

Guidance for the production of a Transforming Care Partnership Workforce Plan



Who is the guidance for?

This guidance has been produced to assist Transforming Care Partnerships (TCPs) develop a workforce plan that is aligned to their service model. The guidance offers ideas and suggestions about how to write a plan and make it happen.

The guidance is based on Skills for Health's six steps model and brings together elements of existing workforce planning tools and models. TCPs can use the methodology that best fits their local requirements - it is not intended that this guidance should be followed rigidly and it is recognised that alternative workforce planning methodologies are available.

Workforce offer for TCPs

The workforce support available to TCPs is set out on the Health Education England (HEE), Skills for Health and Skills for Care websites which contains resources and tools that TCPs may find helpful – some of these resources are signposted in the document.

The offer is a partnership approach between Skills for Health and Health Education England.

Skills for Health

Skills for Health are a not for profit organisation that runs the Sector Skills Council for the whole UK health sector, licensed by the government. They provide advice to raise and improve quality and productivity within the whole healthcare system and tools and workforce solutions designed to improve healthcare.

Health Education England

Health Education England (HEE) is the national organisation responsible for ensuring that the health and healthcare workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.



The following websites contain resources that may assist you.

- Skills for Health: www.skillsforhealth.org.uk/transformingcare
- Health Education England: www.hee.nhs.uk/learning-disability
- Skills for Care: www.skillsforcare.org.uk/transformingcare

Or contact IDworkforce@hee.nhs.uk for assistance.

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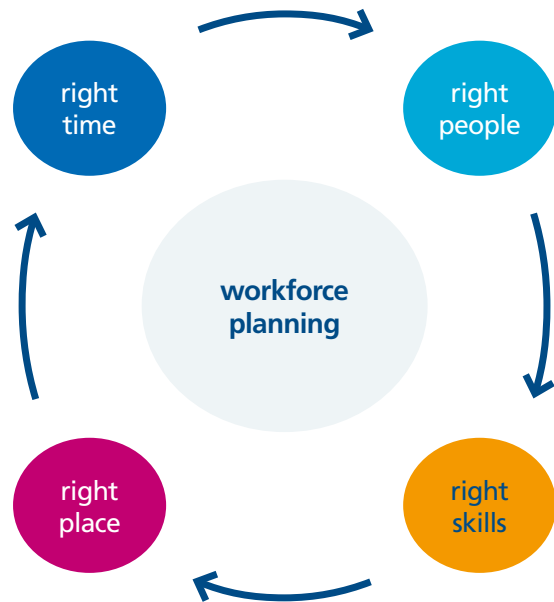
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Introduction

A. What is workforce planning?

Effective workforce planning is a strategic process which aligns workforce to support the organisation or system’s objectives. The workforce planning process should ensure that we have a workforce of the right size, with the right skills and diversity, organised in the right way and delivering the services needed to provide the best care within the allocated budget.

Workforce planning underpins the delivery of quality, personalised and safe services. It is essential for delivering a good quality service for people with learning disabilities and/or autism.



B. What is a workforce plan?

Not just ...	It is ...
predicting the future	building a longer-term context for short-term decision
counting the existing workforce i.e. professions and roles	focusing on functions that are needed and then looking at how the workforce can meet the identified need
creating plans as a one-time 'event'	creating plans in response to changing strategies, it is a continuous process and the plan should be referred to whenever change is discussed
creating reports that describe 'what was'	focusing on planning and looking ahead to 'what will be'

Workforce planning helps organisations:

- manage services better
- prepare for change
- prevent crisis and shortfalls
- make best use of staff
- plan for training needs.

Simply put, a workforce plan sets out your future workforce needs to meet your TCP model of care and the business objectives identified in your TCP plan. It needs to be: **SMART**

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**imely

C. Why have a workforce plan?

The development of a workforce plan is fundamental to delivering the TCP's model of care set out in [Delivering the Right Support](#). It is likely that many areas will need to redesign their services now, in the short term (1-2 years) and over the coming years (3-5 years) to ensure that areas are able to meet the expectations set out in Building the Right Support.

Many areas may have to transform services, close some facilities and open others simultaneously or develop new and different teams to address the needs of people to stay well and out of hospital and live in their own communities.

This guidance recognises that each local area is different, populations have different needs and providers have different strengths and weaknesses. TCPs will therefore have varying workforce plans.

Decisions about skill mix, training places and operational models all impact on whether the workforce of the future is able to manage the challenges of providing high quality, compassionate care to people with learning disabilities and/or autism. Strategic workforce planning is central to ensuring the system can meet these needs, by reconfiguring the workforce to deliver better health and social care outcomes in the future.

Workforce plans are prepared at many levels and in addition to the TCP's workforce plan there are likely to be supporting workforce plans within the organisations that contribute to the TCP. These plans need to be aligned to the TCP's plan and should be owned and informed locally. The governance arrangements put in place by the TCP should reflect this commitment.

To ensure continued delivery of high quality services to individuals, families and carers, the workforce plan should give clear indications of the workforce requirements both current (Step 4) and future (Step 3). Plans should have explicit intentions (Steps 1 and 2) e.g. if the strategic aim is integration of health and social care this should be stated to the stakeholders. It is also recognised that while some services are commissioned at a TCP level, some services may be commissioned at a wider level i.e. across several TCPs or a region e.g. forensic services. To ensure successful implementation (Step 6), the workforce plan should be reviewed in line with the TCP's financial and commissioning plans. It should have an accompanying 'action' (Step 5), 'organisational development' and 'training and development' plans.

Sustainability and Transformation Partnerships (STP) leads should support the work of each TCP in their STP area and make clear any interdependencies in their plans. Sustainability and Transformation Partnerships are wider transformation plans that consider the health and care economy in its broadest sense and will include workforce planning and transformation required across a range of specialisms in a place based plan. These specialisms will include (but are not limited to) acute care, primary care, social care, specialist children's and women's services, mental health, learning disability care etc. There are interdependencies between the TCP plan and the STP plans and the needs of people with learning disabilities and/or autism will need to be considered as part of these specialisms.

D. Why do we need to consider the workforce?

- Changes to the NHS and social care in terms of care settings, demographics and delivery methods require significantly different skills, capabilities and approaches to working.
- Workforce implications need to be accounted for at every stage of the commissioning cycle. Without due consideration, commissioners risk perpetuating workforce issues or requesting specifications that cannot be delivered, because the skills and people do not exist in the system.
- 70-80% of the workforce will still be here in five years, but required to work in significantly different settings. The impetus to lead, measure and support workforce development discussions is even greater.
- Ensuring a sufficiently skilled workforce is a shared issue, requiring system wide collaborative action in 1-5 year planning.
- The challenging financial climate requires us to plan differently to how we have in the past.

When considering the workforce it might also be useful to consider the “Five Rights”

What are the Five Rights?

- **Site:** Are staff located in organisations within the system in the most meaningful way for the service user?
- **Size:** What numbers of workforce does the system need to deliver its purpose? Does working as a system create efficiency savings/ areas of duplication? Do new ways of working require more people in other roles?
- **Skills:** Do new technologies or new ways of working require new skills and competences?
- **Shape:** Does the system have the right balance of clinical to non-clinical roles and managers to front line workers?
- **Spend:** What are the current finances and how is workforce spend likely to change in the next five years?



E. Benefits of producing a workforce plan

- Takes an objective and considered view of all of the influencing factors when commissioning services and workforce.
- Transforms the way TCPs commission and provide personalised services and builds a high quality integrated workforce.
- Helps organisations meet legal responsibilities across the NHS and social care.
- Mitigates staffing crises and shortfalls in service.
- Encourages teamwork often crossing multi-disciplinary boundaries.
- Makes best use of current staff.
- Articulates and plans for education and training needs.
- May develop new, more flexible careers.
- Improves staff engagement and staff satisfaction.
- Contributes to ensuring the safety of service users by having the right skills in place to deliver effective care.
- Provides a robust platform to support any business case.
- Demonstrates to commissioners that as a provider we have a competent and skilled workforce to deliver high quality services to the local population.
- Enables an effective response to government policy and targets.
- Maximises understanding and usage of workforce intelligence through social care's National Minimum Data Set (NMDS-SC) and the NHS Electronic Staff Record (ESR).
- Makes use of a future-proof set of processes to update your service, financial and workforce commissioning strategies as these evolve.
- Works towards keeping all service users safe.
- Builds and sustains engagement with both service providers and service users at all levels.

Strategic workforce planning

The TCPs function at a strategic level across

multiple organisations and employers, therefore a strategic approach is required to:

- organise the workforce most effectively across the system
- make best use of workforce intelligence and think strategically about long-term workforce requirements. This enables you to lead and re-align health and social care provision across your local area to see you have the right people and competences in the right place.
- unite employees from multiple organisations and professions
- ensure that the workforce strategies of partner organisations work together to promote the interests of service users and carers
- make choices about what you need to do at a system level, versus an organisational level.

Setting up a workforce planning group

The workforce planning group should have clear governance arrangements that outline who it reports to and how often (see also Section 1.3).

Strategic sign-up to the plan is fundamental. Each organisation must be in agreement with the process and there should be written sign-off – ideally by the Chief Executive of each organisation in the TCP as well as the Senior Responsible Officer for the TCP. This will help deliver the required cultural change. Further examples can be found in the 'agree internal process', 'financial scrutiny and divisional sign off', and 'service workforce plan confirm and challenge' in the [Recipe for Workforce Planning](#).

Section F (appendices) provides examples of a foreword and executive summary. Fundamental to the success of any workforce plan is the engagement of key stakeholders, including people with learning disabilities and/or autism and their family and carers. Bringing together needs and workforce data through engagement with different stakeholders is a core issue to success with the emphasis on both individuals and the overall population of people with learning disabilities and/or autism.

Realistic timescales and financial and human resources considerations however need to be clear and reflected in the workforce plan and detailed in the supporting action plan.

Examples of workforce planning group terms of reference are available here:

- [Sample Terms of Reference TCP Workforce Easy Read](#)
- [Sample Terms of Reference TCP Workforce Group](#)

1. Who should be on your workforce planning group?

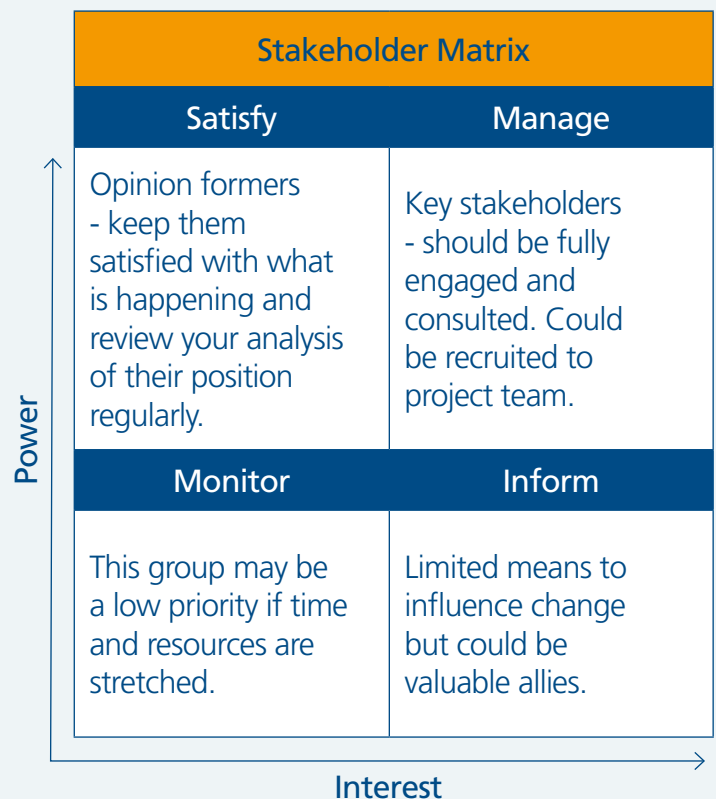
It is important that you have the right people and numbers in your workforce planning group, if it is too large it may not deliver. One way of identifying who should be in the workforce planning group is to identify all the stakeholders. Stakeholders are any group, person or organisation that can make a claim on an organisation's attention, resources or output, or that is affected by the organisation's output.

