



England

# NHS STAR

**EoE Public Health Conference**

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# NHS Star

A tool to support workforce transformation



**Workforce** : all people who provide care and support to those who access healthcare services. Porters, AHPs, midwives, doctors, nurses, administrators, healthcare support workers, pharmacists, psychological services, etc

**Transformation** : process of change. Driven by the way we recruit, retain, deploy, develop and continue to support the healthcare workforce to meet the growing and changing needs of the local populations ensuring high quality care for the patients/service users of today and the future

**Change Agent** : person who helps an organisation or part of an organisation or system to transform how it operates. A catalyst for change, someone who can make changes happen by inspiring / influencing / challenging others

# Long Term Workforce Plan

**TRAIN** significantly more staff so we have the right number of doctors, nurses and midwives, GPs, dentists, allied health professionals - such as physiotherapists, pharmacy staff and other staff

**RETAIN** our dedicated NHS workforce by allowing greater flexibility and career progression and improving culture, leadership and wellbeing, while continuing to focus on equality and inclusion

**REFORM** the way we work so healthcare staff have the right multidisciplinary skills and can harness new digital and technological innovations, allowing them to focus on patient care.

# A tour...

A

At the centre is the overarching goal to deliver **patient-centred care**, i.e. care that is tailored to the needs, circumstances and preferences of the individual receiving care.

B

The orange segments symbolise the **quadruple aim of the NHS Five Year Forward View**. Every entry included in the tool contributes towards meeting one of four aims:

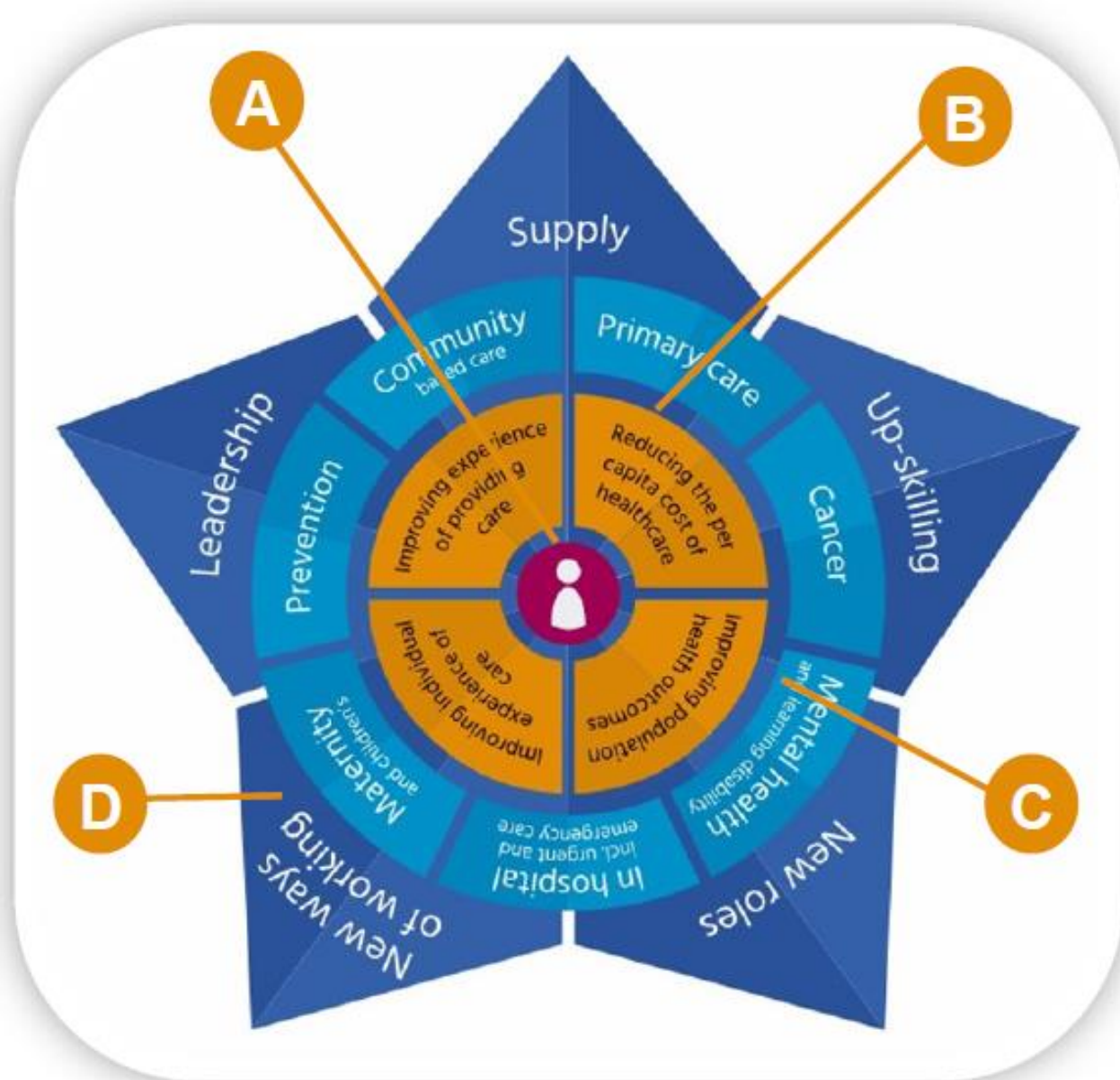
- Improving the individual experience of care
- Improving the health of populations
- Reducing the per capita cost of healthcare
- Improving the experience of providing care.

