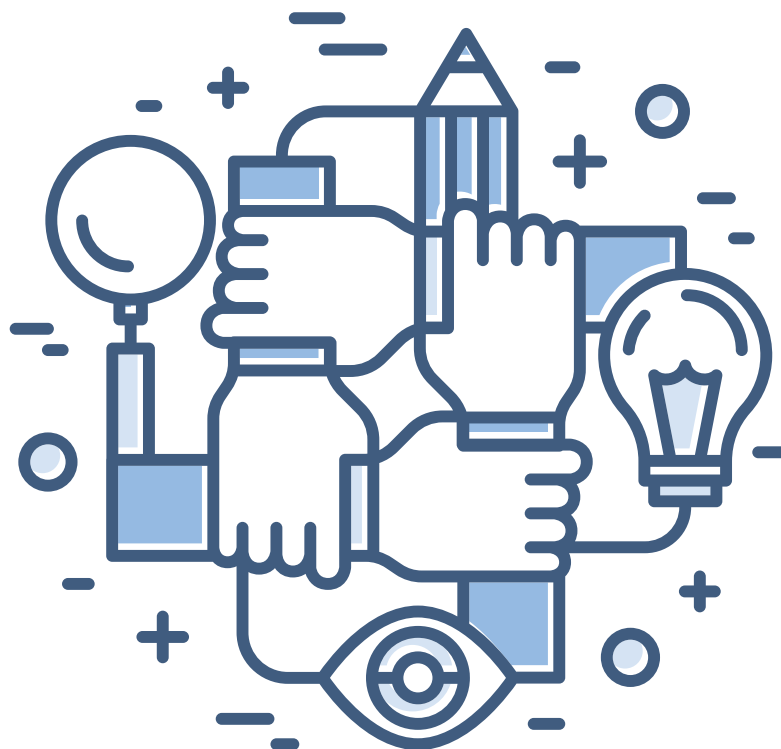


Comisiwn Bevan Commission

“ A Workforce Fit for Future Health and Care:

Aligned to a Prudent Social Model of Health



Comisiwn Bevan Commission

The Bevan Commission (hosted and supported by Swansea University) brings together a group of internationally renowned experts to provide independent advice on health and care to Welsh Government, leaders across Wales, the UK and worldwide.

The Bevan Commission identifies and shares best practice from healthcare systems around the world, building on the principles of the NHS as established by Aneurin Bevan. It provides authoritative recommendations to improve Wales' healthcare system, transforming thinking into action and supporting healthcare professionals on the frontline to innovate and test out their own expert ideas.

The Bevan Commission believes that good health and care is everyone's responsibility, so works with professionals and community members to ensure their views and ideas are heard and inform in the health and care debate.

Publications

All publications are available from the Bevan Commission website: www.bevancommission.org

Contact Us

Tel 01792 604630

Email Bevan-Commission@Swansea.ac.uk

Mail Bevan Commission, Swansea University,
Bay Campus, Fabian Way, Swansea, SA1 8EN

Please reference this article as:

A Workforce fit for future health and care: aligned to a prudent social model of health

[ISBN]: 978-1-912334-09-4

EXECUTIVE SUMMARY

- This builds on the findings of the Bevan Commission's 2016 report *A Workforce fit for Prudent Healthcare*, this paper examines the workforce of the future through a prudent lens, within the context of a social model of health and care.
 - It recommends that **a workforce fit for the future will need to be different to the one we have now and be empowered** to put prudent healthcare into practice. Health and care professionals will need to work together with (not to or for) patients and communities and to participate proactively in addressing their own health and care.
 - This is reinforced by the Welsh Government's recently published long-term plan for Health and Social Care which puts Prudent Healthcare and its principles at its heart – a concept and philosophy developed and championed by the Bevan Commission.
 - The Bevan Commission identifies the need for a **rapid transformation of traditional health and care roles** to take this transformative process even further, proposing new combined multidisciplinary roles and teams across health and social care and other important disciplines such as; health data analysts, wellbeing coaches, health technologists and new 'core health carers'. This role would put the holistic needs of the individual (environmental, physical, social and psychological) at the core of any role transformation.
 - There is also a clear need to continue to **expand upon the diversification of existing roles** focusing on future needs, in an ongoing, flexible and responsive way. The next generation of health and care professionals will need to develop **core competencies in problem solving, emerging technologies and communications**.
 - The Bevan Commission calls for the **inclusion of the wider workforce (members of the public, patients, carers and the third sector) within future workforce plans**. Maximizing the skills and assets held within these groups through training and other support will be essential to achieve more sustainable health and care in the future.
 - **Creative thinking and bold leadership** is needed to trial these transformations in roles and services. It will also require professionals and their representative colleges to embrace the challenge and work together with others to find the best solutions.
 - **Different approaches to training and professional development are required** through schemes such as; joint bursaries within the commercial and life sciences sector (all major growth areas for Wales), continued collaboration between the life sciences hub, academia, the NHS. Health and care apprenticeships or bursaries etc. New approaches will also be needed to support the next generation of health and care leaders to drive transformation and develop the new skills and competencies to achieve this.
 - The Bevan Commission calls for Welsh Government and Health Boards to take **urgent action to ensure that the financial resources currently invested in the workforce is prudent and that a fit and healthy NHS workforce is actively promoted**. Absence rates are higher in the NHS workforce in Wales (5.5%) than in the wider Welsh workforce (2.6%) and the highest for any region in the UK and leaves Wales particularly vulnerable. Due to absence, sickness and recruitment challenges, agency staff are increasingly relied upon to fill the gaps - a costly and imprudent measure.
 - Recruitment and retention is an ongoing issue – **new roles and more flexible, integrated career pathways to fit with people's changing family and care needs** will be needed, moving away from the more traditional fixed training and development pathways. This should be used to help make Wales attractive to recruit and retain the future health and care workforce in a globally competitive market.
 - **Health Education and Improvement Wales (HEIW) should lead the way** on implementing the recommendations of this publication, supported by Local Health Boards, NHS Trusts, Professional organisations and Regional Planning Boards in Wales.
-

INTRODUCTION

This paper builds upon the previous report by the Bevan Commission: 'A Workforce fit for Prudent Healthcare' (2016) which posed the question, 'Do we have a prudent workforce?' The evidence reviewed at the time suggested that this was not the case. In particular it was noted that the balance, composition and capacity of the workforce was not best suited to support a prudent approach to health in Wales.

The Commission concluded that resources currently in place are not adequate or being used in the most effective way to manage or meet current or future demands. That paper identified the urgent need to think about how best to bridge the gap between demand and supply, and how the Welsh NHS could adapt, equip, plan and manage its current and future workforce. The report identified 11 key intermediate and long-term actions (set out in Appendix 1 below).

The overriding recommendation was the need for a clear and explicit model and framework for the future of health and care in Wales. Without this, Commissioners felt that it would be difficult to define adequately the workforce that would be best suited to align with future health and care needs.

The Commission has since proposed a strategic vision and model for a prudent health and care system for the future to help guide and stimulate change to meet the health and care needs. This model recognises the important wider factors affecting health and wellbeing and the role that others, outside of the NHS, have to play. The advocated model addresses the holistic health and social care needs of people and communities as part of a cooperative, Prudent Model of Health and Care, based upon a socially orientated, not a medically dominated approach.

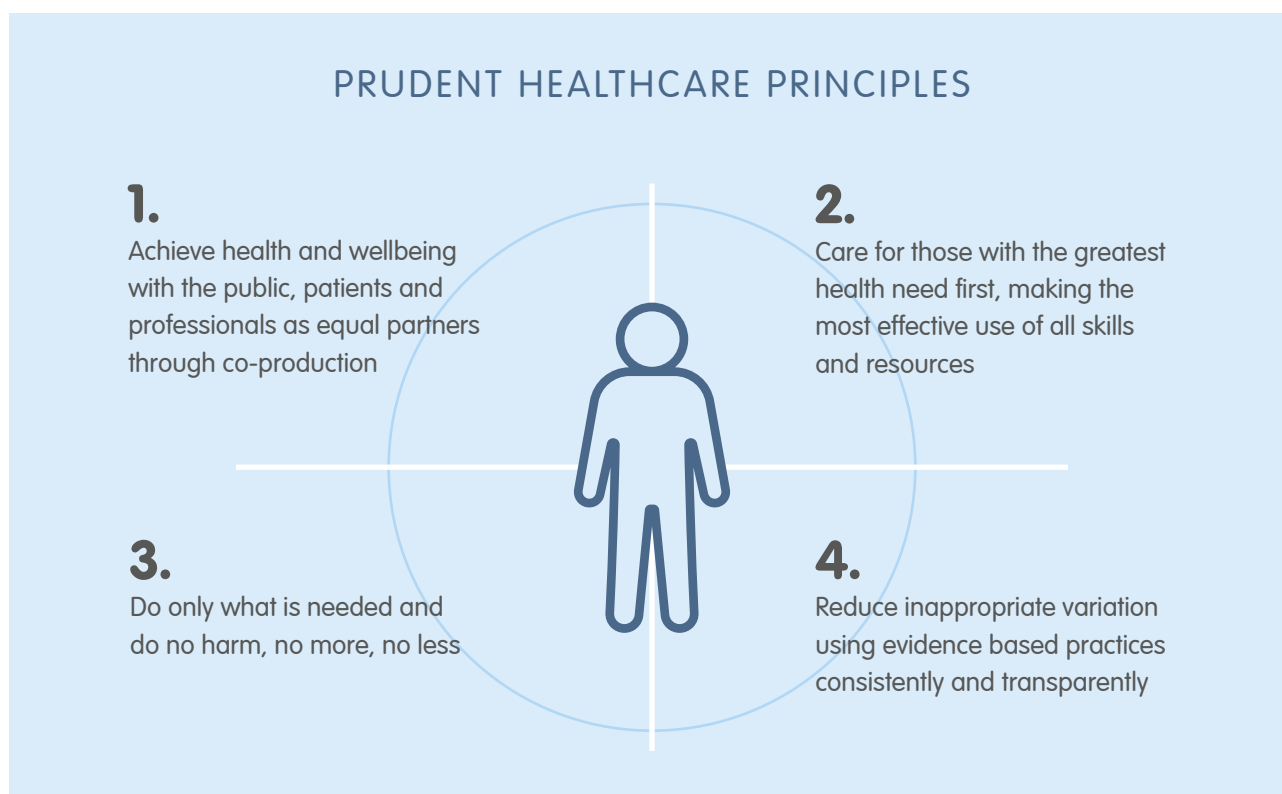
The Commission set out the case for this change in the first paper in the series; Exploiting the Welsh Health Legacy; A new way of thinking: The need for a prudent model of health and Care (Bevan Commission 2017). This was followed by the second in the series; Exploiting the Welsh Health Legacy; A new way of planning: A prudent model of health and care (Bevan Commission 2018), which set out a new way of thinking and working to engage everyone, based upon the 4 prudent health principles.