It will help you to identify who you need to work with first e.g. commissioners and colleagues who have expert knowledge in their area of work. Also engage with clinicians about possible changes as early as possible and consider wider workshops to engage on topics that feed into the group. Whilst users and carers often fall into the 'inform' category, it may be helpful to increase their influence by involving them in their groups or encouraging their involvement in focus groups or consultations.

2. Categorising your stakeholders

Once you have the list of stakeholders, you should categorise it. One way of doing this is to plot each name or group on a power/impact matrix. Considering how each person or group is affected by the project or change will determine where in the matrix they should be. In doing this you will be able to identify which stakeholders need the most involvement and those who only require to be informed about the change. This stakeholder matrix can be used to determine who needs to be in the group and who needs to be kept informed or consulted.

The more important the stakeholder is to the success of the project, the more time and resources you need to devote to maintaining their involvement and commitment.

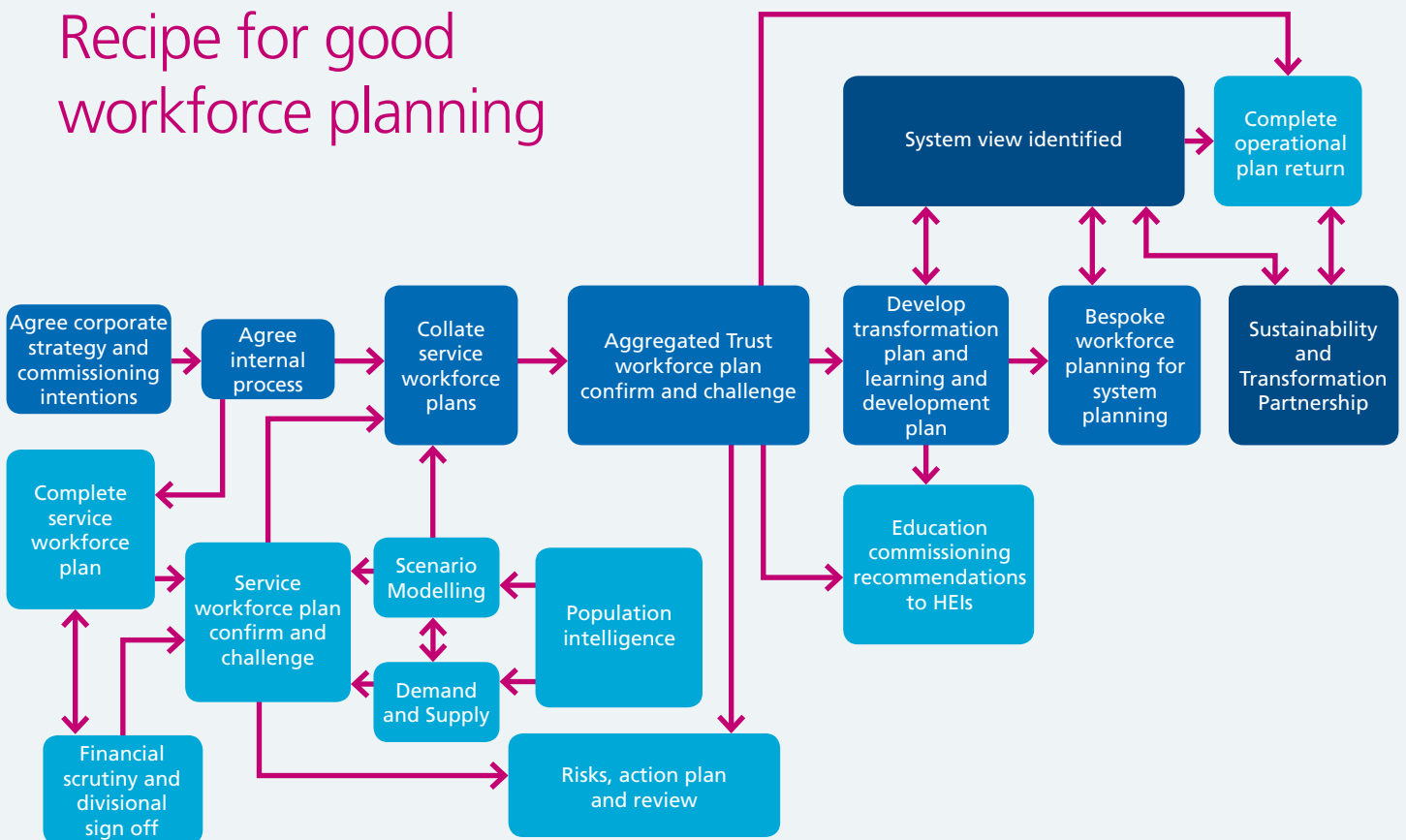


F. Different models of workforce planning

There are different models of workforce planning. Whilst this example uses the [Skills for Health Six Steps Methodology to Integrated Workforce Planning](#), other methodologies can be used including HEE's [Recipe for Workforce Planning](#).

The [Recipe for Workforce Planning](#) is an easy-to-use online tool driven by a dynamic process map; users click on each stage of the process to access resources and view the activities needed to complete that stage. The Recipe is a repository for best practice and facilitates peer support through a discussion forum.

Recipe for good workforce planning



Step one: Defining the TCP workforce plan

1.1 Overview

Step one: Defining the plan - lays the foundation for the plan by describing the context of the plan in your organisation.

Step two: Visioning the future/mapping service change - forces for change: looks at the forces which will act on your organisation that will affect your service and what you can and can't control.

Step three: Defining the required workforce - assessing demand: assesses how your changing environment will affect future demand for your services and hence future staffing needs.

Step four: Understanding workforce availability - this requires assessing workforce supply. It estimates the number and type of staff available now and in the future.

Step five: Developing an action plan - looks at the gaps between your current and future requirements and current and future supply, and how you might bridge those gaps.

Step six: Implement, monitor and refresh - looks ahead to the factors that will ensure the success of the plan and keep it on track into the future.

1.2 Step one of the six step model

The work that takes place in step one is the cornerstone for the whole workforce planning process, so it is important that time is invested to ensure a quality workforce plan is developed. As you work further through the process you will find that some of the assumptions made at step one are challenged as new information comes to light; be prepared to revisit step one as you work through the remaining steps.

At this point it is crucial to answer the questions that will help guide the whole workforce planning process. This includes understanding the reasons why a workforce plan is being developed, a realistic timescale for the realisation of key outcomes, and those stakeholders who will need to be involved.

The workforce plan sets out to describe the present workforce providing learning disability and/or autism services across organisations in your TCP. It then identifies the critical workforce issues that need to be addressed to ensure services have sufficient staff with the skills required to deliver high quality services to adults, children and young people, their families and carers. Enshrined within the process is the expectation of cultural change and a reshaping of roles and responsibilities which must stem from the needs of people who use the service. Workforce planning is only of value if it supports the delivery of care.

1.3 Questions to ask

1. **Why do I need the workforce plan and who is it intended for? Are there problems in recruiting and retaining good staff? Are there retirements, long term leave or resignations coming up? Is there a new or changed service that needs delivering? Is a workforce plan mandatory for your organisation? Will the plan be part of a larger organisational plan and if so who will deliver it?**
2. **Who needs to be involved in developing the plan? Key stakeholders, partner organisations, other departments such as HR and finance, and the staff themselves all need to play a part.**
3. **What are the aims and objectives for the plan? Is it to provide a workforce for a new project, or extend an existing one? Is it to reduce headcount, cost or whole time equivalent (WTE)? Is it to increase productivity? Is it to overcome some recruitment issues?**
4. **What is the scope and timescale of the plan? Just your department or whole organisation? Quarterly, annually, 3-yearly?**
5. **Will any other decisions affect or be affected by the plan? New legislation, emerging strategy, recruitment freezes, budgetary constraints, procurement regulations and contracting processes?**

1.4 Purpose and aims of the TCP workforce plan

Workforce planning and development is a prerequisite to enable your TCP to meet local and national demands and expectations about how and to whom learning disability and/or autism services are provided. The plan sets out to deliver the current and future workforce skilled to meet the needs, preferences and desired outcomes of your TCP's citizens, between specified dates.

In a changing environment the aims are crucial to the delivery of quality learning disability services that meet the expectations of people who use services and their carers.

Aims can include:

- maximising access to universal services. This includes offering evidence based preventative interventions to promote independence
- a workforce with the appropriate values and behaviours
- a workforce that is appropriately trained to provide a person-centred approach, reduce health inequalities and provide high quality care – this will include helping people to access mainstream services
- redesigning services around the needs of people – including personalisation of services and support for those people who require ongoing support

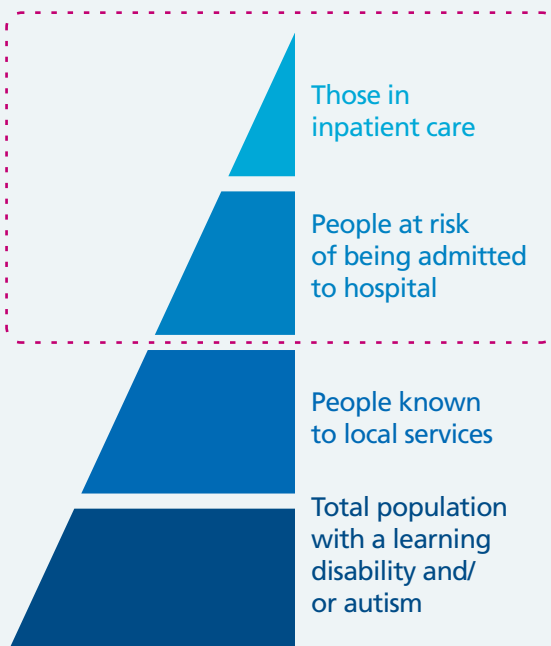
- designing roles where needed
- developing new ways of working, for example making use of assistive technology and early intervention to avert crisis, to restore people's choice and control over their situation
- providing higher quality care that is cost effective and where possible, efficiencies needed to achieve ongoing sustainability and improvement
- promoting recruitment and career pathway development to retain an excellent workforce.

