



Department  
of Health &  
Social Care

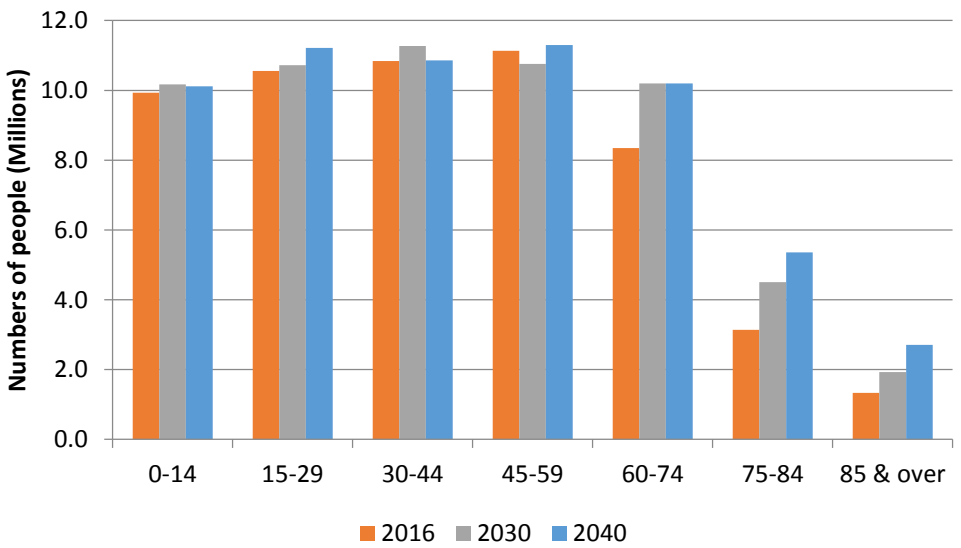
# Demand for workforce health and care skills in England

Non communicable disease and future skills implications

Matt Edwards, 6<sup>th</sup> February 2018

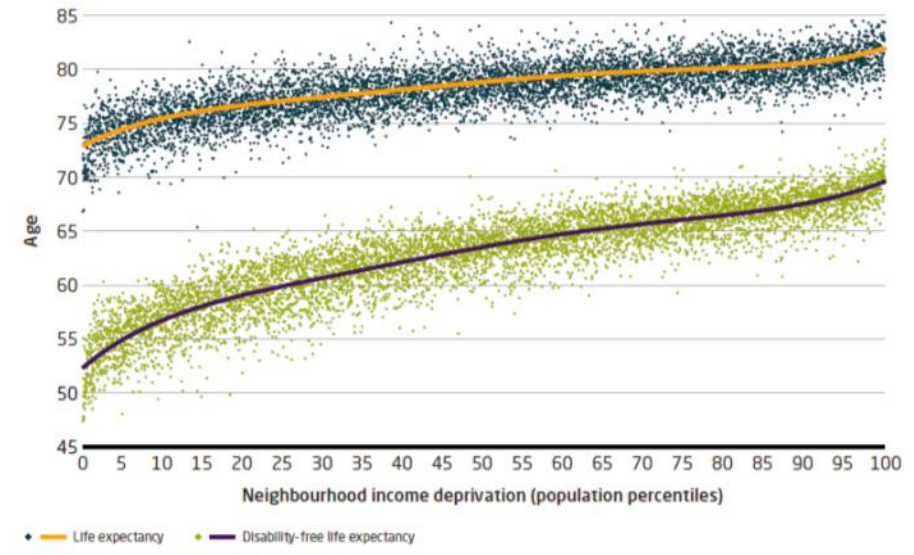
Medical and technological advances mean life expectancy is increasing. This also means we face increasing demands for health and care from an ageing, sicker population which has higher service expectations.

Projected population by age, England, mid-2016 to mid-2040



By 2040, the number of people aged 85+ is expected to grow by 104%, increasing from 1.3m to 2.7m

Life expectancy and disability free life expectancy at birth, persons by neighbourhood income level, England



Source: Bernstein et al 2010

Overall life expectancy is higher but those in the most deprived areas have lower life expectancy and tend to spend more of their lives in ill health

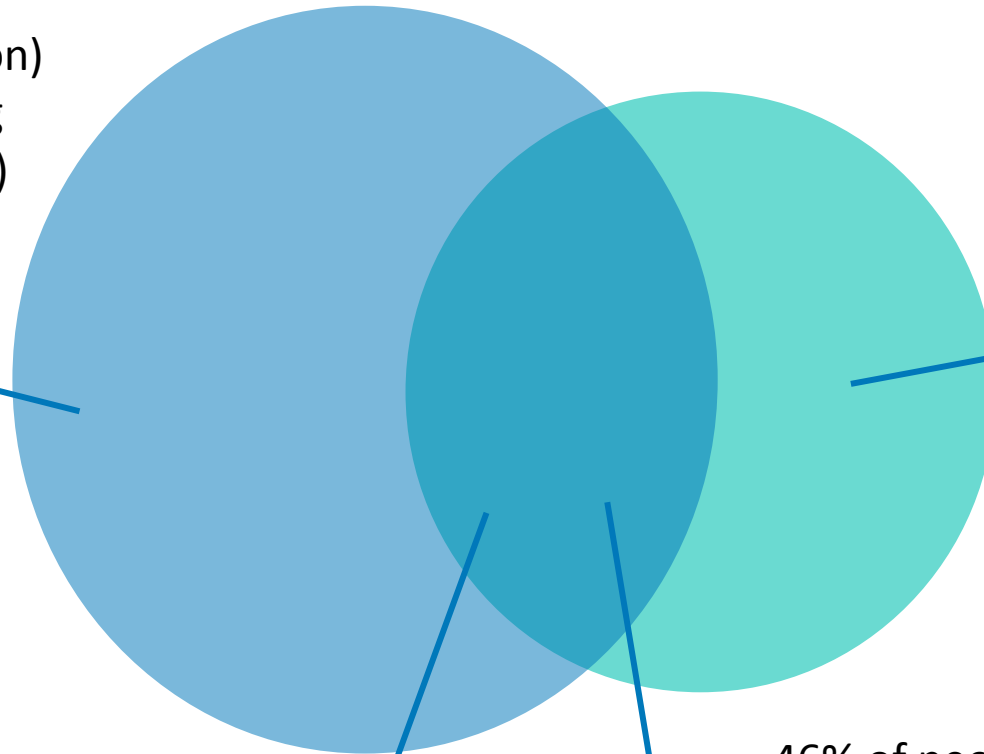
# Overlap between long term conditions and mental health problems in England

