



Department  
of Health

# Future thinking on health workforce planning

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Department of Health, UK

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EU JA conference, Rome, Italy

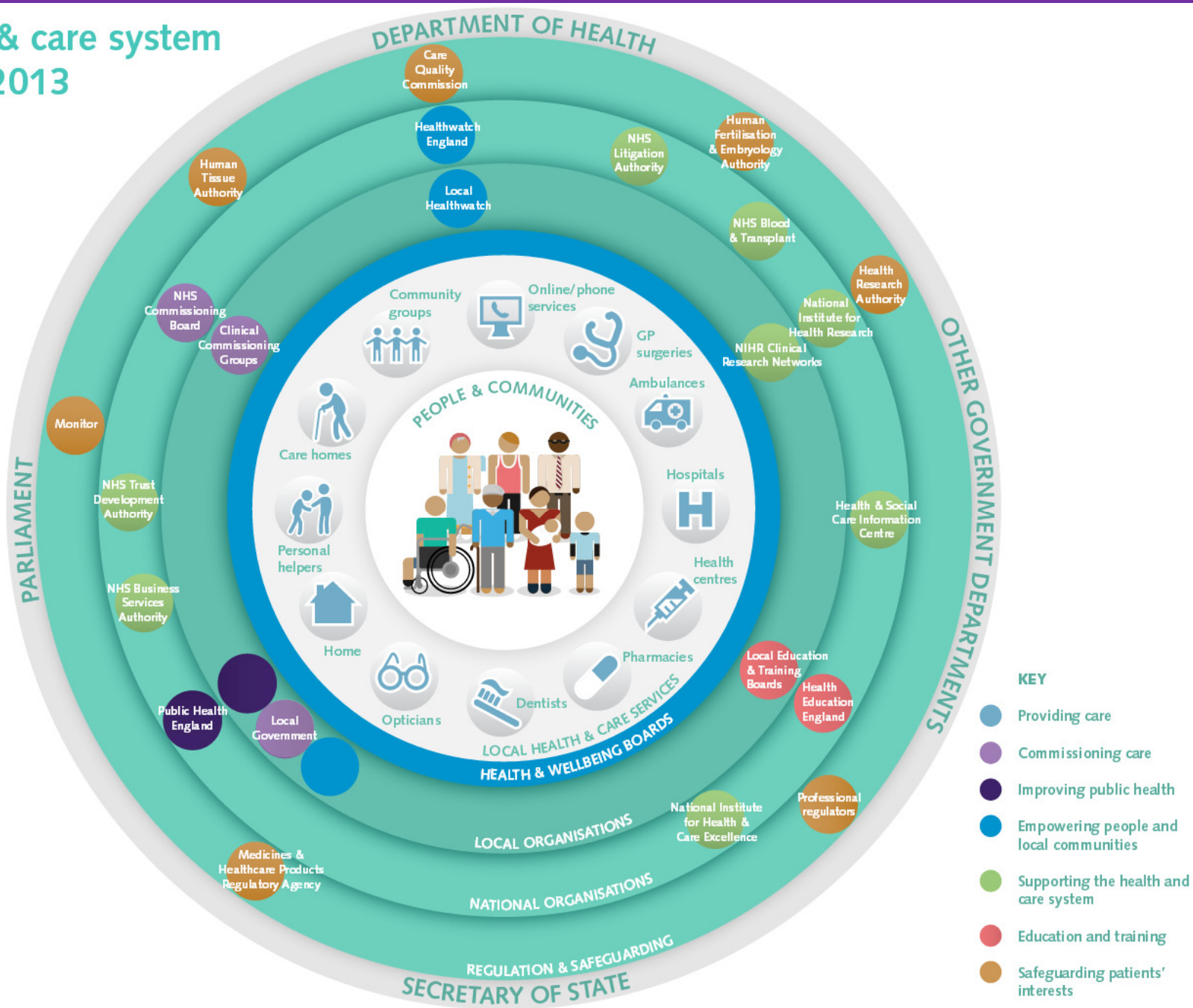
# Healthcare in the UK – England, Scotland, Wales and Northern Ireland

- In 1999, responsibility for health services was devolved.
- Powers to choose:
  - how much money to spend on health services,
  - what their policy priorities should be
  - how services should be delivered.
- Funding for the NHS comes directly from taxation.



