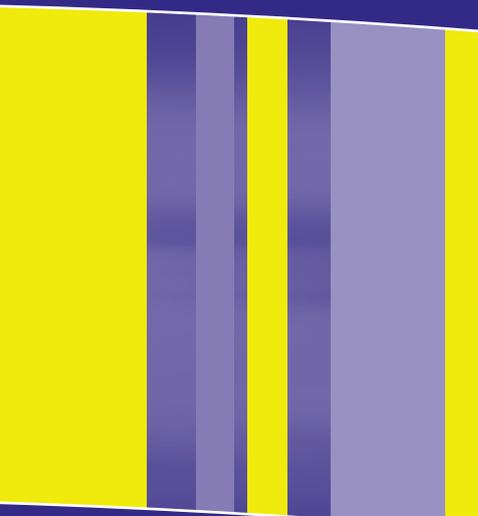


Sector Skills Agreement for Health Executive Summary (Scotland)

DELIVERING A FLEXIBLE WORKFORCE
TO SUPPORT BETTER HEALTHCARE
AND HEALTHCARE SERVICES



Sector Skills Agreement

better **skills** ■ better **jobs** ■ better **health**

Sector Skills Agreement for Health Executive Summary (Scotland)

Introduction

This executive summary outlines the main features of the first Sector Skills Agreement for health. The Sector Skills Agreement promotes a strategy for transforming the skills of the workforce to support improved services for patients and the population. It is strongly supported by Ministers, Government Departments, employers, Trades Unions and other key partners.

The major strategic aim of the SSA is to:

Raise the quality of health and healthcare for the public, patients and service users throughout the UK – through a skilled and flexible workforce based on nationally recognised competences.

Changes in the health sector driving changes in the demand for skills and learning provision

The demand and need for health and healthcare services is changing rapidly in response to the key drivers of:

- An ageing population, with implications both for the health care workforce and future service demands.
- The growth in chronic diseases and long term illness.
- Increasing emergency hospital admissions.

As a consequence, the provision of services is also changing with:

- An increased focus on public health.
- Greater responsiveness to the population's needs and expectations.
- More use of patient pathways, multi-professional and multi-disciplinary working.
- More diversity in and a changing balance between community and hospital based services.
- The introduction of new technologies.
- Organisational change and the need for increased productivity.

At the same time workforce changes are focused on:

- Reforming and Modernising Medical (MMC) and other health professional careers.
- Agenda for Change (AfC) pay reform in the NHS with an associated Knowledge and Skills Framework (KSF).
- Addressing the implications of the European Working Time Directive 2008/9 (EWTD) and the impact of an ageing workforce.
- The requirement for new and extended roles.

Parallel reforms in the education sector are geared towards:

- Promoting greater responsiveness and innovation in the delivery of learning.
- The need for more seamless progression pathways and recognition of work – based learning.
- Lifelong learning, literacy, numeracy and IT skills policies – with emphasis on unlocking the potential of many people and ensuring continued employability through access to continuous learning and development opportunities.

What the health Sector Skills Agreement (SSA) seeks to achieve

In the light of these changes, the SSA for health brings together a coherent strategy based on consensus across the sector and the UK to develop a flexible workforce based on nationally recognised competences.

The SSA aim embodies Skills for Health’s purpose – to help the whole sector develop solutions that deliver a skilled and flexible workforce to improve health and healthcare. The SSA will help secure this through a series of UK wide and country specific agreements with partners across the sector.

The six strategic objectives for the SSA on which partner agreements are based, have been developed and reinforced through extensive consultation with the sector.

They are summarised below:

1 – Progress the development of a UK-wide system of nationally recognised competences.
2 – Establish modern and consistent qualification and quality assurance frameworks and assessments.
3 – Develop common UK workforce data systems and information.
4 – Promote innovative skills development solutions.
5 – Develop mechanisms to strengthen employer commitment and engagement with the skills agenda.
6 – Strengthen partnership working.

Partnership and commitment to the aims and objectives of the SSA will help ensure:

- Recognition of the sector in **realising the potential and increasing the productivity of its workforce.**
- Employers more directly **influencing investment in, and commissioning of the supply of skills**, to support their organisational goals and priorities.
- **Employees accessing more innovative learning provision**, responsive to their needs and the needs of staff, encouraging wider participation, supporting lifelong learning, employability and recognition of achievement for the whole workforce.

The action agenda set out in this SSA executive summary establishes the basis for the ***beginning of a long term development*** through key agreements which will need to adapt and flex as the sector's systems, service and workforce policies, market conditions and structures evolve. For details on the agreements see section 5 in the main SSA Stage 5 Action Plan for Scotland. A summary of the key stages, findings, issues, agreements and partners is included below.

SSA key Stages

The five stage SSA process has covered an assessment of current and future skills needs:

Stage 1: a review of existing education and training supply.

Stage 2: an analysis of gaps between supply and demand and the development of a 'Case for Change'.

