

Nfk & Sfk Workforce Partnership (NSWP)

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Head of NSWP



Developing people
for health and
healthcare

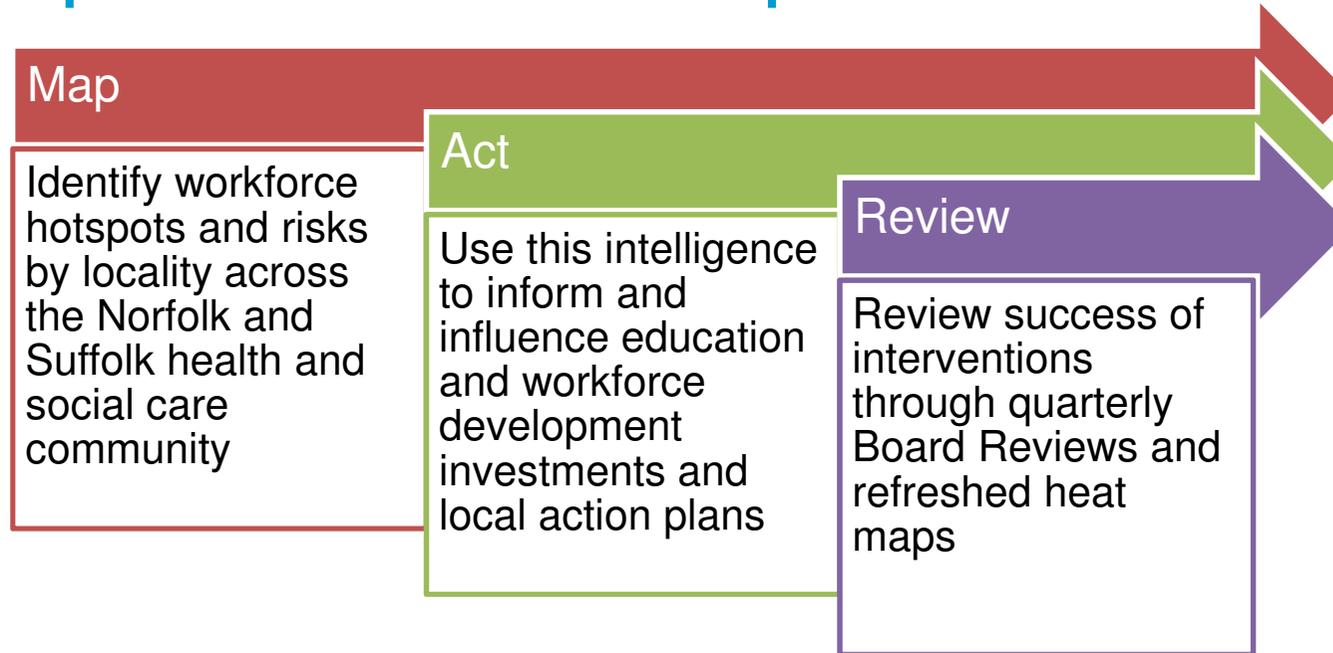
www.hee.nhs.uk



Locality “Heat Map”, 20 Jul 2015
Planning for 15-16



Purpose of Heat Map



The initial analysis focuses on NHS workforce demand, supply, employment and gaps in relation to the following areas:

- Overall workforce position by locality
- Adult Nursing and Mental Health Nursing supply shortages
- Primary care workforce shortages



