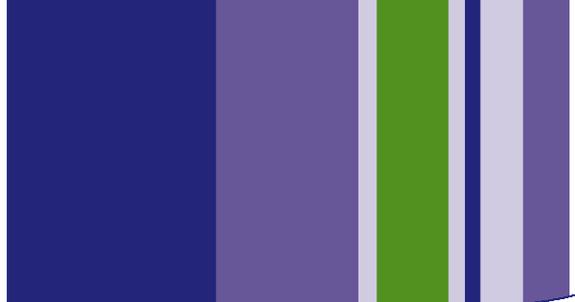




# Futures Thinking Draft 2

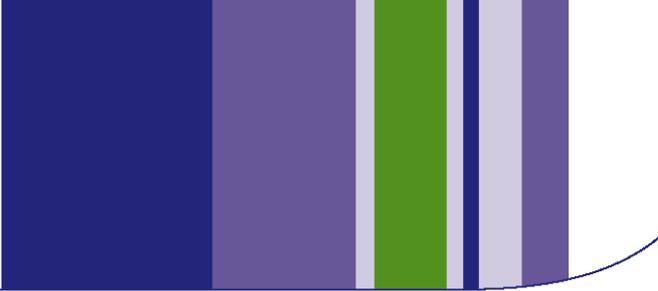
South Devon and Torbay  
24 February 2016



# Contents

<b>Foreword</b> .....	<b>3</b>
<b>1.Executive Summary</b> .....	<b>4</b>
<b>1.Introduction</b> .....	<b>5</b>
2.1 About Skills for Health .....	5
2.2 About Skills for Care.....	6
2.3 'Futures Thinking' Event.....	7
2.4 Current Challenges in the Health & Social Care Workforce .....	8
<b>2.Understanding the future integration of health and social care in South Devon and Torbay</b> .....	<b>9</b>
Scenario 1 - The Business of Health and Social Care .....	9
Overall implications for integrated services in South Devon and Torbay .....	10
Scenario 2 - All by Myself .....	11
Overall implications for integrated services in South Devon and Torbay .....	12
Scenario 3 – Less is More .....	13
Overall implications for integrated services in South Devon and Torbay .....	14
<b>3.Priority Themes</b> .....	<b>15</b>
Emerging skills and roles – broad capture .....	15
Developing Skills and Roles for the future in greater detail.....	16
<b>The development of generic skills</b> .....	<b>19</b>
Systems integration .....	21
<b>4.Next Steps - A System-wide Workforce Plan to support integration</b> .....	<b>22</b>
<b>5.Closing Remarks</b> .....	<b>23</b>
Appendix 1 Delegates.....	24
Appendix 2 List of Presentations .....	25
Appendix 3 Applying Scenario Thinking .....	26
<b>Acknowledgements</b> .....	<b>29</b>
<b>List of figures</b>	
<b>Figure 1: Drivers for change</b> .....	<b>27</b>
<b>Figure 2: Creating Plausible, Credible and Challenging Futures</b> .....	<b>28</b>





# Foreword

**'Futures Thinking'** provided an opportunity to help shape an integrated health and social care workforce for the future in South Devon & Torbay.

We have a real opportunity to change the way our workforce delivers care over the next five to ten years. Over the last six months, the South Devon & Torbay Integrated Workforce Group has met to consider how we facilitate whole-system change, including the way in which people work, where they work, their skills and the need to work much more flexibly in the future. This group is a marker of the very real collaboration we enjoy in our patch and we are on the brink of change.

An important strand of our work is the development of a vision of how the health and care workforce will need to be skilled and structured to deliver high quality, efficient and effective care for South Devon and Torbay. We need to make sure that workforce plans underpin all our transformation initiatives, including Vanguard, the development of community education provider networks and even the production of our Strategic Transformation Plan, in line with 'Delivering the Forward View Planning Guidance'.

Delegates representing all the key organisations contributing to the care of people living in South Devon and Torbay attended **'Futures Thinking'**, including from the voluntary sector. This was the first time that representatives from the whole system were able to meet together and collectively consider what the workforce implications of the future might look like in the long-term. **'Futures Thinking'** provided a springboard for considering the workforce issues that may be best addressed through workforce planning at the systems level. This report provides a useful starting point for plans which address real concerns in the 'here and now', as well as helping to construct a strategic vision, and a plan, for an integrated workforce. The latter will take 5 years and therefore the long view is required, whilst recognising that members also want short-term actions to meet current challenges.

We are very grateful for the contributions of all those involved.

Dr Nick Roberts  
Chief Clinical Officer

South Devon & Torbay Clinical Commissioning Group  
On behalf of the South Devon & Torbay Integrated Workforce Group

# 1. Executive Summary

NHS England provided support from the Pioneer programme to enable Skills for Health and Skills for Care to work with South Devon & Torbay Integrated Workforce Group. A series of three potential future scenarios were adapted and then used in a workshop to consider the strategic workforce issues across the whole health and social care. By engaging with a wide representation from across the health and care system the **'Futures Thinking'** exercise aimed to:

- Begin to identify the priorities for future skills development in South Devon & Torbay
- Set the agenda for integrated workforce and skills development

The report reflects the priorities identified during the process. The following were suggested as potential next steps for addressing strategic aspects of whole system workforce development that might benefit from further consideration.

1. Include a broad brush representation from the whole system in an ongoing way - *'System-wide awareness / improve knowledge of each other'*
2. Produce an agreed strategic workforce Sustainability Transformation Plan (STP) which addresses the priorities identified from the **'Futures Thinking'** exercise that spans 10 years ahead
3. Liaise with all systems leaders to ensure sign-up to an implementation plan with clearly identified achievable steps
4. Ensure plans encompass the whole system for the long-term with the vision of the future integration landscape described and workforce mapped
5. Agree system synergies on workforce, for example, exploring a joint values-based recruitment process across all parts of the patch and all organisations with a special focus on a younger workforce – *'Joining everything up within the current vision – where they interconnect'*
6. Explore system synergies for flexible education packages which enable a hybrid care worker to rotate on placements within all partner organisations and then work, as and where required, within an Integrated Apprenticeship
7. Support systems synergy for shared flexible learning interventions and identify quick win areas
8. Develop the Community Education Provider Networks (CEPNs) to plan inter-professional learning
9. Introduce a single point of contact for education
10. Consider shared broad based integrated training opportunities that reduces *'wasted free education and includes all sectors'*

# 1. Introduction

South Devon and Torbay Strategic Workforce Group (SD&T SWG) successfully bid for support from the Integrated Pioneer workforce programme, NHS England. The Group decided to use the opportunity to engage as many voices as possible from across the system to develop a shared vision.

