Tool 14: Workforce Analysis Framework

This document is part of the Home Care Outcomes-based Commissioning Toolkit developed by the National Commissioning Board for Wales to assist home care commissioners and providers to move the home care service towards a more outcomes-based approach. This is an outline document that will be developed further as the project moves forward.

1 Core Material: Overarching principles of this toolkit

The provision of social services in Wales is governed by the Social Services and Well-Being (Wales) Act 2014. The Act is accompanied by a Code of Practice and guidance on the exercise of social services functions and partnership arrangements. The Code of practice stipulates that:

"In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve".

The provision of health services in Wales is the remit of NHS Wales under the direction of the Welsh Government. Local Health Boards have responsibility for all commissioning and provision of health services in their area. The Welsh Government have produced an Outcomes Framework for the NHS in Wales that it describes on its website as follows:

"The NHS outcomes framework includes only outcomes and outcome indicators that have been determined to measure health related well-being. A delivery framework is in place to support the delivery of health and well-being by health boards and health trusts. "

Generally, this toolkit identifies that there are three models of outcome-based commissioning:

- **Model 1: Outcome Based Care Planning**: (Using outcomes as the basis for planning and reviewing a care package).
- **Model 2: Reward for Achieving Outcomes and customer satisfaction**: Again, Individual focused but concentrating on the financial aspects of meeting outcomes.
- **Model 3: Population based accountability for Outcomes**: Responsibility for the provider(s) for meeting the outcomes of a group of people across a defined geographic area.

1.1 Purpose of this Tool

This tool provides commissioners, reablement and home care providers to move to an outcomes based approach with a range of resources intended to further develop workforce planning skills used to align the needs and priorities of organisations with those of the workforce to ensure it can meet legislative, regulatory, service and production requirements and organisational objectives. This includes, but is not limited to:

- Measuring staff morale and competences that are critical to the home care sector.
- Analysing the quality of care, ensuring the workforce has the right capacity, skills, knowledge, values and behaviours.
- Measuring and evidencing the interest of people who use services that the home care market can deploy their workforce in the most productive way.

This tool is relevant as the basis to undertake workforce planning arrangements for **all three of the models** of outcomes –based commissioning.

2 Workforce planning timescales

Workforce planning occurs across three distinct phases, Strategic workforce planning should be integrated within an organisation's strategic-planning processes and its focus is on the quality and size of the workforce as highlighted in the graphic below.

3 The four stages in strategic workforce planning

This part of the tool looks at how you might develop the process of workforce planning in seeking to shift to an outcomes model, effective workforce planning becomes even more important.

This includes an analysis of what, information is needed, how it links to other human resources and business practices and the supporting role of technology, so that the workforce are able to operate across the three model of commissioning or delivery of an outcomes service.
Based on research a suggested process brings together some of the elements of workforce planning across 4 distinct stages, they are:

- Agree on the approach and job clusters.
- Model future workforce demand.
- Model future workforce supply.
- Plan actions to implement the required new workforce plan.

These 4 stages are described in more detail in the graph on the next page.

1 Agree the principles of your approach

- **Agree the principles of your approach, and the staff clusters** (units and specialties) that you will use:
- Job clusters made of people who are in (roughly) the same specialty area and of (roughly) the same seniority
- Clusters should reflect similarities between skills required in groups of the healthcare workforce (eg junior ward-based nurses)
- **Agree at what operational**
- **unit you will conduct the planning** (specialties, home care assistant, commissioning officer))
- **Begin stakeholder engagement** – those closest to the work will have important perspectives on what the future workforce needs will be

2 Model future workforce demand

- **Create a view of future workforce needs, by staff cluster**, based on clinical demand forecast made at the Forecast stage. This will incorporate:
- changes in volume and
- characteristics of demand
- changes in treatment technologies
- policy direction that may affect mandatory staffing levels
- **Update this by taking into account the total net effect of all planned strategic initiatives**:
- quality initiatives that may require additional staff
- productivity initiatives that may reduce number of staff needed by removing wasteful practice
- role substitution initiatives that change mix of staff needed

3 Model future workforce supply

- **Create a view of future supply, based on expected changes in your workforce before any additional workforce-supply changes are undertaken**:
- current staff projected with expected turnover, retirement and vacancies
- expected sickness and absence rates
- expected non-clinical time per FT staff member (eg for holiday, training, admin, other)
- planned in-house training that will enable staff to move between staff groups
- career promotions at historical rates
- uplift rates, which may already include, annual leave, training, etc.
- staff performance against expected outcomes

