

Strategic Workforce Planning and Population Health Management

Resource and Reflective Guide

2023

Resources to Support Your Leadership in Tackling Health Inequalities Through Population Health Management



Enhance Coaching and Consultancy
Helping Individuals & Organisations to Grow

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Leadership Academy

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Introduction

Purpose

The purpose of this guide is to offer you a range of useful resources and tools which may help you in your exploration of Population Health Management (PHM). Often as leaders it is hard to know where to start. When working in complex systems, we use the systems working framework of Myron's Maxims as a useful framework to guide our thinking. The key thing here is to not worry too much about a perfect programme or process, but to start somewhere!

We are a small consortium of independent providers of leadership coaching and development who have been commissioned by the NHS Leadership Academy to deliver a series of two masterclasses to help Care, PCN and ICS Leaders in tackling some of the health and workforce inequalities at regional, local and national levels. This resource guide sits alongside the three masterclasses, one per masterclass. This guide accompanies **Masterclass 2 :Strategic Workforce Planning and Population Health Management**

We know there is a wide range of fantastic resources available to support you to deliver population health management at scale, and we are not trying to replicate this, rather to collate and signpost you towards these resources.

We hope you find these masterclasses and resources helpful in your leadership roles. Improving population health takes time, effort and perseverance to have impact in terms of scope and scale. We wish you all the best in your work to improve outcomes and reduce inequalities.

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Myron's Maxims

1. People own what they create
2. Real change takes place in real work
3. The people that do the work do the change
4. Start anywhere but follow it everywhere
5. Keep connecting the system to itself
6. The process we use to get to the future determines the future we get

Myron Rogers – Heart of the Art

In this Masterclass and Supporting Guide, we explore three critical areas of workforce development. The first is workforce development linked to the Widening Participation agenda. We know having more diverse staff who represent and connect to our communities deliver better care and reduce health inequalities.

Why Is Widening Access and Participation Important?

Our communities are changing and becoming an increasingly diverse tapestry. At the same time we face major challenges in recruitment and retention. We need to harness the asset in our communities to maximise our ability to serve the communities and contribute to the social justice agenda. Talent for Care describes the need to enable people to **'Get Ready, Get In, Get On and Go Further'**.

As leaders in the NHS, Public Health and Social Care, we need to be proactive in working with communities and promoting employment opportunities in both established and newer roles. The benefits are real for both staff and citizens. We share approaches and resources and invite you to get curious and creative in terms of what actions you could take.

Considering workforce and inequality together will also help in our key objective of delivering the NHS People Plan. [NHS England » NHS People Plan](#)

Personalised Care

In this guide, we also explore what we mean by personalisation and signpost to practical tools which can support further development. This will help you to consider what we need to do at universal levels and at a targeted level for people more at risk. We consider what needs to be in place for truly personalised care which remains strategic.

Your Leadership

Masterclass and guide 3 will explore this in more detail, but we start to present some supporting information to allow you to think about you as a leader and what attributes you may want to appreciate or further develop.



Widening Participation

What Does Widening Participation Enable?

- Extending opportunities for all
- Having a workforce which is representative of the community it serves
- Increased health literacy and agency



Routes to Increase Participation

There are a number of different ways we can connect to partners to access employment schemes which promote access and participation. Below we offer some suggestions:-

NHS Apprenticeships

NHS apprenticeships are available at several levels:

- level 2 - equivalent to GCSEs
- level 3 - equivalent to A-levels
- levels 4 and 5 - equivalent to a foundation degree and above
- levels 6 and 7 - equivalent to a full bachelor's or Master's degree

Cadet Schemes offered in some areas

Princes Trust partnership with NHS Employers [Supporting young talent into the healthcare workforce | Success stories | About The Trust | The Prince's Trust \(princes-trust.org.uk\)](#)

Linking to Learning Disability Charities or Ex- Offenders

Meeting with faith groups of community based organisations

The following document produced by NHS Employers, together with Skills for Care and the Local Government Association (LGA) offers ideas for how we can join up our thinking around workforce. [Integrated workforce thinking across systems | NHS Employers](#)

One of the key things which we learnt in the Covid-19 pandemic is that digital exclusion was an issue as we moved to more online and virtual appointments.

