STATES OF JERSEY

MENTAL HEALTH AND ADULT SOCIAL CARE GROUP

WORKFORCE PLAN 2021-2023

NOVEMBER 2020

Dr Miguel Garcia-Alcarez

Associate Medical Director

Isobel Watson

Associate Managing Director

Sponsored by Robert Sainsbury Group Managing Director

INTRODUCTION

The establishment of the new Mental Health and Adult Social Care Group creates the opportunity to produce a workforce plan in order to guide workforce planning, development and performance management. The Care Group's ability to manage, develop, inspire and lead its current and future workforce is central to its capability and capacity to deliver on its service and financial aims and goals. This workforce plan starts the process which will produce specific objectives and actions in order to make sure that the Care Group has right staff, in the right place, with the right skills, at the right time, to meet the needs of patients, clients and service users. The workforce plan takes stock of the aims and goals, sets out the overall approach which the Care Group will follow with regard to the workforce, and includes specific decisions which can be taken at this stage.

CONTENTS

1. Workforce Plan Purpose
2. DHCS Strategy and Goals
3. Care Group Challenges and Goals
4. Care Group Workforce Vision and Values
5. Labour Market Context
6. Care Group Workforce Profile
7. The Future Care Group Workforce
8. Business and Workforce Planning 2021-2023
9. HRM Capacity and Capability
10. Risk, Sensitivity and Mitigation
11. Monitoring and Assurance
12. Workforce Plan Action Programme

1. Workforce Plan Purpose

This section sets out the purpose of the workforce plan to determine how the Care Group leads, manages and develops its workforce given the challenges it faces and what it wants to achieve over 2020-2023.

The Mental Health and Adult Social Care Group has decided that the production of this workforce plan is an important first step in setting a clear direction of travel with regard to the development of its workforce. The plan has been designed to take stock of the current workforce and the challenges which the Care Group faces over the short to longer term, in the context of the aims of the wider Department of Health and Community Services [DHCS]. The Care Group faces major service, financial and workforce challenges, and this workforce plan is part of its wider strategic and related operational activity. The plan sets out a degree of strategy, especially with regard to determining by how much the workforce needs to change. By being a plan, this will enable it to have an immediate, practical and dynamic impact on decisions and performance to meet short and medium term goals and objectives.

Any workforce plan needs to be kept under review so that it can be adapted as circumstances pose new challenges. This is especially the case now, given the uncertainties presented by the pandemic, in regard to future financing, clinical service demands, and the need for introducing new ways of working.

The production of this workforce plan is part of the wider new Care Group establishment programme which includes the following elements of activity:

- New Care Group - communications
- Aims, goals and objectives
- Scheme of delegation
- Performance and accountability framework
- Risk management schedule and system
- Governance structure
- Organisational structure
- Care Group budget and financial performance
- Meetings schedule and attendance
- Personnel change management
- Care Group clinical and service strategy
- Workforce planning and development
- Policies and procedures.

Decision: *Endorse this workforce plan as the way forward for the Care Group over 2020-23, and to keep this under regular review in order to make sure that it is fit for purpose.*

2. DHCS Strategy and Goals

> This section sets out the strategy and goals of the DHCS which outlines the overall context and framework which the new Care Group operates.

In 2019, the DHCS set out its ambitions and plans for 2020-2023. Health and Community Services operate all day, every day, all year round to give islanders the access to health and adult social care services they need. The Government Plan 2020 – 2023 defines this ambition as:

"We will improve Islanders' wellbeing and mental and physical health by supporting Islanders to live healthier, active, longer lives, improving the quality of access to mental health services, and by putting patients, families and carers at the heart of Jersey's health and care system".

The health and wellbeing of islanders is of paramount importance, and over the coming weeks, months and years, Health and Community Services want to continue their commitment to offering the very best health and adult social care services to islanders - and this can only be achieved through transformation.

We know that not only what we offer must be high quality now, but we need to be fit for the future as well to meet the needs of everyone – particularly as we must meet the needs of a growing, older population in Jersey. My department is embarked on an ambitious and continuing programme of change throughout 2020 and beyond, as we do all we can to make this happen, while continuing to provide the services islanders need now.

So, as we plan for the future, we need to ensure that there's a focus on:

- Easy and swift access to health and adult social care services for all
- Doing all we can to help Islanders to manage their own long-term conditions
- Offering our services in the community wherever possible - currently, too much routine treatment and care is focused on the hospital
- Increased working with our expert community and voluntary sector partners and primary care colleagues
- Mental health services being on a par with those we offer for physical health
- Catering for the needs of Jersey's growing, older population by ensuring that we can care for people at home wherever possible
- More emphasis on services which support people who need care, but don't need to be in hospital
- More capacity to treat islanders in Jersey who in the past have had to have treatment in the UK
- Establishing an urgent treatment centre, to offer Islanders the urgent care they need, while ensuring that our Emergency Department only treats genuine emergencies
- Doing more day surgery to keep people out of hospital.

The objectives for DHCS during 2020 have been set out as:

- Developing the Jersey Care Model to deliver the long-term care requirements, building on P82 and in line with Our Future Hospital requirements.
- We will implement the Mental Health Improvement Plan and drive our ambition to have 'no health without mental health' and parity of esteem with physical health.
- We plan to enhance care in the community, building on the Closer to Home Initiative. We will see greater volumes of activity coming out of the Acute Hospital sector and into the Primary Care and Community area.
- Our adult social care function will shape the market requirements for future care delivery with an enhanced commissioning function.

- We will address our estate related issues across our estate including Hospital backlog maintenance, with plans to improve mental health facilities and to make improvements to meet the requirements of care regulation.
- We will ensure our services deliver high quality care and that we have effective quality assurance across our directly provided and commissioned services.

Our objectives are in line with the Team Jersey guiding principles;

- Customer-focused by ensuring services are co-designed and quality assured by those receiving care, their families and carers with a greater focus on prevention
- One government by working not only as 'one government' but also as 'one island', recognising that services are delivered by a diverse mix of providers, with re-grouping of services to secure a more joined up approach to care.
- Simple structures by streamlining management structures and arrangements to give clinical and professional leaders across the island more say in the way their services develop and operate.
- Cross-cutting and agile with the system recognising a need to reduce our reliance on hospital-based services and facilitate care closer to home, with better use of our valuable resources.
- Digital with service users and patients being supported by technology at home, in the community and in hospital in the future, with improved information sharing across our health and care partners.
- Integrated financial control with the future model recognising that we have to deliver a wide range of services within [a limited and reduced budget.] finite resources.
- Clear, transparent and accountable - replacing the complex governance structures that were previously in place with a new Board and committee structure to improve the way the quality and performance of services are overseen.
- Commercial with the new operating model helping to eliminate unnecessary duplication, drive efficiency and support further development of private practice.