1.5 Scope of your TCP Workforce Plan

The scope of the plan needs to be explicit in terms of the client it supports – does it for example cover the delivery of learning disability/autism services for adults and children and young people in transition or just adults. In terms of the model set out in Building the Right Support – see diagram below. It is for each TCP to decide what it includes in the workforce plan depending on the local context.

People for whom we need new services (Building the Right Support)

The plan should be fully inclusive of the local social care, NHS and as much as possible, the private and independent sector workforce. It should state which sectors/organisations are involved (include the organisational logos on finished plan).



Pathway redesign for:

- People with a **mental health** problem which may result in them displaying behaviours that challenge.
- People who display **self-injurious or aggressive behaviour, not related to serve mental ill-health**. Often a severe learning disability.
- People who display risky behaviours which may put themselves or others at risk (this could include fire-setting, abusive, aggressive or sexually inappropriate behaviour).
- People who display behaviours which may lead to contact with the **criminal justice system** - often those with lower support needs from disadvantaged backgrounds.

Resettlement programme for:

- People who have been in **inpatient care for a very long period of time**, having not been discharged when NHS campuses or long-stay hospitals were closed.

1.6 Ownership

Refer back to the introductory section (pages 4-9) to ensure you can answer the following questions:

- Who owns the workforce plan?
- Who needs to be influenced?
- Do stakeholders understand their part/ contribution to the delivery of the plan?
- Is everyone involved signed up to achieving the plan?

An example: The TCP workforce plan is owned by **ANYWHERE TCP** and has been developed in conjunction with the key stakeholders and reflects the TCP programme board integrated /joint commissioning approach. Every effort has been made to ensure continuity and consistency with the workforce plans of individual organisations.

The reporting /governance arrangements for the workforce planning stream are explicit e.g. the workforce planning stream reports to the TCP programme board thus ensuring it has the commitment from senior people in each constituent organisation.



Step two: Visioning the future/mapping service change

2.1 Overview

This section looks at visioning the future/mapping service change, by examining forces for change that will affect your TCP's learning disability service and are beyond the control of your organisations.

Remember this stage captures where you are now not where you want to get to – this step in particular is an art not a science so be careful you don't get bogged down in data. In Section 3 there are examples of methodologies that can be utilised to assist TCPs with looking at the future. These include political, economic, social, technological, legal and environmental (PESTLE), and developing proxies and scenarios. This step should create as robust as possible understanding of the system "as is". It also relates to High Impact Actions.

High Impact* Action Number Five states:

Identify the total financial and staffing resources across health and social care (adults and children and young people) for Transforming Care and work collaboratively across the partnership to maximise and shift resources to where they will make the biggest positive difference in delivering transformation.

High Impact Action Number Six states:

Undertake work to understand the capacity and skill mix of current and potential future health and social care providers – this is used to identify the gap between where you are now (supply) and the demands of your future workforce and links to market shaping.

* NHS England 28 November 2016 Gateway Ref. 06111

2.2 Questions to ask

1. Is there a clear service model that the workforce plan can deliver? If there is not a clear model, what are the options for delivering the workforce plan? Are there other alternatives that can be explored? Which is the preferred option and why?
2. Look at all factors including cost, time, quality, impact, fit with the overall TCP programme e.g. empowerment, engagement, and co-production.
3. Are there any changes, both internal and external, that may impact on success of the project? Consider strategic objectives and vision, staffing issues, budgetary constraints, procurement problems, legislative changes and suppliers/providers.

In this section identify the purpose and shape of any proposed service change that will impact on workforce requirements e.g.:

- Vision
- Service model
- Current baseline
- Goals and benefits
- Drivers and constraints
- Option appraisal
- Working models.

2.3 Vision

Below is an excerpt from the commissioner service model [‘Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition’](#), (Building the Right Support - October 2015 Page 11). You will need to put the national vision in context for your TCP.

“This vision and service model service requires a whole-system response which is the key to delivering high quality services and support for people. For this to be a reality, services need to demonstrate a strong commitment to a shared value base which places individuals and their quality of life at the heart of all they do. This value base should reflect the ‘golden threads’ and be evident on the basis of the capable environments within which care and support is delivered. Capable environments are characterised by: positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence, support to establish and maintain relationships and mindful and skilled family/carers and paid support and care staff.”

- Is there a clear vision for the future delivery of the TCP plan or service?
- What are the benefits of the plan or service change?
- What options are there for the delivery of this plan or service?
- Are there any changes or events that may impact on the delivery of the plan or service?
- Do you have any control over these changes?
- Have you considered the impact a successful or unsuccessful outcome of the plan may have?

A strategy map

A strategy map helps us to identify the system purpose (what we are doing for the people who use the service) and the process in how we are going to do this. It is about redesigning the workforce around service user/patient needs, starting with why we exist.

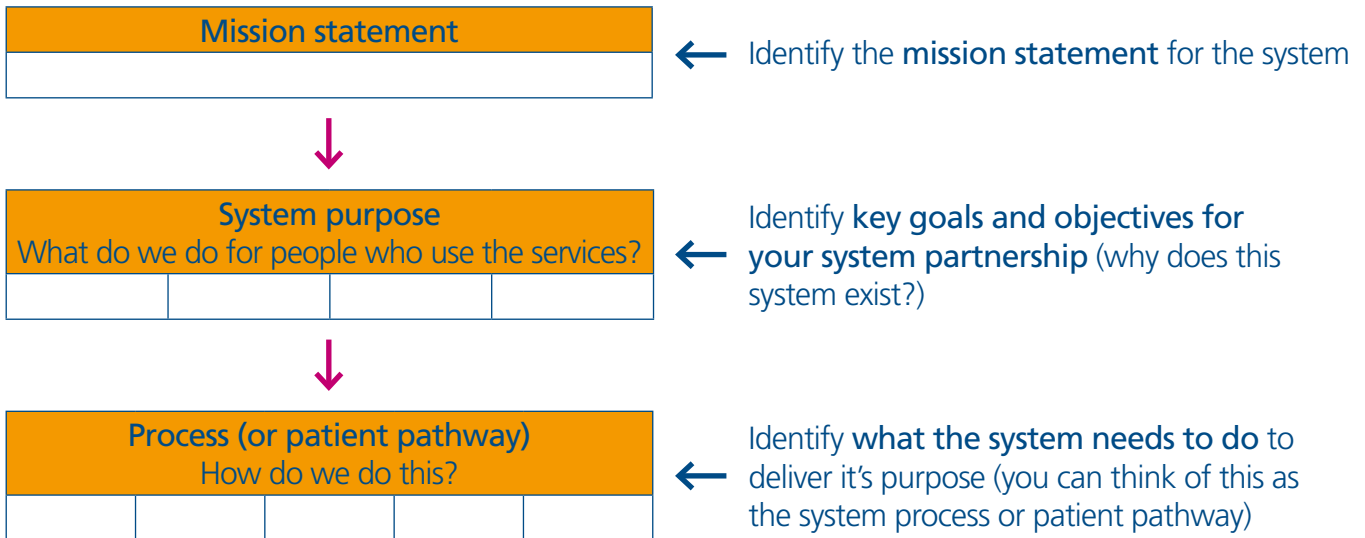
Starting from the top what do we do for the people who use our services? While we may have a sentence written for our system, try to break this down into the 4 or 5 goals and objectives we want to achieve for people who use our services in the system that we have defined. A good check here is to ask ourselves how our system will support the many aims.

When the purpose is defined, the next step is to plot the end to end process by which the purpose is achieved (for example a patient pathway).

It is important to note that in using the template on page 15 for the strategy map you do not need to fill in all the boxes, just the number that is relevant to the system you are mapping. You may also wish to complete a number of strategy maps for your system as trying to complete one for the entire system may be challenging and much easier to break this down into smaller parts.

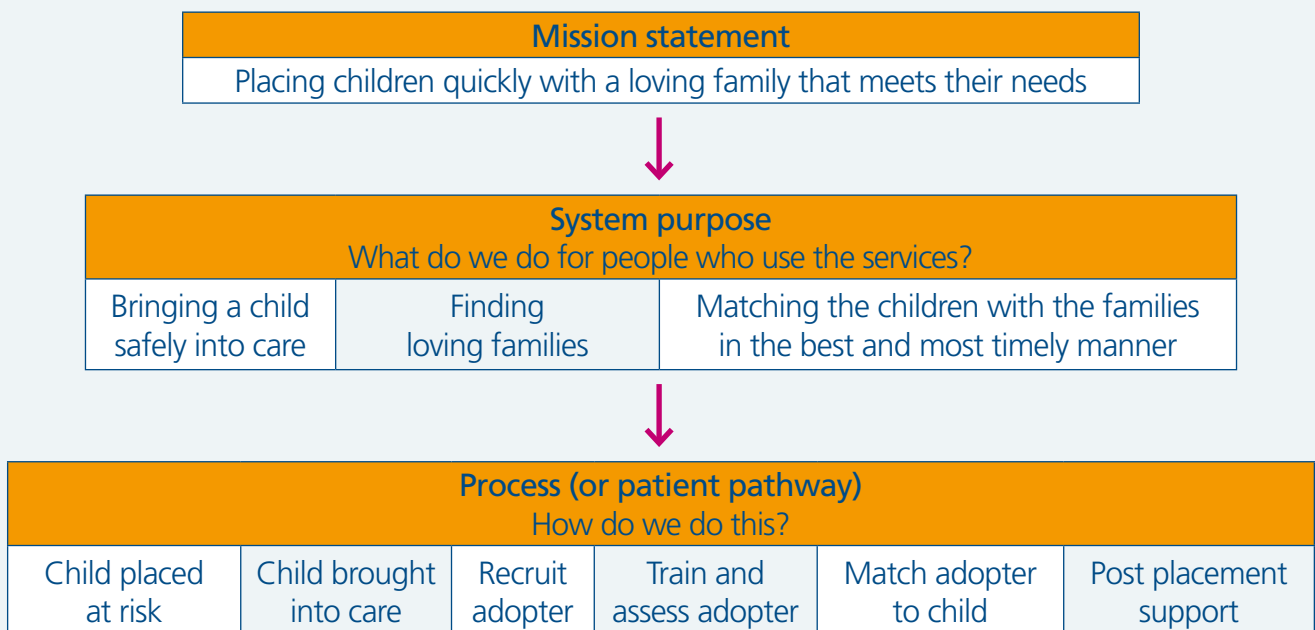
The strategy map helps us to identify the system purpose (what we are doing for the people who use the service) and the process in how we are going to do this. It is about redesigning the workforce around service user/population needs, starting with why we exist.

