

Workforce Planning Strategy

1. INTRODUCTION

Bath & North East Somerset Community Health and Social Care Services (CHSCS) was established in April 2008 as an arms length provider of Adult Community Health and Social Care Services and Healthcare Services for Children across Bath and North East Somerset. It is part of a wider Joint Working Agreement between NHS B&NES and Bath and North East Somerset Council known as the Health and Wellbeing Partnership. Over 90% of the income comes from our two main commissioners – NHS B&NES and B&NES Council.

A wide range of services are provided by Bath & North East Somerset Community Health and Social Care Services which include:

- Community health and social care services for adults and older people including community nursing, therapies, domiciliary services, community hospitals, community resource centres, outpatient services, specialist health and social care services in community settings
- Specialist mental health services including psychological therapies
- Community health and social care services for people with learning disabilities
- Community healthcare services for children including Health Visiting, specialist paediatric services, services for children with life limiting illnesses, therapy services and school nursing services.

A number of healthcare services are provided to areas wider than just Bath & North East Somerset. Most notably:

- Consultant Community Paediatrics, Child Health Administration services and Hearing Therapies are provided to two other areas (parts of Wiltshire and Somerset)
- Specialist Services for supporting seriously ill children at home are provided to five other areas (parts of Wiltshire and Somerset; Bristol, North Somerset and South Gloucestershire).

Our strategic thinking recognises that the future success of the organisation is dependant on having an empowered, involved and flexible workforce, focused on delivering high quality care.

This strategy is designed to set out the agenda for transforming our health and social care workforce across Bath & North East Somerset Community Health and Social Care Services. Transformation is needed to enable us to play our full role in delivering the vision of health and social care set out in the document *Transforming Community Health and Social Care in Bath and North East Somerset – Commissioning Intentions 2010/11 – 2014/15*.

Our intention is to set out the broad strategic directions which we will need to take in transforming our workforce leaving room for our staff to develop and lead detailed work to translate this plan into practical plans with sustainable change.

In developing the plan we have taken into account the nature and characteristics of B&NES both as a community and as a labour market. As a community, Bath and North East Somerset is a prospering area with health and social care indicators generally better than the average for England. However, there are areas of high deprivation and although life expectancy generally is good, there is a gap of nearly 9 years between the fifth most healthy and fifth least healthy wards across the area.

The areas ethnic make up is predominantly white with just over 92.7% of British/Irish descent (taken from the Joint Area Needs Assessment 2008).

Over the next 10 years the number of elderly people will rise significantly with those aged 85+ expected to double in number. Correspondingly, there is an anticipated drop in the proportion of people aged 50 – 64 who traditionally act as carers for older relatives.

Outcomes for children are generally good with above average educational attainment at GCSE level. However, there is a higher than expected level of obesity in children and 13% of children live in low income households.

Amongst the older population the number of hip fractures resulting from falls, is higher than the national average and levels of dementia and demand for mental health services for older people are rising as the population ages.

There is a small but nonetheless significant homeless population in Bath and North East Somerset and a high level of people who misuse drugs.

A higher proportion of people receive services in hospital than generally in England and lengths of stay once in hospital remain higher than the average. There are also a higher than average number of people admitted to long term institutional nursing and residential care although the age at which they are admitted tends to be higher than elsewhere in England.

Unemployment rates are low at 1.9% (compared to 3.8% national average). There is increased competition for staff between public sector employers, coupled with independent health providers within the locality of BANES along with the hospitality, tourism industry and retail. There are also high levels of self employment in the area. Turnover of health staff is 9% and for the Council it is 4% and with the economic downturn a drop in staff turnover is anticipated.

Both the NHS and the Local Authority are regarded as good employers with good terms and conditions and excellent holiday and pension provision but with some of the local and national shortages of nurses, social workers, community support staff and occupational therapists success in recruitment can sometimes be variable. The local environment is also a good pull factor for many who want to work in the area, this again supports recruitment and retention. As with many NHS organisations we do attract

overseas staff wanting to come to the UK to add to their experience and enjoy the UK standards of living.

We are continuing to offer training placements for Social Workers, Occupational Therapists, Physiotherapists, Nurses and Specialist Community Public Health Nurses. This not only helps us support the professions, it is a good source of recruitment once staff qualify.

70% of jobs in the BANES area are taken up by residents; however there is a high proportion of employment in the less well paid service industries with low wage rates, especially when compared with costs of living. Housing costs means Bath is still one of the least affordable housing areas in the country. With the shortage of affordable and key worker housing some staff have to commute to work from outside of the area which can also impact on our ability to attract staff and for them to get to their place of work easily and in good time.