Workforce Hotspots



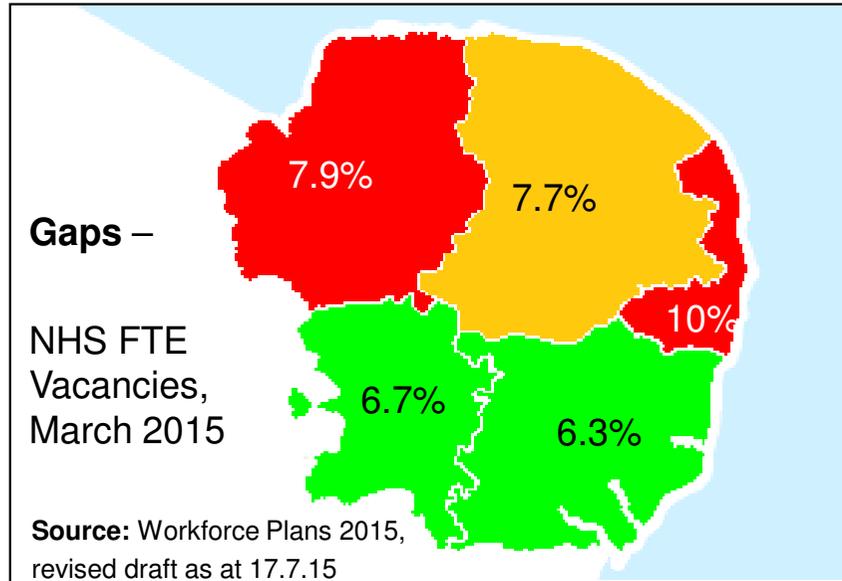
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- 2,100 NHS vacancies, including 400 adult nurses
- Ageing workforce - imminent retirements / loss of exp. staff
- Insufficient supply
 - adult nurses , therapists, A&E middle grade doctors, GPs
- Over-reliance on international recruitment
 - 190 overseas adult nurses recruited in 2014/15, of which 23 left
- Shrinking pool of potential young employees
- Inequities between localities
 - Net migration: exporter and importer of experience staff
 - Workload: size of population / number of patients per staff
 - Investment: Education commissions per population and workforce

Workforce Gaps and Plans



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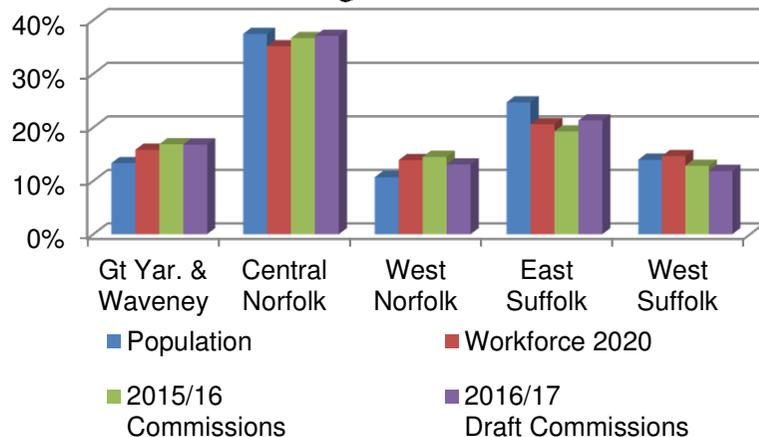


Workload - Workforce and Population Share

Locality	Workforce Share	Population Share	Variance
Gt Yar. & Waveney	15%	13%	2%
Central Norfolk	37%	37%	-1%
West Norfolk	14%	11%	4%
East Suffolk	20%	25%	-5%
West Suffolk	14%	14%	0%
Total	100%	100%	0%

Source: Staff in Post as at 31 March 2015 with estimated split of community and mental health staff in line with mid-2013 ONS population estimates for CCGs.

Investment - Pre-registration Education Share



Comment:

The highest vacancy rates have been reported by Gt. Yarmouth & Waveney (10%), followed by West Norfolk. More effective recruitment and retention strategies are required here as well as new roles and new ways of working to overcome shortages.

East Suffolk's workforce share is significantly lower than their population share. Filling vacant posts and planned workforce growth (+14%) should help to bridge some of the gap.