This social model sets out a different tone and ethos; a co-operative approach based upon joint responsibility and ownership, engagement and partnerships between patients, professionals, the public and other organisations across Wales. This paper and the thinking within it has been developed in response to the Prudent Model for Health and Care in Wales to ensure Wales has a Workforce that is Fit for the Future.

A WORKFORCE: APPLYING PRUDENT HEALTHCARE

In response to the challenges and need to change, the Commission has outlined its approach and thinking through Prudent Healthcare defined as 'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'. This was based upon four prudent healthcare principles (**Fig 1**), outlined in its Prudent Healthcare Principles paper (Bevan Commission 2015);

Figure 1: The Prudent Healthcare Principles



Putting the prudent principles into practice will help address the challenges faced by NHS Wales by;

- focusing upon managing demand;
- engaging citizen participation and co-production;
- addressing patients' needs
- increasing efficiency and quality of care; and
- ensuring less inappropriate interventions are used.

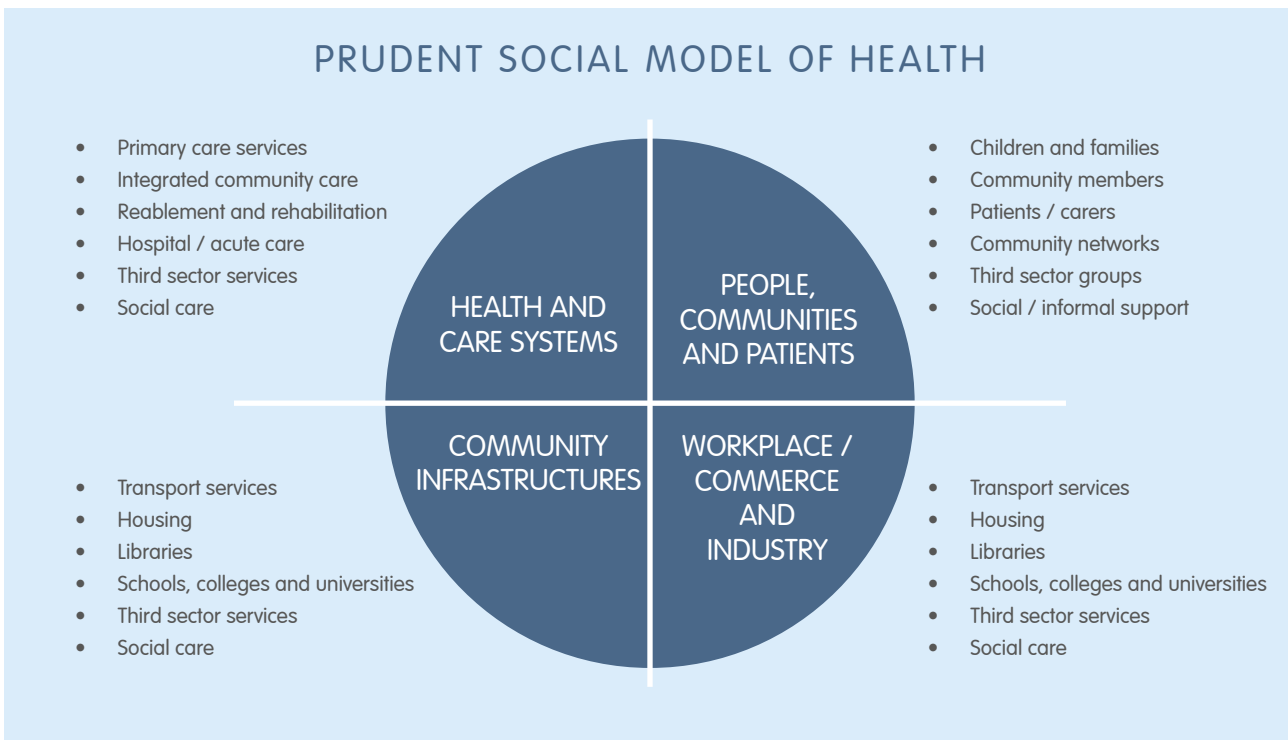
Implicit in a prudent approach to health is the need to redraw the relationship between the citizen and the state.

Empowering people and communities to take greater responsibility for their own health and wellbeing and building resilient skills into our future generation requires a move away from the more traditional 'passive acceptance' and top down 'paternalistic' approach, to one of 'proactive participation'. Within this the rights and responsibilities of individuals are a key consideration. Explicit within this is the need to make this relationship change happen in reality. There has been an increasing trend across policy areas such as the work of the Future Generation Commission and the school curriculum development to recognise this two-way relationship, in this case between the quality of their education systems and the wider health of their society (Donaldson 2015).

A WORKFORCE: ALIGNED TO A PRUDENT SOCIAL MODEL OF HEALTH

The case for a different way of thinking and working and more prudent model of health and wellbeing has been well rehearsed in part 1 of this 'Exploiting the Legacy' series – 'A New Way of Thinking' (Bevan Commission 2017). This sets out why the more traditional models of service delivery do not help to alleviate the root causes and the underlying problems of many current day health and care issues.

Figure 2: Prudent Social Model of Health



The proposed prudent model for health and care (Fig 2) sets out a new way of thinking and working, based upon the 4 prudent health principles. It sets out a different tone and ethos; a co-operative approach based upon joint responsibility and ownership, engagement and partnerships between patients, professionals, the public and the organisations where they work or are there to support them.

This proposes a clear and equal responsibility for maintaining and sustaining individual health and the health of others, which the health and care services will help to support.

Individuals, professionals and the public need to be actively encouraged and supported to be more engaged, to have a greater say, take an active interest to influence the way that services are designed, developed and delivered.

A prudent model of health and social care should;

- actively encourage everyone to take collective action and responsibility to help all live the healthiest lives for as long as possible.
- call upon all agencies to act together and assume joint responsibility to ensure that the most is made of the available resources to meet individual and population health needs.
- develop a strong, robust and prudent integrated health and care system to support both our health and care needs.
- ensure that the most effective use of all skills and resources available is made including local people, patients and the third sector.
- ensure that those with greatest needs prioritised and the hard to reach groups are included.

A WORKFORCE: FIT FOR A SOCIAL MODEL OF CARE - NOW AND IN THE FUTURE

A prudent health and care system is one in which we all share responsibility for maintaining health and wellbeing of ourselves and people in our communities. It demands high quality, effective and efficient services which meets the needs of people, as and when needed.

A social model of care calls for the move away from a traditional emphasis on a 'medicalised' workforce and the divides often created between health and social care provision. It calls for an integrated approach which takes greater account of; the changing population needs; technological developments and the skills of the wider workforce, whether social care, housing, leisure or the third sector, as well as patients, carers and the public themselves. This approach will require a more prudent workforce that is able to be more adaptable and flexible to respond to the changing needs of people.

The composition of the current NHS workforce has remained largely the same since the inception of the NHS, predominantly made up of traditional roles such as doctors, nurses, therapists etc. During this period we have seen some diversification of these roles, as for example, in the introduction of nurse prescribers, paramedics and physician assistants.

The NHS workforce in Wales

Wales is a public sector dominated economy. The current NHS workforce in Wales is made up of approximately 89, 000 people by headcount or 76,288 by full time equivalent (FTE) (Fig 3). This is around 4.5% of the 16-64 age group in Wales and the difference between headcount and FTE is a useful indicator of the prevalence of part-time staff in the NHS workforce.

As one of the largest employers in Wales (along with wider Welsh public services) any changes to the health of this workforce will also have a key influence and impact upon local communities and the wider population of Wales, as well as on the health and the wealth of the people they care for.

Figure 3: Employed(a) NHS Wales staff in Wales September 2016(b)

The total number (FTE(c) of directly employed NHS staff	76,288
Medical & dental staff	6,233
Hospital medical and dental consultants	2,369
Nursing, midwifery and health visiting staff	29,388
Scientific, therapeutic & technical staff	12,429
Administration & estates staff	16,570
Other staff (inc. healthcare assistants, support staff and ambulance staff)	11,669

Note:

a. This data is produced from the Electronic Staff Record (ESR) and as such does not include GPs or Dentists who work as independent contractors, or temporary/agency staff. <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff>

b. Most up to date available is for 30th September 2016. The data for 2017 is expected to be published in March 2018 <http://gov.wales/docs/statistics/2017/170329-staff-directly-employed-nhs-30-september-2016-en.pdf>

c. Full-time equivalent (FTE) numbers are calculated by dividing the number of hours staff in a grade are contracted to work by the standard hours for that grade. In this way, part-time staff are converted into an equivalent number of full-time staff. Over time, FTE is the most appropriate measure of staff resource to use and is used in official statistical releases.

The social care workforce

The Social Care and voluntary workforce plays an equally important role in helping people live fulfilled healthy and independent lives. In the future, they will need to be considered as part of one integrated workforce, designed to ensure that the needs of people are met most effectively. As we move into the next decade the transformation of integrated working, new joint staff / roles and volunteer support will all play an increasing role in supporting and maintaining better health and wellbeing in communities.

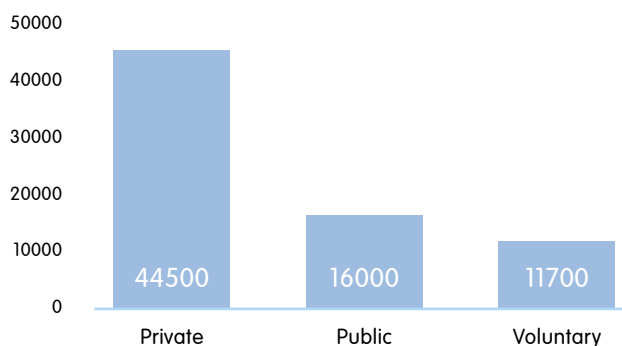
Unlike in health, where the NHS oversees the central administration of the workforce, the social care workforce is more fragmented and spread across a number of public and private organisations and voluntary sector service providers (Fig 4). Over 2,000 sites provide adult social care services, and most of these are run by private service providers. Additionally, 1,700 people receive direct payments and directly employ their own staff to provide the care that is delivered.