The inability to access digital technology and the lack of technical ability exacerbated health inequalities in our communities

The need for digital literacy is critical in our communities.



Who is Digitally Excluded?

9.5m people lack digital skills

53% are over 65

44% are in socio-economic groups D or E

6.4m people have never used the internet

Of these, 31% have a disability

BBC Media Literacy and ONS Internet Access Quarterly Update

Those least likely to be online are those who most need health and care services

Information and services are increasingly being delivered digitally

Low health literacy is known to be linked to poorer health outcomes and increased mortality

Bostock and Steptoe (2012) BMJ

Digital Inclusion Needs Active Consideration

There are national programmes to reduce digital exclusion, including a large-scale project with the Tinder Foundation. The diagram shows key strands of the NHS response to digital exclusion.

Digital exclusion is related to other forms of social exclusion and needs to be viewed systematically.

In their 2023 publication exploring this issue, the Kings Fund report shared research findings into digital exclusion.

[Moving from exclusion to inclusion in digital health and care | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/moving-from-exclusion-to-inclusion-in-digital-health-and-care)

They then suggest interventions and strategies, grouped under the following three headings

- fixing the fundamentals
- structuring services around people's needs and preferences
- improving the quality and consistency of services.



Personalisation

So what do we mean by personalisation? Practical elements to make personalisation a reality are shown here. If you put effort into each of these, you are likely to succeed in shifting the dial.

If people are used to a system where they are not given choices, it may be difficult, so be clear and consistent in your messaging around shared decision making and ceding control.

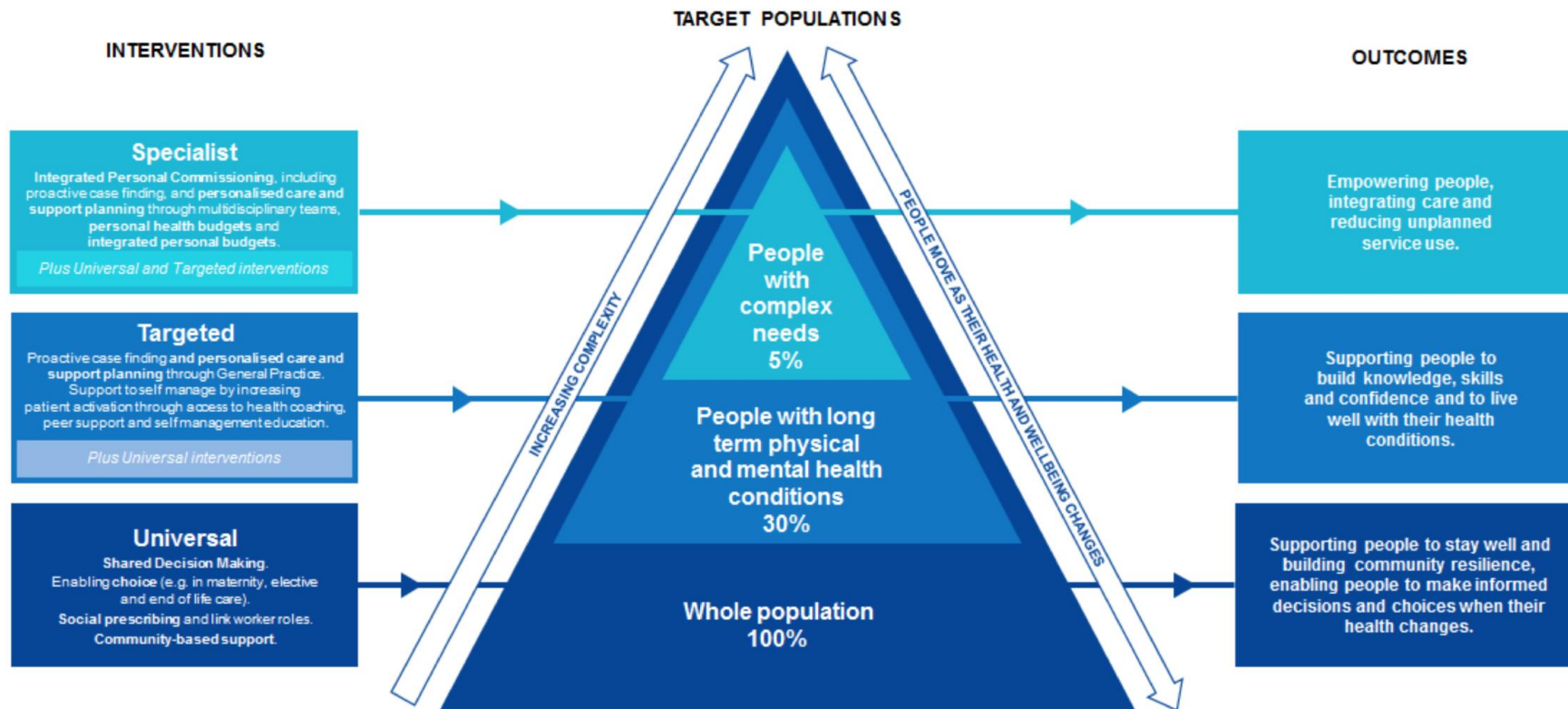
The National Voices 'I statements' is a great place to start. [My life, my support, my choice | National Voices](#)

