

FUTURE WORKFORCE MATTERS

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A digest of current workforce issues published by
the Centre for Workforce Intelligence

Issue Four
September 2013

How the role of the workforce will be vital to enabling successful integration of future health and care services

Innovative examples of leading-edge organisations achieving joined-up health and social care

Learning from experience: Steps for the future workforce to consider in an integrated healthcare system

Dr Seth Rankin, Louise Hardy and Alexandra Wyke share their perspectives on the integration challenge in health and social care based on pilot experiences

Horizon 2035: Health and Care Workforce Futures

Full details of our project to consider different 20-year views of the health, public health and social care workforce

The new-look Horizon Scanning Hub

Find out more on getting involved with our new collaborative platform for future-looking information

The latest in workforce planning

An overview of recently published CfWI work

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FUTURE WORKFORCE MATTERS

Published by the Centre for Workforce Intelligence

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About the CfWI

The Centre for Workforce Intelligence supports long-term and strategic scenario planning for the whole health and social care workforce, based on research, evidence and analysis, in order to build strong leadership and capability in workforce planning.

About the Horizon Scanning Hub

www.horizonsscanning.org.uk is our collaborative platform for future-looking information. We have recently updated the Hub with new interactive features. Register now to:

- n discuss topics and issues with colleagues
- n add your own ideas about what the future may hold
- n tag and follow ideas, projects, and articles
- n export information to support your future planning
- n contribute to our workforce review projects.

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EDITORIAL

Integration is not a new term within health and care systems, but challenges remain

This issue of the Horizon Scanning Digest 'Future Workforce Matters' is devoted to integration and the requirement for communication, co-ordination and working together. It looks at how our Horizon Scanning methodology will play a core role in helping to envisage the challenges of the next 20 years with 'Horizon 2035: Health and Care Workforce Futures' and teases some of the work we have already been doing on this to date.



Integration means different things to different people. In computing and technology circles, it is all about weaving together data and technical services to provide an overall seamless service. In the mathematical

world, Isaac Newton defined integration within his fundamental theorem of calculus, where differentiation and integration are inverse operations. Elsewhere in management and economics circles, integration can be horizontal or vertical modes of ownership or control.

There are some common strands that emerge when thinking about these definitions of integration, both as a concept from these different settings and in what we think about when we talk about integration within health and care. Indeed the words and implied interactions feel very familiar.

Integration is not a new term within health and care systems. Looking back, integration was described as part of the role of regional health boards in 1947 at the inception of the NHS. Nye Bevan designed these boards to integrate the specialist services of the largest hospitals with peripheral hospital areas.¹

Moving forward to more recent times, in January 2012², the NHS Future Forum said: 'Integration is a vitally important aspect of the experience of health and social care for millions of people. It has perhaps the greatest relevance for the most vulnerable and those with the most complex and long-term needs.' We have also seen an announcement by Norman Lamb MP on the creation of integrated care 'experiments' and three waves of 'pioneers' that will be considered by the newly appointed panel assembled by the Department of Health.³

Evidently, integration has been on people's lips in health and care circles constantly since those early days and if we look to the future it certainly is not going away. Indeed, we are seeing more and more discussion, debate and investigation in health, social care and public health. The systems are looking for solutions to enable them to deliver enhanced models of care, make positive changes to outcomes and eliminate breakdowns in care continuity.

The role of the workforce is vital to enable successful integration if we are thinking about health and care services of the future. Many factors play a part in achieving integration from organisational boundaries (intended and unintended) to interactions across the systems

and how patients (or even service users) enter and leave services, as well as how they are structured and organised.

Implicit within this topic is also the requirement for communication, co-ordination and working together. 'How do we make integration happen?' and 'what does it mean for the workforce?' are some of the questions we have asked innovators and commentators in this area. Later in this issue we have some insightful perspectives from folk who are at the leading edge of the integration challenge: Dr Seth Rankin, GP & Clinical Project Lead, NHS Wandsworth sets out his experiences of leading the 'virtual ward' initiative they operate. A great story with clear messages from patients and lessons on how the workforce has adapted so that it is making a real difference; Louise Hardy, Director of Organisational Development at South Devon and Torbay Clinical Commissioning Group, describes some of its key findings and workforce insights about its successes operating one of the most recognised and well known integrated care setups in England; and finally Alexandra Wyke, CEO of PatientView makes the case for integration and those who must benefit the most from better integration of health and social care in England.