15 million people in England (out of a total population of 55 million) have one or more long term conditions (2015)

Mental health problems: 20% of population of England (10.2 million people)

30% of people with a long term condition have a mental health problem (approx 4.6 million people)

46% of people with a mental health problem have a long term condition (approx 4.6 million people)



# Non communicable demand pressures

Number of people living with a cancer diagnosis in the UK



850k with dementia,  
1 million by 2025,  
2 million by 2051

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

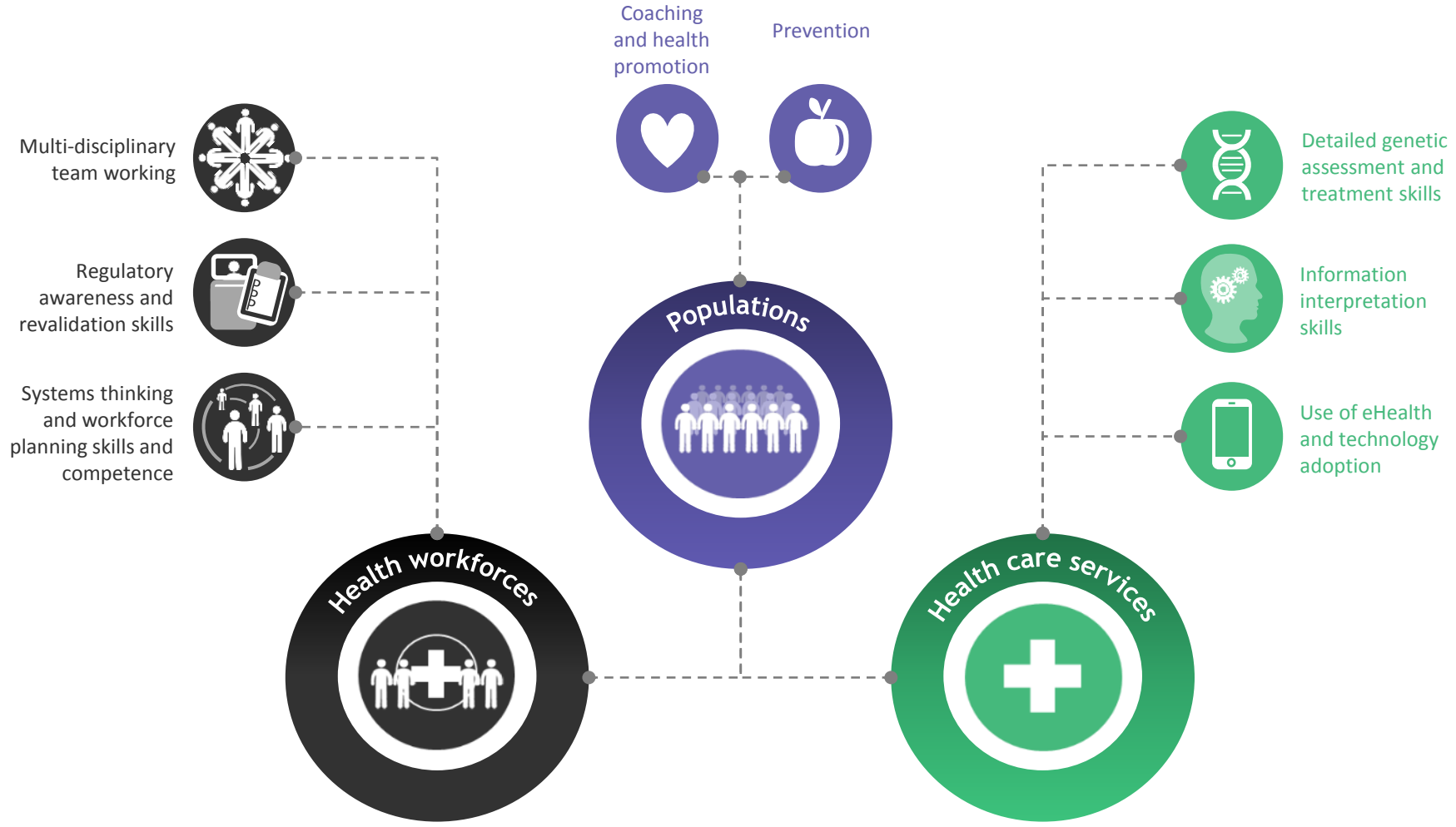


# EU JA findings - drivers of future skills needs

Populations	Health care services	Health workforces
<ul style="list-style-type: none"><li>▶ Population structure</li><li>▶ Long term care and availability of unpaid carers</li><li>▶ Types and distribution of health conditions</li><li>▶ Multimorbidity</li><li>▶ Health inequalities</li><li>▶ Health literacy</li><li>▶ Patient mobility</li><li>▶ Patient empowerment</li></ul>	<ul style="list-style-type: none"><li>▶ Health care expenditures</li><li>▶ Health IT and health services</li><li>▶ Genomics and precision medicine</li><li>▶ Location of care by setting</li><li>▶ Roles and decision rights</li><li>▶ Regulation</li></ul>	<ul style="list-style-type: none"><li>▶ Ageing health workforce</li><li>▶ Multi-professional education and adaptation of competences</li><li>▶ Health IT and health workforces</li><li>▶ Skill mix</li><li>▶ Health workforce mobility</li></ul>