Decision: To confirm that the workforce plan is compatible with the DHCS strategy and goals, and designed to fulfil the Care Group's contribution to their fulfilment.

3. Care Group Challenges and Goals

> This section sets out the new Care Group's challenges and goals which the current and future workforce will need to deliver, including how it seeks to be a well-organised and great employer. It describes how the new Care Group is organised within the structural context of the wider DHCS and the work which has been launched to establish it.

The Government of Jersey is excited to announce our plans to Integrate Mental Health and Adult Social Care. This will allow us to work collaboratively to achieve better care and better outcomes for Mental Health and Adult social care in Jersey. We have the same vision and want to inspire professionals to drive forward positive change and impact to the way we deliver care on Jersey in order to improve services and outcomes for people. We will develop a patient and service-user focused culture where people and staff are supported, valued and listened to. We want everyone to have access to housing, employment, health and adult social care, with access to the support they need.

Kindness and compassion are at the heart of our values. Kindness can reduce stress and improve our emotional wellbeing. It can really make a difference to people who are vulnerable or struggling and we believe a kinder workforce and society will better protect our mental health. We want compassion, dignity, choice and kindness to be at the heart of our values within MH and Adult Social

Care.   These values will inform our policies, with an emphasis on safeguarding. High quality care, health and wellbeing across adult social care.

We will ensure people receive timely and sustainable high quality care and support. We will make contact with people within 7 days of contact to people in crisis.

The two new leaders bring together strategic and service expertise in both Mental Health ad Adult Social Care expertise. This integration will offer complementary professional expertise, combining strategic vision and operational experience, to make us stronger and more effective. We will deliver clear, visible, good values-led leadership and direction for Jersey. We will ensure our policies, systems and procedures deliver the highest standards of care, ensuring, access to the services you need.

Integration will enable us to sign post each individual to the right service, to ensure that everyone receives the right help at the right time. We want to reduce the divide between services to provide a seamless service for people, preventing the need to go from one department to another and create holistic direct pathway referral system and a single care plan pathway through each person's journey through life.

We recognise the need to build on existing community and individual assets in a Strength Based Approach. We will work closely with the voluntary and third sector partners to ensure people can access support and care quickly. We will offer single point of access will enable Adult Social Care to sign post each individual to the right service, to ensure that everyone receives the right help at the right time. We will use a shared robust framework that will enable us to monitor the success of local interventions in improving outcomes for Integrated Mental Health and Adult Social Care service.

Mental Health and Adult Social Care Group Organisational Chart*
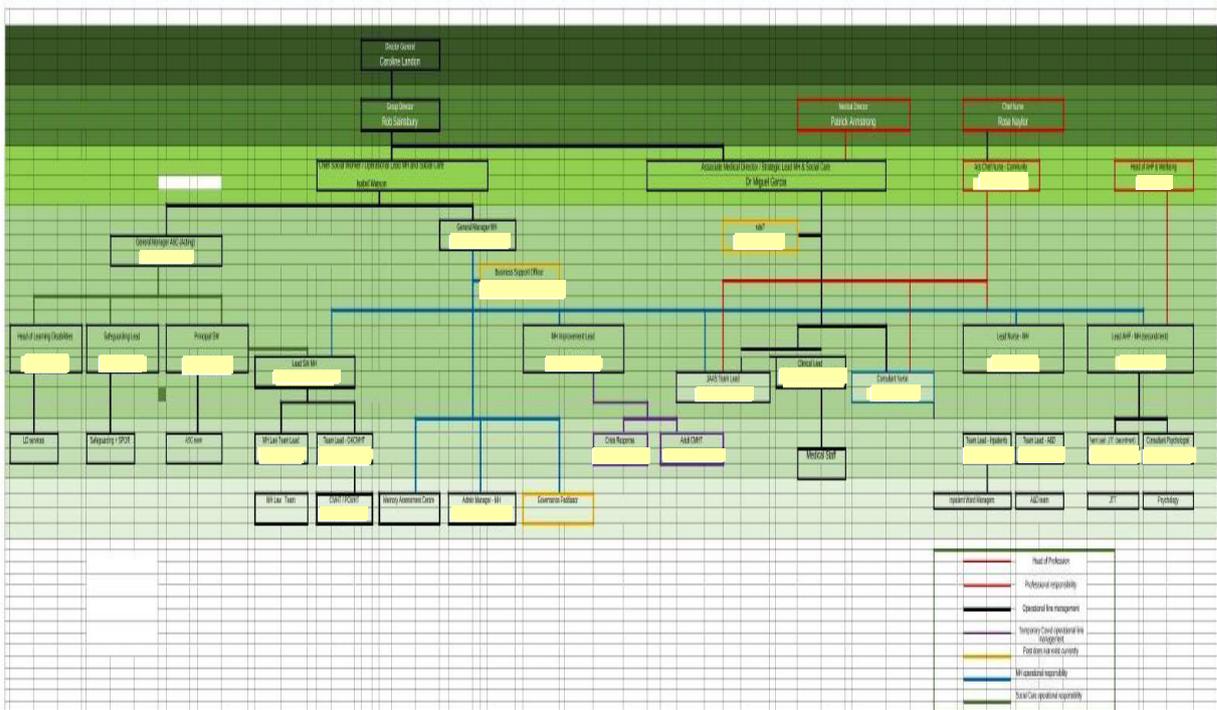
*See larger version of the organisational chart in Annex

The Mental Health and Adult Social Care Group operates alongside, and across, the other eight care groups as represented by the diagram below:

Prevention, Primary and Intermediate Care	Women, Children and Family Care	Secondary Scheduled Care Clinical Support and Cancer	Secondary Unscheduled Care	Tertiary Care
Mental Health and Adult social care				
Quality and Safety				
Non-Clinical Support Services				
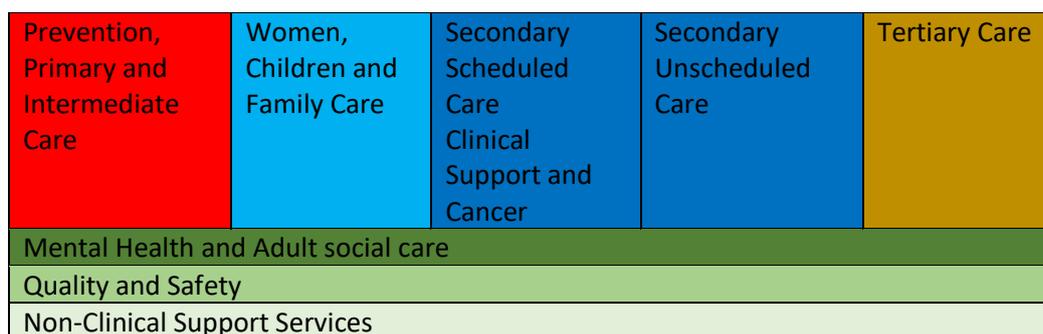
The cross-cutting nature of the Care Group, working alongside staff from other care groups, means that future workforce planning needs to take account of the wider DHCS and other care group workforce plans. This will make sure that there is effective and efficient multi-disciplinary team working.