At the CfWI, we examine and consider integration when thinking about the workforce now and for the future. We have a dedicated project this year looking at integration www.cfwi.org.uk/our-work/integrated-care. It is also a highly significant topic in our longer-term horizon scanning work 'Horizon 2035: Health and Care Workforce Futures' (www.cfwi.org.uk/horizon2035). Find out more about this commission on page 3 and how you might get involved.

I hope you find this latest issue an interesting read, let us know what your thoughts are, and I look forward to continuing the discussion about integration and other future care considerations with you. You can reach us via our Horizon Scanning Hub, Twitter, email or by giving us a call. Full contact details can be found on the back page.

Matt Edwards
Head of Horizon Scanning and International

¹ <http://www.nshistory.net/>

² <https://www.gov.uk/government/publications/nhs-future-forum-recommendations-to-government-second-phase>

³ <https://www.gov.uk/government/news/panel-appointed-to-consider-integrated-care-pioneer-bids>

Launch of new CfWI research programme

Tom Lyscom, Horizon Scanning Consultant



The CfWI Horizon Scanning team has launched a project to consider different 20-year views of the health, public health and social care workforce.

It will consider topical questions such as:

- How might current and future pressures on the health, public health and social care system impact the workforce as a whole?
- What might the future hold for this system 20 years from now?
- What are the key areas for policymakers to consider?

We are seeking interested health and care sector experts to be involved in contributing to this important and exciting piece of work. Read on for more information on how the project will work and how to get involved.

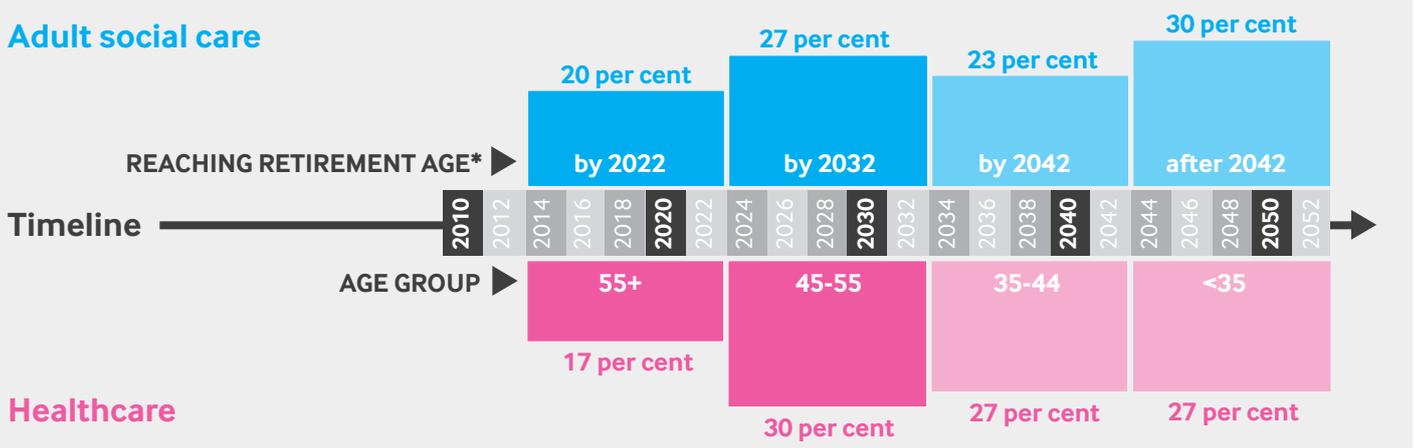
Why look 20 years ahead?

