NHS
Wiltshire
Clinical Commissioning Group

Final Draft
October 2019

Wiltshire Integrated Health and Social Care Place-based People Strategy

"One workforce across Wiltshire providing high quality, person centred care"

2019 - 2024

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Appendices

1.0 Executive summary

The Wiltshire Integration Board (WIB) has given Wiltshire a renewed impetus and opportunity to transform care by working in a more integrated way. Our existing and future health and social care workforce will be integral to delivering health and care services to people across Wiltshire. In order to make this happen this is the first place-based integrated workforce strategy developed with key partners across health and social care.

This 5-year strategy seeks to address a multitude of challenges from the long-standing difficulties in ensuring a safe supply of health and social care professionals to the task of supporting new models of care that rely on new ways of working using a change in skill mix and a change in leadership and culture. This strategy places a strong emphasis on tackling fundamental problems of workforce planning within health and social care.

Earlier this year, the Wiltshire Workforce Group (WWG) was established with key stakeholders from across health and social care. Through this group, key workforce priorities have been identified and further developed into actions that the WWG will take responsibility for delivering. In addition, we have agreed the work plan for year 1 (section 8) which will put us in good stead for delivering the intended outcomes of the strategy.

Key Priorities are:

Integration	**Recruitment & retention**	**Organisational development**	**Workforce planning, education, training and development**
Develop the workforce to be fully integrated to support key priorities across Wiltshire and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.	Attract, recruit and retain appropriately skilled and experienced staff to ensure the provision of high-quality services.	Strengthen the leadership and management development, ensuring appropriate plans are in place to support talent management and succession planning.	Work towards developing an integrated workforce plan to support key priorities across Wiltshire. Through learning & development, build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

2.0 Introduction and context

The Wiltshire health and social care system plans for a healthier future of high quality, person centred and proactive care, which is better co-ordinated and improves outcomes to people who use our services.

The purpose of the Wiltshire Integrated Health and Social Care Place-based People Strategy (the strategy) sets out our approach to ensuring we have a workforce that delivers care at the right time; in the right way; in the right place; by the right person, with the right skills.

The strategy will:

- Define where we are now
- Explain why we need to change
- Describe where we want to be in 5 years' time

The strategy identifies Wiltshire's collective priorities for the next 5 years that supports delivery of the model of health & social care, and the expected outcomes during the life of the strategy is that we:

- Work towards being fully integrated to support key priorities across Wiltshire and enhance the skills, knowledge and experience across all staff groups and disciplines, developing new integrated roles.
- Attract, recruit and retain appropriately skilled and experienced staff to ensure that provision of high-quality services.
- Strengthen the leadership and ensuring appropriate plans are in place to support talent management and succession planning.
- Work towards developing an integrated workforce plan to support key priorities across Wiltshire.
- Through learning and development, we will build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

By delivering these outcomes, we expect to create a future workforce that is flexible and fully equipped with the appropriate, skills, knowledge and resources to deliver high quality health and social care in sustainable numbers. The priorities set out in section 8 will support delivery of these outcomes.

To further succeed in delivering the strategy we recognise that we need to take steps to create a collaborative and trusting culture that enable staff to work in different ways. We anticipate that by delivering the identified priorities this will move us further on our journey towards integration of "One workforce across Wiltshire providing high quality, person centred care".

The publication of the Long-Term Plan sets out that the NHS and partner organisations will be moving to create Integrated Care Systems (ICSs) by April 2021. ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. It is

envisioned that through ICSs, commissioners will make shared decisions with providers on population health, service redesign and the Long-Term Plan implementation.

Improving the shape and size of our current and future workforce is crucial to closing the gap in relation to health and wellbeing, care and quality, and finance and efficiency, as well as meeting the objectives of the Long-Term Plan. The drivers for change discussed in section 5, highlights a range of challenges facing the health and social care system, these include: high vacancy levels, skills gaps across many specialties and disciplines, difficulty moving staff and resources across traditional organisational boundaries to address workforce needs, and the geographical difficulties faced within the County.

Wiltshire is part of the BSW STP and whilst as an STP system we are taking steps to address workforce matters, this strategy specifically focuses on place-based workforce issues recognising that it is 'business as usual' for Wiltshire employers to deliver on their own workforce strategies.

The strategy will continue to evolve over time as lessons are learnt, new opportunities arise, and new challenges emerge.

3.0 Stakeholder engagement

The Wiltshire Integration Board (WIB) and the Wiltshire Health and Wellbeing Board endorsed the development of the Wiltshire People Strategy. Following this, the Wiltshire Workforce Group (WWG) was established – a sub-group of the WIB. The WWG was founded to provide the opportunity to shape the strategy and identify challenges as well as what should be prioritised in formulating the action plan. The group has been formally meeting since February 2019, chaired by the Director of Nursing, NHS Wiltshire Clinical Commissioning Group and the Director of Adult Care Operations; Access and Reablement.

The members of the WWG are:
Avon & Wiltshire Mental Health Partnership NHS Trust
GP Alliance
NHS Wiltshire Clinical Commissioning Group
Salisbury NHS Foundation Trust
Virgin Care
Wiltshire Council
Wiltshire Care Partnership
Wiltshire Health & Care

4.0 The current picture

Health and social care across the UK is suffering an acute workforce shortage, adversely impacting on quality, access, morale and costs. In addition, the workforce will face significant drivers for change including the ageing population, opportunities for technology and genomics, and changing

expectations of people. Appendix 1 provides more information global and national picture.

Across Wiltshire we are seeking to address health inequalities, by transformational change and integration, to meet the changing needs of the local population, to strengthen a thriving organisational culture, to sustain the needs of people, safety, satisfaction and choice at the heart and to succeed in financial sustainability. The way in which this can be achieved is by Wiltshire coming together to develop and deliver sustainable and transformational plans. The new health and care model is the key programme of change that will help us achieve our aims and objectives.

It is known that there is a shortage of young people coming into the care sector. Research has suggested that training providers should provide more information on what qualifications and courses are available, including grants and financial support; and offer better funding, especially for those people that have already achieved baseline qualifications but want to change occupations.

We need to recruit and retain skilled workers in various disciplines to work in areas of the greatest demand, e.g. general practice, mental health, older people and care homes.

Skills shortages and replacement demand (due to retirement) will increase, and the need to source significant labour across a range of occupations, for example, in nursing and social workers.

Issues that have been identified affecting our existing workforce, and impacting on our ability to attract, recruit and retain staff are:

- Cost of housing and shortage of affordable housing, particularly in the South of the County
- Lack of public transport
- Low unemployment in Wiltshire – 2.8%
- Working patterns: evenings, weekends
- Pay for unqualified workers, e.g. in comparison to retail, Aldi pay higher hourly rate than most care providers – Wiltshire Care Partnership finds it difficult to attract new workers into the care sector at all levels, and particularly attracting entry level staff into direct caring roles.
- Perception and status of social care
- Lack of career paths or understanding of them in social care
- Affordability of driving lessons and owning a car

The Wiltshire health and social care economy needs to continue to build a clear narrative around the current and projected workforce. This narrative will help engage the public and staff in the planned redesign of care models, as well as permitting challenge and engendering discussion. It is also vital in developing strategies to ensure that we have the right staff available in the right numbers to meet the future needs of people. Wiltshire health and social care is moving towards creating a shared narrative around the current and projected workforce. Appendix 2 provides an analysis of the workforce.

5.0 Key drivers for change

As well as the issues described in the previous section, there are other key drivers for change:

5.1 The Long-Term Plan

The Long-Term NHS Plan (the Plan) discusses 'doing things differently'. It sets out that we will encourage more collaboration between GPs, their teams and community services as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems'.

1.3 million staff are working across the NHS and in NHS-commissioned services. In Wiltshire we have around 18,700 people providing care across health and social care. The interim People Plan acknowledges that we cannot continue to act in the same way, as this will not be enough. We know that the demand for health and social care services are increasing as a result of a growing and ageing population and the advancement of medical science. To meet the demand, we will need more people working across most disciplines in health and social care, and in some cases the introduction of new roles, yet to be fully defined.

There are a considerable number of factors that will require a change in the workforce, with the recognition as reflected in the Interim NHS People Plan that we cannot continue to act in the same way, as this will not be enough. We know that the demand for health and social care services are increasing as a result of a growing and ageing population and the advancement of medical science. To meet the demand, we will need more people working across most disciplines in health and social care, and in some cases the introduction of new roles, yet to be fully defined.

5.2 The Interim NHS People Plan

The interim People Plan sets out the vision for people who work in the NHS to enable them to deliver the NHS Long Term Plan and focuses on the immediate actions we need to take to address in some cases long standing people concerns. Five key priorities have been identified:

- Make the NHS the best place to work: We must make the NHS an employer of excellence – valuing, supporting, developing and investing in our people.
- Improve our leadership culture: Positive, compassionate and improvement focused leadership creates the culture that delivers better care. We need to improve our leadership culture nationally and locally.
- Address urgent workforce shortages in nursing: There are shortages across a wide range of NHS staff groups, However, the most urgent challenge is the current shortage of nurses. We need to act now to address this.

- Deliver 21st century care: We will need to grow our overall workforce, but growth alone will not be enough. We need a transformed workforce with a more varied and richer skill-mix, new types of roles and different ways of working, ready to exploit the opportunities offered by technology and scientific innovation to transform care and release more time for care.
- A new operating model for workforce: We need to continue to work collaboratively and to be clear what needs to be done locally, regionally and nationally, with more people planning activities undertaken by local integrated care systems (ICSs).

5.3 Labour Market

NHS and social care workforce planning takes place within the context of local labour markets. While the competition for more senior and specialist roles across many disciplines maybe within a regional or national market, recruitment to more junior, trainee and support roles may compete with other local employers in a local labour market. This is particularly so for social care.

Demographic trends show that the demand for social care will grow and that individual care needs will become more complex. Pressures and demands on services are increasing but the number of people working in care is not meeting this need. A number of key reasons for this are: poor image, pay, lack of awareness of careers in the sector, view that is not rewarding but demanding and many more. Appendix 3 provides an in-depth analysis of the labour market.

5.4 Housing market

Housing costs, and the availability of suitable accommodation, are key factors in recruitment and retention of staff. Median private property prices have risen, as detailed in Appendix 3.

6.0 Wiltshire model of care

The Wiltshire Integration Board adopted the ten ‘Components of Care’ for improving care for people of all ages in Wiltshire. The WWG will align its strategy with this model of care.

To deliver the new model of care, the nature of the workforce needs to change. Existing teams will need training and development to work in new environments, while new team members need to be identified to deliver seamless care for our people. The vision for new models of care requires a strong workforce enabler. Every commissioning and delivery plan will need to outline the source of the workforce required to deliver it and proceed with a recruitment and retention strategy.

Integrated care models require deploying the workforce to support a seamless journey for the person. This will require getting our workforce to follow the person rather than the person follow the workforce. Seamless handover,

shared information, technology that supports our workforce to deliver care and sustained multidisciplinary team building will be required to create compassionate care closer to home.

The care model will make better use of staff time, because better processes mean less administrative activity and less rework. The model will also reduce non-elective demand by better responding to the needs of the person within local communities, avoiding the need for admission.

As Wiltshire is part of the BSW STP footprint, we are also aligned to the transformation plans for mental health, maternity and older people. This is described in more detail in Appendix 4.

6.1 What we spend on health and social care

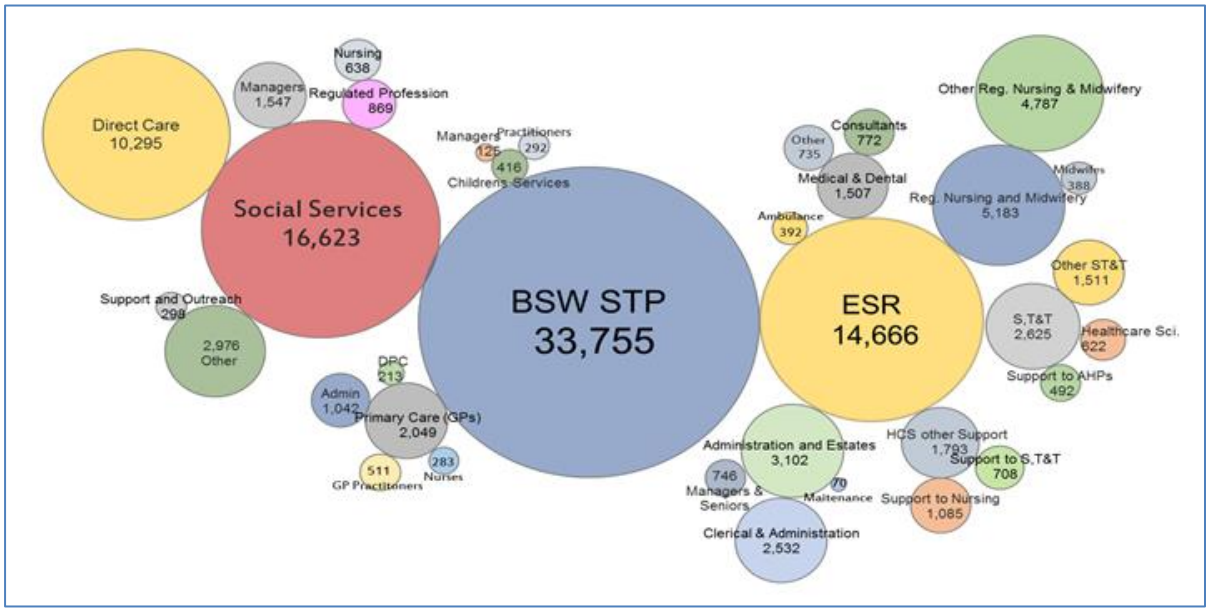
The population of Wiltshire is approximately 504,000 with forecast spend of approximately £864 million on health and social care services. This includes £721 million on health services, which includes mental health, GP services, specialist services, maternity, older people, and prescribed drugs, and £142 million on local authority, public health and social care services.

Our care model does not anticipate any cost savings as emphasis is placed on reducing non-elective demand by better responding to the needs of the person in the local communities, avoiding the need for admission.

7.0 The current workforce

BSW employs around 33,755 FTE (41,454 people) within the health and care workforce, represented by the following 'bubble' diagram. Around 18,700 people are employed in Wiltshire.

Figure 3: Bubble diagram: BSW Workforce (FTE)



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The BSW workforce includes a wide range of roles across different organisations. It is also recognised that service users, carers and volunteers are important in shaping and delivering services; and further work will be undertaken to analyse their contribution to a wider definition of 'workforce'. Further work is also needed to more fully understand the social care workforce and the private and independent sector.

While each organisation has placed varying emphasis on workforce issues, a key issue is qualified nurse staffing across various disciplines within health, experienced social workers and domiciliary care workers in the care sector.

7.1 Skills shortages in the resident labour market

National shortages of professional staff includes but not limited to: Consultants in specialties: clinical radiology, emergency medicine, old age psychiatry, CT3 trainee and ST4 to ST7 trainee in emergency medicine, core trainee in psychiatry; Non-consultant, non-training, medical staff posts in the following specialties: emergency medicine (including specialist doctors working in accident and emergency), old age psychiatry and paediatrics; HPC registered diagnostic radiographers, sonographers; Healthcare scientists in neurophysiology, orthotist, prosthetist; All jobs in nursing; All paramedic jobs; Experienced social workers working in adults and children's services.

Raising the number of apprenticeships and apprenticeship levy become important factors that should help address shortages. In addition, the Government have expanded tuition fee loans to 19 to 23-year olds at levels 3 and 4, and 19+ year olds at level 5 and 6 (degree level) to provide a clearer path for learners to attain technical, specialist and management skills where an apprenticeship may not be suitable.

7.2 Skills gap within the existing workforce

The UK workforce research report, Skills for Health, identified skills gaps in the workforce, including: problem solving, oral communication, customer handling, teamwork and management and leadership skills. The implications of changes to health and care service provision towards the personalisation of care will result in healthcare assistants / support workers needing to learn a wide range of skill and working practices to provide support that enables people to remain independent.

There is a growing need to incorporate behavioural techniques / shift in the way in which patient care is delivered toward a pro-active rather than a reactive approach. With technological advancements in social care, workers at all occupational levels will increasingly be required to keep up with advances in technology to improve health outcomes. For example, care workers increasingly require ICT devices to monitor health and administer treatments in the home.

Wiltshire can support continued staff development by providing dual route training opportunities and qualifications for new starters to the locality, which

would allow staff to pursue a health and social care career path. Support could also include sharing learning on recruitment and workforce planning to aid the delivery of Wiltshire's integrated model of care.

A plan needs to be developed to ensure sufficient numbers of skilled care workers to support the rising number of patients in community care settings.

7.3 Improving staff engagement and the employer offer brand(s)

The importance of staff engagement has been evidenced in numerous research studies. In the NHS, Professor Michael West has evidenced that the more positive the experience of staff, the better the outcomes and that engagement has many significant associations with patient satisfaction, patient mortality rates, staff absenteeism and turnover. The more engaged members of staff are, the better outcomes for patients and organisations (Prof. Michael West, J Dawson: Employee engagement and NHS Performance, Kings Fund 2012).

A key priority identified for Wiltshire is to nurture a vibrant employment environment that makes us the best place to work for health and social care, through our employment offer and brand(s) initiatives. In doing so, it is recognised that all organisations in Wiltshire need to improve the focus on staff engagement, diversity and inclusion as well as a healthy working culture. Working together through the Wiltshire Workforce Group, we could support rapid improvement and share best practice, building on a number of local initiatives and success stories.

7.4 Diversity, Equality and Inclusion

A key objective of the Interim NHS People Plan is "making the NHS the best place to work". Within this objective, diversity features prominently with specific actions in relation to:

- Creating a healthy, inclusive and compassionate culture, including a focus on:
    - Valuing and respecting all
    - Promoting equality and inclusion and widening participation
    - Tackling bullying and harassment, violence and abuse

Many organisations across Wiltshire have diversity strategies in place and are making progress towards this agenda.

