



**CENTRE
FOR
WORKFORCE
INTELLIGENCE**

Broadcast National Conference
**Reshaping the
Nursing Workforce**
Preparing professionals for new
working patterns
Wednesday 22nd February 2012, The Kings Fund, W1G 0AN

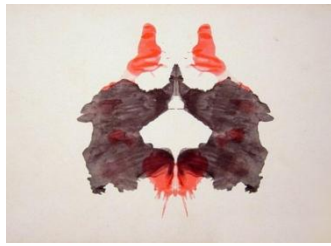
The role of nurses in delivering integrated healthcare: workforce implications

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CfWI produces quality intelligence to inform better workforce planning, that improves people's lives

What is integrated
healthcare?



Horizon
Scanning



Transforming
Community
Services



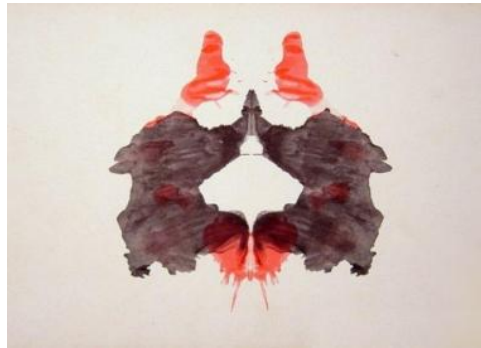
Future role of
Nurses & Midwives



What next?



What is integrated healthcare?



Like a Rorschach inkblot it means different things to different people:

- UK people tend to associate it with shared care
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4898588
- USA often described as managed care – ‘social mission’ is the closest to NHS that you get in USA (Obama healthcare)
- Netherlands described as transmural care (TM care) – a patient in need of specific care, gets that care whether it is in the setting of the general physician or in the hospital or in a nursing home or in all three, without the need for the patient to be confronted with the problem of crossing borders in the health care system.

What is integrated healthcare?

Integrated healthcare is...

“the organisation and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.”



World Health Organization

World Health Organisation
Technical Brief No.1 May 2008





Horizon Scanning

‘The systematic examination of potential threats, opportunities and likely future developments, including but not restricted to those at the margins of current thinking and planning.’

Chief Scientific Adviser’s Committee, Office of Science and Technology (OST) September 2004

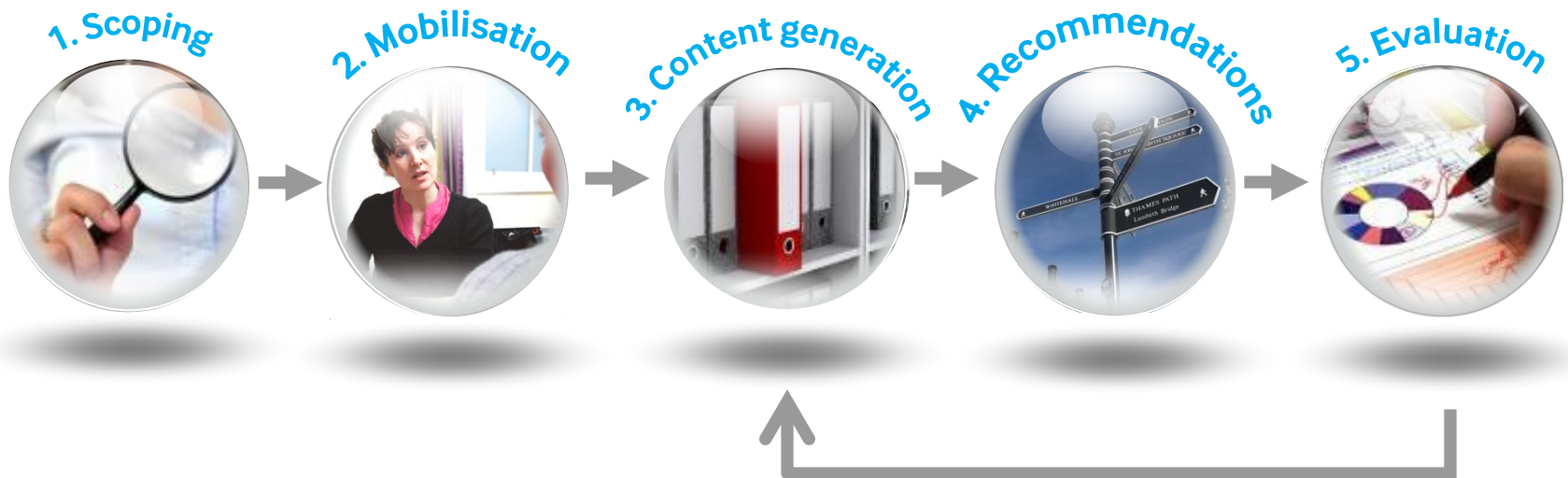
Horizon Scanning

HORIZON SCANNING



You are warmly invited to get involved in this work by emailing:
horizonscanning@cfwi.org.uk

What is the CfWI horizon scanning methodology?