**...which have implications to skills and competences**

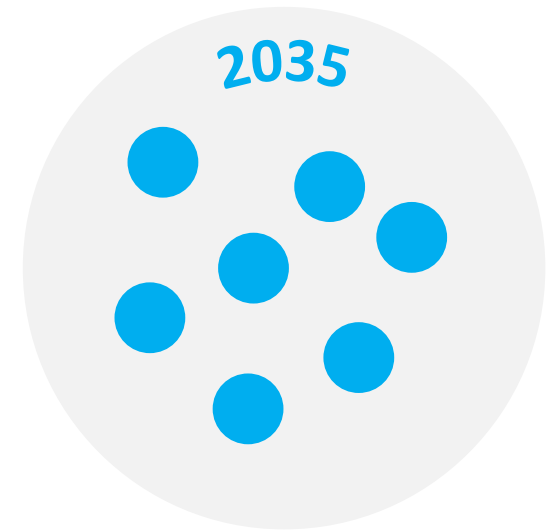
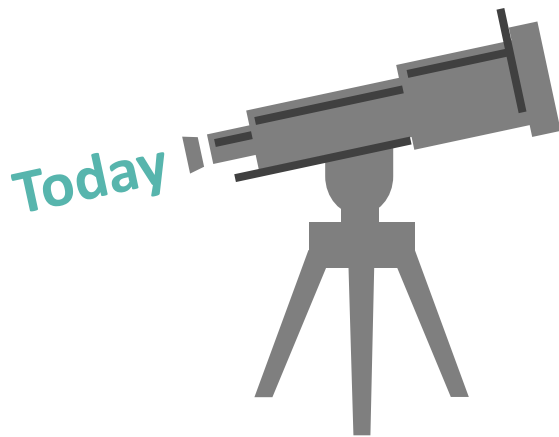
# Skills implications



These changes are driving differing requirements for skills in the workforce across health and care systems.

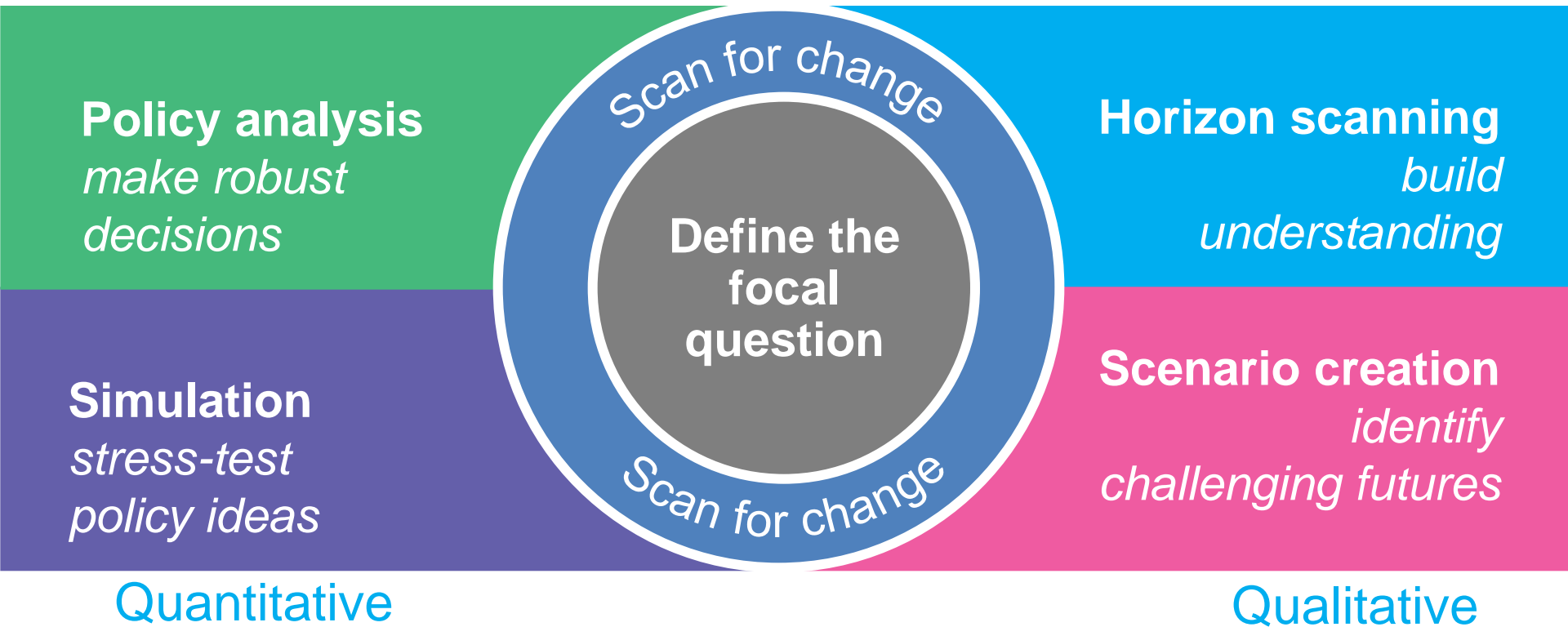
Some key questions for England...

What skills and competences do we have?



What might we need in future?

