

Healthier Together



Improving health and care in Bristol,
North Somerset and South Gloucestershire

Healthier Together Workforce Vision, Goals and Ways of Working

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Workforce Vision for 2028

We are thriving not just surviving, attracting, supporting and developing a workforce that is skilled, committed, compassionate and engaged, enabled to deliver exceptional care every day.



Workforce Vision Statements

We have six vision statements which describe where we aim to be by 2028, covering the following areas:

- **Working together** to maximise the potential benefit for the population, our patients, our staff and the system.
- **Workforce planning** to ensure we have sufficient staff with the right skills delivering care in the right place, both now and in the future.
- **Collaborative training and development** providing consistent, quality training at scale through our Learning Academy.
- **Primary care workforce development** through MDT working at locality/cluster level to reduce the burden on GPs.
- **Joined up health and social care workforce** improved career pathways, reduced vacancies and more integrated services through joint working.
- **Collaborative temporary staffing, training and support functions** offering flexible, cost-effective staffing options.



One: working together

- Staff are **developed and deployed across organisational boundaries and settings** to maximise the potential and opportunity for mutual benefit of the population, patients, our staff and the system.
- Our approach keeps individuals employed by one organisation, but builds them into **multi-organisational, multi-disciplinary teams** based on a pathway or cluster, thereby maintaining the engagement and discretionary effort which comes from feeling aligned to an organisation and its values.
- Organisations in BNSSG are model employers, and have exemplary approaches to **health and wellbeing, leadership and culture** which is reflected in high levels of retention.
- We think broadly when resource planning across all sectors to include and **engage the community, voluntary sector, third sector and families** in mapping pathways and planning innovative solutions about how needs can be met to maximise available resources.



Two: workforce planning

- Our **staffing models** are planned to ensure that we have sufficient staff with the right skills delivering care in the right place, both now and in the future.
- Our efforts are focussed on influencing supply. This means ‘**growing our own**’ at scale and at speed where possible but also lobbying and influencing our partners to focus their efforts towards the areas of greatest needs.
- Our approach to workforce planning is based on the tasks and competences required enabling our workforce to operate at the top of their license devolving more simple tasks downwards, ensuring **the benefit of our scarcest resources is maximised**.