The Local Authority in Wiltshire has defined plan and priorities in line with the Equality Framework for Local Government (EFLG). This has been used to review their equality work and set priorities including equality objectives.

Across all protected characteristics (race, gender, disability, religion or belief, sexual orientation and age), there is a need to consolidate on progress made to date and ensure that across Wiltshire we have a consistently high commitment to ensuring diversity and inclusion for all workforce groups. Whilst each organisation sets and measures its compliance to equality and

diversity standards, there is currently no consistent Wiltshire wide approach or consolidated view of the performance Wiltshire as a system against a set of universally agreed standards.

8.0 Workforce priorities

The overarching aim of the workforce strategy is to ensure we have a highly skilled and engaged workforce to support the delivery of Wiltshire's integrated care model. The strategy identifies key priorities and actions for the next 5 years.

Key Priorities are:

Integration	Recruitment & retention	Organisational development	Workforce planning, education, training and development
Develop the workforce to be fully integrated to support key priorities across Wiltshire and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.	Attract, recruit and retain appropriately skilled and experienced staff to ensure the provision of safe integrated care of high quality.	Strengthen the leadership and management development, ensuring appropriate plans are in place to support talent management and succession planning.	Work towards developing an integrated workforce plan to support key priorities across Wiltshire. Through learning & development, build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

8.1 Integration priorities and work plan

Develop the workforce to be fully integrated to support key priorities across Wiltshire and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Strengthen the engagement of staff across Wiltshire with the aim of creating a sense of belonging as part of the Wiltshire workforce	Undertake an assessment of the feasibility of delivering priority, and develop plan in order to deliver	1	Project Lead	Staff Survey
Integration of services	Workforce reconfiguration based on the development of the BSW integrated care system	2 - 5	WWG organisations	Teams are co-located where it makes sense to delivery of the 10 components of care model and integrated care system

8.2 Recruitment and retention priorities and work plan

Attract, recruit and retain appropriately skilled and experienced staff to ensure the provision of safe integrated care of high quality.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Systematically target key skills shortage areas to address short term needs whilst growing long term capacity and capability, focusing on supply, up-skilling, new roles, new ways of working and leadership	Use different methods of promoting Wiltshire when advertising and recruiting Identify incentives which attract new employees to work across health and social care	1 - 5 1, 2 and 3	WWG organisations Project Lead, WWG organisations and BSW STP LWAB	Recruitment data
Reduced turnover resulting in lower vacancies	Implement a new Wiltshire wide system for gathering information from leavers as part of the exit interview process and implement appropriate actions based on feedback – particularly where trends are identified	2 – 5	WWG organisations	Turnover rates Vacancy rate Exit information
Pay review of unqualified staff working within care sector	Bring pay in line with other industries to address recruitment & retention issues	2 and 3	Wiltshire Council	
Create a flexible workforce utilising our human resource effectively to provide care and reduce the requirement for temporary staff	Ensure teams are using roster systems ensuring more effective roster management Review policies on flexible working and consider a Wiltshire wide policy	1, 2 and 3 1	WWG organisations Project Lead with WWG organisations	Rostering KPIs
Streamline recruitment processes and response times	Reduce the length of time from recruitment to new employee starting	2 – 5	WWG organisations	Recruitment time to fill KPI
International	Future	1 – 5	Project Lead	Turnover rates

recruitment	international recruitment to be undertaken Wiltshire wide		with WWG organisations	Vacancy rate reduction Reduction in agency workers / spend
Develop pooled recruitment strategy in primary care where practices fail to recruit and regularly have unfilled vacancies	Assess feasibility of delivering priority with PCNs	1, 2 and 3	Project Lead and GP Alliance	Vacancy rate reduction
Return to practice	Develop return to practice scheme to enable smoother return of qualified health and social care professionals who have taken a career break	1	Project Lead and WWG organisations	Vacancy rate reduction
Car pool scheme	Investigate the feasibility of developing a car pool for staff to work across the patch, and in particular the more rural areas where transport links are limited	1	Project Lead	Business case approval
Affordable housing, particularly in the South of the County	Assess the feasibility of providing affordable housing for key workers and develop plan in order to deliver priority	1	Project Lead	Business case approval
Define a Wiltshire benefits programme providing a range of consistent offers for current and future staff	Develop an employment guarantee scheme(s) or similar incentives for students, newly qualified health and social care professionals and apprentices	1 – 5	Project Lead, Wiltshire organisations and BSW STP LWAB	Turnover rates Vacancy rate reduction
Build Wiltshire employer brand across health and social care, in conjunction with Proud to Care	Develop plan to include improving quality, safety, diversity & inclusion and a healthy working culture	2 – 5	WWG organisations and BSW STP LWAB	Turnover rates Vacancy rate reduction
Set up recognition and reward programmes and	Scope out the feasibility of moving forward	2	Project Lead and WWG organisations	

schemes at multiple levels across Wiltshire providing the opportunities to recognise and celebrate the positive contributions of the Wiltshire workforce – individually and collectively	with priority			
Develop shared narrative highlighting the benefits of living and working in Wiltshire	Agree narrative amongst	2	WWG organisations	Vacancy rate reduction
Each social care organisation develop an ideas document, detailing ways they can promote, attract and retain staff. This would be based on the work by Neil Eastwood @stickypeople	Agree key ideas document with stakeholders and circulation a communication plan	1	WWG organisations	Recruitment & retention rates
Hold joint health and social care career fairs around the County	Investigate the feasibility of having a calendar that holds information for all career fairs organisations plan / attend Develop list of key contacts for easier distribution of events	1 - 2	WWG organisations	Calendar implemented and populated by all organisations
Promote health and social care careers in secondary schools throughout Wiltshire and develop work experience scheme	Investigate and link up with current initiatives and contacts of services already going into schools re careers	1	Project lead and WWG organisations	
Work with Wiltshire College to attract health and social care students into placements within	Develop links with key contacts at Wiltshire College to develop initiative and identify with	1 – 5	Project lead and WWG organisations	

their local area, providing a range of placements, so students experience the diversity of the sector	organisations number of placements required			

8.3 Organisational development priorities and work plan

Strengthen the leadership and management development, ensuring appropriate plans are in place to support talent management and succession planning.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Strategic and transformational leadership is role modelled, leaders have a shared vision and this is aligned across Wiltshire	Build on the BSW STP leadership development programme to further invest in leadership and talent development for front line leaders across health and social care, to develop their competencies and capabilities to lead integrated services	1, 2 and 3	WWG organisations and BSW STP LWAB	Turnover rates Implementation of OD action plan
	Implement a talent management system and career development framework across Wiltshire	1, 2 and 3	Project Lead with WWG organisations	

8.4 Workforce planning, education, training and development priorities and work plan

Work towards developing an integrated workforce plan to support key priorities across Wiltshire.

Through learning & development, build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Develop an integrated Wiltshire wide workforce plan which supports the model of care	Set up a new integrated process for workforce planning across Wiltshire	2 – 5	Project lead and WWG organisations	Workforce strategy and plan agreed
Accurately forecast current and future workforce requirements based on national and local supply and demand	Develop managers to accurately forecast workforce numbers based on service provision Work with education providers and HEE to understand future training requirements	5 1 – 5	WWG organisations WWG organisations and BSW STP LWAB	Workforce strategy
Ensure compliance with mandatory training requirements	Agree compliance rate for Wiltshire organisations	1 – 2	Project lead and WWG organisations	Compliance rate target is met
Secure maximum funding for learning and development initiatives	To implement different methods of training to increase access. Increase efficiency and reduce costs.	2 – 5	WWG organisations and BSW LWAB	Funding agreed
Develop apprenticeship strategy that incorporates introducing roles that work across health and social care	Create joint apprenticeship post across health and social care	1 – 5	WWG organisations and Apprenticeship leads	Roles created and filled
Develop nursing associate programme	Undertake an assessment to establish the feasibility of developing a Wiltshire wide nursing associate programme	1 – 5	WWG organisations and BSW STP LWAB	Proposal agreed and implemented across Wiltshire
Develop and implement a development framework for carers and volunteers recognising,	Assess the feasibility of adopting a consistent approach across Wiltshire	1 – 2	Project lead and WWG organisations	

valuing and supporting their role in maintaining health and wellbeing of the population				

8.5 Year 1 work plan

The WWG organisations have determined the work plan for the next 12 months:

Integration				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Strengthen the engagement of staff across Wiltshire with the aim of creating a sense of belonging as part of the Wiltshire workforce	Undertake an assessment of the feasibility of delivering priority, and develop plan in order to deliver	1	Project Lead	Staff Survey
Recruitment and retention				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Systematically target key skills shortage areas to address short term needs whilst growing long term capacity and capability, focusing on supply, up-skilling, new roles, new ways of working and leadership	Use different methods of promoting Wiltshire when advertising and recruiting Identify incentives which attract new employees to work across health and social care	1 - 5 1, 2 and 3	WWG organisations Project Lead, WWG organisations and BSW STP LWAB	Recruitment data
Create a flexible workforce utilising our human resource effectively to provide care and reduce the requirement for temporary staff	Ensure teams are using roster systems ensuring more effective roster management Review policies on flexible working and consider a Wiltshire wide policy	1, 2 and 3 1	WWG organisations Project Lead with WWG organisations	Rostering KPIs
International	Future	1 – 5	Project Lead	Turnover rates

recruitment	international recruitment to be undertaken Wiltshire wide		with WWG organisations	Vacancy rate reduction Reduction in agency workers / spend
Develop pooled recruitment strategy in primary care where practices fail to recruit and regularly have unfilled vacancies	Assess feasibility of delivering priority with PCNs	1, 2 and 3	Project Lead and GP Alliance	Vacancy rate reduction
Return to practice	Develop return to practice scheme to enable smoother return of qualified health and social care professionals who have taken a career break	1	Project Lead and WWG organisations	Vacancy rate reduction
Car pool scheme	Investigate the feasibility of developing a car pool for staff to work across the patch, and in particular the more rural areas where transport links are limited	1	Project Lead	Business case approval
Affordable housing, particularly in the South of the County	Assess the feasibility of providing affordable housing for key workers and develop plan in order to deliver priority	1	Project Lead	Business case approval
Define a Wiltshire benefits programme providing a range of consistent offers for current and future staff	Develop an employment guarantee scheme(s) or similar incentives for students, newly qualified health and social care professionals and apprentices	1 – 5	Project Lead, Wiltshire organisations and BSW STP LWAB	Turnover rates Vacancy rate reduction
Promote health and social care careers in secondary schools	Investigate and link up with current initiatives and contacts of	1	Project lead and WWG organisations	

throughout Wiltshire and develop work experience scheme	services already going into schools re careers			
Work with Wiltshire College to attract health and social care students into placements within their local area, providing a range of placements, so students experience the diversity of the sector	Develop links with key contacts at Wiltshire College to develop initiative and identify with organisations number of placements required	1 – 5	Project lead and WWG organisations	
Organisational development				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Strategic and transformational leadership is role modelled, leaders have a shared vision and this is aligned across Wiltshire	Build on the BSW STP leadership development programme to further invest in leadership and talent development for front line leaders across health and social care, to develop their competencies and capabilities to lead integrated services Implement a talent management system and career development framework across Wiltshire	1, 2 and 3 1, 2 and 3	WWG organisations and BSW STP LWAB Project Lead with WWG organisations	Turnover rates Implementation of OD action plan
Workforce planning, education, training and development				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Accurately forecast current and future workforce requirements	Work with education providers and HEE to understand	1 – 5	WWG organisations and BSW STP LWAB	Workforce strategy

based on national and local supply and demand	future training requirements			
Ensure compliance with mandatory training requirements	Agree compliance rate for Wiltshire organisations	1 – 2	Project lead and WWG organisations	Compliance rate target is met
Develop apprenticeship strategy that incorporates introducing roles that work across health and social care	Create joint apprenticeship post across health and social care	1 – 5	WWG organisations and Apprenticeship leads	Roles created and filled
Develop nursing associate programme	Undertake an assessment to establish the feasibility of developing a Wiltshire wide nursing associate programme	1 – 5	WWG organisations and BSW STP LWAB	Proposal agreed and implemented across Wiltshire
Develop and implement a development framework for carers and volunteers recognising, valuing and supporting their role in maintaining health and wellbeing of the population	Assess the feasibility of adopting a consistent approach across Wiltshire	1 – 2	Project lead and WWG organisations	

9.0 Measuring effectiveness of the strategy

The Wiltshire Workforce Group (WWG) will be responsible for ensuring the delivery of the strategy on behalf of the Wiltshire Integration Board (WIB).

The WWG will measure a range of key workforce performance indicators and the group will agree these within the next six months.

10.0 Implementation

There are some business cases required to support recruitment initiatives, learning and development and specific projects to deliver the strategy. Consideration should also be given to appointing additional resources with sufficient experience on HR and workforce related matters to lead the work plan and work with the WWG to deliver the priorities identified in Year 1. This will ensure that the focus remains on delivering the outcomes of the strategy.

The anticipated cost of appointing the project support is:

AfC band	Period covered	Costs (mid-point) incl. on-costs
8D (Programme Lead)	April 2020 – March 2021	£101,315
7 (Project Support / manager)	April 2020 – March 2021	£50,200
Total		**£151,515**

10.1 Risks to delivering the strategy

The following risks have been identified which could prevent full achievement of delivering the strategy.

- Failure to recruit appropriately qualified, skilled and experienced workforce due to the lack of supply.
- Lack of funding to invest in initiatives.
- Lack of resources to develop and implement priorities.

11.0 Governance

In order to assure the delivery of our strategy, the WWG will take the responsibility for this. The Terms of Reference will be reviewed with an appointed SRO. The meetings will take place bi-monthly to coincide with the WIB meeting schedule.

12.0 Conclusion

This document sets out the initial strategy for Wiltshire in implementing key initiatives to build on the work already taking place within the locality, and to further properly tackle key workforce challenges in order to deal with key recruitment and retention challenges. It is recognised that it will evolve in line with national workforce initiatives as well as BSW STP developments.

Appendix 1 – Global and national workforce

Global workforce

The UK operates within a global market place for staff. A House of Commons Library Briefing Paper (7783, 08 July 2019) reported that the majority of NHS staff in England are British – but a substantial minority are not. As of March 2019, 153,344 NHS staff report a non-British Nationality - 13.1% of all staff for whom a nationality is known. Just over 65,000 are nationals of other EU countries. Table 1 shows staff nationality summarised by country groups, with a comparison to figures for 2009.

86.9% of NHS staff report a British nationality across England as a whole, but this percentage varies substantially between English regions. Table 2 shows the variation between HEE Regions. Currently, 8.9% (8,929 headcount) of the workforce across South West England are non-British, which indicates one of the lowest users of NHS staff from other EU countries.

The reliance of non-UK staff will not continue indefinitely. There are two key factors that indicate a likely reduction in available staff:

1) Brexit: The Nuffield Trust (What the Brexit withdrawal agreement means for the NHS Briefing December 2018) has highlighted that although the rights of existing migrants would be secured, the agreement and declaration envisage the end of the free movement of labour for the future. This poses problems for the NHS and social care, which have relied on European workers to manage shortfalls.

The Kings Fund reported (Brexit: the implications for health and social care, February 2019) that across the NHS there is currently a shortage of more than 100,000 staff (representing 1 in 11 posts), severely affecting some key group of essential staff, including nurses many types of doctors, allied health professionals and care staff. Vacancies in adult social care are rising, currently totalling 110,000 vacancies, with around 1 in 10 social worker and 1 in 11 care worker roles unfilled. International recruitment is a key factor in addressing these vacancies. Brexit and immigration policy will have an impact on the ability of the NHS to successfully fill these vacancies.

The Kings Fund highlighted that the number of nurses and midwives from Europe leaving the Nursing and Midwifery Council's register had doubled from 1,981 in 2015/16 to 3,692 in 2017/18, while the number joining fell by 91%. This fall has been somewhat mitigated by more non-EEA nurses joining the register. However, even with both EEA and non-EEA registrants taken into account, these figures are considerably below the peak of around 16,000 international registrants in 2001/02. Although there are other contributing factors, including the introduction of new English language requirements in 2016, Brexit has had a significant impact.

The government published an immigration White Paper in December 2018 for a new skills-based immigration system to begin in 2021, treating EEA

migrants in the same way as non-EEA migrants. It removes the limit on numbers of skilled workers but proposes an earnings threshold which is likely to impact the ability to attract certain health professionals to the NHS. The government is expected to consult for another year on where the salary threshold should be for skilled immigrants.

The White Paper acknowledges England's reliance on migrants in the social care workforce. However, it proposes that for a transitional period such workers would only be allowed to come for a limited time, with no entitlement to bring dependants. Again, this is likely to impact the ability of the social care system to attract sufficient workers. In the event of a no-deal Brexit, for an interim period EU citizens would be able to enter the UK as they do now but if they wish to stay longer than three months they would have to apply for permission under a new European Temporary Leave to Remain scheme. People who obtain this status would be entitled to live, work and study in the country for a further three years. Other workforce issues that will need to be addressed include:

- Mutual recognition of qualifications: the current EU withdrawal bill suggests that there will be appropriate arrangements in the future relationship for reciprocal professional qualifications. Future arrangements about the process for health and care professionals (including UK citizens) who have an EU/EEA or Swiss qualification and who have not applied to have their qualification recognised by 29 March 2019 are currently before parliament.
- The additional cost implications for the NHS of needing to sponsor visas.
- The need to update employment law: protection for health and care staff regarding employment rights and health and safety at work currently covered by EU legislation. This would include working time directive, although the current government has committed to preserving this after the UK leaves the EU. These are still under discussion.