Stage 3: an assessment of the scope for collaborative action by employers and other stakeholders to help tackle skills deficits.

Stage 4: development of the SSA action plan.

Stage 5: leading to a series of major agreements with key partners.

Each stage has been interactive. Skills for Health has engaged employers across the NHS, independent and voluntary parts of the sector together with delivery partners and wider range of stakeholders. This has happened through specific consultation events, workshops and extensive gathering and publication of quantitative and qualitative evidence and intelligence.

The results and reports of our earlier stages can be accessed on www.skillsforhealth.org.uk

Headline findings and implications

Quantitative analysis undertaken in Stages 1 and 2 showed that the healthcare workforce has grown significantly in recent years to about 2 million people, and that compared with other sectors of the economy, the workforce is highly educated and professionally qualified, but increasingly dependent on part time workers and females. However, there are significant internal competence gaps.

Historical evidence masks a significant gap in developing the competences of the still large proportion of the workforce that is neither qualified nor educated to at least degree level. It also does not highlight the need for more flexible career development pathways for healthcare professionals. Qualitative evidence and intelligence confirms that employers will require a more flexible workforce in the future based on agreed and **nationally recognised** competences required to deliver patient care. Whilst the SSA reflects action across all parts of the workforce, developing the competences of staff without a degree or professional qualification is a major cornerstone of the agreements in place.

Stage 3 of the SSA explored the main strategic drivers affecting the healthcare workforce over the next few years; and how they combine to inform ‘the Case for Change’. To support this, modelling work relevant to the NHS, voluntary and independent parts of the sector in England has begun to explore how quickly change might be achieved. This includes the consequential impact on education commissioning decisions by Government and employers through the substantial investment currently spent on educating, training and developing the sector workforce.

The convergence of known strategic drivers has led to the development of the key theme of the SSA – that healthcare employers require a more flexible workforce underpinned by a workforce planning approach that examines the competences required rather than just relying on the ‘traditional’ job roles of the present and past. The diagram below illustrates this:

Convergence of strategic drivers



Themes informing overall SSA solutions, objectives and agreements

The SSA is a UK-wide strategy – as are the strategic drivers illustrated above. However, there are crucial differences between the four UK countries; not just in context and cultural terms; but also in structural, institutional, legislative and policy terms. Whilst a single set of solutions for the UK is not appropriate there are many common elements including:

- The development of a strategic direction based on a more flexible workforce and supported by robust workforce planning.
- The strategic direction developed in the context of modern pay, career, qualifications and regulatory frameworks. Some of the requisite modernisation has already occurred – but much more needs to be done.
- The development of models, which whilst pointing in the same direction; contemplate different paces at which change could be delivered. This is to take account of the different situations within each country.
- An assumption that in the longer term, (10 – 20 years ahead) a significant percentage of jobs in the sector would be in ‘new roles’ underpinned by the appropriate competences. Work is underway to arrive at an initial assessment of this percentage, the period over which it could be achieved and the need to build in review and revision as changes in the sector evolve.
- An expectation that many of the new roles would be at Band 4 level in the NHS ‘Agenda for Change’ pay system – including ‘Assistant Practitioners’ and similar roles. This would be the main vehicle for driving up the competence base of the workforce that is currently underdeveloped. However, this development will also need ensure that a ‘career progression’ strategy is applied so that staff who begin in ‘starter jobs’ can be developed to make the most of their talents within a more flexible workforce.
- A flattening in the current demand for professionally qualified staff in ‘traditional’ professional roles. This would be partly offset by further ‘new’ roles for healthcare professions based on national and locally determined service priorities across the sector. There would be key opportunities for professionals to develop competences according to the needs of patients and in response to the strategic drivers and policy priorities in each country. Some would develop their competences within their existing professions. Others would acquire competences that crossed traditional boundaries with a more consistent development of ‘Advanced Roles’.
- An assumption that whilst short and medium terms actions can be put in place now, workforce transformation will take ten years or potentially longer to achieve. This is to ensure that implementation is planned and phased effectively, without destabilising capacity and capability during and following a transitional period.

To achieve the vision of workforce transformation encompassed in the SSA, a number of agreements have been established. They cover the objectives identified from earlier SSA stages and involve a multiplicity of delivery partners and stakeholders. Agreements are both UK wide and country specific, reflecting each country's policy contexts, systems, organisations and bodies.

The key stakeholders and partners to the agreements (or plans to achieve agreements) include:

- Employers (including employer bodies) in the four countries.
- Government Departments.
- Trades Unions.
- Education commissioners and funding bodies.
- Education providers (including representative bodies).
- Statutory and regulatory professional bodies (principles for partnership working).
- Education regulatory bodies.
- Quality Assurance bodies (principles for partnership working).
- Other key stakeholders including professional bodies and external partners who are critical to the success of the SSA in its early stages and in terms of implementation and impact evaluation.