# England – health & care system

## The health & care system from April 2013

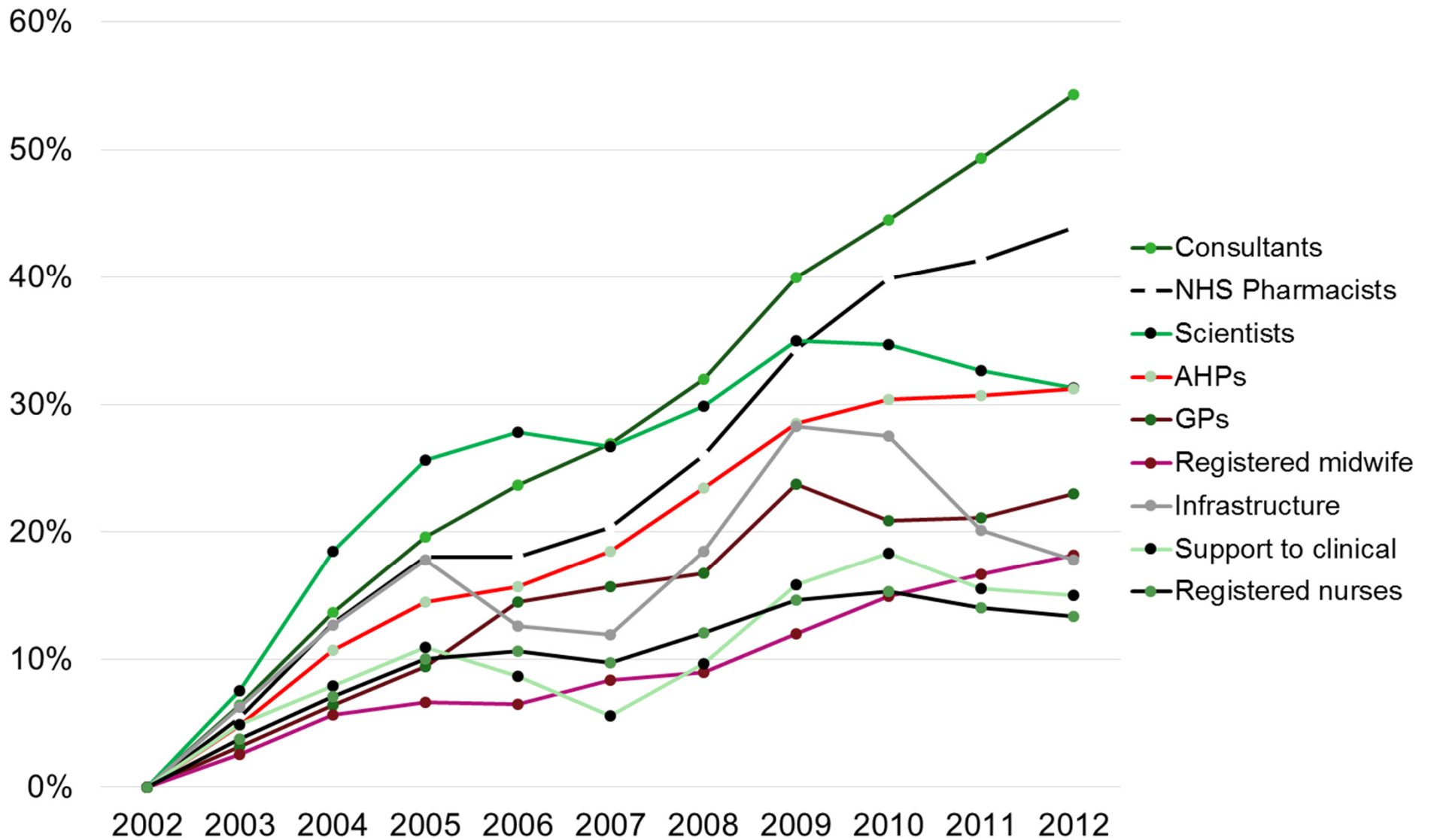


# Healthcare in the UK – Workforce

- The NHS in England employs more than 1.35m people.
- Only the Chinese People's Liberation Army, the Wal-Mart supermarket chain and the Indian Railways directly employ more people.
- The NHS in England is the biggest part of the system, catering to a population of more than 64m (World Bank, 2013)
- The NHS in Scotland, Wales and Northern Ireland employs 153,427; 84,817 and 78,000 people respectively.



# Workforce investment 2002 - 2012



# Workforce planning challenges

- In the past, workforce planning in England was criticised for being supply focused and driven by estimates made only by professional groups.
- In 2007, the Health Select Committee identified significant failings:
  - that not enough thought is given to long-term strategic planning,
  - there were too few people with the ability and skills to plan
  - effectively,
  - the planning system remains poorly integrated and there is a lack of co-ordination between workforce and financial planning.

# Workforce planning in the UK

- *The NHS Next Stage Review: A High Quality Workforce (2008)* set out a new approach to workforce planning, education and training
- This recognised that quality services and care are best delivered by devolving decision making as close as possible to the front line, but in an environment of NHS-wide coherence, transparency and accountability.



# Workforce planning in the UK

- *Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery* articulated a new system of workforce planning for England in 2012.
- HEE's role described as well other key national bodies and responsibilities

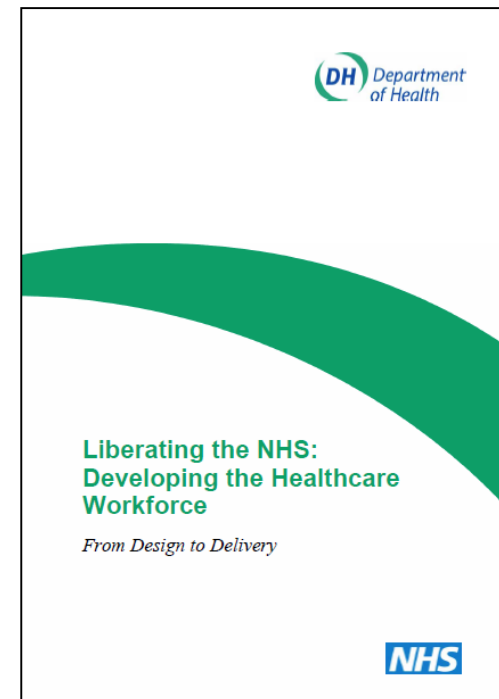
**“The shape and skills of the future health and public health workforce need to evolve constantly if we are to sustain high quality health services and continue to improve health in the face of demographic and technological change.”**