Invitation for **you to participate** in a very short survey

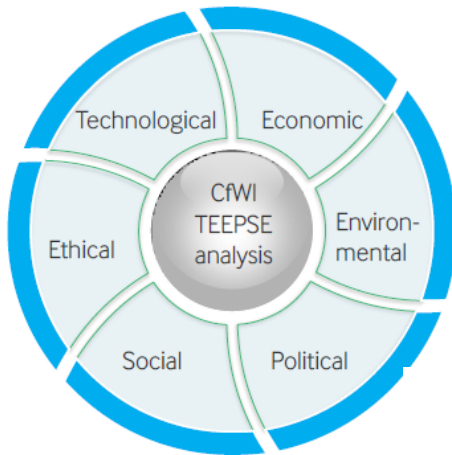
<http://ukimages.gmimage3.com/new/viewnewsletter2.aspx?SiteID=16608&SID=6&NewsletterID=341061>



CfWI Approach



'TEEPSE' ANALYSIS



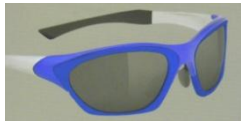
SWOT

S	W
O	T

DELPHI

- Expert group
- Iterative survey
- Anonymous answers

THE ELTVILLE MODEL



Probable future



Surprising future



Creatable future



Desired future



Planned future

Strategic review of the future healthcare workforce... continued: A few highlights

Thinking up to the year 2040...

Technological

- Breakthrough drugs
- New and improved technologies

- Telemedicine
- Medical research development

Environmental

- Environmental migration
- Re-emergence of vector-borne infectious diseases

- Increase in UV radiation significantly affects health needs

Economic

- GDP decreases and resultant cuts
- Less money for health training

- Lo-tech solutions dominate healthcare
- Medical brain drain

Political

- Care moves to community away from hospitals
- Policy shift to more generalists

- EU policies shape services
- Healthcare advice improves population health

Social

- Gender balance and participation rates affect supply
- Nurses and other workers do more - roles

- Self-care and family care increases
- Generation Z works less and plays more

Ethical

- Genomic treatment and genetic testing
- End of life care to be paid for from personal assets

- Euthanasia/assisted dying becomes norm
- Let the elderly fend for themselves

To read more go to
<http://www.cfwi.org.uk/resources/horizon-scanning-report-medical>

Transforming Community Services

- The aim is to deliver services in the least restrictive setting whenever possible
- 'Beyond transfer to transform'
<http://healthandcare.dh.gov.uk/category/nhs-providers/tcs/>
- In practice this will mean a significant shift of nurses from hospital to community settings
- What do you think? Tell us at nursing@cfwi.org.uk



Transforming Community Services

Drivers for change: demand, ageing population & workforce, technology, disease, expectation, VFM and affordability.

New Technologies



Ageing workforce



in health and social care

Value for money
and more
efficient use of resources

**Better
Service**

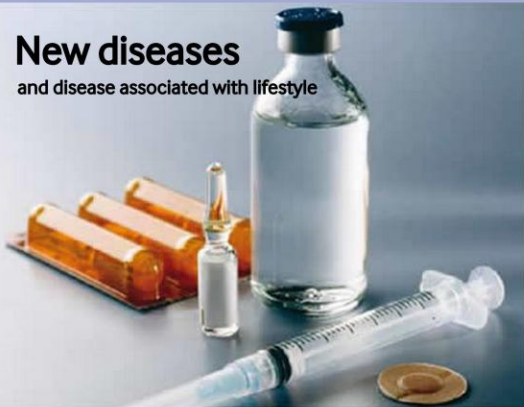
**Lower
Cost**



Increasing demand for services:
over 65+ set to rise by 51% in 20 years time

New diseases

and disease associated with lifestyle



People come to expect



Service on-demand

Transforming Community Services

Patient choice, outcomes, and affordability
are three drivers for increased role of
nurses in community settings



A major shift to nurses working in the community



Greater use of wi-fi, telemedicine, shared
consultation, portable kits, biometrics etc.