C

Content can be viewed by **clinical area**: Primary care, Cancer, Mental health and learning disability, In hospital (including urgent and emergency care), Maternity and children's, Prevention, and Community based care.

D

Content is framed around the **five key enablers** of workforce transformation, or the **domains**: Supply, Up-skilling, New roles, New ways of working, and Leadership.

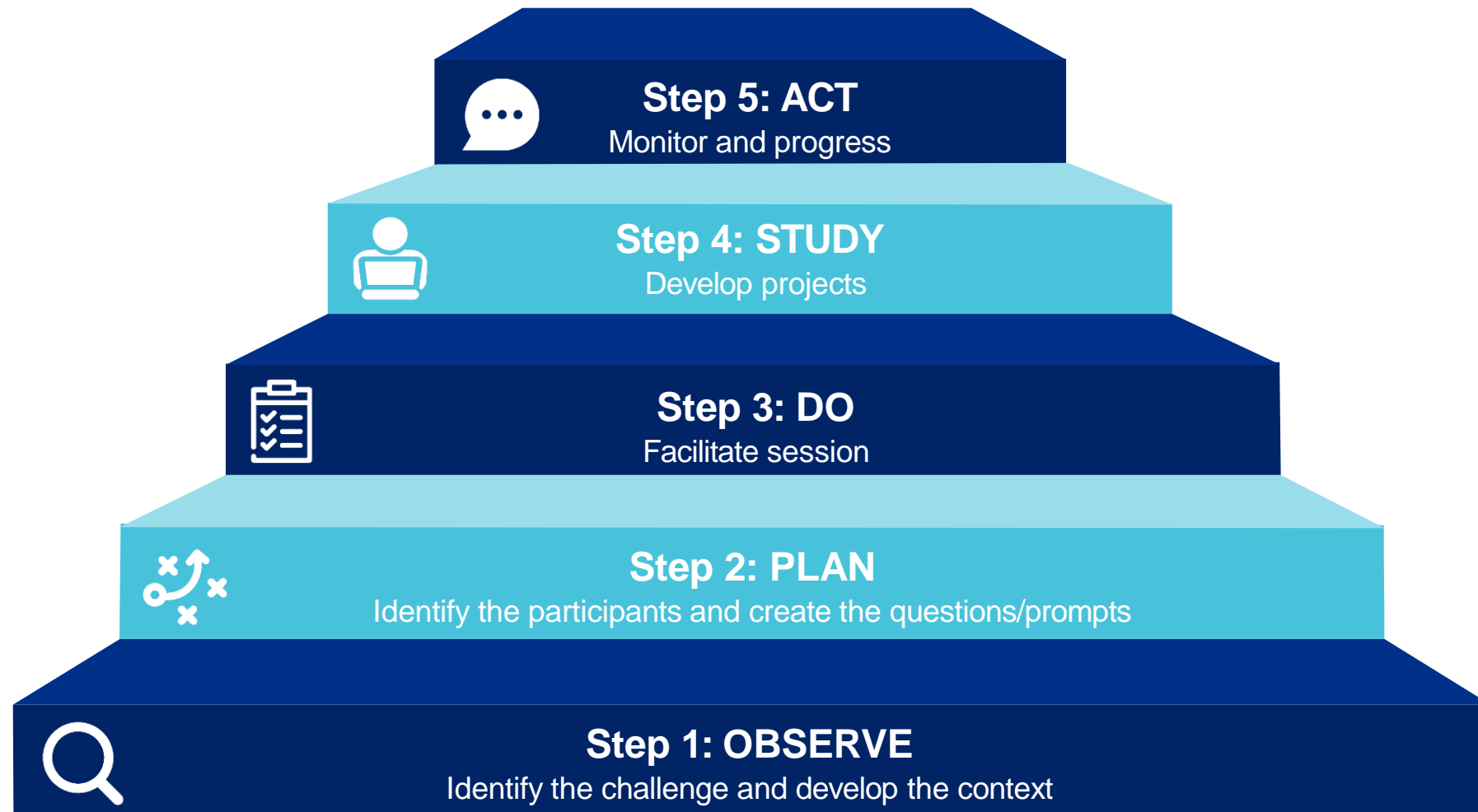


# Key Enablers of Change / Domains

(Section D on previous slide)