A strategy map



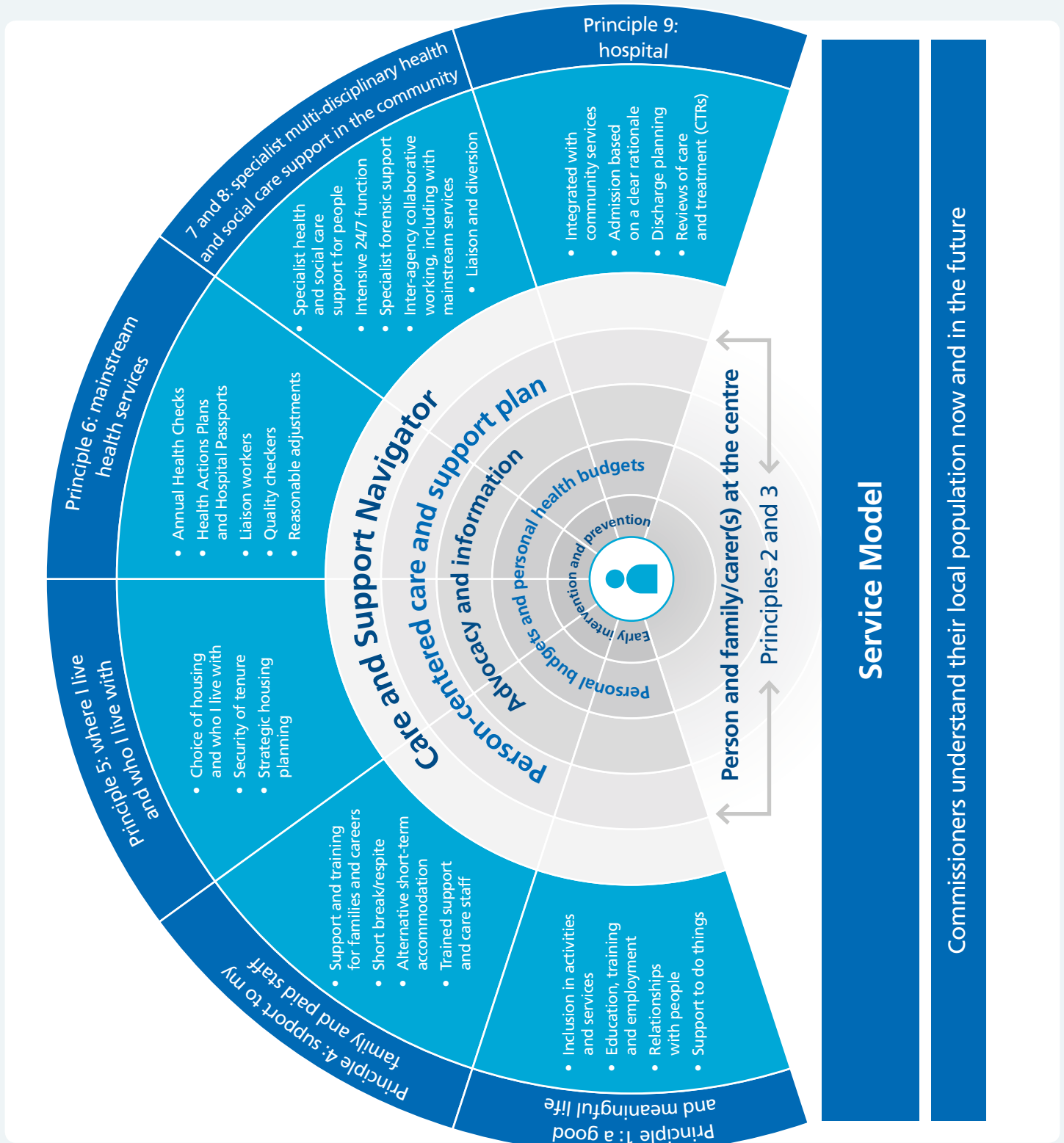
Example of a strategy map

Throughout this resource we will use an example to illustrate how the tools contained within can be applied to a practical example. The example refers to a case study of the Regional Adoption Agency.



2.4 Service model

Building the Right Support sets out a national service model. It was developed with the help of people with lived experience, clinicians, providers and commissioners and in nine principles sets out the range of support that should be in place no later than March 2019 (diagram below).



The service model in 'Building the Right Support' focuses on services and packages of care and support funded by the NHS and local government, as well as NHS/local government interfaces with other services (e.g. education), but not those services funded by other public sector agencies themselves (e.g. schools). This does not mean that other public services and organisations do not need to review and improve the way they support and provide services for people with a learning disability and/or autism. It is essential that links across all local system partners are established to ensure a joined-up and effective approach to supporting people through clearly identified care and support pathways, and to maximise opportunities for sharing knowledge, skills and support across agencies and systems. This is in line with existing NICE guidelines (see below) on challenging behaviour and learning disabilities, which recommends the need for leadership teams across health, social care and education, to develop care pathways for people including transitions between and within services.

There are also some common deficiencies in how services currently address these needs in the community, with the result that, too often, people end up in hospital (including through diversion from the criminal justice system) at great cost to themselves and their families/carers. All too often this could be avoided, there are therefore some common shifts that services will need to make.

The National Service Model is set out in [Building the Right Support](#) (October 2015)

The National Service Model states that:

- People should be supported to have a good and meaningful everyday life - through access to activities and services such as early years services, education, employment, social and sports/leisure; and support to develop and maintain good relationships.

- Care and support should be person-centred, planned, proactive and coordinated – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan.
- People should have choice and control over how their health and care needs are met – with information about care and support in formats people can understand, the expansion of personal budgets, personal health budgets and integrated personal budgets, and strong independent advocacy.
- People with a learning disability and/or autism should be supported to live in the community with support from and for their families/carers as well as paid support and care staff. Training, support and respite should be available for families/carers along with alternative short term accommodation for people to use in a time of crisis. Paid care and trained support staff, experienced in supporting people who display behaviour that challenges, should be available.
- People should have a choice about where and with whom they live – with a choice of housing including small-scale supported living, and the offer of settled accommodation.
- People should get good care and support from mainstream NHS services, using NICE guidelines and quality standards – with Annual Health Checks for all those over the age of 14, Health Action Plans, Hospital Passports where appropriate, liaison workers in universal services to help them meet the needs of patients with a learning disability and/or autism, and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism (such as quality checker schemes and use of the [Green Light Toolkit](#)).

- People with a learning disability and/or autism should be able to access specialist health and social care support in the community – via integrated specialist multi-disciplinary health and social care teams, with that support available on an intensive 24/7 basis when necessary.
- When necessary, people should be able to get support to stay out of trouble – with reasonable adjustments made to universal services aimed at reducing or preventing anti-social or ‘offending’ behaviour, liaison and diversion schemes in the criminal justice system, and a community forensic health and care function to support people who may pose a risk to others in the community.
- When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a hospital setting, staying no longer than they need to, with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.



2.5 Goals and benefits

The TCP will need to think about how to assess the effectiveness of the workforce plan. Examples of how to do this include workshops or advocacy groups (coproduction). TCPs may also wish to refer to local reports/reviews, peer audits and recommendations to establish goals and associated benefits to people with learning disabilities, carers and their families.

People using services will encounter staff who will:

- have a greater understanding of learning disabilities
- enhance the quality of their lives and those of their carers
- promote and enable their independence
- improve their health and wellbeing
- give people a greater say in the decisions that affect their lives
- give people a greater choice of, access to, and control over, the services they need to support them to live the lives they want
- ensure that they can live safe and fulfilling lives as citizens realising their full potential in their local communities.

These benefits will be delivered if there are staff:

- in the right numbers
- with the right skills
- in the right place
- at the right time
- well supported
- well led
- reflect local population
- responsive to needs of service users.



2.6 Current baseline – current need/demand for learning disability services

National data

National data is available concerning the population/people with learning disabilities and/or autism from a number of sources. Whilst it is the people with moderate to severe learning disabilities that are most likely to need health and social care services, it is equally important that access to universal services and reasonable adjustments are made for all people with learning disabilities and/or autism.

ANYWHERE TCP data

When defining the future workforce for the system it is also important to look at the demographic information which will have an impact on your system. Using the population centric model (refer to section on the development of a proxy) can help you to do this, along with the health profiles which are available through [Public Health England](#).

Sources of data include:

- Joint strategic needs assessment
- Learning disability registers
- Data relating to the number of young adults coming through transition

This is an illustration of how to use the data available:

- X number of people were recorded on a learning disability register across [insert TCP name].
- How does this compare nationally?
- In addition X people aged 18 – 64 in Anywhere TCP were estimated to have a learning disability and display challenging behaviour. This figure is predicted to be similar/ decrease/ increase in future years.
- X people aged 18 – 64 were estimated to have Down's syndrome, remaining similar in future.
- X people aged 45 and over are predicted to have Down's syndrome and dementia in Anywhere TCP with numbers staying the same in future years.
- X people aged 18 – 64 were estimated to have autistic spectrum conditions. This number is predicted to remain similar in future years.

Drivers for change

The Government's agenda (refer to national and local policies and legislation in this section as appropriate) is to achieve a future where people with learning disabilities are more independent, have greater control and choice and are treated as equal citizens - in short lead better lives. This requires a radical change in the way in which services are commissioned and provided. The choice and independence agenda directly impacts on services provided by the NHS, social care and the private, independent and voluntary (PIV) sector. There will be associated changes in the workforce.

2.7 Constraints

Some ideas/thoughts

- The economic context and tight financial climate within which local teams work needs to be taken into account. There will be a need for service re-design, integrated commissioning and further joint working with health to meet the personalisation and transformation agendas.
- Personalisation of budgets across health and social care is recognised as having a potentially significant impact on service provision. In effect, individuals can choose to spend their budget with a provider of their choice and this may be outside of the existing system.

Workforce

The increase in the number of people with a personal budget, direct payment or personal health budget enables people to plan and arrange the support that meets their needs. It also reflects a shift in focus from the public sector providing services, to a situation where people employ their own staff e.g. personal assistants (PAs). Thus the workforce who work in assessment and care management services assume a more proactive and enabling role e.g. brokerage, information and service advocacy.

The workforce plan needs to take into account:

- the personalisation agenda/growth of personal assistants (PAs) associated with the growth in direct payments and personal health budgets. There is a mandate from Government to ensure that between 50,000 and 100,000 people can benefit from a personal health budget by 2021. This may include the introduction of personal budgets at scale across education, health and social care
- the need to provide more responsive mainstream services
- the role of the learning disability health facilitators and others to signpost people to services
- developing care pathways and addressing the inequalities faced by people with a learning disability in primary and acute care (non-specialised services) e.g. increasing the number of annual health checks and health action plans
- the development of integrated learning disability teams
- the development of intensive support teams.



Step three: Defining the required workforce

3.1 Overview

This step involves identifying the workforce needed to deliver the reconfigured services, the skills needed by the workforce and the types and numbers of staff required. Consideration will need to be given to the types of staff who can best carry out particular activities - this may lead to consideration of new roles and ways of working. The types and numbers of people needed to achieve planned service activities can be described as 'workforce demand'.

To do this the TCP will need to understand and address the changing environment that will affect future demand for learning disability services and hence future staffing needs. The TCP needs to understand the changes required in the local area based on both the local TCP model of care and the national model set out in Building the Right Support and refer to:

High Impact Action seven - Develop high quality 24/7 multidisciplinary health and social care support in the community for the individual, their family and paid carers.

3.2 Questions to ask

1. What are the key tasks required to undertake the project?
2. Can the tasks be broken down into manageable chunks of work with clear milestones and outputs? What are the dependencies on each of the tasks and how will these be managed?
3. What skills and competences will I need in the team to deliver these tasks? For each task, what kind of competence and at what level will be required? Is it knowledge or experience that is more important?