# Robust workforce planning

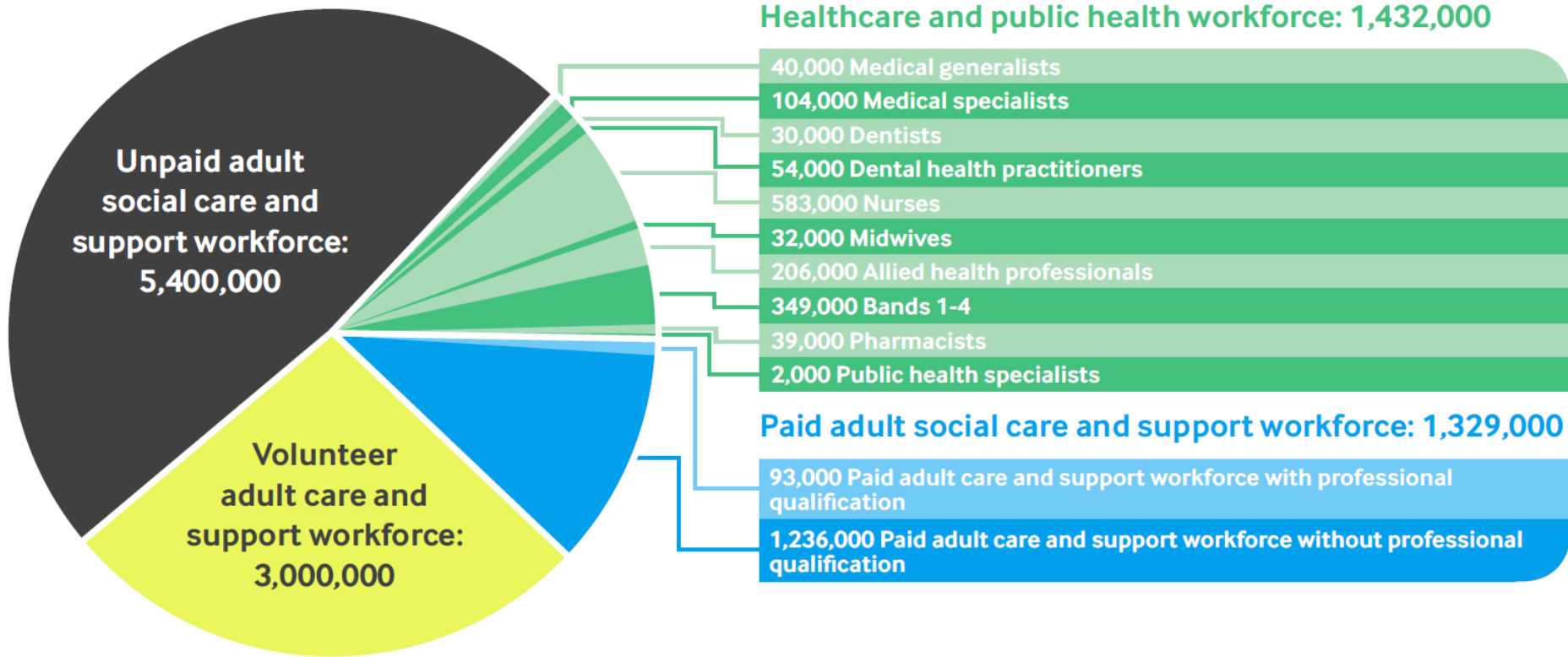


**A wide range of stakeholders involved at every stage.**

National, regional and local.

Patient and service users and representatives, professions, charities, employers, academia, government etc.

# Defining the workforce groups



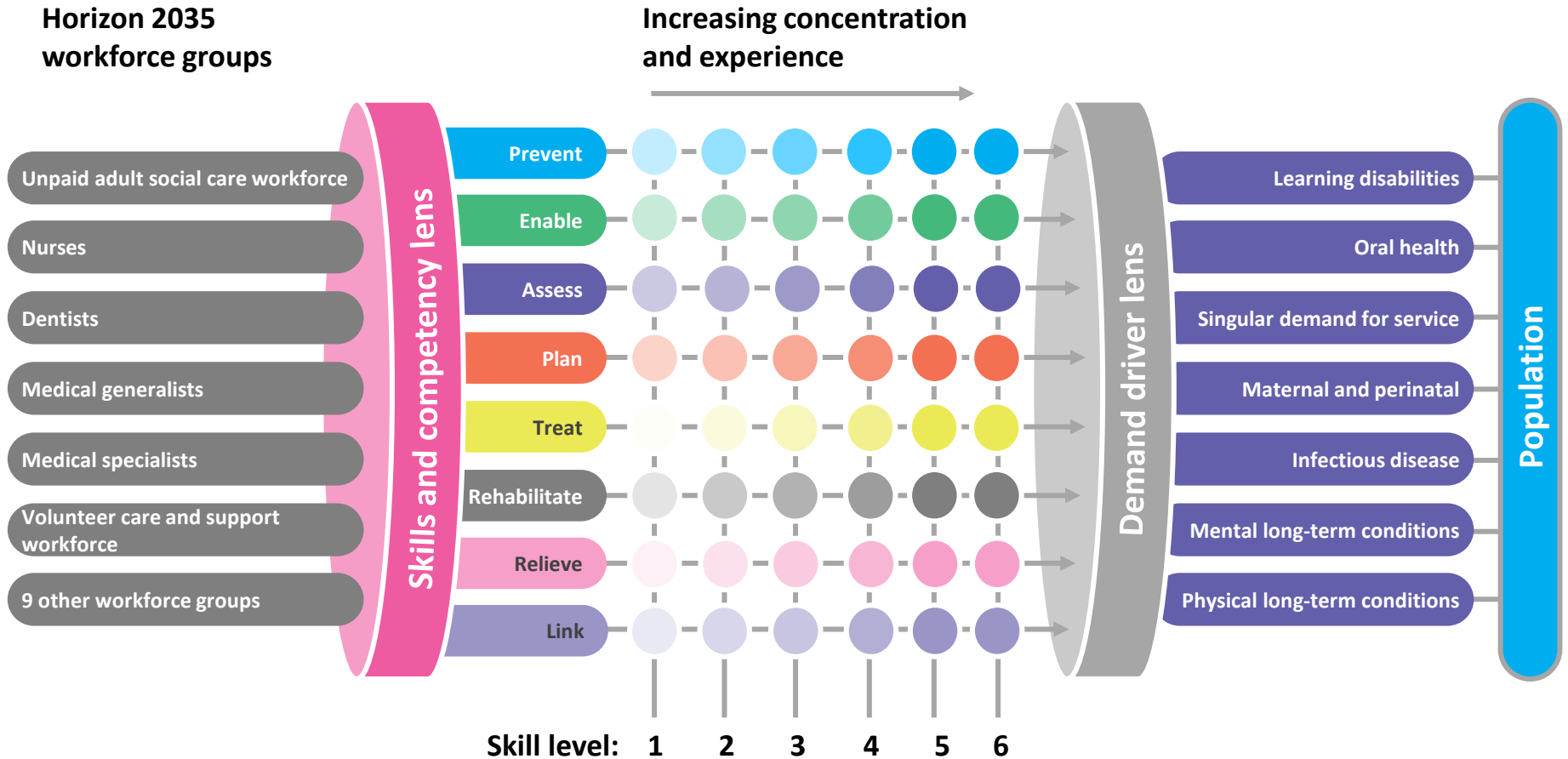
**Headcount of over 11 million people, this system represents one in five of England's total population**

