Joining data

Shining the light on the workforce
Context

• Notts & Derbyshire are working together to build on earlier work in Lincolnshire to develop a strategic approach to workforce transformation that is embedded in STP/ICS;
• Year-long programme to develop capacity and capability including:
  – The development of whole workforce baselines – integrating data across partner organisations;
  – Applying the SWiPe framework for strategic workforce planning to key workstream transformation programmes – local care, urgent care, maternity services...
  – Developing a self-assessment tool to identify levels of maturity in delivering an integrated approach at system, project and analyst levels.
What are we integrating?

The obvious answer is ‘data’ – but without a consistent framework and language we still face a challenge of ‘connecting’ our respective analytic disciplines:

- Population health needs
- Demand
- ‘Episodes’ of care
- ‘Activity’
- ‘Tasks & patient contacts’
- ‘Tariff’
- ‘Salaries’
- Workforce
- Service transformation
- ‘Activity’
- ‘Episodes’ of care
- ‘Tariff’
- ‘Salaries’
- Workforce
- Service transformation
- ‘Activity’
- ‘Episodes’ of care
- ‘Tariff’
- ‘Salaries’
- Workforce
- Service transformation
- Population health needs
So, we use **SWiPe**…

- The **SWiPe** framework enables local partners to join bits of the jigsaw into a bigger picture:
  - ✓ Underlying population health needs, and how these will change over time;
  - ✓ Service transformation, and how things will look different in the future;
  - ✓ The workforce transformation necessary to respond to these challenges.

- The main concepts used to facilitate this are:
  - ✓ Care functions, that combine a number of tasks and activities into a coherent ‘episode’ or level of support irrespective of provider organisation, i.e. focussed on needs;
  - ✓ Workforce skill levels (foundation, core, enhanced and advanced) that again focusses on need rather than professional groups.

- The approach provides a space for different stakeholders to meet and agree a direction of travel, and the key steps to making progress.
The ten-elements of SWiPe...

1. Population health driver
2. Care function delivery
3. Skill mix requirements
4. Service transformation goals
5. Workforce Futures (the ‘B’)
8. Workforce training and development
6. The ‘as-is’ workforce (the ‘A’)
7. The workforce plan (the ‘A’ to ‘B’)
9. Leadership & engagement
10. Monitor & evaluate
The care function cube shapes our thinking...

Each segment of the cube requires a workforce that is molded to cohort needs, care functions being delivered and the setting, whilst at the same time:

- Population health needs are changing;
- Services are being re-modeled;
- The settings where care is delivered are evolving.
Understanding service transformation is critical...

Demographic drivers

Population with need for ongoing support

Support to self care

‘Anticipatory’ care
Reducing the risk of crisis
Reducing levels of ongoing need for support

Assess & treat
Responding to minor crisis within local resources

Assess & access
Crisis or exacerbation of need

1. Assess & treat
2. Treat & discharge
3. Admission avoidance
4. Discharge

Admission to hospital

Urgent Care Transformation:
1. Immediate assessment and professional referral to the right care in the right place, first time.
2. ‘See and treat’ across a range of services.
3. Diversion from admission through step-down services or direct booking of ambulatory appt.
4. Discharge at the point of being medically fit with opportunities for recuperation, rehabilitation and reablement.
Exploring capacity and capability to deliver on care functions

The questions asked to arrive at the additional workforce that are potentially needed to effect the envisaged service model and therefore impact on the wider system are as follows:
1. How many **saved admissions** are envisaged?
2. How many **rapid response episodes** are needed to effect one saved admission?
3. How many **hours (average) of direct support** per rapid response episode will be needed?
4. What is the **future skill mix** for the rapid response care function?
5. Are there **current staff** in place that are carrying out this care function already?

| Saved admissions needed | 2,301 |
| Multiplier (RR per saved adm) | 2 |
| RR episodes pa | 4,602 |
| Hours of support per episode | 4 |
| Hour pa per wte workforce | 1051 |
| wte workforce | 17.5 |

<table>
<thead>
<tr>
<th>Skill mix for rapid response:</th>
<th>Foundation</th>
<th>Core</th>
<th>Enhanced</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>% skill mix:</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>10%</td>
</tr>
<tr>
<td>wte by skill level:</td>
<td>4.4</td>
<td>5.3</td>
<td>6.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Staff in role:</td>
<td>5.1</td>
<td>5.1</td>
<td>4.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Additional needed:</td>
<td>(0.7)</td>
<td>0.2</td>
<td>1.2</td>
<td>1.3</td>
</tr>
</tbody>
</table>

**Saved admissions**
**RR episodes per saved adm**
**Hours of support (ave)**
**Future skill mix**
**Current staff**
Understanding the total workforce – ‘as is’

The combined patient-facing workforce for a major acute provider, a combined Mental Health and Community Provider plus Primary Care in one local system totals 13,284wte:

Patient-facing wte by workstream & skill level

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Foundation</th>
<th>Core</th>
<th>Enhanced</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>W&amp;C</td>
<td>474.5</td>
<td>367.9</td>
<td>1046.8</td>
<td>315.9</td>
</tr>
<tr>
<td>Primary Care</td>
<td>249.7</td>
<td>239.0</td>
<td>90.7</td>
<td>671.3</td>
</tr>
<tr>
<td>Community / pro-active care</td>
<td>518.8</td>
<td>388.1</td>
<td>420.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>631.4</td>
<td>516.5</td>
<td>566.7</td>
<td>120.1</td>
</tr>
<tr>
<td>Planned Care</td>
<td>1489.7</td>
<td>1112.9</td>
<td>1176.6</td>
<td>433.3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>555.0</td>
<td>302.4</td>
<td>665.0</td>
<td>40.8</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>371.3</td>
<td>157.1</td>
<td>313.4</td>
<td>43.9</td>
</tr>
</tbody>
</table>
Navigating the journey – for maternity services

Better Births workforce projections - Lincolnshire

Annual recruitment and upskilling requirements to deliver the plan

Creating a midwifery career pathway
Navigating the journey for General Practice

1. **Home**: set your WTE targets by skill level (and the split between GPs v’s ANP/ACP) & view high level outputs for WTE capacity changes...

2. **GP strategies**: explore the impact of different ways to achieve the required change in GP WTE...

3. **Wider workforce**: decide on any improvements in the retention of the wider workforce and on preferences toward upskilling...

4. **Annual outputs**: view and extract annual WTE targets to achieve the model outputs for each skill level and for recruitment v’s upskilling...
Are we ready for integration?

• The strategic workforce planning development programme across Notts & Derbyshire is providing local workforce analysts with:
  ✓ Tools and support in using these tools to support the development of integrated system transformation plans for the workforce;
  ✓ An opportunity to engage in system transformation projects bringing their workforce expertise to the table;
  ✓ A self-appraisal as to the local capacity and capability necessary to sustain this approach.

• Shining a light on workforce should not be about their ‘moment of glory’, but an opportunity to combine the different analytic beams to bring greater clarity to the complex transformation challenges of system working;

• We hope the framework adopted can be used as the basis of a common approach.
Thank you

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