Working with **Skills for Health** and **Skills for Care** an integrated one-day scenario application workshop was planned by a small working group. The workshop was used to discuss the benefits of strategic workforce planning and introduce futures thinking. Scenarios were used to help health and care colleagues to describe a plausible, credible and challenging vision of the care that might emerge by the year 2022. The intention was to identify and agree early wins from which clear plans could begin to emerge.

Through engaging with a wide representation from across the health and care system, the aims of '**Futures Thinking**' were:

- To begin to identify the priorities for future skills development in South Devon & Torbay
- To set the agenda for integrated workforce and skills development

## 2.1 About Skills for Health

Skills for Health Ltd is a not-for-profit organisation, registered as a charity in the UK and with a mission to provide health care organisations with practical solutions in workforce design, development and deployment.

Skills for Health is the Sector Skills Council for the UK Health sector covering the NHS, independent and voluntary employers, regulated and recognised for excellence in that function by the UK Commission for Employment and Skills and the Department for Business, Innovation and Skills.

We have considerable expertise in the development of the Health sector workforce and are nationally recognised in the UK as a source of expert skills and advice in workforce transformation. We have assisted workforce planning in numerous organisations across health and social care and in public, private and voluntary sector organisations. We work to develop approaches with our clients that best meet their needs.

Since 2009, Skills for Health has been conducting a range of future oriented intelligence development exercises working collaboratively with expert commentators and employers across the health and social care sector. Skills for Health's first scenarios for the Health sector became available in 2010.

The scenarios used take account of the wide range of changes occurring in the health and care sector and are available in Skills for Health Rehearsing Uncertain Futures 2. These scenarios were used to help delegates think about the possible future of the health and social care sectors skills and the workforce.

## 2.2 About Skills for Care

Skills for Care is the employer-led workforce development body for adult social care in England and home of the National Skills Academy for Social Care.

Skills for Care helps create a better-led, skilled and valued adult social care workforce. We provide practical tools and resources from entry level right through to those in leadership and management roles that will support and help adult social care organisations in England recruit, develop and lead their workforce.

We are supporting thousands of employers and other partners to make the transition to integrated care delivery. We work with employers and related services to ensure dignity and respect are at the heart of service delivery. We engage with local authorities, user-led organisations, social care staff, the Care Quality Commission (CQC), Jobcentre Plus, carers, community groups, local economic partnerships, clinical commissioning groups, learning providers and many others.

With 18,000 employers and 1.48 million workers already providing care in a vast array of settings, providing lots of different services for people with different needs, across boundaries and environments; social care needs to be an equal partner in the development and delivery of integrated services. Integrated care must make sure that people have access to care and support that is focused around the outcomes they want. This requires that professionals and organisations work differently, joining up their care and better enabling people to tell their story just once and be supported to navigate the system.

Social care workers and leaders are already proving their adaptability and commitment to change, so vital in the changing world of service delivery.

Using our expertise and resources we work with the innovators of the new models of care and support including the Integrated Care and Support Pioneers and Vanguard sites to:

- Inform, enhance and share best practice with those who shape and commission services to improve co-operation and collaboration, working with health and other partners to support the development of an integrated workforce
- Embed an integrated approach to workforce development and planning across social care and housing services
- Support care providers and their workforce to help them understand and make the transformation to integrated, co-ordinated and person centred care

## 2.3 **'Futures Thinking' Event**

All organisations providing health and social care services from across the patch were invited to the workshop. Each organisation has its own workforce strategy or plan, linked to *their* vision for *their* services. The list of those who attended is provided in Appendix 1. The Strategic Workforce Group (SD&T SWG) asked a selection of representatives to present their key drivers on workforce development at **'Futures Thinking'**, to provide a breadth of perspective. Considerable commonality was identified particularly around an aging workforce and anticipated skills gaps, both to deliver current services and plans around potential future re-design. This set the context for thinking about the integrated workforce of the future in South Devon and Torbay. Appendix 2 lists the speakers who contributed and their organisation. It was clear that many of the workforce issues were common to all organisations.

The remainder of **'Futures Thinking'** then focussed on using scenarios as a mechanism for introducing an innovative approach to thinking about the future for the whole system. It allowed the development of a common language to look at shared workforce issues for integrated care that cross organisational boundaries and are common to all. It was hoped that this would be the start of a dialogue for reaching collective agreement on which workforce planning and development interventions are best tackled strategically across the whole system. Discussions included some indication of priorities given the local context, once seen through the prism provided by the three potential future scenarios.

## 2.4 Current Challenges in the Health & Social Care Workforce

This event provided a first-time opportunity for the Trust heads of workforce and HR to present their key challenges and opportunities to one another, and this overview was complemented by highlights from our voluntary sector representatives, care homes, pharmacy and primary care. This unique day allowed our participants to look beyond their own workforce pressures to those of colleagues in the system, and from this powerful act we have been able to derive some commonly agreed actions for positive change.

We all recognise that this work needs to broaden beyond the annual workforce returns of our respective organisations (although these will need to continue for now) and to begin to focus on the seamless care of people in South Devon & Torbay. The views and participation of all care agents, including voluntary sector colleagues, care homes, allied health professions and of patients and carers themselves - should be core to this planning.

The summaries of workforce strategies and plans presented demonstrated that it is not just about the numbers of people required in the workforce but also the shape of how services might need to be delivered in the future. It is not about the workforce of any particular organisation but about how services work together to provide seamless care for the people in South Devon and Torbay. Key indicators of possible workforce needs locally include:

- Ageing population
- Key conditions such as Long Term conditions (diabetes, COPD...etc)
- Increasing frailty
- Indices of multiple deprivation and so on
- The workforce is aging within all services and shortages of specific skills are emerging.