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*Health Education England*





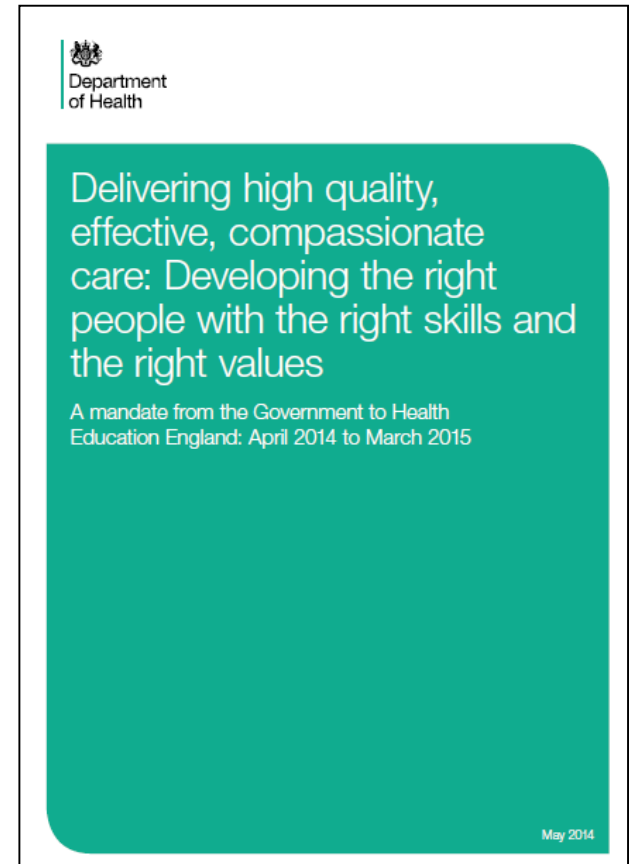
# Role of the Department of Health in England

- Provides strategic direction for the NHS and wider health and care system
- Provides “stewardship” to ensure that the health and care system is delivering the right things for patients, service users and the public
- Creates national policies and influences global leadership in health and care policy
- Provides leadership around values and common purpose.



# DH and workforce planning

- Works with the devolved administrations of Scotland, Wales and Northern Ireland
- DH sets the mandate for Health Education England who are responsible for education, training and workforce development
- DH commissions the Centre for Workforce Intelligence (CfWI) to 'produce quality intelligence'



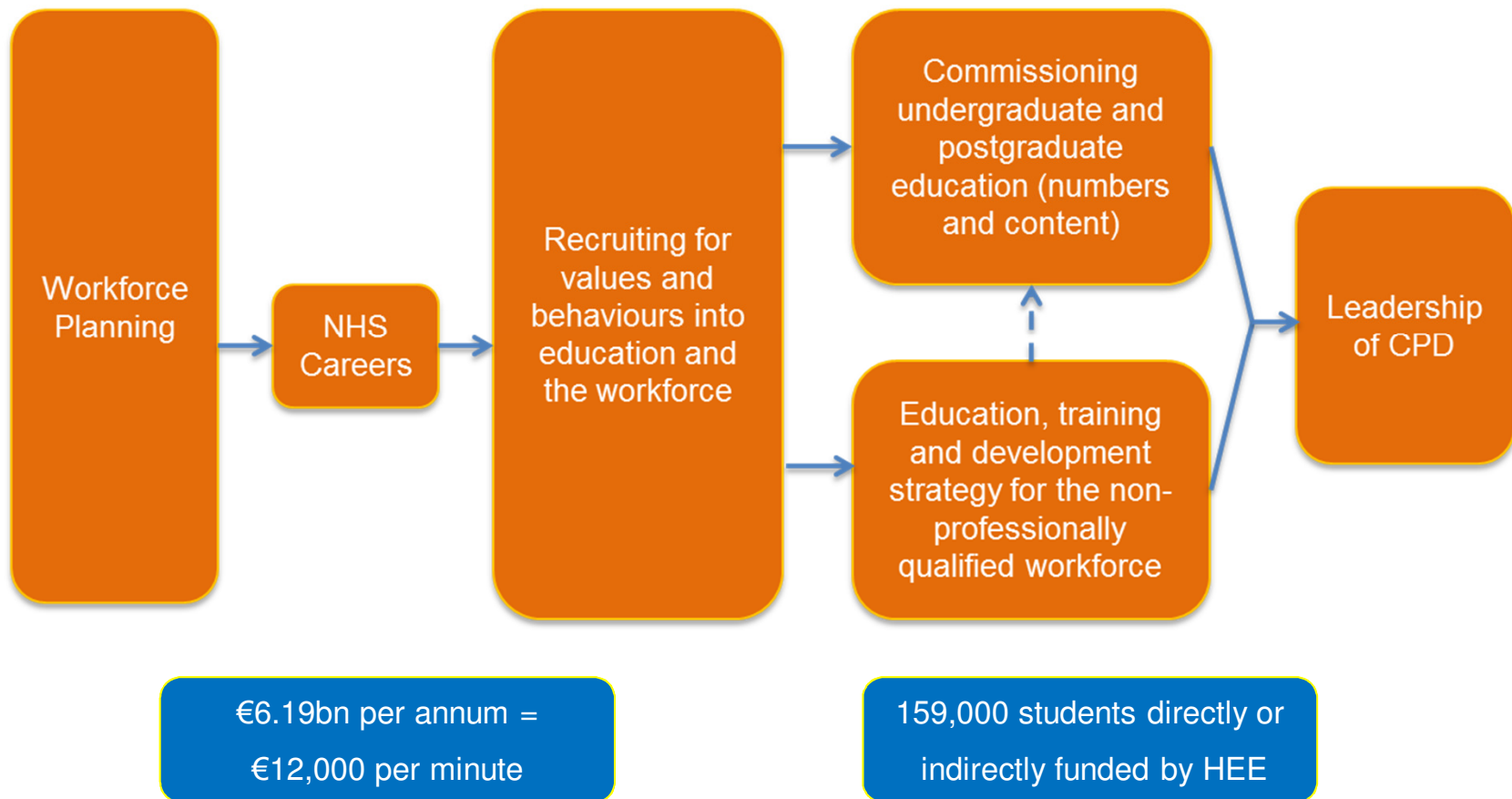
# Health Education England (HEE)

## Purpose

- Delivering excellent healthcare and health improvement to the patients and public of England
- Ensuring the right numbers of staff, right skills, values and behaviours
- Ownership of the time and investment taken to select, educate, train, recruit and develop the healthcare workforce
- Focus on the current and future workforce for the needs of patients today and tomorrow
- Support healthcare providers and clinicians take greater responsibility for planning and commissioning through Local Education and Training Boards (LETBs)

# HEE role and responsibilities

- HEE ensures ‘that the future workforce has the right numbers, skills, values and behaviours.’



