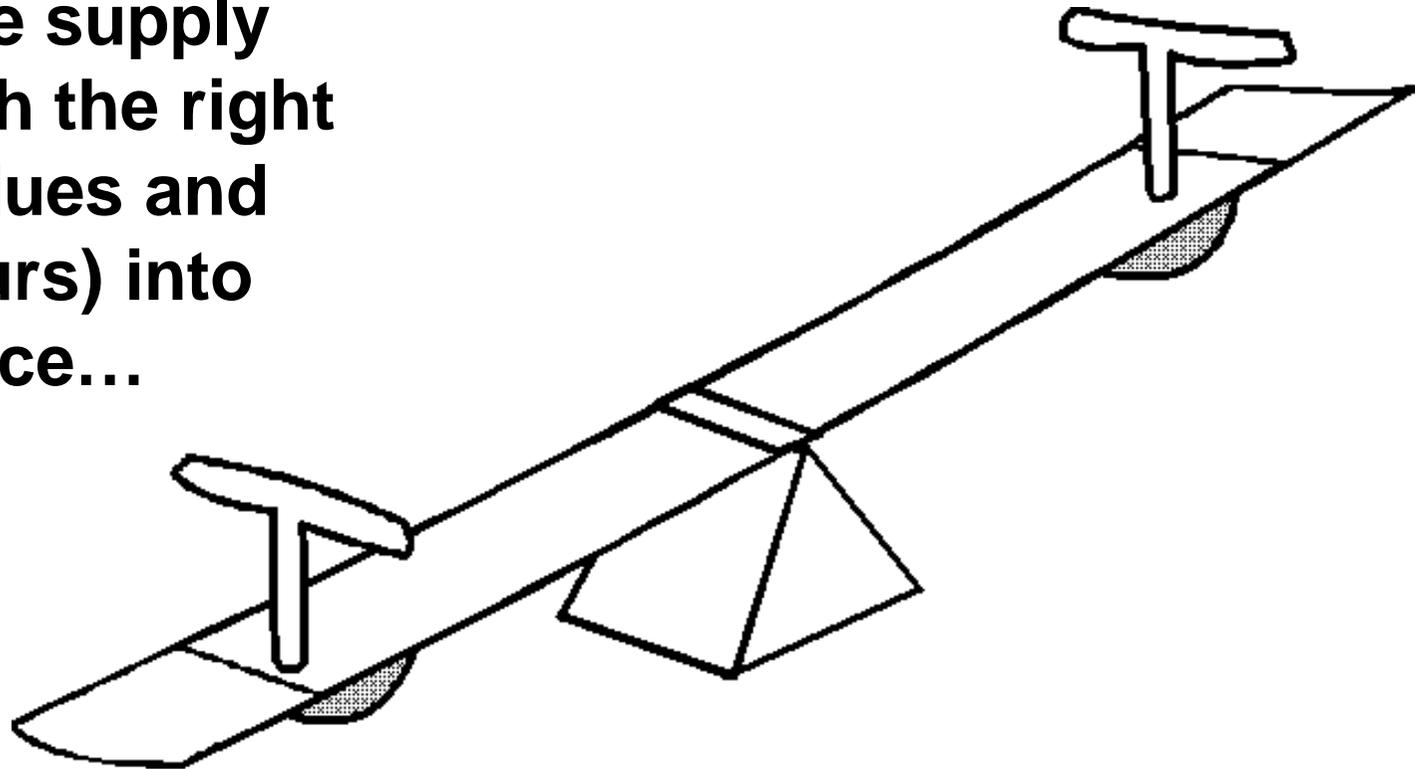


Developing people
for health and
healthcare

www.hee.nhs.uk

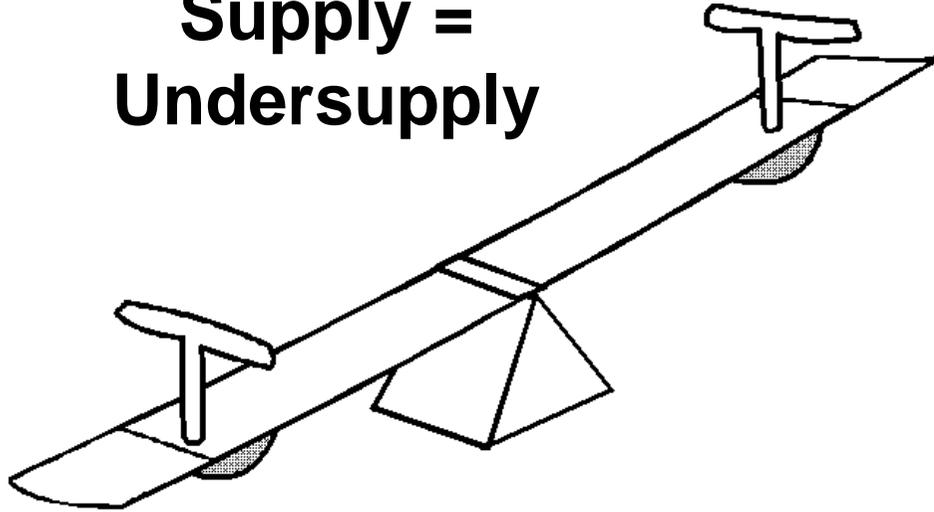
What is workforce planning?

Trying to bring workforce demand (numbers of posts required to deliver services) and workforce supply (people with the right skills, values and behaviours) into balance...

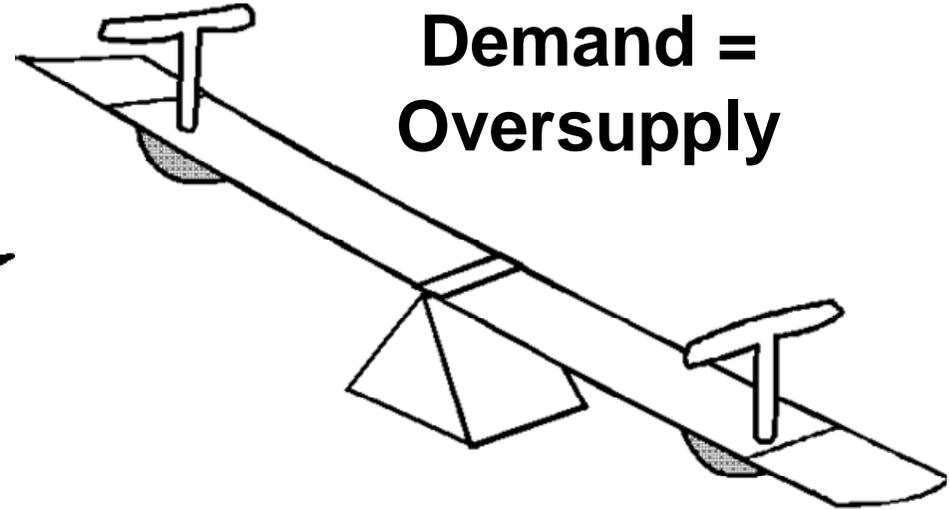


The challenge of imbalance

**Demand >
Supply =