# Workforce skills modelled

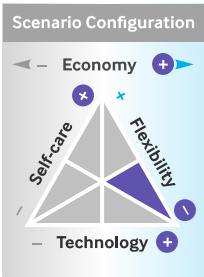
<b>Prevent</b>	Reduce the instance or incidence of ill health and demand for care.
<b>Enable</b>	Increase the control and capacity service users have to improve their situation.
<b>Assess</b>	Identify and understand a presenting problem, including evaluations.
<b>Plan</b>	Define the package of skills required to meet service user needs.
<b>Treat</b>	Change the condition and restore the service user to good, or improved health.
<b>Rehabilitate</b>	Restore functionality, independence, participation and even purpose of service user.
<b>Relieve</b>	Assist service users by abating symptoms of ill-health and distress and meet support needs.
<b>Link</b>	Connect different sectors, services, workforces and their skills around a holistic understanding of the needs of the service user.

# Linking skills and demand

Horizon 2035  
workforce groups

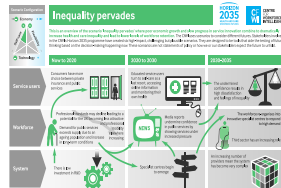
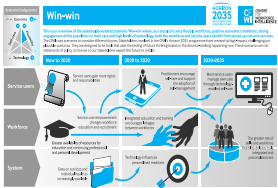
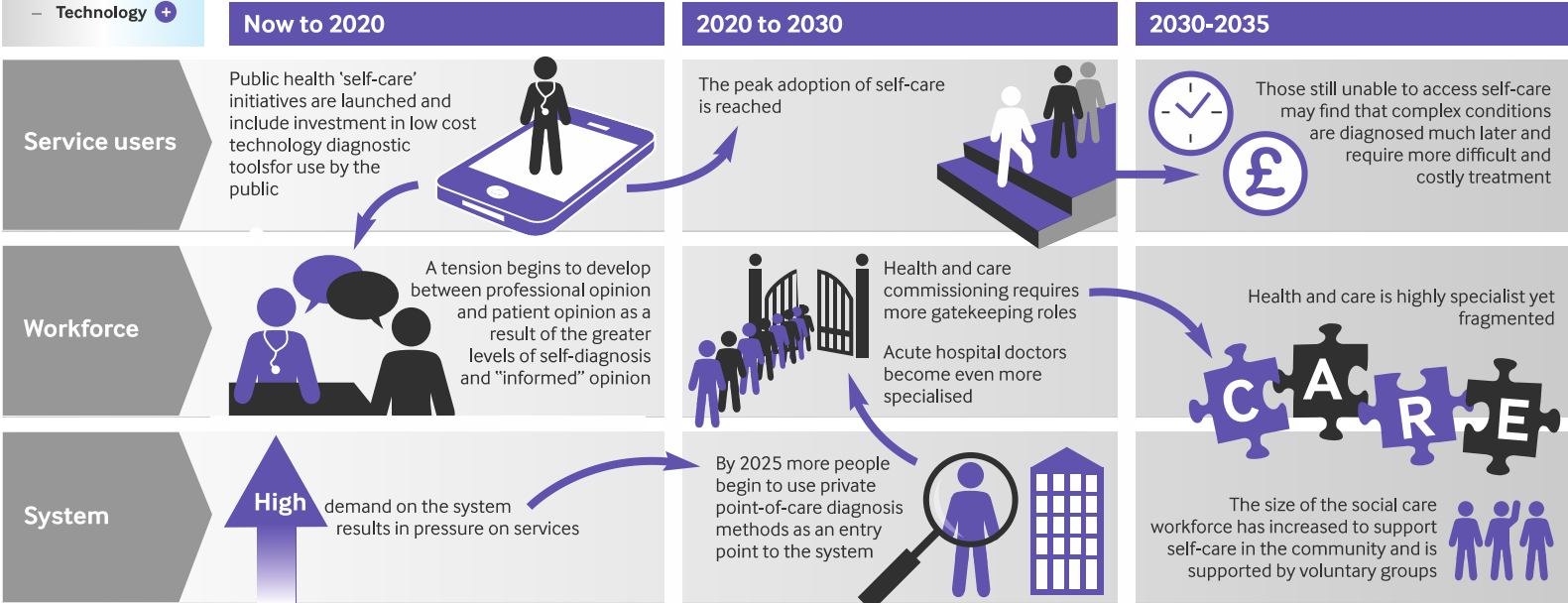