Three: integrated training and development

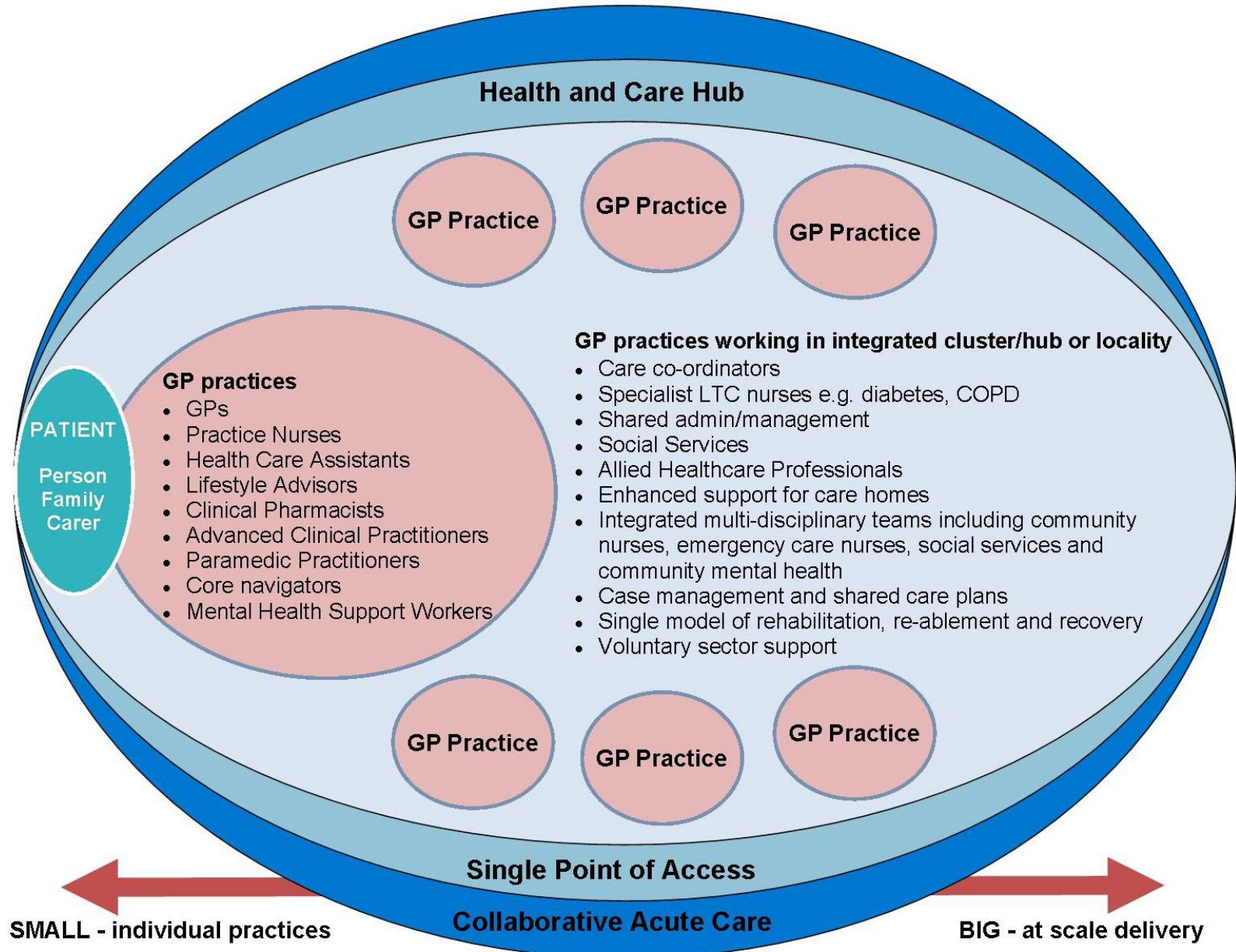
- We deliver integrated development for our health and social care workforce providing **consistent and standardised training at scale through our Learning Academy**, improving quality and reducing overheads as well as reducing the cost of staff moving between employers.
- Staff are **mentored and supervised across organisational and professional boundaries** so skills are taught and learned in real world situations.
- We maximise the **apprenticeship levy across** the system, focussing on the unregistered workforce and also on roles which have bridged the gaps left by too few new doctors and nurses, including advanced practice.