In some ways these are distant futures: four election cycles will have passed, who knows what technology will be available given the current pace and scale of change, and around 50 per cent of the current health and care workforce will have reached retirement age (see below) implying equal emphasis on training new staff, developing existing staff, and devising new ways of working over this time horizon.

Health and care workforce retirement timeline

By 2032, 47 per cent of healthcare and adult care staff employed in 2012 will be over 65 and may have reached retirement age.*

Adult social care



* Calculations are based on headcount and assuming a retirement age of 65 (adult care retirement is often earlier)

Sources: Skills for Care State of the adult social care sector and workforce 2012, HSCIC 2013

But in other ways, 20 years is tomorrow: a 2011 Royal Society of Medicine Journal article revealed that 17 years are typically required for healthcare innovations to become best practice. This suggests that it is existing technology that will have the greatest impact up to 2035, or will the translation of research accelerate via initiatives such as the Department of Health’s 2011 Innovation, health and wealth report and the academic health science networks? In addition, it can take around 15 years to train a hospital consultant (according to the Royal College of Physicians), and Government estimates suggest that in 20 years local government and the NHS will still be paying for the construction of existing infrastructure through private finance initiatives.

The benefit of our 20-year timeframe across a whole-system scale is that it is outside the scope of service planning and strategy but could help to identify persistent themes across sectors for which action can, or even potentially must, be taken now.

How is it possible?

The CfWI Horizon Scanning team has successfully developed and deployed a methodology for considering long-term views of individual professions offering an engaging, high-quality framework for long-term thinking. We are now in a position to draw on common big picture challenges across professions and sectors to consider different futures for the health, care and public health workforce.

Horizon 2035: health and care workforce futures will draw on three essential components: systems thinking and dynamic modelling, novel conceptualisations of the current and future workforce, and your expert contribution. There are therefore many exciting opportunities to be involved in this research and help answer some key research questions, including:

- What are the main factors at play in and around the workforce, including the strength of public finances and demographic change? How do they interact and what is their relative impact?
- How do different futures in these key factors combine to create detailed future scenarios for the health, care and public health workforce?
- How should we conceptualise the current and future workforce, potentially through skills and competencies, to help future-proof the analysis?

How do I get involved?

Please visit the Horizon Scanning Hub at www.horizonscanning.org.uk to register your interest in attending workshops or to join our virtual network and be part of the ongoing conversation or email horizonscanning@cfwi.org.uk.

VOX POP

Learning from experience: Steps for the future workforce to consider in an integrated healthcare system

The *Caring for our future* White Paper demonstrated the government's commitment to integrated care – care that is co-ordinated, continuous and person-centred. We asked Dr Seth Rankin, Louise Hardy and Alexandra Wyke about their perspectives on the integration challenge in health and social care based on pilot experiences.





Dr Seth Rankin GP & Clinical Project Lead, NHS Wandsworth

Rebuilding the NHS around patient-centred healthcare will require a massive change in attitudes amongst the workforce, according to Dr Seth Rankin, who is leading a pilot scheme of “virtual wards” in Wandsworth. David Benady found out more.

“Our virtual ward system is loved by patients and is a highly effective use of medical resources. But it will require the buy-in of nurses, social workers and administrators to adapt to the new ways of working. Rather than having teams that treat specific illnesses, the virtual ward provides cross-functional teams to focus on the needs of each patient.

“The rise of co-morbidity, where increasing numbers of elderly people suffer a variety of illnesses, means disease-centred treatment can lead to two or three different teams treating the same patient. For instance, diabetes can lead to problems with eyes, feet and other conditions. Rather than having different nurses visiting people at home to treat each condition, a single, multi-skilled virtual ward team helps the patient whatever their needs.

“I have heard of an elderly person having one leg washed by a social carer and the other washed by a nurse because it has an ulcer on it. Integrated care would do away with such anomalies. The virtual ward system, first devised in Croydon by Dr Geraint Lewis, has been piloted in Wandsworth since 2009. It employs GPs who work with Community

Matrons, specialist nurses and social workers supported by ‘ward clerks’. The groups meet weekly for a “virtual ward round” to discuss the needs of each patient. One lesson that was soon learned was that the virtual ward groups benefited from having full-time General Practitioners attached to them. This gave the nurses and social workers added confidence and a point of reference for queries.

