



Workforce Transformation

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North West London Whole Systems Integrated Care

Julie Screaton, Managing Director, Health Education South London





5 themes from 30 enquiries into major deficiencies in health care: (K Walshe Oct 2002 BMJ)

- Poor communication
- Disempowerment of staff and patients
- Ineffective systems and processes
- Isolation
- Inadequate leadership/management

Integrated Care



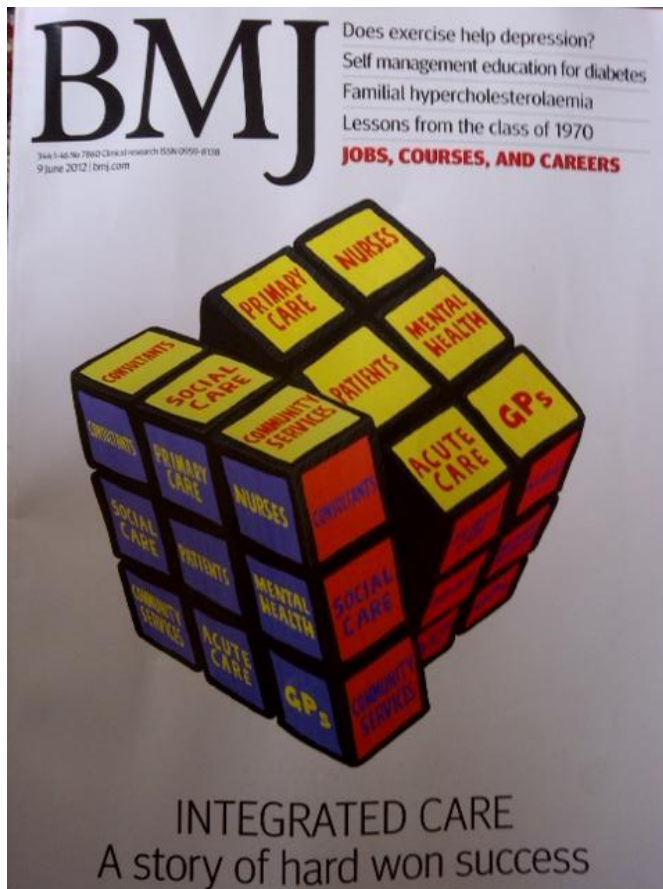
- Patients at the centre – empowered and informed
- Professionals , services and organisations working together
- Proactive care - assessing risk, intervening earlier



Factors for Success in Integrated Care

DH/RAND Study 16 pilots 2012

- Strong leadership
- Relationships at a personal level across organisations
- Shared values and vision
- Widespread staff engagement
- Education and training of staff, specific to reforms



Why does
it have to
be so
hard?



Skills for Staff in Integrated Care

- Working with empowered patients
- Recognising the roles and expertise of others
- Working across a variety of settings, teams
- Respecting data
- Communicating effectively
- Taking responsibility, being proactive, innovating



