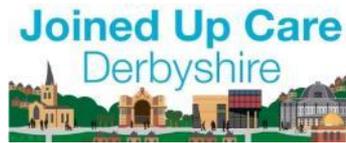




The Nottingham and Nottinghamshire  
Integrated Care System



**Whole  
Systems  
Partnership**

# Joining data

Shining the light on the  
workforce

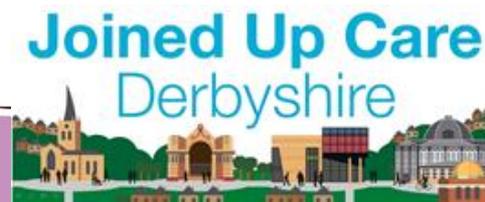
# Context



- 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.



The Nottingham and Nottinghamshire  
Integrated Care System

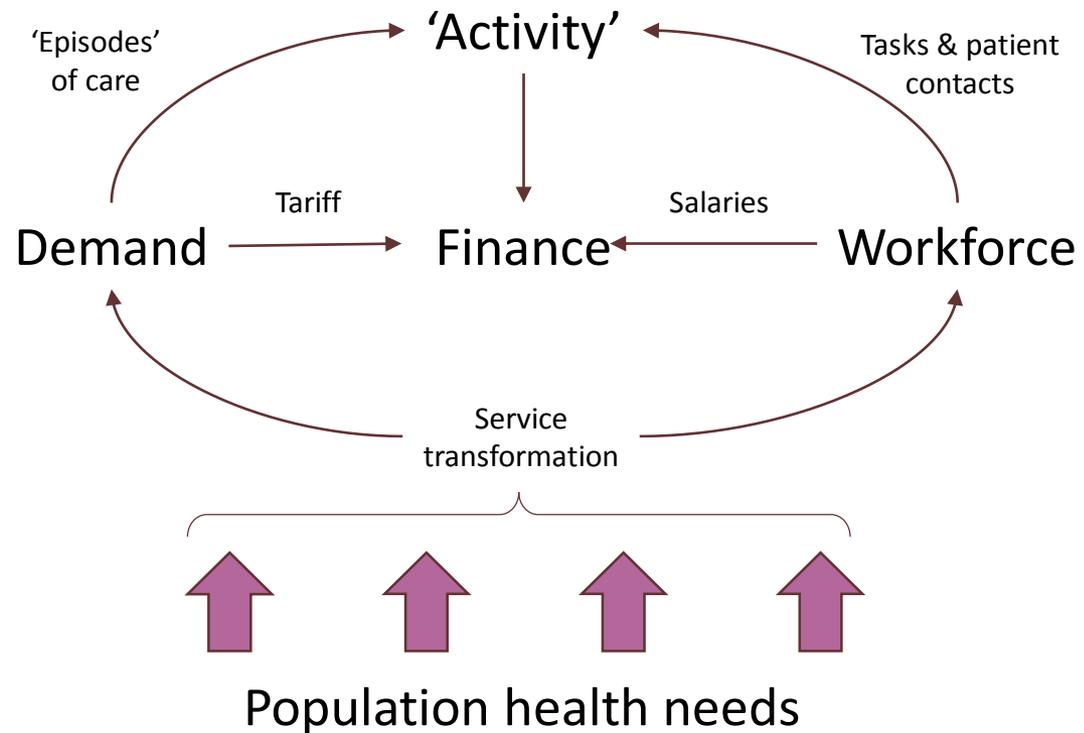


# What are we integrating?



Whole  
Systems  
Partnership

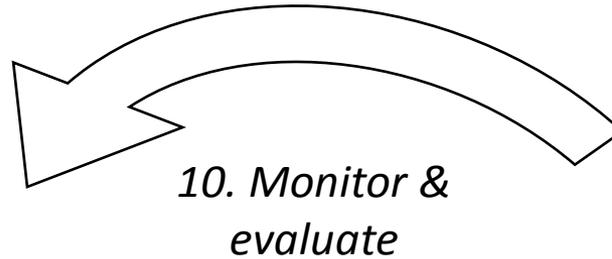
The obvious answer is 'data' – but without a consistent framework and language we still face a challenge of 'connecting' our respective analytic disciplines:



# 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

4. Service transformation goals

8. Workforce training and development

5. Workforce Futures (the 'B')

2. Care function delivery

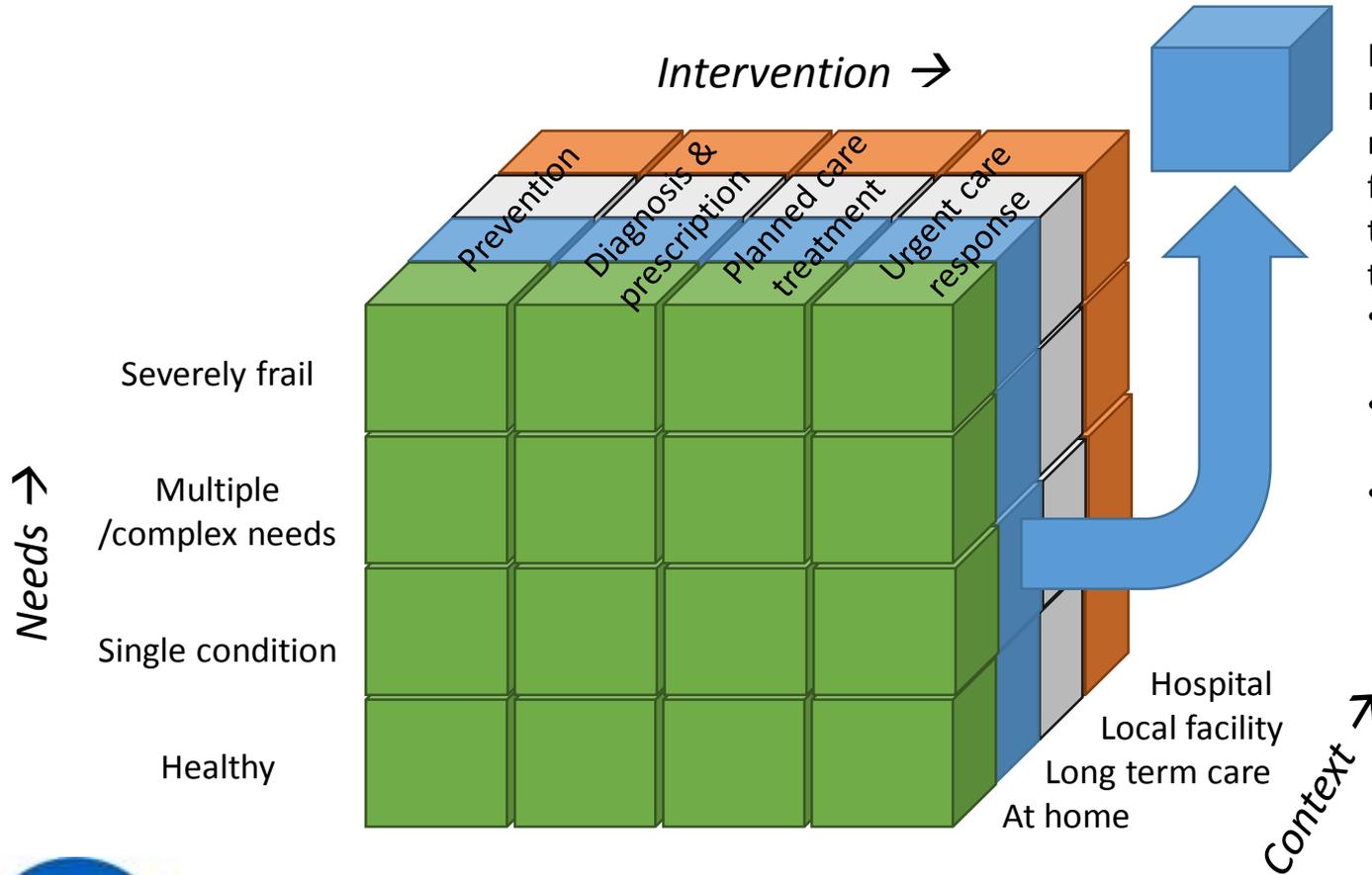
3. Skill mix requirements

6. The 'as-is' workforce (the 'A')