4. What is the likely level of demand for the skills and competences? Will the demand for a specific skill set change throughout the project life cycle? Does the plan require specific skills, experience and competence at different times in the project life cycle and then they will be redundant? What is the most efficient and effective use of the workforce available?

Planning workforce demand needs to be done as an integral part of the wider service and financial planning process. Workforce demand will be driven by the planned delivery of services but workforce is also a limited resource, like finance, which may constrain the services that can be delivered. Thus, whilst you work out the workforce demand from the new service model, you must also take into account your existing workforce and the challenges of changing its deployment and skills. On the other hand, if you give too much emphasis to the skills and deployment of the current workforce, there is a danger that you give insufficient imagination to new ways of working and to new methods of service delivery.

The sections in this step take you through an analysis of workforce demand:

- Activity analysis - What are the key tasks within the new service delivery model?
- Types/numbers- Can the required numbers of different staff with the required competences be modelled?
- Productivity - Can new ways of working be considered and can the costs of different blends of skill mix be measured?

Refer to page 19-23 of [Six Steps Methodology to Integrated Workforce Planning by Skills for Health](#)

It is imperative that the true demand for the learning disabilities workforce is understood in light of the changes that are taking place in TCPs, which include the model and location of care.

Changes may include:

- reduction of inpatient placements or in some regions an increase in patient beds (see local TCP figures/trajectories)
- numbers of people who need to be repatriated to the local area
- emphasis on the personalisation agenda/growth of PAs
- development of intensive support teams/ forensic services
- the need to provide more responsive mainstream services
- the role of the learning disabilities health facilitator posts is important in signposting
- development of care pathways
- addressing the inequalities faced by people with learning disabilities in primary and acute care (non-specialised services)
- development of community learning disability teams that will increasingly be provided on an integrated basis with the local authority.

The workforce required for the future may look very different to the present workforce. There are tools and resources available to assist with this section listed in the weblinks on page 2.

To ensure that people don't recruit to the same roles, TCPs will need to approach planning for the future workforce differently.

3.3 Future workforce

Techniques to assess the future workforce include the use of scenario modelling/planning and using pen pictures or proxies of people with a learning disability are used to avoid the risk of basing future provision on the services that are in place at present.

A brief description of the use of scenario modelling and pen pictures/proxies is given below. More information can be found on the HEE website –

<https://recipeforworkforceplanning.hee.nhs.uk/The-Recipe>

3.4 Use of scenarios

Using scenario planning to look at future services is also helpful in assisting people to look at the future and not the present services and workforce. Scenario planning is an extremely critical part of system workforce planning as it enables us to plan for various scenarios and manage the implications accordingly.

3.5 Why use scenarios

In order to understand the workforce we need in the future (and start planning for it now) it is important to have an understanding of what is happening within the system now. The best way to do this is to monitor and analyse trends and horizon scan the current environment.

Some of the factors that will cause the workforce to change can be predicted fairly accurately using historical workforce data. For example:

- Turnover levels
- Retirement levels
- Recruitment levels

However there are many other factors that are likely to impact your workforce and are much more difficult to predict. This is where scenario modelling comes in.

3.6 What is scenario modelling?

Scenario modelling is a structured way for organisations to think about the future. It ensures a focus on the future so that thinking does not become hindered by present structures, roles and barriers.

A group of people, across the whole system, should look to develop some scenarios (stories or “what ifs”) about how the future might unfold and how this might affect an issue that confronts them. Tools like PESTLE (page 25) provide a framework to help you identify the external forces that will affect a specific situation i.e. the system. Once these scenarios have been identified we should then gauge their potential impact on the system. Two or three scenarios should then be selected that will have the largest impact, so that they can be analysed in more detail and identify exactly the implication of these trends on the systems workforce.

Scenario modelling:

- Provides a framework to consider what the future will bring
- Encourages you to broaden your vision and think of alternative futures
- Identifies new risks and challenges – helping you to prepare for the unexpected
- Uses a combination of fact, judgment and intuition
- Helps you horizon scan and think about the future trends, e.g. Genomics and its impact on the system.

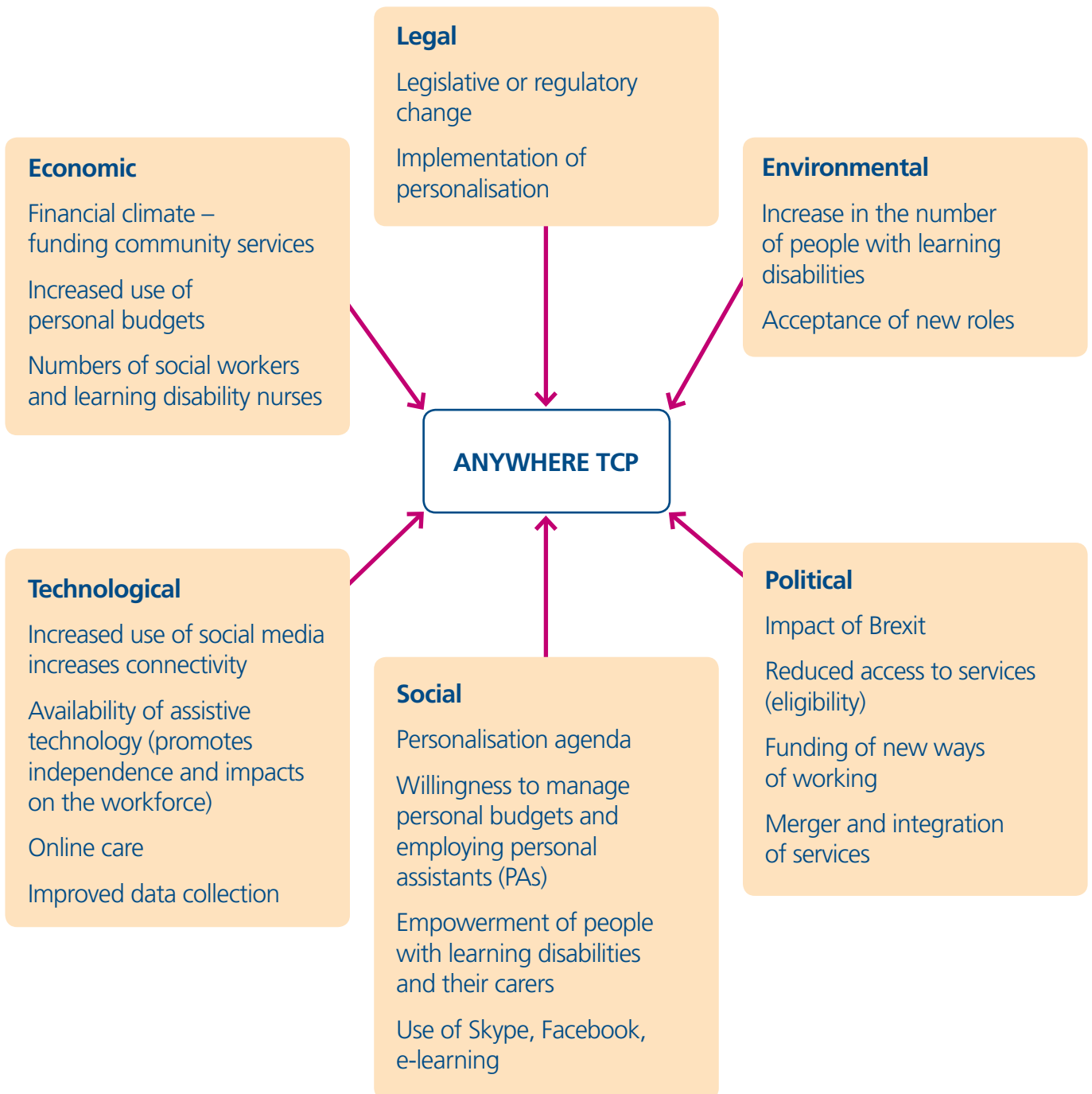
How to scenario model

1. Identify the future trends and challenges that will impact your system (tools like PESTLE help you to consider the different forces that might impact your system).
2. Select 2 or 3 trends that will have the biggest impact on the system (or best/worst case scenario).
3. Identify the workforce implications of trends that will have the most significant impact on your system (using the “Five Rights”).



3.7 Political, Environmental, Social, Technological, Legal, Economic (PESTLE) assessment of external forces

A PESTLE Analysis showing examples of change impacting on learning disability and/or autism services in a TCP. This is normally undertaken in a workshop.



3.8 Demographic information

When defining the future workforce for the system it is also important to look at the demographic information which will have an impact on your system. Using the population centric model to develop proxies (below) can help you to do this, along with the health profiles which are available through Public Health England.

3.9 Development of a proxy/pen picture

One technique you can use to help identify the outputs and the services that you will need to develop is the use of pen pictures / proxies or scenario planning. Below is an example pen picture or a “proxy” that represents a person called Tom. You may need to develop a number of proxies to represent a number of different service user groups. A range of proxies will also help you to think about the range of different people you serve and the types of support they will need throughout their life. This helps you ensure that the approach remains person centred with people who use services at the heart of transformation. However this should be enhanced by local intelligence to reflect the overall population of this client group. This approach helps to match the service provision and workforce to identified need.

Using these proxies across systems can really help to focus on the support that individuals need rather than thinking about the services that we are familiar with. Thus shifting the focus away from one professional group or provider and instead thinking about what the needs of the individuals are.

You would use these proxies to then map the types of support to be delivered and from here you can start to look at the workforce and skills required to deliver these services. It moves away from conventional roles and focuses on skills and knowledge.

Once you have generated the proxies for your locality you can use them to help you to identify what other information you need to help you to shape a service and where this information is going to come from.

This could take a number of forms:

- What you have now
- How effective is this
- What is missing.

This questioning and analytical approach can start to help you create a rich picture of the future and help to highlight the gaps in current provision – both in the service delivery and the workforce skills and knowledge.

When completed this section will examine what the workforce for the future will look like in terms of roles, skills and numbers.

Defining the population and strategic environment - intelligence-led care

- What intelligence and where from?
- Who owns the intelligence locally?
- How can you build that deep understanding?
- How can you create a rich picture?



TOM



3.10 Activity analysis

Building a picture of what activities are required usually involves some form of activity analysis. This normally involves a combination of direct evidence gathering and judgement from experienced practitioners. Information on required skills and what needs to be done to achieve clinical standards can be drawn from research evidence, but in most cases this will depend on a degree of professional judgement by experienced practitioners.

This information is available on the Skills for Health website (www.skillsforhealth.org.uk).

- Building on the Strategy Map identified in Step one (page 15), the next layer to this is the Activity Analysis. This breaks down specific activities that happen for each step in the process. Within healthcare, this closely resembles creating activity analysis along patient pathway.
- Once the activities have been identified we then consider the competences required to deliver each of the activities and the roles which could undertake these competences. This may include identifying current roles within the system but also identifying new roles or new ways of working.
- The bottom row indicates the individual organisation(s) within the system that is responsible for each activity. They are likely to be the organisation that employs the roles responsible for carrying out that activity.

