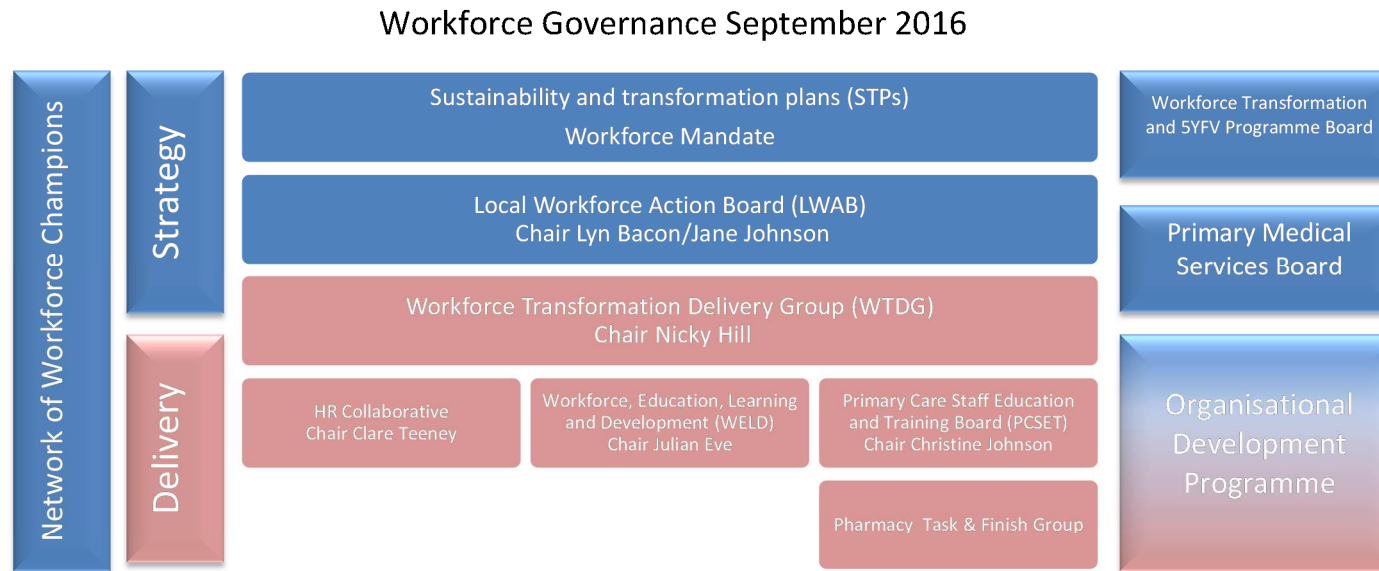


F. Workforce plan

Context and introduction

The Nottinghamshire Workforce and Organisational Development Strategy is a statement of intent for the next five years. It is based on an assessment of the current and predicted workforce challenges across the health and care system and a collaborative, system-wide approach to re-design and development solutions. Delivery of the Strategic Workforce and Organisational Development Plan will be underpinned by the activity and investment plans of the Local Workforce Action Board (LWAB) and its delivery infrastructure.

Figure 1: Workforce Governance September 2016



Aim – To adopt a single approach to workforce across Nottingham and Nottinghamshire to ensure that the workforce is mobilised to deliver future services in a timely manner.

Key challenges identified for our workforce are:

- difficulties in attracting and retaining key staff groups including senior medical staff in a range of settings, hospital pharmacists, care home nurses and home care staff
- an unsustainable use of agency staff, with competition between providers
- the health and wellbeing of our workforce leading to a high turnover of staff and early retirement.

The strategy is based on a whole workforce approach, to include:

- Enhancing the skills of citizens, families, carers and communities for self-care and prevention;
- Volunteers and the third sector
- Staff employed by organisations commissioned to deliver health and care services in the private and public sector
- The wider public sector workforce, e.g. fire & rescue, housing
- Attracting young people and under-represented groups into careers in health and care

Figure 2: Nottinghamshire workforce strategy



MODELLING OUR FUTURE WORKFORCE WITH SYSTEMS DYNAMICS MODELLING TOOLS

The model

A key foundation of developing our five year strategy is to develop a population and place based approach to service redesign using a systems dynamics modelling tools and techniques. The model we have used assesses the level of ‘activity’ required (either a time limited episode of care, or the input required for ongoing care), described in terms of care functions, taking into account demographic change and service transformation initiatives. It translates the future balance between care functions into an estimate of the workforce required to deliver it based on the ‘ideal’ skill mix to deliver each care function. It then compares current and future workforce requirements and provides a route map to

achieve the change. The model uses skills rather than traditional roles and job titles and takes a whole system approach with no organisational boundaries.