The new leadership of the Care Group has established initial objectives for 2020/21, all of which have a degree of dependency on the performance and practice of the workforce. These objectives are grouped into three themes: delivering high quality patient and service user care; building a strong and integrated Care Group; and being a well-organised and great employer. The latter theme includes the following objectives, which will be developed in light of this workforce plan in order to set longer term objectives for 2021/22 and beyond.

Being a well-organised and great employer
Undertake job planning for all medical staff so that there is effective deployment to meet service demands
Produce a comprehensive strategy for the Group which integrates existing strategic activity and sets out future medium and longer term service and estate plans
Produce a Group-wide recruitment, retention and workforce development plan
Design and implement a Group-wide performance, risk and accountability framework

The programme of work to establish the new Care Group is set out below:

Completed

WORKSTREAMS	September	October	November	December	January	February	March	2021/22
New Care Group - communications	Prepare communications for launch and subsequent engagement activity	Launch new Care Group	Engagement with staff and stakeholders		Introduce new Care Group engagement plan – team briefing			Review first 6 months of new Care Group performance
Aims, goals and objectives		Produce interim aims, goals and objectives	Communicate aims, goals and objectives with staff and wider Health and Community Services			Draft aims, goals and objectives for 2021/22 Prepare for staff appraisals and goal-setting programme for 2021/22		Launch aims, goals and objectives for 2021/22

		for rest of 2020/21	Review and revise personal goals for senior staff with Care Group-wide roles and responsibilities			Implement appraisal and goal-setting programme
Scheme of delegation		Review and adapt existing scheme of delegation for those with Care Group-wide roles and responsibilities			Prepare new scheme of delegation for Care Group leaders	Launch new scheme of delegation
Performance and accountability framework		Check that existing performance and accountability framework is fit for purpose for the next 5 months		Produce performance and accountability framework for 2021/22		Implement new framework
Risk management schedule and system			Check that existing risk management schedule covers the new Care Group's remit		Produce risk management schedule for 2021/22	Implement new schedule
Governance structure		Check existing governance arrangements	Consider what changes need to be made to existing governance arrangements and adapt			
Organisational structure	Prepare new organisational chart for the Care Group	Launch new organisational chart for the Care Group			Review roles and responsibilities across the Care Group and produce new organisational structure	Launch latest organisational chart or the Care Group
Care Group budget and financial performance		Produce combined budget for Care Group senior team		Review Q3 and YTD financial performance	Undertake business planning for 2021/22	Implement business plan for 2021/22
Meetings schedule and attendance		Undertake a stocktake of all internal and external meetings involving				

		Care Group leaders Agree attendance at meetings					
Personnel change management			Review leadership and senior management roles given new structure	Produce change management plan for implementing any changes to existing roles	Implement the changes		Review leadership and management roles
Care Group clinical and service strategy				Review existing separate mental health and adult social care strategies	Produce new clinical and service strategy for Care Group		Launch new Care Group clinical and service strategy
Workforce planning and development		Review existing workforce plans from the previous separate services Produce a workforce plan for the new Care Group					Implement the new workforce plan
Policies and procedures			Identify which policies and procedures need to be customised /aligned for new Care Group	Produce new customised policies and procedures which apply across the Care Group			Launch new policies and procedures

Decision: To implement the establishment plan for the new Care Group, which will enable it to provide effective and efficient services with a fit for purpose workforce.

4. Care Group Workforce Vision and Values

This section sets out the new Care Group's vision and values which will drive the future leadership and development of its workforce.

The Care Group fully recognises the importance of the buildings, technology and equipment which is essential to the provision of modern, accessible and efficient health and adult social care. However, it is Care Group staff who will guarantee that patients, clients and service users receive the care that they deserve and need.   Doctors, nurses, allied health professionals, scientists and technicians, managers, clerical and support staff all make up the comprehensive team dedicated to the care of

patients. The Care Group is totally committed to the provision of high quality, responsive and value for money patient care services.

This plan demonstrates how central staff are to the success of the Care Group – and how it intends to develop and advance clinical teams, with their colleagues in support, and their leadership over the coming year and beyond. This plan describes how the workforce makes sure that today's high standards are delivered – and how services will continue to improve in the future. The Care Group fully values very single member of its diverse workforce, each of whom have a vital contribution to make to the diagnosis, treatment and rehabilitation of patients, clients and service users. The Care Group's bottom line is to recruit and retain the very best trained and educated, most motivated, and caring staff to ensure that patients, clients and service users receive the highest quality of care and service.

The Care Group approach towards workforce development, managing change and staffing clinical and support services is determined by the following commitments:

• Respect for every individual
• Fair treatment
• Development of personal and professional skills
• Involvement and engagement in key decisions
• Supporting individuals through coaching and mentoring.

These commitments will underpin the management of change and determine the Care Group's approach towards:

• Pay and reward system
• Staff recognition schemes
• Annual performance appraisal system and personal development plan
• Investment in training, education and development
• Communications, involvement and engagement
• Employment policies and procedures
• Promoting diversity, equality and inclusion
• Leadership and management development
• Health and well-being at work support.

The Care Group will produce a staff charter which is intended to make it a 'great place to work' which is the vision for the cultural change programme. It is a commitment to creating a culture where the contribution of every member of staff is respected, colleagues are treated fairly, and everyone is valued for their individuality and diversity. This will be introduced in order to improve staff engagement across the Care Group.

Decision: To agree that the vision and values of the new Care Group.

5. Labour Market Context

This section describes the recent and current state of the labour market within which the new Care Group operates as an employer.

Due to the pandemic, much of the available data about the labour market relates to the position at the end of 2019. At December 2019, the total number of jobs was 61,500, which was the highest ever recorded level.   82% of these jobs were in the private sector, with 18% in the public sector

(which was at its highest level since 2015). The public sector had grown by 3.6% (280 jobs) over the previous year. Growth in both sectors was predominantly in full-time positions. Around 6,500 of all jobs were filled on zero-based contracts.

Together with 'health and other services', the other sectors which saw an increase were: 'education'; 'transport and storage'; and' miscellaneous business activities'. The public sector increase in posts was driven by 160 jobs in 'Government of Jersey' and 110 jobs in 'GOJ' posts. There was a corresponding decrease in two sectors: 'wholesale and retail'; and 'agriculture and fishing'.