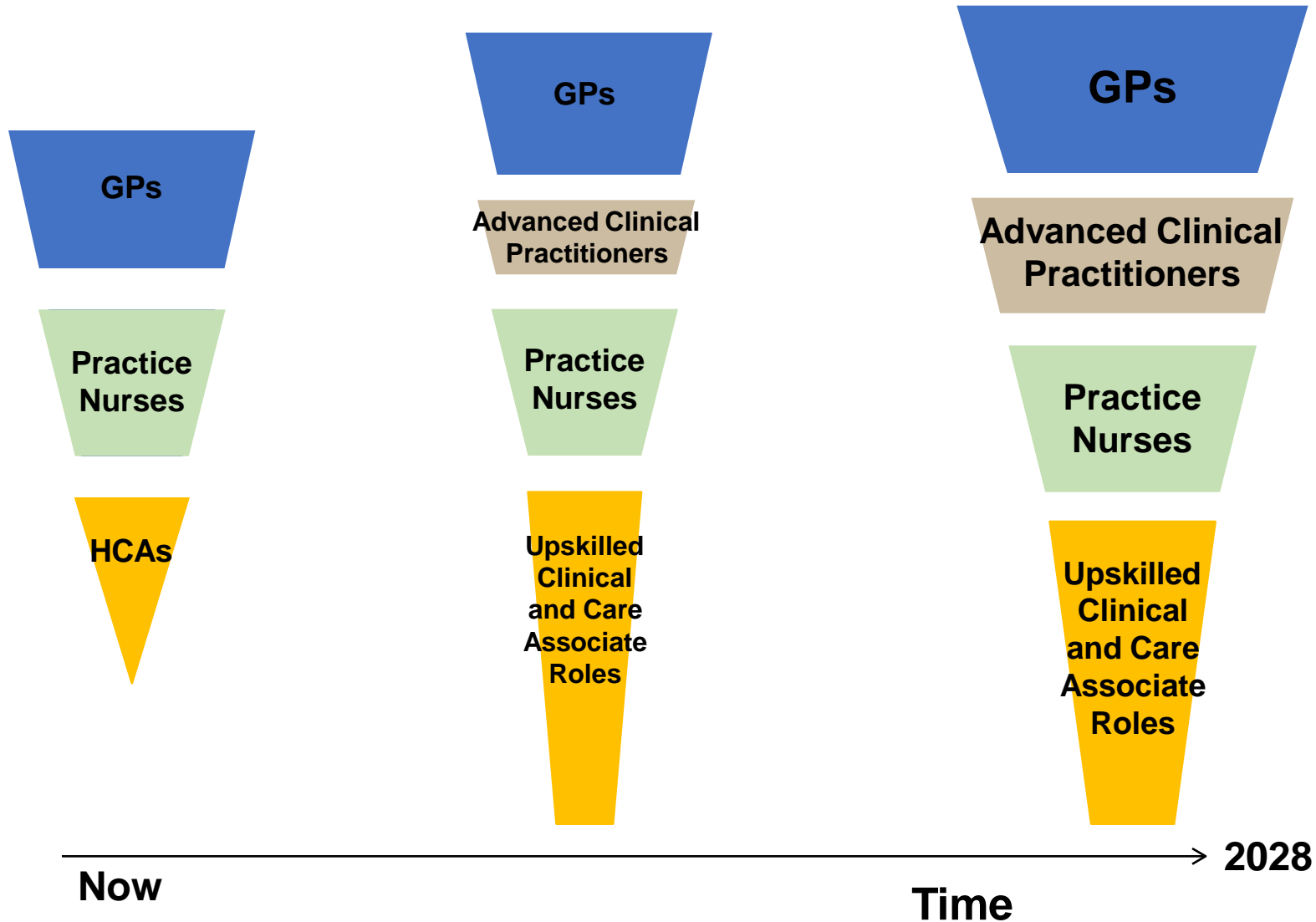
Four: primary care workforce development

- We have reduced variation with a **consistent, MDT workforce model in primary care**, built at cluster/locality level and determined by population and demography.
- We have reduced the burden on GPs with a significant increase in the number of **Advanced Practitioners** operating across our area, and extended the capacity of the practice teams through the upskilling of the unregistered workforce, and a diversified workforce model based on evidence and best practice.
- Integrated teams are confidently working **across organisational boundaries**, with a strong interface between secondary, community, and primary care.

Integrated primary care



Primary care workforce transformation: future skills mix Potential changes in ratios





Five: joined up health and social care

- Our reduced levels of vacancies in our social care have been achieved by **merging health and social care activity**, and improved career pathways, including utilising apprenticeships so staff can progress from entry level health and social care roles to Extended Skills HCA, Nursing Associate, Assistant Practitioner or Registered Nurse.