Through this plan, we will develop a workforce which is, at all levels, more highly skilled, more resourceful and more confident in its practice. We will position our registered practitioners in roles in which they are Practitioners, Partners and Leaders with more extensive use made of highly trained Assistant Practitioners and other support workers to deliver hands on care under the direction and supervision of qualified staff. Our workforce will play a even greater role in promoting health and well being and in enabling individuals, families and communities to manage their own health and well being. Through this plan, we will offer exciting and rewarding career opportunities to all our staff and be an employer of choice.

2. VISION AND VALUES

The vision for Bath and North East Somerset Community Health and Social Care Services

To develop new models of community services that will support the growth of the provider arm to secure and sustain the business and to become the provider of choice for community services in B&NES.

<i>Our Community</i>	*** Supporting People to Change Lives for the Better ***	<i>Our Staff</i>
<i>Through</i>		
Providing excellent, high quality individualised services and care that make a positive difference		
<i>By</i>		
Focussing consistently and systematically on improving the quality of care across all our services		
Ensuring that we do no harm to our service users and provide safe and clean environments and tackling issues such as healthcare-associated infections		

Listening to our service users' perspective on the effectiveness of their care

Recognising the importance of the patient experience focussing on dignity, compassion and respect, taking account of the need to ensure equality across all groups of people

We will be accountable to our commissioners and our stakeholders for

Delivering on the objectives and targets agreed as part of our service contracts

Conducting business openly and in line with best governance practice

Managing finances prudently and ensuring that the best use is made of public money

We will support and develop all our staff through

Developing and embedding a new approach to change which will bring together teams of health and social care professionals to shape and implement change across all services

Promoting clinical and professional leadership at every level of the organisation and enabling frontline staff to take key decisions in partnership with their clients

Adopting the best employment practices and support staff to work through and beyond organisational changes

Encouraging professional and personal development through a learning and enabling approach and the provision of training opportunities for all staff

In delivering this service vision we will develop a culture based on the values of:

Openness and honesty in the conduct of our business and in our relationships with the wider public, individuals using our services, staff and partner organisations

Respect for the dignity and rights of all individuals - valuing diversity and the different perspectives people can bring

Listening to the views of the people who use our services, staff and partner organisations and the wider public

Valuing and supporting people that work for and with our services

Integrity, High Performance and Innovation

3. THE PURPOSE OF WORKFORCE PLANNING

Workforce planning can be defined as a systematic process for identifying, implementing and managing the competencies and associated roles required to meet the service users needs and the organisations strategic goals within a set financial framework.

At the point of delivering services to service users, effective workforce planning delivers:

- Better quality of care- right skills, right place, right time
- Reduced risk- ensuring the long term supply of staff

- Greater capacity- through optimum skill mix and productivity

The 'Achieve Breakthrough' organisational change and development programme which has been delivered over the past two years has provided a strong platform on which initiatives around workforce can continue to build. We have concentrated on providing an organisational infrastructure to enable the radical changes that will need to take place over the coming years to be successfully implemented.

Liberating the NHS (DH 2010) highlights the requirement of the NHS to cut bureaucracy and improve efficiency. This means for us that all services both front line and back office must be as productive as they can be, working smarter not harder.

It also clearly states that management costs must be reduced by more than 45% over the next 4 years.

The key strategic objectives for Bath and North East Somerset Health and Social Care Services are aligned to both the NHS and Council objectives and are now also linked to the 8 Quality, Innovation, Productivity and Prevention Programmes (QIPP):

- Optimising Elective Care
- Shifting settings of care and optimising urgent care.
- Best practice care pathways for Long Term Conditions
- Improving prescribing.
- Improving primary and community care
- Improving mental health services.
- Improving learning disability services.
- Improving non clinical productivity.
- Lean systems review of the social care process (Vanguard)

In order to ensure delivery of an appropriate workforce there are three stages:

- Designing the future workforce - this is both understanding and influencing by ensuring that workforce considerations combine with service and financial planning
- Developing the future workforce- this includes commissioning appropriate education, staff development and recruitment and retention processes.
- Delivering the future workforce- this requires management action to ensure plans are delivered, processes are effective, professionals are engaged and best practice is shared.