Jobs by contract type
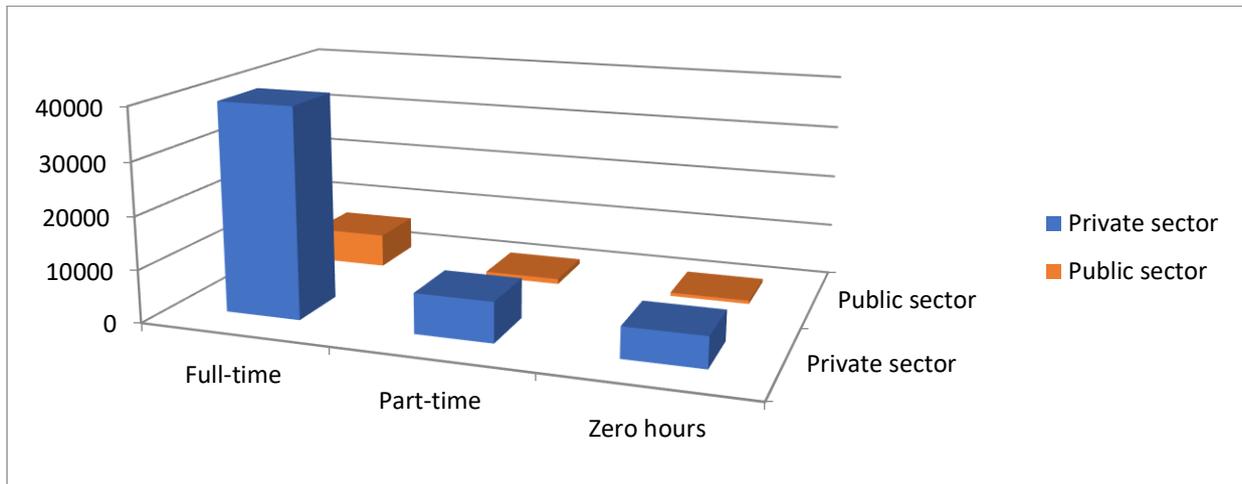
Source: Statistics Jersey – Labour Market Report – December 2019

Residential Status
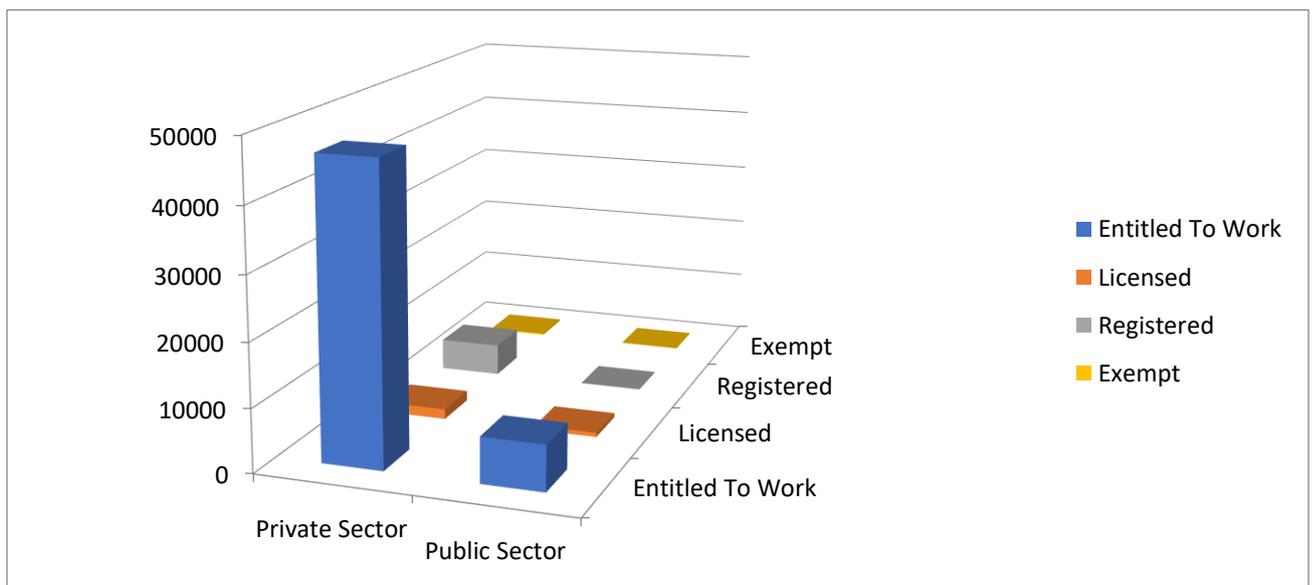
Source: Statistics Jersey – Labour Market Report – December 2019

In August 2020, Jersey's Fiscal Panel published an updated forecast for the economy, which showed a "steep contraction". It expected the economy to shrink by 7.5%, with a consequent fall in employment, especially in the banking, hospitality and retail sectors. In July 2020, the Business Tendency Survey (Jersey Statistics), reported that 16% of firms expected to lay off staff between then and September, compared with 27% of non-finance firms.

It is clearly uncertain times for the prospects for the economy and employment. Inevitably, the economy will shrink, which will affect the supply of jobs as well as increase the number of people, who would otherwise work in other sectors, to fill DHCS jobs.

Decision: *To develop and implement recruitment and retention plans which take account of likely labour market developments and play a part in creating employment opportunities for the local community.*

6. Care Group Workforce Profile

This section sets out a profile of the new Care Group, which covers workforce establishment, expenditure and service level trends. It includes detailed analysis of mental health service level trends and medical staff capacity, deployment and efficiency.

Set out below is the profile of the Mental Health and Adult Social Care workforce, based on the information provided by the August 2020 financial reports. The combined budgeted establishment across mental health and adult social care is £29.4m. The budgeted adult social care workforce is 187.65 wte. The total Care Group budgeted workforce is 19% of the total pay budget for DHCS.

It has been established that the Mental Health Care Service has overspent at Month 6 by £1.1m, caused by pay costs. Whilst the Service is underspent by £1.8m on substantive posts, it overspent by £2.9m on other pay costs (agency, zero hours, overtime). On the assumption that the year-to-date overspend is recurring, the full year effect of the current pay position could be £2.2m. Work is underway to establish exact causation and whether the budget position fully reflects actual income. A programme has been produced to take the required actions so that the Mental Health Service operates on a balanced financial basis going forward. A benchmarking exercise is underway to evaluate how mental health expenditure compares with other organisations.