We have applied the latest available Nottinghamshire activity assumptions to assess the impact of transformation and efficiency on the Nottinghamshire system on future skill mix required to deliver health care in Nottinghamshire. So far we tested our assumptions in the areas of urgent and proactive care only, so they will need refining. We will re-run the model in the coming months as we continue to build the model and refine our assumptions.

Results

The resulting illustrative future skill mix projection indicates a growth in our primary and community care workforce of 24% over the next five years but with a potential £12 million savings on future pay costs. These savings are accounted for in organisational finance plans and this work will support delivery of the STP transformation workstreams and initiatives.

Staff costs for childrens services and mental health remain broadly similar, with increases in demand being mitigated by service redesign and improved efficiencies. Significant reductions elsewhere are indicated that will contribute to closing the financial gap based on the assumption that primary and community care or self-care will increase in capacity and capability.

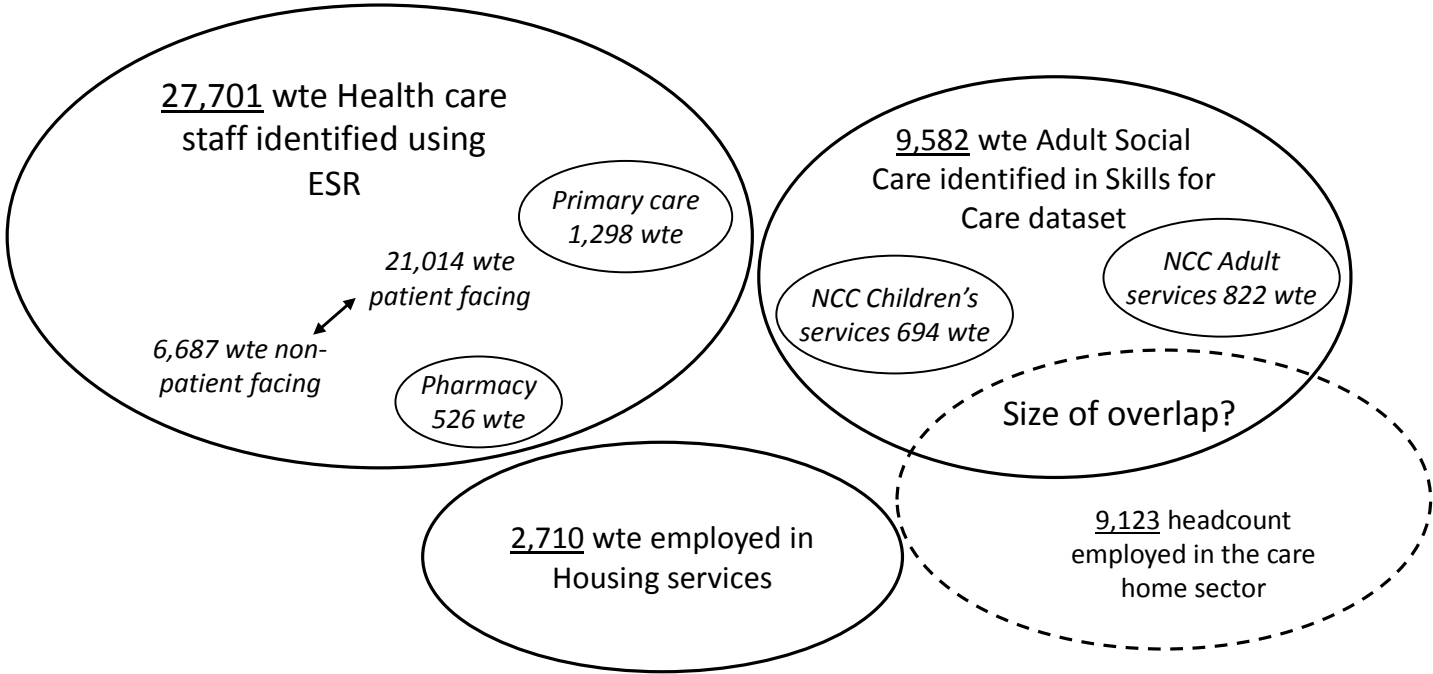
The overall skill mix shows an increase in advanced and enhanced levels, and reductions in other skill levels, the largest being the group in the core skills group. Further efficiencies could be achieved by reducing agency costs and non-patient facing staff who have not been included in the model to date.