New roles such as social prescribers can help in supporting patients to take more control and agency.

- **Shared decision making**, establishing the expectation that people are equal decision makers with clinicians.
- **Enabling choice**, including legal rights to choice.
- **Personalised care and support planning**, including enabling people to have access to both read and edit their Personal Health Records.
- **Social prescribing and community-based support.**
- **Supported self-management**, increasing the knowledge, skills and confidence (patient activation) a person has in managing their own health and care through systematically putting in place interventions such as health coaching, self-management education and peer support.
- **Personal health budgets and integrated personal budgets.**

Operating Model: Personalised Care

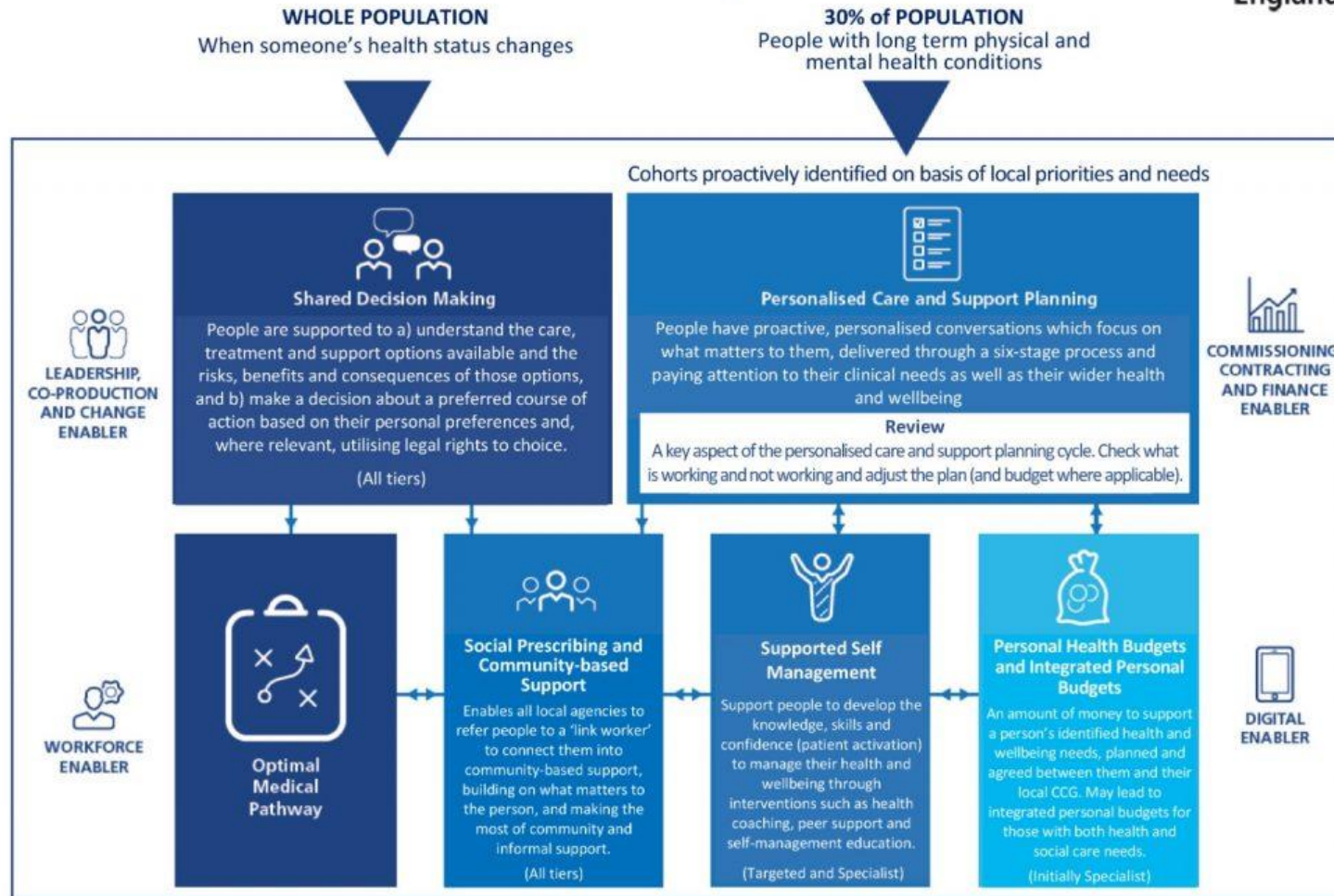
Comprehensive Model for Personalised Care All age, whole population approach to Personalised Care