# Health Education England (HEE)



# Thinking about the future workforce

- The CfWI is a key contributor to the planning of future workforce requirements for health, public health and social care in England.
- CfWI is commissioned by the Department of Health, as well as Health Education England and Public Health England, to look at specific workforce groups and pathways, and to provide materials, tools and resources to inform workforce planning policy decisions at a national and local level.



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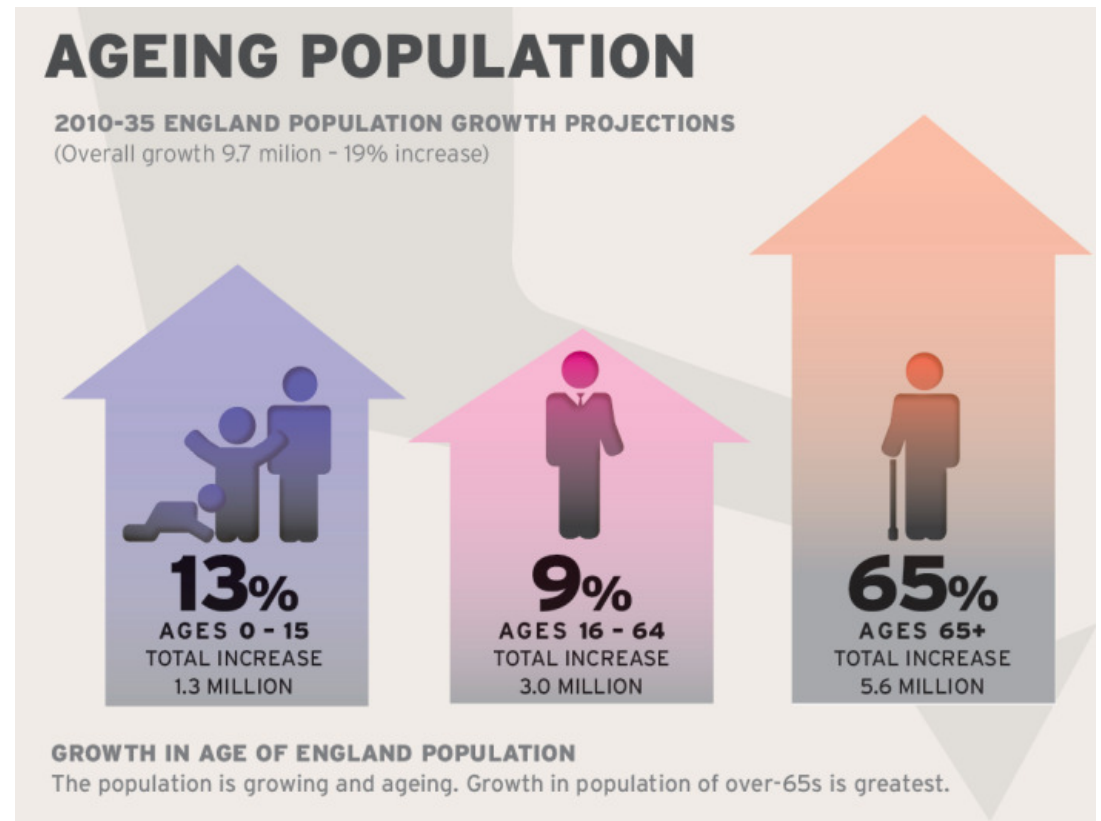
*Health Education England*



Public Health  
England

# Population change and informed planning of the workforce

- The number of people aged 65 & over is likely to grow more quickly than other sections of the population in England.
- Over the next 20 years the population will likely grow more quickly than the previous 20 years.



# Population change and informed planning of the workforce

- The impact of technology and innovations require a longer term focus to judge future changes to workforce (increases / decreases)

## IMPACT OF NEW TECHNOLOGY

The infographic is divided into four quadrants, each with an illustration and a text box. The top-left quadrant shows two smartphones; the left one has a green cross icon, and the right one has a red person icon, with blue arrows pointing between them. The top-right quadrant shows a circular arrangement of purple and blue spheres with a black pipette tip. The bottom-left quadrant shows a red heart and a green mobile phone with signal waves. The bottom-right quadrant shows a 3D printed ear on a stand.

**TELEHEALTH AND TELECARE**  
Enabling more care to be delivered closer to patients' and service users' homes and addressing the increase in demand by freeing up workforce time.

**ANTI-AGEING STEM CELLS**  
Human embryonic stem cells and reprogrammed cell types are a possible source of cells for regenerative therapies.

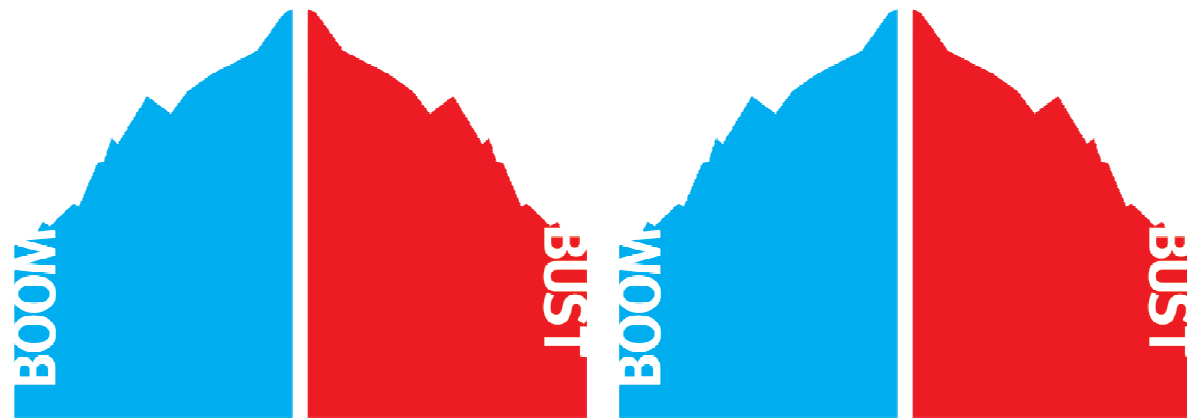
**BLOODSTREAM SENSORS**  
Mobile sensors could be inserted into the bloodstream and move around the body to help identify issues.