Work is continuing to further refine our workforce baseline intelligence and to define our future workforce vision. This will enable a scenario based options appraisal for the systems as we develop our service models in more detail for each priority transformation workstream.

Methodology and results of worked example

1. The current estimate of the combined health, social care and housing workforce in Nottinghamshire is 40,000 to 45,000 wte in the areas identified in the diagram below. We have so far applied modelling to patient facing health staff only.

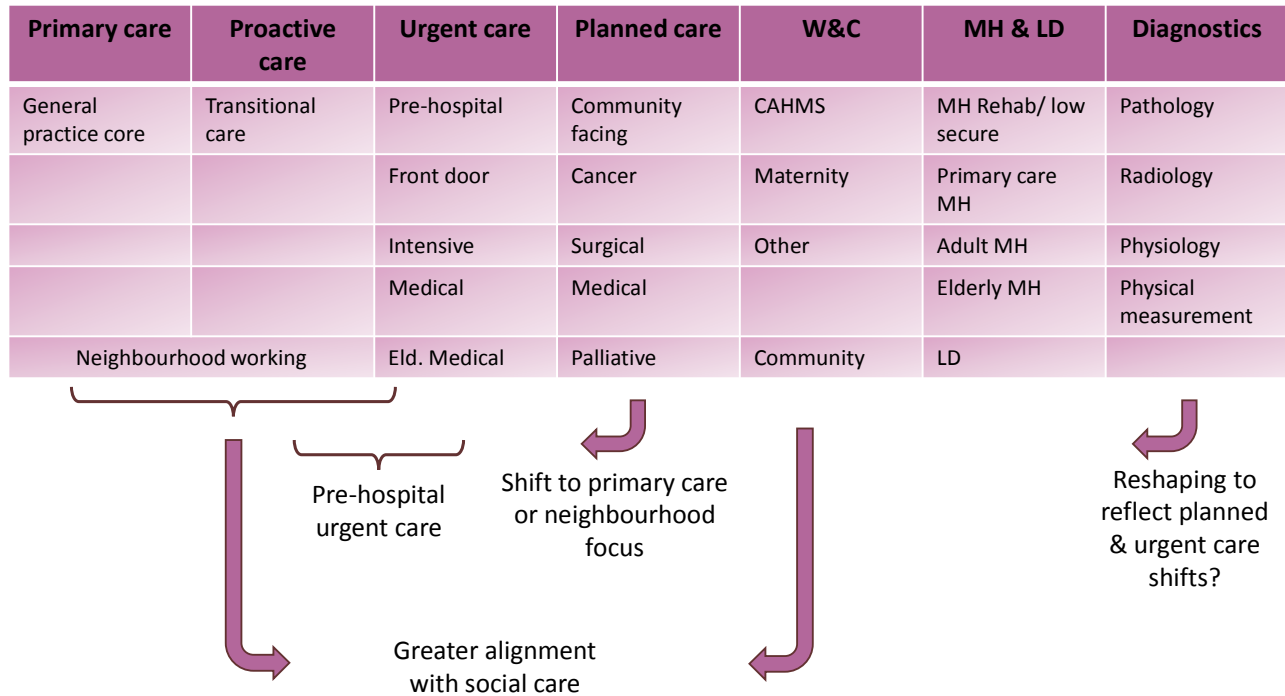
Figure 3: Summary of baseline workforce data Nottinghamshire



Current estimate in the range of 40,000 to 45,000 wte in the areas identified above.

- The main areas of care for applying the systems modelling were agreed in engagement workshops with staff. The areas of care are primary care, proactive care, urgent care, planned care, women and children, mental health and learning disabilities and diagnostics. The main staff groups currently working in these areas of care are shown below.