Adult Social Care Workforce
Source: Social Care Financial Report – August 2020

Total Workforce by Business Unit

£000	Year To Date			Full Year		
	Budget	Actual	Variance	Budget	Forecast	Variance
Learning Disabilities Manager	5,101	4,950	151	7,731	7,427	304
Principal Social Worker	1,728	1,866	(138)	2,602	2,811	(209)
Mental Health	0	1	(1)	0	9	(9)
Grand Total	**6,829**	**6,817**	**12**	**10,333**	**10,248**	**85**

Flexible Resourcing Analysis

£000	Year To Date			Full Year		
	Budget	Actual	Variance	Budget	Forecast	Variance
Zero Hour Contracts	146	475	(329)	248	672	(424)
Agency	0	99	(99)	0	165	(165)
Overtime	0	54	(54)	0	58	(58)
Grand Total	**146**	**627**	**(481)**	**248**	**895**	**(647)**

Agency by Service Area

£000	Year To Date			Full Year		
	Budget	Actual	Variance	Budget	Forecast	Variance
Principal Social Worker	0	99	(99)	0	165	(165)
Learning Disabilities Manager	0	0	0	0	0	0
Grand Total	**0**	**99**	**(99)**	**0**	**165**	**(165)**

Mental Health Workforce

Source: Mental Health Financial Report – August 2020

Total Workforce by Business Unit

£000	Year To Date			Full Year		
	Budget	Actual	Variance	Budget	Forecast	Variance
Lead Nurse MH	8,069	8,678	(609)	12,230	12,843	(613)
General Manager MH	2,235	2,699	(464)	3,355	4,044	(689)
Lead AHP MH	1,341	1,231	110	2,011	1,814	197
Lead Social Worker MH	973	1,180	(207)	1,460	1,855	(395)
MH Improvement	41	0	41	62	0	62
Grand Total	**12,659**	**13,789**	**(1,130)**	**19,118**	**20,557**	**(1,439)**

Flexible Resourcing Analysis

£000	Year To Date			Full Year		
	Budget	Actual	Variance	Budget	Forecast	Variance
Agency	273	2,071	(1,798)	409	3,062	(2,653)
Overtime	62	366	(304)	105	483	(378)
Zero Hour Contracts	17	808	(791)	29	1,196	(1,167)
Grand Total	**351**	**3,245**	**(2,894)**	**543**	**4,740**	**(4,197)**

Agency by Service Area

£000	Year To Date			Full Year		
	Budget	Actual	Variance	Budget	Forecast	Variance
Lead Nurse MH	273	961	(688)	409	1,390	(981)
Lead Social Worker MH	0	367	(367)	0	598	(598)
General Manager MH	0	698	(698)	0	1,018	(1,018)
Lead AHP MH	0	46	(46)	0	56	(56)
Grand Total	**273**	**2,071**	**(1,798)**	**409**	**3,062**	**(2,653)**

Mental Health FTE Trend Jan-19 to Aug-20
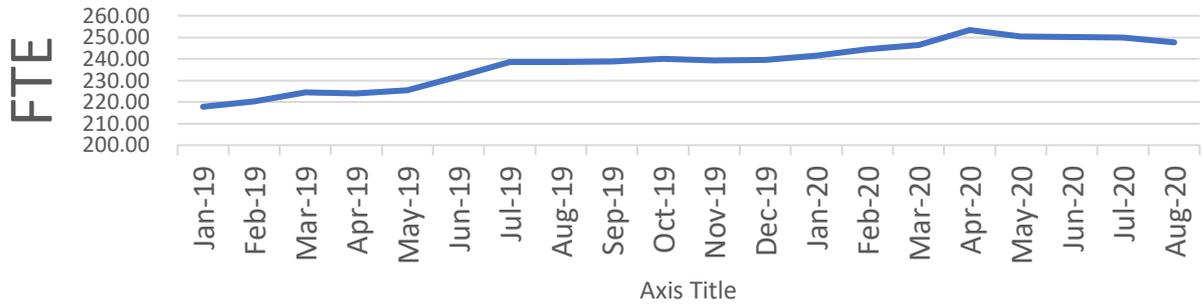
Medical Staffing Budget

Adult Mental Health ■ Alcohol and Drugs Service

8%

92%
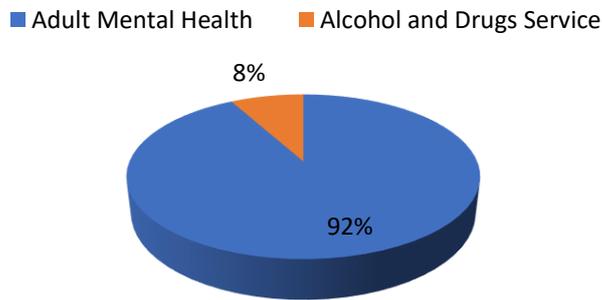
Source: Care Group Finance – September 2020

Medical Staff Actual Spend

■ Adult Mental Health ■ Alcohol and Drugs Service

9%

91%
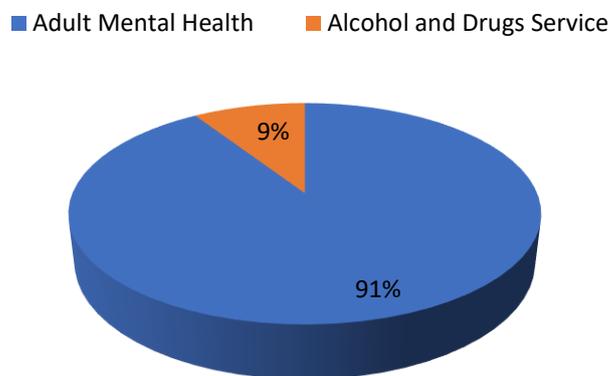
Source: Care Group Finance – September 2020

Service Levels Profile

An analysis of service levels since January 2019 shows the following:

Service Area	Average Per Month	Trend Constant | Increasing
Adult acute admissions	15.5	Constant
Older adult admissions	8.0	Constant
Complex admissions	1.2	Constant
Total community caseload at period end	1983.5	Increasing
Total community caseload per 100,000 registered population	2204.1	Increasing
Working age adult teams - community caseload per 100,000 registered population	1224.8	Increasing
Older adult teams - community caseload per 100,000 registered population	5946.0	Increasing
Total community contacts per 100,000 registered population	3542.6	Increasing
Working age adult teams - community contacts per 100,000 registered population	2800.5	Increasing
Older adult teams - community contacts per 100,000 registered population	6289.6	Constant
Total contacts per patient on the community caseloads	1.6	Increasing
Total contacts per patient on the working age adult caseload	2.5	Increasing
Total contacts per patient on the older adult caseload	1.0	Constant
SPOR referrals	484	Constant
ASCT referrals	126	Increasing
ASCT Care-Plans and Reviews	144.8	Constant
ASCT Caseload and Contacts	1806.1	Constant
ASCT Assessments	99.2	Constant

Learning Disability Nursing	200	Constant
Autism Service	92.5	Constant

Source: Health and Social Care Informatics – October 2020

Mental Health Medical Staffing

An exercise is currently underway to assess what medical staffing (consultant/SAS) capacity is required to meet the service objectives set out in the 2015 strategy and recent experience during the pandemic. The strategy set out five priorities: social inclusion and recovery; prevention and early intervention; service access, care co-ordination and continuity of care; quality improvement and innovation; and leadership and accountability. During the pandemic, on one hand the service clearly demonstrated that the team could at a very short notice respond to adapted service provision, which ensured that the extant patients open to the services as well as those vulnerable to mental health deterioration due to the lockdown restrictions imposed upon them, were adequately looked after round the clock, seven days a week. On the other hand the services were restricted to those most in need. For all others whose needs were not deemed to be pressing, their assessment and support were deferred.