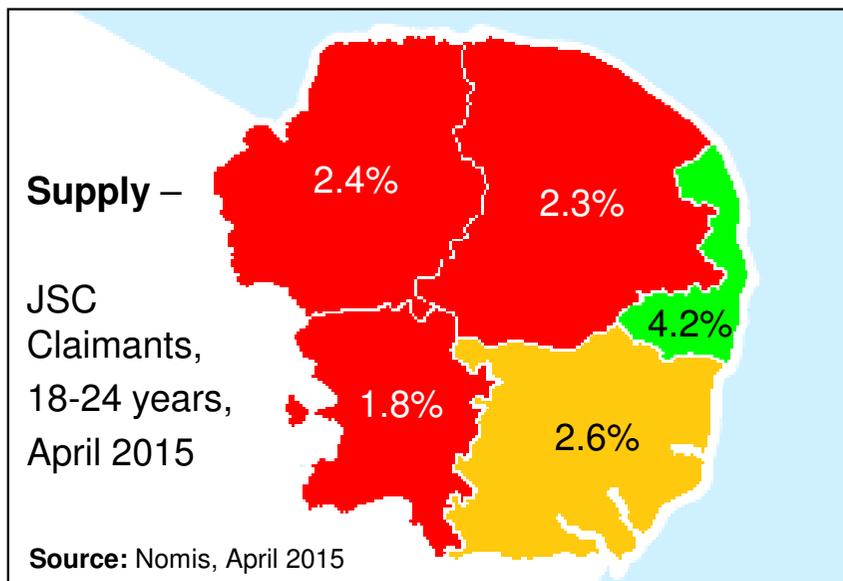
Plans from East Suffolk require a significant increase in pre-reg. education commissions for 2016/17 (+40%) to support above workforce growth. Overall N&S increase in commissions of 27% will need to be reviewed in light of funding constraints.

Rating: **RED** = Significantly above N&S values, **AMBER** = Slightly above N&S values, **GREEN** = Below N&S values.

Workforce Supply by Locality



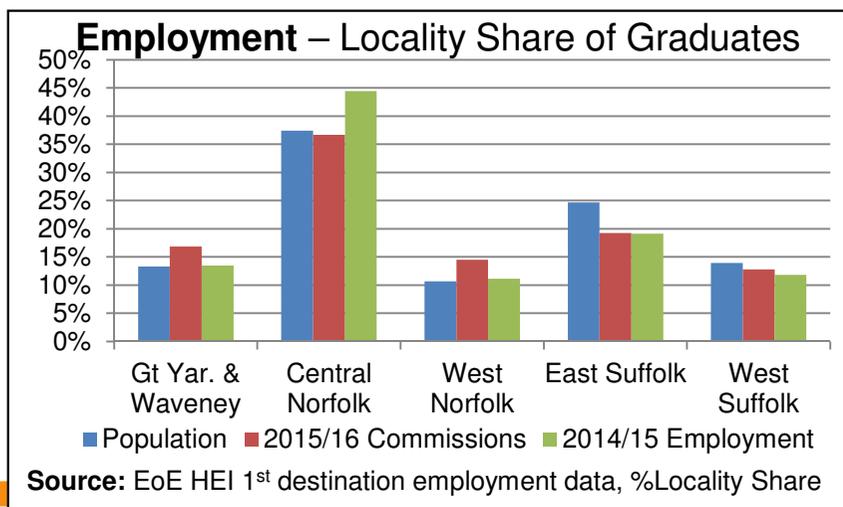
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Supply Pipeline – Young People

Locality	Population 18-24 years	JSC Claimants 18-24 years
Gt Yar. & Waveney	17,110 (8.0%)	725 (4.2%)
Central Norfolk	51,101 (8.5%)	1,195 (2.3%)
West Norfolk	12,260 (7.1%)	300 (2.4%)
East Suffolk	30,899 (7.8%)	805 (2.6%)
West Suffolk	17,146 (7.7%)	150 (1.8%)
Total N&S	128,516 (8.0%)	3,175 (2.5%)
England	8.8%	2.8%

Source: 2013 ONS mid-year population estimates and Nomis official labour market statistics, April 2015



Comment:

Gt. Yarmouth & Waveney has the biggest untapped resource of young unemployed people (4.2%), whilst West Suffolk has the lowest (1.8%). This could support “grow our own” initiatives.

Central Norfolk has been able to attract a significantly larger proportion of graduates from regional universities than their 2015/16 pre-registration education commissioning share, whilst Gt. Yarmouth & Waveney and West Norfolk struggled to recruit.