2) Global workforce demand: There is increased demand across the globe for skilled healthcare staff. Examples include: The Association of American Medical Colleges estimates a shortage of Doctors across the US of 40,800 to 104,900 by 2030.

Nationality of NHS staff by country grouping

March 2019 and September 2009 in England, with comparison to wider economy in Q1 2017. Headcount

Source: House of Commons Library Briefing, 7783, 08 July 2019

	NHS 2019		Whole economy	NHS 2009	
Nationality Group	**Number**	**% of known**	**estimated %**	**Number**	**% of known**
UK	1,021,257	86.9	88.3	850,091	88.9
EU (PRE-2004 MEMBERS)	**44,124**	**3.8**	**3.4**	**21,262**	**2.2**
SOUTH ASIA	28,992	2.5	1.2	26,668	2.8
SUB-SAHARAN AFRICA	22,133	1.9	0.9	21,414	2.2
SOUTH EAST ASIA	21,517	1.8	0.2	15,413	1.6
EU (POST-2004 MEMBERS)	**20,949**	**1.8**	**4.2**	**6,945**	**0.7**
LATIN AMERICA & CARIBBEAN	3,111	0.3	0.1	3,487	0.4
OCEANIA	2,892	0.2	0.3	2,572	0.3
NORTH AFRICA	2,216	0.2	0.1	1,373	0.1
NORTH AMERICA	2,210	0.2	0.4	1,773	0.2
MIDDLE EAST & CENTRAL ASIA	1,692	0.1	0.2	1,798	0.2
EAST ASIA	1,374	0.1	0.3	1,432	0.1
EUROPE (NON-EU)	1,198	0.1	0.2	916	0.1
SOUTH AMERICA	936	0.1	0.2	807	0.1

NHS Staff by region and nationality group, March 2019

HEE Region	UK	EU	Asia	Africa	Other	Unknown	Total
East Midlands	90,052	3,511	3,842	1,665	503	1,940	101,513
East of England	84,813	7,543	7,999	2,422	928	8,918	112,623
Kent, Surrey & Sussex	69,723	6,647	5,276	1,741	802	7,639	91,828
North Central & East London	58,217	8,486	4,887	3,776	1,565	1,283	78,214
North East	67,653	1,384	1,638	503	161	918	72,257
North West	179,648	5,934	6,107	2,020	703	3,707	198,119
North West London	36,782	5,988	4,296	2,091	1,498	6,948	57,603
South London	46,938	6,763	4,728	3,359	1,510	3,121	66,419
South West	81,304	4,744	2,685	929	571	9,488	99,721
Thames Valley	27,445	3,572	1,808	949	424	6,326	40,524
Wessex	49,420	3,902	2,743	740	414	1,157	58,376
West Midlands	114,207	3,518	4,904	1,947	804	5,720	131,100
Yorkshire & the Humber	115,669	3,149	3,294	1,616	464	6,684	130,876
England	1,021,265	65,073	54,191	23,733	10,339	63,843	1,238,444

National workforce

The Kings Fund briefing paper – the health care workforce in England (November 2018) highlights the scale of workforce challenges now facing the health service and the threat this poses to the delivery ad quality of care over the next 10 years. The key messages from the paper are:

- The workforce challenges in the NHS in England now present a greater threat to health service than the funding challenge

- Across the NHS trusts there is a shortage of more than 100,000 staff. It is projected that the gap between staff needed and the number available could reach almost 250,000 by 2030.
- The current shortages are due to a number of factors, including fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and high numbers of doctors and nurses leaving their jobs early.
- Central investment in education and training has dropped from 5% to health spending in 2006/07 to 3% in 2018/19.
- Current workforce shortages are taking a significant toll on the health and wellbeing of staff. There is evidence of discrimination and inequalities in pay and career progression.
- If substantial staff shortages continue, they could lead to growing waiting lists, deteriorating care quality and the risk that some of the £20.5 billion secured for NHS front-line services go unspent: even if commissioners have the resources to commission additional activity, health care providers may not have the staff to deliver it.
- Many of the same issues are affecting social care workforce.

The shortfalls are impacting in a number of ways:

- Quality: In the 2018 NHS Staff Survey, 27.8% of staff reported seeing an error, near miss or incident in the last month that could have hurt patients / service users, compared to 25% in 2017.
- Temporary staff: The Health Foundation in May 2019 (A critical moment: NHS staffing trends, retention and attrition) that even where vacancies are filled there can be negative consequences. While efforts have been made to manage the cost of temporary staff, it can still be a huge drain on overstretched finances. At the end of 2018, NHS trusts were forecasting spending around £5.6 billion on temporary staff. Using temporary staff can also be disruptive to health services and reduce the ability to deliver continuity of care to patients.
- Access: The Kings Fund quarterly monitoring report (July 2019) highlights that only 7 of 119 trusts with major A&E departments met the four-hour standard, and national performance remained low with only 86.6% of patients seen within four hours.
- Health & wellbeing: The 2018 NHS Staff Survey highlighted that only 28.6% of staff feel their organisation definitely takes action on health & wellbeing, which is a 3% decline from the previous year.

The Interim NHS People Plan reinforces the need to take immediate action to address the national workforce picture to improve not only the health and wellbeing of staff, but also to ensure care is not compromised for patients / service users.

There are a considerable number of factors that will require a change in the workforce – although this provides opportunities to address the current shortfalls, as well as presenting a risk that it will get worse.

Health Education England (HEE) sets out the national drivers for workforce change in its strategic framework updated February 2017. Key highlights are:

- Demand: The UK population is expected to grow to 71 million, a 10% increase by 2029. In that time the population over 85 years old will grow by an estimated 3.6 million. By 2039, more than 1 in 12 of the population is projected to be 80 or over.
- Supply: More women are entering the workforce, and the overall workforce is getting older, likely increasing the number of part time workers. Staff in training want a better work life balance, and want more time to care for patients.
- Technology, genomics and research: Technology is growing rapidly, and people are taking up the opportunity that this offers. This will provide an increased opportunity to predict disease, greater connectivity, different models of operation and an increased ability to cure ill health.
- Patient and citizen personal choice: People will pull the system and demand more personal choice. Information will make people more aware, and less tolerant of variations in service. It is considered that the current trend away from being 'grateful citizens' to 'active consumers' will continue.
- Service redesign: Service models are changing, both as a result of the factors above, and in their own right. There is greater demand for community provision, and greater need for specialised centres to ensure that the workforce keeps skilled in rarer (specialised) areas.
- Parity of esteem for mental health: As well as the quality improvements in physical health expected, mental health services are increasingly being asked to "catch up" and ensure that there is parity of esteem for mental health conditions.
- Social / political: Social and political issues are challenging concepts of individual and collective responsibility. As people understand the risks that others are taking, to what extent will they continue to want to pool funding with them?

Appendix 2 – Workforce profile

The current workforce is described, in terms of numbers, gender, age, grade, turnover, and vacancies. Except where indicated, the figures are as at December 2018. This is the BSW workforce 'baseline'. It should be noted that the data may contain some inaccuracies. The data is, however, fit for the strategic purpose it is being put to in this document. It should also be noted that the Wiltshire workforce data is being compared to the wider BSW workforce.

Primary care

Primary medical care is provided by GPs and other professionals. The table below gives the number of GPs by CCG area.

GPs by CCG

	Headcount	WTE
BANES	196	130.6
Swindon	174	112.2
Wiltshire	419	301.7
BSW	789	544.5

NHS Digital/HEE South West

The ratio of part-time working among GPs is highest in Swindon CCG and lowest in Wiltshire.

The gender balance of GPs is shown below.

GPs by gender

	Male	Female
BANES	40.1%	59.9%
Swindon	48.5%	51.5%
Wiltshire	44.8%	55.2%
BSW	44.4%	55.6%

NHS Digital/HEE South West

Alongside GPs, a variety of other staff work in primary care.

Primary care nursing staff (WTE)

	BANES	Swindon	Wiltshire	BSW
All nurses	**57.5**	**75.4**	**177.6**	**310.4**
Practice Nurse	43.1	39.5	123.3	205.9
Advanced Nurse Practitioner	9.1	23.3	38.3	70.8
Nurse Specialist	1.0	3.6	12.5	17.1
Extended Role Practice Nurse	3.6	8.9	3.4	15.9
Trainee Nurse	0.0	0.0	0.0	0.0
District Nurse	0.0	0.0	0.0	0.0
Nurse Dispenser	0.0	0.0	0.0	0.0
Practice Nurse Partner	0.7	0.0	0.0	0.7

NHS Digital/HEE South West

Other direct patient primary care staff (WTE)

	BANES	Swindon	Wiltshire	BSW
General Medical Practice Direct Patient Care	**39.2**	**41.3**	**154.9**	**235.3**
Dispensers	13.7	4.7	41.3	59.6
Health Care Assistants	21.4	25.5	79.9	126.8
Phlebotomists	3.8	3.4	12.2	19.3
Pharmacists	0.3	5.3	5.5	11.2
Physiotherapists	0.0	0.4	0.4	0.8
Podiatrists	0.0	0.0	0.0	0.0
Physician Associates	0.0	0.0	0.0	0.0
Therapist- Counsellors	0.0	0.0	0.0	0.0
Occupational Therapists	0.0	0.0	0.0	0.0
Therapist- Other	0.0	0.0	2.3	2.3
Nursing Associates	0.0	0.0	1.7	1.7
Paramedics	0.0	2.0	5.7	7.7

NHS Digital/HEE South West

The proportions of each type of staff within the overall primary care (medical) workforce are shown below.

Proportion of medical nursing and other direct patient staff

	BANES	Swindon	Wiltshire	BSW
General Practitioners	57.5%	49.0%	47.6%	49.9%
Nurses	25.3%	32.9%	28.0%	28.5%
Other direct Patient Care	17.2%	18.0%	24.4%	21.6%

NHS Digital/HEE South West

The data suggest that primary care in BaNES is more reliant on medically qualified staff than other CCGs, either because GPs are easier to recruit there or because that is the preferred model. By contrast, Wiltshire employs more 'other' staff such as dispensers and health care assistants. As with much of the data presented here, this will be more fully explored.

As the one year workforce plan is developed, analysis will also be made of the wider primary care workforce, such as dentistry, pharmacy and optometry.

Acute

Great Western Hospitals NHS Foundation Trust (GWH), Royal United Hospitals Bath NHS Foundation Trust (RUH) and Salisbury NHS Foundation Trust mainly provide acute services within the BSW footprint. Collectively, they employ around 12,700 FTE. As the one-year plan is developed, data for South West Ambulance Service NHS Trust (SWAST) will be added.

BSW acute staff

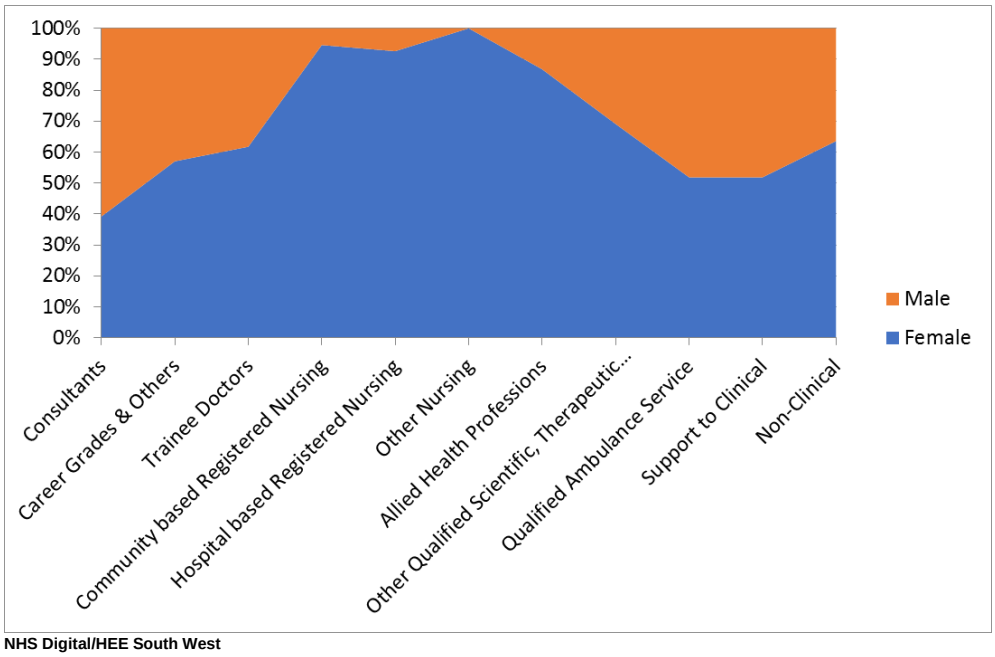
Staff group	WTE		
	GWR	RUH	Salisbury
Medical & Dental	**523.7**	**547.8**	**398.2**
Consultants	245.6	281.5	201.4
Career Grades & Others	139.2	50.3	24.5
Trainee Doctors	138.9	216.0	172.3
Registered Nursing, Midwifery and Health Visiting Staff	**1252.9**	**1199.0**	**792.2**
Hospital based Registered Nursing	1102.4	1191.5	776.0
Community based Registered Nursing	138.1		14.0
Other Nursing	12.4	7.5	2.2
Qualified Scientific, Therapeutic and Technical Staff	**445.5**	**584.7**	**414.2**
Allied Health Professions	237.6	280.6	168.7
Healthcare Scientists	90.1	144.9	141.2
Other Qualified Scientific, Therapeutic & Technical staff	117.8	159.2	104.3
Qualified Ambulance Service	**19.3**	**4.1**	
Qualified Ambulance Service	19.3	4.1	
Support to Clinical	**1260.3**	**1439.6**	**849.4**
Support to Clinical	1260.3	1439.6	849.4
Non-Clinical	**515.6**	**751.1**	**585.1**
Infrastructure	507.6	741	565.1
General Payments	8	10.1	20.0
Grand Total	**4017.3**	**4526.3**	**3039.1**

NHS Digital/HEE South West

Full-time working is highest among senior medical staff and trainees, and lowest among career grade doctors, support to clinical services, and allied health professionals.

Acute staff are predominately (86%) female, with variation across staff groups.

Gender balance, acute staff



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Mental health and learning disabilities

Avon & Wiltshire Partnership (AWP) mostly provides mental health and learning disability services across the BSW footprint. Oxford Health NHS FT also provides some services. The table below shows the AWP staff that is located within the BSW footprint.

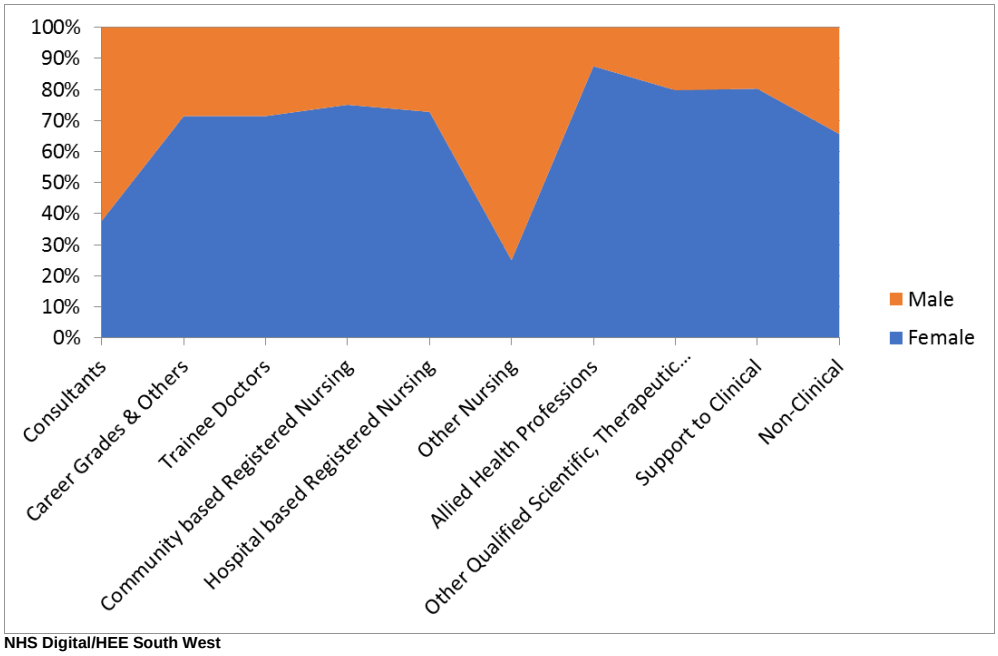
BSW MH & LD staff

Staff group	Headcount	WTE
Medical & Dental	**82**	**75.8**
Consultants	61	57.1
Career Grades & Others	14	11.9
Trainee Doctors	7	6.8
Registered Nursing, Midwifery and Health Visiting Staff	**523**	**471.4**
Hospital based Registered Nursing	158	143.8
Community based Registered Nursing	361	323.6
Other Nursing	4	4.0
Qualified Scientific, Therapeutic and Technical Staff	**248**	**208.9**
Allied Health Professions	80	63.2
Other Qualified Scientific, Therapeutic & Technical staff	168	145.7
Support to Clinical	**598**	**519.8**
Support to Clinical	598	519.8
Non-Clinical	**335**	**301.4**
Infrastructure	335	301.4
Grand Total	**1786**	**1577.3**

NHS Digital/HEE South West

Part-time working is most popular among allied health professions. The gender balance of staff is again strongly (74%) female.

Gender balance, MH & LD staff



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Community services

Wiltshire Health and Care (WHC) provide some community services within the BSW footprint. WHC is a partnership of the three acute Foundation Trust's which serve Wiltshire. WHC staff are shown in the table below.