**3D PRINTED ORGANS**  
Scientists have succeeded in using digital photogrammetry and CAD/CAM techniques to develop collagen scaffolds and moulds for human ears.



# Population change and informed planning of the workforce

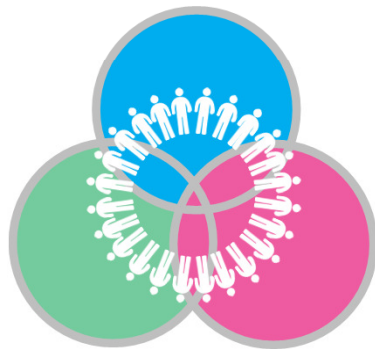
- This requires a workforce and planning strategy that is sustainable, flexible, makes informed investment decisions and delivers a high quality service.
- Uninformed workforce policy making runs the risk of boom and bust cycles



# Key shifts and future considerations

The DH, with the support of CfWI analysis and modelling, examines how the future might unfold

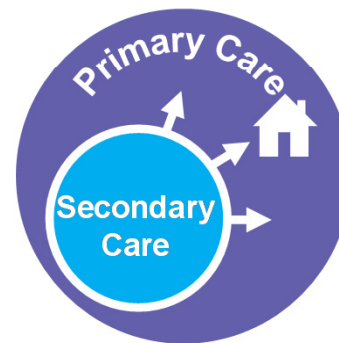
**Integrated care**



**24/7 and tech enabled working**



**Care model shifts**



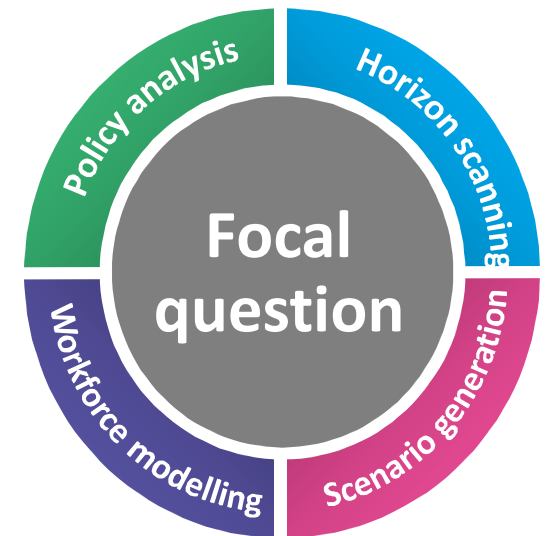
**Patient and service user empowerment/activation/self-management**



# A longer term focus working with people

The UK uses systems thinking and workforce futures research to generate intelligence to:

- influence workforce policy to anticipate possible future developments
- ensure security of workforce supply
- increase value in the health and social care system
- improve quality of care by planning for a sustainable workforce that meets the health and social care demands of the population
- improve the efficiency and productivity of the workforce

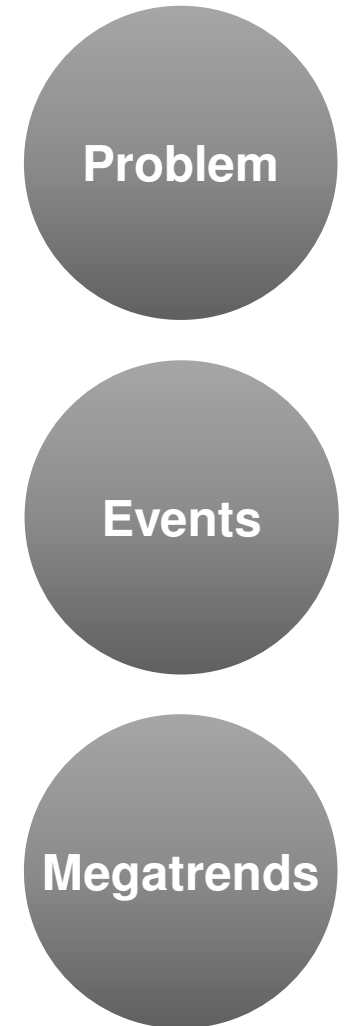


# Thinking about the future

Change is inevitable.

- Our problem might change – we might be trying to solve the wrong thing.
- Events can happen – we might get a medical breakthrough or a pandemic.
- And we have megatrends – trends we cannot easily change, like an increasing and ageing population.

All of these can lead to policy failure, especially if we only think about one expected future.

