

Integrated Workforce Planning

Have you ever done integrated workforce planning?

In 2016 I tried it out and below is the result.



Community Fit

Workforce planning - a contribution to the debate.

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Executive Summary

- Demand for labour in the Shropshire health & social care services will rise between 2015 and 2035 by an estimated 19,600 Full Time Equivalents.(FTE)

My estimate of change in Shropshire FTE workforce numbers between 2015 and 2035 are as follows:-

	2015 - FTE	2035 - FTE
NHS Staff	9,779	11,148
Adult Social Care & 3 rd Sector	15,850	19,020
Voluntary Sector	5,246	6,872
Informal Carers	32,000	45,444
Total	62,857	82,484

The NHS is a self-sealed navel gazing system; even today people are obsessed with a workforce plan for the NHS. Many commentators say that such a plan will do the NHS an enormous service – and so it will but.....

The NHS management working in the new ICS model of co-operation needs to remember the NHS is not the only game in town when it comes to care delivery.

We have know this for a long time but no one in authority at the DHSC has had the insight to understand what is needed in terms of a holistic workforce plan.

Why should an ICS have an integrated workforce plan?

- Shortage of labour in any one of the four groups of providers will impact negatively on the other three groups. These individual groups represent a pluralistic socio economic system.
- Each group has specific training and development needs. Funding these training & OD needs will require careful and considered deployment of scarce resources by the ICS Board in each administration.
- The number of informal carers has a turn over of circa 33% each year. The new entrants into the role of informal carer could benefit from training and support early on in their 'career' – net effect = better able to navigate the system for who ever they are caring for = better use of resources all round and improved equality of access to statutory services.
- The ratio of professional labour to non-professional labour has an impact on how the system can respond to care needs and accessibility to care in different locations.
- Without a broad picture of labour supply in an area the risk of making imperfect decisions about how care is to be delivered is very high – a integrated workforce plan can and will help the ICS Board to avoid making decisions in a state of avoidable ignorance = better more informed decision making.

Observations:

- The task of preparing an integrated workforce plan is easy since most of the data needed is available to ICS workforce planners.
- The plan will change over time – my work under taken in eight years ago is incorrect because I did not factored in certain policy developments e.g. personal budgets, Physician Assistants, Assistant Anaesthetist, Virtual Wards, Health Hubs, Community Diagnostic Centres, homeless & rough sleeping policy etc.
- Like all plans the Integrated workforce plan needs an update to accommodate policy changes in each of the four domains this needs a local intelligence service working for the ICS.

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