



# Written Evidence for The Health Devolution Commission

May 2020



## **1. INTRODUCTION**

Breaking Barriers Innovations (BBI) have been working in partnership with Health Education England (HEE) on a series of place-based programmes to address the social determinants of health, including considering the **education, training and workforce transformation** implications at a local and national level.

We are submitting evidence from these programmes, which we believe are particularly relevant to health devolution, specifically how this supports greater integration and improves population health. The key points we wish to make are summarised as follows:

- Our programme provides a unique evidence-based methodology that identifies a dominant strategic and tangible objective at the outset that every local organisation can get on board with. This is critical for moving beyond the planning stage for place.
- There is a significant, latent appetite across local NHS providers to plan and deliver with non-traditional partners i.e. housing, education and regeneration.
- A system is a more efficient means of marshalling resources, but not in itself “place”.
- Responsibility for a place cannot rest with a single system leader or organisation, but requires organisations to work collaboratively on a truly joint basis for planning and commissioning in a local area.
- Industry have an important role to play from the outset of the programme - they should not be seen as solely part of the supply chain, but as partners in development and innovation.
- Place provides the canvas for us to radically rethink workforce planning and to consider skills and competencies required in the workforce, rather than the professionally defined roles and tasks. Traditional professional and organisational siloes constrain the ability to consider what roles would make the greatest difference in promoting good health and making earlier interventions.
- Service improvement (including digital improvement/transformation, and data and evidence-based decision-making) and population health are two sides of the same coin and should not be mutually exclusive.

Education, training and workforce transformation cannot take place in isolation, but must be part of the wider strategies and approach to service transformation. For example, filling the gaps in recruitment is only part of the solution, what is needed is a radical rethink about the nature and type of roles that are required and how to leverage workforce planning to meet the twin aims of delivering services and improving population health. There is a need for workforce planning and transformation at local levels that can support:

- greater integration of health and social care strategy and delivery;
- a radical uplift in the approach to prevention, public health management and addressing the social determinants of health;
- increasing digital competency and development and use of technological health innovations;
- public engagement and participation;
- improving and protecting staff welfare;
- “growing your own workforce” by maximising the use of local employment markets to transform local workforces, and through relevant education and training opportunities;
- broadening the recruitment base for health and social care through skills passports, competency based learning and cross profession/sector skills ladders.

### **About Breaking Barriers Innovations**

BBI combines community engagement, research and technology to provide innovative approaches for place-based challenges. Our work is designed to support leaders across the health and social care sectors to address place-based change and service improvement. We achieve this by creating an open space for debate in which public service professionals, innovative suppliers, experts and other stakeholders devise new public service models based on innovative place-based working.

## **2. THE PLAYBOOK FOR PLACE**

BBI and HEE are leading a series of pilot projects on place and the social determinants of health across England. The pilots seek to provide a facilitated and comprehensive approach to the place-based development and delivery of health and social care services, which can address the social determinants of health and wellbeing.

We developed the BBI Playbook for the projects as a means to fundamentally alter the way that local areas address the underlying causes of health and care problems, the so-called ‘causes of the causes’ or social determinants of health. The Playbook is being implemented in six areas (Cornwall, Portsmouth, Somerset and Kent, Guernsey and Essex) and is designed to support local system leaders to improve population health outcomes by working across traditional boundaries.

The aim of the Playbook is to provide clear demonstrable value in taking a place-based approach, whilst leaving a clear proof of concept of how it was done for future champions of “Place” to follow.

This programme is in line with the NHS Long Term Plan<sup>1</sup>, which outlined the need to transform models to provide more co-ordinated, proactive and personalised care and better health outcomes. In particular, a greater focus on public health, which will require the development of the public health workforce and support for the rest of the health and social care workforce in a way that ensures service, financial and workforce planning are properly joined up.

The Playbook’s methodology provides a template based on four building blocks so that NHS, local authorities and other partner organisations can work alongside residents in communities to create solutions for their locations. These building blocks are:

- strategic alignment
- workforce development
- resident, service user and community engagement and co-design
- action planning for service integration and innovation

The Playbook programme is demonstrating how place-based change requires a new way of thinking about education, training and workforce transformation, including

---

<sup>1</sup> <https://www.england.nhs.uk/long-term-plan/>

professional roles and competencies. For example, focusing on individual and community resilience and self-reliance, and how the workforce can better empower people to take decisions about their own health and wellbeing.

HEE are active partners and are working with BBI in Cornwall, Portsmouth, Kent and Somerset as part of their work to develop the NHS People Plan. In particular, HEE are interested in how the Playbook is demonstrating learning and innovation for education, training and workforce transformation.

