Determinants

Intervention characteristics
Source: OHID/NHSE (0)
Evidence-base:
- Previous collaborative reports by NTA/PHE on workforce and workforce plan and guidance by HEE
- Evidence base is not substantial; existing evidence is primarily based in Australia or the broader healthcare workforce

Adaptability: LA/CDP/Service adapt at local level for planning, staff training and development, and recruitment (^)
Complexity: Large range of roles and settings in scope for different products of the workforce transformation programme (WTP)
Design:
- Ease of use/comprehension of different products from WTP
- Need for supervisors before less experienced staff (accurate sequencing of recruitment) (^)
- How funding is used – i.e. used for 'new' roles rather than more staff in same roles

Cost:
- Cost to LA/Service versus funding received (^)
- Time cost in recruitment (^)
- Relative costs of headcount versus skillset (^)
- Cost of gain/loss in experience when staff join/leave (^)

Inner setting (LAs and services are in this geographical space)
Physical: Physical integration of staff into services as well as co-location of services (^)
Work: Caseloads (^); staffing levels (^); team responsibilities (^); managerial capacity (^)
Relational connections:
- Degree of formal/informal relationships and networks within and across job roles (^)
- Relationships and integration between treatment and recovery services (^)
- Supervision and leadership (^)

Communications:
- Degree/quality of formal/informal information sharing practices within/across job roles (^)
- Identification of training opportunities (^)
- Job roles are well-defined, supported and communicated (^)

Culture:
- Attitudes to the best way to support people (^); recognition of value of a heterogeneous workforce (^); shared values (+); imbalance of power across job roles (-); stigma (-) or acceptance (+) attached to lived or living experience (LE) (-); acceptability of the role of LE within systems of care (^)

Tension for change:
- Acknowledged need to improve recruitment/retention of workforce (+)
- Acknowledgement that short-term funding -> short-term contracts -> instability for workforce/service (-)
- Sector in cycle of frequent re-tendering -> lack of stability (-)

Mission alignment:
- LA/CDP/Services serve same community (+) although goals vary (^)

Incentives: Continued funding
Access to knowledge/information:
- Access to, or facilitation of, training opportunities (formal/informal) for staff (^)

Characteristics of individuals
High-level leaders: DHSC/OHID, NHSE, National Workforce Skills Development Unit staff (0)
Mid-level leaders: LA leaders/councillors (^)
Opinion leaders: Academics (+/-); CLERO (+)
Implementation facilitators: Relevant royal colleges (+); LA commissioners; training and education providers; Higher Education Institutions (^)
Implementation lead/team: LA commissioners (^); service providers (^)
Other implementation support: Training providers (+); roles adjacent to intervention (e.g. GPs)
Intervention recipients: People who provide services to people who use alcohol and/or other drugs and are in treatment and recovery or in contact with services (0)

Outer setting (OHID and NHSE are in this geographical space)
Local attitudes: Recognition of need for more resilient workforce (i.e. high retention, training) (+)
Local (national) conditions: Current government priorities; short-term funding -> short-term positions offered (-)
Partnerships & connections: Connections within government and with LAs/CDP/Services (^)
Policies & laws: From Harm to Hope strategy (+); LA delivery plans (+); 10-year Workforce Strategic Plan (+); Capability Framework (+); differences around policies in third sector vs NHS (-)
Financing:
- Drug strategy treatment and recovery investment (+/-); SSMTR (+); Public Health Grant (0); annual allocation of funding makes planning challenging (-)

External pressure:
- Performance – recruitment targets established at national level for reporting (+)
- Other funding priorities (-)
- Drug- and alcohol-related death statistics annual reporting (-)
- Increased demand due to other initiatives to increase uptake/retention of people in treatment and recovery (^)
- Tension of competing roles in other areas of the NHS/sector (^)
- Alcohol and/other drugs sector not integrated into wider health and social care workforce planning (-)
- Stigma towards staff and people who use alcohol and/or other drugs and its reflection in policy (-)

Implementation strategy
Teaming: Structures to successfully recruit, onboard and train staff
Planning: Milestones, goals and measures set out on LA plan for workforce (+)
Tailoring strategies: Local areas conducting needs assessments and strategic plans (^)
Engaging: Create career pathways for prospective workforce members (+)
Reflecting & evaluating:
- Data on workforce members recruited and retained collected and used to improve commissioning, policy and service delivery (^)
- Regular review of local delivery plan by LA