“There are challenges however. Staff are not used to working in this way. It’s easy to talk about integration at a high level for the leaders of social services and health service managers, but it is actually quite difficult to do it on the ground. There needs to be a lot of faith and investment in the long-term plans to get people to change their working practices.

“They may eventually get used to it, but not unless there’s dedicated long-term support and a determination to change the structures. The majority of time these are pilot projects that last a year or two, then people drift back to what they did in the past. Finding ways to encourage practitioners to adapt to the demands of integrated working will be essential to its successful implementation.”



Louise Hardy Director of Organisational Development at South Devon and Torbay Clinical Commissioning Group

In Torbay and South Devon, partners across the local healthcare landscape are forging ahead with integrated care. Louise Hardy told David Benady about the lessons learned from this success.

“We know that there is challenge in providing precise workforce metrics, but there is a definite need for a different breed of healthcare practitioner and of course this requires a culture change. You can’t just waltz into a hospital and order hospital staff to go into the community and work in patients’ homes.

“It requires us influencing training right back to where it starts with young people entering their professional education. This means working with the local education and training boards to influence academic providers to embed understanding of the changing landscape and the importance of working holistically throughout their academic programmes. There’s a bit of wanting amongst students to be a heart surgeon because it’s sexy, which is why changing the way we train people to think about healthcare right from the start is essential.

“Integrated care requires far more emphasis on building relationships across not only medical teams but also with other care providers. We have achieved this through building good relationships locally with our hospitals and senior team. Of course, you need good relationships with drivers as well. By joining up the right bits of the system, we have managed to support patients who want to die in a place of their choosing. We’ve done this through support of a 24/7 hospice-at-home service, and through building a really valued relationship with Rowcroft Hospice.

“The management of long-term conditions such as Type II Diabetes is a national problem, but in South Devon and Torbay, we modernised our service to act as a representative model for this new vision. It is not just a nice to have; it actually brings down episodes in secondary care. Outcomes include a reduction in major amputations from 10.2/10,000 to 4.3. There has been a reduction in admissions for hypoglycaemic emergencies, low rates of diabetic retinopathy and a 50 per cent reduction in admissions for heart attack, with a rate of admissions for acute coronary syndromes now below the national average.

“With an ageing population healthcare costs are shooting up. Integrated care can help free up valuable resources to deal with increasing medical needs. Transforming the expectations of medical professionals is vital, and building relationships between healthcare providers, councils, and other community and social care institutions is a route to improving outcomes for patients.”



Alexandra Wyke CEO of PatientView

A UK-based research, publishing and consultancy group, PatientView was created out of a belief that the views of patients should be considered in all important healthcare decision. Alexandra Wyke argues that one type of patient is certain to benefit from better integration of health and social care in England—people with long-term conditions.

“Any individual trying to live with a chronic disease experiences a unique set of problems, from stigma and discrimination to mismanagement of treatment. For those with multiple long-term conditions the complexities are magnified. The diverse nature of the support required by such patients necessitates skilful integration of care. Yet the problem today, from a patient perspective, is that support services are haphazard and integration of whatever services that do exist is mostly aspirational.

“Sadly, most people in England who suffer stigma as a result of chronic illness find that they have no-one—except their own peers—to turn to for support. A June 2013 study of 15,000 people living with diabetes (or caring for someone with the condition) in 17 countries found that “one in five people with diabetes feels discriminated against because of their condition” and concluded that “support from the broader community is scarce”.

“There are significant consequences if stigma is not tackled head on. A 2011 PatientView study of over 300 UK patient groups found that 40% of interviewees identified fear and stigma as the

barriers that most prevent patients from seeking help from the doctor when they should. For example, people living with chronic conditions may have to give up work because they are struggling to cope with the simplest of normal tasks, such as washing themselves, or cleaning their house. A review of international studies concerning the treatment of people with multiple chronic conditions—by patient advocate Christine Walker of the Chronic Illness Alliance in Australia—found that the needs of people with co-morbidities are not well-served, as witnessed by unplanned hospital admissions. Current fragmented healthcare structures are inadequate. The report concluded: “For people with both rare and multiple conditions, lack of co-ordination may mean lack of referral to a range of services or duplication of services such as imaging and pathology. It may contribute to conflicting advice from primary care providers and specialists as well as problems with prescribing.”