Whereas data is routinely published on the health workforce (Fig 3) there is no equivalent dataset for the social care workforce. Social Care Wales has estimated the number of people employed in Adult Social Care in Wales as 83,400¹ which is broadly comparable to the healthcare workforce and has a direct contribution to the Welsh Economy of £1.2 billion.

Where workforce data is routinely produced it is based either around specific professions or around services provided. For example, Social Care Wales publishes workforce data on Social Workers in Wales², which highlights the 3,900 (3,625 FTE) registered social workers employed in local authorities at the end of March 2016. This does not cover other non-registered staff working in the field although does identify the use of agency staff to cover employment gaps.

The Care and Social Services inspectorate Wales (CSSIW) which is responsible for regulating a range of social care services for children and adults, publish on the number of services that they regulate³ (6,133 services) but not the number of staff that work for these services which are provided across the public, private and voluntary sectors.

Figure 4: Number of Adult Social Care Workforce in Wales by Sector



Source: CSW (2018) The Economic Value of the Adult Social Care sector - Wales

In summary a more rapid and greater transformation of the more traditional roles alongside the development of new roles will be needed to make sure we meet future needs most effectively, responding to new developments and making the most of all skills and competencies and the data and technology available.

The third sector and volunteer workforce in Wales

Similarly, it is difficult to secure precise measures of the volunteer workforce in Wales. This undoubtedly has a considerable impact upon the health and care of people across Wales and particularly those who are most vulnerable and is sometimes referred to as the 'unseen' workforce. It is estimated that there are over 33,000 third sector organisations working in Wales.

Within these there are 938,000 volunteers and it is estimated that 145 million hours of voluntary effort is given in a year, with a monetary value of £1.7 billion.⁴ The Carers Wales reports that over 380,000 people provide unpaid care for disabled, seriously ill or older loved ones in Wales. They estimate that this has the potential to save £8.1 billion a year, doubling since 2001 and outstripping the rate of population growth in Wales during the same period. The third sector and volunteer workforce will have an increasingly active part to play in the future and will need to be included and supported in future planning arrangements.

¹ <https://socialcare.wales/resources/the-economic-value-of-the-adult-social-care-sector-wales>

² https://socialcare.wales/cms_assets/file-uploads/SWWP-2015-16.pdf

³ <http://careinspectorate.wales/docs/cssiw/publications/170620annualstatsen2.pdf>

⁴ https://www.wcva.org.uk/media/3594846/wcva_almanac_2016_6_.pdf

A WORKFORCE: BUILDING ON EVIDENCE AND EXPERTISE

Since the publication by the Bevan Commission of a 'A Workforce fit for Prudent Healthcare' (2016) there have been a number of reports from professional organisations and health think tanks that have considered the future health and social care workforce across a number of professions (Appendix 2).

Only 3 of the reports reviewed (Fig 5), identified new approaches to a future workforce, however these were often related to specific or sub groups of staff. They often championed the expansion of existing roles to take on new tasks, while remaining under medical supervision and control.

Figure 5: Workforce Report Review

Report	Professional Group	Recommendations
NHS England (2017) Allied Health Professions into Action	Allied Health Professions	Proposes a new framework for system leaders to enable AHPs to transform care based on four commitments to how services are delivered by AHPs (1. Commitment to the individual; 2. Keep care closer to home, 3. to the health and wellbeing of populations, to care for those who care) and four priorities for AHPs to meet the challenges of changing care needs (1. AHPs can lead change, 2. skills can be further developed, 3. AHPs evaluate, improve and evidence the impact of their contribution, 4. AHPs can utilise information and technology).
Kings Fund (2017) Understanding pressures in general practice	GPs	A new model for general practice must enable GPs or their team members to take on the task of co-ordinating care for their population, by providing them with the right resources in terms of time, money, skill-mix and (crucially) closer working relationships with secondary and community care teams. Continuity of care is fundamental to effective primary care and is highly valued by patients, particularly those with chronic, multiple and complex needs.
Nuffield Trust (2016) Reshaping the workforce to deliver the care patients need	Physician associates, extended roles, advanced roles, non medical workforce	There is good evidence that support workers can provide good-quality, patient-focused care as well as reduce the workload of more highly qualified staff. Investment here could provide a cost-effective and rapid solution to mitigating some of the pressures on more senior staff. Support roles can also widen participation by providing a route for those who do not have academic qualifications to become professionally qualified. In the future, care will be supplied predominantly by nonmedical staff, with patients playing a much more active role in their own care. Medical staff will act as master diagnosticians and clinical decision-makers. All staff will be supported by increasingly intelligent medical and information technologies.

The key task of coordinating and maintaining continuity of care across professional and organisational boundaries was highlighted as key part of these extended new roles as well as a focus on the needs of the patient rather than that of the service or workforce. The current system defines roles (whether these are nurses, therapists or medical professionals) and therefore care, based upon existing professionals or roles whose skills and expertise may or may not be what is needed in the future.

⁵ <http://www.carersuk.org/wales>

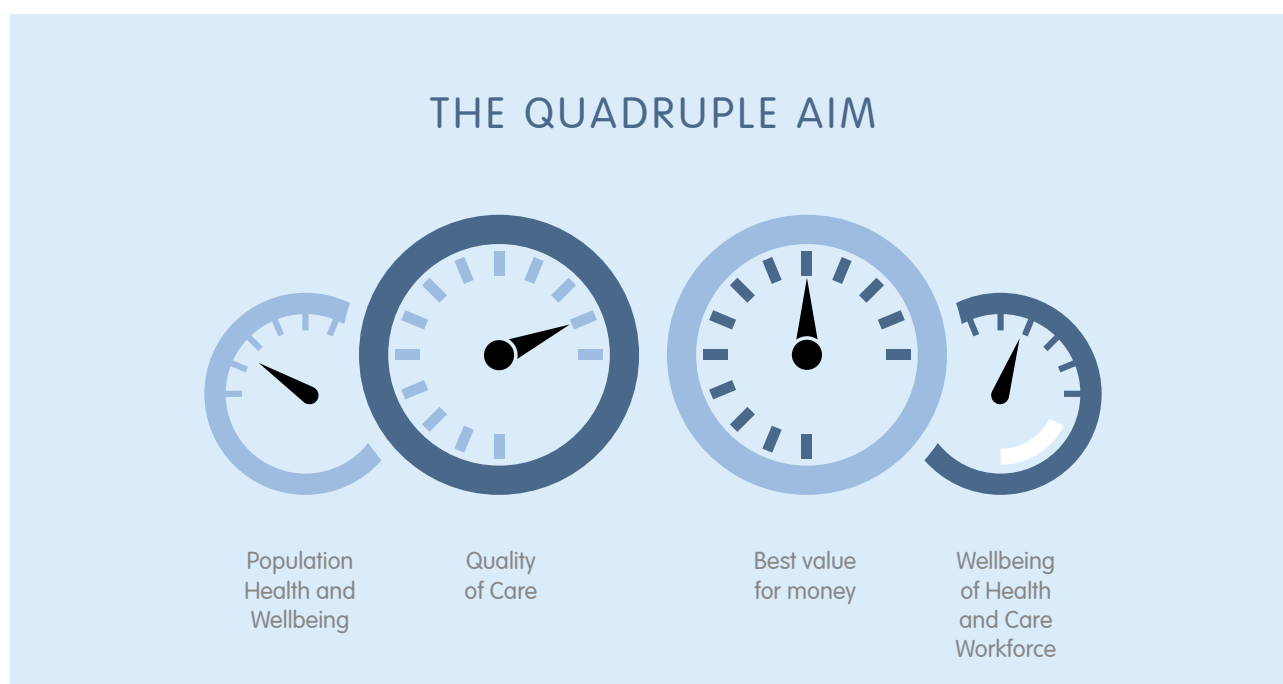
THE PARLIAMENTARY REVIEW INTO HEALTH AND CARE

The Parliamentary Review into Health and Care (2018) highlighted; 'Wales needs a different system of care' and made 10 key recommendations (Appendix 3). The future vision for this system 'must articulate a clear and simple vision of what care will look like in the future, organised around the individual and their family as close to home as possible -- It should be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Furthermore care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care'.

Alongside this, the review identified four mutually supportive goals – 'the Quadruple Aim' (**Fig 6**).

As part of recommendation 5 from this report 'A great place to work' which focused on the future health and care workforce, a number of supportive actions were proposed. These included many well recognised approaches such as: the need for joint work force planning at regional level; to deliver staff with new skills and integrated career paths; joined up approach to recruitment across all areas and a clear focus on improving and maintaining the health and wellbeing of the current workforce. There was however little challenge in the way of new or novel holistic roles or approaches or detailed reference to the impact of technology in the future.

Figure 6: The Quadruple Aim



A HEALTHIER WALES: PLAN FOR HEALTH AND SOCIAL CARE

In response to the Parliamentary Review, Welsh Government (2018) set out its long term vision of a whole system approach to health and social care which explicitly set out the need to develop new models of seamless local health and social care built on a Prudent Healthcare approach.

It calls for a workforce strategy that includes new workforce models, the alignment of recruitment across sectors to make the health and social care sector to attract and retain a future workforce. It highlights the role of Regional Partnership boards as a key way to drive the seamless integrated care and the use of intensive learning academies to train and develop the professional capabilities and system leadership needed in the future.

A WORKFORCE: RECOGNISING FUTURE NEEDS

Given the fast pace of change in society and other forces shaping the future, particularly the technological and medical developments, it is not easy to predict what will happen in the future and how best to prepare for this. As people live longer, they often do so living with growing numbers of chronic conditions and increasingly complex health and social care needs. Obesity and other lifestyle factors, particularly mental health, will increasingly impact upon the health and wellbeing of the future population.