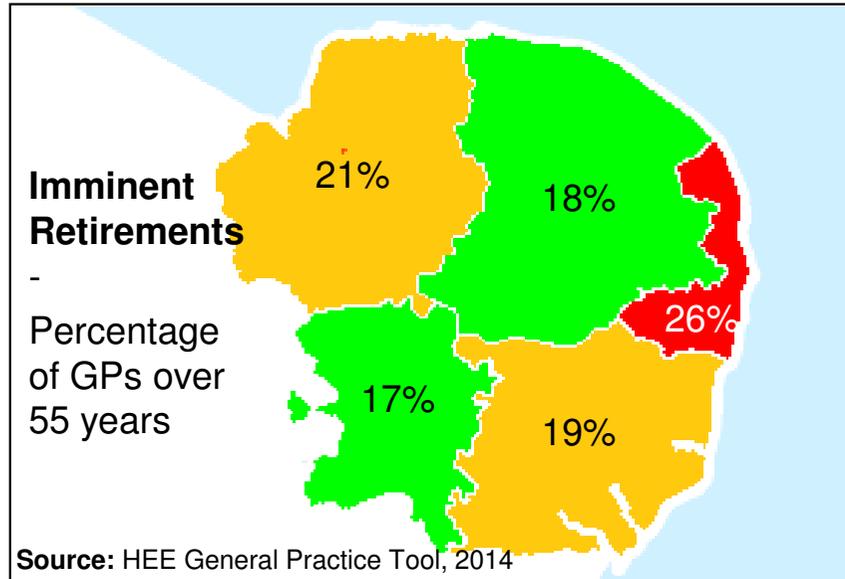
Commissioning levels need to be reviewed to reflect local workforce demands. More effective recruitment strategies are required in Gt. Yarmouth & Waveney and West Norfolk.

Rating: **RED** = Above England values, **AMBER** = Between England and N&S values, **GREEN** = Below N&S values.

Primary Care Workforce



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Workload - Number of Patients per FTE

Locality	Patients per Nurse FTE	Patients per GP FTE
Great Yarmouth & Waveney	3,705	1,650
Central Norfolk	3,392	1,496
West Norfolk	3,508	1,364
East Suffolk	3,406	1,762
West Suffolk	3,635	1,571
Total	3,483	1,569
England Average	3,760	1,731

Source: HEE General Practice Tool, 2014

Comment:

Great Yarmouth & Waveney has the highest number of patients per Nurse and the highest number of GPs over 55 years. This means, they are likely to face the biggest recruitment and retention challenges over the next 5 years.

Central Norfolk has the lowest number of patients per Nurse and the lowest number of GPs aged over 55 years. However, numbers vary between practices.

The skill-mix appears to vary significantly. For example, West Norfolk have low number of patients per GP but relative high number of patients per nurse, whilst the situation in East Suffolk is the other way round. This needs further investigation.

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15-16 plans to address Supply gaps



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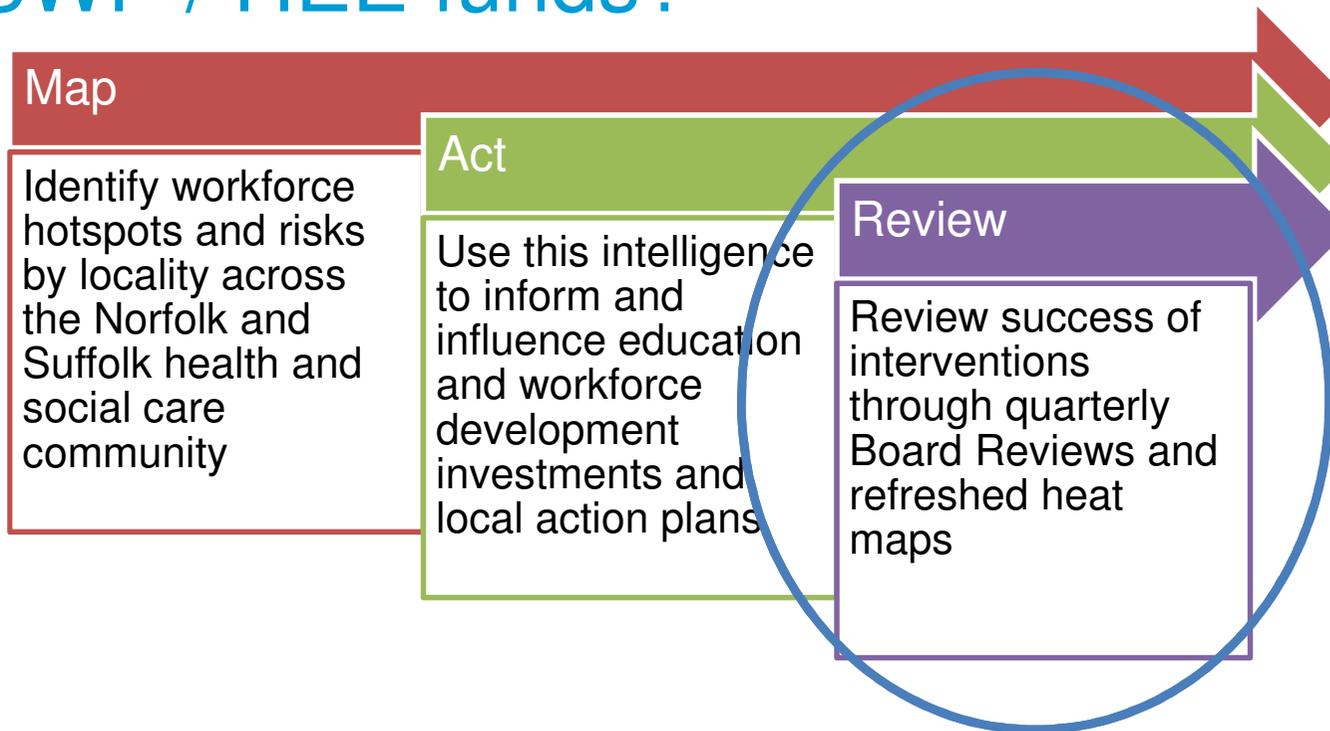
Employers (the here and now – fill vacancies):

