

Centre of Excellence for Workforce Strategy and Planning

Consultation Document Responses

The College of Occupational Therapists welcomes a review of the strategy, planning and processes needed to support workforce planning and is pleased to offer a response to the consultation questions. Equally, the College trusts that in due course there will be an improvement in the robustness of data collection methods that better reflect the workforce needs across the entire health economy and which support predictive models for service development, community and population health and social care trends.

General

1. The main benefits of a Centre of Excellence should result in:

- Robust data collection methods across the whole sector, that take account of current and future health, community and population needs
- Confidence in data which enable appropriate workforce planning and which can be used with greater accuracy in predictive modelling
- Greater congruence between demand and supply with a levelling out of peaks and troughs
- Creation of a national perspective of the workforce, its trends and challenges, within the context of locally determined needs.

Measures of success should include the extent to which the boom and bust of workforce planning is reduced, which itself will be based on the achievement of the benefits above.

2. One of the key factors that will influence achievement of the benefits will be related to the ability to be inclusive of all employers needs. Many health professionals are already working across the whole health and social care sector and many are working in education, prison services, jobcentreplus, voluntary and charitable sectors as well as in privately run organisations. The current workforce strategy has singularly failed to take account of all these stakeholders in formulating workforce plans to date.

These risks may be mitigated if the processes and systems are adequate to support data collection, use intelligence from all stakeholders, which might include that held by professional bodies (and not only those for doctors and nurses) and take account of all those healthcare workers involved throughout the entire patient/service user journeys.

3. The values as expressed by the vision principles will need to take account of who and where the patient is and recognise that the patient/service user journey is likely to include acute, sub acute, primary care, rehabilitative and self managed aspects, which are likely to be provided by a number of health and social care providers, statutory and non-statutory, private, voluntary and charitable. It should also be recognised that as part of the personalisation agenda patients/service users will themselves create a market force, which may change the make-up of the workforce

over time. The C of E will need to take account of that force in terms of workforce planning.

4. The immediate workforce needs will be important in the first instance, but a workforce plan will always need to take account of the predicted needs based on demographic projections and policy directions. In that instance a fairly sophisticated model will need to be established that enables trends and predictive modelling based on current demands and supply.

Functions and Remit

5. COT would agree that the three functions are the right ones and can identify no gaps. In terms of greatest priority, capability building would be the first priority to ensure that information be collected about the current situation is robust and meaningful. Ultimately is rather artificial to differentiate as each of the three areas are mutually dependent in achieving excellence,

Analytical Function

6. The Centre would need to collect data from the current workforce mechanisms in the statutory sector, including the National Minimum Data Set in Social Care. This will need to give a profile of the workforce in terms of age, gender, qualification level, and ethnicity.

In addition the same level of information and detail will need to be collected from other agencies and sectors.

The question of capability is vital at this point, as the data that is collected will need to be recorded and collected as consistently as possible so that it is meaningful and robust.

The models developed should be multilevel.

7. It is unclear what the role of scrutiny would produce as an outcome in terms of workforce planning. In terms of providing simple, clear advice the Centre will need to be clear about the scope and range of data collected and its robustness. The Centre should be able to state the limitations of the data and therefore propose how robust workforce planning based on it

Networking Function

8. Key relationships and networks should include other Government Departments as they have policy drivers that impact on the health and social care workforce e.g. DWP and Welfare to Work agenda. It would also be useful to find out from other sectors and possibly the professions involved to define the scope of employment possibilities and some examples of employers.

Core stakeholders are important but the range of more minor employers could identify a critical mass of the health and social care workforce that would be needed in these alternative employment contexts.

Capability Function

9. Capability building may require some initial training not only about the how to collect data, but why it is important and what use it will be put to. Explaining the

context may mean that individuals will then realise the significance of collecting data with intention in order to give it appropriate meaning and usefulness.

10. Although consultancy support would be one way of achieving outcomes, data collection and capability is a core function of good governance in ensuring the future sustainability of services through adequate staffing. The College would propose therefore that, certainly in large organisations, a central role would be one of data collection and statistical analysis. For smaller, non-statutory employers a carefully developed training pack supported by coaching may be adequate.

Leadership

11. and 12. The following characteristics will be important both of the Centre and those working in it:

- Inclusivity
- Robustness
- Dependability
- Reliability
- Equality

Governance

12. The principles that underpin governance should include:

- Openness
- Transparency
- Testability
- Dependability
- Reasonableness

Hosts and Transitional Arrangements

14. The Centre should have a degree of independence to ensure that it is able to collect and frame workforce information that addresses the needs of the whole health economy.