Undersupply**

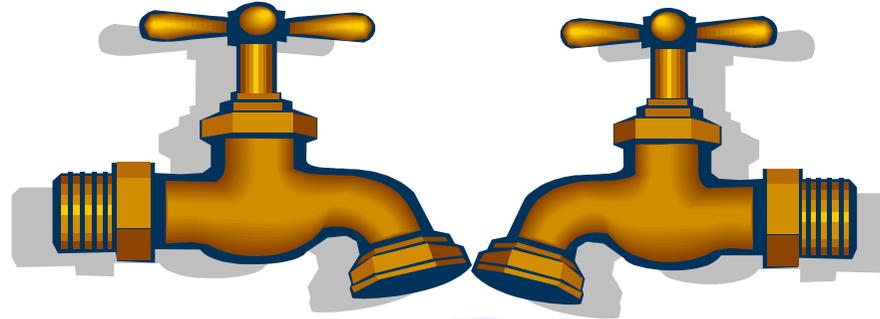


**Supply >
Demand =
Oversupply**



The challenge of supply: plugging the gaps

**Other supply
(e.g. labour
market,
returners,
recycling)**



**Education and
training –
newly qualified
supply**

**The water represents
the supply**

**‘Leaks’ (retirement,
attrition) and ‘other
supply’ are largely
determined by the
choices of the
workforce, but can
be influenced by
employers**