# Different futures

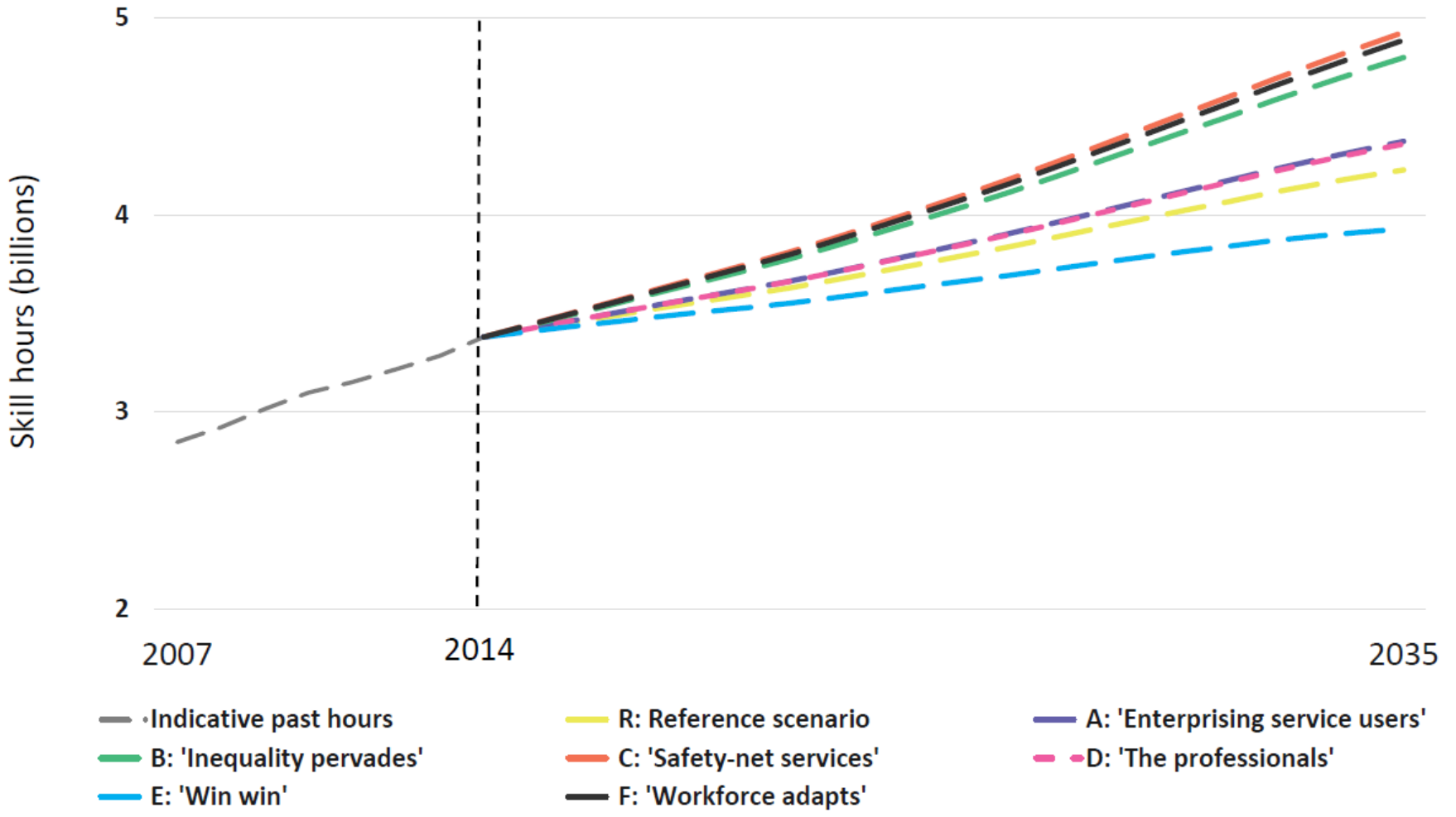


## Enterprising service users

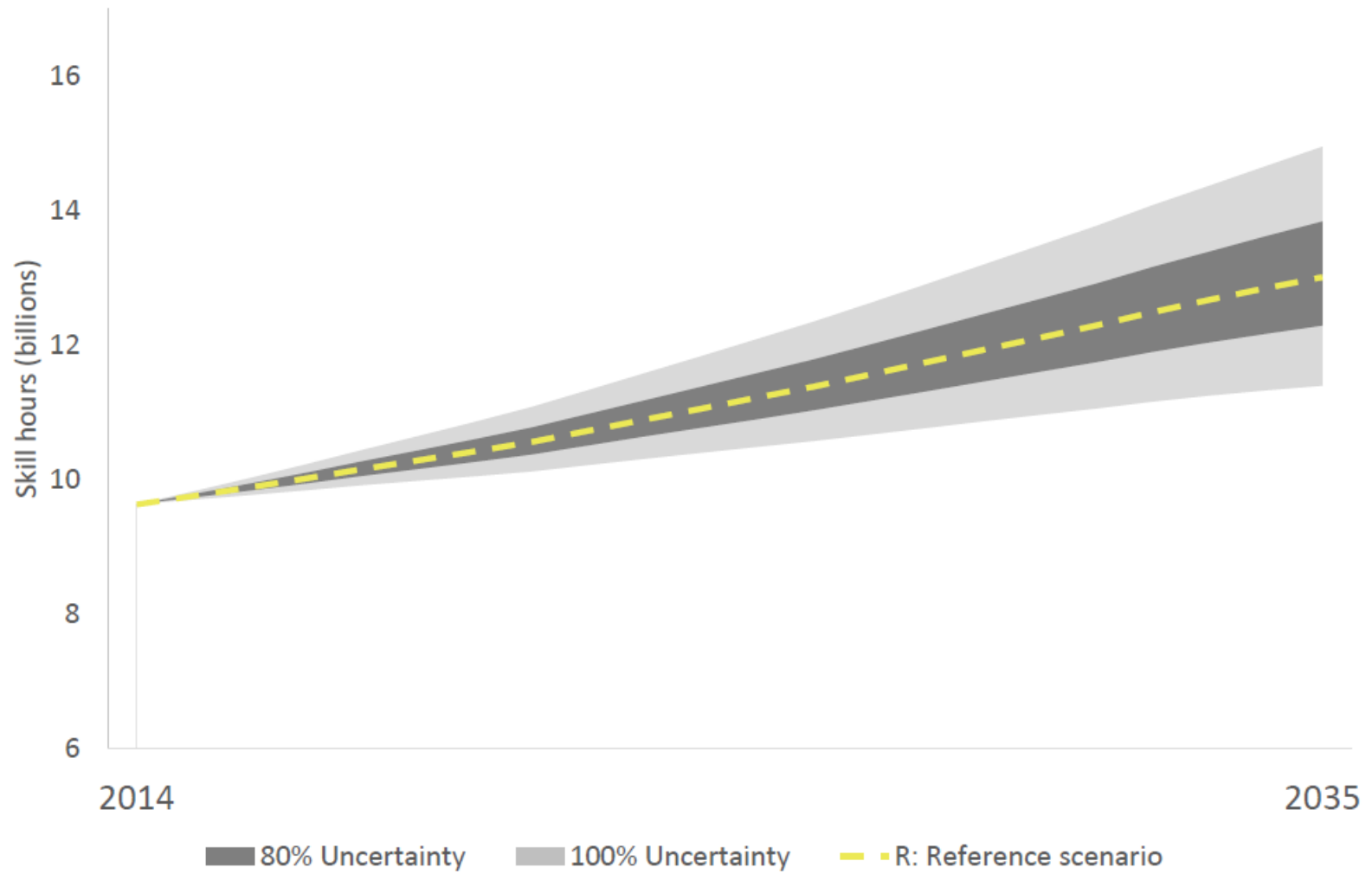
This is an overview of the scenario 'Enterprising service users' in which high levels of self-care in the population, widespread adoption of technology across the system, a positive economic environment and low levels of workforce flexibility combine to produce highly specialised, yet fragmented, services. The CfWI uses scenarios to consider different futures. Stakeholders involved in the CfWI's Horizon 2035 programme have created six high-impact, challenging but plausible scenarios. They are designed to be tools that aide the testing of future thinking based on the decision-making happening now. These scenarios are not statements of policy or how we or our stakeholders expect the future to unfold.