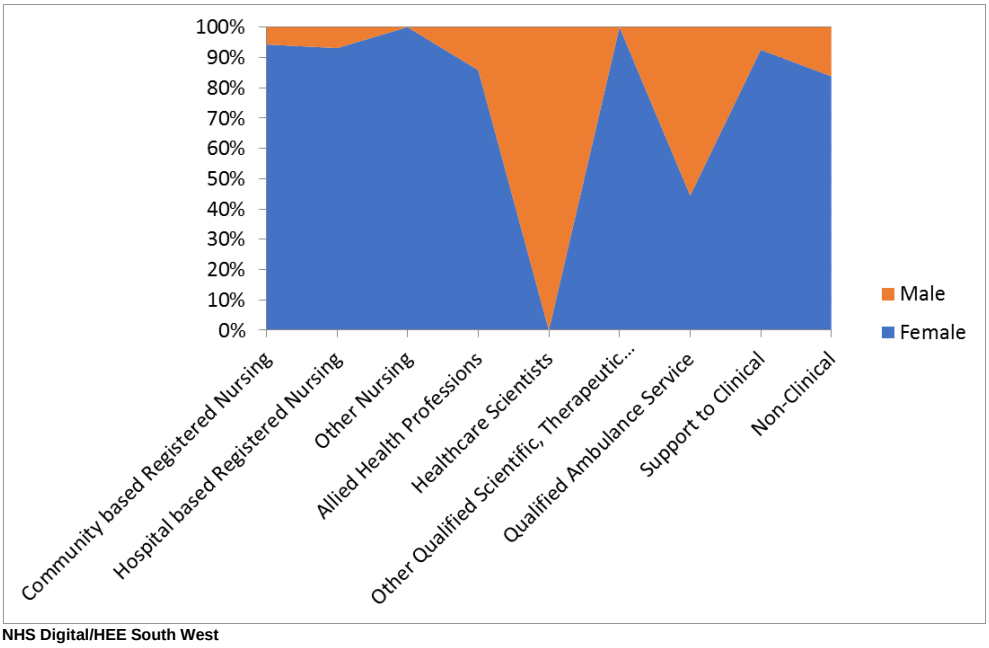
WHC staff

Staff group	Headcount	WTE
Registered Nursing, Midwifery and Health Visiting Staff	**359**	**296.4**
Hospital based Registered Nursing	58	43.1
Community based Registered Nursing	298	250.3
Other Nursing	3	3.0
Qualified Scientific, Therapeutic and Technical Staff	**277**	**220.7**
Allied Health Professions	275	218.9
Healthcare Scientists	1	1.0
Other Qualified Scientific, Therapeutic & Technical staff	1	0.8
Qualified Ambulance Service	**9**	**7.6**
Qualified Ambulance Service	9	7.6
Support to Clinical	**389**	**325.0**
Support to Clinical	389	325.0
Non-Clinical	**37**	**33.2**
Infrastructure	33	29.2
General Payments	4	4
Grand Total	**1071**	**882.9**

NHS Digital/HEE South West

Part-time working follows the patterns seen in other sectors. The workforce is around 90% female.

Gender balance, WHC staff



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Sirona Care & Health CIC and Virgin Care are other key providers. It is intended that data for non-NHS providers will be explored by NHSI.

NHS commissioners

Around 380 NHS commissioning staff work across the three local CCGs.

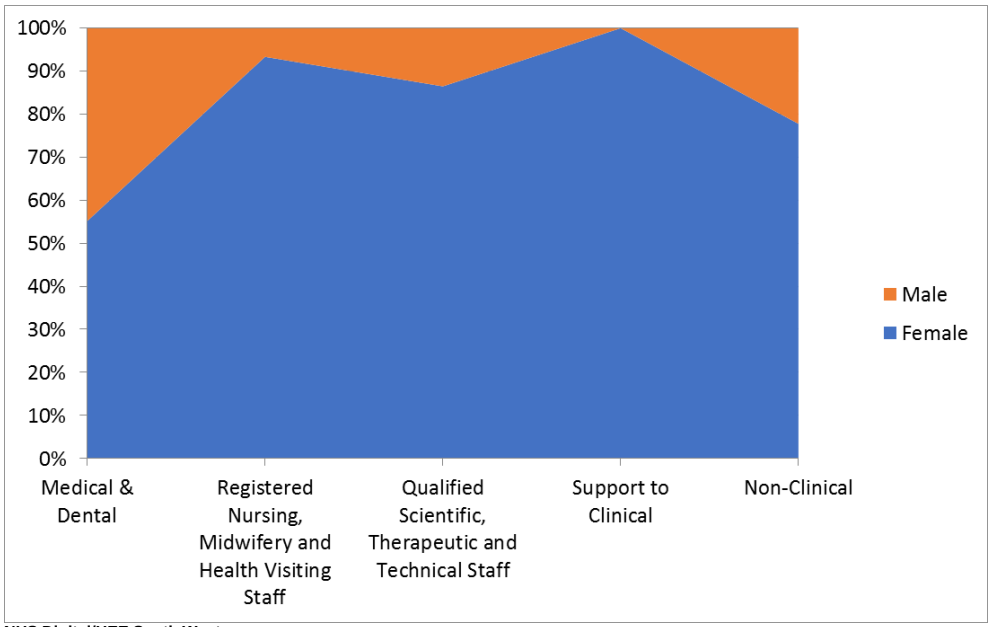
CCG staff

	Headcount	WTE
Medical & Dental	29	6.6
Career Grades & Others	29	6.6
Registered Nursing, Midwifery and Health Visiting Staff	30	24.9
Hospital based Registered Nursing	1	1
Community based Registered Nursing	25	21.1
Other Nursing	4	2.8
Qualified Scientific, Therapeutic and Technical Staff	37	30.6
Allied Health Professions	1	0.5
Other Qualified Scientific, Therapeutic & Technical staff	36	30.1
Support to Clinical	6	4.8
Support to Clinical	6	4.8
Non-Clinical	279	250.7
Infrastructure	266	244.7
General Payments	13	6
Grand Total	381	317.6

NHS Digital/HEE South West

Part-time working predominates among medical staff, reflecting the role of practicing GPs in CCG leadership. The gender balance is 79% female.

Gender balance, CCG staff



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Social care

Data on social care are not collected in the same ways as NHS data. Much is estimated and can be less recent compared to NHS equivalents.

Adult social care staff numbers are as follows:

Estimated adult social work staff 2016 (jobs)

	Total	Indep't sector	Local authorities
BSW	20500	19500	850
BANES	3650	3550	100
Swindon	3900	3800	100
Wiltshire	12800	12150	650

Skills for Care; rows and columns may not sum exactly

The number of children and family social workers across BSW is shown below. Wiltshire stands out as having relatively more staff given the population size.

Children's social work staff 2018 (WTE)

	WTE	FTE agency workers
BANES	93.3	3.6
Swindon	87.7	86.0
Wiltshire	207.2	19.5

DfE

Age profile

The age profile of staff is important to future recruitment plans. A large proportion of staff close to retirement age implies an imminent recruitment challenge, given the national shortages discussed earlier.

Primary care

Locally, there are proportionately fewer under-30 GPs, but fewer aged 65 and older compared to England as a whole. In common with England, there is a large proportion of GPs aged 50 and older (33% across BSW as a whole), implying a significant recruitment challenge to come.

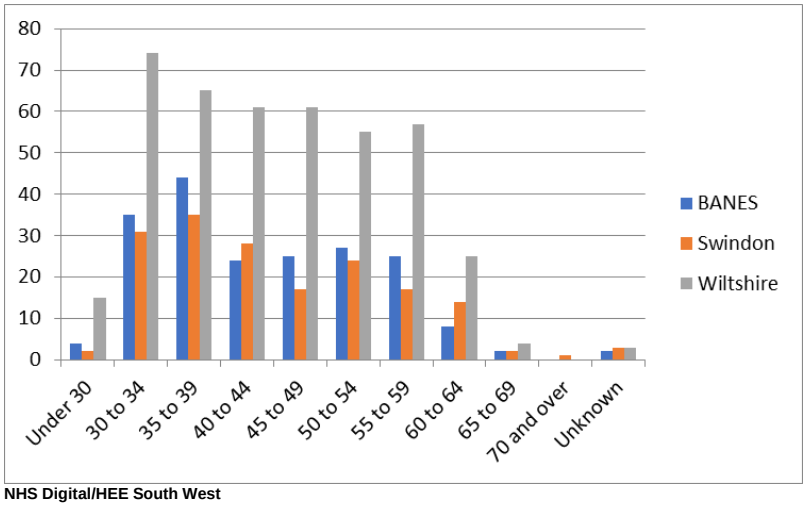
General practitioners – age profile, by % headcount

Age by headcount	BANES	Swindon	Wiltshire	BSW	England
Under 30	2.0%	1.1%	3.6%	2.7%	7.8%
30 to 34	17.9%	17.8%	17.6%	17.7%	14.8%
35 to 39	22.4%	20.1%	15.5%	18.2%	15.4%
40 to 44	12.2%	16.1%	14.5%	14.3%	15.0%
45 to 49	12.8%	9.8%	14.5%	13.0%	13.3%
50 to 54	13.8%	13.8%	13.1%	13.4%	12.7%
55 to 59	12.8%	9.8%	13.6%	12.5%	11.5%
60 to 64	4.1%	8.0%	6.0%	5.9%	4.4%
65 and over	1.0%	1.7%	1.0%	1.1%	3.4%
Unknown	1.0%	1.7%	0.7%	1.0%	1.8%

NHS Digital/HEE South West

The figure below shows – in headcount – the age profile of all GPs. Wiltshire, being much larger, has more GPs in every age group.

General practitioners – age profile, by headcount



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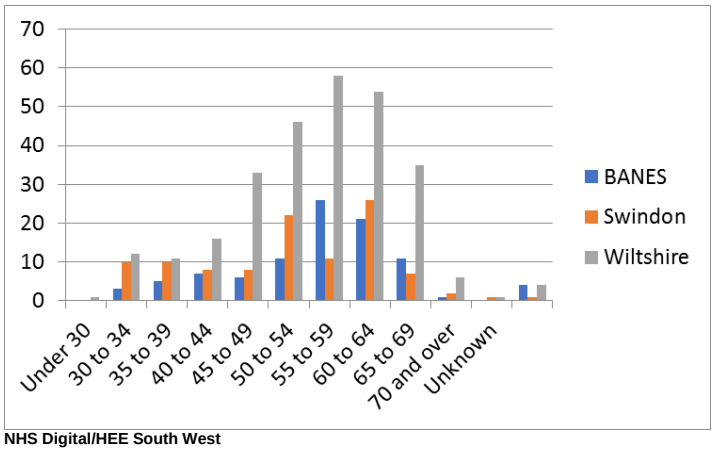
The data show imminent recruitment challenges in primary care nursing, where significant numbers are aged 55 or over.

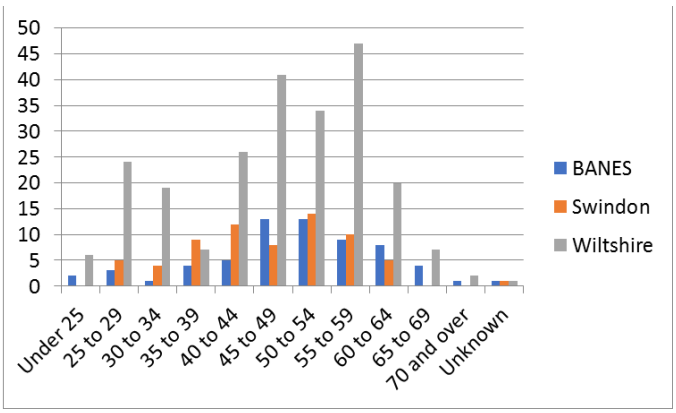
Primary care nurses – age profile, by headcount



NHS Digital/HEE South West

A similar pattern can be observed among other direct patient care staff in primary care.

Other primary care - age profile, by headcount



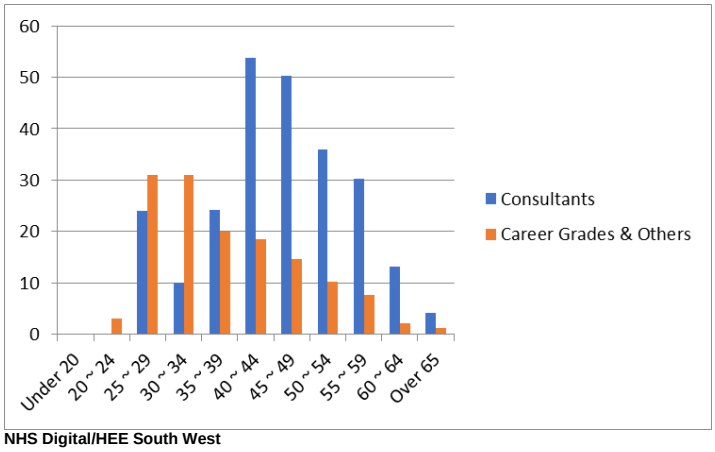
NHS Digital/HEE South West

Acute

Medical staff

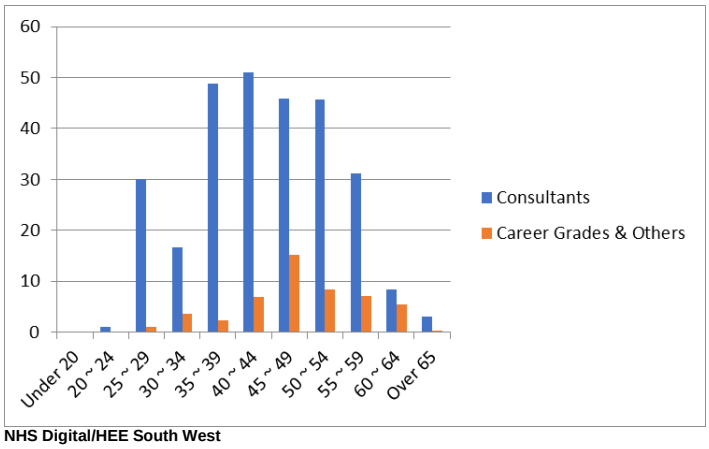
The age profiles of medical staff, excluding trainees, is summarised by provider as follows.

Age profile of GWR medical staff (WTE)



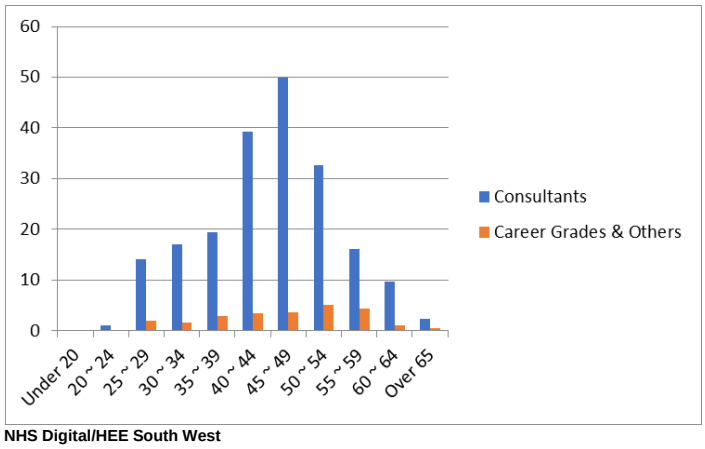
NHS Digital/HEE South West

Age profile of RUH medical staff (WTE)



NHS Digital/HEE South West

Age profile of Salisbury medical staff (WTE)



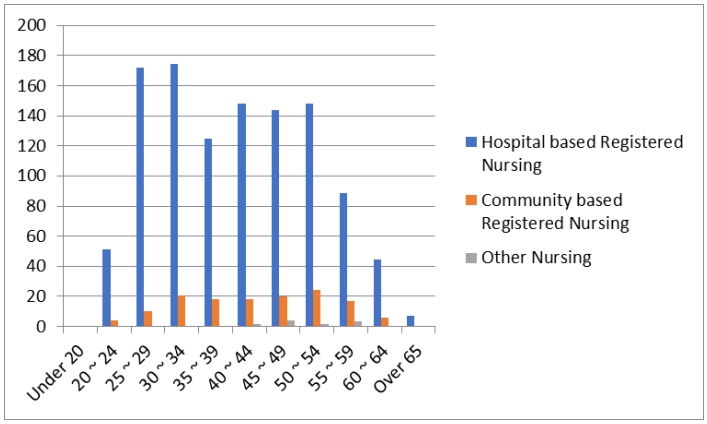
NHS Digital/HEE South West

RUH and to a lesser extent GWR have a more imminent retirement challenge, with more consultants aged 55 or more. Salisbury will face a marked peak of older consultants in 10 years' time.

Nursing staff

RUH may have a more pressing need to address qualified nurse retirements.