**Filling the bucket
is not just about
additional flow...
it is also about
managing gaps
where they exist**

The challenge of demand: multiple approaches to understanding the future

Approach	Assumption	Pros	Cons
Population and demography	<i>Demand is proportional to (weighted) population</i>	<ul style="list-style-type: none"> • Robust, well-stratified data with extended forecasts (to 2040) are published by the ONS. • NHS England publish (or have published) weighted population statistics at CCG-level. • Straightforward; difficult to challenge at prima facie. 	<ul style="list-style-type: none"> • Simplistic - doesn't take into account technological change, changes in productivity, or changing models of care • Not reflective of reality – we can prove that.
Provider expressed demand	<i>Employers have a good grasp of present and future demand, and provide honest accounts of both</i>	<ul style="list-style-type: none"> • Ostensibly accurate within a 1-2 year forecast window. • Takes into account what is happening on the ground. • HEE set up as a provider-led organisation. 	<ul style="list-style-type: none"> • Low data quality; unreliable over even the medium-term. • Short-termism: employers often focus more upon their own immediate bottom line than future need <ul style="list-style-type: none"> • Risk of gaming.
Policy recommendations	<i>Demand should change in line with government policy</i>	<ul style="list-style-type: none"> • Clear steer • Reflects what will happen on the ground. 	<ul style="list-style-type: none"> • Doesn't necessarily reflect need appropriately – e.g. health visitors • Government policy dictates direction of travel rather than health outcomes
Clinical recommendations	<i>Demand should change in line with clinical need, as defined by the profession(s)</i>	<ul style="list-style-type: none"> • Expert view of what is needed to provide safe services • Difficult for other stakeholders to challenge. 	<ul style="list-style-type: none"> • Clinical recommendations are often “gold-plated”, and overly cautious <ul style="list-style-type: none"> • Professional bodies will always want more, to protect their political capital • We lack the expertise to challenge such recommendations.
Public health outcomes and activity	<i>Demand should change in line with projected clinical activity, as well as changes in the public's health.</i>	<ul style="list-style-type: none"> • Largely uncontentious – most data comes from impartial sources. • Easily evidenced; substantial body of evidence across all areas <ul style="list-style-type: none"> • Works in concert with other approaches, especially population. • We already have the capacity to output these data in high-quality Tableau visualisations. 	<ul style="list-style-type: none"> • No one definitive measure of activity: weighting each of the individual factors—if possible—will be time-consuming • Will be challenged by policymakers and professional bodies whatever happens!

HEE: Core business

“to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place” HEE

Implementing the 5 year forward view

- To accelerate implementation of transformation priority areas Sustainable Transformation Partnerships/plans (STP's) were created
- 44 nationally and 5 for London
- Integrating health and social care delivery
- Delivery of workforce priorities lead by Local Workforce Action Boards (LWABs) lead by HEE in partnership with all providers within that geography