“With this in mind, clearly there is room for improvement.”

For more about PatientView, visit:
www.patient-view.com

UPDATE

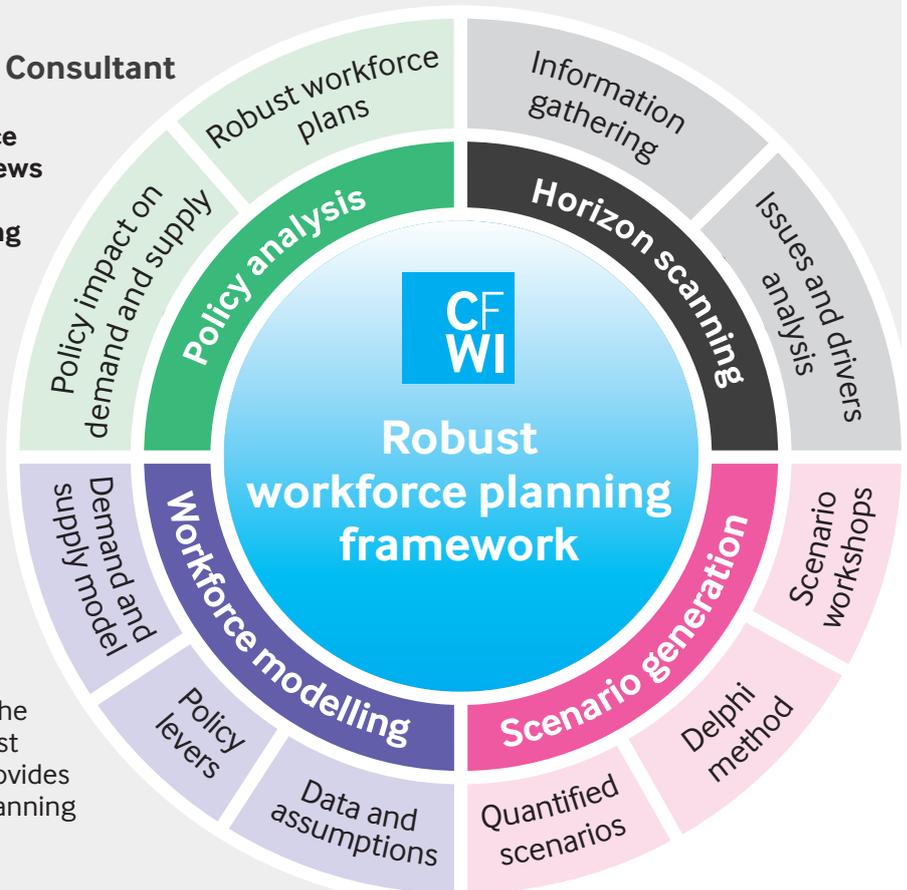
Workforce planning projects update

John Fellow, Horizon Scanning Consultant

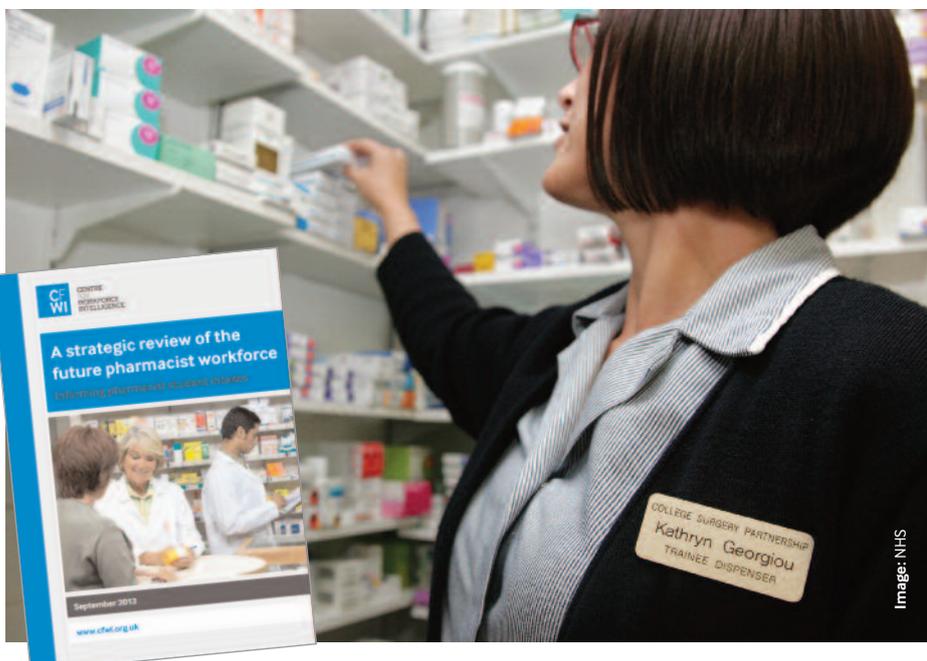
The Centre for Workforce Intelligence carries out horizon scanning in reviews of individual workforces as the first step in the robust workforce planning framework to explore the potential challenges, opportunities and likely future developments that could influence workforce planning.

The framework follows a methodical approach to build a range of possible futures and then formulates policies that anticipate these futures. This approach recognises the complexity of factors influencing demand and supply and the intrinsic uncertainty of the future.

This section of the Digest updates on the CfWI projects which are using the robust workforce planning framework, and provides links to the reviews and the horizon scanning reports produced by these projects.



A strategic review of the future pharmacist workforce



A strategic review of the future pharmacist workforce: informing pharmacy student intake was published in September 2013. The review supports the Department of Health, Health Education England (HEE) and the wider Government in policy decision making to secure the pharmacist workforce of the future and the number of pre-registration trainees required.

The review developed four scenarios and found that in all four, supply is forecast to exceed demand, regardless of the pharmacist's role in healthcare. Therefore it is likely that there will be a surplus supply of pharmacists in the future. The possible range of oversupply by 2040 across all of the scenarios is between 11,000 and 19,000.

To learn more about the project, including the CfWI's recommendations to achieve a balance in supply and demand, and to view the horizon scanning and scenario generation reports, visit www.cfwl.org.uk/workforce-planning-news-and-review/publications/a-strategic-review-of-the-future-pharmacist-workforce.