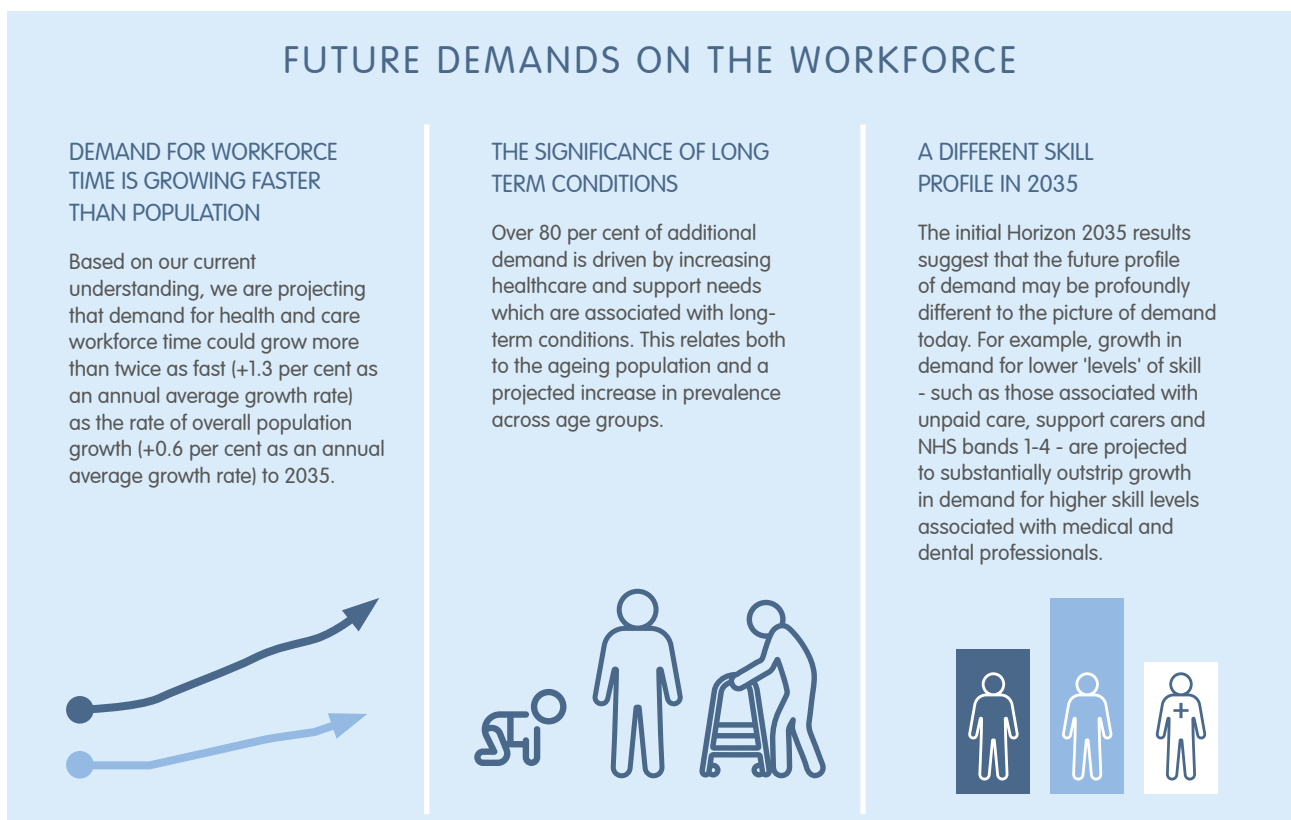
Most individuals wish to be cared for at home not in a hospital and this must also be an important consideration in future workforce planning. More community based integrated health and care solutions will be needed where solutions start with people and skills that are shared across organisations and professionals groups addressing social, environmental and health needs together.

Ultimately, if the current system does not change its current roles and ways of working, the demands for healthcare will eventually out strip the resources available to meet these. This is not only unsustainable but is imprudent and requires the urgent identification of more sustainable solutions, through transformative system partnerships to develop the necessary individual and team skills.

Exploiting the Welsh Health Legacy; 'A new way of thinking: A prudent model of health and care' (Bevan Commission 2017), requires everyone to take responsible and be part of finding better solutions together. Consistent with this evidence, the Commission recognises that in order to design a workforce that is 'fit for the future' the following must be considered alongside the prudent healthcare principles

- the health needs of the population
- the global drivers for change
- public and professional expectations
- the future demands on the health and care workforce **(Fig 7)**.
- technological advances

Figure 7: Future Demands on the Workforce

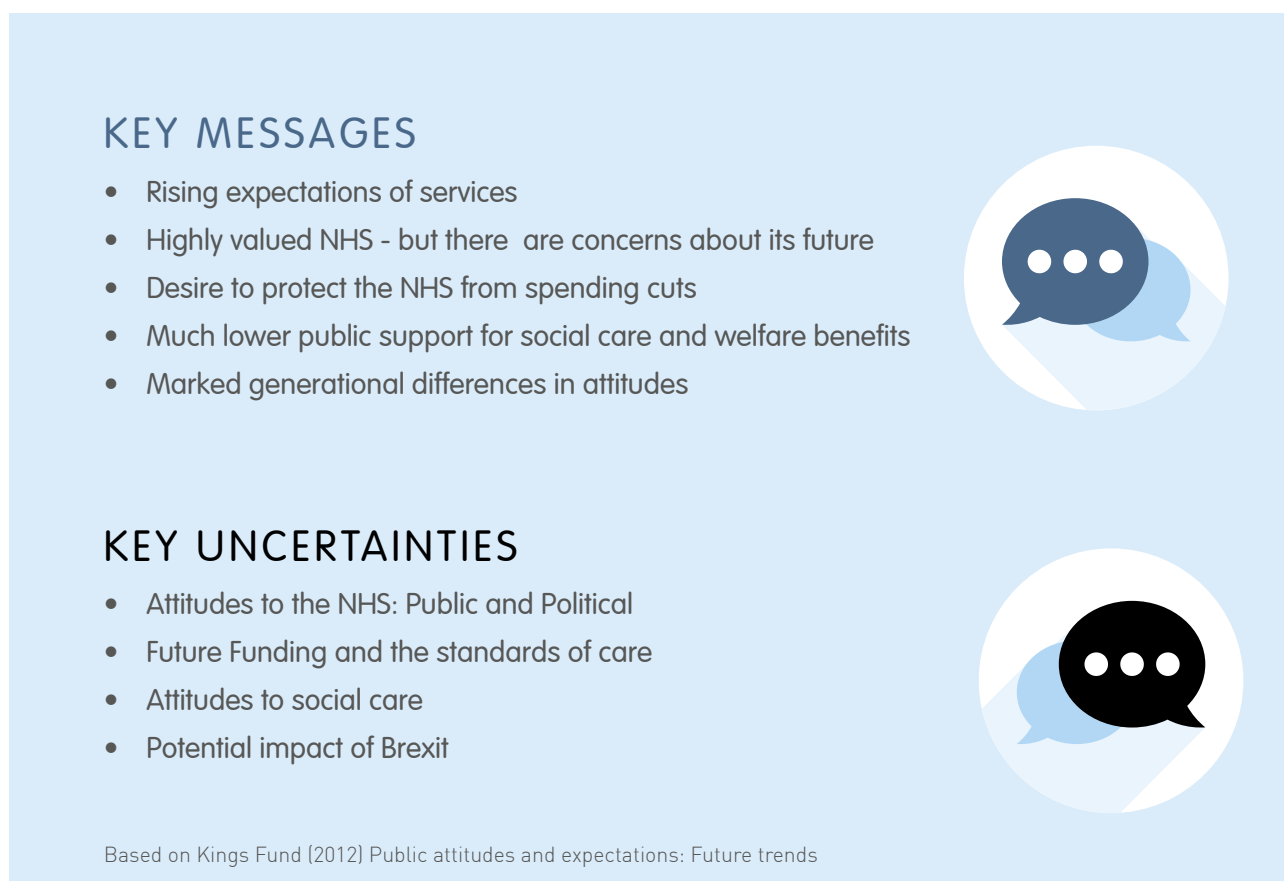


Wales must recognise that it is now part of a global recruitment system and that it will be competing with healthcare systems around the world for health and care staff and must explore ways in which to be an employment destination of choice. There are well recognised challenges in recruiting enough clinical staff to maintain current services as currently configured. In response, the NHS in Wales is trying to recruit doctors and nurses from overseas. NHS organisations recruited 377 nurses from overseas in 2015-16 with a further 580 planned for 2016-17⁶. However the impact of Brexit places significant uncertainty regarding further recruitment and retention of overseas nurses. More creative solutions to such problems will be imperative.

Public expectations and attitudes will continue to play a key part in shaping roles and supporting services in the future. These can sometimes be seen to hinder progress such as in resistance to service change such as in hospital closures. The public can also act as agents for change, proactively driving progress through technology or eco-friendly agenda's.

Expectations of public services will continue to rise with increasing numbers of individuals expecting to receive services and information instantly and often in different ways. These combined, will continue to shape the Future NHS (**Fig 7**) and the roles and responsibilities of the people who work within it.

Figure 8: Public Attitudes and Expectations



⁶ <http://www.nhsconfed.org/~media/Confederation/Files/Wales%20Confed/NHS%20Workforce%20Briefing.pdf>

A WORKFORCE: ADDRESSING NEEDS, SKILLS AND COMPETENCIES

The current workforce has largely a similar workforce to that which was designed for the needs of the population over 70 years ago and which are now very different. For many older people gaining longevity is not enough on its own without a good quality of life, much of which is dependent upon factors outside of healthcare. Understanding how best to support people with such complex medical, social and psychological needs will be central to determining the future health and care workforce.

Traditional models of care have been segregated into different organisations and departments, different professions, different medical conditions and different roles. The picture has become overly complex with a wide range of workers across local government, the NHS and the third sector all involved in supporting individuals' health and care needs. In light of this there is a clear need to re-assess the core skills and competencies, addressing integrated seamless care by;

- Building and adapting existing roles e.g. advanced paramedics/community geriatricians
- Rethinking and developing new roles e.g. health informaticians/wellbeing coaches/health technologists / community coordinators
- Identifying the wider skills of carers, patients and third sector organisations
- Re-train, encourage and support those who have left but think about returning given different conditions.