4. CURRENT WORKFORCE INFORMATION

4.1 Headcount

PCT provider	Council	Total
912	740	1652

4.2 Gender breakdown

PCT provider		Council	
Female	Male	Female	Male
833	79	626	114
91%	9%	84%	16%

4.3 Age profile

PCT provider		Council	
49 years and under	50 and over	49 years and under	50 years and over
614	298	409	331
67%	33%	55%	45%

4.4 Disability

PCT Provider			Council		
Disability	Not disabled	No disability stated	Disability	Not disabled	No disability stated
15	229	668	20	680	40
1.6%	25.1%	73.2%	2.7%	91.8%	5.4%

4.5 Ethnicity

PCT provider			Council		
White British	Other BME group	Not stated	White British	Other BME group	Not stated
802	59	51	670	15	55
87%	6.4%	5.5%	90%	2%	7.4%

4.6 Sexual orientation

PCT Provider			Council		
Heterosexual	Gay, Bi or lesbian	Not stated	Heterosexual	Gay, Bi or lesbian	Not stated
633	8	271	127	12	601
69%	.87%	29.7%	17.1%	1.6%	81.2%

5. IMPLICATIONS FOR B&NES

Taken together, the elements of the strategic context summarised above suggest that providers of community based health and social care will be operating in a world which is significantly different from that to which most of our staff are accustomed.

To enable us to achieve our aspirations:

- We will develop a workforce which is, at all levels, more highly skilled, more knowledgeable and more self-confident in its practice. Specifically, we will need to develop clinical skills which have historically been aligned with hospital based care.
- To develop staff with strong clinical and leadership skills.
- We will offer opportunities for staff currently working in the acute sectors to be redeployed to community practice as the acute workforce reduces in line with the QIPP vision.
- We will develop a workforce which goes beyond providing care and treatment but also sees its role as educating, enabling and empowering individuals and families to take charge of their own health and well-being – they will address health opportunities as well as health needs.
- We will develop a workforce in which practitioners feel confident in working with service users and carers with complex needs which cross over traditional boundaries between mental health and physical health and between health needs and social needs.
- To ensure staff have the relevant skills and expertise to safeguard children and vulnerable adults.
- We will develop a workforce which has a strong customer service ethic – each of our patients, carers or other service users must feel like a valued customer.
- We will find ways of working smarter not harder so that we are able to demonstrate improvements in productivity and value for money.
- We will encourage, support and enable staff to work flexibly across existing and new service areas.
- We will work with our commissioners to develop ways of commissioning services based on the outcomes we deliver and the quality standards we meet as well as on the quantity of inputs we provide.
- We will become a sophisticated and professional business capable of competing successfully against global healthcare organisations.

- We will develop a stable but dynamic workforce to which we attract the brightest and best and in which we retain people who expect to pursue long and varied careers in health and social care.

6. CHALLENGES FOR B&NES

Although we have many pockets of excellence in our services and in our workforce, a track record of innovation and, in particular, of successful partnership and integrated teams, we do face challenges in developing a workforce capable of realising the aspirations of the *Next Stage Review* (Darzi2008) and *Transforming Community Health and Social Care in Bath and North East Somerset – Commissioning Intentions 2010/11 – 2014/15* and of seizing the opportunities which are available as the health and social care system goes through a process of transformation. We do not believe that any of these challenges are unique to B&NES.

The principal challenges which we will address through this workforce plan and are:

- Reduced the number of whole time (PCT provider) equivalent staff by approximately 30 posts by year end. Workforce reductions will be achieved as a result of role redesign, retirements, and improvements in productivity and a greater use of flexible contracts and recruitment reviews (Appendix 1)
- Keeping staff valued, motivated and engaged over the next 3-5 years with the expected reduction in management costs, the separation of the provider organisation and the development of a new organisational form.
- Reducing management costs considerably.
- Attracting people with the skills, knowledge, attitudes and potential which we will need.
- Developing people from novice to expert practitioner particularly as we move to a graduate nursing workforce with registered staff performing as practitioners, partners and leaders. Universities do not produce graduates who are immediately fit to practice, particularly in a community setting; we will need to go considerably beyond preceptorship to help new graduates to become confident and competent practitioners.
- Retaining good people in the organisation by providing interesting and varied careers, ensuring that they are able to practice to a high standard and providing exemplary leadership in health and social care.
- Enabling people to practice efficiently and productively by minimising bureaucracy and providing the infrastructure needed to enable productive practice including consistent and appropriate information technology.
- Introducing new flexible working practices using technology that leads to a more effective use of work based accommodation.

- Extending the scope of practice of professionals in all disciplines to equip them to perform additional roles in any setting, including the community, hospital inpatients, out patients and primary care.
- Further enabling professional leadership roles to influence and support high quality care across the services provided.
- Developing the roles of Assistant Practitioners and other unregistered generic support staff working under the direction and supervision of registered professional practitioners.
- Creating a culture of continuous learning and development so that our workforce is prepared to take advantage of emerging developments in health and social care.
- Ensuring that our professional leads are “business aware” and able to contribute fully to the growth and development of the business enterprise in a competitive market-place. This will include the need to enhance current working partnerships with primary care and with GP’s in particular.