The model here is the Comprehensive Model for Personalised Care. An interactive version can be found at [NHS England » Comprehensive model of personalised care](#)

This model links target population to the three intervention strands: universal, targeted and specialist.

Personalised Care Operating Model



Key Questions: Reflection

Key Questions for System Leaders to Ask – Widening Participation

- What do we know about the health, care and wellbeing needs of our population and what don't we know? Are we spending enough on information and are we using our expert public health resource effectively?
- Who are our key stakeholders and how do we engage them;
- How will we know if we are engaging in a meaningful way with our stakeholders and populations?
- How do we know whether this is improving over time? How can we share power with our communities and populations in a meaningful way? Are we really listening? Are our 'patients/residents/communities' empowered to be customer-owners?
- Are we maximising our opportunities to use apprentice and new routes to secure our workforce?
- Could we be doing more to retain our workforce?
- What do we know about those who are digitally excluded?



What Do We Know?

What More Do We Need to Find Out?

What are We Going to Do?

Key Questions for System Leaders to Ask – Personalisation

- Do we understand the needs and preferences of our communities? What is the evidence? Are we making assumptions? How can we truly listen?
- Do we have an established model of shared decision making in place? If not, how can we expedite this?
- Do we share information as well as we could between health, care and wider community professional?
- What are we doing to promote and support personal budgets and direct payments?
- Are opportunities to engage in tools for self care and management accessible to all our patients and communities?
- Have we commissioned a range of culturally appropriate services to give choice?
- Do we have robust mechanisms in place to get feedback and a cycle of continuous improvement?



What Do We Know?

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Key Questions for System Leaders to Ask – Health Inequalities and Workforce?

- Could we be exacerbating health inequalities in our decision making, how robust are our equity impact assessments?
- Who are our unregistered populations? Who is not even on our radar?
- Are we really connected to the communities we serve?
- What levers do we have, and what levers could we create?
- How can we remove barriers to staff functioning effectively?
- Do we know enough about the emotional labour work can create for our staff from marginalized groups?
- What partnerships do we need to build or strengthen?
- How do we support new starters to feel a sense of belonging?



What Do We Know?

What More Do We Need to Find Out?

What are We Going to Do?