Already in place or in progress as integral elements of linked agreements is:

- A UK wide workforce competence framework – the building blocks for workforce change and skills development – with interactive tools and applications for employers and organisations to use and draw from in re-thinking their workforce – with case studies of the benefits of this approach in practice locally.
- An emergent Sector Qualifications Strategy and an associated health sector careers framework – ensuring new role developments areas are recognised through appropriate career pathways and aligning with the Scottish Credit and Qualifications Framework (SCQF).
- A UK wide set of principles for Quality Assurance to support quality enhancement, based on the sharing of good practice.
- A revised Skills for Health Board and Council structure which strengthens direct employer engagement in the skills agenda – with plans to further develop this through existing networks in Scotland.
- Plans for strengthened partnership work between NHS Education for Scotland and Skills for Health on key priorities essential to 'Delivering for Health'², HDL(2006)36³ and the NES' Education and Training Plan – key areas include:

² HDL(2006)12 Scottish Executive Health Department.

³ HDL(2006)36 Scottish Executive Health Department.

- Tackling health inequalities including anticipatory care.
 - Diagnostic services.
 - e-Health.
 - Remote & Rural Healthcare.
 - Unscheduled care.
 - Managing Hospital Admissions/Planned Care.
 - Mental Health Services.
 - Care for older people.
 - Long-term conditions.
 - Child and Maternity Health.
 - Tertiary paediatric care.
 - Neurosciences.
 - Clinical Skills Strategy.
 - Out of hours services.
- A UK-wide labour market intelligence conference and workshop to appraise and develop mechanisms for the improved production and utilisation of workforce data and information.

The Agreements

UK Framework Agreements

- Employers.
- Government Departments (Health and Education).
- Universities UK (via the UUK Health Committee).
- Trades Unions (affiliated and non-affiliated).
- QA bodies (principles of partnership working).
- Qualification Regulatory bodies.
- Statutory and Regulatory professional bodies (proposed areas of partnership working).
- UK health sector workforce planning/LMI bodies/agencies.

Scotland Specific Agreements

- Scottish Executive Health Department.
- Scottish Funding Council.
- NHS Education for Scotland.
- Scottish TUC (Partnership Forum).
- Scottish Qualifications Authority.
- Scottish Enterprise.
- Highlands and Islands Enterprise.
- Learn Direct Scotland.
- Job Centre + Scotland.
- Careers Scotland.

Agreements to be completed in Autumn 2006/Early 2007

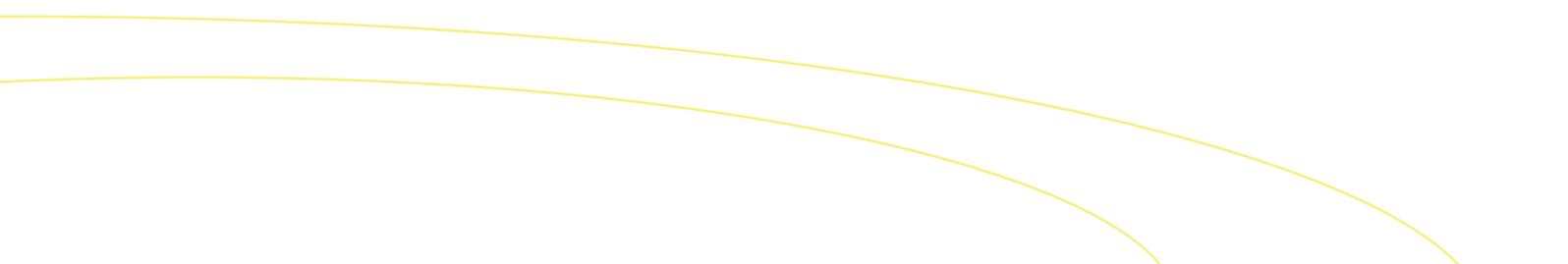
- HE/ FE Providers in Scotland.
- Professional bodies (Health sector).
- Other relevant partners.

Process in development to map and align these agreements nationally through Autumn 2006/Early 2007.

Implementation

Successful implementation depends on action at national, regional and local levels. The SSA is therefore crucially dependent on local healthcare and education organisations working together over a sustained period to deliver the degree of change envisaged. Full plans for implementation are detailed in section 8 of the main SSA stage 5 action plan for Scotland.

Skills for Health will be coordinating a series of sector events in Scotland in 2006/7 to share and disseminate the SSA and support the development of local plans for implementation. We will also be pursuing how the SSA can become an integral part of performance management systems. Most importantly, although there are many quick wins in terms of new developments and actions, the SSA is about the long term – not the short term. The SSA sets out a strategic direction which will tackle the consequences of known strategic drivers on a coherent and sustainable basis. The resulting action plans at both national and local level will need to build on UK wide ‘framework agreements. Through impact evaluation, quarterly and annual monitoring systems we are building into the process, they will need to demonstrate tangible and measurable benefits in the short to medium term.





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