7. LEARNING AND DEVELOPMENT

To achieve B&NES vision it requires a committed and flexible workforce that has the knowledge skills and attitudes to meet the needs of all service users and staff now and in the future.

Effective learning leads to increased capacity, capability and flexibility. These benefits can be maximised where they are focused on relevant areas, occur in a culture that encourages learning, and reflects the context in which practice takes place. The workforce plan aims to build the conditions in which a learning and development culture can flourish.

Ensuring that staff keep abreast of relevant changes in their field is a major challenge and B&NES is committed to annual appraisals and development plans to support on-going learning.

In addition how employees are managed plays a significant part in creating the conditions in which they would say that B&NES is a great place to work. The workforce plan builds on current arrangements to ensure effective management and leadership development is available to all managers across B&NES.

To strengthen learning and development we will:

- Encourage a culture of learning where all staff take responsibility for their own learning and development, through the personal development review process and contribute to the learning and development of others.
- Continue to commission appropriate training and development support and seek out alternative and innovative development solutions ensuring key training interventions are audited to ensure learning outcomes are met and value for money obtained.

- Utilise the skills and expertise of the professional leads within the organization as well as external opportunities to ensure staff are equipped with the right skills to provide clinically effective care at all times.
- Regularly review the organizations training and development programme to ensure all training links to the organizations strategic goals and priorities.

8. LEADERSHIP DEVELOPMENT

Strong leadership, line management capacity and capability are key to our success in the Partnership, as a clear link exists between progressive people management practices and improved productivity and patient outcomes.

We must therefore have the right number of managers and leaders in the right type of jobs, with the requisite skills and knowledge to support, engage, empower, motivate and lead staff. We must also develop managers and leaders with the values, behaviors' and attributes that will help us achieve our strategic objectives, demonstrate our commitment to good employment practice and move B&NES towards embedding and achieving its values.

Management capacity and capability will be maximised, both on an individual level and collectively. Individual capacity and capability will be increased with the help of personal and professional development, through application of the Knowledge and Skills Framework and management competencies.

Organisational capacity and capability can be increased by involving, delegating and empowering staff in the decision making. Also by encouraging managers and teams to build effective relationships both internally and externally and by improving management processes to free up time for managers to manage and lead. We will develop leadership and excellent people management skills at all levels of the organisation. We will develop robust succession planning to ensure that achievements are continued and sustained.

To strengthen our leadership capacity we will:

- Monitor and evaluate leadership programmes making changes as needs are identified.
- Encourage use of mentorship, preceptorship, coaching and learning sets to increase skills in leadership and management.
- Develop policies and procedures that encourage empowerment and support for leaders including the adoption of the Councils Managing Performance Policy across the whole organisation.
- Encourage close working between the human resources team and professional leads in order to deliver 'real life' leadership and management training.

9. TAKING THE STRATEGY FORWARD

This strategy proposes a number of relative high level courses of action to develop a workforce which is capable of leading and delivering the transformational changes which are envisaged in *High quality care for all* (Darzi, 2008), *A framework for action* (Darzi, 2007), *Transforming Community Health and Social Care in Bath and North East Somerset – Commissioning Intentions 2010/11 – 2014/15* and related policy documents and directions.

In taking the plan forward, we now need to:

- Engage with our workforce to discuss the ideas set out in this plan and the thinking behind them. The plan will only be successful if it makes sense to our staff and if they are committed to it.
- Each service/ department/ division/ project to develop detailed workforce action plans linked to the strategic priorities and addressing the issues highlighted in this workforce planning strategy.
- Develop a Talent Management Policy and succession planning system across all Divisions.
- Develop a performance management culture supported by the Managing Performance Policy that will support career development as well as identifying appropriate training, development and competency needs to support role redesign, skill mix, extend roles, flexible employment solutions and different working patterns.
- Require the professional leads to work with the training and development department to develop profession specific development objectives for 2011-2014 that mesh with the QIPP priorities.
- Establish a programme management process to ensure effective implementation, on going monitoring and reviewing to ensure workforce planning is a continuous process and that there is continual organization learning to ensure that it is flexible and adaptable to change.
- To work collaboratively with the Council and other local organizations to develop a consistent approach to identifying the workforce development needs.

Although some parts of the plan can be taken forward relatively quickly, this plan covers a three year time frame and will be refreshed on an annual basis.