7. The workforce plan (the 'A' to 'B')

9. Leadership & engagement

# The care function cube shapes our thinking...

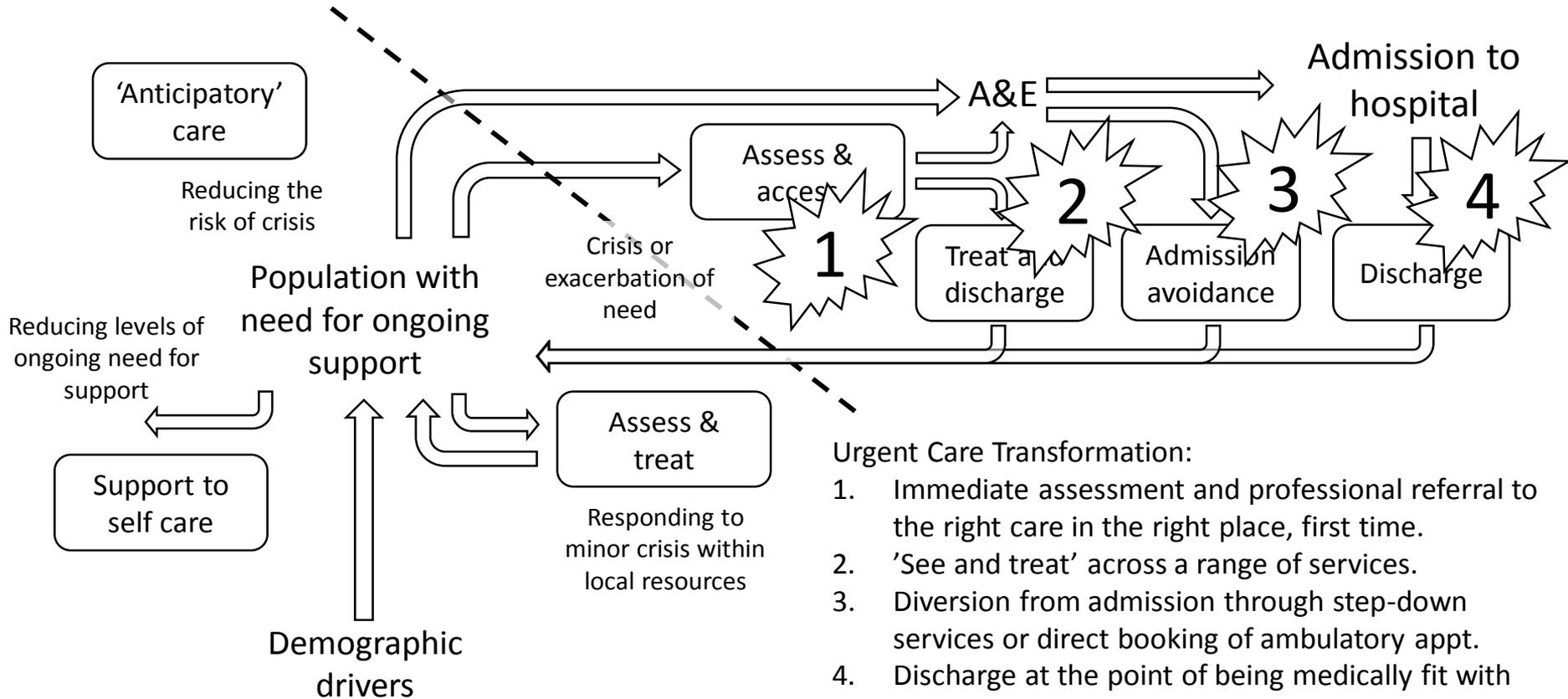


Each segment of the cube requires a workforce that is molded to cohort needs, care functions being delivered and the setting, whilst at the same time:

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



# Understanding service transformation is critical...



## 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



<b>Rapid response focussed on complex and frail</b>				
Saved admissions needed	2,301			
Multiplier (RR per saved adm)	2			
RR episodes pa	4,602			
Hours of support per episode	1.4			
Hours per wte workforce	1051			
wte workforce	7.5			
Skill mix for rapid response:	Foundation	Core	Enhanced	Advanced
% skill mix:	25%	30%	35%	10%
wte by skill level:	4.4	5.3	6.1	1.8
Staff in role:	5.1	5.1	4.9	0.5
Additional needed:	0.7	0.2	1.2	1.3

← Saved admissions

← RR episodes per saved adm

← Hours of support (ave)

← Future skill mix

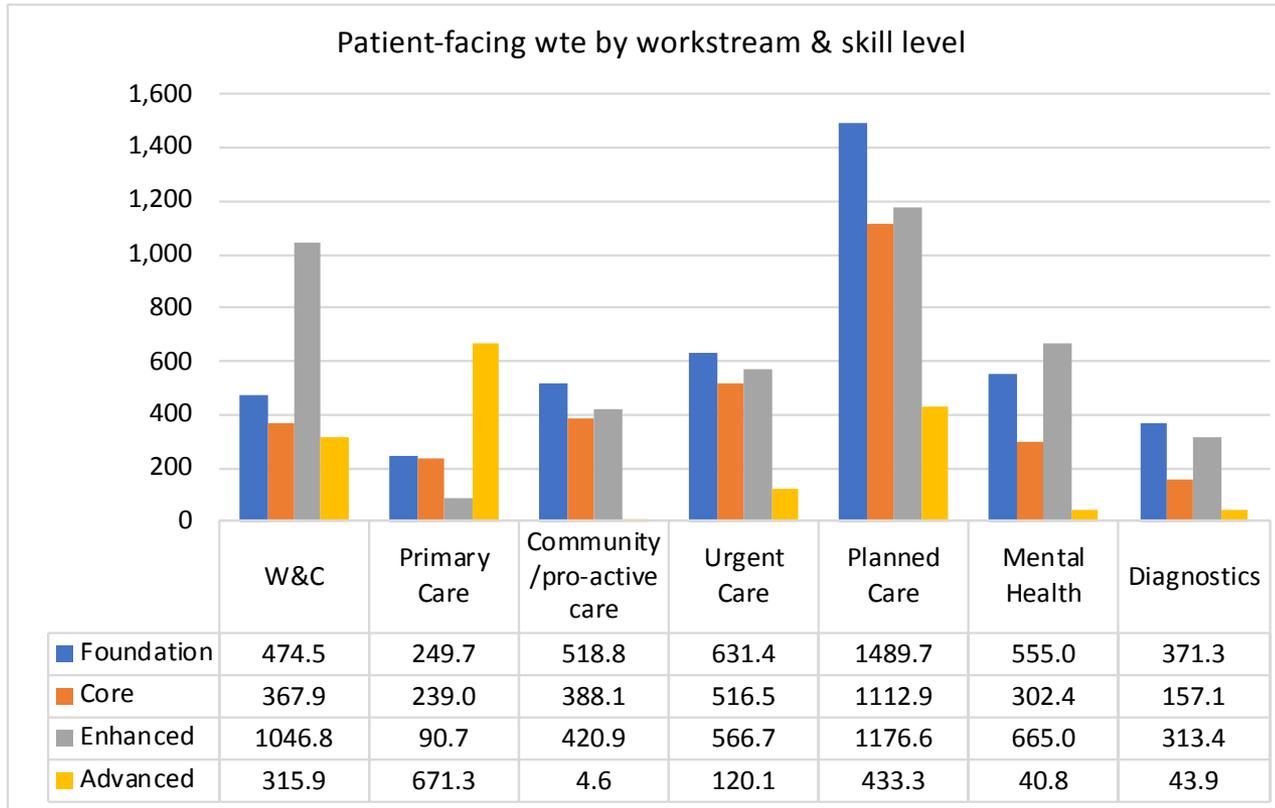
← Current staff

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?