Future role of Nurses & Midwives

25% of patients in hospital beds don't need to be there and could be looked after by NHS staff at home

(Department of Health. The Year: NHS Chief Executive's annual report 2008/09. May 2009.)



Community Health Centres



Local Improvement Finance Trust (LIFT)
Grimsby, Barnsley



2000 – 2010
Hospital
**admissions up
by 38%** and for
over 75s by
66%

Compare this
with Sweden
1.6% & 0.6%
respectively



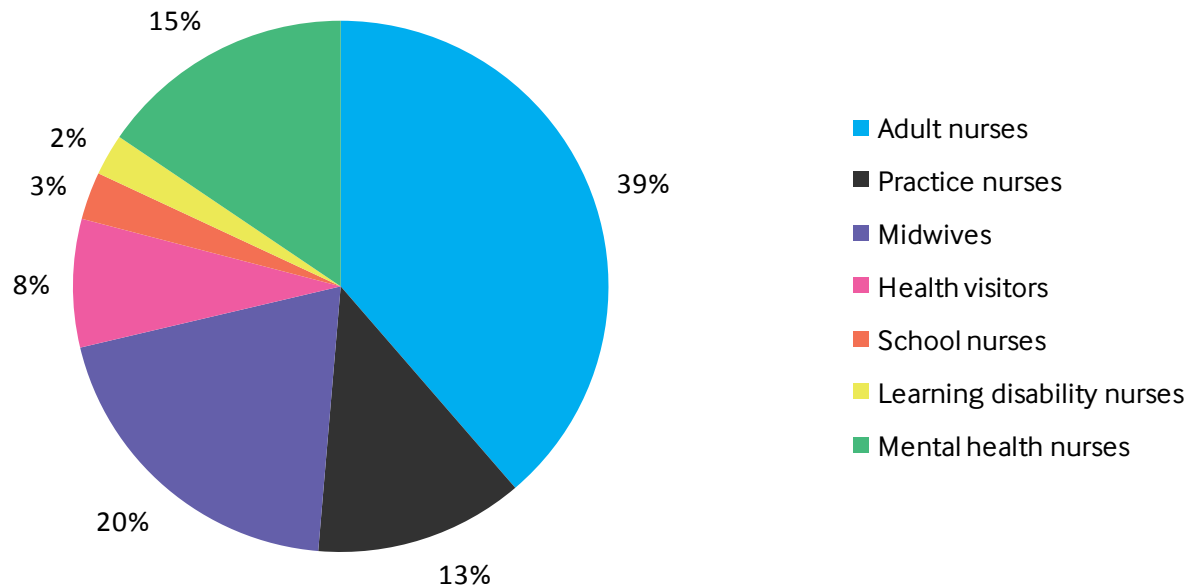
Prof Nick Bosanquet
Imperial College, FT Feb 2012





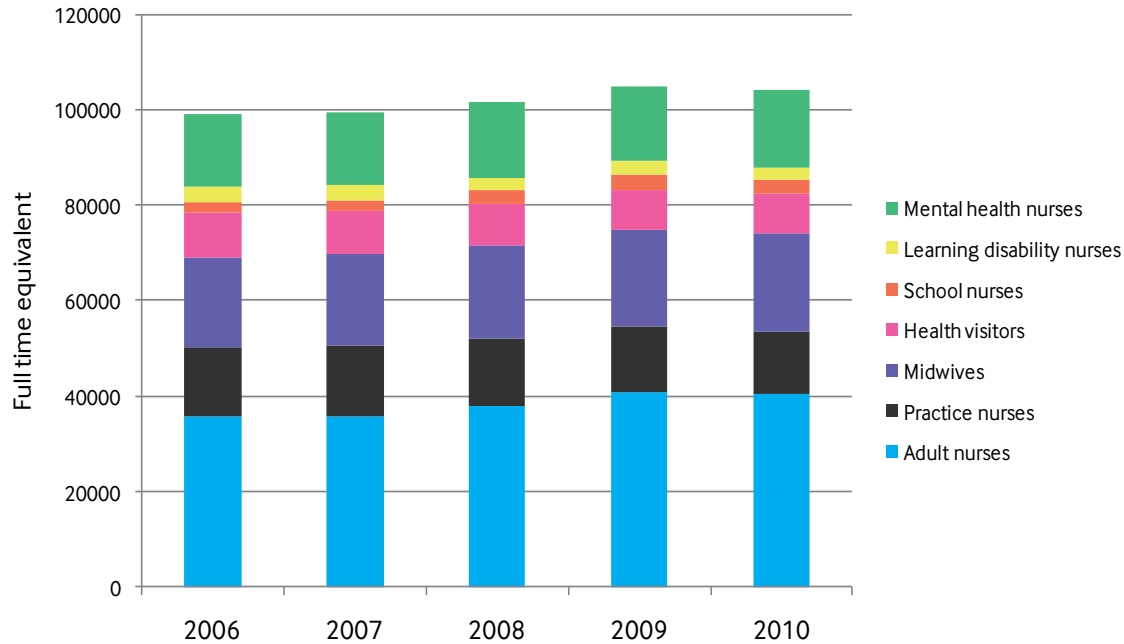
We need to see a significant shift in nursing numbers from hospitals to the community setting .

