Appendix F – Workforce Plans

The table that follows looks at identified priority areas for a comprehensive range of service areas and outlines the potential workforce implications that are supported by resources in the SCP and the AOP. These workforce changes have been developed in consultation with health and social care providers and are reflected in the annual WIMS and FIMS returns to the Strategic Health Authority and Department of Health.

Service area	Anticipated market change	Workforce implications
Birth **Change of care settings:** • Development of new midwife-led birthing centre	We will work as part of a Sussex wide network of maternity services. Our aim is to ensure that services are better coordinated and that women are offered real choice in where services are provided. Our emphasis is on ensuring that services are consistently of high quality. We are also committed to the agreed maternity pledges for the care of mothers and the new born in Healthier People Excellent Care (HPEC).	BSUH are reviewing their service plans for this care group and are planning to increase the establishment for midwives and MSAs to meet the SHA target ratio of midwives to births. The number of consultants will be increase to meet the demands of EWTD. The opening of a new birthing centre will increase training requirements amongst existing staff.
	AOP 2009/10: ***Maternity – new strategy & commissioning plan***	***4 new consultants*** ***No plans to increase number of midwives or maternity support workers in 09/10*** ***Review of skill mix***
Children **Change of care settings:** • Increasing range of physical health services closer to home and away from the hospital environment.	We will work with the Children's and Young People's Trust (CYPT) in all our aims. This includes reducing levels of smoking and alcohol and drug abuse among children, increasing uptake of immunisations, developing more effective health education in schools, moving from 24 out of 72 schools meeting the core offer of extended services to 100%, transforming Child and Adolescent Mental Health Services (CAMHS) through a range of initiatives including increased access to Tier 2 and 3 services and more integrated pathways. We will offer an increasing range of physical health services closer to home and away from the hospital environment. We will work to ensure the best use of the new Royal Alexandra Children's Hospital. We will ensure that all services accessed by young people have the 'You're Welcome' quality mark by 2020 and actively taken young people's needs into account. We will support the NHS South East Coast's Healthier People, Excellent Care (HPEC) pledge that we will turn the tide on the rising numbers of obese people.	The PCT has identified extra resources for children's services which will be used to enhance the smoking cessation services, increase the number of CAMHS staff in a crisis and home treatment team available 7 days per week. Funds will also be available to increase the provision of staff working to prevent child and teenage obesity.

	AOP 2009/10: • ***Specialist placements for children with complex mental health needs***	***4.3 wte for the crisis service*** ***5 new staff for the young people's mental health service.*** ***Children in care – 1.8 wte band 8a clinical psychologists currently seconded to CYPT will no longer be seconded but employed by SPFT to give extra capacity for CAMHS to support children in care.***
	• ***Childhood obesity – joint strategy with CYPT***	***1WTE Dietitian*** ***1 WTE Healthy Choice Award Co-ordinator*** ***Both to be employed by the Food Partnership.***
	• ***Immunisations – increase coverage***	***CYPT +1 Health Visitor, +1 Nurse, +1 p/t analyst, +1 p/t administrator for the immunisations team.*** ***Impact of review of school nursing will be known in June***
Staying Healthy **Change of care settings:** • From GUM clinics to community • Enhanced Chlamydia services in primary care • Reduced cvd acute activity	In line with the national public health strategy Choosing Health and the opportunities that come from our status as a World Health Organisation Healthy City, we will support a range of initiatives to improve the health of the population and reduce health inequalities. We will maintain our position as among the most successful PCTs in the South East in supporting people to stop smoking, focusing on health inequalities. We will develop a coordinated approach to tackling obesity with a one stop service that offers a range of initiatives to improve diet and increase exercise. Having delivered on access to sexual health services, we will focus on increasing the promotion of positive sexual health to tackle high local rates of sexually transmitted infections. We will work to reduce levels of teenage pregnancy by 45% by 2010. We will secure a range of new health promotion and treatment services for residents with alcohol problems with a view to reducing what have been high rates (nationally worst quintile) of alcohol related harm across the city. We will support the HPEC pledge that we will reduce the differences in life expectancy seen in the South East Coast area so that all men can expect to live at least 78.6 years and women 82.5 years.	This commissioning area is covered by a wide range of initiatives and will involve extra staff in smoking cessation, in screening services (breast, bowel, Chlamydia, CVD, HIV, STIs and dementia), in reducing teenage pregnancy and childhood obesity (see above). GPs and community organisations will be resourced to provide health trainers, and advisers to reduce alcohol abuse. Additional resources have been identified for training existing staff in early diagnosis of dementia and in prevention of alcohol abuse.