Enabler	Definition
<b>Supply</b>	Identifying current and future workforce availability in terms of skills, capabilities and numbers, in order to identify the appropriate workforce interventions
<b>Upskilling</b>	To improve the aptitude for work of (a person) by additional training, the aim of which is to create: <ul style="list-style-type: none"><li>• A competent w/force, working to its maximum potential</li><li>• An agile workforce that may be flexibly deployed</li><li>• A capable workforce with future-facing knowledge and skills</li></ul>
<b>New Roles</b>	Health and care roles designed to meet a defined workforce requirement, warranting a new job title; the likely ingredients including additionality to the workforce, a formal education and training requirement (whether that be vocational or academic), an agreed scope within the established Career Framework, and national recognition (although not necessarily regulatory) by clinical governing bodies.
<b>New Ways of Working</b>	Emphasis on developing an integrated workforce culture that empowers it to break through system barriers to deliver a practical response, resonating with STP/ICS needs to person-centred care.
<b>Leadership</b>	The support of individuals, orgs and systems in their leadership development – ranging from individual behaviours and skills to organisational development of systems through partnerships

# Star Workshop : 5 Step Approach




# Star Workshop Example & Participation





**Addressing the shortage of  
Psychological Wellbeing Practitioners (PWPs)  
in  
Improving Access to Psychological Therapies  
(IAPT)  
services across the  
Bedfordshire, Luton and Milton Keynes (BLMK)  
Integrated Care System (ICS)**



# Identify creative approaches to public health workforce skill mix and redesign

# Context : National

NHS Long Term Plan ambitions - by 2023/24 1.9 million people will be able to access talking therapies through IAPT

Pandemic had a significant impact on the nation's Mental Health - IAPT will play a critical role in the response

Guidance suggests approx. 40% of the workforce in a core IAPT service should be PWPs and 60% high-intensity therapists

For IAPT-LTC services a slightly stronger focus on high-intensity interventions is recommended and inclusion of some senior therapists to manage more complex problems

A number of recommendations for the PWP role were made following a HEE review:

- Promoting and marketing the role and training
- Developing access/mentoring/support routes
- Reviewing recruitment and selection criteria and processes
- Support for diverse trainees on courses
- Alternative types of training courses

There is high turnover of PWPs with a large number moving into high-intensity therapy training after a short period

The aim should be to recruit staff from a range of backgrounds to create a diverse workforce keen to continue developing

Important to have a wide range of development opportunities within the role to retain staff who want to progress

# Context : National

Thoughts here

# Context : Local (BLMK)

BLMK system aims for IAPT:

- increase access to IAPT services for 1.6m adults and older adults by the end of 2021/22
- commission and put in place IAPT-Long Term Condition services
- meet and maintain IAPT standards
- increase the capacity of the IAPT workforce
- set up service offering to support long covid clinics
- offer support to staff mental health and wellbeing hubs

To increase capacity and efficiency will need to: expand the workforce, improve workforce retention, and productivity initiatives through introduction of digital innovations or service design optimisation

High number of PWP vacancies and high turnover across the system

Recruitment challenges generally in the area due to proximity to London

Broader community and workforce in the local area heavily affected by Covid-19

IAPT workforce does not currently reflect the local community

Some system wide work underway within IAPT working across organisations including design and delivery of webinars

# Context : Local (EoE region)



Thoughts here



# Star Workshop Attendees

<b>Chair</b>	Co-ordinates the running of the session, keeps things to time, etc
<b>Facilitator</b>	Impartial & objective; facilitates the conversation using the prompt questions (more on those later!)
<b>Scribe</b>	Takes notes and captures the potential projects from the sessions
<b>Participants</b>	Those who will be engaging in the conversation



# Star Workshop Participants

Who should/could be involved?



# Prompt Questions - Supply

- Do we have oversight of the current profile of PWPs in the IAPT service across the whole system e.g: age profile, gender, WTE versus headcount, banding, turnover (what makes them leave/stay), sickness absence (compared to other disciplines)
- Are we using a workforce planning tool to determine how many we need and where, including future need for service expansion? Is this aligned to our patient and population need?
- How are we attracting and recruiting PWPs into IAPT within the BLMK system? Have we defined the USP of BLMK as a system and the IAPT service to attract PWPs and how might we best market it?
- Are we providing opportunities for individuals whose industries/roles have been negatively impacted by Covid?