Figure 4: Areas of care for systems modelling

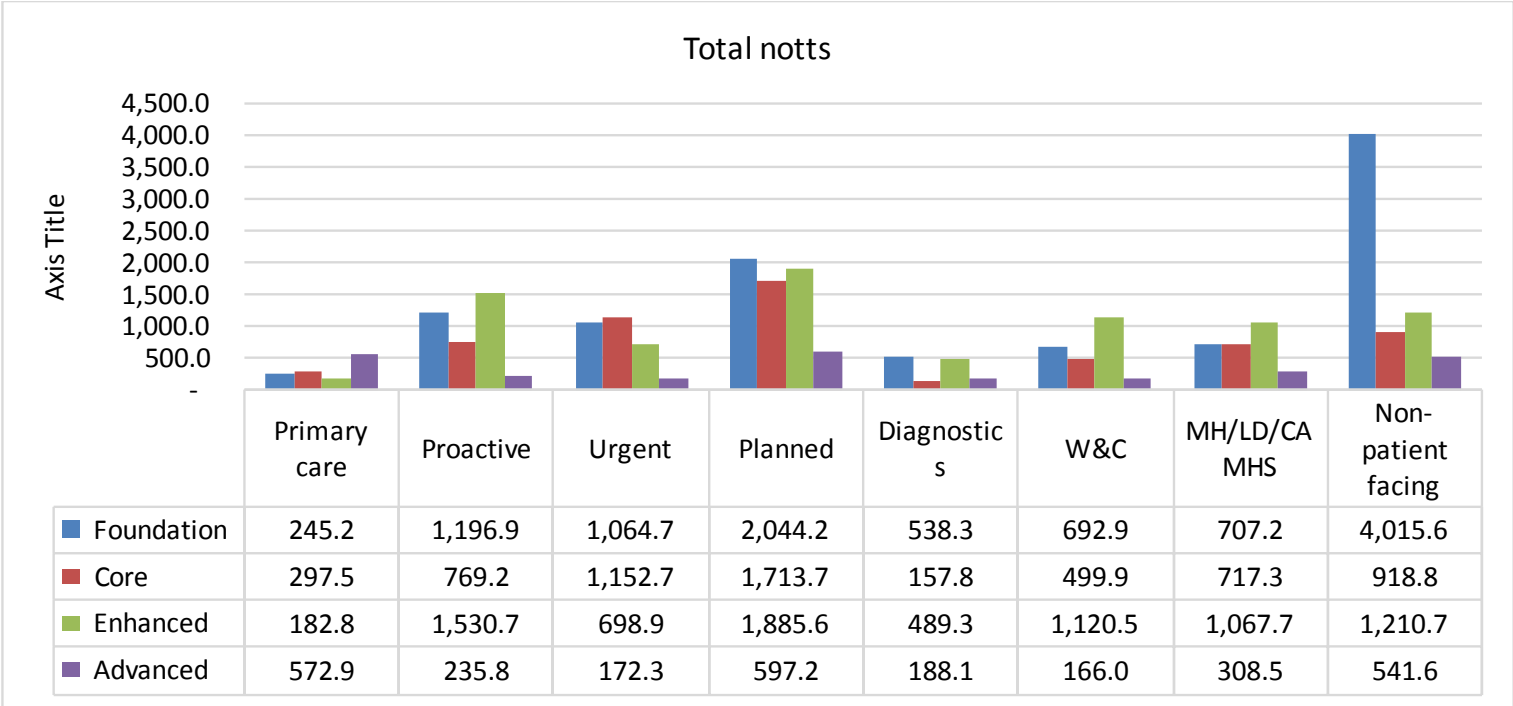


3. We mapped the workforce into four skills levels (foundation, core, enhanced and advanced) against each area of care.

Figure 5: Skill levels

Source:	Foundation	Core	Enhanced	Advanced
ESR	Bands 1-4	Band 5	Bands 6&7, Non-consultant medical staff	Consultants, Bands 8&9
Primary Care	HCA's, Dispensers, Phlebotomists	Practice nurses Therapists	Nurse specialist, Extended role, Registrars	GPs & ANPs
Skills for Care	Care worker, Outreach worker, Senior Care worker	Social worker OT	Supervisor	