The NHS Policy Landscape



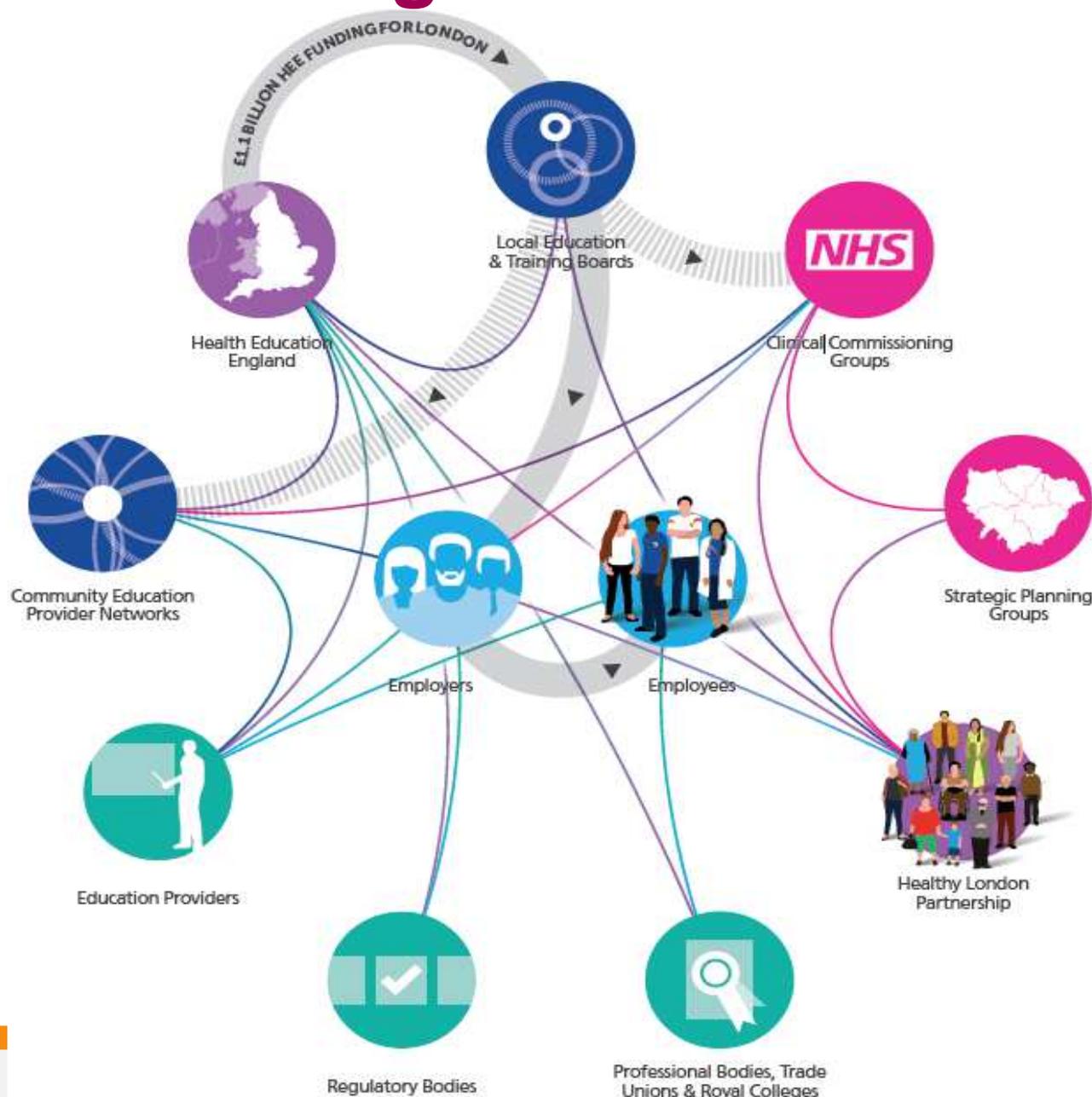
Partnership working supporting workforce growth



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Integration through:

- Collaborations with Skills for Care
- LWABs
- London WF Board



STP support

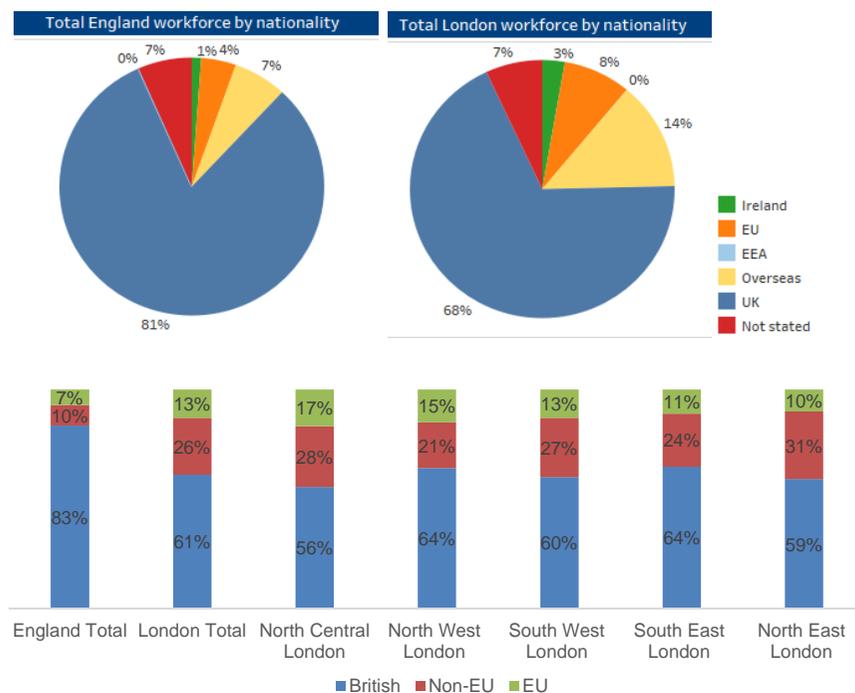
STPs are being supported through:

- Specific transformation projects supported by HEE workforce intelligence
- Sharing data and intelligence with Director of Nursing and HR Director groups
- Delivery groups established for National Programmes; Primary Care, Mental Health, Urgent and emergency care, Cancer...