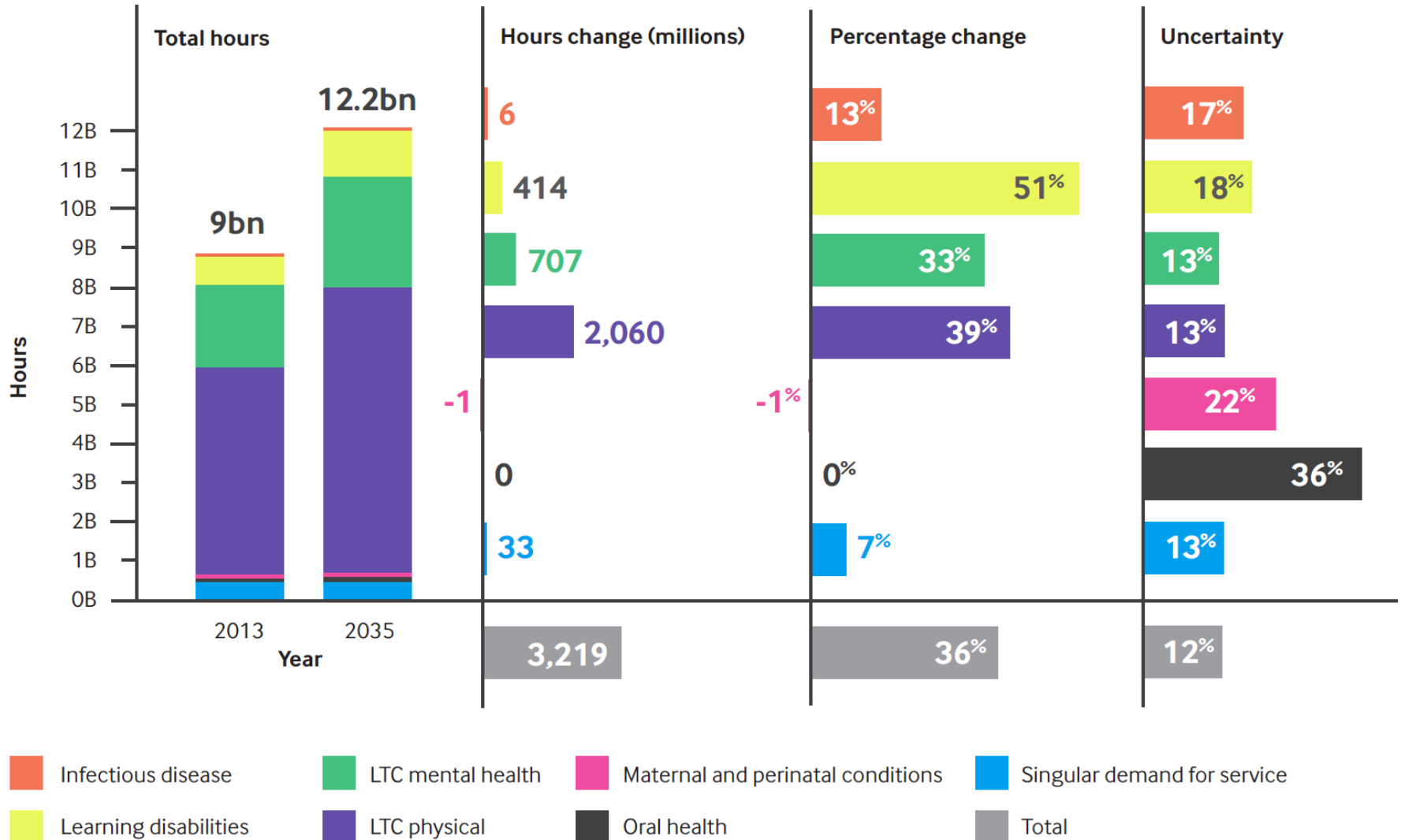
# Total skill hours (bn) for paid workforce