Age profile of GWR nursing staff (WTE)



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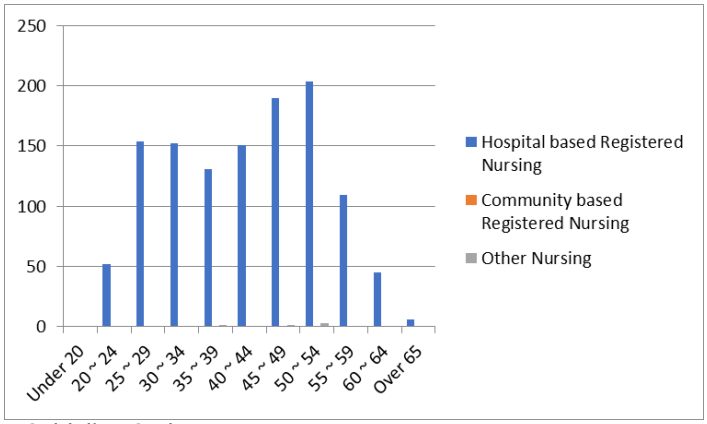
Age profile of RUH nursing staff (WTE)



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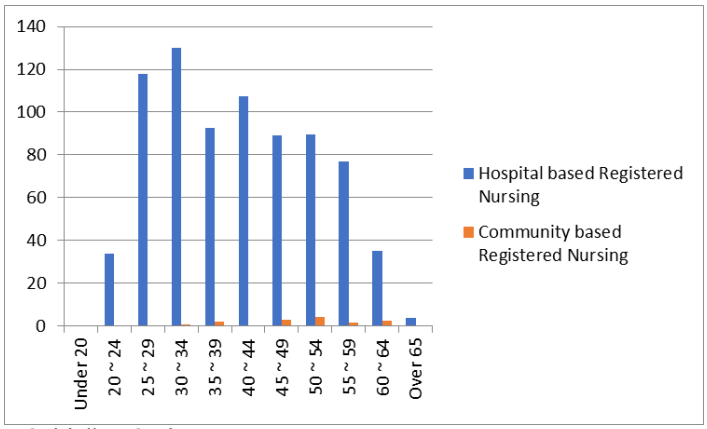
Age profile of Salisbury nursing staff (WTE)



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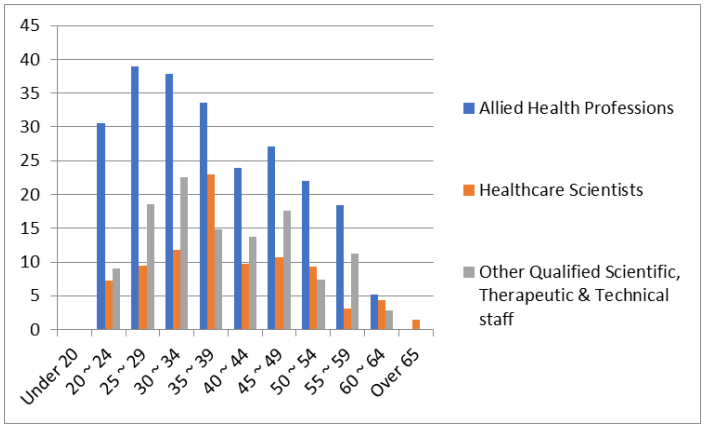
AHPs, healthcare scientists, other qualified scientific, therapeutic & technical staff

AHPs have a generally younger profile. Healthcare scientists may be more of a challenge, especially at RUH.

Age profile of GWR AHPs, scientists, therapists and technical staff (WTE)



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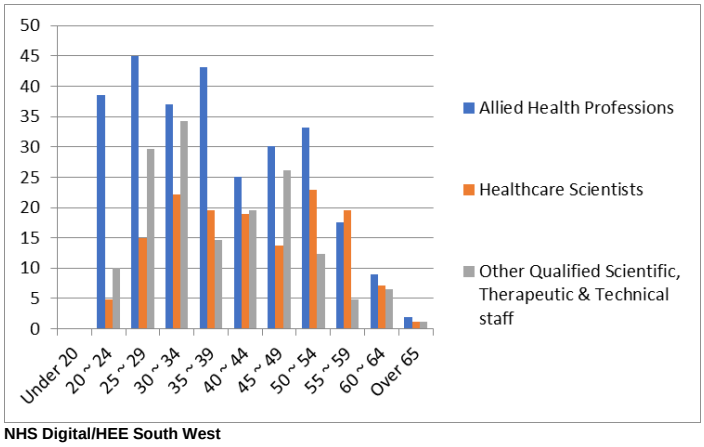
Age profile of RUH AHPs, scientists, therapists and technical staff (WTE)



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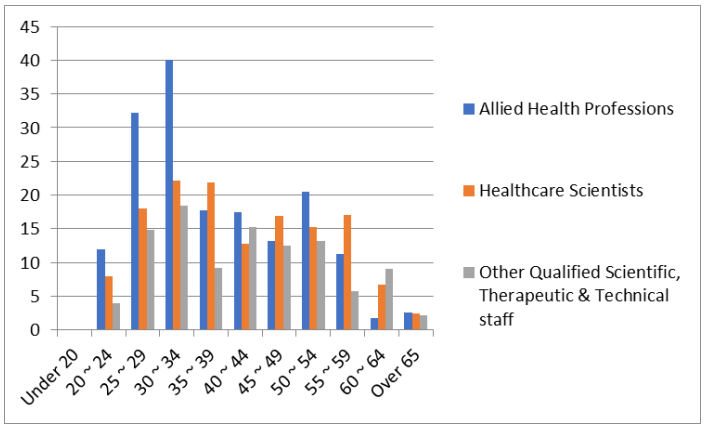
Age profile of Salisbury AHPs, scientists, therapists and technical staff (WTE)

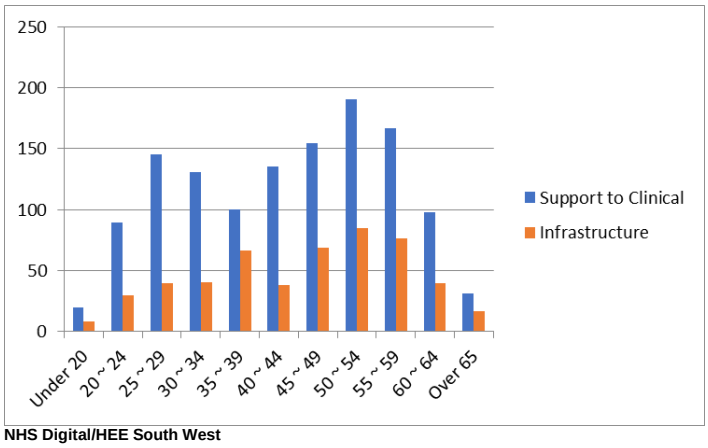


NHS Digital/HEE South West

Clinical support and infrastructure

Significant numbers of clinical support staff across acute providers are aged over 55 years.

Age profile of GWR clinical support and infrastructure staff (WTE)



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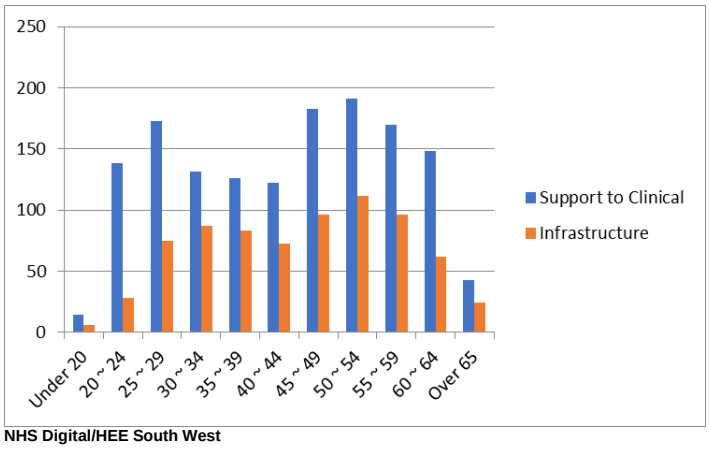
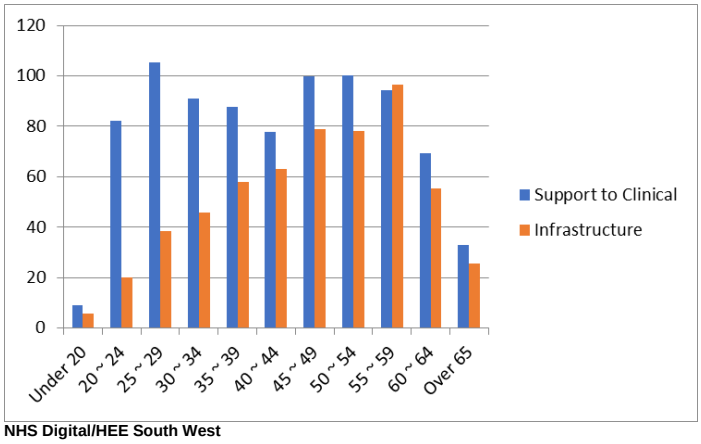
Age profile of RUH clinical support and infrastructure staff (WTE)



NHS Digital/HEE South West

Age profile of Salisbury clinical support and infrastructure staff (WTE)



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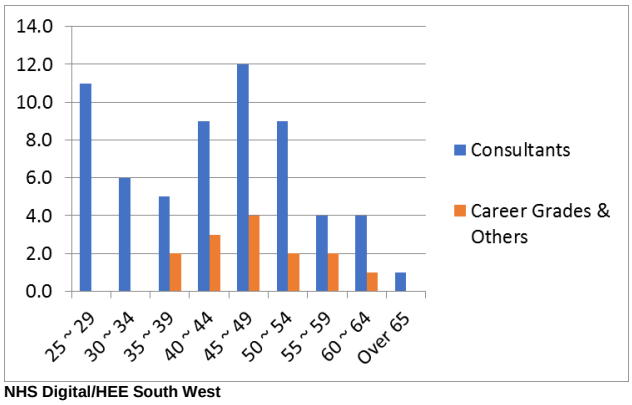
Mental health and learning disabilities

As stated earlier, the data used here refer to that part of AWP that lies within the BSW footprint. The largest group of medical staff excluding trainees are aged 40 to 54 years. There are also relatively high numbers of younger consultants.

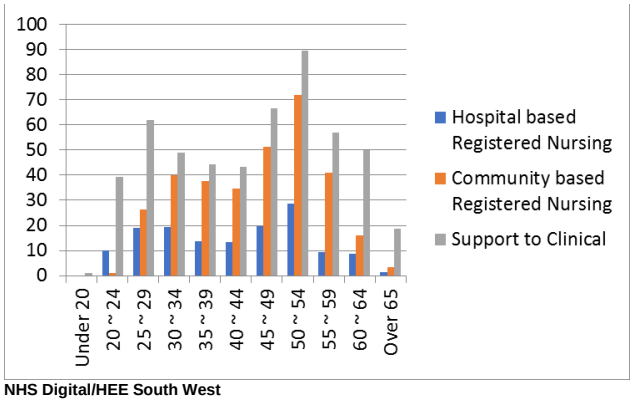
Age profile of AWP medical staff (WTE)



NHS Digital/HEE South West

The age profile for qualified nursing staff is less positive, especially among the community-based. Similarly, many support to clinical services staff are aged 50 or more.

Age profile of nursing & clinical support staff (WTE)



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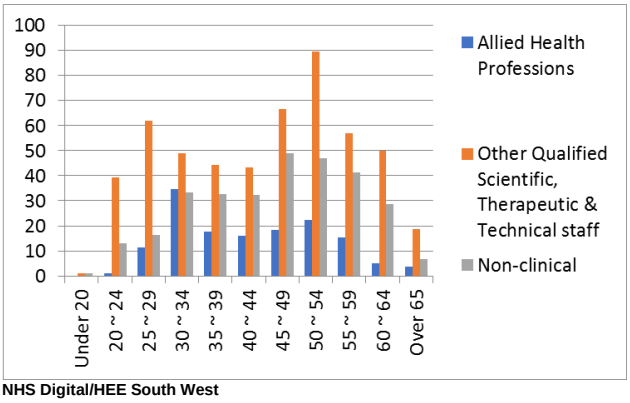
The predominance of 50-plus staff is repeated for other staff.

Age profile of AWP AHPs, other scientific, therapeutic & technical and non-clinical staff (WTE)

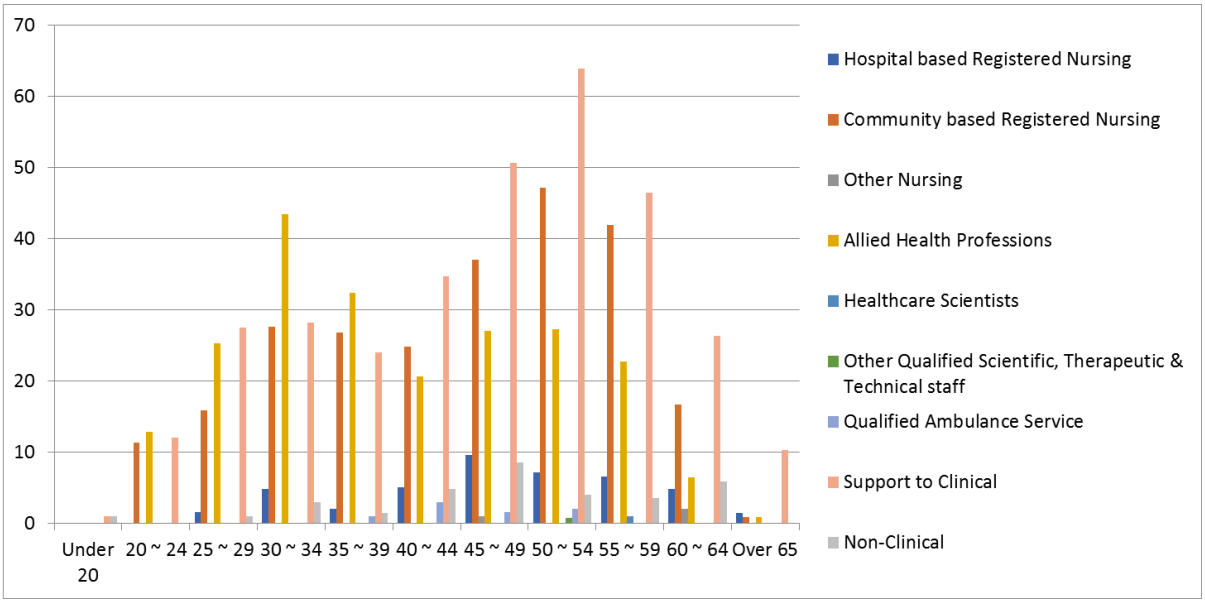


NHS Digital/HEE South West

Community services

Among Wiltshire Health and Care staff, the main group presenting a recruitment challenge in the next few years are clinical support, followed by community-based qualified nurses.

Age profile of Wiltshire Health & Care staff (WTE)



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Social care

For adult social care, the retirement profile is reported by Skills for Care[1] as follows:

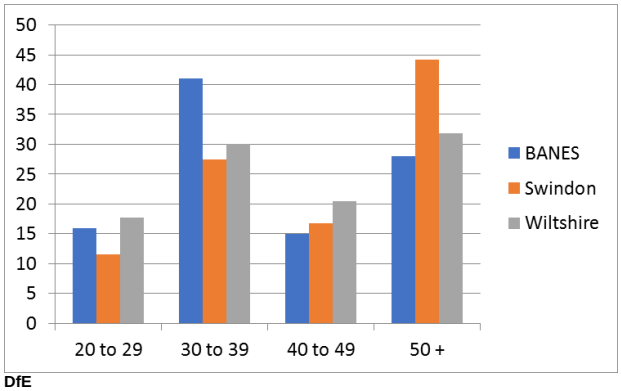
[1] Summaries of the adult social care sector and workforce, 2017/18

Adult social care retirement profile

	% aged over 55	Number to retire within 10 years
BaNES	20%	850
Swindon	20%	1,000
Wiltshire	25%	3,500

For children's services, it can be seen that Swindon in particular has a reliance on older staff.

Age profile of children's social care staff (headcount)



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Grade and pay profile

Data on staff grades – and related costs - can be useful in modelling workforce change. This will be considered in more detail in the one-year and five-year workforce plans. At this stage, a summary of the grade profile of selected provider staff on Agenda for Change (AfC) pay scales is given.

AfC staff grade profile – registered nursing, midwifery and health visiting

	Band 5	Band 6	Band 7	Bands 8 & 9
AWP	21%	53%	19%	6%
GWR	45%	37%	14%	4%
RUH	46%	33%	18%	3%
Salisbury	50%	34%	14%	3%
Wilts H&C	61%	20%	16%	3%

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AfC staff grade profile – allied health professions

	Band 3	Band 4	Band 5	Band 6	Band 7	Bands 8 & 9
AWP	10%	1%	8%	53%	23%	6%
GWR		2%	22%	47%	24%	5%
RUH	1%	2%	28%	36%	26%	6%
Salisbury	1%	2%	26%	38%	26%	7%
Wilts H&C	3%		24%	56%	12%	4%

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AfC staff grade profile – support to clinical

	1	2	Band 3	Band 4	Band 5	Band 6	Band 7+
AWP		5%	49%	34%	11%	1%	1%
GWH		49%	33%	14%	2%	2%	1%
RUH	3%	52%	30%	12%	1%	1%	
Salisbury		51%	31%	12%	3%	2%	1%
Wilts H&C		27%	52%	13%	7%	1%	

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Similar grade and pay data are not available for primary care. The tables earlier show various types of primary care staff and therefore give some proxy information.

Adult social care staff role information, as a proxy for grades, is summarised below.