Brexit

Context

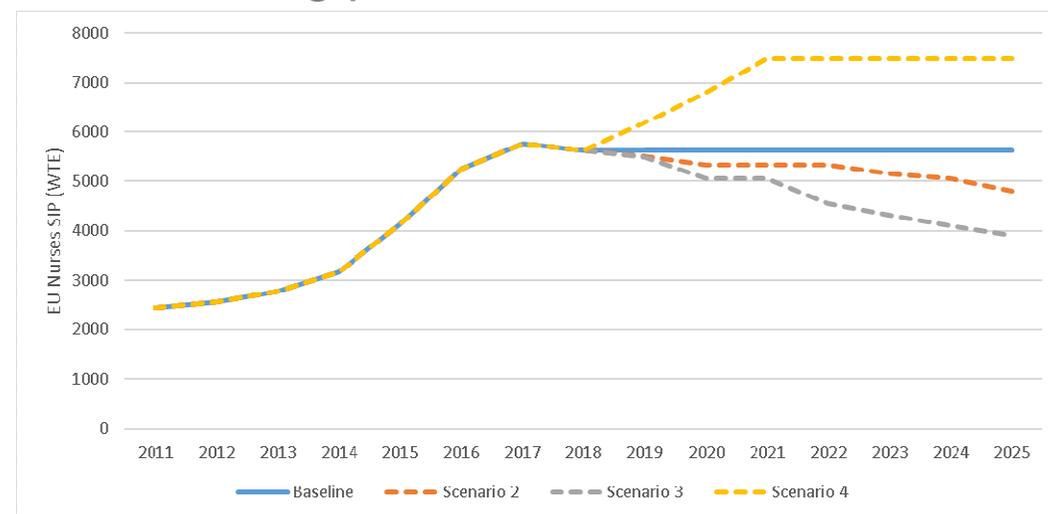
- EU nationals make a highly valued contribution to the health and social care workforce in England
- London's Health and Social Care workforce is approx twice as reliant on the EU workforce than England



Work in progress:

- Better understanding the impact of Brexit
- Monitoring workforce trends
- Scenario Planning
- Development of mitigating strategies in collaboration

Adult Nursing possible scenarios



Source: ESR Mar 2018; Skills for Care: NMDS-SC

Workforce supply

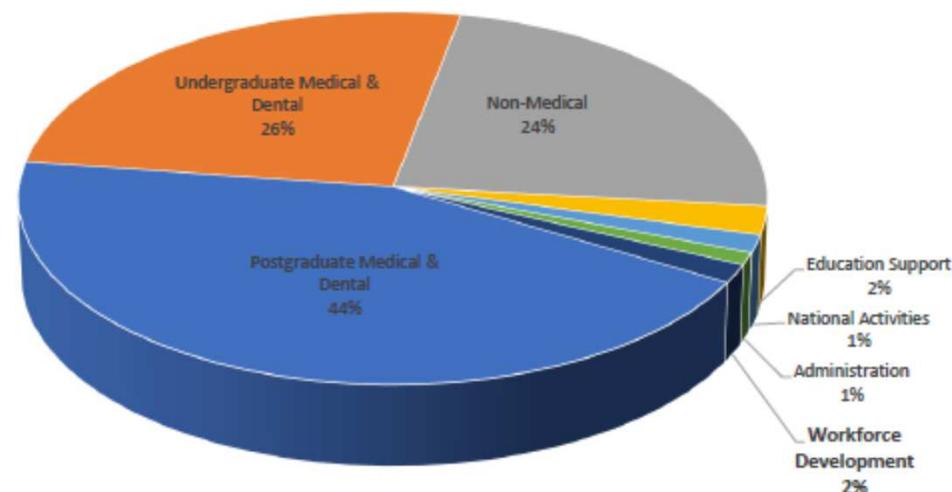
Medical Education

- Core priority - largest area of spend
- WF Planning to influence and plan for London's share of National trainee volumes by specialty
- Operational management –HET / TIS
- Educational support

Non-Medical Education

- WF Planning to direct undergraduate education commissioning pre-CSR
- Post-CSR, salary support and more
- Workforce development and upskilling
- Workforce transformation and new ways of working
- Placement management
- Monitoring new supply to inform future WF planning

Analysis of Spend by Category



Establishing a workforce observatory



Health Education England

- The scale of London's ambition to transform health and care is significant.
- But interviews and research highlight that organisations face a number of workforce challenges requiring a strategic supra employer approach:-
 - Lack of collaboration.
 - Future shape of workforce.
 - Fragmented approach.
 - Lack of consistency.
 - Absence of workforce research.
- One area of discussion has been the possibility of developing a single authoritative voice for workforce information and analysis across London.