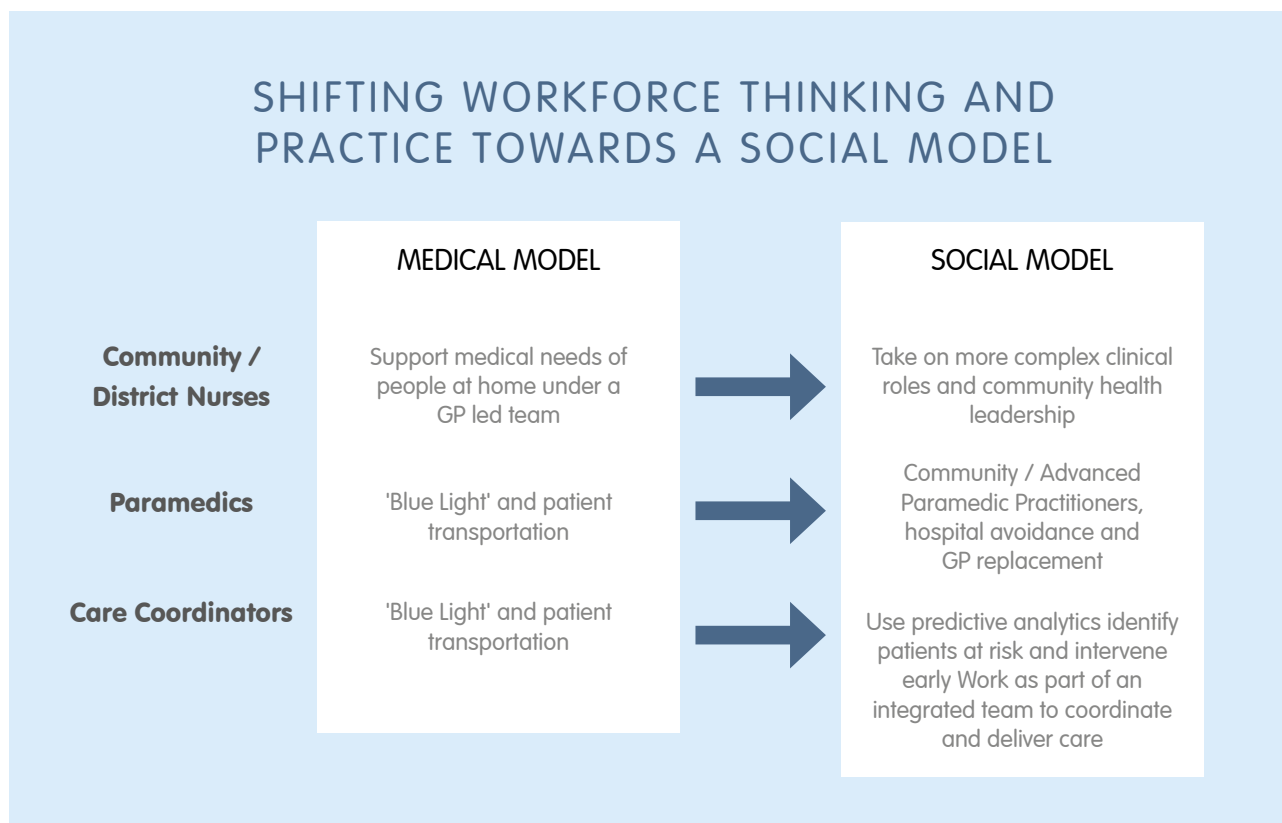
Thinking differently and from the patient's perspective should help us in this. For example, a 'core carer' (Fig 9) who oversees and manages the individuals' core environmental, social, physical and psychological needs and when necessary, refer to others for more specialist and complex support, will also maintain a single point of contact for the individual and their family or carer. Such new roles which span health and social care will be needed, with the necessary competencies to deal with the increasing complexities of aging and end of life, providing holistic and a continuity of care where life is cherished and not just survives.

Figure 9: The Core Health Carer



To achieve this the core competencies of all professions will also need to evolve – it may be a nurse with different responsibilities or a doctor with additional clinical expertise or indeed a new kind of individual or combined / different roles that are needed (**Fig 10**). A workforce culture that is open, flexible and responsive is required for this, driven by patients' needs and informed by innovation, evidence, technology and research

Figure 10: Shifting workforce thinking and practice towards a social model



CORE SKILLS FOR THE FUTURE

The following skills will be key to any future health and care workforce and will need to be reflected in future training across careers and professional development irrespective of profession or organisation;

ANALYTICAL / PROBLEM SOLVING SKILLS

Using data and other information to find the best solutions and ways of working e.g. using a range of data to inform and compare outcomes, achieve best value and monitor user feedback such as 'iwantgreatcare'.

SKILLS TO USE TECHNOLOGY / IT

The ability to use IT and other forms of technology to help inform, support and connect the health and wellbeing of people- e.g. use of home sensors and predictive technology.

COMMUNICATION / SOCIAL SKILLS

Being able to communicate effectively with people will always be a core requirement and should not be taken for granted e.g. informed choice, choosing wisely and understanding need.

COMPASSIONATE AND CARING SKILLS

In order to care for those with really complex needs in the community as well as in hospital or residential care

A WORKFORCE: FUTURE PROOFED - FLEXIBLE AND DYNAMIC

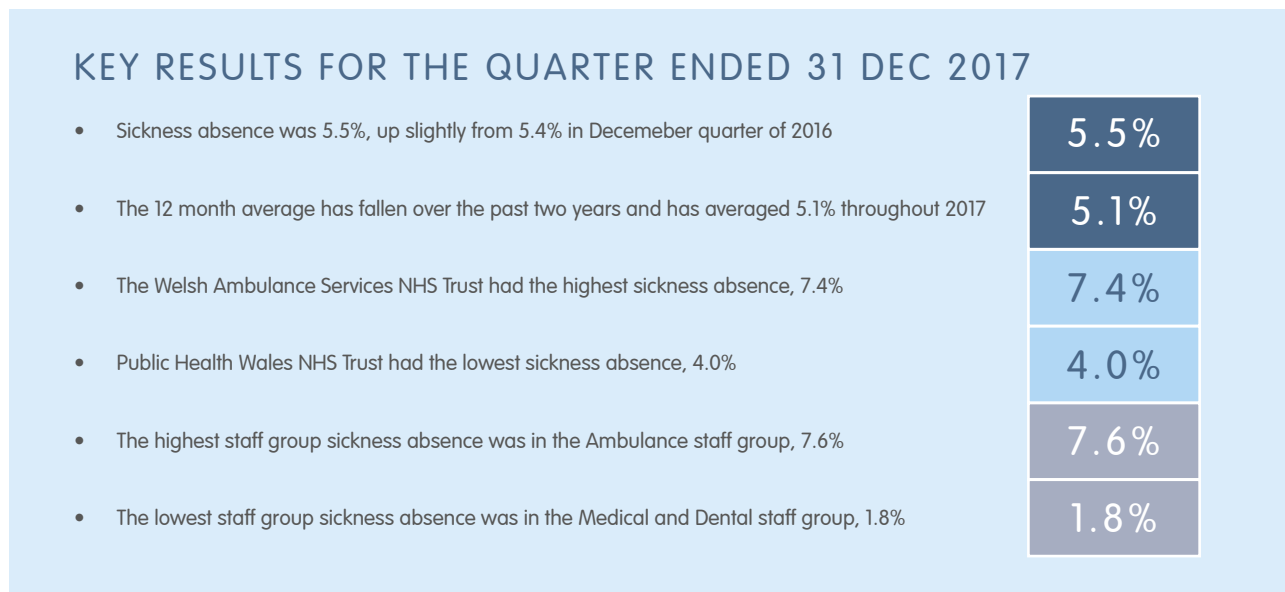
- **Bold and creative thinking and transformative systems leadership** will be required when planning ahead to find ways to try out and test different roles and ways of working across disciplines. Future leaders must have the ability to work across services and organisations to meet the needs of the growing number of people with complex medical conditions and those who rely on care and support from different agencies (King's Fund 2015). In many cases this will involve overcoming professional or organisational barriers to co-ordinate care most effectively.
- As such there is a clear need for an **increased emphasis on systems and collaborative leadership** skills at all levels within the NHS and the wider care workforce. Further consideration on how this may be achieved is needed, whether through expanding current training provision or more flexible development pathways for all public sector staff in Wales.
- **More innovative ways to support people in the adoption of new knowledge and skills** will be required. This includes experiential learning and development within the workplace as well as outside, with responsive learning opportunities between industry and academia, including; flexible secondments and portfolio learning across traditional organisational boundaries; the use of IT and the 'amazon-isation' of services, intergenerational skills programmes using young people to support older people in technology adoption, learning from schemes such as the Barclays Eagles (Barclays Bank 2018).
- Identifying **joint bursaries with the Life Science / technology industry, academia and the NHS** will be important to enable health and care staff to develop and share their thinking, learning and skills, in a flexible work based environment.
- Developing **apprenticeships in health and care** will help young people to learn and work as their skills and interests develop. Collaboration with industry, academia and other partners will help strengthen our knowledge and understanding of what works and what is needed and how best to get it adopted at pace.
- **Expand generalist skills** across professional groups e.g. nursing, medicine and therapies, to meet the growing complex needs of an aging population.
- **Maximize assets and develop skills.** We should support patients and carers to play their part in supporting their own care and that of others equipping them with the skills to do so.
- **Greater account of professional needs, aspirations and circumstances will be needed,** designed to fit around people and their own changing needs to help recruit and retain staff in the future. **Flexible, responsive working models and combined roles** for people such as GPs, who may not want business responsibilities on top of their clinical work, should be developed, along the lines of the salaried GP. More opportunities to combine clinical work with research, teaching or leadership roles, working with industry also need to be further explored.
- **Seamless team working and communication** will be even more critical to support the growing frail individuals with complex needs and their families in the community. As stewards of health and care for people, the workforce needs the skills to be able to lead, manage and make decisions in complex and transient situations, increasingly outside of hospitals, within the community.
- The workforce will need to **keep pace with consumer demand and take advantage of the opportunities technology holds and this will need to be figured into future workforce planning and training.** *'the workforce is going through an unprecedented transformation driven by the rapid expansion in technology and where automation and 'thinking machines' are replacing human tasks and jobs and changing the skills that organisations need'*. (PWC 2017).