Here are the highlights from the respective workforce presentations given during the day:

- **Torbay and South Devon NHS Foundation Trust:**
  - Employs 6000 staff
  - 7% vacancy rate and aging workforce contributing to turnover of 13%
  - Recruitment challenges for nurses, social workers, occupational therapists, consultants and healthcare scientists
- **Devon Partnership Trust**
  - Commencing work with Care Academy to attract younger staff to the Trust to counter age profile of staff
- **South Western Ambulance Trust**
  - Just over 4000 staff
  - 10% of paramedics leave annually so have introduced an 18 month programme of development for paramedics to significantly upskill, including time spent with GPs.
- **Primary Care**
  - Survey of GPs indicated that 65% were planning to leave
  - Half of all practice nurses expected to retire in the next five year
  - Whilst 90% of care is delivered in primary care it has only 8.25% of the NHS budget.
- **Adult Social Care**
  - The rate of staff turnover is 21.5%
  - 25% of the workforce is 55 and over
- **Pharmacy**
  - Pharmacists are increasingly supporting workforce shortages but there is a shortage in the county.
- **Volunteers**
  - Devon has one of the highest volunteer workforces in England
  - 15,836 people volunteer in Devon today contributing approximately £19 million

## 2. Understanding the future integration of health and social care in South Devon and Torbay

Scenarios have long been a core element of different approaches to understanding and preparing for the future. Scenarios are stories that explore how the world might look taking into account the evolution of certain trends. They are:

- alternative stories about the future - not forecasts, predictions or projections
- two, three or more plausible, relevant and challenging versions of the future

They provide a framework for thinking about the different ways in which the future might unfold from the present and how we might shape that future. Scenarios are intended to provide users with a sense of the 'direction of travel' of the environment that the sector is working within rather than a precise destination.

The scenarios provide a number of credible, plausible and challenging contexts that the Devon health and social care sectors might find themselves working within. The workshop sessions were used to look at the three scenarios in detail to identify the implications, whether positive or negative for the health and social care sectors in South Devon.

Analysing all three scenarios together enables us to develop a rich vision of the future, providing a critical, comprehensive and plausible look at the changes that are needed to ensure the workforce succeeds in the context of integration.

For the purpose of this report, there is a short summary of each scenario, some consideration of how an integrated health and social care service might fit into such a future and the key workforce implications for Torbay and South Devon.

### Scenario 1 - The Business of Health and Social Care

Constrained public spending coupled with the continuing economic downturn, are increasingly putting purchasers and deliverers of services under pressure to achieve efficiency and value for money. From top to bottom everyone involved in public service is required to justify their spend to deliver efficiency and value for money. Pressure on public funds presents opportunities for business.

**The Business of Health describes a scenario in which the following features are key:**

- Constrained public spending which will drive big business opportunities
- A production line approach to care with segmentation into narrow specialisms
- A focus on cost effective care and good outcomes
- Price sensitive approach to commissioning/purchasing services
- International competition and specialisation in some areas

## Overall implications for integrated services in South Devon and Torbay

### In this scenario health and social care providers would need to:

- Excel at providing evidence of the value they add to services
- Be able to specialise in certain areas; whether that is medical conditions, people or markets
- Be able to trade on being a centre of excellence for conditions or certain specialisms
- Be sharp at contracting with others
- Consider generic versus specialisation dilemma and decreased job satisfaction
- Develop a Single individual patient identifier
- Use cross functional data sharing

### Key workforce implications for Torbay and South Devon:

- Recruit for attitude then train to develop skills
- Highly specialised staff with real career framework
- Management of risk
- Assessment of costs within business planning
- Development of blended roles
- Lean teams – to reduce costs wherever possible
- Strong business and contracts managers
- Entrepreneurship and Business 'like' skills in both public and private sectors
- Address media negativity through strong marketing teams
- Educate wider society
- Empowerment of staff to work differently

## Scenario 2 - All by Myself

Despite many detractors following a series of close votes on retaining members and the debt crises that continued until 2017 the European project was reinvented with a loosening of austerity measures. This has enabled far more funding to be pumped into research than in the miserable years before and now in 2022 it has hit a peak of 3.5 per cent of GDP. Huge strides have been made in developing treatments and procedures to tackle long standing health problems and the emphasis today is on health promotion and prevention. The affordability agenda is being addressed by governments increasingly expecting people to take more responsibility for their health and to co-fund aspects of their treatment and care.

**All by myself describes a scenario in which the following features are key:**

- A funding focus on promoting wellness and supporting prevention of illness
- Personal responsibility for care
- Self-funding opportunities for individuals seeking care
- More and longer independent living by individuals
- Replacement of carers with robots
- Increased use of technology to assist self-monitoring by individuals
- Opportunities to choose to receive treatments in a variety of contexts, not necessarily in a hospital or other traditional health or social care setting

## Overall implications for integrated services in South Devon and Torbay

### In this scenario health and social care providers would need to:

- Data Share and excel at communication including using patient held record
- Change societal mindset, through education and promotion
- Have conversations that ask what's important to a person
- Leadership skills in defining and promoting the 'offer' of health and social care providers and its fit with individuals' needs
- Provide care at home enabled by monitoring and wellness technology
- Account for the services being offered
- Diversifying services; delivering excellence in both shorter relationships during acute episodes of ill health alongside general wellness and prevention where contact with services may be long term

### Key workforce implications for Torbay and South Devon:

- Recruit for attitude then train to develop skills
- Highly specialised staff with real career framework
- Management of risk
- Assessment of costs within business planning
- Development of blended roles
- Lean teams – to reduce costs wherever possible
- Strong business and contracts managers
- Entrepreneurship and Business 'like' skills in both public and private sectors
- Address media negativity through strong marketing teams
- Educate wider society
- Empowerment of staff to work differently

## Scenario 3 – Less is More

Over the last decade we have seen a significant shift in attitudes – an increasing backlash against excess and a change in the perception of ‘ordinary’. While pay restraint, higher taxes and reduced access to easy cash across Europe are now the norm, many believe that the backlash against excess was already building a head of government austerity programmes. As an increasing majority take satisfaction in ‘just enough’, people are beginning to focus on living more sustainable lives and returning to tried and trusted, familiar ways of life.

### Less is more describes a scenario in which the following features are key:

- Personalisation is high on the ascendance
- Self-directed care budgets, but of a limited nature
- Focus on simple and cost effective packages of care
- Availability of accessible information means the patient or family as a customer is well informed
- Emergence of multi-provider, customised packages of care
- Drugs tailored to individual genetic profiles
- Tele-health and health-enabled remote, cheap monitoring

## Overall implications for integrated services in South Devon and Torbay

### In this scenario health and social care providers would need to:

- 'Made to order' services eg DNA testing etc
- Assist the patient and their carer's in making choices about the best services for them
- Provide clarity about the services that the health and social care providers offer
- Deal with the whole persona and the complexity of their life
- Share knowledge and best practice in care across the community
- Learn from other organisations about issues such as welfare benefits, health promotion, public health, end of life care and similar
- Use of phone apps eg sugar-recording (45,000 health apps – currently)

### Key workforce implications for Torbay and South Devon:

- Enabling people to take control (Personal health budgets, costings)
- Provision of information to support 'people power'
- Financial management skills, related to personalised budgets
- Strong marketing skills
- Technology skills, to share information and coordinate care for example, *What app are you using?*
- Transparency – to challenge the risks
- Different kind of monitoring
- Attitudinal shift needed in all practitioners / work

## 3. Priority Themes

Finally the groups discussed the implications for the skills gaps, generating ideas for which workforce issues might be best tackled at a supra-organisational level. The priority themes emerged from *analysis of notes taken in the final session from each of the scenario groups*. Frequently occurring themes are highlighted.