Implementation activities

OHID/NHSE
Workforce planning:
- WTP products developed and disseminated by OHID and NHSE, e.g. Strategic plan

Career development:
- WTP products developed and disseminated by OHID and NHSE, e.g. Capability Framework
- Develop training programmes
- Standardise and accredit the role of alcohol and/or other drugs workers

Recruitment:
- Marketing/Communications (OHID)
- Training (NHSE)
- Develop pipeline for regulated professionals entering the system

LA/Service
Workforce planning:
- Commitment to increase workforce numbers
- Plan increasing psychology and psychiatry numbers
- Use OHID/NHSE WTP products to plan workforce requirement

Career development:
- Use money from Menu of Interventions/funding streams for the recruitment/additional roles.
- Implement training and career development for workers
- Retain and upskill workforce

Recruitment:
- Targeted recruitment and outreach into universities/HEI
- Recruitment campaigns for local areas
- LA/CDP/Services to recruit and train required workers
- LA/Services conduct pay reviews

Outcomes

Outer setting (OHID/NHSE)
Implementation:
- Workforce census and staff survey findings available
- WTP products published and promoted
- Specialist training opportunities available
- Expansion of training placements in the sector
- Standardise and accredit training

Sustainment:
- DHSC/OHID continues with deliverables beyond 2024/25
- NHSE continues beyond 2024/25 as part of the workforce plan commitment

Reach:
- LA/Services use WTP products
- Increased number of staff that take up specialist training opportunities
- Provide expansion targets for workforce and provide support to LA/services in expansion

Inner setting (LA/Service)
Adoption:
- LAs/Services incorporate and use OHID/NHSE WTP products as intended
- LAs opt to use Menu of Interventions to recruit required roles for local area
- LA/Services establish accreditation within training

Implementation:
- WTP products used
- Services take up training for staff
- Careers website used for recruitment

Sustainment:
- LA/services continue to use WTP deliverables beyond 2024/25
- Roles are retained beyond 2024/25

Reach:
- Existing staff engage with training
- Collectively recruit targets outlined in the Drug strategy

Mechanisms

Directive:
- LA/services provide training to workforce

Organisational:
- Reducing caseload of current staff due to workforce expansion
- Training of workforce
- Changed structure of workforce through recruitment of additional staff

Informational:
- Data on workforce collected, analysed and used for improvements in commissions, service provision and policy

Stakeholder:
- Drug strategy highlights need to expand and retain expertise within workforce

Lateral:
- Inter-organisational interactions between LA/CDP, workforce roles and systems of care
- Cross-provider collaboration on recruitment and harmonisation of pay and conditions

Systemic:
- Workforce input and feedback into national policy for improved services and job satisfaction

Support OHID/NHSE to make longer-term decisions about education and training of workforce

Recipient (Staff)
Effectiveness:
- New workers take up positions
- Existing staff stay in sector
- Improved role definition
- Improved capability and capacity
- Improved career development and career pathway
- Sufficiently trained staff working within capabilities of role

Penetration: Staff targeted by WTP deliverables are aware of, and benefit from them
Maintenance: Staff continue to engage with training and development opportunities
Recipient-focused:
- Quality of life, mental/physical wellbeing, burn-out, compassion, resilience, job satisfaction, co-worker and managerial support, work culture, renumeration, benefits, career progression

Individual (recipient) modifiers

- Job role
- Length of time with current service
- Length of time in the sector
- Motivations for job/role
- Current workload and/or local workforce size
- Relationship with colleagues
- Employer
- Part-time or full-time
- Permanent or fixed-term employment (or voluntary)
- Socio-demographics
- Whether the employee has lived experience
- Available career development pathways
- Feeling valued
- Pay and renumeration
- Alignment of skills and qualifications
- Professional background
- Personal background/experiences

Impacts

Intermediate (recipient:staff):
- Improved recruitment and retention across all roles
- Trained workforce and sustainable pipeline of registered roles
- Improved quality of care and job satisfaction
- Consistent competency in alcohol and/or other drug roles
- Improved supervision and consistent and improved leadership

Long-term (societal):
- Reduction in unmet treatment and recovery support need
- Increased number initiating and sustaining recovery
- Reduction in alcohol and/or other drug use
- Improved health and wellbeing of individuals, families and communities

*There will be many other factors influencing these societal impacts

Annex B.
Implementation research logic model for the workforce transformation programme

Key: (-) = negative (+) = positive (^) = both positive and negative

Factors that influence employees' perceptions and experiences of working within the treatment and recovery sector in England

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