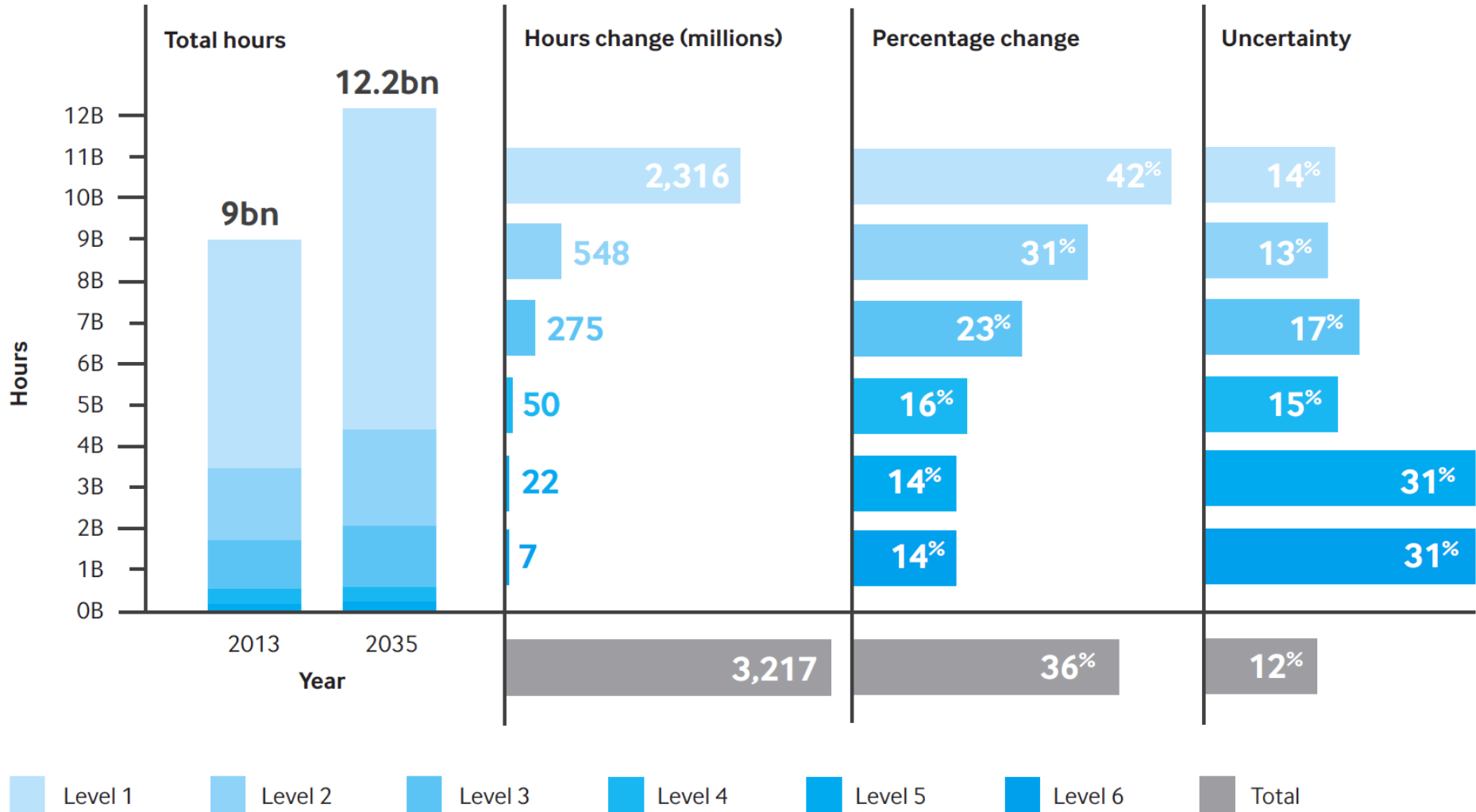
# Total skill hours (bn) for whole system



# Significance of LTCs and NCDs



# A different skill profile



# Impact and policy developments

This study has highlighted the future skills implications for England's health and care system, recent HRH developments include:

**Expansion of nurse, midwife and allied health professional training places and funding - increase of 10,000 by 2020**

**Expanding medical education to train up to 1500 extra doctors each year (+25%)**

**£1.3 billion to transform mental health services and to expand the mental health workforce with 21 000 new posts by 2020–2021**

**Creation of new roles, such as nursing associates and physician associates**

# Impact and policy developments



## Future skills and competences of the health workforce in Europe

The horizon scanning team carried out an investigation into the driving forces affecting the future skills and competences of the health workforce and their implications.

<http://portal.healthworkforce.eu>



**Motivation**

In England, over 15 million people (out of a total population of 55 million) were recognized as suffering from one or more long-term conditions in 2015; they are therefore one of the major sources of demand for health and care services (Department of Health, 2015). During the next decade, this number is set to increase further, with an increase in the proportion of people who have three or more conditions at the same time. Such increases in population demand have significant implications for the future requirements for human resources for health in terms of numbers and skills.

**Key Messages**

- Investigation of skills and future demand for the health system can reveal new ways of thinking and planning.
- Small annual changes in demand can add up to larger changes over time requiring major shifts in the skills and competences of the health workforce.
- It is important to understand the context of the system to be investigated, ensuring that the appropriate scope, level of enquiry and methods are selected.
- It pays off to experiment with a range of techniques and approaches to accommodate variation in systems.
- Ensure that stakeholders are involved at every stage of the workforce review, including modelling and validation of variables.

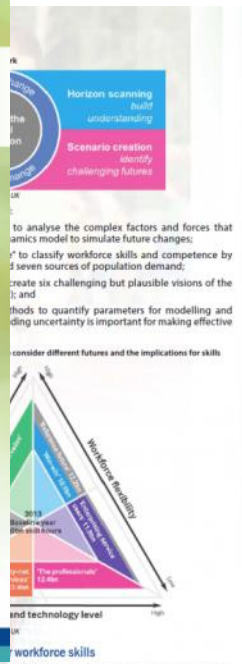
**Projecting future demand for health and care skills**

The overall purpose and aim of the Department of Health in England is to help people live better for longer. This includes overall responsibility for planning for existing and future challenges to meet the health and care needs of our population. Planning the workforce is a key aspect of this. In 2015, the Department published the results of research from the Horizon 2035 programme (Centre for Workforce Intelligence, 2015) concerning future demand for skills and competences of the health and care workforce. Broad categories of the roles and responsibilities for different workforces were defined, and future changes in the demand were explored in six challenging scenarios.

**Approach**

The research was based on the robust workforce planning framework (fig. 1), which includes extensive stakeholder engagement and a mix of qualitative and quantitative approaches to investigate multiple plausible futures and simulate interventions to inform policy decisions (Centre for Workforce Intelligence, 2014).

1 Matt Edwards, Head of Horizon Scanning and International, Workforce Information and Analysis, Department of Health, United Kingdom.



<http://portal.healthworkforce.eu/>

December 2017  
[www.euro.who.it](http://www.euro.who.it)

- workforce skills
- After extensive mapping of workforce skills (Fig. 3) and quantification of population health demand, the model included the following parameters:
- population growth:** changes in population size due to projected births, deaths and net migration;
  - population ageing:** change in population size and level of activity associated with each age group for different sources of demand;



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# Thank you

# Questions welcomed

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