For the purposes of the discussion, skills were defined in the broadest sense meaning having a proficiency, facility, or dexterity acquired or developed through training or experience. There was a presumption that these skills were underpinned by knowledge and understanding. It was appreciated that the skills could exist in a range of roles of occupations. Roles were regarded as activities that a wide range of occupations and workers might have in the sector. Innovative roles take years to develop and embed and it was suggested that short term solutions that work with the economic cycle should be considered. The following themes arose in the final session of **'Futures Thinking'** which may provide further reflections for participants.

### Emerging skills and roles – broad capture

A range of emerging skills and roles emerge throughout each of the scenarios.

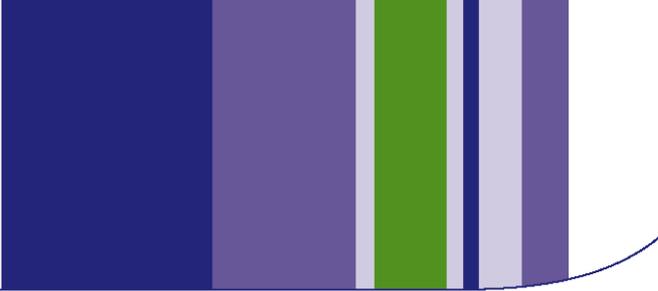
- **Coaching Skills;** focusing on staff development. People within the health and social care sector would need to be able to support one another to develop the services quickly. The ability to support and develop colleagues through coaching is likely to continue to be of use, and indeed grow.
- **Information Technology Skills;** Information technology will continue to grow in its influence for those providing health and social care, as well as those who are using the service.
- **Compassionate Care;** Being able to show compassion for those receiving care, such skills are likely to encompass such attitudes as empathy.
- **Social interaction skills;** those offering health and social care need to become highly skilled in a wide range of communication related skills. These included, **'recognising signals'** **'understanding body language'** as well as verbal skills.
- **Communication Skills;** were also cited being able to truly listen and think about what the patient or service user might need.
- **Motivational interviewing skills;** are a very specific set of skills to enable a health care provider can work with those seeking to use the services to take action themselves.
- **Skills to enable the patient to pursue 'self-care';** This set of skills looks at how the care professional can help the patient undertake a range of tasks for themselves.
- **Making every contact count;** Skills will be needed across many roles in the health and social care sector to provide prompts, advice and guidance to patients on a range of mainly wellbeing subjects.
- **Knowledge management;** the services in health and social care will continue to grow in complexity. There is also a wealth of information and intelligence about the services being offered as well as information about how the services are being used and valued by patients and the population.
- **Personal Assistants;** this is emerging as a role in the health and social care sector. This enables people to make use of personal care budgets and employ people to undertake personal assistant activities.

- **Coaching skills;** this skills was to focus coaching patients to make choices, take decisions, improve their own health and become empowered.
- **Generic Support Worker;** this worker encapsulated the need for support workers who had a broad range of skills to support patients and health care professionals achieve their aims and objectives.
- **Advice and guidance;** these skills were focused on advice and guidance on encouraging people to join the sector to undertake work in health and social care.
- **Role modelling and professionalism;** helping people to 'learn how to learn' in health and social care; this skill was surfaced as it was understood that skills knowledge and understanding would need to be developed on an ongoing basis as modern careers would demand people would need to learn new skills as they developed.
- **Person Centred Advice and Guidance;** This title focused on the skills that those working in health would need to assist patients and carer's would need to have to help develop care to meet their needs.
- **Navigator roles;** A combination of the complexity of the health environment and higher demands from patients and carers would require brokerage navigator skills to help people through the system of health care. These would be expert in understanding the full range of services available and the way in which these services are accessed and funded within the health system.
- **Marketing Skills;** For example developing a Directory of Services to focus on the compilation of intelligence about services that are available.
- **Advice and Advocate role;** this refers to a set of skills around offering advice and advocate perspectives
- **Care as a profession;** this is about careers advice and promoting the care sector as somewhere for rewarding jobs and roles might be developed.
- **Key Workers;** Act as a central point of contact for the family and can help co-ordinate the work of other agencies. The Key Workers role would be to carry out an assessment with the family so that together they can identify the family's needs and the objectives they want to achieve. Both parties can then develop a Family Action Plan to help achieve the goals.

## Developing Skills and Roles for the future in greater detail

Four skillset groups/roles can be described from the broad spread of skills surfaced. These are;

- **Navigation Skills**
- **Information Technology Skills**
- **Generic Support Workers**
- **Co-creation and Enabling Skills**



## Navigation Skills/Role

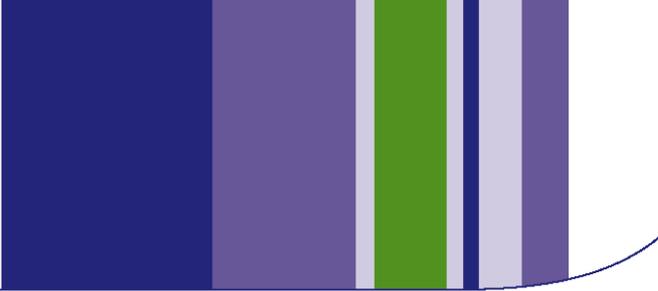
The potential growth of a health or care navigator skills is driven by the increasing complexity and interlinking nature of institutions in the Health sector. There is also growing demand from users who'll wish to seek out the best centres for health care and government policy which continues to stress the importance of choice.

The contexts presented by the scenarios therefore point toward the potential development of a 'navigator' skill set. This might be incorporated in existing occupations, or could lead to the development of a specific occupation such as described here as the care navigator.

Part advocate, part information organiser and broker, this is a care navigator role. This role would act as an 'enabler' assisting clients, especially vulnerable people, to navigate their way through the increasingly joined up systems of health/social care/education and housing. It is possible in the future that there will be both 'standard' versions of this role and premium versions.