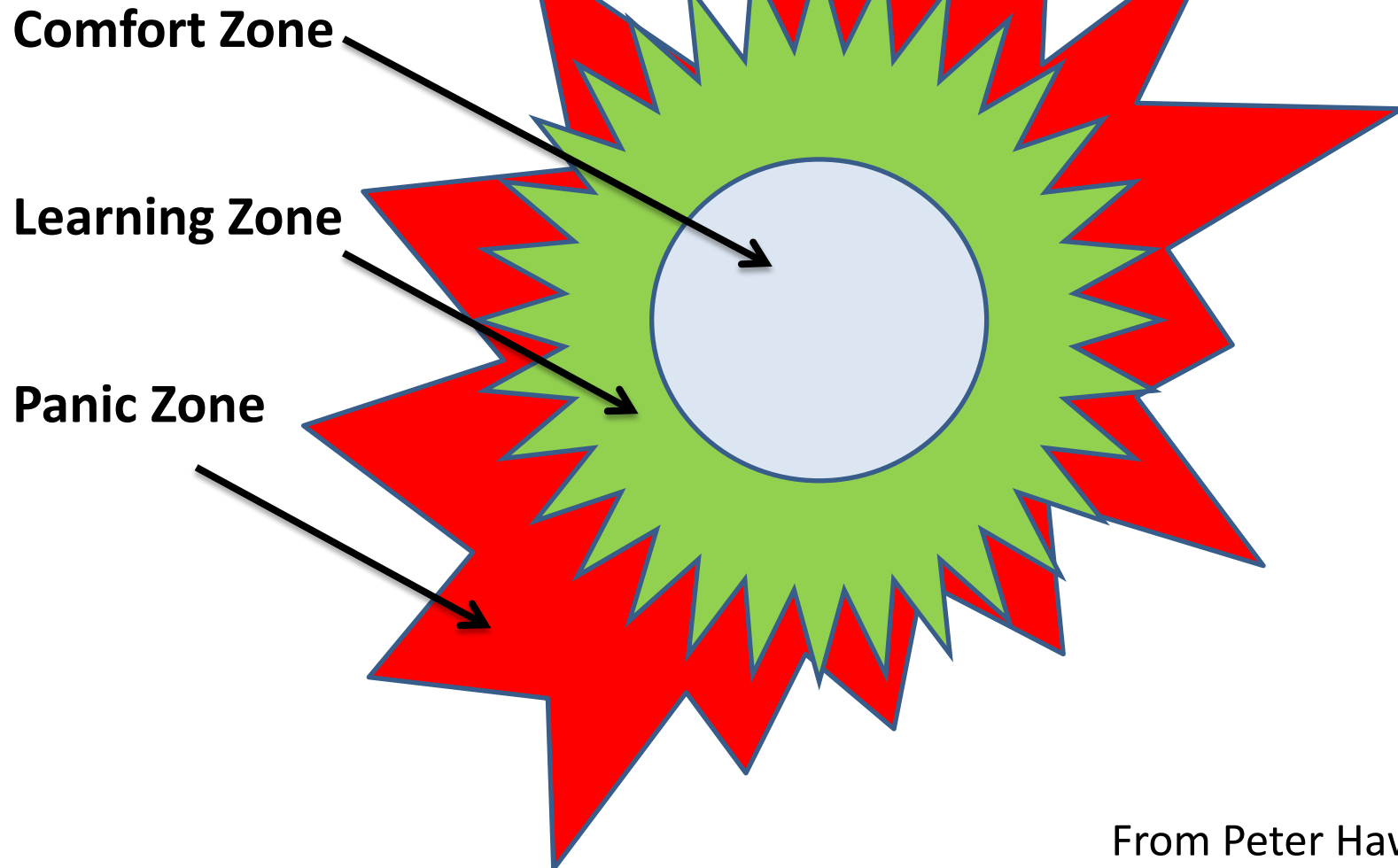
Educating for Integrated Care

- Secondments to different settings
- Paired learning (eg manager/doctor)
- Coaching and motivational interviewing
- Multidisciplinary case conferences
- Action learning sets
- Understanding patient experience