The current establishment for consultants/SAS is 17 wte, which is made up of 11 permanent staff and 6 locums. Recruiting medical staff has always been difficult but in the current COVID pandemic it is proving to be even more difficult than usual. This exercise has estimated that the establishment needs to be 23 wte in order to meet demand. The job planning process is well underway, and after completing 60% of these, the average PA rate per wte is 10.1 PAs, with a ratio of 9:1 between DCC and SPA time.

Based on 20 months of activity data, the following ratios of between mental health staffing capacity and outputs can be modelled per month:

Service area	Number of people in receipt of services		Number of referrals	
	Cases per staff wte	Cases per consultants	Total cases per staff wte	Cases per consultants
Adult Day Services	1.6:1	1.8:1	7.4:1	4.7:1
Older Adult Day Services	0.02:1	0.01:1	0.5:1	0.3:1

Medical Staffing Job Plan Analysis

An analysis of the existing job plans for senior doctors (consultants and SAS doctors) has been undertaken in order to evaluate to what extent there could be any spare capacity and demonstrate the case for future staffing levels required to meet demand. Nine job plans have been reviewed, and the following observations can be made:

- Total WTE: 8.78
- Total headcount: 9
- Average PAs per WTE: 11.86 PAs
- Average % of SPAs per headcount (10 PAs): 13.9%
- 62% of DCC time on direct patient (facing) care delivery

- Very low level of unscheduled DCC activity
- Significant differences in on-call arrangements.

A separate analysis of just the consultants' job plans has also been undertaken, with the following observations:

- Total WTE: 4.8
- Total headcount: 5
- Average PAs per WTE: 12.04 PAs
- Average % of SPAs per headcount (10 PAs): 16.4%
- 69% of DCC time on direct patient (facing) care delivery
- Very low level of unscheduled DCC activity
- Significant differences in on-call arrangements.

Mental Health Workforce Efficiency Evaluation

An evaluation has been undertaken of mental health medical and nursing staffing efficiency as part by undertaking a benchmarking exercise. The headlines of this evaluation are set out below:

Indicators	SoJ	Peer Median	Observations
			More staff / Same / Less staff — Compared with peers
Adult acute consultant psychiatrists per 10 beds	0.4	0.5	Care Group has fewer consultants
Adult acute registered nurses per 10 beds	6.2	8.0	Care Group has fewer nurses
Older adult registered nurses per 10 beds	7.3	8.1	Care Group has fewer nurses
Community total WTE per 100,000 registered population	80.2	80.3	Care Group has approximately the same number of staff, and considerably lower than those services with the most

Source: Benchmarking Network – 2018 data

The benchmarking comparison also examined some key workforce indicators:

Indicators	SoJ	Peer Median	Observations
			More capacity / Less capacity — Compared with peers
Adult acute staff sickness absence	4%	6%	Care Group has greater capacity due to lower level of sickness absence
Adult acute staff turnover	22%	11%	Care Group incurs greater recruitment costs and lost efficiency due to a higher turnover

Adult acute WTE vacancies as a % of staff in post	56%	15%	Care Group has a higher level of vacancies which incurs higher costs and causes greater inefficiency
Adult acute spend on Bank and Agency as a % of total spend on staffing	42%	23%	Care Group has a higher level of spend on Bank and Agency

Source: Benchmarking Network – 2018 data

The benchmarking comparison also examined costs per bed:

Indicators	**SoJ**	**Peer Median**	**Observations** More efficient / Less efficient / Compared with peers
Adult acute cost per bed	£200,572	£143,196	Care Group spends more
Older adult cost per bed	£125,147	£151,744	Care Group spends less
Generic CMHT cost per patient on the caseload	£5,899	£3,050	Care Group spends more

Source: Benchmarking Network – 2018 data

This evaluation indicates that the Care Group could secure greater efficiency by improving the position with regard to turnover, Bank and Agency spend, and vacancy levels (which tend to be inter-related). The evaluation also indicates that there is a case to invest in additional medical and nursing staff in order to reach the median levels. The case to increase capacity is even greater should the Care Group seek to reach the staffing ratios delivered by those services operating at upper quartile (higher staff numbers per bed) levels. Relative low staffing levels could be a contributing factor to the relative high levels of vacancies, turnover and temporary staffing. The financial comparisons do not give a clear steer, although where they are higher than peer group median, this could be due to extra Bank and Agency costs caused by the higher vacancy and turnover levels.

Future Consultant Medical Staffing Levels

The analysis above indicates that there needs to be an increase in consultant psychiatrists, given the growing demand for services, the fact that there is no spare capacity amongst the existing cohort, the need to increase access to services, and the comparisons with the peer group. This increase is estimated to be five new consultant positions. Whilst the increase of five consultants might not be needed immediately, they will be over time.

Decision: To recruit the increased level of medical staff capacity and capability in order to meet the current and forecasted demand for services.

7. The Future Care Group Workforce

This section sets out the future opportunities for developing the capacity and capability of the new Care Group's workforce.

The mental health workforce has grown over the past year by around 10%. The Care Group as a whole will need to continue to grow in order to meet the needs of patients, clients and service users to deliver on DHCS and its objectives. However, the Care Group will not be able to meet demand by simply increasing the size of the workforce. The Care Group needs to find ways of having a more productive workforce due to the limited ability to recruit to certain traditional jobs and affordability. The Care Group can achieve both a more productive workforce and one with rewarding careers by introducing new roles, new ways of working, advanced technology and IM&T, and extended responsibilities.