The role of Navigation is seen to be one that may be influential across the system. Colleagues identified a number of areas and additional influences in the development of these skills and where these roles might reside.

- Living Well
- Libraries
- Councils and information providers
- Voluntary Organisations such as Age UK, Community Groups, Women's institutes
- Gentlemen's clubs, snooker clubs
- Telehealth and Tele-care
- Fire and rescue
- Housing solutions
- Support Workers
- Family information services



## Information Technology Skills

Information technology and its application in the future delivery of health and social care was a key set of skills identified by the group and therefore this was elected for more detailed exploration and wind-tunnelling.

With technology permeating throughout the health and social care sectors a group of skills for all those working in this field were identified, 'generic IT' skills. A set of specialist IT Skills were also identified for those in specialist IT roles.

Information governance and security are skills and knowledge for all those operating in health and social care throughout South Devon. The expectations for knowledge and understanding would need to be different for each group. There would also need to be some level of understanding of data for the patients who might have access to the data as well.

There would need to be a growing confidence in the use of social media to assist with the use of the services from patients and their carer's.

Data handling would also be required enabling people to use mobile applications and so on. There would also be some basic training needs for those in terms for hardware and so on. There is likely to be a need to understand how to access and use the wide range of data and information that will be available to make choices about the appropriateness of care and to help inform patient choice.

Specialist skills would also need to be developed. There would be some demand for skills that would enable the strategic direction of the use of IT and information systems to be used. This overview will need to explore how to apply innovative technologies and organise people to assist in their application.

There may be skills associated with the design of software and computer applications as well as data-base and data warehousing. This would include some expertise development around analytics and modelling of data.

Educators and trainers will also need to be more aware of the potential applications of E-learning and other technologically assisted education approaches which might then be used throughout South Devon.

## Generic Support Worker

A generic support worker would be someone who would work at or around an intermediate level of skills (perhaps band 4). They would be highly skilled in a diverse range of technical skills. They might be found with a range of skills that are not conventionally associated with a single profession. However, they would work towards the needs of patients and work across a range of professional boundaries. They would need to work within the confines of a prepared care plan, but they would be able to work to a high degree of autonomy. Such a generic support worker would be present within the NHS but would also find a home within the voluntary and independent sectors.

Another role was also developed by colleagues. This is likely to require further development, but is one that looks across a wide range of professionals.

## Co-creation and enabling skills

A cluster of skills can be identified around 'co –creation' and enabling.

Such skills included, the ability to actively listen to patients and their carer's in order to illicit information about themselves and what they might want to achieve with their care package if they have one.

These will require a greater focus on understanding the needs of individual patients and increased empathy skills from those within the sector. The skills will need to be utilised in ensuring that all basic care needs are met for all patients. There will also need to be an enhancement of the giving of complex information and ensuring that this is understood by the patient.

There was a view that going forward colleagues would need to adopt an approach to health care that would be less about 'doing health care, to people' and more of doing health care with others. Colleagues highlighted how useful skills such as 'motivational interviewing' might be to assist with this co-creation of health care packages. This would also be consistent with 'asset based' interviewing, which delegates did not mention in the workshop, but may also be relevant.

Not all such skills would need to be geared towards large scale treatments as some will involve brief interventions which can be very useful. Enabling skills will need involve some element of signposting of clients to services and other areas. So there would be a certain level of knowledge and understanding of services that are available however, depth knowledge of this might reside with those with Navigator type roles.

Within this cluster of skills is also potentially the area of problem solving. Again service users will need to deal with the complexity that plurality of provision may bring, helping people to understand the new 'eco-system' in order to get the service they want.

Enabling skills would help the sector also in some capacity around leadership, helping those to lead by example. They could be role models for others working the system to help.

## The development of generic skills

Generic skills underpin the majority of working practices in the modern economy.

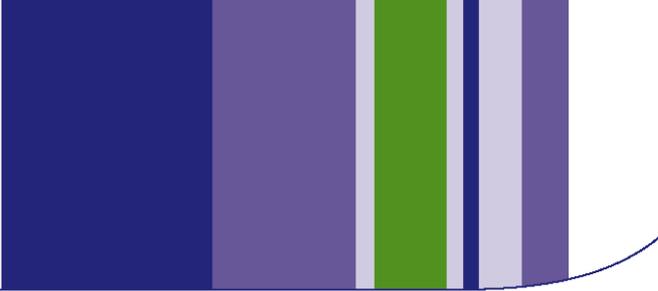
### Team working skills

Such skills are likely to be in greater demand in the health and social care sector in 2022 as employees need to work across multi-disciplinary teams. The presence of multidisciplinary teams in the community setting is likely to increase and will more commonly incorporate professions not traditionally seen in a health or health and social care environments, for instance social workers,

### Additional skills for development

Skills for Health have extensive experience of developing the workforce in the wider healthcare arena. Listening to the discussions there are also a number of areas that did surface in the debates, but given the time and focus were not explored. However, some aspects of the following might be usefully explored. These include;

- Management and Leadership
- Administrative and Clerical
- Personal Assistants
- Understanding impact



Skills for Health's wider research also indicates that there are significant changes likely within Administrative and Clerical roles in the sector in the future.

## Management and Leadership

These will continue to be key occupations for the development of the sector and for the health and social cares. There is also likely growth in importance of developing management and leadership skills for those in clinical roles.

There is also likely to be a focus on improving management and leadership skills across the sector in order to drive through transformational change and growth in the utilisation of new technology to aid planning and decision making.

## Administrative and Clerical

This key occupational group has received relatively little attention in debates about the future of skills in the Health sector as a whole. Yet their role is pivotal in many respects to the smooth running of many of our health care institutions. These roles will also be important in supporting business and strategic managers as well as professional staff in health and social cares.

There is a commitment from all government administrations to reduce spend (as a proportion of total staff spend) on non-clinical staff. This may lead to a reduction in the overall numbers of people able to assist. There is likely to be a drive towards 'shared services'. This will mean pooling of resources for some organisations.

The need for employers to effectively manage the range of data available, effective admin and processing will be essential.

## Personal Assistants

A personal assistant (sometimes called a PA or a support worker) is employed by people who need social care, either because of their age or disability, to enable them to live as independently as possible. Personal assistants carry out a wide range of tasks as required by the employer, including support with things such as washing and getting dressed, cooking, feeding, and supporting people to go out and about so they have greater independence and the ability to live their life more fully. The key skills needed for being a PA are the ability to listen, be flexible and a willingness to learn and respond.