NHS and practice nurses working in the community (FTE, 2010)



Clinical commissioning groups and Trusts will need to consider commissioning more services outside hospital settings

NHS and practice nurses working in the community



There has been **only a 5.2% increase** in total NHS and practice nurses working in the community since 2006.

We need to see this more than triple in the next 5 years to make TCS real

	2006	2007	2008	2009	2010
Adult nurses	35634	35861	37960	40883	40315
Practice nurses	14,616	14,554	13,962	13,582	13,167
Midwives	18862	19298	19639	20236	20790
Health visitors	9376	9056	8764	8519	8125
School nurses	2177	2366	2789	3203	3020
Learning disability nurses	3169	2986	2749	2734	2620
Mental health nurses	15208	15275	15627	15685	16138
Total	99042	99396	101490	104842	104175

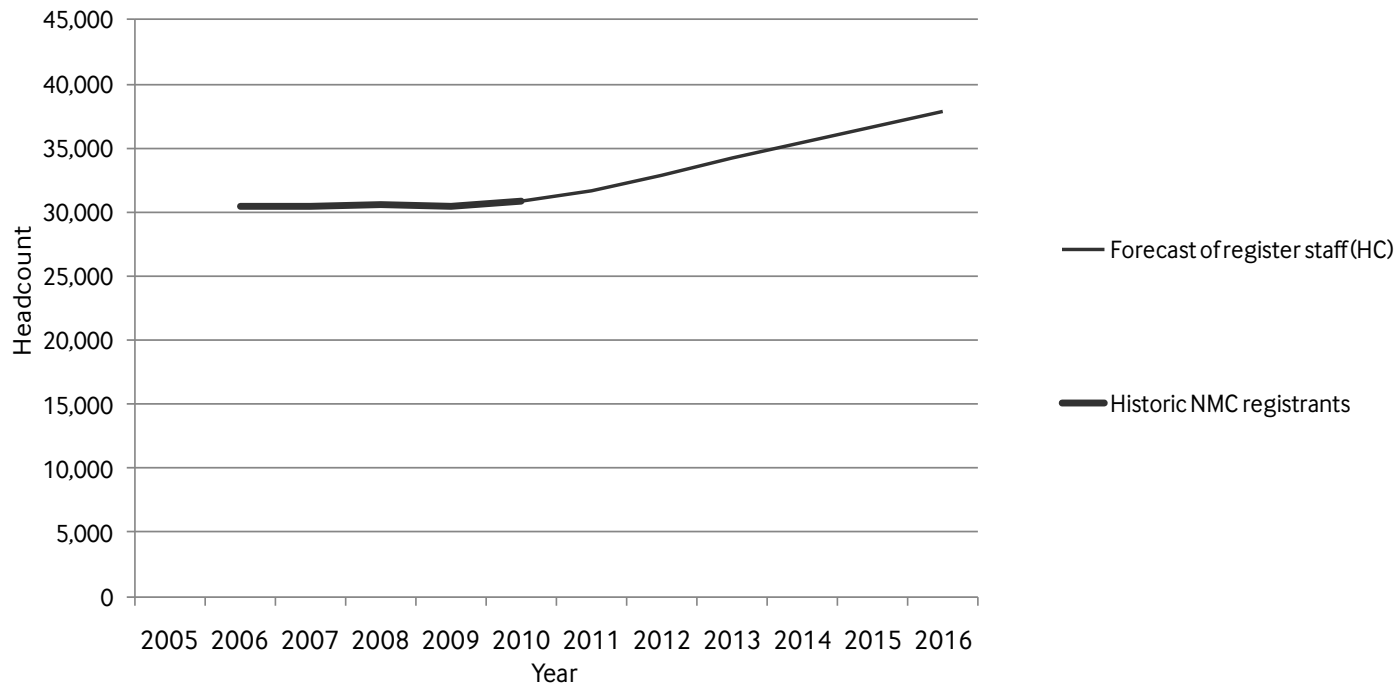


Growth Forecast

Midwifery numbers

(Headcount) projections

Summary of the available workforce headcount - midwives



The midwife workforce is projected to increase by 22.2% from 2010 to 2016, to a headcount of 37802.

For detailed model and assumptions, please refer to the midwives Workforce Risks & Opportunities report at <http://www.cfwi.org.uk/> April 2012



Midwifery



- At over 720,000 births in 2010, birth rates increased over the last 10 years
- Between 2000 and 2010 live births to those over the age of 40 have increase by 85 per cent.
- Part time working has increased over the last ten years – increases health care costs and harder to provide continuity of care for mothers
- More than two thirds of midwives are over the age of 40
- New pension arrangements may impact on earlier retirement
- Actual and planned commissions have been in line with each other and stable for the past two years
- All SHA's are responding to policy advocating increases or maintenance of midwife staffing levels
- Variations of service configuration across England will be considered this year at CfWI



- Onset of graduate entry nursing may have implications for the standard of care in nursing, skill mix, training attrition, and the number and profile of those undertaking undergraduate courses