Engaged and challenged, not stressed



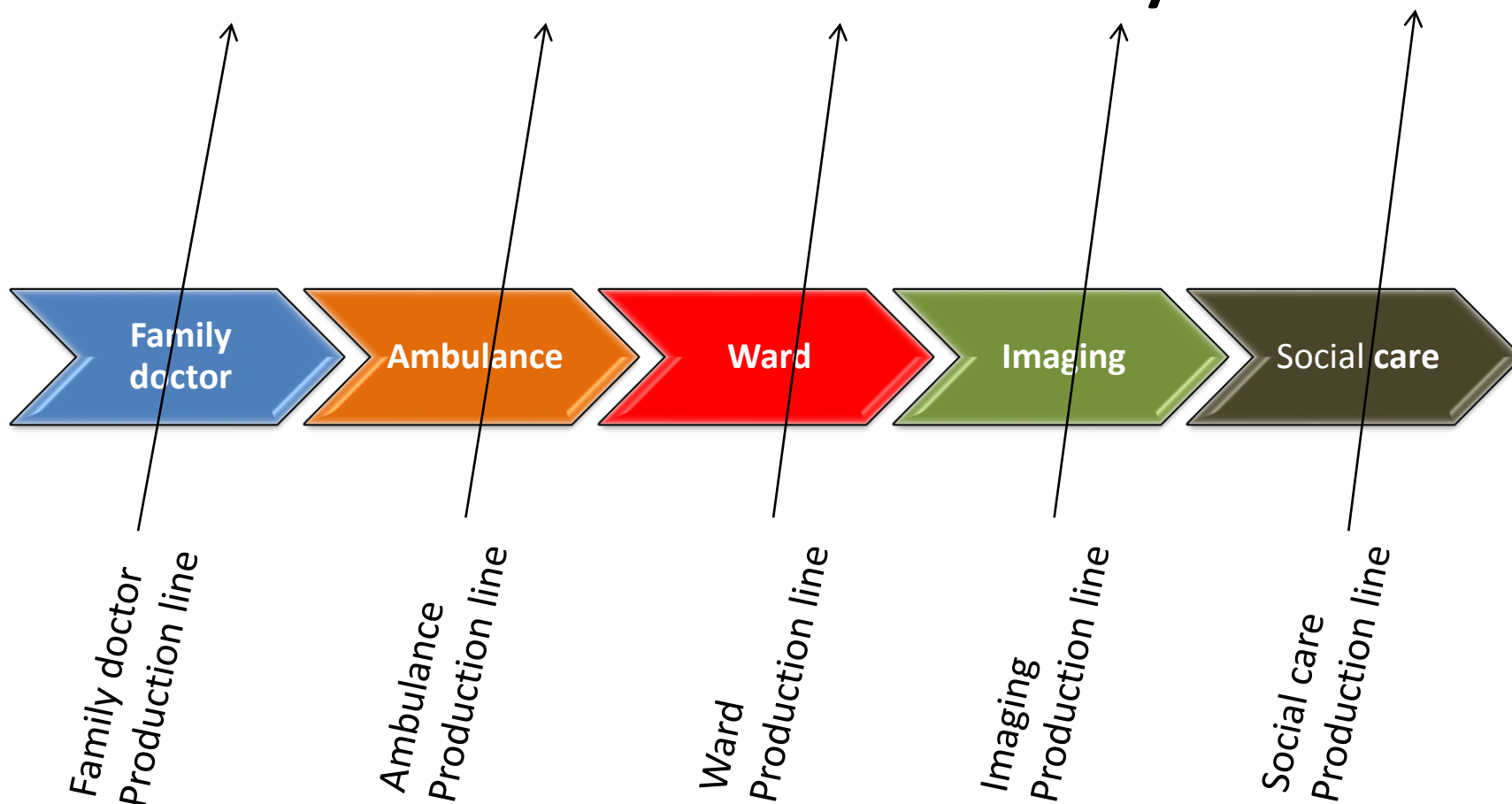
From Peter Hawkins

Pathway Simulation

GP Surgery
Pharmacist
Home
Ambulance
A&E



The Patient Journey



HEALTH & CARE LEADERS FORUM

**Workforce Transformation Breakout Session
Tuesday 11th March 2014**

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Purpose:

The NHS is simply the infrastructure that supports interactions between people, so that when a person comes to the NHS for help, their needs can be met by people who have the right skills, values and behaviours in sufficient numbers to provide high quality care when required.



This is why HEE exists: to improve the quality of care for patients through investing our £5 billion in the numbers, skills, values and behaviours of staff.