Examples of new roles and extended responsibilities which could be introduced or expanded from the current level include:

- Allied health advanced practitioner
- Apprentice
- Approved clinician – mental health
- Audiology assistant
- Clinical technology senior assistant practitioner
- Creative therapy assistant
- Community worker – integrated support worker
- Community psychiatric nurse
- Dietetic assistant
- Dementia pathway coordinator
- Dietetics extended role – oral nutritional
- District nursing assistant
- Graduate mental health primary care worker
- Healthcare assistant
- Home care worker
- Mental health support, time and recovery worker
- Nurse prescriber
- Nurse consultant
- Occupational therapy advanced practitioner
- Occupational therapy support worker
- Occupational therapy – extended responsibility
- Orthotic technician
- Pharmacy technician liaison
- Physician associate
- Physiotherapy assistant
- Physiotherapy assistant practitioner
- Podiatry assistant
- Podiatry assistant practitioner
- Podiatrist practitioner
- Primary care liaison worker (dementia)

o   Speech and language therapy assistant
o   Stroke assistant practitioner

There is best in class evidence which shows that there are a number of specific new roles which would have the greatest impact on improving the quality and productivity of mental health services. Illustrations include:

- Nurse prescriber/nurse consultant: who carry caseloads of more routine and less complex patients.
- Physician associate: especially in older adult services.
- Community psychiatry nurse: undertaking primary care liaison in learning disability and more ground-breaking in general adult services.

The Care Group will model workforce capacity with projected demand in order to establish the extent to which it needs to change and grow the workforce. This analysis will inform workforce recruitment and retention planning for 2021/22 and beyond.

In line with the Jersey Care Model, a part of Our Hospital campus will incorporate an integrated mental health service, which provides both inpatient and outpatient facilities. The co-location of physical services alongside top class mental health services, exemplifies best practice and the acknowledgement of the need to offer holistic, whole person, services at the same time. The siting of our services in this way will bring together clinical and non-clinical services for people who need mental health support concentrated, where possible, into one geographical area.

The new Department of Mental Health will have two wards, a total of 30 bed spaces split by gender, which will enable acute functional assessment for people over the age of 18 years. The wards will be able to accommodate those who have been detained under the Mental Health Act and who cannot be safely assessed and treated in their home environment because of the level of risk or challenge they present to other people or to themselves. The thirty beds have been recently approved in support of this service. This will require consideration of the future workforce implications so that ambitions of the new service can be realised.

The Care Group is committed to converting within budget temporary and discretionary (eg overtime) expenditure into permanent staffing.

A Care Group education, learning and development strategy is central to the recruitment and retention of the "fit for purpose" workforce. The Care Group will produce an education, learning and development plan in order to achieve the following related aims:

- Provide an affordable workforce, at a time of limited revenues and growing clinical demand, which is compassionate, caring, competent, productive, effective and efficient.
- Make sure that regulatory and mandatory training requirements are met.
- Promote the Care Group as an attractive place to find employment and work, where staff have fulfilling jobs and rewarding careers.
- Guarantee patient and client safety with excellent outcomes.
- Secure engagement and involvement by staff in decision-making processes and the development and delivery of its strategic and service aims.
- Make sure that the Care Group's commitment to diversity and equality is fulfilled.
- Underpin the Care Group earning the reputation as an employer which provides high quality and education.

- Enable the Care Group to influence the wider DHCS and system education and training environment in terms of direction, priorities and resource allocation.

The work which follows the production of this workforce plan will need to focus on precise size and composition of the future Care Group workforce. Once the budget position has been finalised, the business planning process for 2021/2 and beyond will examine the future demand for services and quantify the staffing capacity and capability needed to meet this. This modelling will include: demand, outcomes, outputs, care pathways, and ways of working.

The creation of the new Care Group provides the opportunity to establish deep-seated clinical connectivity between staff working in hospital, homes and local community services. The organisational separation between these care settings has prevented patients, clients and service-users from receiving seamless care and support. The Care Group will be able to deliver more integrated working between those working in different care settings and across professional groups.

The Care Group will undertake a skills audit of the existing workforce and match this against projected required competencies to meet the needs of patients, service users and clients. The skills audit will be part of a comprehensive approach which follows the approach set out below.

Skills Gap Analysis Approach

1	• Plan the analysis
2	• Define the relevant Care Group's future goals
3	• Catch up on the future work trends
4	• Determine key skills needed for the future
5	• Measure the current skills
6	• Find out where the gaps are
7	• Put the findings into practice
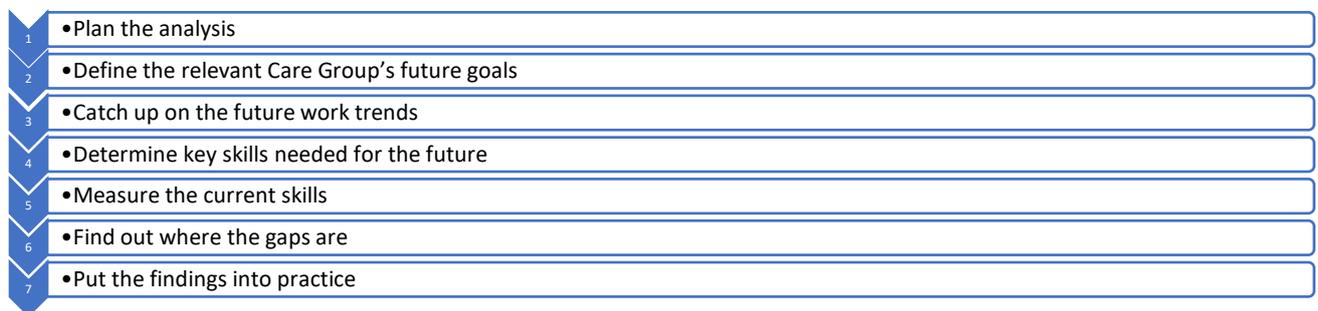
The benefits of this approach include:

- Provides a common language for describing workforce needs as they relate to the mission and strategic objectives of the organisation.

- Establishes and communicates expectations for the specific behaviours that contribute to successful job performance.

- Encourages employees to be accountable for their professional development; Focuses learning on clearly identified development needs.

- Provides a baseline and opens the door for professional development and performance conversations between employees and supervisors.

- Identifies strategic, targeted and realistic learning and development objectives/needs.

- Promotes understanding of the competencies expected for a move into a new job, including becoming supervisors/managers or changing careers.

- Identifies strategic, targeted and realistic learning and development objectives/needs to support a strongly sustaining organisation with a defined succession strategy.

- Identifies minimum requirements for new hires (interviewing tool).

- Can be used as a basis for behavioural based interviewing.

- Focuses staff on selected aspects of performance to achieve the mission and organisation's objectives.

Decision: *To implement reforms through the introduction of new roles and ways of working, enabled by investment in skills, in order to increase workforce productivity.*

8. Business and Workforce Planning 2021-2023

This section sets out how the new Care Group will participate in business and workforce planning in order to deliver a fit for purpose workforce.