4 Actions required to implment the new workforce plan

- **Articulate the forecast gap** between workforce demand and supply by staff cluster/type, by specialty and for the trust as a whole
- **Plan how you will address the forecast gaps to implement the new workforce plan**. Strategic workforce initiatives can include:
- new areas of focus for retention and recruitment
- in-house training
- **Work with external**
- **stakeholders** where needed to support the changes
- Provide forecasts based on models of supply and demand
- **Think about how you will build in flexibility**

4 Modelling future workforce demand

Modelling future workforce demand is aligned to the likely demand for labour, e.g. how many people are we going to need? in what jobs? and what skills and capabilities will they need to have. All of these factors are likely to change as home care and reablement services move to an outcomes based approach.

This create a baseline view of workforce needs, based on the demand forecast made at the forecast e.g. changes in volume and characteristics of demand and/or changes in technologies. This is not expected to be a precise forecast. However, it should include the foreseeable impact of strategic initiatives to the extent possible.

These may include:

- Quality initiatives that may require more/new/different staff.
- Productivity initiatives that may safely reduce staff costs by improving ways of working.
- Role-substitution initiatives that may change mix of staff required.

Other workforce initiatives that may help to achieve strategic goals and are likely to form part of the changing role of a home care assistant in the future include:

- Severn day access to services: this will require staff to work differently – for example, spreading core planned work over seven days rather than over five; while the total number of staff may not need to increase, rota arrangements and traditional ways of working will need to be reviewed.
- mandatory minimum staffing levels, which will in turn require a review of the way services are managed/organised to ensure optimum use of clinical time.
- Role-substitution plans (e.g. a range of health care clinical work being delivered by home care staff who choose to specialise in a particular field of health or through a greater reliance on the use of assistive technology).

The National Commissioning Board for Wales (NCBW) report entitled Care & Support at Home in Wales' provides a picture of the current care at home workforce, the statistics are outlined below.

During 2014/15:

- 370,000 unpaid carers in Wales and increasing (including 791 young carers) who provide around 96 per cent of care and support at home.
- 60,606 adults used local authority social services in the community.
- 4,463 people received direct payments.
- 13.2 million hours of domiciliary care bought through local authorities.
- 214,317 hours per week, provided by 20,300 workers to 39,500 people and costing £293m.

- A further 20 per cent procured by the NHS, costing approximately £50m. A further 7,731 people privately bought 2.3m hours at a cost of £15.4m.
- Someone dying in hospital rather than their preferred place of care is a significant cost to the NHS. This can't be justified. Nearly half of all hospital costs are because of emergency admissions. More than £2,000 of the cost of a hospital death is in the last month of life (Georghiou T, Bardsley M, 2014).

The case for change in the commissioning and delivery models of home care are also outlined in the 'Care and Support at Home in Wales' plan. Wales needs a consistent approach to care and support at home. It must be built around individuals, families, carers and communities.

This is a key requirement in the Social Services and Well-being (Wales) Act and the principles of prudent healthcare.

People should be able to live at home with increasingly complex needs. To make this possible, consider:

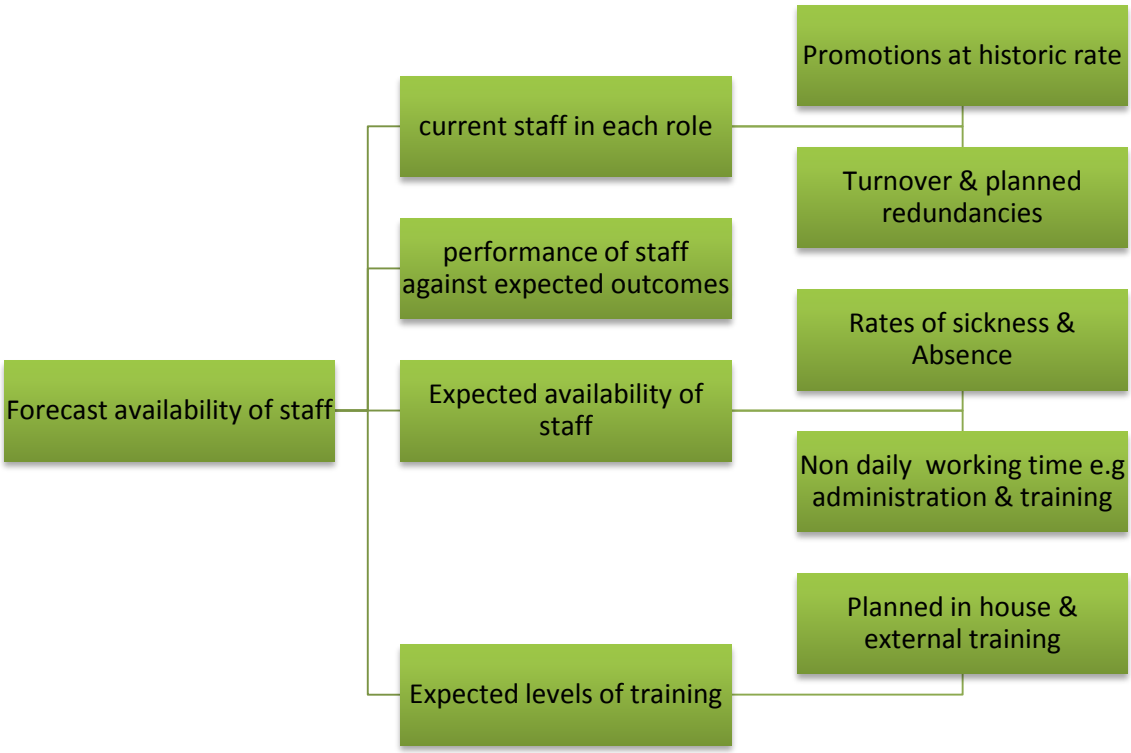
- Understanding what's important to the person and what works well.
- Support, value and sustain carers, volunteers and the workforce.
- Change our understanding of care and support at home.
- Find ways to help people in communities' support each other.
- Have clear ways of responding to more complex care and support needs.
- Make systems easier and less fragmented look at how new service models can be supported and evaluated.
- Empower the workforce to work well and develop within their roles.
- Make sure workforce terms and conditions reflect their roles and responsibilities.

The actions outlined above will require a fit for future purpose workforce that has the knowledge, skills and values to deliver care and support at home. These actions create a baseline view of workforce needs and should be used as a starting point for part 4 of the workforce planning cycle (described in more detail on the next page).

It should be noted that this process cannot be done in isolation or be the responsibility of one group or organisation. We need to do this together. It will need a change in culture and systems to put people's needs at the centre of care and support at home. It will also take political, strategic and operational commitment across Wales.

5 Modelling future workforce supply

Begin with current staff and expected numbers using historic rates of turnover, retirement and vacancies, create a forecast as your starting point, the graph below provides you with a working model to follow.



6 Plan actions to implement the required new workforce plan

It would be prudent to not assume jobs in the future will be as rigid as they might be today. Use the workforce planning process to consider how people can be more flexible in the work they carry out to deliver the organisation's objectives.

Part of your action plan could reference the need to reducing staff turnover which may be important if you have found recruiting difficult in the past or have particularly high turnover.

Social Care Wales are in the process of developing a workforce strategy that will seek to address the disparity in appropriate terms and conditions of employment, and will support employers to tackle difficulties in recruitment and keeping staff due to poor pay and conditions.

This is essential for the system to function and deliver relationship-based, outcome-focussed care and support. Another action could focus on training existing & new staff to improve skills and to improve staff retention rates. Again, Social Care Wales recognise this is a key area that requires further investment at a national and local

level to meet people's needs and expectations the workforce needs strong leadership and management.

It needs leaders and managers who make sure their service is good quality using the available resources well, and that the workforce has the support they need to provide a good service.
We need care and support work to be a respected career choice. The workforce needs the right values, knowledge and skills. They need to be valued, confident and competent in their roles.

The national workforce strategy will seek to make learning opportunities available for people planning and commissioning care and support at home as well as for providers.

The strategy will also aim to upskill the domiciliary care workforce through qualifications, registration and continuing professional development (CPD) and will work with partners in education, such as Qualifications Wales, to develop learning find out what the future workforce needs.