Strategy map					
Mission statement					
Placing children quickly with a loving family that meets their needs.					
System purpose - what do we do for people who use the services					
Bring a child safely into care		Finding loving families		Matching the children with the families in the best and timely manner	
Process (or patient pathway) - How do we do this?					
Child placed at risk	Child brought into care	Recruit adopter	Train and assess adopter	Match adopter to child	Post placement support
Activities					
<ul style="list-style-type: none"> • Child put on child protection register • Visits by social workers to child's home 	<ul style="list-style-type: none"> • Recommendation by social worker • Care order granted by court or voluntary from parent • Child placed with foster parents 	<ul style="list-style-type: none"> • Marketing • Exploration • Registration • Home visit 	<ul style="list-style-type: none"> • Stage 1 references and checks • Stage 2 training and approval • Visit from LA to assess adopters • Approval Panel 	<ul style="list-style-type: none"> • Parent's days • Adoption Register/Link • Connecting with other adopters • Court Protection Order • Adoption Order 	<ul style="list-style-type: none"> • Ongoing care and support • Specialist therapeutic services
Competences					
Deep knowledge of the fostering and adoption services	Process improvement and implementation	Digital skills and Coordination skills	Experience of working in adoption sector	Experience and knowledge of adoption process	Clinical setting experience Psycho-dynamic counselling
Roles					
Social Worker	Social Worker Admin Support Business Support	Social Worker Business Support HR Manager	Social worker	Social Worker Manager Admin Support	Therapists
Host organisation/agency					
LA 1-3	LA 1-2	VAA	VAA	VAA	VAA and LA 1-3

Step four: Understanding workforce availability

4.1 Overview

This section sets out to understand the current workforce availability by **assessing supply** - estimating the number and type of staff available now and in the future. In step five the TCP will be able to compare supply with demand and establish any gaps.

The TCP should examine the current workforce by describing their existing services and workforce e.g. NHS services, private, independent and voluntary sector, community learning disability teams.

By identifying the current workforce in the system a 'common language' is created for describing the types and work levels of roles that make up the system workforce. Across TCPs there will be similar roles employed by different organisations with different remuneration and terms and conditions. Understanding what your workforce needs to look like in the future, raises the question of what you have available now. It's important to have a thorough understanding of the staff, roles, and skills currently available to you.

The TCP is undertaking system wide workforce planning which uses evidence to objectively assess the roles, number of employees and shared competencies required for a system to meet the current and future needs of people who use our services.

System working is the driver of transformation across health and social care.

Service user needs, financial sustainability and policy drivers demand it. In particular:

- The requirements for health and social care integration by 2020
- CCGs increasingly collaborating to commission over a larger footprint

- The [NHS Five Year Forward View](#) lays out a framework for new models of care which promote horizontal, vertical or virtual integration and incorporates the triple aims (improved health and wellbeing, transformed quality of care delivery, and sustainable finances)
- [Sustainability and Transformation Partnerships](#) (STPs) requiring every health and care system to come together to create their own ambitious local blueprint.

4.2 Workforce data

The data provides the 'what is'. The TCP's vision needs to reflect future requirements and therefore the focus should not be on existing professions and roles but the functions required to meet needs. Looking at the strategic workforce goals of the TCP plan enables all of the options to supply the required workforce to be considered. These are some examples of strategic goals – the detail of how these are delivered is contained in the action plan.

4.3 Strategic goals

1. Support personalisation, promote choice and independence
 - develop the skills of the NHS and social care workforce to ensure staff are appropriately trained to promote personalisation
 - increase the capacity of the workforce to identify opportunities to use assistive technology and daily living equipment
 - increase the supply of PAs
2. Reduce avoidable hospital admissions
 - introduce an intensive support service.

These goals will be implemented via a detailed action plan.

Key questions:

3. What do you know about your current workforce in terms of their age profile, retention rates and work patterns?
4. What do you know about the skills your workforce are currently using and the skills that they have but are not currently using?
5. How do we describe the types of roles in the workforce across the system?
6. What does the workforce in the system look like now? (supply)

Remember as you work through this step you may need to revisit previous steps as new information becomes available and assumptions made need to be amended.

4.4 Hints and tips for collecting current workforce data

- Gathering good data is a common challenge across all organisations and it is important to be aware that it's not just one organisation that faces the challenge with collecting and storing data; it is common across private and public sector bodies.
- The TCP incorporates more than one organisation and you will need to gather data from different systems. This can take longer, requires more effort and leads to inconsistent datasets that require alignment.
- Start by checking if data has already been collected by the organisations in their annual workforce planning process, or recent submissions to NHS Improvement, HEE, NHS England, social care (please refer to your regional workforce specialist).
- Check at the start if headcount or full time equivalent (FTE) is most relevant (and available). FTE is more relevant when there is a cost issue; headcount is more relevant when there is a need to apply HR policies.
- When this data is collected a rule can then be applied to map these roles to role families as described later in this step.

The TCP should consider both the paid and the unpaid workforce.

4.5 Paid workforce

HEE has commissioned data from Skills for Care to help the TCP identify the paid workforce – contact your regional workforce specialist for more information.

The social care data (local authority and the private, independent and voluntary) is compiled using data from National Minimum Data Sets (NMDS). HEE has commissioned this from Skills for Care and it is available for each TCP - contact your HEE regional workforce specialist if you have any queries.

The local HEE office can assist with this. Examples of posts include learning disability nurses, health facilitators, allied health professionals, community learning disability teams.

4.6 Unpaid workforce

You can help to understand the current position of the unpaid workforce by talking to families, self-advocacy groups, experts by experience etc. Data may be available from the local authority about the number of personal assistants employed presently by people with a learning disability or autism who are in receipt of Direct Payments (DPs) or Personal Health Budgets (PHBs) Often the engagement groups can provide information.

4.7 Describing the workforce

Describing the workforce isn't an exact science but provides a baseline picture e.g. it may be difficult to get an accurate number of the personal assistants that are employed because they are often funded via DPs and PHBs from local authorities.

The first thing in this step is to collect the current workforce data across the system. This will be recorded in many different ways and it is important that once all of this information has been gathered that we try to develop a common understanding across the system of how this information is presented. This is where the concept of role families comes in which is described later within this step.

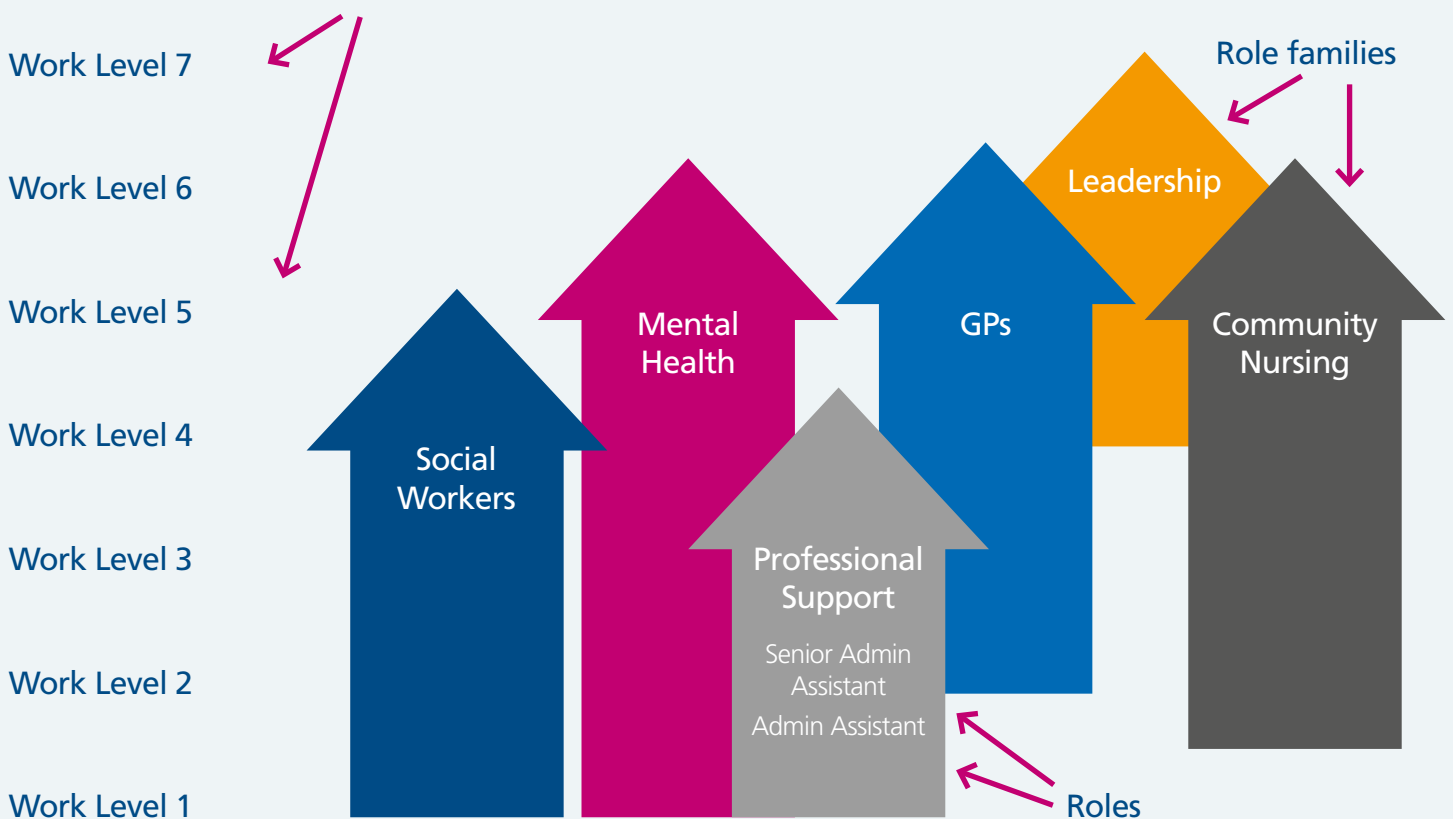
Detail regarding workforce availability (supply) can be put in an appendix – see Appendix 4 as an example. The summary in the body of the workforce plan should describe the current workforce - As at X date social care and health services in Anywhere TCP are recorded as employing X members of staff, of which X% are in specialist health services, X% are in local authority specialist services and X%* are in private or voluntary sector social care provision. It is useful to identify known trends e.g. changes in organisations, increasing numbers of staff employed directly as personal assistants etc.

So system wide workforce planning is more than just the numbers! It is a key enabler of the transformation required across the system.

4.8 Describing roles of the workforce across the TCP

Most organisations, and certainly most TCPs have a lot of job titles. To effectively undertake workforce planning, you need a common language to talk about the roles and levels of work within the system. Using a “job families” approach simplifies workforce planning by grouping individual employees into clusters of jobs. A role family describes a number of different roles which are engaged in similar work. It also considers how many levels of that type of work there are and describes them in a way which clearly differentiates the levels.

Work Levels: *The levels are used to describe the increasing size (knowledge, accountability & complexity), level 1 being the lowest, of the role required in the system.*



4.9 Work levels

When determining the work level this can be done in a number of ways which is most relevant for the system. For example numbering the work levels 1-7 could be used which is based on qualifications and experience or we could look to classify this in terms of practitioner, specialist, generalist, or even against competences.