Figure 6: Worked example of Nottinghamshire health workforce by area of care



4. We agreed the activity assumptions , baseline and impact of transformation and efficiency

Figure 7: Impact of Transformation plans on activity levels

Interventions	A&E attendances	Emergency Admissions	Elective admissions	Outpatients	Community services	Primary care	Self care
Clinical assessment service							
Urgent care centres							
Mobile rapid response							
Extended access primary care							
Transitional/intermediate care							
Neighbourhood teams							
Support to self care							
Mental health community services							
Referral management							
Overall effect:	-10%		-12%		-21%	+10%	

5. Running the model showed a change in skill mix across each area of care, with an overall reduction of 2.68%

Figure 8: Changes in skill mix arising from worked example

	Foundation	Core	Enhanced	Advanced	Total
Baseline workforce	6,489.5	5,308.2	6,975.5	2,240.7	21,014.0
Workforce FTE change:					
	Foundation	Core	Enhanced	Advanced	Total
Women & Children's	-80.6	-55.4	138.8	-7.8	-4.9
Primary Care	58.6	38.9	59.8	153.0	310.3
Proactive Care	337.6	-86.2	351.4	40.6	643.5
Urgent Care	-325.6	-217.1	-153.8	49.3	-647.2
Planned Care	-226.4	-189.8	-208.8	-66.1	-691.1
MH/LD	78.2	-116.5	19.9	-2.3	-20.7
Diagnostics	-59.6	-17.5	-54.2	-20.8	-152.1
Total	-217.8	-643.6	153.1	146.0	-562.2
Change on base	-3.36%	-12.12%	2.20%	6.52%	-2.68%

6. The demand and efficiency assumptions are shown in Figure 9.

Figure 9: Demand and efficiency assumptions

Workstreams:	Current workforce	5yr demand pressure	Do nothing FTE in 5yrs	5yr service transformation	5yr efficiency reduction	Change in FTE	Future FTE	Share of wte	
								Current	Future
Women & Children's	2,479.3	10.40%	2,737.1	0.00%	9.6%	-4.9	2,474.4	11.8%	12.1%
Primary Care	1,298.4	24.60%	1,617.8	10.00%	9.6%	310.3	1,608.7	6.2%	7.9%
Community/proactive Care	3,732.6	17.90%	4,400.8	10.00%	9.6%	643.5	4,376.1	17.8%	21.4%
Urgent Care	3,088.7	9.30%	3,375.9	-20.00%	9.6%	-647.2	2,441.5	14.7%	11.9%
Planned Care	6,240.7	9.30%	6,821.1	-10.00%	9.6%	-691.1	5,549.6	29.7%	27.1%
MH/LD/CAMHS	2,800.8	9.80%	3,075.3	0.00%	9.6%	-20.7	2,780.0	13.3%	13.6%
Diagnostics	1,373.5	9.30%	1,501.2	-10.00%	9.6%	-152.1	1,221.4	6.5%	6.0%
	21,014.0		23,529.2			-562.2	20,451.8	100.0%	100.0%
			12.0%			FTE change:	-2.7%		