## **2.1 Evidence of the methods and logic model for the Playbook**

The methods and logic model for the Playbook come from a range of national and local programmes, in particular:

- **Building a sustainable future for health and social care: An independent review** (Patel et al., 2016 <https://bbi.uk.com/wp-content/uploads/Breaking-Barriers-Building-a-Sustainable-Future-for-Health-and-Social-Care-3.pdf>) - this ground breaking review presented a new model for integration and innovation in health and social care based on collaboration, integration and innovation. It sets out the means to create a unified, cross sector strategy for estates and infrastructure as the catalyst for wider system change that can meet the financial and service demand challenges. The model is not intended to be a one size fits all solution, in fact, it is very firmly based within the context and opportunities provided by devolution and the need to recognise that place and people must be the determinants of future sustainability.
- **Doing it Justice: Breaking barriers to criminal justice transformation** (Bashford et al., 2017. <https://bbi.uk.com/wp-content/uploads/Doing-it-Justice-Breaking-Barriers-to-Criminal-Justice-Transformation.pdf>) – drawing heavily on the experience of Greater Manchester, the report shows that system transformation must be driven from the perspective of devolution and place-based change, but to work it must do three things: 1) resolve the tensions between central levers of control and local devolved decision making; 2) increase capacity for innovation with the right balance between public interest and safety and delivering outcomes; and 3) broad cross sector integration that goes beyond the traditional dichotomy between health and social care.
- **The Digital Future for Health and Social Care: Realising the Potential for Digital Footprints in Sustainability and Transformation Partnerships** (Bashford and Finucane, 2017 <https://bbi.uk.com/wp-content/uploads/The-Digital-Future-for-Health-and-Social-Care-.pdf>) – based on evidence from a wide range of stakeholders, the report describes how integration of digital

technologies can contribute to achieving transformation across the health and care sectors.

- **Breaking Barriers Innovations Health and Social Care Programme 2018: HOMES REPORT** (Patel and Bashford, 2018 <https://bbi.uk.com/wp-content/uploads/BBI-Health-and-Social-Care-2018-Final-Report.pdf>) – focusing on housing as a key determinant of health, this programme developed the building blocks and logic model for the Playbook.

Each of these four reports sets out the evidence for why a Playbook is needed to address the core issues and challenges that are posed by health and social care integration as a place-based model. (For a full list of relevant reports see: <https://bbi.uk.com/reports/>)

### **3. WHAT GOOD LOOKS LIKE**

A devolved health system should include the full range of public services acting collectively to address the underlying health and social care needs of local populations as part of a systemic approach to prevention and addressing the social determinants of health. There are three factors that characterise what good looks like:

1. Having a clear understanding about what place means and how this relates to specific population health needs.
2. Being focused on specific demographic variations and how individual and community assets can be leveraged to support greater resilience and self-management of health care and prevention.
3. Using education, training and workforce transformation as an effective lever for wider system change and integration.

#### **3.1 Understanding about ‘place’ and population health needs**

The NHS Long Term Plan describes how Integrated Care Systems (ICS) will need to work alongside local authorities at a ‘place’ level to make shared decisions about how the collective resources available to the local system can be used. However, a place-based approach must be more than just about integrating frontline services, but about considering how all the assets in a ‘place’, including the workforce, estates, the built environment, community assets and digital technologies can work together more effectively.

Digital skills, for example, are increasingly necessary, but the Topol review<sup>2</sup> highlighted significant gaps in the digital competency and capability of the current workforce. The Covid-19 pandemic, however, has resulted in an upsurge in the use of digital technology e.g. traditional GP appointments have been supplanted with rapid adoption of video and telephone consultations, and online prescriptions via the NHS app increased by 97%, including a huge surge in use by over 65-year-olds. This presents an opportunity to increase education and training in digital technology in order to transform the workforce more rapidly.

The devolution of health on the basis of place must also make sense to the workforce and the local population. NHS planning structures such as Sustainability Transformation Partnerships (STPs) and ICSs are not places, they are systems.

---

<sup>2</sup> <https://topol.hee.nhs.uk/>

While they may be helpful for planning at scale and securing services that need to operate at a regional or sub-regional level, they should not be seen as replacing true place making structures such as those provided by local authorities. There are exceptions, but the culture of the NHS often tends to exclude local authorities or at best marginalise their participation in decision making. The Playbook programme has demonstrated two levers for changing this culture and removing barriers and these are outlined below.

### **3.2 Improving health outcomes and population health**

One of the unique aspects of the Playbook programme is how it seeks to improve population health as a function of service integration rather than a separate sphere of activity. This requires the generic health and care workforce to have greater understanding and skills in population health management and recognition from managers that this is core business. Health devolution can help local leaders to start a new dialogue, which ensures that models and funding initiatives are focused on improving the wellbeing of individuals and communities, not just tackling illness.

This approach is being used in Portsmouth to radically change the way that social isolation and loneliness is addressed, not just for the elderly, but across the life course.

In Kent, the Playbook is creating renewed focus on prevention for marginalised population groups and to overcome organisational and professional silos that act against collaboration and integration.