# Prompt Questions - Supply

- Any thoughts here?

# Prompt Questions – Upskilling

- Are we clear on the optimal skill set and skill mix of the multi professional team (eg: the unique contribution and scope of each role)?
  - What's missing?
  - What might we need to change?
- Do we have any target groups to upskill, and how 'ready' are they?
- Have we identified those ready to upskill?
- Are the career development opportunities well defined, promoted and clearly understood? - Is there any way to broaden the existing career pathways and development opportunities we have eg lateral development, cross service movement?



# Prompt Questions – Upskilling

- Any thoughts here?

# Prompt Questions – New Roles

- Are there any other new roles being considered/piloted nationally?
- What new roles in IAPT have been developed in the past five years and what others are being implemented currently?
- Have we considered how other roles (new or otherwise) can support / complement the future team?



# Prompt Questions – New Roles

- Any thoughts here?

# Prompt Questions – New Ways of Working

- How flexible/agile is the current workforce within IAPT, ie ready and equipped to adapt to change or work across a range of settings/ organisations? What needs to happen to improve this?
- Do we have any joint arrangements in place which underpin positive partnership/system-wide working eg shared objectives, training, shadowing, buddying? If not, what are the future opportunities?
- Have we considered the impact of digital technology both on how and where the workforce will operate? What do we need to do to support the growing need to work in a digital environment?



# Prompt Questions – New Ways of Working

- Any thoughts here?





# Prompt Questions – Leadership

- Have we identified and made links with our system leaders/clinical champions - locally, regionally and nationally?
- Do we have a strategy for leadership development within IAPT/BLMK?
- How can we nurture, develop and improve the leadership skills of PWP's to support this?
- Do we have a system wide communication and engagement plan to raise awareness of the role and contribution?



# Prompt Questions - Leadership

- Any thoughts here?

# Workshop Projects

## SUPPLY:

- Establish oversight of the IAPT workforce baseline (eg age, gender, headcount, turnover) to understand the current PWP workforce across the whole BLMK system
- Review the movement of PWPs within the ICS system to identify opportunities for future recruitment, researching best practice examples (e.g. passporting) and utilising local/regional forums/networks
- Explore system wide marketing and recruitment approach, learning from best practice (locally and nationally) and utilising current digital opportunities/websites (eg ICS website)
- Establish mechanisms to collate intelligence around reasons for PWP's staying/leaving BLMK system to inform future retention strategy and minimise turnover

## UPSKILLING:

- Compare and contrast current job planning, training offered (eg: specialisms) and supervision models across each organisation to consider future approach across BLMK
- Explore the potential of maximising all levels of apprenticeships to support opportunities for new recruits and existing staff
- Scope existing and future career pathway and development opportunities for PWPs to include case studies reflecting role and progression, and review methods to promote these opportunities
- Review supervision and mentorship models (clinical and leadership) across each organisation to identify gaps/challenges and make recommendations for future approach

# Workshop Projects

## NEW ROLES:

- Establish oversight and best practice of new roles being developed within the system (eg: assistant PWP's, peer support workers, peer support mentor) and consider how these could be adopted/adapted across BLMK
- Review existing HEE Peer support worker competency framework/guidance and current training offered regionally and locally to identify similarities, gaps and make recommendations. Note: to include IAPT representative on the EoE Peer Support Worker group
- Consider system wide mentorship, supervision and governance requirements to support the introduction of new roles

## NEW WAYS OF WORKING:

- Explore the potential and USP of a cross-organisation rotational programme using examples from CNWL Trust to increase the 'reach' of potential new recruits
- Determine the evidence and learnings of flexible/remote working during Covid from a local/regional perspective (inc. NHSE/I QI lead, London weighting), aligning to the national IAPT delivery requirements and make recommendations
- Explore examples of innovation within IAPT services across the country to identify opportunities for BLMK and make recommendations

# Workshop Projects

## LEADERSHIP:

- Identify positive stories from PWPs (eg career journey, impact on clients) and service users, to create case studies for sharing to support IAPT and PWP recruitment, learning from examples such as Oxford and using existing platforms such as BLMK Work, Learn, Live
- Review current appraisal processes, leadership development opportunities and talent management schemes both internally and externally (e.g. EoE People Board, Total Wellbeing) for aspiring leaders and make recommendations for introduction within BLMK
- Identify national leaders and networks in IAPT to ascertain their influence/impact for the system and make recommendations

# Associate Workforce Transformation Leads

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**(BLMK, HWE, MSE)**

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## Thank You



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