7. The future skill mix was costed based on the average cost for each skill level

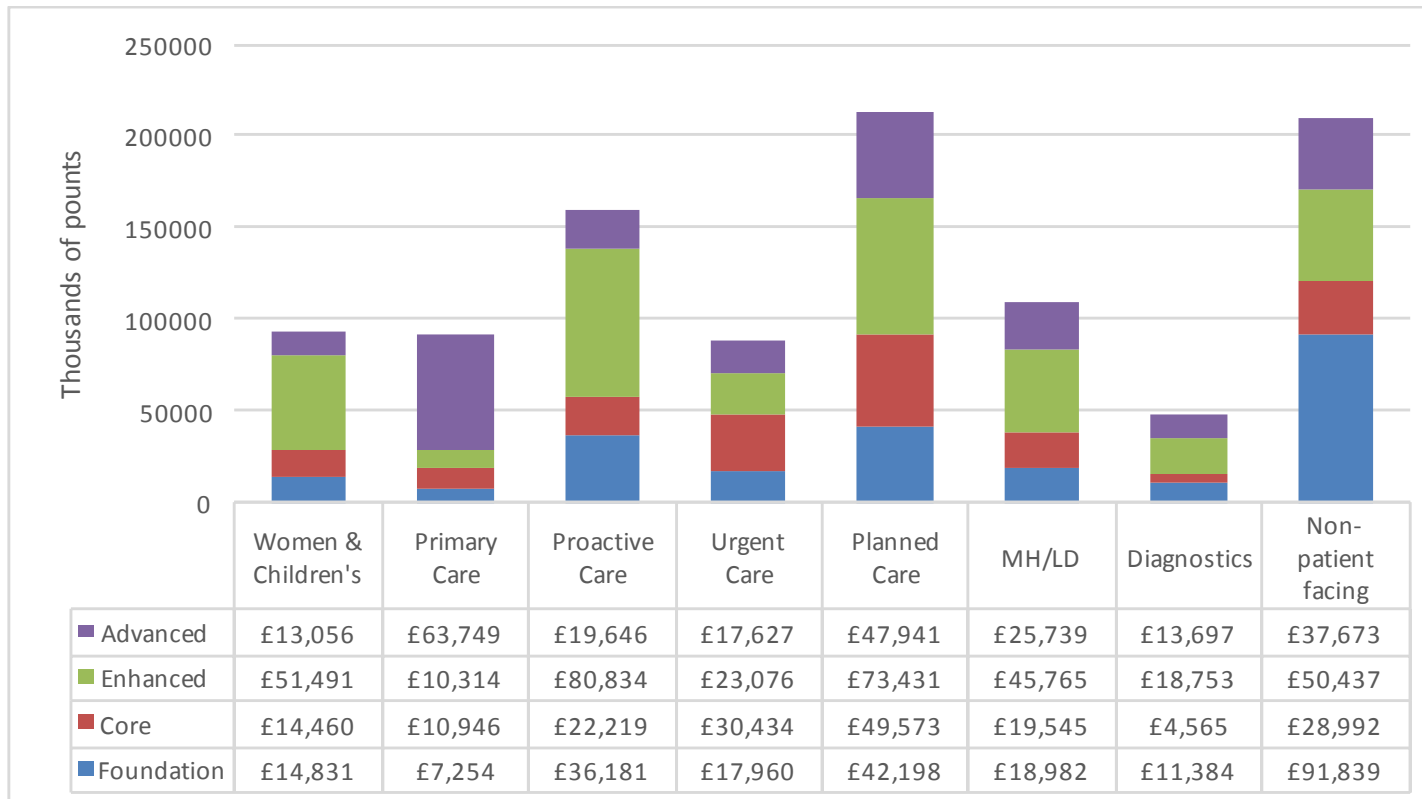
£22,589 for foundation

£31,065 for core

£39,673 for enhanced

£59,130 for advanced

Figure 10: Summary of financial information – future



8. We developed a plan to move our current workforce from the current grades to a future skill mix based on the four skill levels.

Figure 11: Illustrative route map

	Initial	2016	2017	2018	2019	2020	2021	2022	2023
Transfer - Foundation	0	0	0	0	0	0	0	0	0
Transfer - Core	0	0	0	0	0	0	0	0	0
Transfer - Enhanced	0	0	0	0	0	0	0	0	0
Transfer - Advanced	0	0	0	0	0	0	0	0	0
Upskill to Foundation	0	0	0	0	0	0	0	0	0
Upskill to Core	0	0	0	0	0	0	0	0	0
Upskill to Enhanced	0	9.71	34.36	25.33	14.26	8.83	6.06	6.66	7.35
Upskill to Advanced	0	0.42	0	0	0	0	0	0	0
Recruit - Foundation	0	17.22	28.58	28.97	29.33	28.27	26.99	27.66	29.86
Recruit - Core	0	12.47	55.66	75.13	56.7	36.26	26.17	22.74	24.77
Recruit - Enhanced	0	22.69	33.14	20.62	11.21	8.24	5.46	7.17	7.12
Recruit - Advanced	0	0	0	0	0	0	0	0	0
Total - Foundation	823.37	827.67	851.77	880.64	910.04	938.25	967.14	993.34	1022.36
Total - Core	416.76	417.58	424.78	461.33	509.86	545.33	569.1	587.05	603.49
Total - Enhanced	260.97	268.82	322.93	382.49	418.76	439.44	454.21	466.28	480.74
Total - Advanced	278.52	280.01	280.06	280.06	280.06	280.06	280.06	280.06	280.06