But this simple purpose can be hard to deliver because of the following issues:

The scale of the task

- Over 1.3m staff in +300 jobs in +1000 organisations
- Treating 1m patients every 36 hours

Lead in time

- 13 years to train a Consultant, 10 years to train a GP, 3 years for a newly qualified nurse
- Medics in training now will still be working in 2060

Today & tomorrow

- Our investments in the future workforce have to be based upon assumed future models of care
- But patients also rely on trainees to provide care today

And the health and social care workforce is much broader than the NHS...



Health Education South London



TheKingsFund



The consequences of not balancing need with supply can mean that:

Patients suffer

- Healthcare is unlike any other economic good
- If there are significant gaps in the required workforce, the results can be catastrophic for individuals and their carers

Time to rebalance

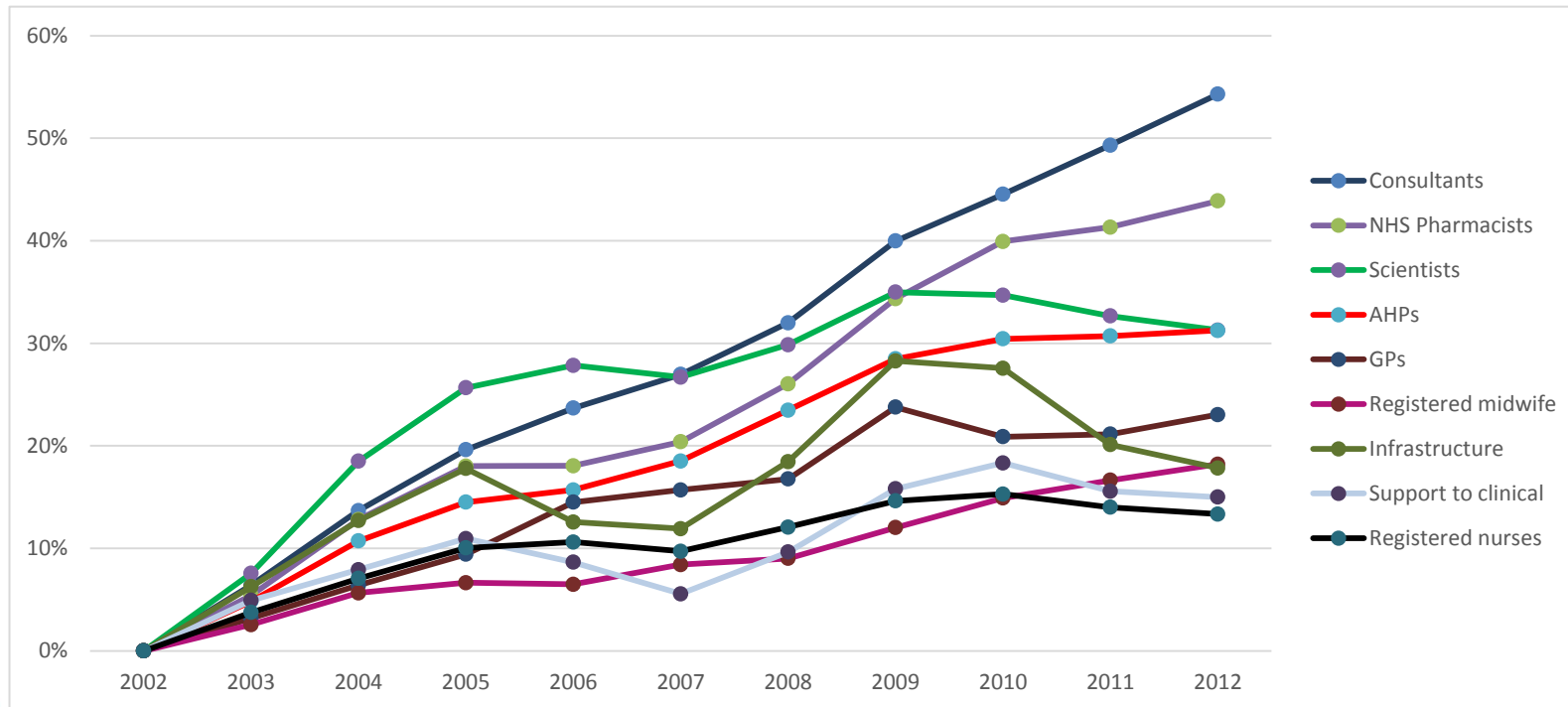
- Because of the long training times, gaps cannot be quickly rectified – international supply exists for some professions but not all
- Oversupply can result in unemployment, wasted tax payers money, and be a cost driver for employers who have to disinvest elsewhere