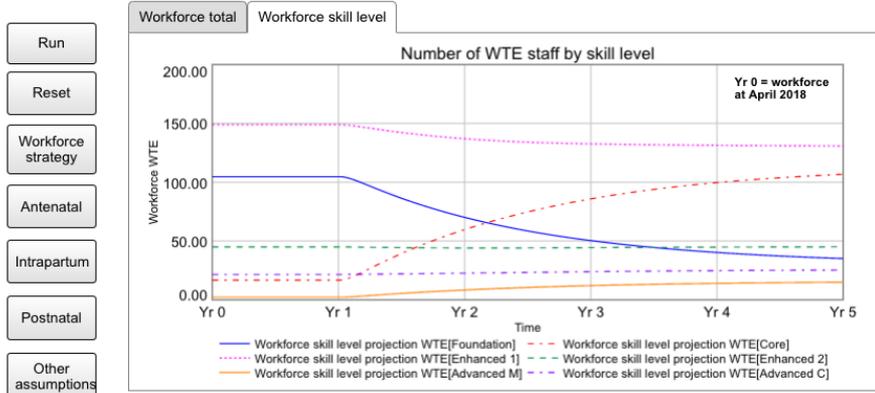
# Understanding the total workforce – 'as is'

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:



# Navigating the journey – for maternity services

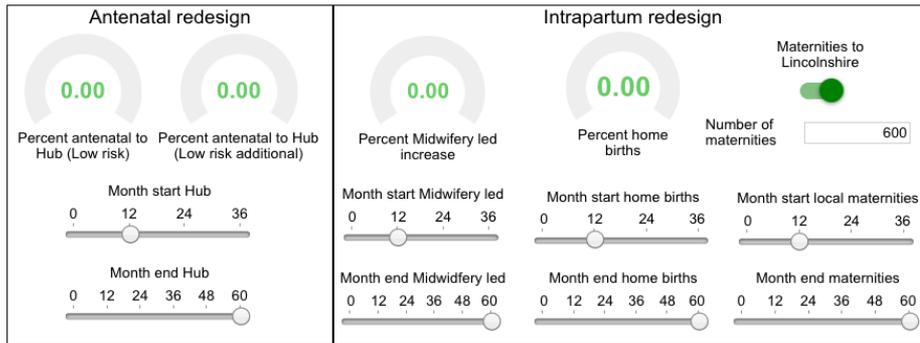
## Better Births workforce projections - Lincolnshire



Annual recruitment and upskilling requirements to deliver the plan

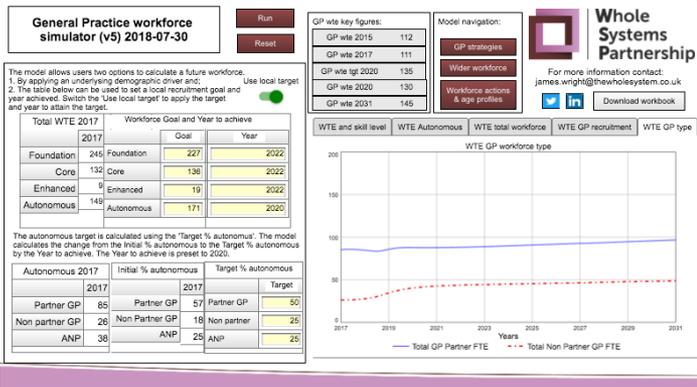
	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Final
Recruit Foundation	0.00	15.71	0.39	0.00	0.00	0.62	2.40	3.35	3.80	4.01	4.11
Recruit Core	0.00	1.68	46.82	36.82	28.59	23.20	20.13	18.40	17.32	16.68	16.34
Recruit Enhanced 1	0.00	11.16	0.88	4.59	5.67	5.76	5.72	5.64	5.53	5.45	5.40
Recruit Enhanced 2	0.00	3.37	2.75	3.13	2.57	2.24	2.05	1.93	1.84	1.79	1.76
Recruit Advanced M	0.00	0.11	5.74	2.55	1.33	0.86	0.63	0.51	0.43	0.39	0.37
Recruit Advanced C	0.00	0.65	1.74	1.95	1.63	1.24	0.98	0.84	0.75	0.69	0.67
Upskill Core to Enhanced 1	0.00	0.00	0.14	3.28	5.43	5.74	5.72	5.64	5.53	5.45	5.40
Upskill Enhanced 1 to 2	0.00	0.00	0.42	2.14	2.46	2.23	2.05	1.93	1.84	1.79	1.76
Upskill Enhanced 2 to Advanced M	0.00	0.00	0.67	1.68	1.27	0.86	0.63	0.51	0.43	0.39	0.37
Turnover Foundation	0.00	15.71	13.12	8.89	6.72	5.61	5.05	4.75	4.59	4.50	4.44
Turnover Core	0.00	1.68	3.80	7.38	9.34	10.35	10.87	11.12	11.23	11.25	11.24
Turnover Enhanced 1	0.00	11.16	10.70	10.07	9.89	9.83	9.79	9.76	9.73	9.69	9.65
Turnover Enhanced 2	0.00	3.37	3.33	3.31	3.34	3.37	3.38	3.38	3.38	3.36	3.35
Turnover Advanced M	0.00	0.11	0.26	0.52	0.66	0.73	0.76	0.78	0.79	0.79	0.79
Turnover Advanced C	0.00	0.65	0.66	0.70	0.73	0.75	0.76	0.77	0.77	0.77	0.76