Resources

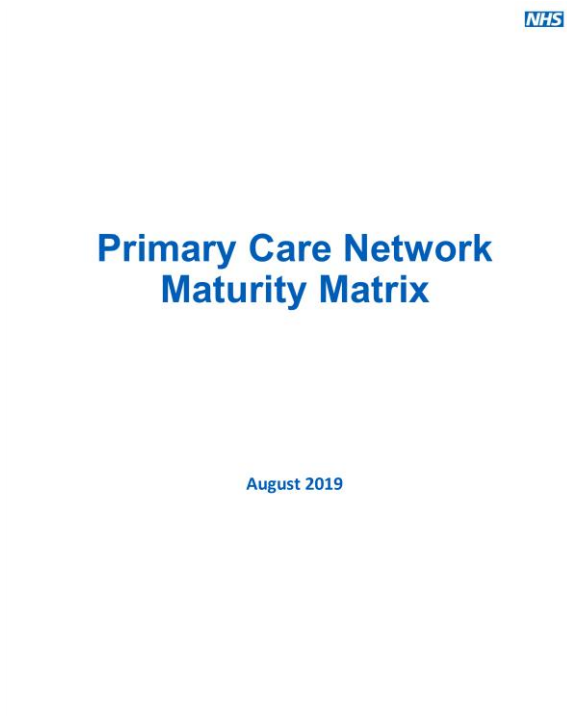
Getting Started Locally – The PHM Academy



Leadership Academy

- Have you signed up to the PHM Academy to keep up to date with all the latest PHM information and resources. - Any staff member within a health and care system can register.
 - The PHM Academy is an inspirational hub of information around PHM techniques and resources, as well as ongoing PHM work within the health and care sectors.
 - Get started with PHM
 - Learn about the core PHM capabilities – Infrastructure, Intelligence, Interventions and Incentives – to support maturity in line with the PHM Maturity Matrix
 - Use online e-learning materials to support your PHM developmental journey, including case studies, webinars, podcasts, videos, guides and toolkits
- Read case studies from the national PHM Development Programmes
 - Compare and contrast with PHM work in other countries
 - Link to the central NHS PHM team for help
 - Engage in peer learning by talking to other systems – sharing local best practice and asking practical questions to learn from elsewhere in the country
 - Access weekly reading and remote learning for the PHM development programmes.

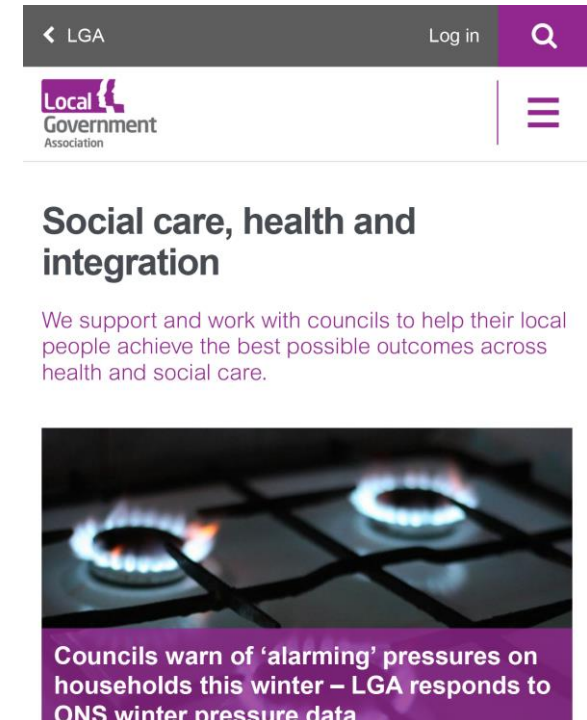
Getting Started Locally – The PCN Maturity Matrix and LGA support



[LINK](#)



[LINK](#)



[LINK](#)

National Resources Leadership Development



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As well as specific resources for public health there are excellent national programmes which you can access. The national offer includes programmes aimed at all levels of leaders in the NHS. Take a look below:-

<https://www.leadershipacademy.nhs.uk/programmes>

We would particularly direct you to

<https://www.leadershipacademy.nhs.uk/programmes/systems-leadership>

In addition the following resource will allow you to access useful leadership material which may help in your journey.