## Impact and evaluation skills

There will be a need for professions to prove that they are adding value to the service that they offer and that they are innovating themselves to improve the services that they are involved in. They will be unable to remain 'static'. There will be a drive for clinicians to become more involved in or undertake management roles.

## Service Development

- Empower staff to take on radically different ways of treating people
- Common signposting
- Consider system impact of any changes particularly in Social Care

## Roles development

- Develop a common approach / framework for evaluation of new roles
- Consider new role development in support of GPs and practice nurses
- Identify a more generalised skill set across to support cross sector working
- Collaboration to close gaps in workforce pathways with clearly defined career pathways, including Apprentices

## Supporting Suggestions

- Consider using inter-professional / case based, mentoring & action learning & other cross sector learning opportunities
- Develop a 'real' career framework, with one recruitment drive across all non-university school leavers
- Developing a common Risk Share partnership module with Plymouth University
- Address role gaps through the multi-disciplinary teams, for example, in assisting decision making, for technologies,
- Increase use of smart phones by worker
- Increasing genetic capability
- Developing the skills to have honest conversations about what is affordable.
- Investing in the skills of the voluntary-sector
- Consider carrying out a skills audits for future competence
- Identify values common to all

## Systems integration

- Shared principles of integration - sharing staff
- Understanding of systems interfaces
- Consider how to allow movement of staff despite terms and conditions being different
- Develop policy / practice system to produce flexible working
- Communicate workforce strategies across systems to identify details of potential synergies
- Identify the workforce data needed to develop an infographic (a one-page summary of all our combined workforce data, which will sit alongside the education providers locally
- Utilise the data collected as part of the Pioneer support programme which analyses the social care workforce in Torbay and South Devon.
- Workforce sharing of employment
- Common resources
- Introduce a matrix skill base
- Provide a mechanism for networking and communication
- Shared risk assessment

## 4. Next Steps - A System-wide Workforce Plan to support integration

The following potential next steps were suggested for use when considering strategic aspects of whole system workforce development that might benefit from further review and monitoring by the South Devon & Torbay Integrated Workforce Group.

1. Include a broad brush of representatives from the whole system in an ongoing way *'System-wide awareness / improve knowledge of each other'*
2. Produce an agreed strategic workforce Sustainability Transformation Plan (STP) which addresses the priorities identified from the priorities identified from the *'Futures Thinking'* exercise that spans 10 years ahead
3. Liaise with all systems leaders to ensure sign-up to an implementation with clearly identified achievable steps
4. Ensure plans encompass the whole system for the long-term with the vision of the future integration landscape described and workforce mapped
5. Agree system synergies on workforce, for example, exploring a joint values-based recruitment process across all parts of the patch and all organisations with a special focus on a younger workforce – *'Joining everything up within the current vision – where they interconnect'*
6. Explore system synergies for flexible education packages which enable a hybrid care worker to rotate on placements within all partner organisations and then work, as and where required, within an Integrated Apprenticeship
7. Support systems synergy for shared flexible learning interventions and identify quick win areas
8. Develop the Community Education Provider Networks (CEPNs) to plan inter-professional learning
9. Introduce a single point of contact for education
10. Consider shared broad based integrated training opportunities that reduces *'wasted free education and includes all sectors'*

## 5. Closing Remarks

We commenced the *Futures Thinking* day with setting a view on what success would look like if we had an integrated workforce plan. We agreed the shared principles of working together and some things we would sign up to, like sharing career paths and opportunities, improved sharing of data and initiatives. We managed later on in the day to hear about what partners are doing and the challenges faced which were similar: demographic changes, retirements, pension rule changes, shortages, training, recruitment but we also saw lots of innovation.

As part of discussions we considered system interfaces and opportunities where our services overlap and what the impact of any integration might be as well as thinking about the issues of harmonisation where career opportunities are blocked due to practicalities. We were introduced to new integrated models of care and education pathways as well as discussing:

- person centred care pathways to avoid admissions resulting in a funding and investment change
- self-care agenda and shared education
- ways to identify gaps in service provision and fill these
- Vanguard and self-care programmes
- community education provider networks

Interestingly at the start of the day we said 'what success looks like' and discussion of the scenarios actually answered the question. So we learned the value of scenarios as stories. A useful tip for raising the profile of our data and concerns may be to translate these into accessible stories.

We began to think about new skills, roles, potential gaps and shared gaps and we started to action plan and develop solutions like:

- common approaches to evaluation
- connecting common and mutual needs
- common skills across sectors, skills auditing
- rotation of band 1-4 post holders
- cross sector learning opportunities and education hubs
- identifying values common to all
- generic skill lists

We developed tools and skills for approaching scenarios and future planning and considered elements that need further attention in Devon. The sessions have stimulated thought, balanced the here and now with the future and we have started looking at whether our plans match the here and now and horizon.

Overall we have opened our minds to a new way of thinking, we've challenged ourselves with scenario planning. We all have challenges, we are all being pushed, all managing our own workforce plans but we now have the seeds of sharing, new intelligence on one another, some new thoughts on what to think about in workforce planning.

*Emma Wood*

Director of Human Resources and Organisation Development South Western Ambulance Service

## Appendix 1 Delegates

Alison Brewer	Hayer Health
Avril Collinson	University of Plymouth
Ann Wagner	Torbay And South Devon Nhs Foundation Trust
Carol Hobbs	Devon LMC
Daisy Robinson	HESW (Peninsula)
Darran Armitage	Devon Partnership Trust
David Bearman	Chair of Local Pharmaceutical Committee (LTC)
Dr Sarah Ansell	Health Education England South West
Emma Herd	South Devon and Torbay CCG
Emma Wood	SWASFT
Eryl Davis	Devon County Council
Gary Kent	Newkey
George Coxson	Classic Care Homes Ltd, Pottles Court and Summer Court
Helen Paley	HEE working across South West
Helen Wilding	Torbay & South Devon NHS Foundation Trust
James Cuthbert	Mears Group
Jane Gidman	Torbay and South Devon NHS Foundation Trust
Joanna Williams	Torbay and South Devon NHS Foundation Trust
John Bryant	Torbay Council
Karen Mills	Mears Care
Laura Wheeler	South West Academic Health Science Network,
Louise Hardy	South Devon and Torbay CCG
Louise Winfield	Plymouth University
Maria Woodger	South Devon College
Martin Ringrose	Torbay and South Devon Health and Care NHS Trust
Matt Halkes	TSDNHSFT
Mike BILHAM	Torbay and South Devon Foundation Trust
Paul Hurrell	South Devon and Torbay CCG
Paul Thomas	HEE(SW)
Philip Waite	Torbay and Southern Devon Health and Care NHS Trust
Ray Chalmers	South Devon and Torbay Clinical Commissioning Group
Rosie Mainwaring	Skills for Care
Sally-Ann Turner	Devon County Council
Sarah Jane Venn-Dunn	South Devon College
Stevie Middleton	
Susan Wroe	Teignbridge Community and Voluntary Services
Trevor Avis	Mayfield and Cherrybrook Medical Centres
Venessa Dunn	NHS South Devon and Torbay CCG