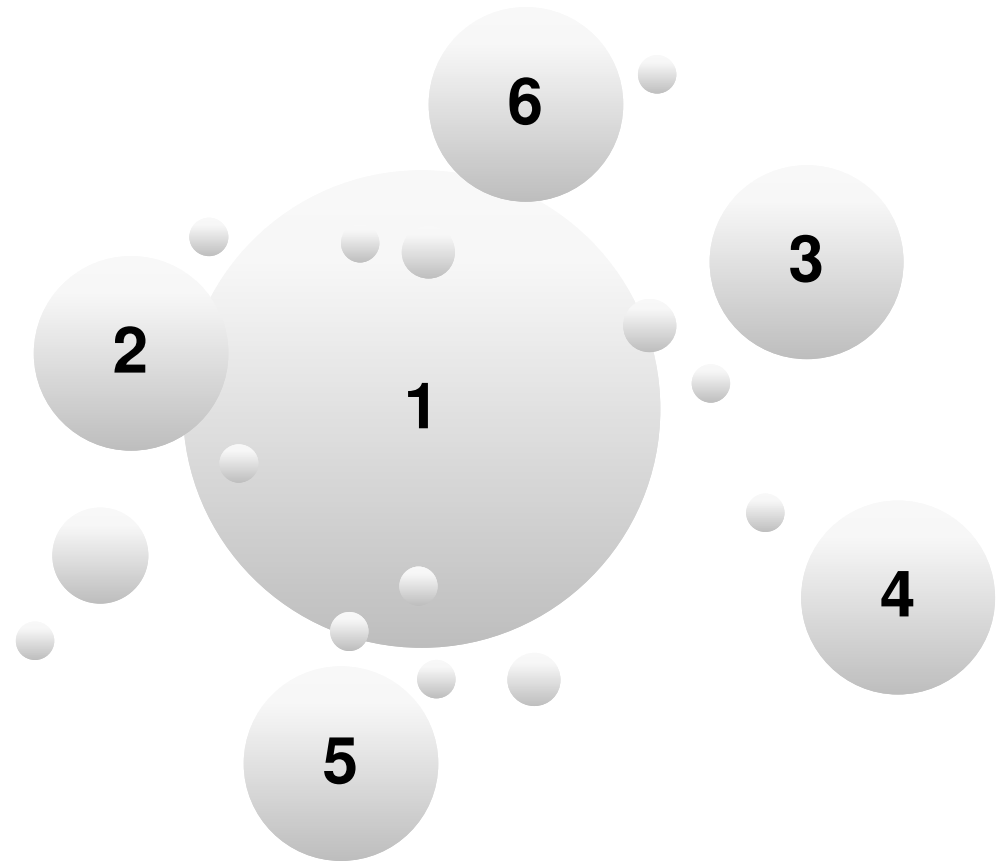


# Dealing with the future?

The solution is to think about many futures...

We commission the CfWI to generate and model a set of possible futures.

One of these is our expected future, but we model all of them.



# Thinking about the future robustly

**Requires a robust approach...**



**Transparent and participatory**

# Recent examples

DELIVERABLE D.061 NOVEMBER 2014  
 USER GUIDELINES ON QUALITATIVE METHODS IN  
 HEALTH WORKFORCE PLANNING AND FORECASTING

WP6  
 Deliverable  
 D.061

Joint Action Health Workforce  
 Planning and Forecasting

User guidelines on  
 qualitative methods in  
 health workforce planning  
 and forecasting

Authors: John Fellows and Matt Edwards  
 Centre for Workforce Intelligence, UK

www.cfwi.org.uk

BIG PICTURE  
 CHALLENGES  
 THE CONTEXT

October 2013

Think integration, think workforce:  
 Three steps to workforce integration

Delivering the  
 national immunisation programme  
 in England 2013-14

Every  
 contact  
 counts

Public health consultant and  
 specialist survey 2013

Survey results

May 2014

www.cfwi.org.uk

In-depth review of the  
 psychiatrist workforce

Technical report

November 2014

www.cfwi.org.uk

HORIZON  
 SCANNING

Horizon 2035:  
 Health and care workforce futures  
 Progress update

July 2014

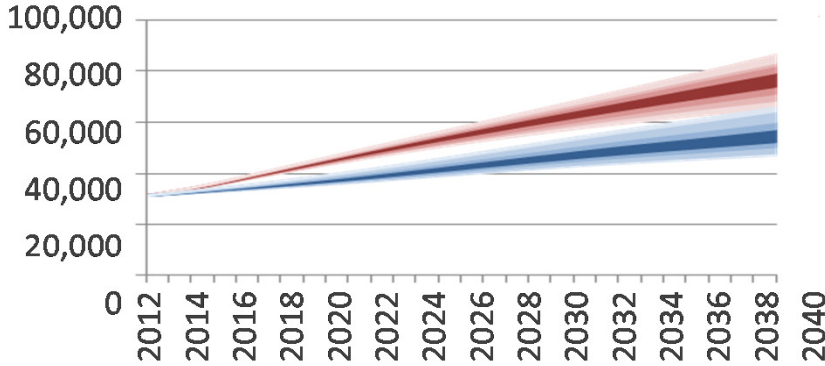
HORIZON  
 2035  
 HEALTH AND CARE  
 WORKFORCE FUTURES

www.horizonscanning.org.uk

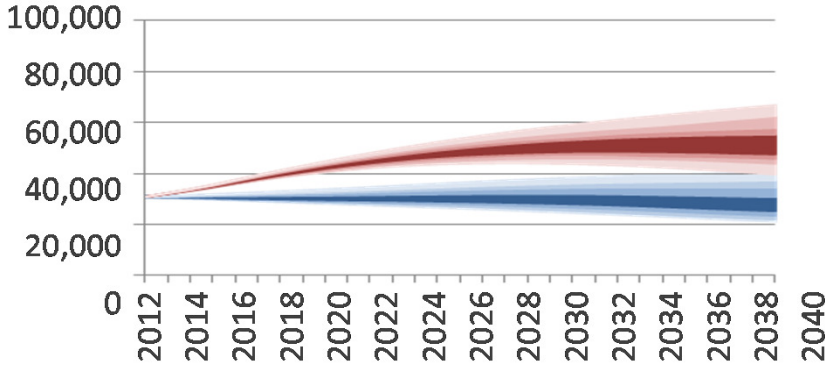
# Recent examples - Pharmacists

Number of pharmacists (full-time equivalent)