- Transforming Community Services and the shift to primary care, as well as an increasing and ageing population, will result in greater demand for nurses working in the community
- Reductions in international recruitment of nurses, and increasing migration of UK nurses, there is currently a net outflow of nurses from the UK
- Adult nursing has an ageing workforce, particularly in the community and independent sector and in academia





Children's Nursing



- The child population is projected to grow over the next 20 years nationally, with little variation regionally.
- Nationally, the commissions and headcount for children's nursing have both been increasing since 2007/08. Some specialist areas of children's nursing are undersupplied, such as neonatal nursing.
- There is no impending retirement bulge in children's nursing in general.
- The government plan to increase the size of the health visiting workforce is being considered by employers, this may have an effect on children's nursing
- There has been a net outflow of nurses from the UK in recent years
- Trusts are increasingly placing more children's nurses in A&E departments to respond to the need there.





Health Visitors



- Overall health visitor workforce has declined in numbers in recent years.
- Government policy: increase the number of health visitors employed by the system by 4,200 full time equivalents (FTE) to 12,292 FTE before March 31st 2015.
- The 4,200 FTE growth presents a significant challenge in respect of both overall scale of increase and the pace required to be achieved.
- A significant proportion of the workforce is approaching retirement age, may impact on service provision and the achievement of the 4,200 FTE growth.
- Projected retirements, allied to normal turnover, mean that approximately 6,000 health visitors needed to be trained to achieve the 4,200 FTE growth.
- Local and national focus has led to significant increases in education commissions for 2011/12.



