

Finding Innovative Solutions to Lancashire & South Cumbria ICS Workforce Challenges



The methodology & approach

Mike Burgess – Workforce and Education Transformation Lead

The People Approach and Challenge?

What is workforce planning & what makes it strategic?
“...but don't workforce planners always get it wrong?”



Strategic

Future thinking; Long-term; at least 5 years (or 10 years!)

Call for evidence on 15-year framework for health and care

Workforce

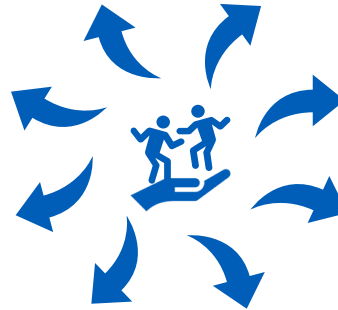
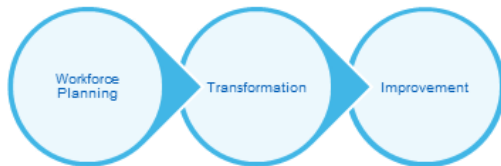
Who? Professions?
Qualified / Non-Qualified?
Admin/Clerical? New roles? Blended roles?
Future – at school now?
Inclusive?

Planning

Forecasting; Modelling; Analytics; Flow; Horizon Scanning; moving from data to intelligence; Behavioural Science & attitudes to change; being Agile and responsive; crafting a call to action and a way to respond & make things happen.

Evidence bases

Qualitative research



Why?

Mental Health Five Year Forward View and MH Long Term Plans

Key Workforce Challenges

- 19,600 potential FTE expansion across England for MH workforce – money in CCG baselines
- 27,700 potential FTE expansion across England for MH workforce – money in CCG baselines#
- Expansion across NHS, community and independent sector provision
- High medical and clinical vacancies across L&SC and C&M in NW coast
- Lack of traditional supply – consultants / nursing / psychology / psychiatry – historically low fill rates
- Blunt and honest review of L&SC from Northumberland, Tyne and Wear in 2018/19
- 1000s of Psychology graduates wanting to join the NHS / Care but competing for access points
- Lack of integrated career structure for non health graduates coming into the NHS.

Service Redesign

- Challenges of spending MH investment funds in traditional areas where there is no workforce supply called for service redesign. Mental Health practitioners in PCNs and Primary Care and new rotational models working with service improvement leads.

ICS maturity / System-first/ Focus on “Place”

- Systems are changing and the focus on place with ICPs / MCPs are creating opportunities within Place to look at tailored local / agile solutions to meet increasing population health need. The formation of ICPs / MCPs within the ICS create integrated bottom-up opportunities for planning and innovative workforce solutions.

Building Blocks



Why?

COVID/Recovery & future pressures

- Vaccinations; Elective Recovery; Unmet need; Delayed presentations; gaps in routine care; Impact on staff wellbeing; social and economic consequences and the impact on the population's health and mental wellbeing; 'community-led recovery' - fostering cultures that seek to build on the strengths and assets of communities to improve outcomes.

Digital and Technological Innovation

- Digital health innovations that improve patient care; changes in ways of working and accessing care; digital exclusion, positive & negative affect on inequalities

Changing expectations (workforce, patients, students, carers, community)

- Population Health Demands, mental health and wellbeing solutions, psychological interventions in a range of key clinical areas – stroke, mental health, primary care, cancer, UEC, transplant, Covid-19, Long Covid-19, impact of pandemic.

Need for innovative solutions

- Upstream, new roles, new supplies, embedding in NHS and Primary Care, OD challenges and more.

In essence

Demand Side

- Mental Health services represent the most significant growth area in the NHS
- Acute care support for Long term conditions and major trauma are not supported
- Psychological impact of Covid-19 pandemic now realised.
- Primary Care support at PCN level for long term conditions is not supported
- Commissioner and provider landscape murky

Supply Side

- There are over 800 vacancies in mental health services in NWC
- Little progress is made in closing gap and meeting expansion
- Many parts of the demand are not recognised in the workforce plan
- A significant potential workforce is being ignored by the system
- Professional bodies are not working together

The top three population health needs across L&SC are:

- Hypertension
- Depression
- Obesity

The prevalence for all indicators are higher within L&SC compared to National prevalence rates.

Chronic Kidney Disease, Heart Failure and Mental Health have seen a reduction in prevalence since 2018/19.

The largest increases in prevalence have been in;

- Depression
- Obesity
- Asthma

Using the HEE STAR



Evidence and Research from Scoping

Large non-clinical supply in Psychology and others

Evidence in survey with HEIs / Stakeholders / Psychology UGs

Lack of career structure / low access points / silo based – 24 PPN roles