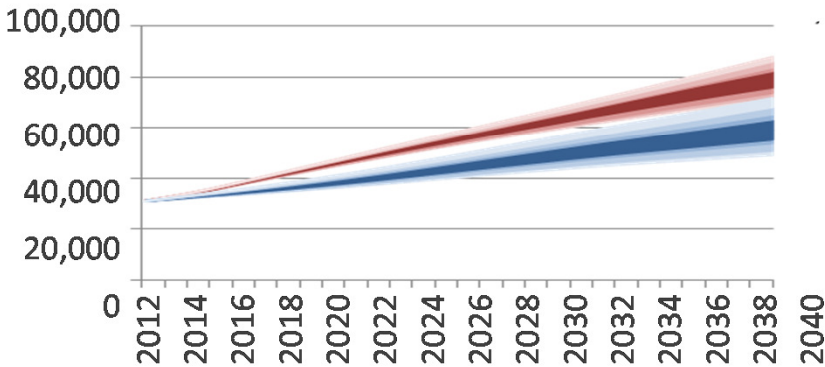
Scenario 1



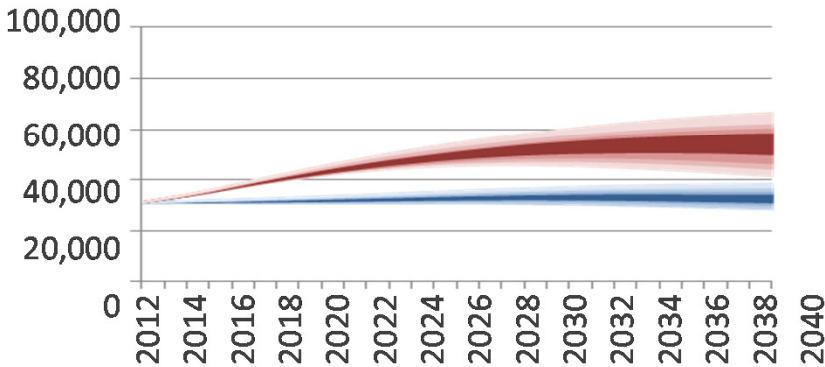
Scenario 2



Scenario 3



Scenario 4

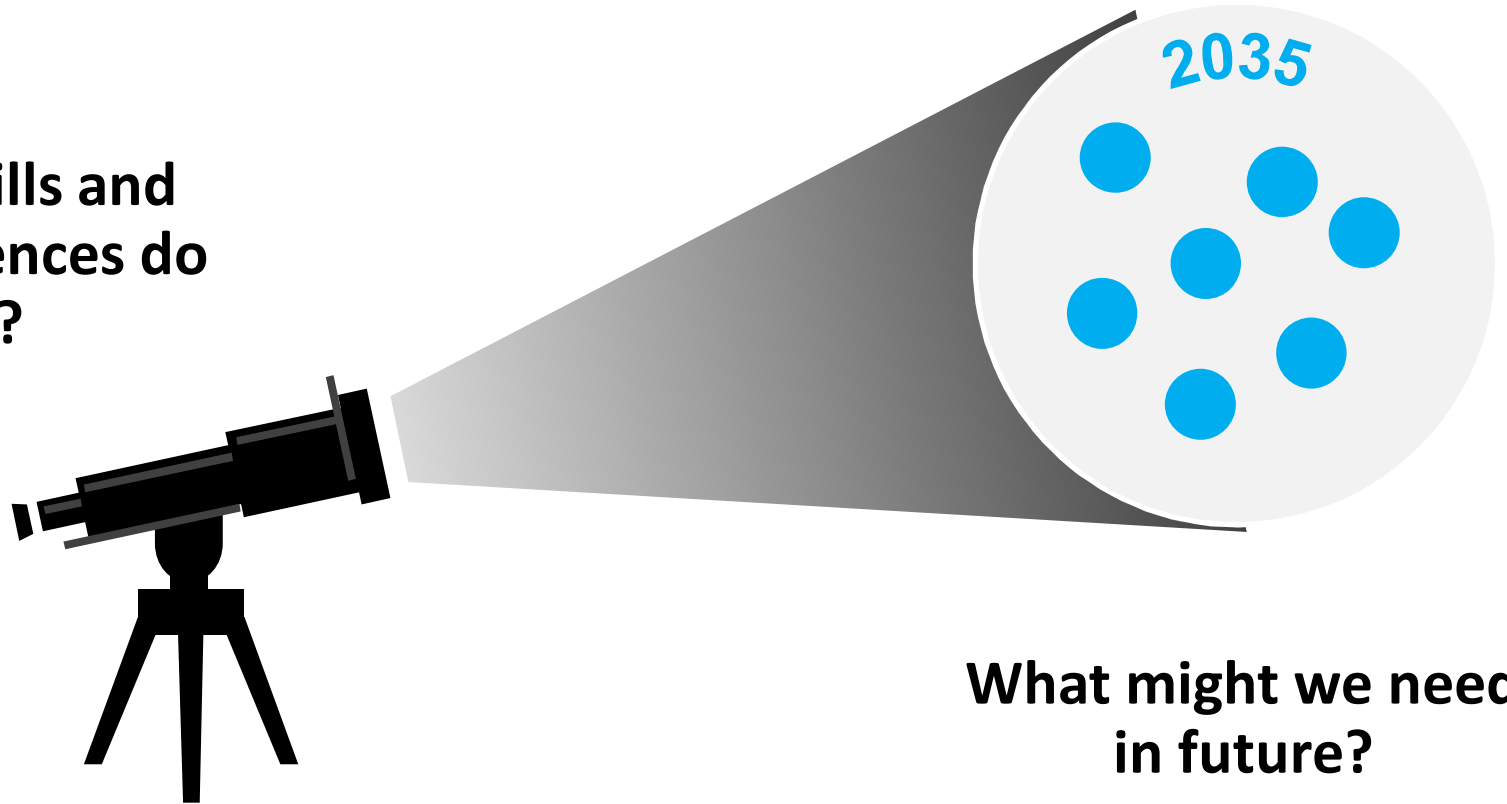


Year



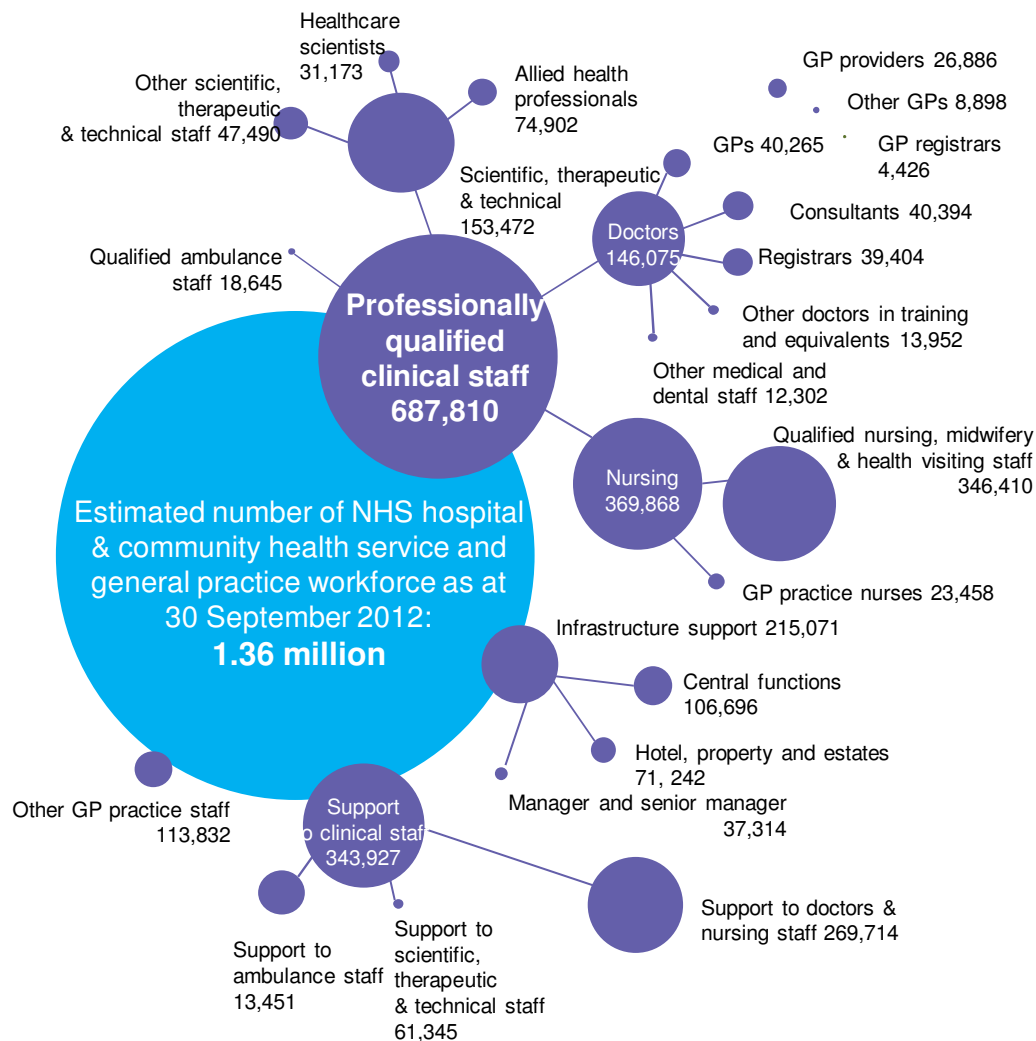
# A new challenge – Horizon 2035

**What skills and competences do we have?**



**What might we need in future?**

# Mapping the health and care workforce



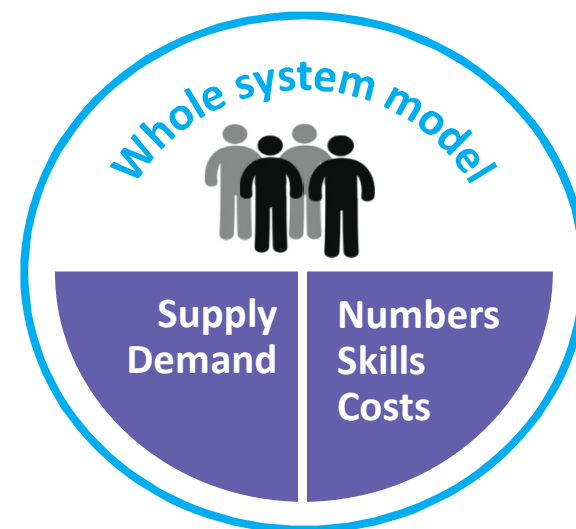
# Demand for skills in the future

Modelling the entire healthcare, social care and public health system for England.

Represents 11 million individuals (5.5 million FTEs) who are currently providing skills as part of health, care and unpaid workforces.

This has been translated into 10 billion hours applying different skills in 2014.

So far we have projected forward to 2035, varied by 6 different scenarios - but we are still working our projections through...



# Complexity

- DH works as the steward of the system, a complex system which makes planning complicated
- We have learned timelines conflict very often with political and fiscal cycles
- Planning has to operate in an environment with multiple influences
  - Demographic, patient / consumer, economic, political, scientific, technology
- To produce workforces with 5, 10, 15 year lead times



# What does this mean for planning?

Need to reflect as part of our planning cycles

- Short to medium term WFP close to the service i.e. planning for known knowns
- Longer term gazing over the horizon i.e. the unknown unknowns
- Deal with the overlap that exists between these 2 timeframes and which requires regular revisions and reconsiderations
- The LT and the future as assumptions shift

# Key points

What if the future is not what we expect? There is a need to think about uncertainty.

Consideration of many futures is essential.

These futures must be modelled to enable robust decision making and policies to be formulated.

A transparent and participatory approach is the most robust way forward.





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