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...



**General Practice workforce simulator (v5) 2018-07-30**

Run  
Reset

GP wte key figures:

GP wte 2015	112
GP wte 2017	111
GP wte tgt 2020	135
GP wte 2020	130
GP wte 2021	145

Model navigation:

- GP strategies
- Wider workforce
- Workforce actions & age profiles

For more information contact: james.wright@whole-systems.co.uk

Download workbook

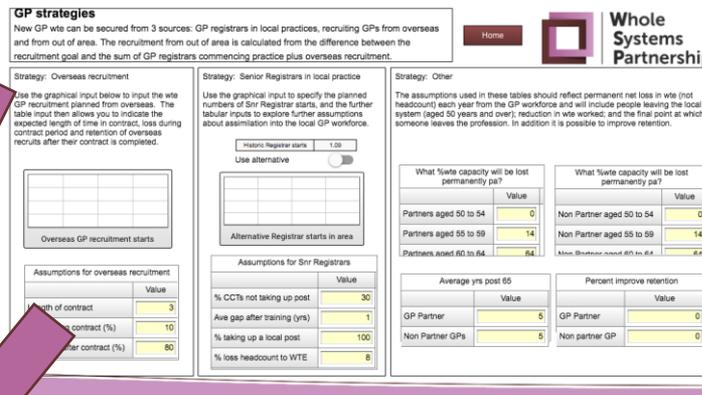
WTE and skill level

WTE Autonomous	WTE total workforce	WTE GP recruitment	WTE GP type
2017	245	227	2022
Core	132	136	2022
Enhanced	9	19	2022
Autonomous	149	171	2020

WTE GP workforce type

2017 2019 2021 2023 2025 2027 2029 2031

— Total GP Partner FTE — Total Non Partner GP FTE



**GP strategies**

New GP wte can be secured from 3 sources: GP registrars in local practices, recruiting GPs from overseas and from out of area. The recruitment from out of area is calculated from the difference between the recruitment goal and the sum of GP registrars commencing practice plus overseas recruitment.

Strategy: Overseas recruitment

Use the graphical input below to input the wte GP recruitment planned from overseas. The table input then allows you to indicate the expected length of time in contract, loss during contract period and retention of overseas recruits after their contract is completed.

Strategy: Senior Registrars in local practice

Use the graphical input to specify the planned numbers of Sr Registrar starts, and the further tabular inputs to explore further assumptions about assimilation into the local GP workforce.

Strategy: Other

The assumptions used in these tables should reflect permanent net loss in wte (not headcount) each year from the GP workforce and will include people leaving the local system (aged 50 years and over); reduction in wte worked; and the final point at which someone leaves the profession. In addition it is possible to improve retention.