A WORKFORCE: FIT & HEALTHY

SICKNESS TRENDS

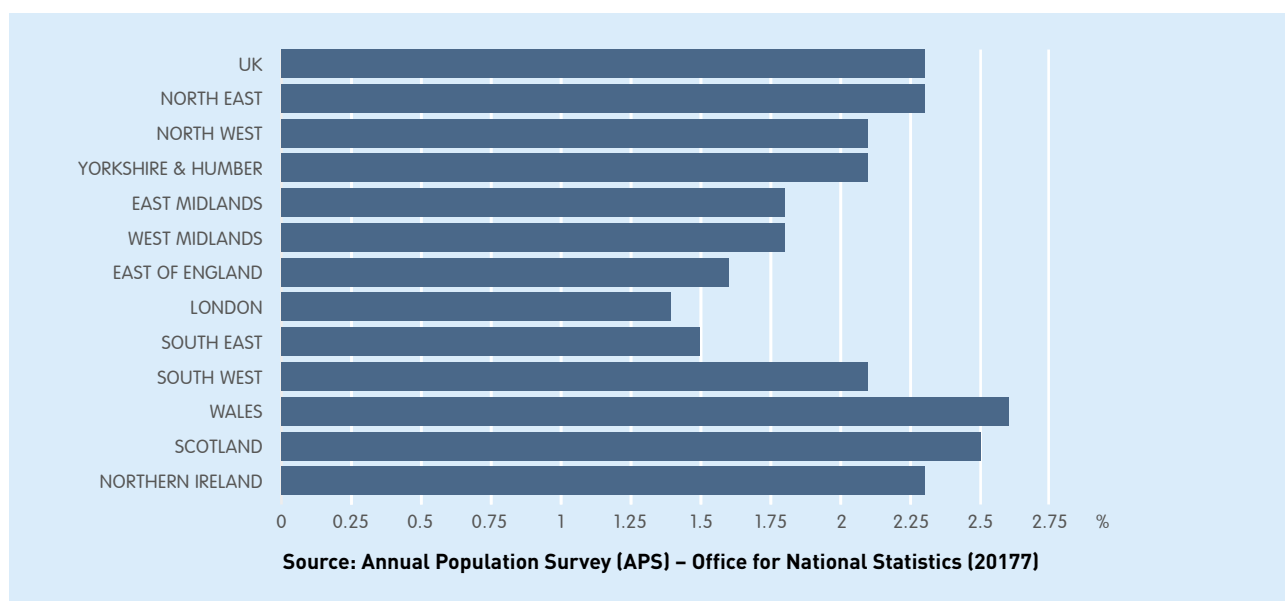
Staff absence due to sickness is 5.5% in the NHS Wales workforce⁷. The Welsh Ambulance Services NHS Trust had the highest sickness absence (7.4%) of all NHS Wales organisations (**Fig 11**) and this has been so since data started to be collected in 2008.

Figure 11: Sickness absence rate in NHS Wales for the quarter ended 31 December 2017



These absence rates are higher than those seen in the general workforce in Wales which the ONS reports to be around 2.6%⁸. However this figure is the highest for any region in the UK and means that the Wales suffers most from day's lost to sickness (**Fig 12**). This should be a key priority for NHS Wales for moving towards a sustainable workforce for the future.

Figure 12: Sickness absence rate: by region, UK, Oct 2015 to Sep 2016



⁷ <https://gov.wales/docs/statistics/2018/180509-sickness-absence-nhs-quarter-ending-december-2017-en.pdf>

⁸ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthe labourmarket/2016>

AGENCY STAFFING

There are well recognised issues in recruiting into the NHS Wales workforce and agency staff are often used to cover employment gaps or sickness. It is difficult to accurately quantify the financial cost and the number of agency staff, as they appear as financial payments to individual agencies who act as service providers to the NHS. Variation in cost due to market forces (i.e. Agency Providers can charge different amounts for staff for specific shifts) and the short term nature of agency staffing, means that the overall financial payment cannot be used as proxy for staff numbers. Freedom of Information (Fol) requests to individual NHS organisations can help provide further information, however, such requests rarely cover all of the workforce or all NHS organisations and therefore have limitations.

All NHS Wales organisations must publish their Fol responses and these can provide a powerful insight into elements of individual agency spend when located. For example in one Health Board in a recent Fol response in 2016/17⁹ it paid over £19 million to 54 different agencies for Clinical and Medical staff, but did not report the individual number of staff this involved. While there is limited clarity of the overall picture in Wales regarding agency staff, what is clear is that there is a substantial amount of money being spent on agency staff to fill gaps in the workforce and to address sickness absence. Wales needs a more prudent strategy to ensure that financial resources are used to best effect.

VALUING AND EMPOWERING THE HEALTH AND WELLBEING OF STAFF

Ensuring and maintaining a fit and healthy workforce is not only good for the organisations and their efficiency, it also makes sense for employees and their families and for the people they look after. Employees should have the support they need, when they need it and be encouraged to be advocates for good health and have access to health promoting facilities. It is well recognised that prioritising the care for the health and wellbeing of NHS staff to ensure their effectiveness and their wellbeing and improves the outcomes of patients¹⁰.

NHS staff are often parents, grandparents and carers themselves and represent a large proportion of the local communities. The need to maintain a fit and healthy workforce is therefore not only important from a workforce efficiency perspective but can have a great impact and influence upon people living within local communities. Enlightened employers recognise the importance of shaping a workplace culture in which supporting and safeguarding the health and wellbeing of all members of the workforce has high priority. It is important that this culture permeates the NHS and becomes the norm in Wales.

Value and empowering staff has been shown to be important not only in improving patient outcomes but also the health and wellbeing of staff. The *Patient First Improvement System*¹¹ implemented in the Western Sussex Hospitals NHS Foundation Trust is based on improvement methodologies, most notably the principles of 'kaizen' (or 'continuous improvement'). It empowers front-line staff to make improvements themselves, providing the training, the tools and the freedom to work out where the opportunities are and the skills and support to make change happen and to make it sustainable.

Performance against key outcome measures (Hospital Acquired Infections, Mortality and Pressure Ulcer) have continuously improved and resulted in favourable CHC inspections which rated the trust 'Outstanding'¹². This style of approach was also reinforced through the Parliamentary Review of Health and Social Care's (2018)'s Quadruple Aim to '*enrich the wellbeing, capability and engagement of the health and social care workforce*'.

Welsh Government and NHS Wales will need to take action to address sickness absence and wellbeing drawing from existing schemes and initiatives such as Healthy Working Wales¹³ and the Corporate Health Standard¹⁴ as well as others that have been shown to engage staff in their own health and wellbeing.

⁹ <http://www.wales.nhs.uk/sitesplus/documents/863/17-H-014.pdf>

¹⁰ <https://www.kingsfund.org.uk/audio-video/michael-west-collaborative-compassionate-leadership>

¹¹ <http://www.westernsussexhospitals.nhs.uk/your-trust/performance/Key%20e/patient-first/>

¹² <http://www.westernsussexhospitals.nhs.uk/your-trust/performance/cqc-rating-outstanding/>

¹³ <http://www.healthyworkingwales.wales.nhs.uk/about-hww/>

¹⁴ <http://www.healthyworkingwales.wales.nhs.uk/sitesplus/documents/1130/Corporate%20Health%20Standard%20Criteria%20Pack%20-%20English%20Language.pdf>

A WORKFORCE: PUTTING PRUDENT NEEDS INTO PRACTISE

To change the way the future health and social care workforce is planned and delivered will require a different way of thinking and a change in culture and ethos, consistent with a prudent model of health. Some of the proposals in this paper are novel approaches and will require new thinking, training and skills development as well as different ways of working. Others build on developments to date but all need to be supported, enabled and incentivised urgently. Local Health Boards in Wales and their staff will need to work together to ensure these innovative approaches are embedded in practice for the future.

Health Education and Improvement Wales (HEIW), has been created¹⁵ to combine the functions undertaken by the Wales Deanery, the Welsh Centre for Postgraduate Pharmacy Education (WCPPE) and the Workforce, Education and Development Services (WEDS) Team within NHS Shared Services. HEIW aim to deliver a single body to support the development of the health workforce in Wales, including education and training, planning, leadership, careers, improvement and widening access. As such HEIW will have a central and leading role to play in achieving this and many other aspects within this paper.

BUILDING UPON WHAT WE HAVE; SOME PRACTICAL STEPS FOR EARLY SUCCESS

Some of the suggested approaches already exist but as yet, still remain an 'initiative' or 'programme' and are not universally adopted. Where these have proven to be successful there is a need to support to ensure widespread adoption as core elements within the workforce and in workforce planning, consistent with a social model of health and care. Some of these are highlighted below;

1. A workforce with improved coaching and mentoring skills

Supporting others to help themselves and others, using the skills and knowledge available whether within our local communities, or as employees or patients. In Wales there are successful programmes such as EPP Cymru which uses trained volunteers to support others, however these need to be expanded to reach far more people and continually developed further.

EPP Cymru provides a number of self-management courses and workshops for people living with any long-term health condition or a caring role. These courses provide an opportunity for people to learn new coping skills, which can help improve the quality of daily life.



¹⁵ <http://gov.wales/topics/health/nhswales/hiw/?lang=en>

2. A community workforce equipped to sustain its own health

The 'wider workforce' has a key role to play in supporting the health and wellbeing of communities, whether; individuals, groups, carers, volunteers or third sector organisations. Health boards should identify how it might best develop the assets within its communities to build resilient and sustainable health and wellbeing. This includes first aid skills for school children, Heart start scheme, First Responders and community befrienders.

The Heartstart scheme aims to teach CPR and emergency lifesaving skills to the public. Led by community volunteers they are free to attend and have been developed to be delivered in schools.



3. A skilled workforce able to anticipate, predict and prevent problems.

Developing way to solve problems: working with others whether the combined skills of the police or fire service, education or social care are needed. The world leading research at Cardiff Universities Violence Research¹⁶ group led by Professor Jonathan Shepherd has implemented many of the innovations initiated and developed by VRG.

The Violence Prevention Group is the operational arm of the Violence Research Group and is a member of the World Health Organisation's Violence Prevention Alliance. As part of the statutory Cardiff Community Safety Partnership it is responsible for violence prevention across the capital city of Wales.



Violence Research Group
Grwp Ymchwil Trais

4. A workforce supporting independent living

The Gwent Frailty programme in Aneurin Bevan Health board aimed to provide 'support when you need it to keep you happily independent' and while it successfully brought together partners and staff who invested time and resources to improve outcomes for frail elderly people together.

The Gwent Frailty Programme was set up to create a community based integrated model of care. It aimed to bring together professionals in each locality to ensure access to the right person, the right level of response is available when needed to help people remain at home.



5. A workforce that co-produces and shares power with colleagues and patients

By identifying health and wellbeing needs and translating these into redesigned services tailored to the individual need of patients will be an essential skill in the future health and care workforce. Reducing inequality will continue to be a central principle to thinking and planning of new health and care services. Health literacy, patient mobility and patient empowerment all play key roles in ensuring that people are provided with the skills to enable them to take an active part of their health and wellbeing.. *IWantGreatCare* is an online feedback system that can be used by patients and their families to provide feedback on their experiences and allow others to see their responses.