	AOP 2009/10: • ***Smoking cessation – reviewing pilots***	***Minimal*** ***No further increases***
	• ***Screening – increasing bowel and breast screening services***	***Minimal***
	• ***CVD – setting up vascular health checks***	***Health trainer for SDH*** ***BSUH – extra 5 therapeutic rads***
	• ***Cancer – skin cancer prevention, review radiotherapy activity and workforce, new cancer pathways***	***Trainer recruited – specific action learning sets***
	• ***Teenage pregnancy reduction – revised action plan***	***Minimal***
	• ***LARC – more widely available***	***18 wte brief intervention workers***
	• ***Alcohol – reduce hospital admissions***	***1 health trainer***
	• ***Chlamydia – new service being tendered***	***BSUH staff will be redeployed within trust***
	• ***Sexual health services – increased provision***	***Minimal***
	Substance misuse – improve primary care services	***Minimal***
Planned care **Change of care settings:** • Reduction of approx 30000+ attendances per year in acute settings	We will increase the choice of providers available to patients for their hospital appointments and for diagnostics. We will ensure higher quality and more timely referrals from primary care, and we will redesign a number of key elective pathways (with significant input from the Brighton and Hove City Integrated Commissioning Service). Supporting HPEC pledge that you will be able to have medical tests to help diagnose and manage your illness on your local high street or at home.	There will be a reduced requirement for hospital-based staff and an increase in the numbers of community based staff. Increased choice of providers will change the employment and training dynamic in the PCT. Additional training and support for existing staff will be needed.
	AOP 2009/10: • ***Effective gateway and referral management – map of medicine***	***Impact on BSUH permanent staff minimal compared to 2008 levels. Improved experience and local knowledge of GP triages and established relationship with primary and secondary care.***
	• ***Effective pathways – msk, eye, urology, adult hearing aids, restorative dentistry, fertility and vasectomy.***	***Develop primary care capabilities*** ***Transfer of some secondary care clinicians into community settings is being assessed in BSUH.***
	• ***Timely access and choice – choose and book; 18 weeks etc***	***Development of GPwSI and specialist nurse roles in the community.*** ***Change in consultant's rotas, job plan;***

		Extended 24/7 working arrangements for some diagnostics testing. Some consultant capacity gaps due to rising demand.
Acute/Urgent Care **Change of care settings:** • Reduction of c4000 emergency admissions (and associated follow-up appointments) in acute setting • Reduction of c600 episodes in acute; +c150 in community	We will promote a more integrated pathway which ensures people are treated in the right environment and right setting. Specifically, this will require services to be developed which prevent unnecessary admissions to the acute sector, and the development of an Urgent Care Centre/Minor Injuries unit. We will also ensure services are in place to reduce delayed transfers of care.	Development of a prevention of emergency admission pathway will reduce emergency admissions by 17.5% over the next 5 years and will have a significant impact on the staffing levels in acute settings. Development of a new short term care pathway will transfer care into the community and staffing structures will need to reflect this change. Development of UCC will be offset by reduction in A&E attendances and workforce plans need to reflect this change of setting. Some increase in staffing will be required during transition. Additional training and support for existing staff will be needed.
	AOP 2009/10: ***Prevention of admission:*** - ***STAN with extended scope & roving GP*** - ***Extend RACOP*** - ***Pharmacy led anti-coagulation service*** - ***Paramedic practitioners treating at scene***	***1 GP*** ***1 nurse*** ***1 doctor*** ***Currently being assessed at BSUH; likely to affect 5 lab staff*** ***SECAmb has programme of reskilling existing paramedics*** ***Skill mix of staff is likely to be reviewed as part of this work.*** ***Changes in skill mix, review use of Rehab Support Workers***
	Developing a new short term care pathway	
	Delayed transfers of care: - Develop improved	