Vicky Evans	South Western Ambulance service NHS foundation trust
Ian Wheeler	Skills for Health
Sharon Ensor	Skills for Health

## Appendix 2 List of Presentations

Copies of the presentations used can be viewed below:

<http://www.swahsn.com/wp-content/uploads/2016/04/A-Workshop-on-Integrated-Workforce-and-Future-Skills.pdf>

Presentations List:

<b>Presentation</b>	<b>Presenter</b>	<b>Role</b>	<b>Organisation</b>
<b>The Principles of Workforce Integration</b>	Rosalita Mainwaring	Locality Manager	Skills for Care
<b>Workforce intelligence</b>	Laura Wheeler	Programme Lead Integrated Care	Academic Health Science Network
<b>Local workforce Challenges</b>	Phil Waite	Assistant Director of Workforce	Torbay & South Devon Foundation Trust
	Darran Armitage	Interim Director of Workforce and OD	Devon Partnership Trust
	Emma Wood	Executive Director of HR & OD	South West Ambulance Service NHS Foundation Trust
	Trevor Avis	Director-Haytor Health	Primary Care
	David Bearman	Community Pharmacy	Chair Local Pharmaceutical Committee (LPC)
	Helen Wilding	Head of Transformation	South Devon NHS Foundation Trust
	Emma Herd	Head of Planning, NHS	South Devon and Torbay
	Paul Hurrell	Head of Innovation and Quality Improvement	SD&T CCG
<b>The Principles of Workforce Integration</b>	Rosalita Mainwaring	Locality Manager - (South West)	Skills for Care
<b>Community Education Provider Networks (CPEN's)</b>	Louise Hardy		On behalf of the Steering Group
<b>Futures thinking – an introduction to</b>	Ian Wheeler	Head of Research and Evaluation	Skills for Health

## Appendix 3 Applying Scenario Thinking

The scenarios provide a number of credible, plausible and challenging contexts that the Devon health and social care sectors might find themselves working within. By looking at the three scenarios in detail it is possible to identify the implications, whether positive or negative for the health and social care sectors in South Devon.

Analysing all three scenarios together enables us to develop a rich vision of the future, providing a critical, comprehensive and plausible look at the changes that are needed to ensure the workforce succeeds in this context. Further information describing the detail of each of the three scenarios is available from Skills for Health.

### Applying scenario thinking

The process of developing scenarios requires consideration of a range of possible futures which prepares those involved to look beyond their normal frames of vision. Scenarios encourage exploration of what *might* happen. They are constructed to explore *What if?* rather than *Whether*.

Scenarios are built upon combinations of identified drivers of the external environment. These are derived from what stays with us from the past and what we see as heading towards us from the future that may impact upon us in a positive and negative way.

It is important to recognise that scenario work enables understanding of the *external* context or environment which any organisation inhabits so as to be prepared for what transpires.

To capitalise fully on that understanding it needs to be augmented with an exploration of the whole *internal* system of the organisation. Factors such as culture, ownership, service requirements, timeframes, human and financial resources and many others are all interdependent.

Just as we need to understand how external factors may co-evolve to create different future environments so also we need to understand how factors internal to the organisation may interact.

Methodologies such as the Six Steps to Integrated Workforce Planning<sup>1</sup> and competence mapping<sup>2</sup> provide frameworks to address re-designing a workforce. Using them in combination with externally focussed scenarios can deliver comprehensive, robust workforce strategies and plans fit to face the future. Especially useful for finding a common language for cross-organisational workforces needed to deliver integrated care.

### Introduction to Skills for Health's scenarios

Skills for Health has long been developing Skills and Labour Market Intelligence for the Health sector. An important part of this intelligence is the development of a future oriented perspective on the future of the sector's workforce and skills development.

In 2009 Skills for Health embarked upon its first scenarios exercise to explore what possible futures might look like in 2020, how the sector might respond to these and potentially how the sector and Skills for Health in particular, might influence the emerging future.

These scenarios were the product of extensive work involving a series of expert interviews, the thinking set out in specially commissioned expert papers and, importantly, the contribution of over sixty stakeholders who participated in three scenario building workshops.

---

<sup>1</sup> Skills for Health's Six Steps Methodology to Integrated Workforce Planning. <http://www.skillsforhealth.org.uk/workforce-planning/six-steps-workforce-planning-methodology/>

<sup>2</sup> Skills for Health's Competence Search Tool. <https://tools.skillsforhealth.org.uk>

In 2009 Skills for Health embarked upon its first scenarios exercise to explore what possible futures might look like in 2020, how the sector might respond to these and potentially how the sector and Skills for Health in particular, might influence the emerging future. These scenarios were the product of a series of expert interviews, the thinking set out in specially commissioned expert papers and, importantly, the ideas of over sixty stakeholders who participated in three scenario building workshops.

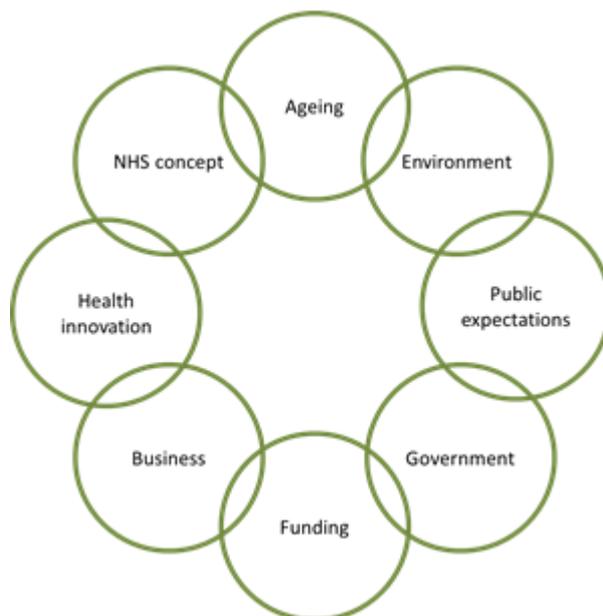
Since their publication, the scenarios have been used in various parts of the healthcare sector to facilitate new ways of addressing future challenges, to test strategic plans and to raise awareness of what might be heading towards us.