So your local workforce plan could work in tandem with the national workforce strategies objectives, therefore providing you with an opportunity to work with regional planning boards and other key stakeholders to ensure you are able to recruit and retain the right people, with the right skills and abilities/values and behaviours.

7 Other materials

The Care and support at home in Wales Five-year strategic plan 2017- 2022 has been developed by the Care Council for Wales in partnership with local authorities and the social care, health and housing sectors.

It sets out a vision for change to improve care and support at home for people in Wales. It also briefly explores the current provision of home care, looks at why change is needed, and identifies six main areas for action to improve care.

The plan responds, in part, to the Welsh Government consultation on terms and conditions for the domiciliary care workforce and the Care and Social Services Inspectorate Wales's national review of domiciliary care in Wales.

The plan also explores the current provision of care and support at home and why change is needed. It's accompanied by a supporting document that features examples from across Wales of the different ways in which care and support at home can work effectively.
Care and support at home in Wales Five-year strategic plan 2017-2022

The Care and support at home in Wales supporting stories paper show some of the ways that people and organisations across Wales deliver care and support at home, in support of the Care and support at home in Wales - Five-year strategic plan.

They are intended to give ideas about what could be done differently, how the workforce could be configured differently and some of the issues that people have faced.
Care and support at home in Wales Supporting Stories

The Care and Social Services Inspectorate Wales (CSSIW) report entitled 'Above and Beyond' National review of domiciliary care in Wales, sets out the findings of the national review of care provided to adults in their homes (domiciliary care).

The review aimed to:

- Assess the type and scale of domiciliary care provided in Wales; and
- Identify what is working and what is not.

The review also aimed to understand the relationships between the following people and organisations and how they depend on and affect each other:

- People who are receiving care in their homes.
- Care workers providing care to people in their homes.
- Care providers arranging care and
- Local authorities commissioning domiciliary care.

A range of different approaches to commission and procure care in Wales were considered and the benefits and challenges of these approaches. The report makes suggestions to improve practice and shape the regulations and guidance that are being developed to support the new Regulation and Inspection of Social Care (Wales) Act 2016.
'Above and Beyond' National review of domiciliary care in Wales

The United Kingdom Home Care Association Ltd, provide data contained within a national research report on the figures, analysis and summary of recent market trends within the domiciliary care market (Inc. Wales), the is includes how many people benefit from domiciliary care, who provides the care, how it is funded and the structure of the workforce.
UK HCA Summary: An Overview of the Domiciliary Care Market in the United Kingdom

The Welsh Government and Social Care Wales commissioned a report entitled 'Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care'.
The research overall aim was to:

- Exploring the factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care
- Identify factors which both positively and negatively influence individuals to choose to become and remain working as domiciliary care workers

- Identify the extent to which these factors impact on the quality of domiciliary care.

Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care

The Key to Care report of the Burstow Commission on the future of the home care workforce briefing outlines the findings of an LGiU report, supported by social care provider Mears entitled 'Outcomes Matter: effective commissioning in domiciliary care'.

The project and corresponding report outlines the current position of local authorities and the barriers to better commissioning for outcomes.

It also highlights several case studies in this area and identifies a series of recommendations including hearing from providers, trade unions, professional bodies, local authority commissioners, social and care workers and service users. It seeks to understand their aspirations for the work force, the barriers that stand in the way and ideas for innovation, progress and improvement.
Key to Care: Report of the Burstow Commission on the Future of the Home Care Workforce

The Chartered Institute for Personnel and Development (CIPD) Workforce Planning guide is suggested reading for business managers and generalist HR managers seeking to develop workforce planning processes. The guide aims to provide some information either to help practitioners embark upon a planning process or to improve existing practices. It includes models and case study examples based on research with a wide range of public and private sector organisations of various sizes.
Workforce planning: right people, time and skills

Skills for Care have also produced a workforce planning guide that includes resources that are especially developed for small and medium sized organisations and explain:

- What workforce planning is.
- Why it's important.
- What are the principles for it.
- how should be involved in it.
- How it fits with how services are commissioned.
- How workforce information should be used including data from National Minimum Dataset for Social Care (NMDS-SC).
- How to do workforce planning using a step by step method.

Workforce planning: Helping you to have the right people providing high quality care and to help your business grow

The Voluntary Organisation Disability Group (VODG) resources helps providers with workforce planning. The paper looks at workforce challenges and innovations in recruitment.
Workforce planning resource for independent providers