Adult social care staff grade profile

	Managerial	Regulated	Direct Care	Other
England	8.6%	4.8%	73.6%	13.0%
SW	9.2%	4.8%	72.0%	14.1%
BSW	8.4%	5.4%	71.4%	14.8%
BANES	7.9%	6.0%	69.9%	16.2%
Swindon	8.9%	4.8%	75.1%	11.2%
Wiltshire	8.4%	5.4%	70.6%	15.6%

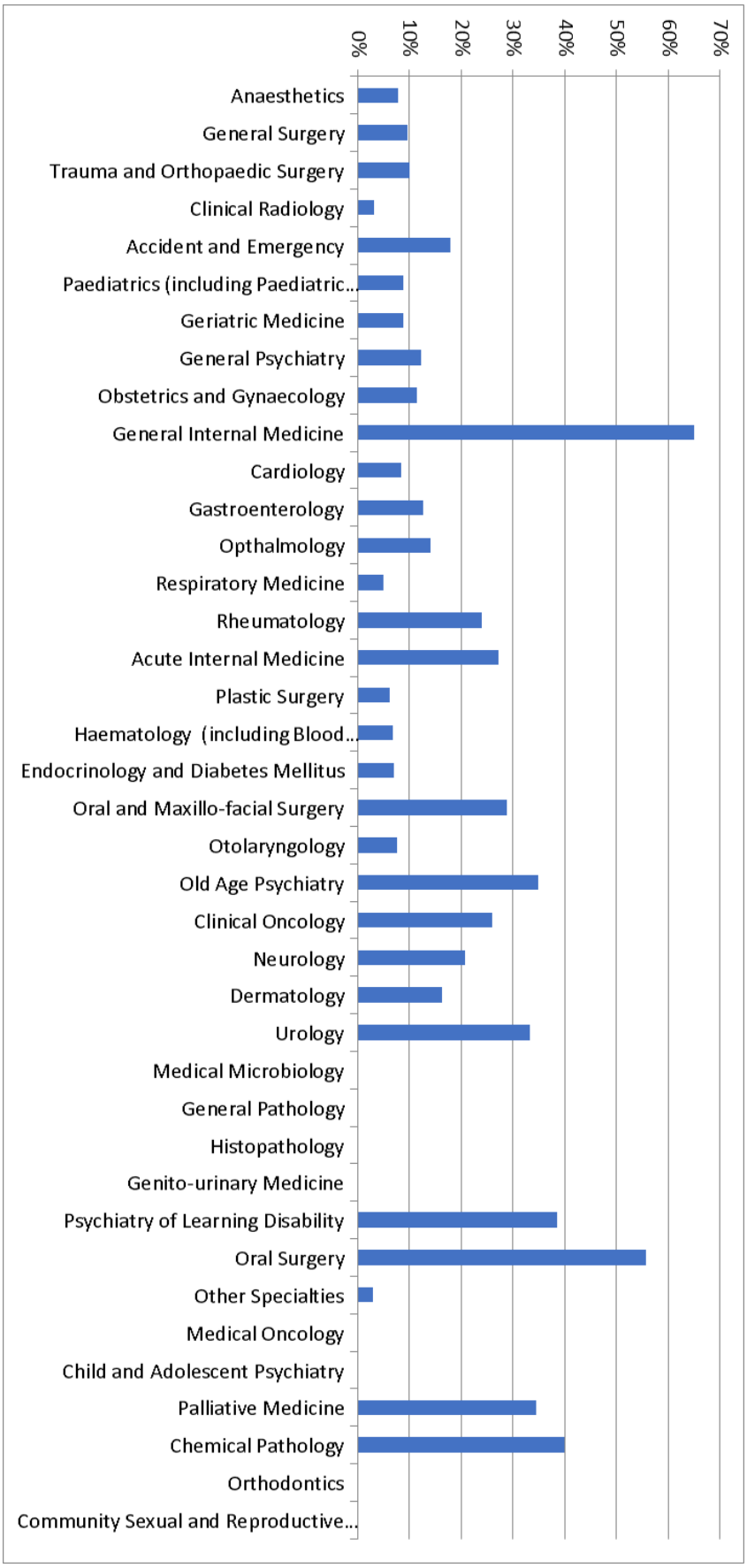
Proportions of staff in various roles is close to regional and national averages.

Vacancies, turnover, sickness and recruitment

A data-only approach to analysing vacancies, turnover, sickness and recruitment is not useful. Data at organisational and BSW level mask various local factors that can make interpretation difficult and potentially misleading. The charts in this section of the document should therefore be viewed with some circumspection.

The chart below orders consultant medical specialties from largest (anaesthetics) to smallest (in BSW as a whole), showing turnover for each during 2018.

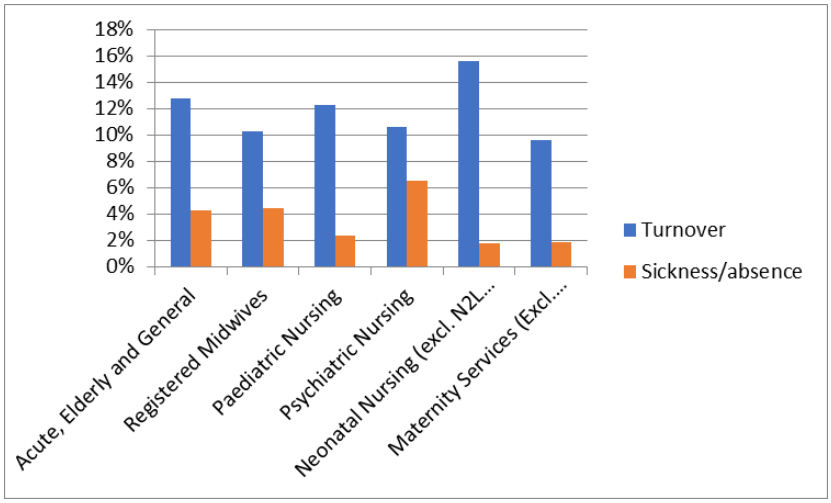
Consultant medical staff – turnover



The chart above implies a particular problem in general internal medicine. However, this should not be assumed without further investigation. Other high turnover percentage figures may simply be an artefact of small specialty numbers, or may indicate a serious service continuity problem. In larger specialties, a nominally lower percentage may in fact present a more significant challenge, depending on supply factors. This will all be investigated more thoroughly over the coming months.

For BSW nursing staff excluding primary care, turnover and sickness figures are summarised below.

Hospital-based nursing – turnover and sickness



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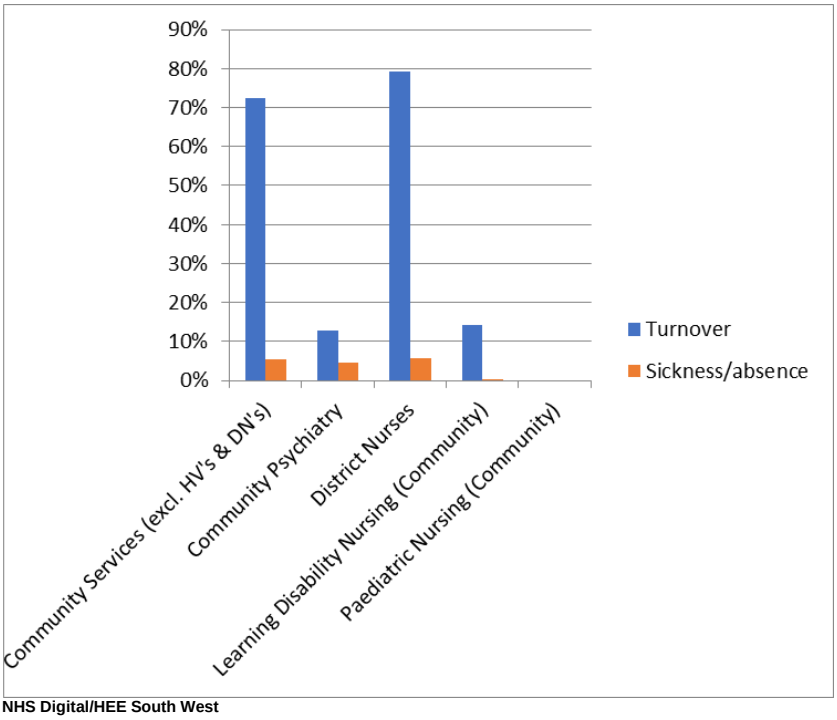
Again, the figure above and those that follow rank the groups of staff in order of total WTE (from left to right). Turnover of 13% in the largest group, acute, general and elderly nursing, is a significant challenge; but turnover is high across all groups. Sickness is highest among psychiatric nurses.

Community-based nursing – turnover and sickness



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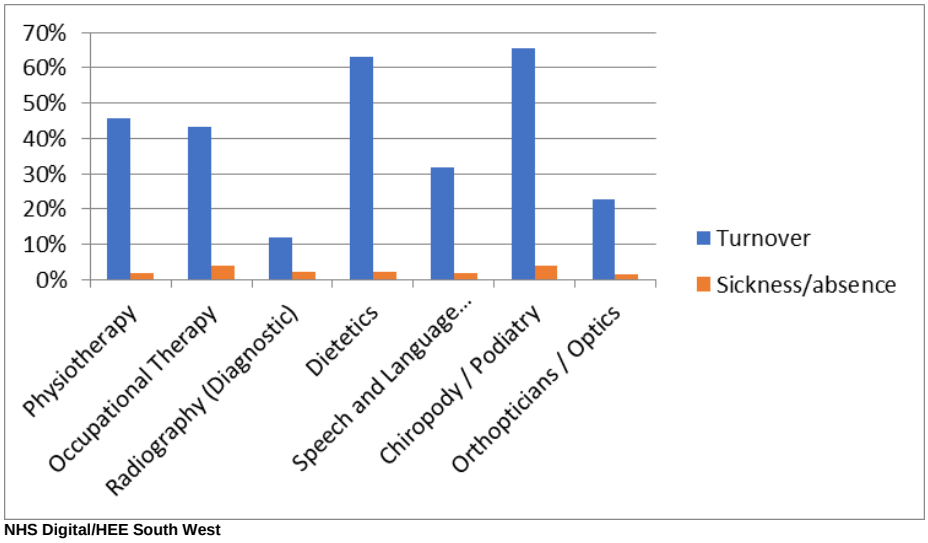
The very high turnover figures for community physical health services imply an organisational change rather than an underlying issue and will be further investigated.

For other staff groups, again ranked by size, there are notably high turnover figures, some of which may be misleading and will be investigated.

Allied health professions – turnover and sickness



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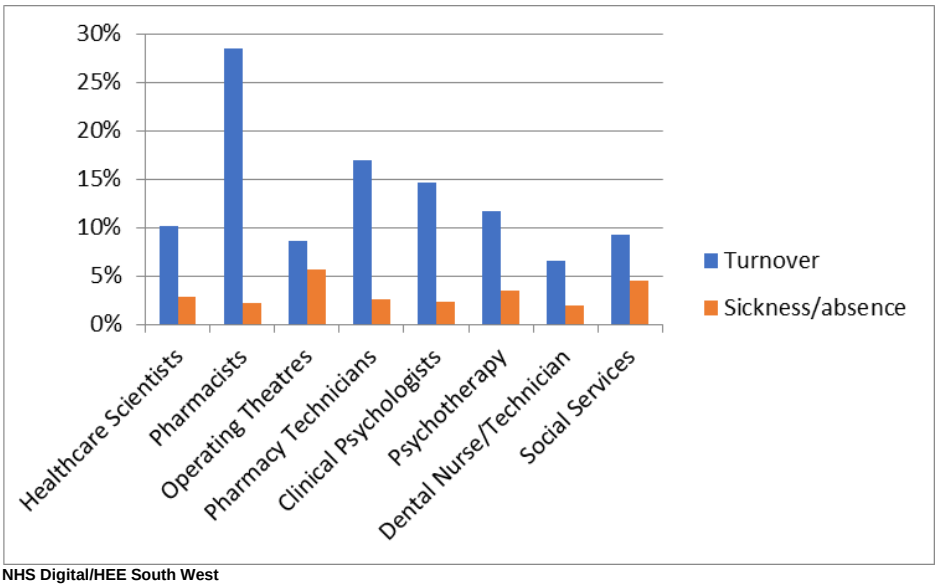
Healthcare scientists and other qualified scientific, therapeutic & technical staff - turnover and sickness



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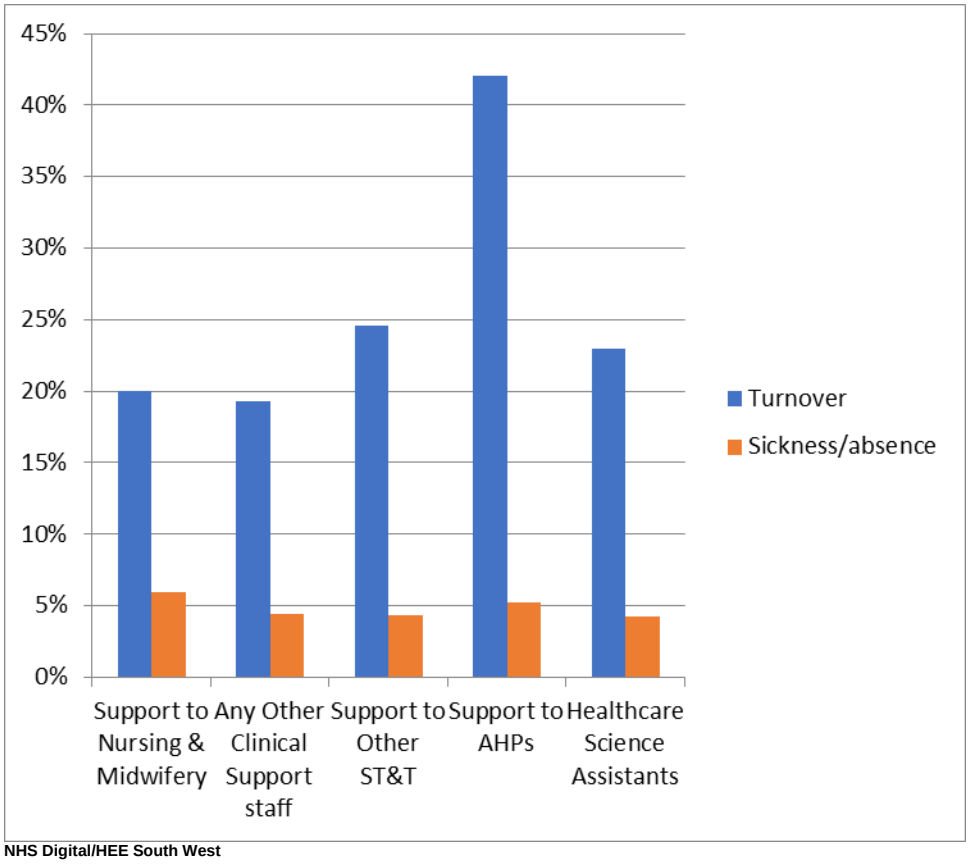
Pharmacists stand out for turnover among healthcare scientists and other qualified scientific, therapeutic and technical staff. Operating theatres have the highest sickness levels.

Support to clinical - turnover and sickness



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Turnover is high across all clinical support groups. Sickness is also generally higher.

Slightly higher sickness is reflected in administration and estates staff. Infrastructure staff have high turnover.

Infrastructure - turnover and sickness

NHS Digital/HEE South West

In 2018 BSW reviewed nurse vacancies and associated agency staff spend. The findings are summarised below.

Band 5 – 7 nurse vacancies and agency spend

	May-18	2017-18
	WTE	£
Wiltshire Health & Care	39.18	£633,083
GWH	157.13	£6,935,829
AWP	118	£8,388,993
Salisbury	187.23	£2,986,000
RUH	120.9	£2,000,536
BSW providers	**622.44**	**£20,944,441**

STP presentation

The table shows that at May 2018, it was reported that here were over 622 WTE vacancies among nurses in Bands 5 to 7. The estimated spend on agency over the previous year was almost £21m. At that time, a 2018-19 staffing deficit of £110m was forecast.

Data on primary care vacancies are not available in the same way as other NHS services. As a proxy, the extent to which locums are used is shown in the table below.

GP locum use

	BANES	Swindon	Wiltshire	BSW
GP Locums covering Vacancies	0.2%	4.7%	0.5%	1.3%
GP Locums covering Sickness/Maternity/Paternity	1.6%	0.9%	1.6%	1.4%
GP Locums - Other	4.4%	3.1%	1.1%	2.3%
GP Infrequent Locums	0.4%	2.0%	0.6%	0.9%

NHS Digital/HEE South West

Swindon CCG has the highest proportion of GP locums covering vacancies. Adult social care turnover and vacancies across BSW are shown below.

Adult social care turnover and vacancy rates (2017)

	Turnover rate		Vacancy rate	
	South West	BSW	South West	BSW
Senior Management	7.5%	4.8%	1.5%	1.6%
Registered Manager	20.9%	24.4%	9.6%	9.4%
Social Worker	14.9%	22.7%	4.2%	1.2%
Occupational Therapist	15.2%	22.3%	3.9%	1.9%
Registered Nurse	33.1%	32.6%	11.8%	13.2%
Allied Health Professional	18.9%		2.4%	*
Senior Care Worker	19.5%	18.7%	4.1%	4.3%
Care Worker	39.5%	37.3%	8.5%	9.2%
Support and Outreach	24.1%	26.3%	5.7%	6.7%

Skills for Care

Turnover tends to be close to regional averages, with a clear exception among social workers and occupational therapists. Vacancies are lower among the same staff.

Children's social care data show that while BaNES and Wiltshire place less reliance on agency staff than regional and national averages, Swindon is heavily reliant on agency workers.

Children's social work staff, turnover, agency use, vacancies and absence 2018

	Turnover rate (%)	Agency worker rate (%)	Vacancy rate (%)	Absence rate (%)
BANES	21.9	3.7	7.7	2.1
Swindon	33.1	49.5	53.8	1.9
Wiltshire	22.2	8.6	12.6	3.3
England	15.2	15.4	16.5	3.2
SW	18.1	16.9	18.8	2.9

DfE

Workforce Intelligence Summary Domiciliary care services in the adult social care sector 2018/19

Source: Skills for Care adult social care workforce estimates 2018/19
Key findings

A summary of the adult social care workforce within domiciliary care services and includes Skills for Care's workforce estimates. Across England there

were 9,400 domiciliary care services registered with CQC as at September 2018. These care providing locations had an estimated workforce of 520,000. Around 505,000 of these roles were within the independent sector, with 19,000 in local authorities.

The number of jobs in domiciliary care services increased from 425,000 in 2012/13 to 520,000 in 2018/19, an overall increase of 23%. The rate of increase appears to have slowed from 2014/15 onwards.

By comparison, since 2012/13, the number of jobs in care home services with nursing increased by 6%, whilst care only home services decreased by 2%.

Staffing overview There were an estimated 450,000 direct care providing jobs in domiciliary care services, 43,000 managerial jobs, 3,200 regulated professionals and 25,000 other jobs including ancillary non-care providing roles.