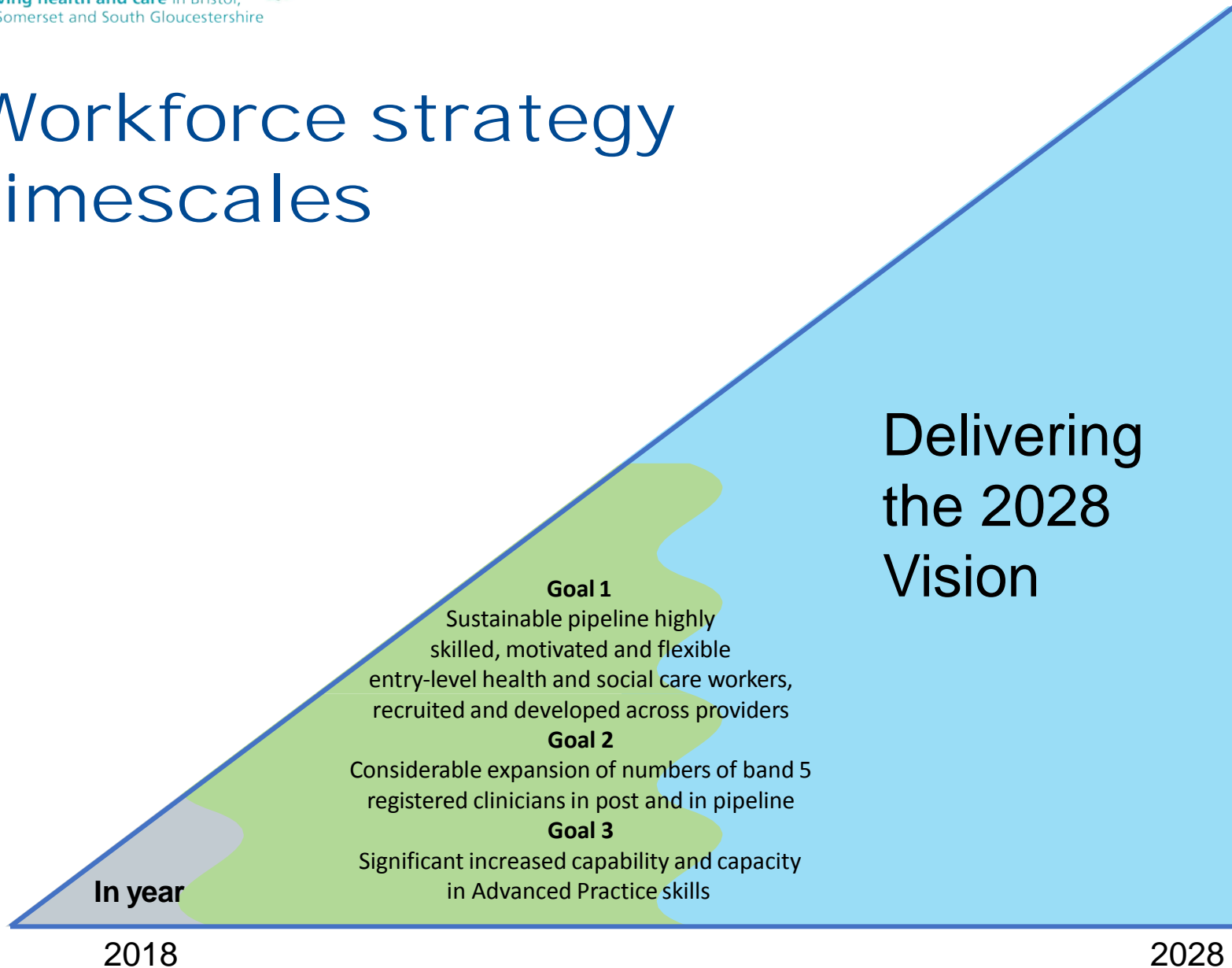
Six: temporary workforce and support functions

- Our temporary workforce is key to our resourcing plan and through our shared bank, we offer **flexible, fulfilling work opportunities** for individuals who are looking for non-traditional or ad hoc employment, as part of a portfolio career.
- Through cooperation and a standardised approach, we are able to **fill shifts through bank** at a standard rate and via a single, central system reducing our administrative overheads.
- Transactional **support services are offered at scale** where there are clear economies of scale, maintaining those services in-house which deliver real value and which impact on individual organisation culture and strategy.