The Care Group will now go on to undertake workforce planning for 2021-2023 as part of wider business planning, in order to fulfil the vision, ambitions and objectives of this workforce plan. This will involve a process of analysing, forecasting, and planning workforce supply and demand, assessing gaps, and determining talent management interventions to make sure that the Care group has the right people, with the right skills, in the right place at the right time.

The first phase of this detailed work will include the following steps:

- Check strategic direction
- Undertake supply analysis
- Undertake demand analysis
- Quantify gap analysis
- Design solutions and implementation.

Workforce Planning Cycle
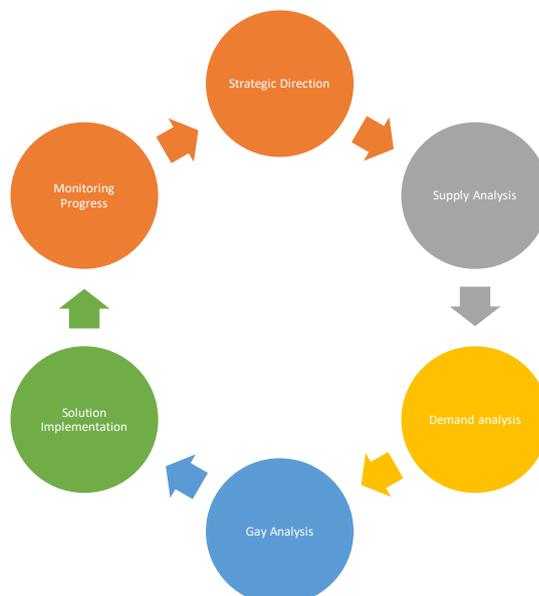
Key issues which will be addressed include:

- Diversity and inclusion
- Engagement and retention
- Leadership development
- Learning and career development
- Onboarding
- Organisational culture and development
- Performance management
- Recruitment
- Staffing deployment
- Succession planning
- Workforce analytics.

This approach will support the aim of securing longer term certainty with regard to commissioning intentions for both mental health and adult social care services. Longer term certainty will enable the Care Group to plan more effectively and implement staffing solutions which require investment and time to realise supply. This is especially so for the establishment of new roles which require training and education and filling positions which have been hard to recruit to, where there is limited local supply.

Decision: *To undertake workforce planning as part of the next business planning round.*

9. Human Resources Management (HRM) Capacity and Capability

> This section sets out the required HRM capacity and capability to deliver the fit for purpose workforce.

Human Resources Management (HRM) capacity and capability is critical for the delivery of the Care Group's workforce plan and associated activity. The Care Group depends upon DHCS HRM infrastructure for much of this capacity.

The DHCS HR Department is currently divided into the following services. Under the Direction of the Department of People and Corporate Services:

- HR systems (incorporating Workforce Information)
- Learning and Development team
- Employee Relations Team
- Resourcing team
- Organisational development (Cultural change programme)
- Occupational health

With a devolved HR function consisting of:

- HR directorate management
- HR business partners

The Care Group will review of HRM capacity and capability of HR services to make sure that it is "fit for purpose" to support the delivery of service and workforce objectives. The review will include an assessment of the quality, transactional competence, and capability of HR services at both the DHCS and Care Group levels to deliver.

DHCS has the following policies, which relate to recruitment and employment, in place:
- Recruitment and selection
- Safe recruitment
- Employment of overseas nationals
- Recruitment: employment of nursing and midwifery partners
- Temporary staffing
- Relocation
- Re-employment
- Professional registration
- Equality and diversity.

Decision: To introduce enhanced HRM capacity and capability in order to implement the decisions established by the workforce plan and manage future workforce developments.

10. Risk, Sensitivity and Mitigation

This section sets out how the new Care Group will undertake risk management in order to make sure that the new Care Group stays on target to deliver its goals and objectives.

The workforce plan contains a number of assumptions about the future state of its workforce required to fulfil its goals and objectives. These assumptions need to be kept under frequent and regular review to check whether new circumstances, conditions and challenges require the application of mitigating actions in order to remain on track. The principal risks include:

- Lack of expected supply of candidates
- Uncompetitive remuneration
- Lack of time to undergo training and development
- Increased cost of temporary staffing
- Impact of the pandemic.

Decision: To include identified workforce-related risks into the Care Group's risk register and risk management processes.

11. Monitoring and Assurance

This section sets out how the new Care Group will undertake performance management to meets its goals and objectives.

The DHCS has established a performance framework for monitoring its objectives for the delivery of health and adult social care services in 2020. The Care Group will produce a programme which complies with this for the implementation of its contribution to the delivery of the objectives.

These indicators are divided into five main categories:

A. Safety and experience
B. Access to services
C. Activity volumes
D. Service transformation
E. Resource utilisation.

The "Resource Utilisation" category is the main one which incorporates the relevant indicators for setting the targets and monitoring the delivery of this workforce plan. The Care Group will develop a set of specific indicators as part of its workforce programme and wider objectives-setting activity.

There are a range of workforce indicators which can be set and monitored, such as:
- Staff satisfaction
- Staffing ratios
- Unit labour costs
- Vacancy rates
- Turnover
- Medical staff job plans
- Temporary staffing spend
- Sickness absence rates
- Statutory and mandatory training rates
- Recruitment time to hire rates
- Appraisal rates
- Number of exit interviews undertaken

Decision: To implement monitoring so that the goals, objectives and decisions in the workforce plan are successfully delivered.

12. Conclusion

> This section sets out the principal conclusions and the action will be taken to implement the decisions and approach established by the workforce plan.

In the first instance, the Care Group has produced an establishment programme and initial objectives for 2020/21. This workforce plan is one of the elements of the establishment programme – and starts the work needed to make sure that the Care Group has the right workforce to meet its short and longer term objectives.

As a result of this workforce plan, the following specific actions, as part of a workforce programme will be undertaken in support of the implementation of its values, ambitions and goals:

a) Reset of workforce budget for 2020/21 given year to date performance.
b) Capacity and demand modelling and business planning for 2021/22.
c) Apply workforce key performance indicators with targets:
    I. Vacancy rate – 10% of total establishment
    II. Turnover – 10% annualised

III. Temporary staffing – 10% of total workforce budget
IV. Appraisals level – 95% of total headcount
V. Time to hire – 6 weeks from advert to unconditional appointment offer
VI. Statutory and mandatory training – 95% of total headcount completed
VII. Job plans – 100% completed in advance of financial year
VIII. Sickness absence – 3%
IX. Staff satisfaction – 70% of staff recommend the Care Group as a place to work.

27th October 2020

Kh/Rs

ANNEX: Mental Health and Adult Social Care Group Organisational Chart