Agenda

• A re-introduction to HEE L&S Intellectual Disabilities workforce programme & TCP workforce partners
• Workforce planning: a rational for the offer of bite sized workforce workshops to Kent & Medway TCP
• Why the Population Centric Model?
• Review work completed in and since part I
• Part II: Strategic Environment (Population definition)
• Part III: Design and Commissioning of Services
• What next?
• Evaluation & signposting
House keeping

- Fire alarms
- Toilets
- Respect
- Questions (car park)
- Catering (over to Dean)
- Start and finish times (1200hrs – 1630hrs)
Health Education England working across South of England & London Regions Intellectual Disability Programme & TC workforce partners

#hello
my name is...

Marie Lancett
Rhona Westrip
George Matuska

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What is HEE?

- HEE exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England.
- In 2012 we took over the function of Strategic Health Authorities (SHAs) and their Deaneries for workforce planning, education commissioning and education provision.
- As of 1 April 2015, under the provisions of the Care Act 2014 we became Non-Departmental Public Body.
Annex A Objective 1: "Through 2017-18, support Transforming Care Partnerships... to create a workforce that will meet the aims of 'Building the Right Support'; develop TCP capability to access and utilise adult workforce intelligence data through signposting and advising on existing and potential data sources to support commissioners to be equipped with the skills, competencies and knowledge to sustain new models of care; map the skills and competencies required across specialist mental health and learning disability workforce to support children, young people and adults with autism and associated health conditions, and how well these are supported by existing training resources."

"Overall goal 2020: Lead the health system to transform the workforce and ensure it is available in sufficient numbers and possesses the right skills, values and behaviours to deliver outcomes and support for people with learning disabilities, autism, mental health problems and multiple, and complex needs"
The offer of support

Transforming Care Workforce Support

Drawing on our experience of supporting the fast track sites, we would like to help you with the development of your workforce plans by supporting potential next steps, assessing your needs and implementing those that may be helpful to you, and equipping you with the tools to support you with this. We would also like to invite you to join a transforming care forum for anyone implementing Ecuador, and the right support. We hope that this forum will, where ever possible, encourage a more whole adoption model and encourage collaboration. If you would like to join this forum please email contact@skillsforcare.org.uk and we will send you the details.

- Workforce work stream
- Planning and meeting needs
- Understanding the existing and available workforce
- Understanding future workforce needs
- A link to more resources as they come online

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An example of outcome

- During 2013 HEE KSS commissioned a report to scope out the LD nursing workforce.
- The report detailed population data of PWLD, and the workforce also highlighted areas where workforce gaps were.
- The report made 10 recommendations.
- In 2015 HEE KSS employed a full-time programme manager to run its intellectual disability workforce project and realise the 10 recommendations.

Working across Kent, Surrey and Sussex.
An Update

Since the publication of the initial scoping report the ID workforce project has developed in to three areas:

1. Supporting the local TCP’s to plan to transform their existing workforces and / or develop new models of practice

2. An offer of support to all ID stakeholders across KSS

3. To support the development of the KSS Learning Disability Community of Practice

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Understanding the current workforce
Based on the population data from K&M for 2016 which is $1,540,400 + 278,542 = 1,818,942$

- QoF = Quality outcomes framework for 2016/17 which suggested for K&M there where 4.3/1000 IWID known to services 8180
- Emerson and Hatton (2004) work would suggest that 30,772 are not known to services
- Suggesting an estimated total ID population for K&M at 38952
- NHS employed data comes from ESR and covers all working in LD Workforce (registered & unregistered nursing, care, and AHP)
- Non-NHS data comes from NMDS-SC and is an estimate based on national figures
- Total 59103
- NHS – 603
- P&I – 33903
- Statutory local – 9945
- Voluntary & 3rd – 13455
- Other Non-NHS - 1170
### KSS ID Workforce: registered/ unregistered

<table>
<thead>
<tr>
<th></th>
<th>NHS Employed</th>
<th>Non-NHS Employed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered</td>
<td>223 (0.4%)</td>
<td>1700 (2.9%)</td>
<td>1923 (3.3%)</td>
</tr>
<tr>
<td>Un-registered</td>
<td>380 (0.6%)</td>
<td>56800 (96.1%)</td>
<td>57180 (96.7%)</td>
</tr>
</tbody>
</table>

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Making an offer of support to the ID workforce