	multidisciplinary working across the local health economy, protocols and toolkits	
	Integrated Urgent Care Centre – fully implemented	***Staff will be redeployed and retrained.***
	Health care acquired infections	***The PCT has provided further primary and community support to reduce HCAI in 2007/8 by the recruitment of a HCAI –control nurse. No change in workforce at BSUH planned.***
Mental health	We will focus on suicide prevention and reducing the number of alcohol related hospital admissions in order to tackle issues around alcohol related domestic violence, public place violent crimes and persistent offending. We will also look at means of reducing anxiety and depression to help individuals to return to work and to improve self care for a range of physical illnesses. We will improve access to child and adolescent mental health services.	Development of crisis resolution and home treatment teams. Training an identified number of low and high intensity (CBT) therapists has been prioritised. Peer support specialists will be established. All mental health team workers will be further trained to support recovery orientated practice. Community staff will require additional skills in talking therapies.
	AOP 2009/10: ***Reducing suicide – implement action plan from Serious Events Audit***	***Being assessed. Funded training programme for staff to identify those at risk.***
	Improved access to psychological therapies	***28 additional psychological therapists (18 high intensity and 10 low intensity)***
Long term Conditions **Change of care settings:** • Reducing the demand for long term residential care for dementia • Reducing hospital appointments, increased activity in primary care	We will increasingly provide community based services to support people with long term conditions. These will include a multi disciplinary team supporting people with diabetes, enhanced services for people with disability which support independent living. We will improve services for people living with dementia. We will also focus on personalisation for people with long term conditions. We will liaise with service users, families and carers of people with learning disabilities to ensure that we are adequately meeting their needs. We will support the HPEC pledge that special programmes will be provided to help individuals cope better with long-term conditions.	Dementia - increased staff in screening services and early support services Physical disability – increased community/social care staff to support those leaving hospital and to staff the proposed Independent Living Centre Diabetes – creation of community-based multidisciplinary team for people with type II.

• Reducing stroke admissions to hospital		Enhancing primary care expertise. Stroke – increasing staff in early specialist rehabilitation support and developing the community neuro-rehab and stroke teams.
	AOP 2009/10: ***Dementia: new strategy***	***Training for mainstream staff.***
	Physical disability: new strategy	***This will be assessed when plan complete.***
	Diabetes: new community team, set up LES	***BSUH – no change in staffing establishment is planned for 09/10***
	Stroke: service improvement	***Minimal***
	Respiratory: increasing resources for the Community Respiratory Disease Service	***Staff already in place***
End of Life **Change of care settings:** • Reducing the number of people dying in hospital where this is not the patient's choice	We will deliver best practice end of life services – ensuring that within a five year period, services for everyone in Brighton and Hove City will meet the "Gold Standards" framework and the Liverpool Care pathway. We will ensure that more people who wish to are able to die at home, and decrease the number of people dying in hospital, where this is not clinically necessary or the patient's choice. We will improve co-ordination and planning of care and ensure that all patients are supported to achieve their preferred priorities of care. We will support the HPEC pledge that most dying people will be able to die where they prefer – at home, in a hospital or hospice.	Staff to provide a new planned respite service and increasing the capacity for night sitting and for care at home for the dying. Training for relevant primary care staff in advanced care planning training and in the good practice tools (e.g. gold standards framework, Liverpool care pathway etc).
	AOP 2009/10: ***Developing strategy – staff training and support to carers***	***Ensure all staff have sufficient training to deliver good quality end of life care***
Primary Care	We will increase the role of primary care in health promotion and promoting self-care. We will improve access to primary care services through the development of extended hours and enhanced service provision and by tackling equality of access issues facing certain community groups and individuals. We will enhance capacity in primary care through developments such as practitioners with a special interest, care pathway redesign and development of services in primary care settings. We will improve overall quality of care to ensure uniform high quality services. We will continue to improve the cost effectiveness and quality of our prescribing.	Development of services in primary care settings (e.g. extended hours, GP led health centre,BICS, out reach clinics) will involve an increased number of staff working in a primary care setting. Training will be required for a wide range of clinical staff to develop new patient pathways, improving QOF scores, BICS triage, UUC etc.
Tertiary/specialist	Our key strategy is to continue to provide more local	BSUH has identified