Just under half of staff in domiciliary care services were employed on a full-time basis (47%), with 38% employed part-time and 15% employed as neither full nor part-time (no set hours).

Around 50% of the workforce were employed on zero-hours contracts. This proportion has decreased 6 percentage points since 2012/13. Across all services, 24% of the workforce were employed on zero-hours contracts.

This contract type could be attractive to domiciliary care providers to help manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness. Workers may benefit from the flexibility offered by zero-hours contracts. However, they can be considered adverse for workers in terms of financial stability and security.

520,000 Jobs in domiciliary care services.
9,400 Care providing locations across England.
50% Proportion employed on zero-hours contracts.

Recruitment and retention
The turnover rate for domiciliary care services was 38.8%, which was higher than care only home and care home with nursing services (29.6% and 31.5% respectively). This equates to an estimated 190,000 workers leaving their role in the previous 12 months. Care workers had a turnover rate of 44.3%, which equates to an estimated 166,000 leavers.

Most of the workforce in domiciliary care services were recruited from within adult social care (68%). This means that although the high turnover rate results in employers going through the recruitment process, with its associated costs, the skills and experience of many workers are retained by the sector.

The workforce in domiciliary care services had an average of 6.9 years of experience working in social care. This was less than the average for care only home and care home with nursing services (9.2 and 8.5 years respectively). The average length of time in current role for the workforce in domiciliary care services was 3.4 years.

The vacancy rate for domiciliary care services was 10.6%, equating to an estimated 58,000 vacancies at any one time. This rate was higher than the average across all services (7.8%).

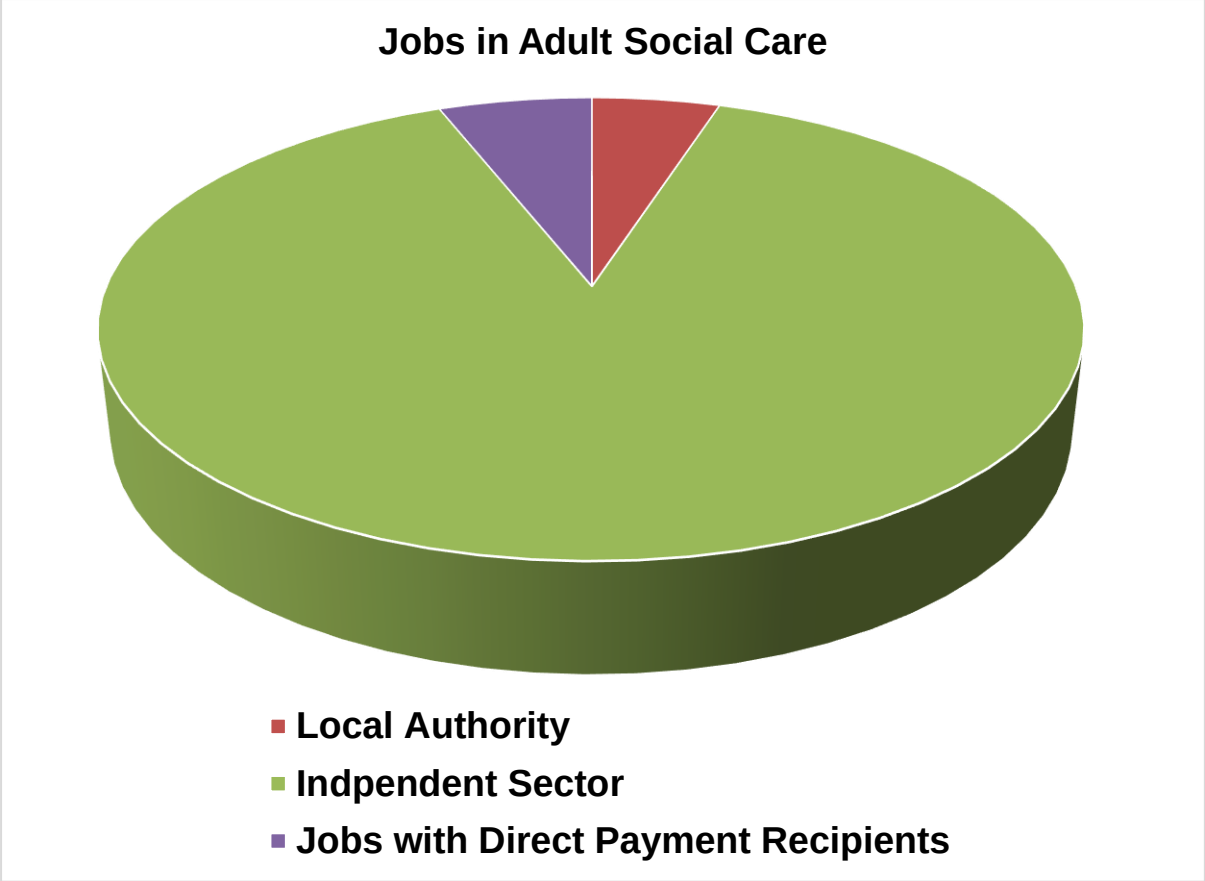
Demographics

Around 84% of workers in domiciliary care services were female, and the average worker was 43 years old. These demographic breakdowns broadly match those seen in the rest of the adult social care workforce.

The nationality of the workforce in domiciliary care services was 83% British, 7% EU (non British) and 9% non-EU. This was similar to the diversity across all services. The proportion of workers at domiciliary care services with an EU nationality has increased from 5% in 2012/13 to 7% in 2018/19. The proportion with a non-EU nationality decreased over the same period from 12% in 2012/13 to 9% in 2018/19.

Adult Social Care Workforce

We are aware that there are currently 14,000 jobs in adult social care in Wiltshire and 10,000 of these are direct delivery posts. The diagram below shows that the most significant employer of social care jobs is the independent sector.



Key demographic data shows that Wiltshire's Working-Age Population (WAP) is projected to decrease from 60.4% to 54.4% of total population but Wiltshire's Retirement-Age Population (RAP) is projected to increase by almost half again from 21.5% to 29.8% by 2026. This will impact on future public sector resources both financially and in relation to the workforce and its ability to satisfactorily meet the social care needs of Wiltshire's population in the future.

In October 2017, the Care Quality Commission (CQC) stated that the sustainability of the care market is precarious. In its annual report on *the state of health care and social care*, the CQC said that demand for care is increasing but capacity is reducing.

Recruitment and retention challenges

The 2018 Skills for Care report 'Size and Structure of the Adult Social Care Sector and Workforce in England' notes that the number of adult social care jobs in England was estimated to be 1.6 million with the number of people working in the sector estimated at 1.47 million. This makes adult social care a bigger employer than the NHS. Of the 1.6 million jobs around 1.13 million were full time equivalent roles. 2016 / 17 alone saw an increase by around 1.2% (19,000 jobs).

This makes adult social care a large and growing employment sector, contributing much to both the local and national economy. The Economic

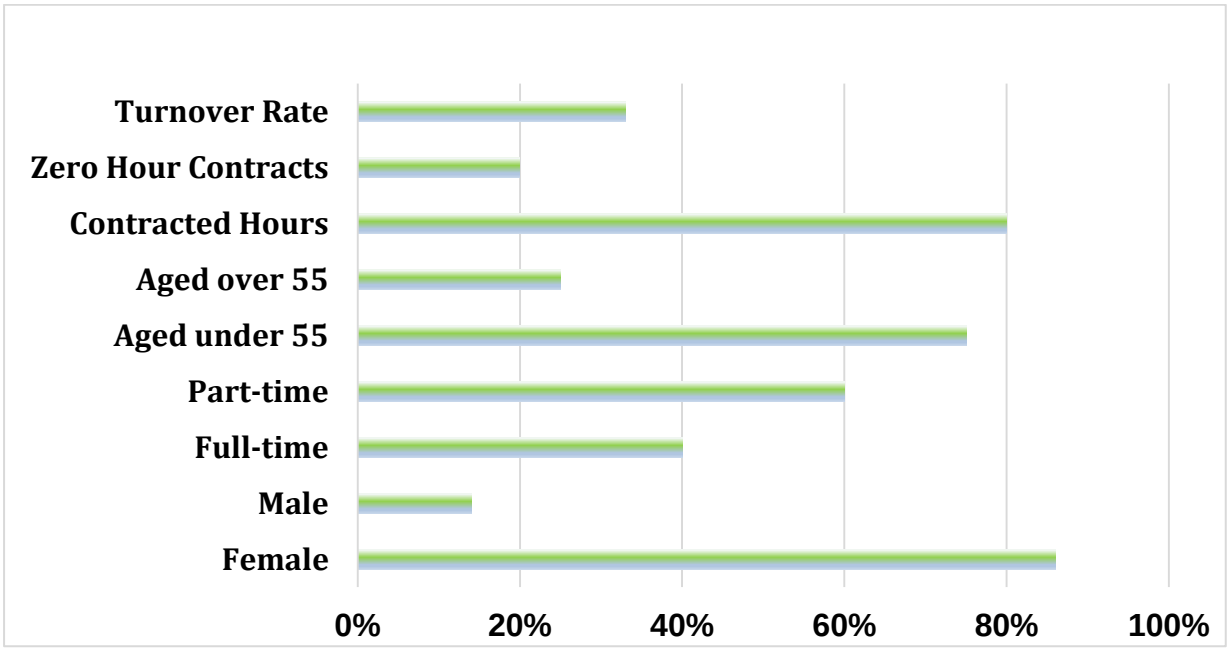
Value of the Adult Social Care Sector – England (2018) estimated that in 2016 the adult social care sector GVA was £20.3 billion. The total direct, indirect and induced value of adult social care in England was £38.5 billion.

The adult social care sector does retain skills and experience, however, attracting new people to the sector is proving challenging. Over two thirds of new starters to an organisation are recruited from within the sector. Frontline care roles such as homecare are not always considered as attractive career options for people.

In Wiltshire we are committed to working with our partners to address the workforce challenges. We are part of the Proud to Care initiative in the Southwest, which is a partnership arrangement between 16 Local Authorities working with Health Education England aiming to make social care careers more attractive, rewarding and sustainable.

We have a local Proud to Care initiative and we are currently reviewing this and our committed to getting the very best we can from this initiative. Please visit our Proudto Care Website www.proudtocarewiltshire.co.uk .

The Characteristics of Wiltshire's Direct Care Workforce



Current workforce initiatives

At least two providers in Wiltshire have pool vehicles they loan to new staff for an initial period of up to six months to allow them the opportunity to save and purchase their own transport.

A number of social care organisations have employee referral schemes. The basis of a scheme is a monetary reward on successful commencement of employment by an existing employee's 'friend'. Whilst monetary amounts and timescales for payment differ, the principals remain the same. The monetary

amount is not the only reason that the schemes work. Staff are able to provide their 'friend' with a realistic job preview which reduces the chance of drop out and they understand the qualities required to undertake the role ensuring that the 'friend' is the right fit for the role and organisation. Many do not want their own reputation to be tarnished by introducing someone who is not suitable. All of these points feed into values based recruitment.

Appendix 3 – Labour market and housing market

Local authority populations

	000's
BANES	191.3
Swindon	223.1
Wiltshire	503.6

Source: ONS mid-year population estimates 2019

The table below show the relative size of the working age populations within overall total populations:

Economically active populations

% working age	BANES	Swindon	Wiltshire	S West	GB
All aged 16-64	64.4	64.0	60.1	60.6	62.9
Males	65.4	64.7	61.0	61.4	63.6
Females	63.6	63.3	59.3	59.9	62.2

Source: ONS mid-year population estimates, 2017

The data indicate that BaNES and Swindon have higher proportions of their total populations that are economically active than Wiltshire or the South West as a whole – which are likely to have larger proportions of retired people. The breakdown, into types of employment and unemployment, of the economically active populations are shown below.

Breakdown of economically active populations

% economically active	BANES	Swindon	Wiltshire	S West	GB
All	80.6	83.0	82.6	81.1	78.5
In employment	78.0	79.6	80.7	78.7	75.1
Employees	65.7	71.1	69.3	66.3	64.3
Self employed	11.7	8.4	11.2	12.2	10.6
Unemployed	3.2	3.7	2.6	2.9	4.2

Source: ONS annual population survey 2017-18

In general, the proportions of economically active people are higher and unemployment is lower than the British average. Wiltshire has the highest percentage of economically active people across the BSW STP, as well as the lowest unemployment rates.

Employment by occupational group provides an indication of the skills and potential earnings of local populations.

Occupational groups

% occupational group	BANES	Swindon	Wiltshire	S West	GB
1 Managers, Directors & Senior Officials	13.1	8.4	12.7	11.2	10.8
2 Professional Occupations	24.5	16.2	19.6	19.1	20.5
3 Associate Professional & Technical	13.8	13.5	17.6	14.4	14.7
4 Administrative & Secretarial	9.5	11.0	8.8	9.7	10.1
5 Skilled Trades Occupations	8.3	11.3	11.1	11.4	10.1
6 Caring, Leisure & Other Service	8.5	8.5	7.4	9.4	9.1
7 Sales & Customer Service Occs	7.7	6.7	7.2	7.5	7.6
8 Process Plant & Machine Operatives	5.0	11.6	5.8	6.3	6.4
9 Elementary Occupations	9.6	12.1	9.8	10.9	10.5

Source: ONS annual population survey 2017-18

Levels of qualifications perhaps confirm this.

Qualifications

% qualifications	BANES	Swindon	Wiltshire	S West	GB
NVQ4 & Above	47.8	34.2	42.1	39.0	38.6
NVQ3 & Above	69.5	51.9	61.9	60.3	57.2
NVQ2 & Above	83.7	70.5	80.5	79.0	74.7
NVQ1 & Above	92.2	85.9	90.0	90.1	85.4
Other Qualifications	4.1	8.5	4.9	4.9	6.9
No Qualifications	3.7	5.6	5.1	5.0	7.7

Source: ONS annual population survey 2017-18

As a rule of thumb ('approximate equivalences') using well-known qualifications, NVQ Level 1 represents GCSE passes at lower grades, Level 2 is higher pass grades, Level 3 is A-Levels, and Level 4 is a degree. BaNES has proportionately more people with higher qualifications. All three areas exceed the British averages for NVQ Level 1 or higher (essentially, all formally qualified people).

Earnings data shows that pay by area of residence is generally higher than in the South West (noting that this is based on full-time work). As with other areas, there is a marked gender pay gap.

Earnings by area of residence

Earnings by area of residence (£)	BANES	Swindon	Wiltshire	S West	GB
Gross Weekly Pay					
Full-Time Workers	611.30	568.30	561.50	537.60	571.10
Male Full-Time Workers	663.00	650.10	613.80	583.00	612.20
Female Full-Time Workers	515.80	462.30	503.70	473.80	510.00
Hourly Pay - Excluding Overtime					
Full-Time Workers	15.61	14.32	14.28	13.52	14.36
Male Full-Time Workers	16.40	15.66	14.91	14.19	14.89
Female Full-Time Workers	14.26	11.94	13.38	12.43	13.56

ONS annual survey of hours and earnings - resident analysis, 2018

However the earnings by place of work show a slightly different picture.

Earnings by place of work

Earnings by place of work (£)	BANES	Swindon	Wiltshire	S West	GB
Gross Weekly Pay					
Full-Time Workers	579.30	556.30	534.40	531.20	570.90
Male Full-Time Workers	659.10	625.00	586.10	574.90	611.80
Female Full-Time Workers	490.90	484.70	474.20	469.30	509.80
Hourly Pay - Excluding Overtime					
Full-Time Workers	14.59	14.25	13.41	13.35	14.35
Male Full-Time Workers	15.80	14.64	14.08	13.98	14.88
Female Full-Time Workers	13.78	12.96	12.57	12.31	13.55

ONS annual survey of hours and earnings – workplace analysis, 2018

Major urban areas will tend to see residence-based earnings that are lower than workplace based earnings; whereas residence based earnings in rural areas will be higher than workplace earnings. This is because work in rural areas such as agriculture and tourism tends to pay less well and because

people living in rural areas may travel to work in urban areas for higher paid jobs. The data above tend to indicate that commuting into workplaces from rural settings is common in BSW.

The industries employing local residents are shown below. Employment is not markedly different from national figures, other than accommodation and food service, health and social work and education being stronger in BaNES; administration and support services stronger in Swindon; and manufacturing being lower in BaNES. Employment in health and social work is higher in BaNES, but lower in Swindon and to a lesser extent lower in Wiltshire.