What 'wte capacity will be lost permanently pa?'

Value	Value
Partners aged 50 to 54	0
Partners aged 55 to 59	14
Partners aged 60 to 64	64

What 'wte capacity will be lost permanently pa?'

Value	Value
Non Partner aged 50 to 54	0
Non Partner aged 55 to 59	14
Non Partner aged 60 to 64	64

Assumptions for overseas recruitment

Value	Value
Length of contract	3
Retention (%)	10
Loss during contract (%)	60

Assumptions for Sr Registrars

Value	Value
% CCTs not taking up post	30
Ave gap after training (yrs)	1
% taking up a local post	100
% loss headcount to WTE	6

Average yrs post 65

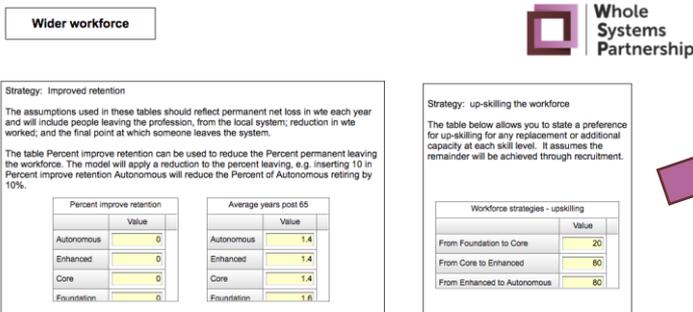
Value	Value
GP Partner	5
Non Partner GPs	5

Percent improve retention

Value	Value
GP Partner	0
Non partner GP	0

**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...



**Wider workforce**

Strategy: Improved retention

The assumptions used in these tables should reflect permanent net loss in wte each year and will include people leaving the profession, from the local system; reduction in wte worked; and the final point at which someone leaves the system.

The table Percent improve retention can be used to reduce the Percent permanent leaving the workforce. The model will apply a reduction to the percent leaving, e.g. inserting 10 in Percent improve retention Autonomous will reduce the Percent of Autonomous retiring by 10%.

Percent improve retention

Value	Value
Autonomous	0
Enhanced	0
Core	0
Foundation	0

Average years post 65

Value	Value
Autonomous	1.4
Enhanced	1.4
Core	1.4
Foundation	1.6

Strategy: up-skilling the workforce

The table below allows you to state a preference for up-skilling for any replacement or additional capacity at each skill level. It assumes the remainder will be achieved through recruitment.

Workforce strategies - upskilling

Value	Value
From Foundation to Core	20
From Core to Enhanced	60
From Enhanced to Autonomous	60

Model output: workforce actions

The model outputs below provide an FTE pa for each skill level that will either need to be upskilled or recruited new to the local system, based on the primary scenario adopted and associated assumptions.

Wider workforce	GP workforce	Workforce actions	Wider primary care workforce WTE
			2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 Final
Recruit to Foundation	0	9.2	9.4 5.6 7.4 9.9 11.3 11.7 11.8 11.9 11.9 12.1 12.2 12.2 11.9
Recruit to Core	0	4.0	5.8 8.5 6.8 5.3 5.7 5.8 5.9 6.0 6.1 6.2 6.4 6.5 6.5
Recruit to Enhanced	0	1.3	1.8 2.7 2.1 1.7 1.8 1.8 1.9 1.9 1.9 2.0 2.0 2.1 2.1
Recruit to Autonomous	0	0.3	0.8 1.3 0.8 0.5 0.4 0.4 0.4 0.4 0.4 0.5 0.5 0.6 0.6
Upskill to Enhanced	0	1.3	3.3 5.1 3.3 2.0 1.8 1.5 1.6 1.6 1.7 1.9 2.0 2.2 2.3
Recruit to Autonomous	0	0.5	1.3 1.2 0.7 0.6 0.7 0.7 0.8 0.8 0.9 0.9 1.0 1.1 1.1
Upskill to Autonomous	0	0.8	2.4 2.1 1.1 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9

**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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