Workforce strategy timescales

Delivering
the 2028
Vision



In year

2018

2028

Goal 1

Sustainable pipeline highly skilled, motivated and flexible entry-level health and social care workers, recruited and developed across providers

Goal 2

Considerable expansion of numbers of band 5 registered clinicians in post and in pipeline

Goal 3

Significant increased capability and capacity in Advanced Practice skills

CURRENT WORK PACKAGES

Support primary care locality working

Overseas GP recruitment, develop physicians associates and paramedics

Develop workforce models to enable multidisciplinary primary care teams to reduce GP workload with CCG/CEPN/One Care, and upskill practice teams in mental health, stroke, etc

Prevention
Significant numbers trained in Make Every Contact Count/Mental Health First Aid to reduce numbers needing secondary care

Streamlining
Stat and man passport for health care/Skills academy /Recruitment passport

ISSUES AND DRIVERS

Primary care workforce gaps
Registered nurse supply shortfall

Social care vacancies and shortages
Medical staff gaps

GOALS

GOAL 1
A sustainable pipeline of highly skilled, motivated and flexible entry-level health and social care workers, recruited and developed at scale and across providers

GOAL 2
Considerable/sizeable expansion of the numbers of B5 registered clinicians both in post and in the pipeline

GOAL 3
Significant increased capability and capacity in Advanced Practice skills

WORK PACKAGES

- Health and social care apprenticeships across organisations to support unregistered workforce development
- Passporting training across health and social care
- Marketing health and social care careers to increase supply

WORK PACKAGES

- Joint BNSSG nurse degree programmes working with universities and HEE.
- Develop joint attraction packages
- Nurse apprenticeship option appraisal and implementation
- Return to Practice

WORK PACKAGES

- Develop spec to commission advanced clinical practice using apprenticeship levy
- Joint delivery, pooling levy, placement capacity and supervision

Integrated care delivered through MDTs at Locality level

ENABLERS

Staff engagement - MOU to underpin joint working - OD to work better together –
Workforce planning - contractual flexibility - collaborative resourcing
All organisations are model employers for retention, recruitment and health & wellbeing

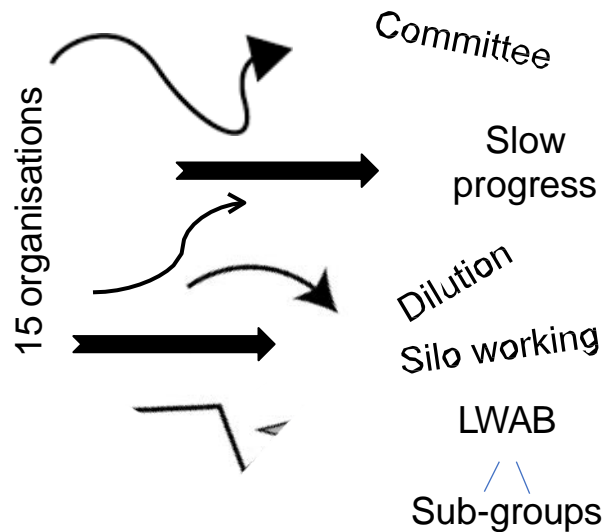
STP PRIORITIES

Redesigned service and workforce models for the following:

- Prevention & early intervention
- Children`s and Maternity
- Healthy Weston
- Mental Health & LD
- Integrated Care
- Acute Care Collaboration
- Planned Care
- Primary Care (GP5YFV and GPN 10PP)
- System Productivity

A new approach to working together...