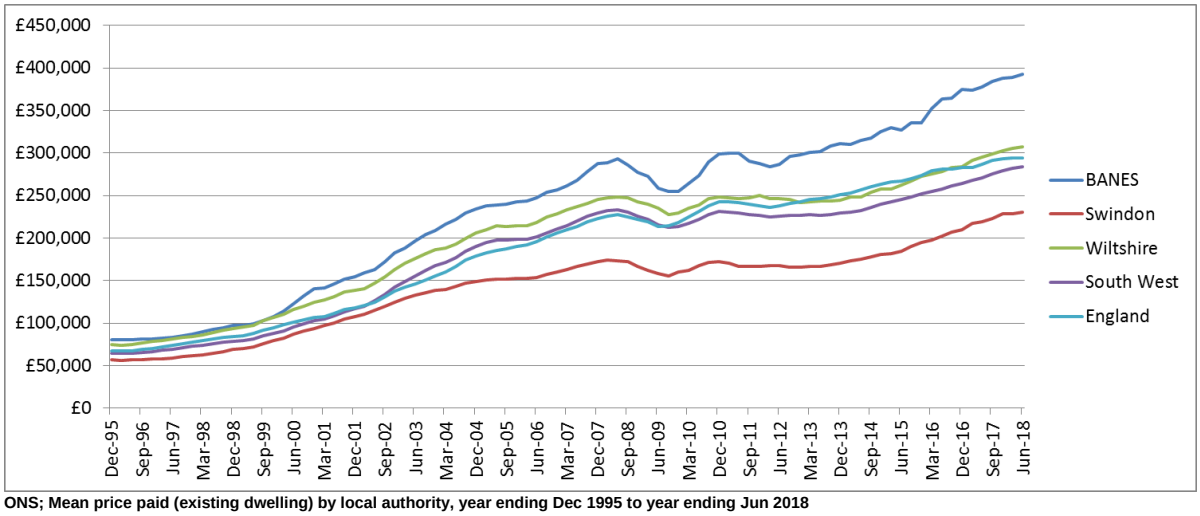
Jobs by industry

% jobs by industry	BANES	Swindon	Wiltshire	S West	GB
B : Mining & Quarrying	0.0	0.0	0.0	0.1	0.2
C : Manufacturing	4.0	8.6	9.2	8.6	8.2
D : Electricity, Gas, Steam & Air Conditioning Supply	0.1	0.2	0.4	0.5	0.5
E : Water Supply; Sewerage, Waste Management & Remediation Activities	2.0	1.3	0.8	0.8	0.7
F : Construction	4.6	3.9	5.6	5.3	4.8
G : Wholesale & Retail Trade; Repair Of Motor Vehicles & Motorcycles	14.9	16.4	17.4	16.0	15.2
H : Transportation & Storage	1.7	7.8	2.6	3.6	4.7
I : Accommodation & Food Service Activities	10.3	6.0	9.7	9.8	7.5
J : Information & Communication	5.2	3.4	4.1	3.6	4.4
K : Financial & Insurance Activities	3.4	9.5	1.3	3.5	3.5
L : Real Estate Activities	1.7	0.9	1.8	1.5	1.7
M : Professional, Scientific & Technical Activities	9.2	7.8	8.7	7.3	8.4
N : Administrative & Support Service Activities	5.7	11.2	7.2	7.4	9.1
O : Public Administration & Defence; Compulsory Social Security	2.3	3.0	4.6	4.2	4.3
P : Education	13.8	6.9	10.3	9.4	8.9
Q : Human Health & Social Work Activities	16.1	9.5	11.8	13.7	13.3
R : Arts, Entertainment & Recreation	2.0	1.7	2.3	2.5	2.6
S : Other Service Activities	2.0	2.2	2.1	1.9	2.0

ONS Business Register and Employment Survey, 2017

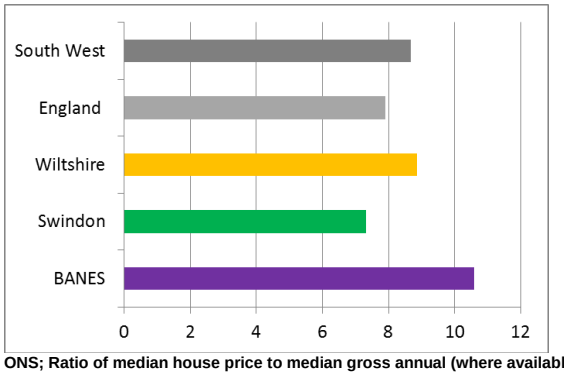
In summary, the economically active population is relatively large, with lower unemployment, better paid work and more highly qualified than British averages, but not markedly so. The proportion of the jobs in health and care is notably higher in BaNES than the other areas, and higher than regional and national figures.

Mean private property prices by local authority area, 1995-2018



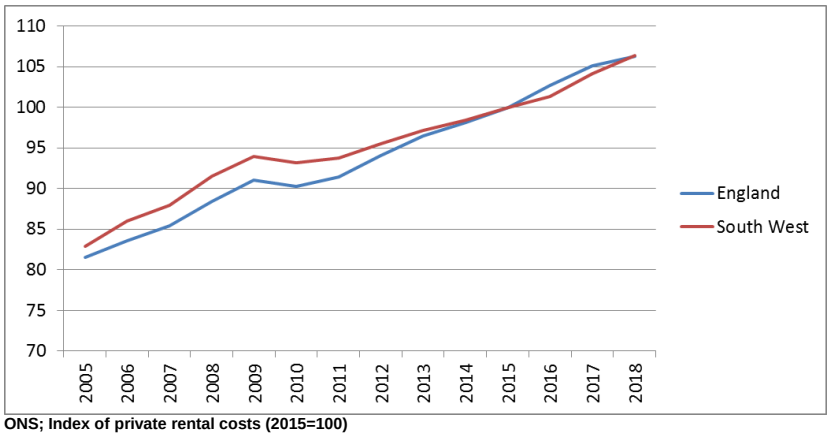
ONS; Mean price paid (existing dwelling) by local authority, year ending Dec 1995 to year ending Jun 2018

Ratio of median house price to median gross annual earnings, by local authority, 2017



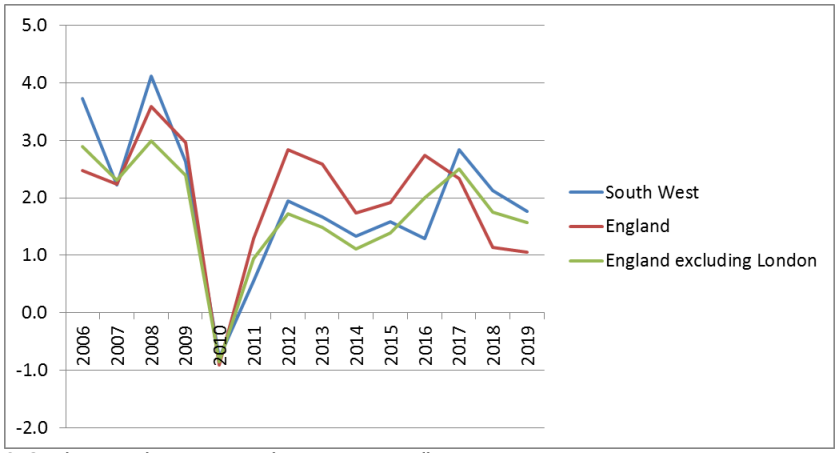
ONS; Ratio of median house price to median gross annual (where available) residence-based earnings, 2017

Index of private rental costs, 2005-2018



ONS; Index of private rental costs (2015=100)

Average rise in private rental costs, 2006-2019



ONS; Private rentals - percentage change on a year earlier

Appendix 4 – BSW STP transformation plans

BSW STP mental health transformation plan

The BSW STP has co-produced a mental health strategy and vision to meet the needs of local people both now and in the future.

In 2017, the Mental Health Foundation commissioned a survey to understand the prevalence of self-reported mental health problems, levels of positive and negative mental health in the population. They found that:

- Nearly two-thirds of people (65%) say that they have experienced a mental health problem. This rises to 7 in every 10 women, young adults aged 18-34 and people living alone.

50% of mental health issues start before the age of 14; 75% start before 24 years old.

- Only a small minority of people (13%) were found to be living with high levels of positive mental health.
- People over the age of 55 report experiencing better mental health than average.
- More than 4 in 10 people say they have experienced depression
- Over a quarter of people say they have experienced panic attacks.
- The most notable differences are associated with household income and economic activity - nearly 3 in 4 people living in the lowest household income bracket report having experienced a mental health problem, compared to 6 in 10 of the highest household income bracket.
- The great majority (85%) of people out of work have experienced a mental health problem compared to two thirds of people in work and just over half of people who have retired.
- Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives.

The number of children and young people aged under 18 admitted to Emergency Departments with a primary diagnosis of a psychiatric condition has almost tripled since 2010/11.

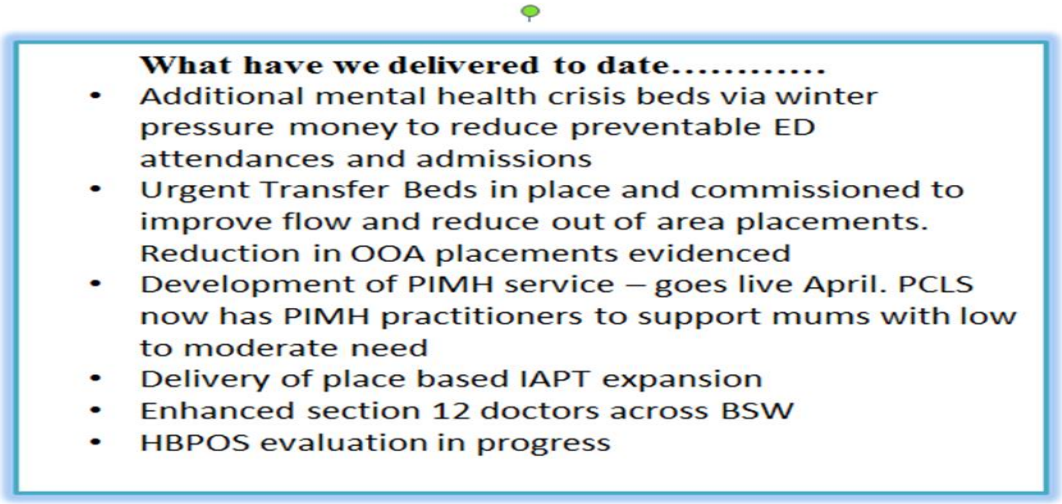
In BSW STP:

- Mental Health service users are 2-4 times more likely to die of cancer, circulatory or respiratory disease than the rest of the population and at higher risk of other less common cause of death
- Excluding mental health disorders and disease of the nervous system, the highest relative rates of death in mental health service users compared to the STP population, are due to external causes such as injuries and burns, substance misuse, hypothermia and suicides

BSW has created the Thrive BSW programme and are already using the concept to drive forward transformation. Thrive BSW is a long term complex and ambitious programme which brings all partners across public, private and voluntary sector together to improve mental health for local people. Thrive uses a public health approach to begin changing the way people think about mental health. The model offers a public health solution that includes all the following elements: prevention of illness, promotion of mental health and wellbeing, early detection of problems, and treatment.

Thrive BSW is a mental health and wellbeing programme for all ages to improve the mental health and wellbeing of everyone in the STP footprint, with a focus on those with the greatest needs. It covers all ages from prenatal to older people. It ranges from plans to improve the whole population's wellbeing to early interventions and specialist treatments for people experiencing mental illness.

The BSW Thrive approach links with the I-Thrive model, which is a national programme of innovation and improvement in child and adolescent mental health.



BSW mental health strategy sits under the umbrella of the BSW clinical strategy, which seeks to enable children and young people to 'Start Well', for

people to ‘Live Well’ and older people to ‘Age Well’. The aim is to develop a bold set of ambitions over the next 5 years for the combined population. The priorities are driven by a Health and Care Strategy which clearly sets out the ambition for the people of BSW.

A key aspect of delivering the mental health strategy is to develop the workforce in order that there is:

- Dedicated multi agency working group in place
- New roles being designed to fill known workforce gaps

It has been identified that there are challenges across the mental health services in relation to recruitment and retention. BSW have developed a dedicated mental health workforce working group to agree actions and monitor progress. This will link with both place based and at scale activities and monitored via the LWAB. The place-based activities will be monitored at the Wiltshire Workforce Group. Workforce activities currently underway include:

- Extended use of apprenticeships
- Widening flexible working offer – increasing Bank pool for BSW
- Associate Psychologists
- Associate Physicians
- Advanced Clinical Practitioners
- Non-medical Approved Clinicians
- Peer Support Workers

It has also been identified some priority workforce areas. These include the need for parity between third sector and NHS terms and conditions to support delivery of new integrated models of care between our partners and designing tomorrow’s mental health workforce today.

BSW STP local maternity transformation plan

BSW maternity services have increasingly been working together to improve services for women. Strong relationships have developed between the three hospital Trusts and commissioners. The welcome publication of the “Better Births, Improving outcomes of Maternity Services in England” as it provides a vision and framework for BSW to progress. The national blueprint for maternity as described in the Five Year Forward View has also been used to form the plan.

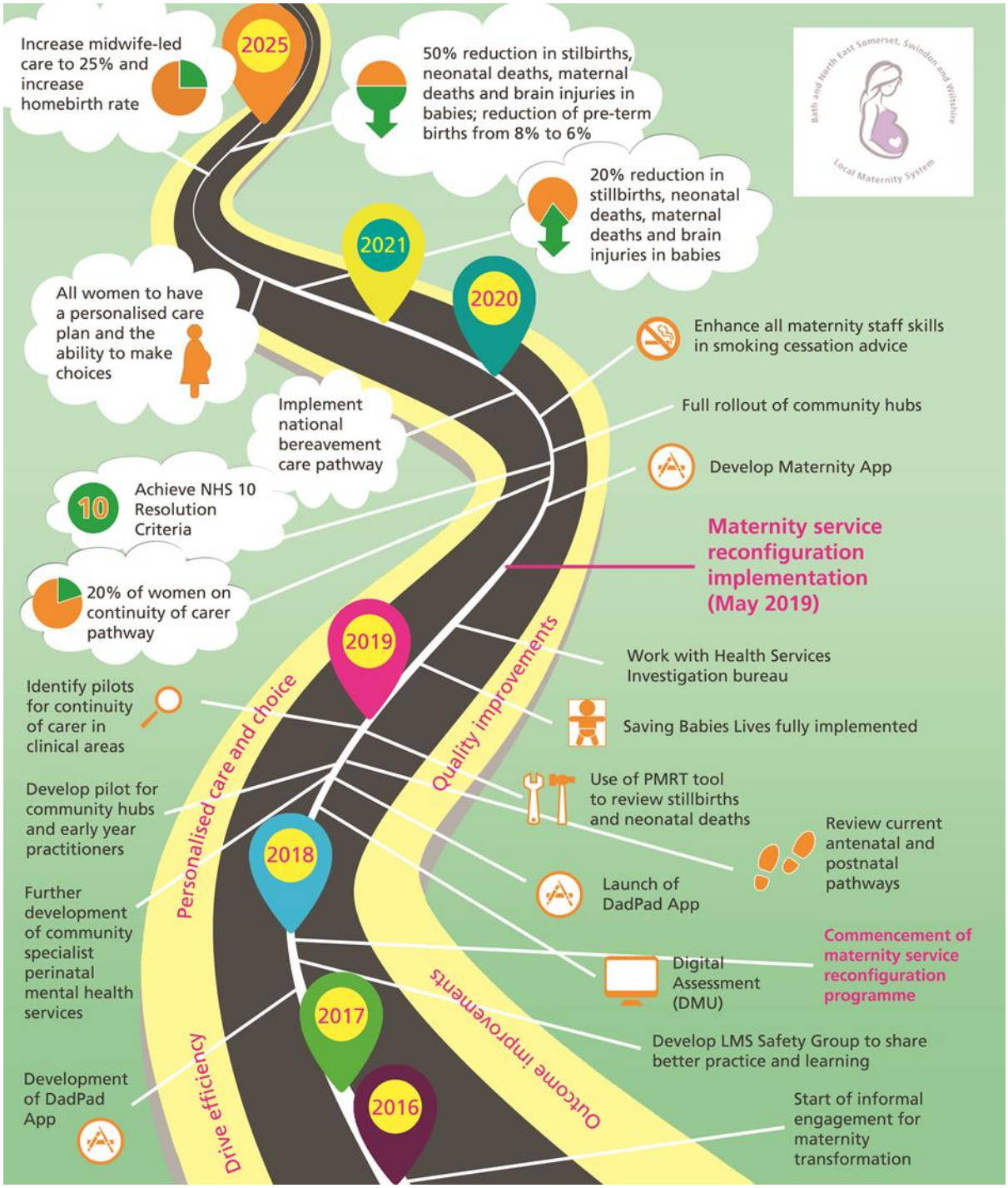
The providers and commissioners within BSW are active participants in the South West Maternity Clinical Network, which benchmarks providers and facilitates quality improvement initiatives. The STP is well placed to build on the success of this established network to transform local maternity services through clinical leadership.

BSW will proactively engage with women, fathers, families and communities to ensure safe births, positive experiences and equity for all women. As

organisational boundaries blur, staff and services will be enabled to improve communication and continuity of care. Working together with partner agencies to develop seamless pathways that enable women and their families to access services to further enhance their physical, emotional and mental health in pregnancy and support the transition to parenthood ensuring the best possible start for babies.

The current national pilot projects underway will provide additional learning and guidance that we are keen to adapt for the BSW Local Maternity System as the evidence becomes available.

BSW have developed a maternity road map to support the journey to realise its vision:



A mapping exercise of the local maternity workforce has taken place to identify opportunities for workforce transformation in maternity services to support the Better Births plan.

BSW STP older people programme

Across BSW there are currently 80,000 people aged over 75 years. By 2025/26 this number is expected to grow to 115,428 (a rise of more than 40%) and our STP footprint population is likely to exceed one million, with one in five people aged over 65 years (over 200,000). Both services and the

workforce need to develop to meet the rapidly changing needs of people and communities.

To enable BSW to manage future anticipated increases in admissions for the frail elderly linked to known demographic growth over the next 10 years. Analysis undertaken on Lengths of Stay (LOS) across BSW highlighted the opportunity that exists for improvement. A significant element of this improvement will relate to the timely discharge of older people. BSW determined to undertake the interventions needed to deliver these improvements through a LOS programme delivered in each of the three local systems – which will have a significant impact on elements of the discharge process relating to older people.

In this context, the older people's programme has focused on other elements of the care model looking at clinician led quality improvement to deliver improved health and wellbeing for older people through strengths based working, prevention, early intervention and rapid reablement, specifically:

- Aging well
- Loneliness and isolation
- Care planning and support
- Rapid response/accessibility of key services
- Multidisciplinary Team working within the Community
- End of Life Care

In delivering the older people's elements of the integrated health and care model the following areas have been identified as areas of particular focus:

- Out of Hospital services
- Use of specialist roles
- Primary Care Networks:
- GP Practices
- Community Care
- Voluntary Sector and Community groups
- Prevention agenda and Public Health contribution