In Somerset, this approach is being used to improve health outcomes for the elderly, as a broader population health management issue that focuses on employment for younger adults and sustaining a local care workforce.

### **3.3 Education, training and workforce transformation as a level to support integration**

Current workforce planning is conducted largely on the basis of historical establishment figures within discreet provider organisations, rather than on the basis of local population needs. Another impact from the current workforce planning system is that it locks in thinking about the workforce into traditional professional roles, rather than more creative use of these roles and development of new roles that can more effectively address needs. This is a particular barrier for the move towards prevention.

The NHS Long Term Plan heralds significant changes in the way that the health and social care workforce will need to function in the future. But this will not be done



through top-down blueprints or national campaigns, as the ongoing challenges to meeting the government's targets for nursing and medical recruitment is showing.

The Playbook programmes are developing opportunities to create new and innovative roles by adopting a standardised methodology for workforce planning across the local health and social care sector, for example:

- developing flexible career structures, supported by continuing professional development and access to training, which can encourage staff to stay in these sectors;
- enabling partners to plan and engage with education providers to ensure the right skills are being delivered to meet service requirements;
- recognising the contribution and expertise that volunteers, carers and independent providers bring – consider a programme of work to quantify their shape and contributions;
- implementing a common approach to addressing gaps in workforce intelligence, using modelling and technology.

The Playbook programme is showing how new ways of thinking about this can help maximise the use of current staffing resources, while planning for new entrants to the workforce from non-traditional sources.

This kind of place-based approach, with a focus on prevention and population health, enables moving towards a competency-based approach to education, training and recruitment, thus creating a workforce able to meet people's needs.

In Somerset, this has included mapping population need against the skill-mix required and developing a joint understanding of the common skills required and which roles are interchangeable across health and social care.

In Kent, we found that while there is broad alignment across the workforce, the better each professional is engaged and understands how their specific role fits with the bigger picture, the better they are at integrated planning with colleagues and providing more accessible and appropriate services to the needs of their local communities. The Playbook is assisting staff to work in different ways, as part of a wider multidisciplinary team that takes a different approach from that of traditional services that focus only on health conditions.

In Portsmouth, co-location of the health and social care workforce, both at a manager and frontline level, helped develop trust and awareness among frontline staff about what other services can offer, improving accessibility and their ability to refer on/signpost service users to appropriate services.

## **4. PLACE-BASED ACCOUNTABILITY AND GOVERNANCE**

There are considerable differences between the NHS and local authorities in terms and conditions of employment, and to establish a truly integrated approach further work must be done to ensure that these are aligned closer. For example, the Playbook approach can enable local areas to work within the existing statutory frameworks to establish a collaborative and integrated workforce delivery system with HEE, Skills for Health and Skills for Care.

Alongside this, there is a need to develop a shared governance process that brings together lay members, non-executive directors and local councillors, into a single integrated framework for patient and public scrutiny and assurance.

New ways of addressing accountability and governance must include the community and voluntary sector as equal partners.

Cornwall has one of the highest rates of volunteering in the country, including 22,000 people employed by the voluntary sector, representing £400m investment. But the large number of services makes it difficult for NHS staff to know which services in the voluntary sector are of good quality and effective, in order to refer people onto. The Playbook is highlighting how this untapped source of employment can be used to increase entry points to NHS and social care career pathways.

In Portsmouth, health practitioners know the local area well, its neighbourhoods, families and the culture of people living there. But working to support and grow local community assets is not considered a formal part of their role. The Playbook action plan sets out a route map for greater participation of the community and voluntary sector to become part of the local workforce transformation model.

In Kent, the Playbook partnership is in the unique position of being able to offer accountability, not just at a county wide level, but also at a Parish level through its elected Parish Council network. This brings a stronger focus on civil participation and the opportunity to reach more ordinary residents as part of the overall approach to governance and service delivery.

## **5. CONCLUSION**

Health devolution is taking place in different forms and within widely varying structures and conceptualisations about place and population health. To understand what good looks like there needs to be a common framework or Playbook that enables a single, dominant strategic focus, that is evidence-based and has the agreement of all local stakeholders. Education, training and workforce transformation is essential to the delivery of an integrated place-based system and can be used as a lever to support wider system changes. But to be effective this needs to be based on population needs information and data as part of a robust response to population health management.

There needs to be a different approach to the education and training of the workforce of the future – they need to be equipped with new competencies and skills for digital and technological innovation and how to work more effectively with individuals and communities on building resilience. This should be done by creating a radical shift to prevention and in considering how the workforce can better address the social determinants of health.

The BBI Playbook programme demonstrates how the above can be achieved within place-based contexts. Our work is bringing local dividends in the form of furthering integration and developing new approaches and understanding about place-based partnership work. It is being used to inform the next iteration of the NHS People Plan and there is scope for the Playbook methods to be applied at greater scale and reach as part of national blueprint for health devolution.