Co-production through the creation of a Patient council.

The project aims to make a step-change in approach to involving patients and local communities within the development, ownership, and scrutiny of their primary care services. The project will develop a Patient Council which will oversee the further development of the Healthy Prestatyn Iach (HPI) primary care service, and provides learning for other primary care services wishing to develop services using a co-productive approach.

¹⁶ <https://www.cardiff.ac.uk/violence-research-group/about-us/violence-prevention-group>



iWantGreatCare¹⁷ lets patients leave meaningful feedback on their care, say thank you and help the next patient. It's a private service that is independent, secure and trusted by patients, doctors and hospitals. Feedback is provided on doctors, dentists, hospitals, GP practices, medicines, pharmacies and nursing homes.

i
Want
Great
Care

6. A workforce that empowers people to make prudent choices

Patients and the public need to be given help to be able to make wise informed decisions about their health and others around them and the services and support that are the most appropriate to access. This could include when to access emergency care, using community pharmacies rather than GPs and signposting to information to support a healthy lifestyle. 'Choosing wisely'¹⁸ helps promote better informed choices about interacting with health and care services.

Making Choices Together/Choosing Wisely Wales Partnership is a movement to encourage open conversations between patients and their clinicians, to make decisions together about the right care for the individual. It aims to make sure that healthcare conversations and decisions will be informed by good evidence, and responsive to what is important to the patient.



7. A workforce at the forefront of developing new versatile and flexible roles including social prescribing

New roles that are relevant to current and future needs must be developed. The interface of health and social care represents a particular area for this focus with roles that support prevention and early intervention. For example this may include life coaches, wellbeing coordinators also health technologists, data analytics and general rehabilitation therapists skilled at enabling people to get back on their feet following surgery/ hospital. We must be proactive, and open minded to develop and try out and test some of these new roles with supported training and development alongside other agencies such as industry and third sector.

The 'Go Green 4 Health' programme is a 'community social prescription' of activity in the outdoors designed to prevent ill health and improve the management of pre-existing chronic conditions. GG4H encourages people to be more physically active by visiting local parks and green spaces including activities like walking, gardening, cycling, active volunteering to gentle jogging. There are multiple volunteer led activities taking place and all of our activities are free, safe, and designed for all activity levels.



¹⁷ <https://www.iwantgreatcare.org/information/about>

¹⁸ <http://www.makingchoicestogether.wales.nhs.uk/home>

8. Organisations and staff pioneering radical new approaches to training and recruitment

New approaches are required to meet many of the future needs. These should include; Apprentice Schemes – for general / generic health and care workers, health technology assistants, generic nursing and therapists; more flexible opportunities to maximise the existing skills of the Refugee workforce; building inherent first aid skills into our young people at schools, colleges and within our local communities . This needs to focus on 'growing our own' developing skills locally to meet future workforce need in a sustainable and more equitable way.

Talent Bank, which is led by Gower College in a partnership with Institute of Life Science at Swansea University Medical School, is a new education and skills programme specifically designed to support the evolving life and health science sector in South West Wales. The project will ensure young people in Swansea graduate with the necessary work-based skills to progress to university, go on to work-based learning or directly into employment.



Aneurin Bevan University Health Board, twinning with Coleg Gwent to provide vocational training and experience for health and social care. This aims to help ensure that local young people are able to more equitably access education and professional occupations in a way that promotes social mobility and a sustainable workforce within the local community.

Future Doc



9. The workforce as 'Advocates for Health'

The workforce must become stewards of the healthcare system through the scale up and widespread adoption of such programmes as Making Every Contact Count (MECC) and Brief Intervention programme.

The MECC approach aims to empower staff working particularly in health services, but also partner organisations, to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease. This recognition extends not only to their interaction with clients/patients, but also to their own health and wellbeing and that of their friends, families and colleagues. To be successful MECC must not be seen as a separate public health initiative, but a part of what we all do.



10. A Workforce that is supported to task-shift

As set out in Fig 10 organisations and professional bodies must encourage staff to have the flexibility and support to develop new ways of working that are based on the current and anticipated need of the public. Task-shifting gives others the power and opportunity to influence and change, social prescribing is a good example of how tasks are shifted from a medical to a social model.

The Welsh Ambulance service trust is being increasingly acknowledged as an innovative and adaptive organisation that has undertaken a transformation in its vision, attitudes and underlying performance. New models that make WAST "fit for the future" have emerged which focus on innovations in service delivery. These models reflect the many challenges that the organisation faces but, and more importantly, they evolve from the innovativeness of staff themselves and the new opportunities posed by trends in healthcare requirements and prudent principles.

Community Advanced Paramedics Meets the need for local provision of healthcare services at the home of the patient, the avoidance of A&E as a route to secondary care, the personalisation of care packages and the most effective collaboration of GP and advanced paramedic skills.



KEY ACTIONS TO UNDERPIN FUTURE SUCCESS

The following provide a useful summary and basis from which to develop a workforce fit for a prudent social model of health and care for the future;

- Knowledge and Skills to manage and sustain health and wellbeing e.g., First aid skills for members of communities, 'Heartstart' and other community based skills programme, promotion of and easy access to support groups such as Education Programme for Patients (EPP) and other community support groups which may or may not be directly related to health.
- Tools and information e.g. recommended information that are easily accessible about how to keep healthy, such as exercise trackers accredited' information on healthcare, chronic conditions and how best to manage them, good local information and contacts to support them in their health and wellbeing.
- Using Social / informal networks and support – creating / using local community groups such as NFWI to support isolated people, 'community health watch' schemes along similar lines to local 'crime watch' schemes.
- Increase awareness and innovative use of the variety of health and social care roles, encouraging these to be seen as potential careers at schools and colleges.
- Transformational Systems Partnerships for Health/ Regional Planning Boards are needed especially in rural areas and the necessary skills and competencies to enable this to happen. This could be advanced through technologies such as portals, teleconsultations, online advice, remote diagnostics and case monitoring.
- Bold and courageous strategies are needed to develop and test new roles and ways of working to meet people's needs in a more seamless way, both within the NHS and across the wider health and social care workforce. We need the workforce to work together as multidisciplinary teams that can deliver the care that it is needed.
- Future leaders in health and care must have a greater understanding and skill in leading complex systems, to work across professional groups, services and organisations to meet the needs of the public.
- Professionals, professional representative organisations and the public should be actively encouraged and supported to engage and contribute to this innovative thinking and the transformation into practice. We need to empower and enable staff and patients to find new innovative ways of working.
- Health and care workforce planners and the third sector should work together to ensure the contribution and assets of the existing, new and wider workforce are fully realised and incorporated into future plans. Creative and experiential approaches to knowledge and skill development across professionals and the public must be developed and implemented.
- Use the knowledge and skills of patients, staff or others such as 'community connectors', Health and Social Care Facilitators and older people's champions to inform and support better workforce design and planning.
- Prioritise activities to improve the health and wellbeing of the NHS workforce alongside other public services. New flexible, integrated career pathways are needed to make Wales attractive to recruit and retain the future health and care workforce.

A WORKFORCE FIT FOR THE FUTURE: CONCLUSIONS

In conclusion;

- Radical changes to the thinking and approaches to the planning and management of the future workforce in health and care is needed now – HEIW should lead the way on this, supported by Local Health Boards, NHS Trusts, professionals organisations and Regional Planning Boards in Wales.
- New approaches are needed urgently to ensure we do not just produce more of the same. There should be widespread adoption of those things we already know work and will help develop more prudent and sustainable solutions using all skills to best effect.

REFERENCES

Barclays Bank. (2018). Digital Eagles Programme.

Available at: <https://www.barclays.co.uk/digital-confidence/eagles/>

Bevan Commission. (2015). Prudent Healthcare Principles paper

Bevan Commission. (2016). A workforce for prudent healthcare.

Available at: http://www.bevancommission.org/getfile/documents/Publications/Workforce-fit-for-Prudent-Healthcare_FINAL.pdf

Bevan Commission. (2017). A new way of thinking: A prudent model of health and care.

Available at: <http://www.bevancommission.org/getfile/documents/Innovation%20Showcase/BevanLegacyPaper1-2017.pdf>

Bevan Commission. (2018). A new way of planning: A prudent model of health and care.

Available at: <http://www.bevancommission.org/getfile/BevanLegacyPaper2-02-2018.pdf>

Donaldson, G. (2015). Successful Futures:

Independent Review of Curriculum and Assessment Arrangements in Wales.

PWC (2017) Workforce of the future: The competing forces shaping 2030.

The King's Fund. (2012). Public attitudes and expectations. The King's Fund.

The King's Fund. (2015). The practice of system leadership: Being comfortable with chaos. The King's Fund.

The Parliamentary Review of Health and Social Care in Wales. (2018). A Revolution from Within.

Welsh Government. (2018). A Healthier Wales: Our Plan for Health and Social Care.

APENDIX 1:

BEVAN COMMISSION (2016) A WORKFORCE FOR PRUDENT HEALTHCARE: KEY RECOMMENDATIONS

Immediate Actions

- 1. Develop a new vision and model of prudent healthcare for Wales**, based upon a social model of health, addressing its workforce needs in a sustainable and co produced way, consistent with prudent principles.
- 2. Establish mechanisms to support joint, integrated health and social care workforce planning, delivery and training**, involving the public and informed by patients needs and joint outcome measures.
- 3. Improve the collection and use of workforce data within IMTPs** to better inform the vision, strategic planning and related outcomes, including the use of modelling and publication of comparative data.
- 4. Strengthen leadership, incentives and support for prudent healthcare transformational change which encourages change, testing and sharing new roles, responsibilities and ways of working**, utilising for example a Prudent Healthcare Transformation Fund and local drivers for change.
- 5. Future proofed' core skills** should be developed and delivered as a priority, at pace and scale and in particular, digital skills, leadership and innovation. Prudent healthcare should be included in training at all levels (undergraduate, post graduate, CPD and induction) to ensure a full understanding of the principles and responsibility for their application.
- 6. Health Boards and Trusts should encourage and support the workforce as agents and role models for change and innovation** within the system. Schemes such as the proposed Bevan Innovators should be adopted to recognise and reward leadership and innovation and a dynamic learning environment.