Service models ossify

- Future service models can only be delivered if we have staff with the right skills in the right places to deliver them
- If we don't have the right staff, service may be locked into outdated models and patients will not reap the benefits of technology etc.

Workforce Trends 2002 – 2012


Did we mean to do this?



Phases of service and workforce growth;

- Wanless – 2002-2005
- Hewitt / NHS Financial Deficit – 2005-2007
- Wanless II – 2007-2010
- QIPP – 2010 onwards
- Francis – 2012 onwards?

The Strategic Challenge

- How can we ensure the investments and decisions we make better reflect the needs of patients today and tomorrow?
 - Driving service transformation, not just more (or less) of the same?
 - Ensure flexibility for an unknown future yet within a planned system that supports current service delivery?
 - Our best chance of success is for the system to focus on the likely characteristics of The Future Patient...
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DRIVERS OF CHANGE

Expectations
(people/staff)

Demographics/
Population profiles

Technology &
innovation

Social, Political,
Economical and
Environmental

Evidence of Quality

Supply
Staff and service
models

PEOPLE & PATIENTS of THE FUTURE

Individual choice and societal
factors

Health of the
Population:
Multiple/
Complex
Conditions

Informed, active and
engaged

“Unit of need and
provision” across
complex boundaries

NHSE STRATEGIC CHARACTERISTICS

Patients empowered in
their own care &
Service models co
produced by patients

Wider primary care,
provided at scale

A modern model of
integrated care

Access to the highest
quality urgent and
emergency care

A step-change in the
productivity of
elective care

Specialist services
concentrated in
centres of excellence

Public Health
England

FUTURE WORKFORCE

Commission Education &
Training to support people and
carers to prevent ill health and
manage their own care

Commission Education to
enable a workforce with skills
to care for peoples physical
and mental ill health and not
organs.

Commission Education and
Training to equip staff and
patients with the skills for co-
production models of care

Educate and train staff in the
right numbers, skills,
behaviours and values to work
across all settings 24/7.

We need to work together to achieve better care for patients today & tomorrow

with
commissioners

- To understand, align (& challenge) each other's plans
- To ensure the service vision (designed around future patients & users) can be realised by the workforce

with providers in
all sectors

- So that we understand supply & demand issues from current employers
- And have better sharing of data across sectors recognising we are all fishing in the same pool and serving the same people

with users,
patients &
citizens

- So that we are supporting people to have healthier lives, providing appropriate responses that reflect the broader needs of people today AND tomorrow, rather than responding through professional/sector lens

The call for evidence for the London Health Commission and expert group highlighted three key workforce challenges in London

1

Potential adverse impact of changes to funding allocation on training and education in London

2

'Hotspots' in London with particular challenges recruiting and retaining staff

3

Overall shortage of skills needed to deliver high quality, integrated care in London



Shortage of skills for high quality, integrated care: we need to find the London response

Many examples of shortages, in staff numbers and/or skills needed to deliver high quality, integrated care...

...what should our response be as a system?



Many of these challenges are significant and are also being faced outside London

What should be the London response to these challenges?

- New workforce models and/or roles?
- Retraining existing staff?
- Tools to facilitate workforce improvement?