The system will need to agree and determine which classification system works best for them. It is important to do this with all stakeholders together, so that everyone is aligned on the understanding of the roles and the level they are being classified against.

Job level	Roles/role families				
Organisation 1					
Work Level 4					
Work Level 3					
Work Level 2					
Work Level 1					
Organisation 2					
Work Level 4					
Work Level 3					
Work Level 2					
Work Level 1					

This approach helps the TCP determine what roles (not professions) are required and how many are needed.

The integration of the NHS and social care workforce will involve a significant change for the workforce and the types of staff required.

[Generic role templates](#) will also help TCPs develop new roles and identify gaps and learning needs.

4.10 Workforce modelling

Once the activity analysis has been completed, this gives us a good framework to start to map out the workforce associated with each of the activities. We can then start to determine the length of time it will take that role to complete the activity. This will enable us to determine more accurately the required workforce in FTEs to deliver the system process which has been identified.

Information on how long tasks take and how they relate to other activities is generally collected through observation, diaries and other similar approaches.

A tool which could be used to calculate the required workforce in the system is the responsible, accountable, consulted, informed (RACI) model.

RACI

[The RACI model is a straightforward tool](#) used for identifying roles and responsibilities and the time taken to undertake each activity. The acronym RACI stands for:

- **Responsible:** The person who does the work to achieve the task. They have responsibility for getting the work done or decision made. As a rule this is one person.
- **Accountable:** The person who is accountable for the completion of the task. This must be one person and is often the project executive or project sponsor.
- **Consulted:** The people who provide information for the project and with whom there is two way communication. This is usually several people.
- **Informed:** The people kept informed of progress and with whom there is one way communication. These are people that are affected by the outcome of the tasks, so need to be kept up-to-date.

4.11 Step four check list

Before moving to step five, it is important to have the following information in place.

Current workforce

What are the characteristics of the current workforce?

Has this been described in terms of numbers of certain types of staff, skills or service unit?

Workforce forecasting

What turnover/attrition is expected and what numbers are in the commissioning pipeline?

What influences on supply are there even with no service change (e.g. fewer nurses and allied health professionals)?

What is the local labour market?

What is the anticipated competition for skills?

Options

What models for retention can be developed to increase supply e.g. redeployment, retaining, recruitment?

Have options been analysed and costed to increase workforce availability?

Have the options for working differently been analysed and costed?

Next step

Now you have looked at workforce availability/workforce supply, you may need to revisit the realism or achievability of your proposed new service model.

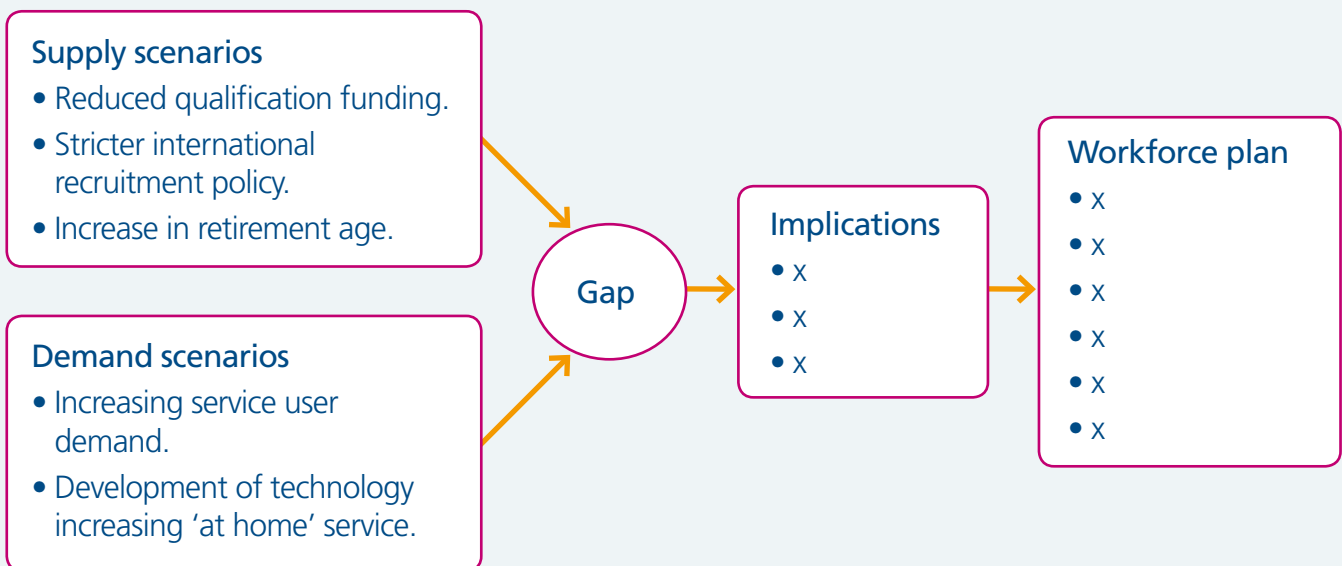
Step five: Developing an action plan

5.1 Overview

This section will address the gaps between the current and future workforce requirements, the current and future workforce supply, and how organisations might bridge those gaps. This step helps to determine the most effective way of ensuring the availability of staff to deliver redesigned services, even if this means some further service redesign. A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales. You should also include in your plan an assessment of anticipated problems and how you will build a momentum for change, including clinical engagement.

5.2 Gap analysis

The TCP should now have a picture of what workforce is required for the future and what workforce is likely to be available. By comparing these forecasts you can get a picture of where gaps between supply and demand are likely to occur over the period the system is planning for. Gaps can occur in the overall numbers of staff available but also in the skills they have. The template below can be used to identify the gaps within the workforce and the implications this may have on the system.



- What key changes are needed to the current workforce?
- How well do the current skills, roles and numbers match the expected service need?

One set of options is around challenging the way care is delivered at present and questioning whether this is still appropriate. This is where workforce planning and service planning are tightly aligned. Increasing the productivity of the existing workforce can reduce demand for new and additional staff. This can be done by re-engineering the care processes or by creating new roles and adapting the skill mix. It can also be achieved by deploying the staff more effectively.

5.3 Priority planning

What are the most significant areas for change?

5.4 Action planning

So, system wide workforce planning is more than just the numbers! It is a key enabler of the transformation required across the system – an E Learning resource is available to help TCPs with this. Please click on the link [Introduction to Workforce Planning](#) and refer to page 27.

Action planning checklist

- Have you drawn up an action plan of your best options (this includes education and other strategies)?
- What needs to happen to ensure the plan is implemented?
- What do we need to commit to doing at a system level in Anywhere TCP ?
- What do individual organisations need to commit to e.g. recruitment, in/out sourcing, development, new ways of working?

- How will you measure your progress against the plan's goals e.g. those agreed in step one and two?
- What contingency plans or actions may be needed if the plan does not stay on course or goals are not being met?
- Who, how and when will the plan be reviewed?
- How do education and other strategies support the main plan?

5.5 Managing the change

- How do you build options into a plan and how do you build momentum for change?
- How are you going to manage the change e.g. timescales, responsibilities, champions?

All organisations need to change over time. Organisational change may be necessary for a number of reasons and the way that change is managed will impact on the way the change is received by the people involved. When planning the workforce to meet future service needs it is important that the impact of any changes to traditional roles and ways of working are understood by the system and the current workforce. As part of the change management process it is important that staff recognise the reason for the change and the benefits that change will bring. They will need to understand how any changes will impact on them personally and how it will improve patient care.

Table 6: tools to support steps five and six

Tools	Description	Analysis
Gap analysis	Comparison and analysis of current and future workforce profiles (steps three and four).	The process of changing from the current profile to the new one requires a strategic approach and full engagement of all involved. Key issues: <ul style="list-style-type: none"> • Training and education implications – time and availability. • Managing any reconfiguration of staff. • Time to achieve new profile.
Bridging the gap	Demand modelling may have produced several options for future workforce profiles.	Options for how to achieve new profile need to be explicit: <ul style="list-style-type: none"> • New ways of working. • New or redesigned roles. • Infrastructure to support new roles. • Competency based team working.
Reality check (Bosna & Bond, 2002)	Solutions must be viable so proposals need to be checked that they are robust and will stand interrogation – the five ‘R’s.	Relevance – how relevant? Risks – how will they be managed? Resources – what’s needed? Results – impact and metrics? Responsibility – who is sponsor?

- How many of what type of workers will you need and when?
- How will you know what types of workers are needed?
- How will you secure these workers, where from and how?
- How will you know what skills and knowledge the workers will need?
- How will this be different from what you already have?

Remember this may include opportunities for new roles/new ways of working and increasingly making use of the increased opportunities that apprenticeships provide.