Medium Term Actions

- 7. Work co productively with professionals, their respective organisations and other bodies** to identify and negotiate opportunities to **change roles, responsibilities, national contracts and ways of working in order to respond to the social model of health and specific needs in Wales.**
- 8. Local health needs assessments should be actively used to inform workforce plans and monitor public /patient outcomes;** particularly in addressing the complex, integrated and holistic needs of older people, treating greatest needs first and the workforce numbers, balance, skills and composition reflects this and associated outcomes.
- 9. Co produce workforce transformation plans** with health and social care professionals and the public. This should be based upon local health and social care needs and integrated working across primary, secondary and social care and building upon the Social Services and Wellbeing Act 2014.
- 10. Include the 'wider workforce'** within Local Health Board Workforce Plans and locality infrastructures, with greater opportunities to empower and support their engagement in the planning, training and delivery of services and key programmes.
- 1. Fully explore and test out wider** opportunities to attract and retain staff from and to the locality, such as the proposed Talent Bank, mixed portfolio working, the Bevan Fellows and other incentives.

APENDIX 2: WIDER REPORTS FROM THE HEALTH WORKFORCE

Report	Professional Group	New Workforce Model?	Recommendations
NHS England (2017) Allied Health Professions into Action	Allied Health Professions	Y	The paper proposes a framework for system leaders to enable AHPs to transform care based on four commitments to the way services are delivered by AHPs (Commitment to the individual, to keep care closer to home, to the health and wellbeing of populations, to care for those who care) and four priorities for AHPs to meet the challenges of changing care needs (AHPs can lead change, skills can be further developed, AHPs evaluate, improve and evidence the impact of their contribution, AHPs can utilise information and technology).
Kings Fund (2017) Understanding pressures in general practice	GPs	Y	A new model for general practice must enable GPs or their team members to take on the task of co-ordinating care for their population, by providing them with the right resources in terms of time, money, skill-mix and (crucially) closer working relationships with secondary and community care teams. Continuity of care is fundamental to effective primary care and is highly valued by patients, particularly those with chronic, multiple and complex needs. Large single-partnership practices operating across multiple sites in an area can also provide economies of scale and offer better access to development opportunities for clinical and management staff. The ability to extend scale and scope must be balanced with maintaining continuity for patients and the autonomy in professional practice that has been at the heart of the partnership model.
Nuffield Trust (2016) Reshaping the workforce to deliver the care patients need	Physician associates extended roles, advanced roles, non medical workforce	Y	There is good evidence that support workers can provide good-quality, patient-focused care as well as reduce the workload of more highly qualified staff. Investment here could provide a cost-effective and rapid solution to mitigating some of the pressures on more senior staff. Support roles can also widen participation by providing a route for those who do not have academic qualifications to become professionally qualified. In the future, care will be supplied predominantly by nonmedical staff, with patients playing a much more active role in their own care. Medical staff will act as master diagnosticians and clinical decision-makers. All staff will be supported by increasingly intelligent medical and information technologies.

Kings Fund (2017) Enhanced health in care homes	Care home staff	N	Developing enhanced health in care homes is not just about quality improvement within care homes, but is part of the wider direction of travel towards integrated and co-ordinated local systems of care.
NHS Scotland (2017) Framework for Advanced Clinical Practitioners	Advanced Clinical Practitioner	N	The level of advanced clinical practice needs to be widely explained and understood, both by the rest of the workforce and by the public. Those practising at the level of advanced clinical practice, and those aspiring to this role, need to be supported by their employers and everyone working around them. This will encourage innovative ways of working in modern teams.
Trinity College Dublin (2017) A Future Together: Building a Better GP and Primary Care Service	GP and Primary Care professions	N	
College of Radiographers (2017) The Radiography Workforce	Radiographer	N	A team-based approach is essential within radiology to meet rising demand and to maintain a patient focused service. Developing advanced and consultant roles in therapeutic radiography.
RAND Europe (2017) Understanding the value in health data ecosystems	Clinical informatics	N	Healthcare professionals will need to diversify their skills and become more 'technology-savvy' in order to efficiently and effectively engage with a data-heavy healthcare delivery sector in the future. To support this, health systems will need to ensure appropriate training in both clinical informatics (Wachter 2016) and 'softer skills' needed to effectively access, interpret and communicate health data – both as part of medical education of future health and care professionals and as part of continual professional development programmes.
Macmillan Cancer Support (2017) Thinking differently: Macmillan's vision for the future cancer workforce in England	Cancer workforce	N	Adopt an approach to service redesign which begins with a clear understanding of the workforce gaps based on patient need and consider the five ways of addressing workforce challenges outlined in this report. These are as follows: improving the career pathways to and through specialist cancer roles, improving skill mix and introducing new types of cost efficient roles; enhancing the skills and confidence of existing staff; improving ways of working Exploring how new ways of understanding the cancer population can be utilised to support workforce planning based on need rather than tumour type.

NHS (2017) Facing the Facts, shaping the future, a health and care workforce strategy for England o 2027	Medical workforce, nursing, allied health professionals. New roles/ skills - medical associate professions, nursing associates, apprenticeship	N	This is a draft strategy which is now going under consultation from key stakeholders. Key recommendations will be published following this process.
Council of Deans of Health (2017) Towards sustainability: ensuring the future healthcare workforce	Nurses, midwives and AHPs	N	Recognise the full cost of teaching nursing, midwifery and allied health profession courses and the additional numbers of students needed including investment in additional clinical placement capacity. Increase student numbers and promote careers in healthcare professions through campaigning activity in targeted vulnerable subject areas. Government must address the disconnect between national strategic priorities and levels of investment in the continuing education of existing staff and the funding of specialist roles. Commissioners and employers must prioritise continuing professional development alongside levy-funded apprenticeship programmes. Commit to protecting current levels of investment in R&D funding, health research and development and the Global Challenges Fund and maintain full UK access to and influence over EU research and innovation programmes, including Horizon 2020. Invest in initiatives to significantly increase the number of clinical academic nurses, midwives and AHPs to 1% of the registered workforce in these professions.
NHS (2017) Securing the future workforce for emergency departments in England	Emergency staff	N	Growing a multi-professional workforce by developing skills in emergency medicine at a range of levels, define route of entry into emergency medicine training programme, invest in the growth of the advanced clinical practitioners in emergency care, develop the physician associate training pipeline. Reducing attrition in medical training by invest in a leadership/personal development training programme for every emergency medicine trainee. Improving retention by developing a range of post Certificate of Completion of Training (CCT) fellowships, clinical development fellows toolkit to support the creation of such roles

NHS Confed (2017) The future of the mental health workforce	Mental health workforce	N	Reaching out to schools and colleges to promote mental health career opportunities; <ul style="list-style-type: none"> • Developing a wider range of career pathways for mental health professions and professionals, including for people with lived experience who wish to pursue careers in mental health support; • Prioritising and protecting mentoring and supervision in mental health services, particularly for those in training; • Developing new skills in training courses that will meet future demand – for example in consultation skills to support other health professionals and in psychological formulation, coproduction and outreach with communities; • Promoting mental health commissioning as a skill set requiring specific training and development; • Providing training and development opportunities to existing as well as new staff – particularly those reaching the ‘final third’ of their careers seeking new challenges and work roles; • Ensuring that all mental health providers support the wellbeing of their staff.
NHS Confed (2017) Welsh NHS Confederation briefing on workforce challenges and solutions	General workforce	N	Developing workforce planning and workforce redesign skills within organisations and supporting clinical leaders and managers to deliver this agenda; <ul style="list-style-type: none"> • Developing clear strategies for training and development of the core workforce in addition to education commissioning of new staff; • Organisation development strategies to support redesign; • Addressing the needs of the support workforce across both health and social care; • Prioritising planning which addresses the need to deliver care closer to patients homes and maximising opportunities to develop skills to support this in primary care and community service and spreading the use of supporting technologies; and • Developing roles around clinical teams with clear roles and accountabilities, identified career progression and reduced fragmentation.
Public Health England (2016) Fit for the Future - Public Health People	Public Health workforce	N	Create an attractive career; developing a stronger social movement for health; building 21st century skills; strengthening systems thinking and leadership; ensure resilience, flexibility and mobility.

**NHS England (2016)
Leading Change,
Adding Value: A
framework for
nursing, midwifery
and care staff**

Nursing, mid-
wives, care
staff

N

Nurses and care staff working in all social care settings are essential partners in delivering a consistent and high quality experience for everyone. These partnerships are with people using services as well as fellow colleagues across health and social care. In embracing the framework and the 10 commitments they can drive essential change to improve their own and their teams' abilities to continue to improve and create new opportunities, new ways of working and building a firm and strong foundation for the future. However, the AHP sector has clearly highlighted the difficulties it faces in terms of lack of recognition in NI of paramedics as AHPs and lack of representation at senior policymaking and decision-making level. This also holds true across the UK, for example, in England there is one chief professional officer (currently Suzanne Rastrick), supported by a small team, to advocate for all the AHPs in England.

**Northern Ireland
Assembly (2016)
Allied Health
Professionals:
Their role in
healthcare reform
and developing
primary and
community care**

AHPs

N

APENDIX 3:

KEY RECOMMENDATIONS FROM THE FINAL REPORT OF THE PARLIAMENTARY REVIEW OF HEALTH AND SOCIAL CARE IN WALES. (2018). A REVOLUTION FROM WITHIN.

The final report identified that new models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals, and be underpinned by the design concepts set out in Prudent Healthcare Philosophy. The reports key recommendations are:

- 1** One Seamless System for Wales
- 2** The Quadruple Aim for All
- 3** Bold New Models of Seamless Care – national principles local delivery
- 4** Put the People in Control
- 5** A Great Place to Work
- 6** A Health & Care System that's always learning
- 7** Harness Innovation, and Accelerate Technology and Infrastructure Developments
- 8** Align System Design to achieve results
- 9** Capacity to Transform, Dynamic Leadership, Unprecedented Cooperation
- 10** Accountability, Progress & Pace

Comisiwn Bevan Commission

The Bevan Commission (hosted and supported by Swansea University) brings together a group of internationally renowned experts to provide independent advice on health and care to Welsh Government, leaders across Wales, the UK and worldwide.

This publication can be referenced as:

A Workforce Fit for Future Health and Care: Aligned to a Prudent Social Model of Health
[ISBN]: 978-1-912334-09-4