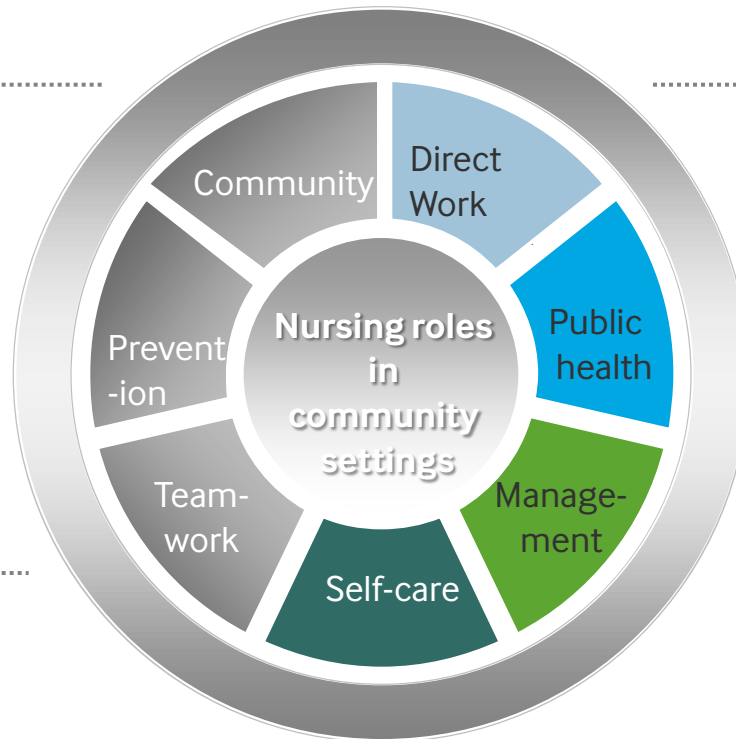


Core elements of nursing roles in community settings

Meeting health needs of communities

Supporting anticipatory care

Multi-disciplinary team working



Working directly with people

Adopting public health approaches to protecting the public

Co-ordinating services

Supporting self-care





Workforce implications – nurses and integrated care

Community based

1

... support people as close to their own homes as possible, particularly those with long-term conditions

Health promotion

2

... develop health promotion and health improvement strategies with individuals, carers, families and communities

Supporting self-care

3

... enable and develop individuals', families' and communities' self-care skills

Supporting carers

4

... support unpaid and paid carers e.g. care plans, information, hands-on

Safeguarding

5

... identify and protect adults, young people and children from harm

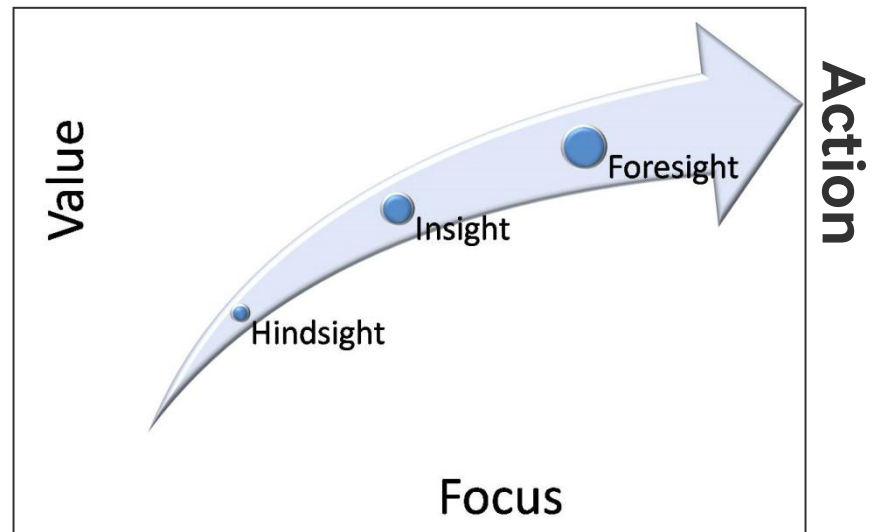
After: **Visible, Accessible and Integrated Care**. Report of the Review of Nursing in the Community in Scotland 2006



Major issues

- Existing numbers (of each role)
- Numbers in the pipeline (training)
- Attractiveness of role (recruitment & retention)
- Double funding/ transition – i.e. how to move nurses into community settings in significant numbers vs. hospital/ward/unit numbers remaining fairly static
- Affordability – climate of austerity
- Workforce planning barriers – protectionism, vested interests, hostility to extended roles, new ways of working

The 'HIFA' model



Use hindsight, insight and foresight to take decisive action on nurses role in the community



**Future role of
Nurses & Midwives**

To get involved with us:
nursing@cfwi.org.uk

	<p>CENTRE FOR WORKFORCE INTELLIGENCE</p>
	 <p>THE FUTURE SHAPE OF THE NURSING AND MIDWIFERY WORKFORCE</p>
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	<p>www.cfwi.org.uk</p>



What next?

CfWI 2012 -2013:
nursing@cfwi.org.uk



1

Delivery of national supply and demand forecasts for the nursing and midwifery workforce to support more effective planning



2

Review of the shift of care into primary and community settings and the implications for the shape of the nursing workforce



3

Development of a multi-disciplinary workforce model for the maternity care pathway



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