OLD APPROACH COMMITTEE MODEL

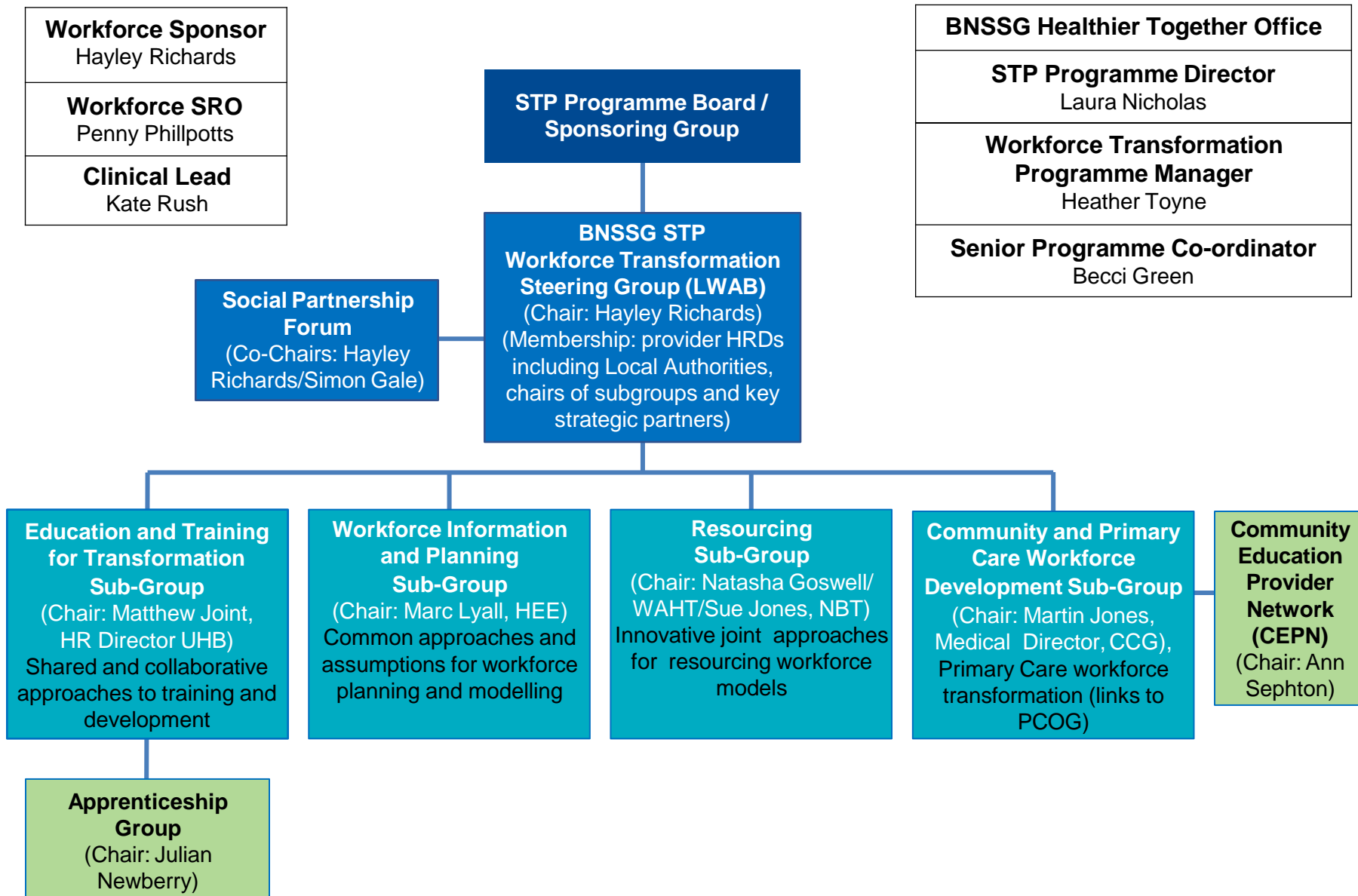


NEW APPROACH COLLECTIVE MODEL



BNSSG Healthier Together Workforce Governance Structure

DRAFT 24.5.18



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Thank you!