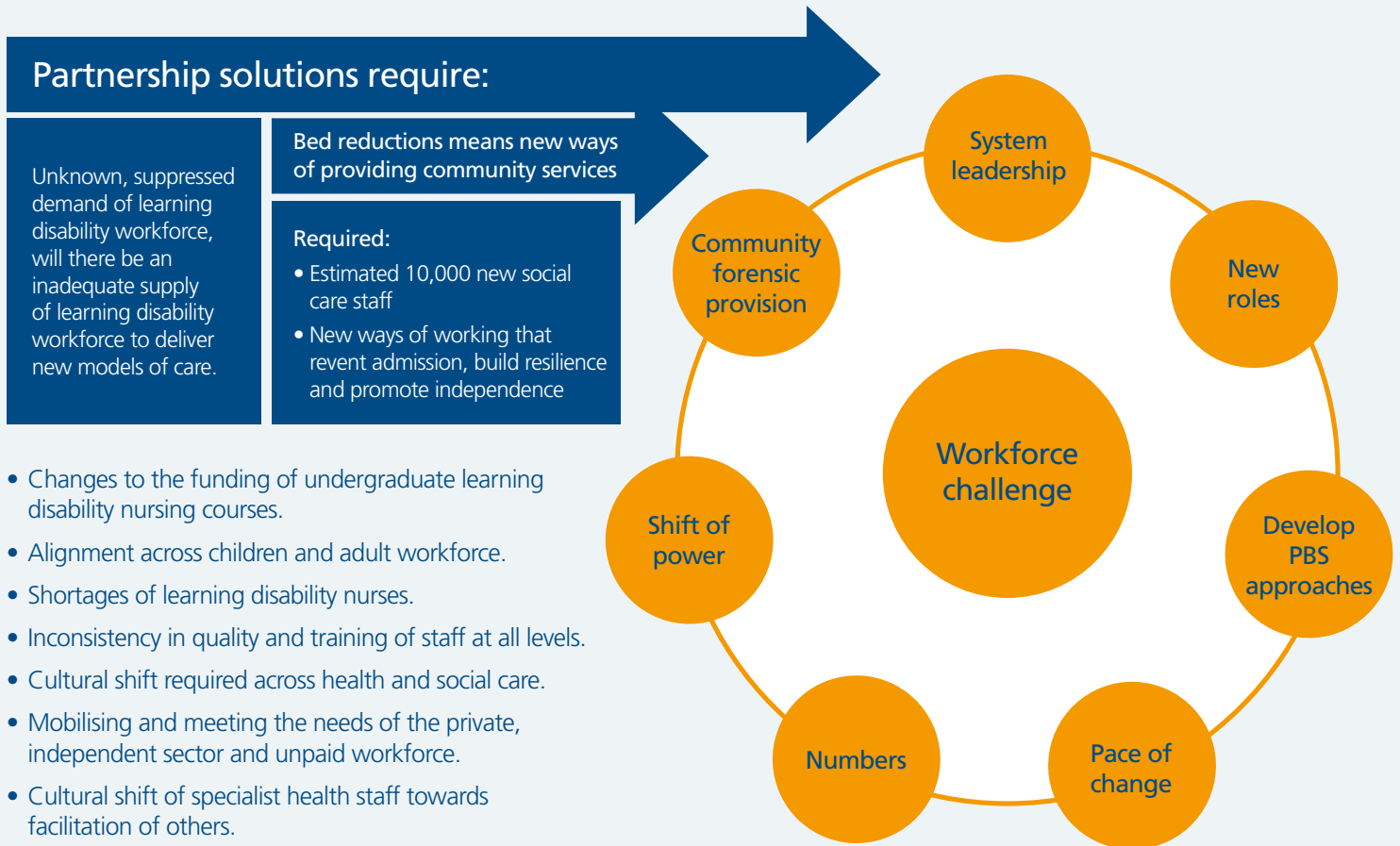
Apprenticeships

One alternative route to securing the workforce for the future is apprenticeships. If used to its full potential, this can work as a source of highly skilled labour. With the [apprenticeship levy](#) introduced in April 2017, the Government is hoping to make apprenticeships a more attractive option for young people, increasing both their quality and quantity. Employers with a pay bill of more than £3 million a year will have an incentive to take on a large number of apprentices to make best use of the 0.5 per cent of the pay bill that they will be allocating to a training fund. Furthermore, public-sector employers will be given targets for the number of apprentices they need to appoint – the preliminary, and somewhat arbitrary suggestion is that at least 2.3 per cent of the workforce of public-sector workplaces with more than 250 employees should be apprentices.

5.6 Management of risks and issues

TCPs may also wish to consider the management of risks:

Workforce risks and challenges



A useful template for capturing risks and issues is:

Risks and issues

Risk description	Category	Likelihood	Impact	RAG rating	Impact date	Mitigating action	Risk owner

Step six: Implementation, monitoring and refreshing

6.1 Overview

This section will look ahead to the factors that will ensure the success of the workforce plan and keep it on track into the future. It should contain an action plan that delivers the workforce plan and service model within the funds available and to an agreed timescale. There is also an organisational development/training plan that supports the workforce plan.

When implementing the system workforce plan we need to ensure the following:

- The system plan must be championed by senior managers across the system, be adequately resourced and have stakeholder buy-in otherwise the best designed plan will fail.
 - A review body needs to be established to monitor progress against the plan and to authorise any corrective action if milestones are not being achieved.
 - The frequency of review must be established and also the reviewer.
 - There will need to be a mechanism to collect data across the system on progress against the action plan and how this is measured, ensuring all stakeholders across the system are informed and updated with progress against plan and any potential risks and issues.
- Measuring progress of the plan can be done in a number of ways. These include traffic lights, balance scorecards etc. If the monitoring processes are effective, they will throw up early warnings when the plan is not on course to achieve its purpose.
 - The development and implementation should take place in partnership with individuals, their families, carers and advocates as well as the voluntary sector and other representative groups.
 - What needs to happen to ensure the plan is implemented?
 - How will you measure your progress against the plan's goals e.g. those agreed in step one and two?
 - What contingency plans or actions may be needed if the plan does not stay on course or goals are not being met?
 - How will you involve people who use services in service design or redesign, participation in staff recruitment?

Appendices

Below are examples of:

- A foreword
- An executive summary
- Names and agencies who were involved in formulating the workforce plan
- Workforce data available to a TCP.

Appendix 1: Foreword example

The foreword is optional but gives credibility/ endorsement to the TCP workforce plan and asserts the fundamental commitment to partnership working and, if required, the remodelling of the workforce.

The foreword could be written by the senior responsible officer for the Transforming Care Partnership Board.

A foreword may look something like this:

Transforming Care Partnerships (TCPs) have been tasked with writing a workforce plan. This means understanding what the workforce looks like at the moment and how it needs to change and adapt to support new models of care leading to improvements to the lives of people with learning disabilities and/or autism.

The TCP is committed to finding out more about the people who work in learning disability services for example, how many people there are, what their skills and qualifications are and how many people are needed for the future, in what roles and with what skills and qualifications.

The complex nature of learning disability and/ or autism services means that the vision for learning disability services in [insert TCP name] cannot be delivered by one agency alone. The Personalisation Agenda requires breaking down unnecessary boundaries between professions and agencies and this will not take place without changes to the workforce. Achieving the TCP's vision will require large scale transformational change. The complexities and cultural change required to bring about change across a number of organisations cannot be underestimated. The Transforming Care programme provides opportunities for innovative redesign of services to improve the lives of people with learning disabilities and autism.

This is an important area and there is a lot of work to do. I am pleased that a group has been formed to help us to determine what needs to happen locally over the next [insert number] years to make sure that people using learning disability services have access to the right staff with the skills to deliver modern and responsive services.

Signature:

Date:

Appendix 2: Executive summary example

An executive summary could look something like this:

The Transforming Care Programme (TCP) was established to achieve a transformational change and redress the health and care inequalities for the 1.2 million people in England with a learning disability. Transforming care for people with learning disabilities is now one of NHS England's clinical corporate priorities.

One of the key aspects of the programme is the development of community services and the closure of inpatient services for people with a learning disability and/or autism who display behaviour that challenges. Learning disability services require significant ongoing changes not only to reshape services but also to support the workforce. Traditional services and roles will need to change to ensure choice and control increasing autonomy for people with learning disabilities. This is about fitting services around individuals, not fitting people into what already exists. The plan has been co-produced with people with learning disabilities and/or autism and their families, advocates and carers.

This is [insert TCP name]'s first workforce plan and it supports the changes in service provision and engagement with people with learning disabilities and/or autism and parents and carers. It has been produced on a multi-agency basis to set out the workforce planning issues over the next [insert number] years. It is supported by an action plan and a learning and development plan.

The plan is based on the six steps method of workforce planning developed by Skills for Health. Chapters are based on each of the six steps and each step is referred to at the start of each chapter.

The plan will outline the steps required to deliver the model of care agreed in the TCP plan. Additional workforce plans for each organisation will support this overarching plan but will be tailored to the individual needs of each organisation.

There needs to be creative and flexible solutions to meet outcomes that focus on inclusion, empowerment and equality, enabling people to live fulfilling lives. This involves both changes in the market place (by providers and commissioners) and cultural changes (new ways of working). Staff will require skills in person-centred approaches and planning, promoting advocacy and self-directed support, understanding personal budgets and new ways of working. Increasingly the workforce plan needs to be able to meet the needs of the growing number of workers employed directly by people with learning disabilities via direct payments and personal budgets.

[Add the TCP's priorities / strategic goals – these are usually agreed/tested out at a workshop or co-produced.]

Appendix 3: Membership of your TCP workforce planning group

Example Chart

It is useful to state who the members of the workforce planning group are and the organisations they represent. A chart like the example below can be a helpful way of recording these.

Organisation	Name of representative	Job role
Local Authority		
NHS Trust		
NHS Provider		
Commissioners		

Appendix 4: Workforce data

Data analysis

Using information extracted from payroll systems (ESR) and the National Minimum Data Set (NMDS-SC), it should be possible to complete an analysis of the workforce currently employed within the key agencies who provide specialist services for adults and children and young people with a learning disability and/or autism.

Examples of analysis

Ethnicity

Ethnicity	No. of Employees	Percentage	Length of Service	No. of Employees	Percentage
Asian or Asian British	20	6.58 %	Less Than 2 Years	59	19.41 %
Black or Black British	20	6.58 %	2-5 Years	88	28.95 %
Mixed	4	1.32 %	5-10 Years	58	19.08 %
Unknown	18	5.92 %	10-15 Years	40	13.16 %
White	242	79.61 %	15 Years and Over	59	19.41 %
Totals:	304	100.00 %	Totals:	304	100.00 %



Gender analysis
Age analysis
Ethnicity analysis

The proportion of staff from black and minority ethnic populations rises between the sectors from less than 9% to almost 18%, suggesting that low paid jobs in the private social care sector attract a disproportionate number of this group.

With knowledge of such issues the TCP workforce plan can address equal representation and the development of a workforce that represents the community it serves.

Ethnic Origin	MH/LD Trust A	MH/LD Trust B	SCH	PIV	Total
A White - British	175	422	1121	1,035	2753
B White - Irish	0	1	8		9
C White - Any other White background	2	3	12		17
D Mixed - White & Black Caribbean	0	1	4	5	10
Mixed Others	0		2		2
H Asian or Asian British - Indian	3	6	3	7	19
J Asian or Asian British - Pakistani	2	1	2	8	13
M Black or Black British - Caribbean	1	1	11	20	33
L Asian or Asian British - Any other Asian background	0		1		1
N Black or Black British - African	1	6	9	13	29
S Any Other Ethnic Group	0	1	1	3	5
Z Not Stated	8	10	10	168	196
Total sample	192	452	1184	1,259	3087
% White British	91.15%	93.36%	94.68%	82.21%	89.18%

Any graphical representation of this data is dominated by the white British group, but an analysis of the other groups involved can be informative.

Vacancy analysis/turnover rates

Analysis of vacancies and trends in 'hard to fill' posts is important in determining recruitment strategies and workforce development plans. The data below is an example

			Vacancies	Total staff	% vacancies
Social care and health			28	1199	2.3%
Private, independent and voluntary sector social care (NMDS-SC)			126	4150	3.0%

TCPs may also wish to look at:

- absence rates
- use of agency and bank staff (cost but also continuity of care)
- ratios of professionally qualified to non-professionally qualified.

Job analysis

Pay

Data for this section may be difficult to analyse across sectors due to the different job titles and pay scales used across organisations.

The workforce system

It is important not only to understand the groups and types of staff we have, and the skills they possess, but also to determine how and why they enter, progress and leave the sector.

From the payroll systems (ESR) and data captured within the NMDS-SC, we are able to identify our current workforce. We can also identify the numbers of staff that have left the sector over a period of time and data exists in some areas on the reasons why.

	NHS	Social Care	Private, Independent and Voluntary Sector (PIV)
Starters	52	7	664
Total staff	644	1199	4150
% starters	8.1%	0.6%	16.0%

Leavers	56	79	755
Total staff	644	1199	4150
% leavers	8.7%	6.6%	18.2%

1. Plus 18 NHS leavers through employee transfer

2. Social care leavers includes restructure of services

The data provides the 'what is'. The vision of the TCP needs to reflect future requirements and therefore the focus should not be on existing professions and roles but the functions required to meet needs. There could be a number of options to supply the required workforce and looking at strategic workforce goals enables consideration of these options. These are some examples of strategic goals – the detail of how these are delivered is contained in the action plan.