Workforce Observatory Functions

Four domains supported by six areas of activity

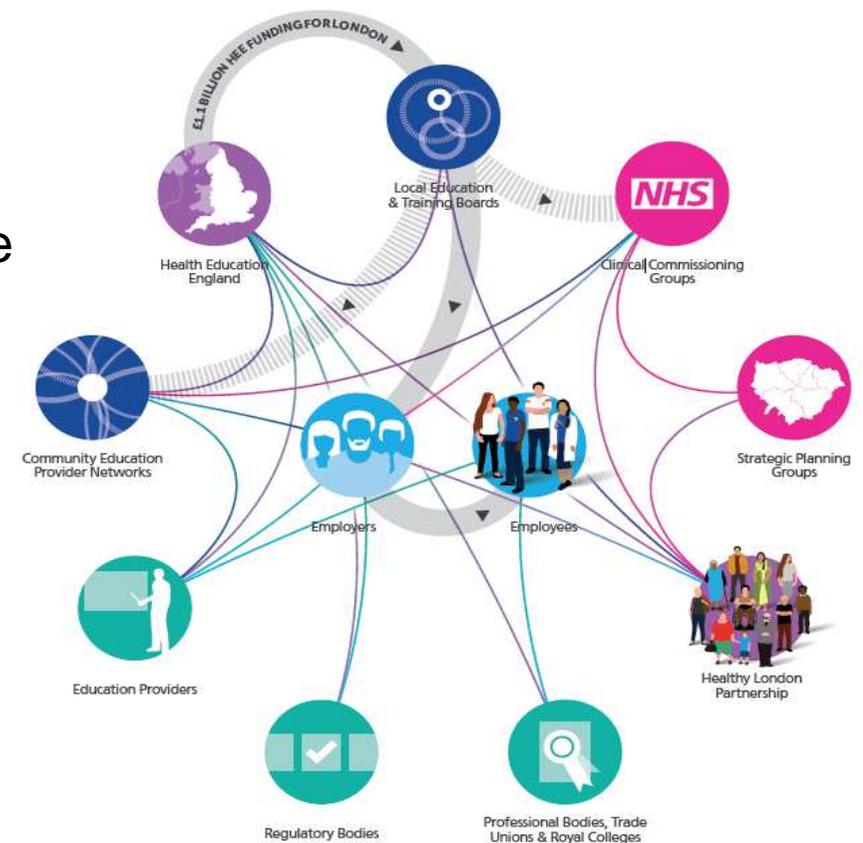
	Workforce Design and Demand	Workforce Supply
Current Workforce	Supporting strategy Information and analysis Modelling Research Performance Reporting Capacity and capability building	
Future Workforce		

A brief overview:-

- **Supporting strategy** – use of information, analysis, modelling and workforce research to inform and support strategy development.
- **Modelling** – understanding workforce demand and supply in the context of existing or new clinical models in order to assess the impact of potential interventions, risks and opportunities.
- **Information and analysis** – sourcing appropriate data and translating this data intelligence which shapes and informs decision making.
- **Research** – undertaking specific workforce research to support local initiatives.
- **Performance reporting** – monitoring and reporting of the workforce against defined metrics, planned trajectories and benchmarks.
- **Capacity and capability building** – developing skills and competence in workforce planning.

Summary

- Workforce demand can be expressed in multiple ways
- Monitoring workforce supply is complex – CSR, Attrition, Transition to workforce, Brexit and more
- Progress is being made to strengthen collaborative working through:
 - Establishing a Pan ALB Workforce Observatory
 - Local Workforce Action Boards
 - National Strategies



Discussion

- How do we define workforce planning?
- What are the outputs of workforce planning activity?
- How do we best utilise workforce planning across health and social care to improve patient care?