In 2011/12, experts and sector stakeholders have been involved in the exercise and the research resources of Skills for Health were used to help reiterate the scenarios. Of the original eight drivers of change identified as likely to have a significant but uncertain impact upon the challenges facing the future of healthcare, Funding and the NHS concept have been retained while other drivers have been modified or replaced. The Rehearsing Uncertain Futures 2 scenarios, look towards a horizon year of 2022.

In 2016, these scenarios have been contextualised in order to become meaningful for those applying them within the Devon context. The scenarios that follow represent our current thinking on what the future may hold and contextualised to help colleagues in Devon. The horizon year continues to be 2022.

The scenarios were developed by identifying core, key drivers in the health and social care environment. Not all of these drivers are relevant in every scenario, but they are widely recognised as the key factors that will instigate change over the next 10- 15 years.

**Figure 1: Drivers for change**

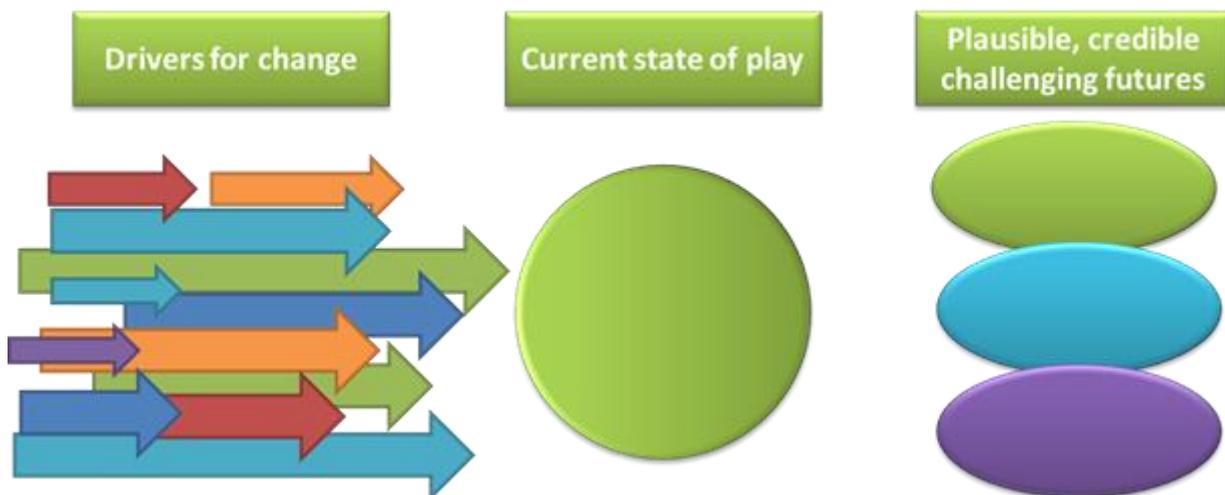


Once the core drivers for change were identified they were then launched against the current health and social care environment. The conceptual 'pushing' of these drivers through the present environment forces some serious shifts in how the environment would operate. These shifts were then grouped together to describe three distinct scenarios of the future which are plausible and credible but also challenging due to their stark difference to today's world.

The three scenarios presented were:

- Business of health
- All by myself
- Less is more

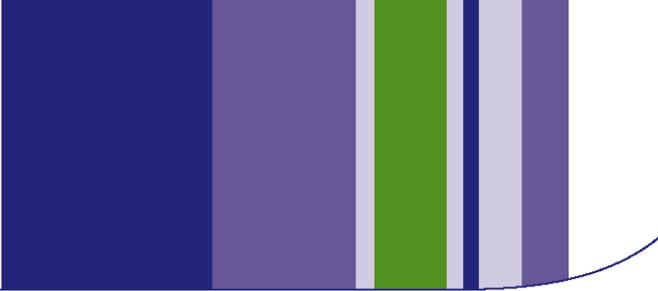
**Figure 2: Creating Plausible, Credible and Challenging Futures**



Since their publication, the scenarios have been used in various parts of the Health and Social Care sectors to facilitate new ways of addressing future challenges, to test strategic plans and to raise awareness of what might be heading towards us.

In 2012, Skills for Health revisited its 2009 scenarios to reflect the many changes that have occurred. The horizon year was changed to 2022 and Rehearsing Uncertain Futures 2 was published.

Once again, experts and sector stakeholders were involved in the exercise and the research resources of Skills for Health were used to develop and shape the scenarios.



## Contextualisation for South Devon

In January 2016 a working sub-group of the South Devon & Torbay Integrated Workforce Group formed to explore how Skills for Health's scenarios fitted the Devon context. This working group identified that there were a number of trends within the scenarios that resonated for the integration of services across local Health and Social Care services. New vignettes were introduced to the scenarios whilst retaining the overall direction of travel, and fitness for purpose. These new features can be seen throughout the scenarios contextualised for South Devon. Each organisation has its own workforce strategy and sharing this context was considered important so that the scenarios could be explored through a shared understanding of the issues faced by others. The complexity of the workforce issues across the whole system contributed to the discussion, especially around what needs to change over the long term to deliver high quality integrated care. A key feature of this approach was that the scenarios could be used to concentrate on the skills gaps across the whole system. Discussions took place within each of the scenario groups to try to reach a consensus on key aspects of workforce development that might best be addressed at the whole system level.

## Acknowledgements

Special thanks to all the presenters for their contributions that set the scene and to participants from across the whole health and social care system for working especially hard during a long day. Thanks to NHS England for their support. In particular thanks to the dedicated working group without whom The Futures Thinking event would not have been so productive and well-planned.

A decorative horizontal band across the middle of the page, consisting of a series of vertical stripes in various shades of purple, blue, and teal, set against a dark blue background.

**Skills for Health (Head Office)**

Goldsmiths House  
Broad Plain  
Bristol BS2 0JP

**Tel:** 0117 922 1155

**Fax:** 0117 925 1800

**E-mail:** [office@skillsforhealth.org.uk](mailto:office@skillsforhealth.org.uk)

**Website:** [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)