All completed pilots projects, tools and materials are available at:

https://idhekss.wordpress.com/reports/id-hee-project-reports/

We are also currently developing a live updates page for projects that are currently running, with summaries and contact details of the project teams

https://idhekss.wordpress.com/updates/
Supporting the development of a platform for the workforce to share and develop
A single umbrella to support the sharing of knowledge

Sustaining Our Community
The Kent, Surrey & Sussex Learning Disability Community of Practice 2018 Conference

Thursday 21st June 9am to 5pm, The Charity Centre, Crawley, Surrey RH11 7EL

The Kent, Surrey & Sussex Learning Disability Community of Practice is pleased to announce the date of its 2018 conference. The theme for the day will be Sustaining Our Community.

Twitter: @KSSLDCoP
YouTube: KSSLDCoP
Web blog: www.ldcop.org.uk
Email: info@ldcop.org.uk

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Workforce planning

A rational for the offer of 4 bite sized workforce workshops to Kent & Medway TCP

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ToR – example available plus easy read
Suggested Action Plan for the planning process as well as implementation
Why the Population Centric Model?

Population Centric™ Integrated Planning for Workforce Transformation

Carol Brooks
Business Psychologist
Gold Consulting
carol@wearegold.co.uk

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Population Centric Model

Stage 06: Gap, Analysis, Reality Check, Planning for Implementation
Stage 05: Defining Roles and Future Workforce
Stage 04: Defining Skills, Knowledge and Competence Levels
Stage 03: Design and Commissioning of Services
Stage 02: Population Definition / Strategic Environment
Stage 01: Establishing the Change Management Approach

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Review & update: Part I

- Kent & Medway TCP changes and updates
- Proxy development
- Stakeholder mapping
Stage Two

Population Definition / Strategic Environment

- **Star** = where you will be by 2020
- **Mountain** = what will you achieve along the way
- **Chessboard** = strategic landscape
- **You** = proxies, family, workforce, you, the team

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What ever you want to do with the proxies has to fit within the strategic landscape.
Stage Three

Design and Commissioning of Services

• How will you put yourself in your proxies shoes?

• What techniques are already used locally?
Strategyzer online  **Business Model Canvas**

Data detective - just find out about proxies or similar people
Journalist - ask proxies about their history
Anthropologist – watch/observe proxies in there world
Impersonator - experience what proxies experiences
Co-creator - can I work with proxies to maker a difference
Scientist - can I experiment to test what might work with the proxies
Discussion

Consider your proxies.

Which of these techniques are possible for you locally and how might you go about planning and using that technique/techniques.

Consider how to engage partners - the what, how and who.
Pains and Gains?

Pain Relievers
• Addressing and alleviating customer/client/patient “pains” - e.g. For 1 of the proxies, a “pain” might be having to get up at 0500 to be ready for transport to day centre
• What might a pain reliever be for this (service and workforce)?
• Which “pains” might you focus on?
• Essential – Nice to have??

Gain Creators
• How can the service and workforce create a “gain” for the proxy?
• What service provision?
• What is relevant?
• What will we do to produce the benefits and outcomes Tom expects, needs, desires?
• Essential – Nice to have??

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Reviewing current services

Boston’s Matrix

- **Stars**
  - Prioritise
- **Question marks**
  - Divest
- **Cash cows**
  - Invest
- **Dogs**

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Future proofing your service

Ansoff’s Matrix

Existing Service | New Service
---|---
Existing

Market penetration | Product development

New

Market development | Diversification

Ansoff’s

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Discussion

- Using one or both tools, begin applying to the service, for which you are designing and planning your workforce

- Think about how you will involve stakeholders in your discussions here

- Think about how you will incorporate any current previous work on service design, models of care and pathways
What's next

- You will be able to download these slides from:
  
  www.idhekss.wordpress.com
  
  click on "Workshop"

- By identifying the services your proxies need you can start to sense check against existing & future services.

- You may be able to free up workforce and finances by identifying which services will help your proxies and which services you proxies will need in the future.

Part III could cover:

Stage 06: Gap, Analysis, Reality Check, Planning for Implementation

Stage 05: Defining Roles and Future Workforce

Stage 04: Defining Skills, Knowledge and Competence Levels

But first we need to know from you how we can help next.

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Exemplar workforce plan

“An example of what a plan could look like has been developed by HEE and SfH”

Evaluation

One thing you learned

One thing you will do as a result of today

One thing you would change for next time

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