care	specialist care. We are systematically reviewing those services which are currently commissioned from London specialist providers which could be provided more locally through BSUH. Brighton and Hove City is committed to reducing the death rate from cancer by 20% by 2020. We have developed a cancer action plan to ensure it focuses its resources to the best effect. This will be achieved by minimising people's risk of getting cancer in the first place through the promotion of healthy lifestyles, ensuring early detection and diagnosis of cancer and providing the very best treatment and care for people living with and beyond cancer. With cardiac services our key action areas will be in efficient pathways leading to low waiting times for treatment, new pathways for identification and treatment of atrial fibrillation, integrated heart failure care spanning both secondary and primary care, better palliative care, and faster and better treatment of heart attacks. We are developing better 24 hour access to primary angioplasty services at BSUH. We will support BSUH in its plans to fully utilise its specialist children's services, through providing these services to a wider geographic market. We will support the HPEC pledge that by 2010, strokes, heart attacks and major injuries will always be treated in specialist centres.	future staffing increases in tertiary services as follows: **Cancer services** by 2012/13 particularly in therapeutic radiographers and medical physicists/engineers and dosimetrists. **Cardiac services** require an extra cardiac consultant and an extra thoracic consultant within the next 5 years, plus additional cardiac physiologists and a perfusionist. Staffing increases are also planned for Imaging and Nuclear Medicine, **Neurosciences** - the expansion as part of the 3Ts programme is currently estimated to involve a significant increase in registered nurses (+64 WTE) and HCAs (+15WTE) **Paediatrics** – expanding the Royal Alexandra to become the regional tertiary paediatrics care centre would involve an increase of 46 WTE nurses, 3.5 ODPs and 9 unregistered nurses.
Continuing Care and Funded Nursing Care	The NHS Funded Care Team manages three statutory functions on behalf of the PCT – NHS Funded Continuing Healthcare (CHC), Funded Nursing Care (FNC) for individuals resident in a care home with nursing and the process for managing exceptional cases on behalf of individuals.	Knowledge of nursing home etc registered workforce assisting in defining number of education commissions.
	AOP 2009/10: ***Extend remit and transfer to BICS***	***Increased staffing tbc subject to assurance that can be funded via reduced costs of placements.***
Learning Disabilities	We will work in partnership with members of the Learning Disability Partnership Board and local health services to improve outcomes for people with learning disabilities	Provide a specialist liaison nurse service to provide education and training, protocol development and implementation, patient admission planning,

		support for care pathway coordination and liaise with community services to support chronic disease management to prevent readmission
	AOP 2009/10: ***Implement national 3 year strategy***	***Liaison nurses and Health Facilitator are already in place.***
Ambulance services	We will support SECAMB's strategy to improve emergency response times and the quality of clinical care, particularly for those living in harder to reach areas. Services will respond to local health economy reconfiguration with more people being taken to appropriate specialist centres for major trauma, stroke and cardiac treatment and increased local service provision for urgent care. Improvements will be generated via paramedic and critical care paramedics with specific skill sets to provide immediate treatment and management of patients.	SECAMB has plans to introduce and develop critical care paramedics and to introduce and develop paramedic practitioners.

Primary Care

Primary medical services show a degree of variation in the quality of services provided within and across the city which will be addressed in the next 5 years. In addition to quality improvement there are plans to

- Reduce the numbers of small practices over time and to move to larger, more centralised practices that can offer a wider range of services to local people
- Ensure that there is primary care capacity to meet the anticipated population growth and to allow list sizes to reduce
- To provide facilities in the community to support the transfer of services from hospital to more local settings and to facilitate the development of community based models of care

The role of the new PCT-sponsored organisation Brighton Integrated Care Services (BICS) as a commissioned referral management and as a service redesign hub will also provide the catalyst for market change. This will develop as clusters of PBC clinicians seek to develop their local commissioning intentions to maximise the opportunities of changing care pathways and commission new models of service provision from a range of alternative providers, both independent, private and from social enterprise organisations.. BICS aims to become a provider in due course.

AOP 2009/10:	***Workforce Implications:***
Increased access to primary care: ***A GP led health centre opening 8am-8pm 7 days per week.*** ***Increasing practices offering extended hours, late evenings, mornings, and weekends.*** ***Improving access to optometry*** ***Improving access to quality dental care***	***Minimal for NHS staff. Impact on primary care staff not yet assessed.***
Improved quality of primary care: ***Enhanced performance management***	***Minimal***

framework	
Medicines Management	***1Phamacist + admin support***