- International recruitment
- Employ our newly qualifieds locally
- Improve retention
- “grow your own”
- New models of care – reduce cost, maintain & improve quality

HEE / NSWP (commission future workforce, develop existing workforce – maximise supply):

- Increase commissions – long-term & affordability
- Initiatives to improve the experience and the quality of pre-reg students to increase employment opportunities locally
- New routes to supply – “grow your own”
- Initiatives to support skill mix change – apprenticeships / new roles
- Develop existing workforce to prepare for new models of care

How will we measure Impact of initiatives that NSWP / HEE funds?



Workforce Plans & accurate forecasting



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In previous years:

- HEE collects “Provider” plans – rolling 5 years
- Challenge & review sessions with providers and a check in with CCGs
- Nurse & AHPs – Local process, commissioned on the basis of plans but model to reflect local intelligence
- Medical – national process
- Balance under / over supply

16/17 – transition supporting STPs (the HEE offer)

- Wider data sets available – social care, primary care. Supply modelling and benchmarking tools

Going forward to 17-18 and beyond:

- CSR announced a move to self funding for non-medical professions
- HEE no longer the Commissioner but maintains a statutory responsibility for workforce supply
- Planning, Placement tariff (funding to employers to support students) and quality remain with HEE

Implications of Self Funding

Implementation timeline

- From August 2017 a new funding system for new students
- Covers nursing, midwifery, AHPs
- 10,000 additional training places expected
- 12 week DH consultation on how to deliver reforms
- Need to ensure Employers are fully sighted on opportunities and risks

Key Points

- After 1st August 2017 anyone commencing a HC programme will have access to student loan (tuition fees & means tested support for living costs) No NHS bursary
- Those undertaking 2nd degree will be able to access loans.
- HEE retain responsibility for funding the minimum number of placements to produce HC grads – placement tariff.
- HEE Workforce planning will continue
- **Need to be mindful of saturation levels of practice, this will limit HEIs opportunity to grow non-medical numbers**
- New relationship between service and HEIs

Placement capacity



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Do we have enough?

- Coaching Models (CLiP) have demonstrated that we can increase capacity and improve quality / experience of students
- Audited capacity so far demonstrates at system level we have enough capacity. But is it in the right place?
 - Spare capacity in some organisations
 - QEHL, JPUH, primary care, independent and voluntary sector
 - At saturation in others
 - NNUH

How is it managed?