<https://midlands.leadershipacademy.nhs.uk/our-offers/leadership-learning-zone>



Widening Participation

[PowerPoint Presentation \(england.nhs.uk\)](https://www.england.nhs.uk)

[Widening participation in health and care – YouTube](#)

[Widening Participation it Matters 0.pdf \(hee.nhs.uk\)](#)

[Talent for care | Health Education England \(hee.nhs.uk\)](#)

[Widening Access and Participation \(WAP\) | Health Education England \(hee.nhs.uk\)](#)

Recruitment and Retention

[\[ARCHIVED CONTENT\] Retaining your clinical staff: a practical improvement resource | NHS Improvement \(nationalarchives.gov.uk\)](#)

[NHS England » Looking After Our People – Retention hub](#)

Personalisation

[NHS England » Decision support tools: making a decision about a health condition](#)

[National Voices | Person centred care](#)

Sometimes it feels difficult to know where to start in involvement work and it doesn't always feel like a priority. The resources shared here give simple and practical tips to guide what you can do and suggest approaches and partnerships. Remember it may not feel urgent today or tomorrow, but investing time in connecting to communities can pay dividends in terms of recruitment and retention and the sustainability of your services in the long term.

We also share resources which will help you think specifically about recruitment and retention.

Finally, we share resources on how to make shared decision making a reality.



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Your Leadership

Leadership in the NHS

What do we know?

Recent Reviews: Messenger Review & Hewitt Review

In October 2021 the government launched a review of leadership in health and social care led by Sir Gordon Messenger and Dame Linda Pollard: “The Messenger Review.” The review sought to ensure proficient and skilled leadership at all management levels. It set out 7 recommendations to enable and support the NHS and social care to deliver the best possible care. These include promoting equality, diversity and inclusion, improving career development pathways and building more competent leaders through comprehensive management criteria and greater learning opportunities. One of the aims of the review was to move towards greater collaboration between Health, Social Care, Local Government and other agencies.

The Review reported in June 2022. All its recommendations were accepted by the Government and remain a priority that has withstood the changes of Secretary of State since publication. <https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future>

In addition The Hewitt Review of ICSs, ICBs and ICPs closed in January. At the heart of ICSs, the ICBs and ICPs should embed shared leadership and collaboration across all the different sectors and partners involved and a new way of the system coming together to make decisions and hold each other to account. The Hewitt Review is run by Rt Hon Patricia Hewitt; it will consider how the oversight and governance of ICSs can best enable them to succeed. It will report later in 2023. <https://www.gov.uk/government/publications/hewitt-review-terms-of-reference/hewitt-review-terms-of-reference>

Key Recommendations of the Messenger Review



Leadership Academy

Messenger (2022) recommends the following. As we consider our leadership in addressing health inequalities we need to be mindful of these. Recommendation 2 puts equality and inclusion at the heart.

1.Targeted interventions on collaborative leadership and organisational values

A new, national entry-level induction for all who join health and social care.

A new, national mid-career programme for managers across health and social care.

2.Positive equality, diversity and inclusion (EDI) action

Embed inclusive leadership practice as the responsibility of all leaders.

Commit to promoting equal opportunity and fairness standards.

More stringently enforce existing measures to improve equal opportunities and fairness.

Enhance the Care Quality Commission's role in ensuring improvement in EDI outcomes.

3.Consistent management standards delivered through accredited training

A single set of unified, core leadership and management standards for managers.

Training and development bundles to meet these standards.

4.A simplified, standard appraisal system for the NHS

A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system.

5.A new career and talent management function for managers

Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers.

6.More effective recruitment and development of non-executive directors

Establishment of an expanded, specialist non-executive talent and appointments team.

7.Encouraging top talent into challenged parts of the system.

8.Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles.

Further National Resources: Framing Your Leadership



There have been numerous models of leadership in the NHS and in some respect these are all created in the context of overarching requirements, both in terms of delivery of the NHS Constitution, but also the Nolan Principles which outline standards in public life.

As well as programmes there are useful tools and resources to support you in reflecting on your leadership. They include:-

[Healthcare Leadership Model – Leadership Academy](#)

This remains a relevant model which outlines a comprehensive range of skills and attributes.

[NHS England » The Culture and Leadership programme](#)

The Culture and Leadership Programme of NHSE offers useful models and potential access to support offers. The approach is based on communities of learning.

Our Leadership Way in particular is embedded in the principles of equality and compassion. The invitation is to be ***compassionate, collaborative and curious***. These leadership skills will set us up well to meet the challenge of addressing health inequalities through a population health management approach. The detail can be accessed here :-

[Our-Leadership-Way-Short-v4.0-1.pdf](#)

Key Contacts

If you would like any further information or to share your thoughts, please contact the Lead Commissioners and Programme Managers

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