Horizon Scanning for acute medicine and anaesthetic and intensive care medicine workforces



Reviews are ongoing into the acute medical care and the anaesthetic and intensive care medicine workforces in England and we have held scenario generation workshops for both these projects in September.

For further information on these projects visit www.cfwi.org.uk/acm-review and www.cfwi.org.uk/our-work/medical-and-dental-1/anaesthetics-and-intensive-care-medicine-in-depth-review.



Horizon scanning – A strategic review of the future healthcare workforce: Informing the maternity workforce

Horizon scanning – A strategic review of the future healthcare workforce: Informing the maternity workforce was published in June 2013.

The report considers the issues likely to shape the maternity workforce over the next 20 years. It is part of ongoing CfWI horizon scanning work underpinning the nursing and midwifery programme.

The report is based on the views of a senior set of stakeholders with an interest in the maternity workforce.

The full report and the summary report is also available to download at www.cfwi.org.uk/publications/horizon-scanning-a-strategic-review-of-the-future-healthcare-workforce-informing-the-maternity-workforce.

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The Hub hosts a number of ideas about the possible future health and care landscape. Explore what may lie ahead and consider how it could affect you and your organisation.

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We hope that you've enjoyed this fourth issue of the **FUTURE WORKFORCE MATTERS** digest...

The next issue is due out in February 2014. If you are interested in attending one of our events, or in becoming involved in our projects, please email us at: horizonscanning@cfwi.org.uk.



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