- Placements are managed by HEIs with individual orgs based on historical relationships that were established “pre-tariff”

Moving Forward:

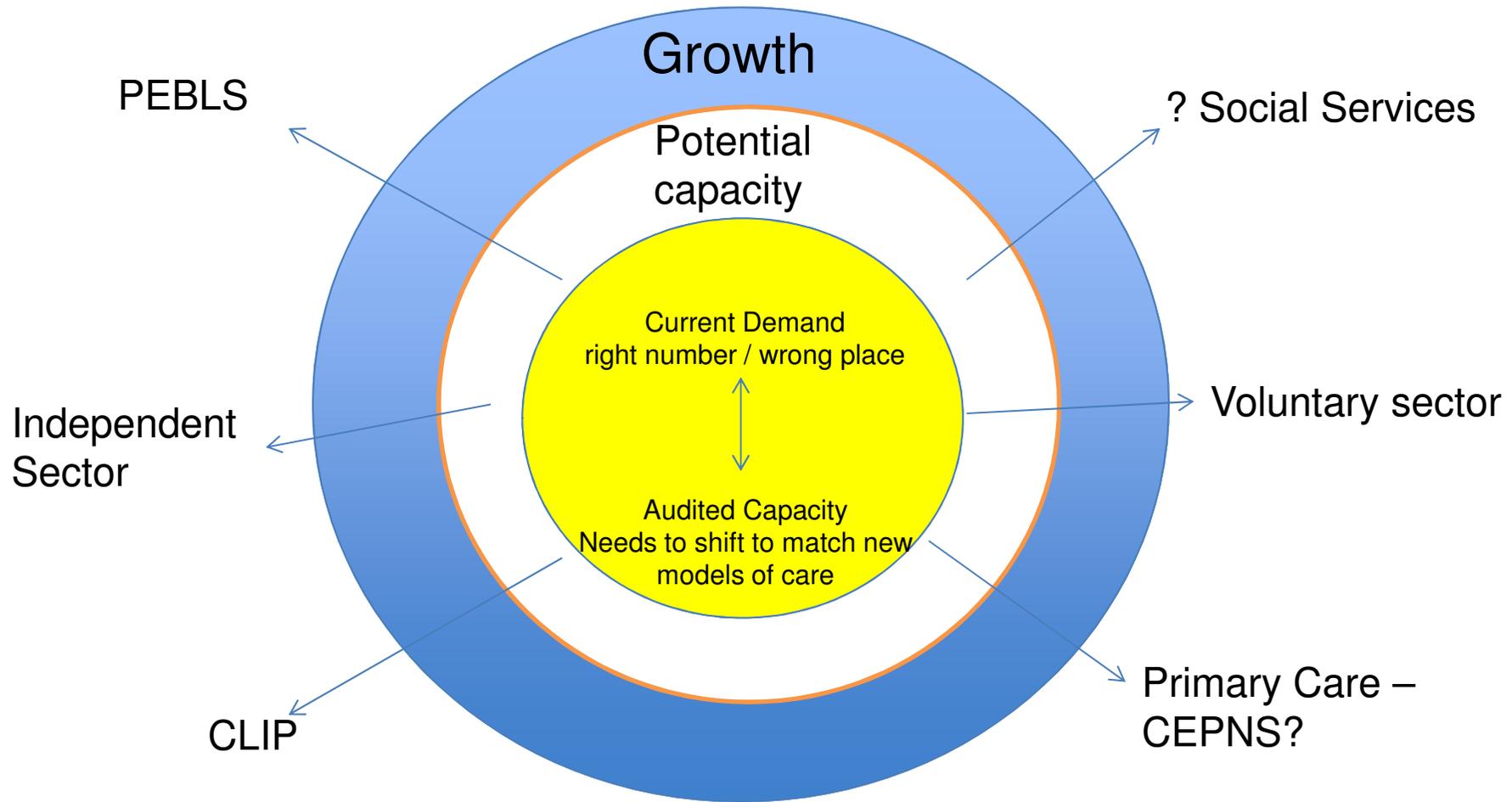
- STPs are developing new models of care and they need to drive placement capacity to match the new service models with the HEIs and HEE.
Accessibility to rural areas – creative use of tariff / HEI investment

Potential capacity

Grow the asset strategically



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Sustainability & Transformation Plans



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Norfolk

- SRO is Wendy Thomson
- PMO structure established working to June checkpoint at present
- Workstreams
 - Keeping me at Home
 - Prevention & Wellbeing
 - Future Care & Sustainability
 - Finance
 - Enablers – Workforce; ICT; Estates
- Workforce
 - Protect workforce supply: recruitment & development & branding
 - Develop: support the emerging models of care
 - Reduce cost: skill mix and growth of support worker workforce