

Workforce Futures

A Strategic Framework for the Powys Health & Care Workforce

January 2020



Foreword

I am delighted, on behalf of the Powys Regional Partnership Board, to publish this Workforce Futures Strategic Framework.

This framework is a key enabler for the Health and Care Strategy for Powys: *A Healthy, Caring Powys*. It is designed to help us ensure we have a strong, cross sector workforce to enable delivery of our strategy to improve health and wellbeing for the people of Powys.

A wide range of individuals and organisations who are part of, and have an interest in the health and care workforce across Powys, have helped to influence this Strategic Framework, focusing on 'what matters most' and the priorities for development. Over 300 people have put their views forward including partners, paid staff, carers and volunteers.

The workforce challenges facing Powys are clear. The geographical spread of Powys, a reducing younger person population, increasing older population and the absence of important infrastructure such as a university within the county, means that, collectively, a different approach to attracting and developing a workforce for the future is essential.

Building on our success through our current workforce, this strategic framework provides an opportunity to focus on developing a workforce model that will help us attract, support and train the best people. The ambition in the health and care strategy is clear: we will develop Powys as a region that offers exemplary health and care in a rural setting,

delivered by an engaged and valued workforce, working seamlessly across organisational boundaries.

This framework sets out the high-level strategic priorities needed to deliver *A Healthy, Caring Powys* through our workforce and is based on needs, evidence and the views of people gained through engagement. To achieve the ambition, a workforce model that is designed to deliver new models of care, values the contribution of everyone and supports access to high-quality education, learning and development, is key.

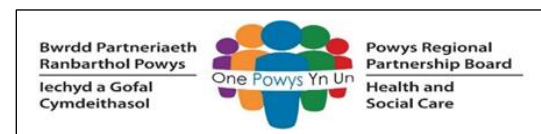
The framework describes the key themes of work:

- Designing, Planning and Attracting the Workforce
- Leading the Workforce
- Engagement and Wellbeing
- Education, Training and Development
- Partnership and Citizenship
- Cross-cutting theme: Technology and Digital Infrastructure

It also describes its alignment to other strategic frameworks that enable the Health and Care Strategy to be delivered. It will be supported by a detailed implementation plan describing our actions, which will follow during 2020.

I would like to thank everyone who has helped to shape *Workforce Futures: A Strategic Framework for the Powys Health and Care Workforce*, and look forward to working together to implement the priorities.

Carol Shillabeer - Chair of Powys Regional Partnership Board



Contents



Foreword..... 2

1. Introduction and Strategic Context..... 4

2. Our Workforce.....11

3. Workforce Futures Strategic Framework 18

- Designing, Planning and Attracting the Workforce.....23
- Leading the Workforce.....26
- Engagement and Wellbeing.....28
- Education, Training and Development.....30
- Partnership and Citizenship.....32
- Cross-cutting theme: Technology and Digital Infrastructure.....34

4. Next Steps.....36

5. Appendix and References.....37

1. Introduction and Strategic Context

1.1 The Health and Care Strategy for Powys

The Health and Care Strategy for Powys (A Healthy, Caring Powys 2017-27), was the first integrated regional health and care strategy in Wales. It was developed with the people of Powys, and promotes a more holistic way of supporting the health and care needs of communities, by organisations working together more effectively.



'A Healthy, Caring Powys':
A 10-year health and care strategy for Powys

The Health and Care Strategy for Powys provides the future vision and direction of travel for improving health and wellbeing, and demonstrates the high level of commitment from the Regional Partnership Board, with its constituent organisations and sectors, to work together for and with the people of Powys.

The strategy seeks to support people to 'Start Well', 'Live Well' and 'Age Well' through focusing on wellbeing, early help and support, the big four health challenges and joined-up care. Family, communities, home and the environment are essential to wellbeing with the new model of care focusing on care within the home and community, enabling communities to feel connected by utilising local talents and resources, and providing health and care in a fit-for-purpose environment.

These are undoubtedly challenging times, particularly with prolonged austerity and the demographic changes in Powys. There is a compelling need to work differently if services are to be transformed for the future. Workforce Futures, Digital First, Transforming in Partnership and Innovative Environments act as key enablers in achieving our vision and transforming services so they are resilient for the future needs of citizens and communities.

Delivery of the Health and Care Strategy will be critical to improving the social, health, economic, environmental and cultural well-being of Wales as part of Powys's longer-term Wellbeing Plan.

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING
A VISION OF THE
FUTURE OF HEALTH
AND CARE IN POWYS...



WE AIM TO DELIVER
THIS VISION THROUGHOUT
THE LIVES OF THE PEOPLE
OF POWYS...



WE WILL SUPPORT
PEOPLE TO IMPROVE
THEIR HEALTH AND
WELLBEING THROUGH...



OUR PRIORITIES AND
ACTION WILL BE
DRIVEN BY CLEAR
PRINCIPLES...



THE FUTURE OF
HEALTH AND CARE
WILL IMPROVE
THROUGH...



1.2 Our Strategic Principles

The Health and Care Strategy for Powys is driven by six core principles, which also drive our Workforce Futures Strategic Framework:

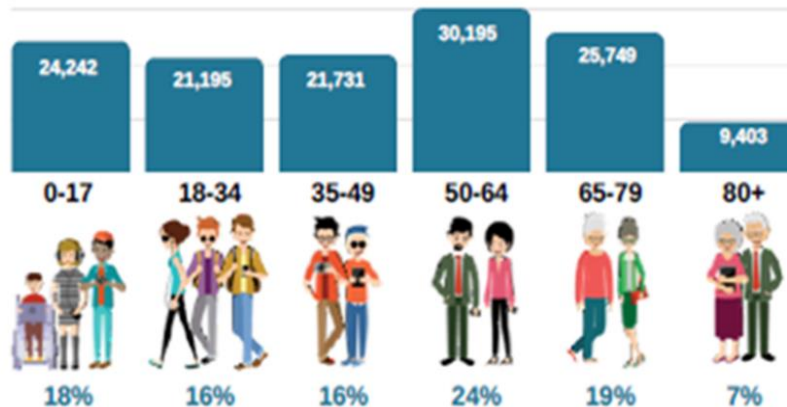
- Do What Matters: “We will focus on what matters to people. We will work together to plan personalised care and support, focusing on the outcomes that matter to the individual”
- Do What Works: “We will provide care and support that is focused on what works based on evidence, evaluation and feedback. We will have honest conversations about how we use resources”
- Focus On Greatest Need: “We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations”
- Offer Fair Access: “We will ensure that people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and recognising rural challenges”
- Be Prudent: “We will use public resources wisely so that health and care services only do those things that only they can and should do, supporting people to be equal partners and take more responsibility for their health and care”
- Work With People and Communities: “We will work with individuals and communities to use all of their strengths in a way that maximises and includes the health and care of everyone, focusing on every stage of life — Start Well, Live Well and Age Well”



1.3 The People of Powys

There are over 130,000 people living in Powys (2017 population estimate: 132,515). The age distribution of Powys is summarised below, and the chart on the right demonstrates that the median age in Powys is amongst the highest in Wales.

Age breakdown of Powys population:

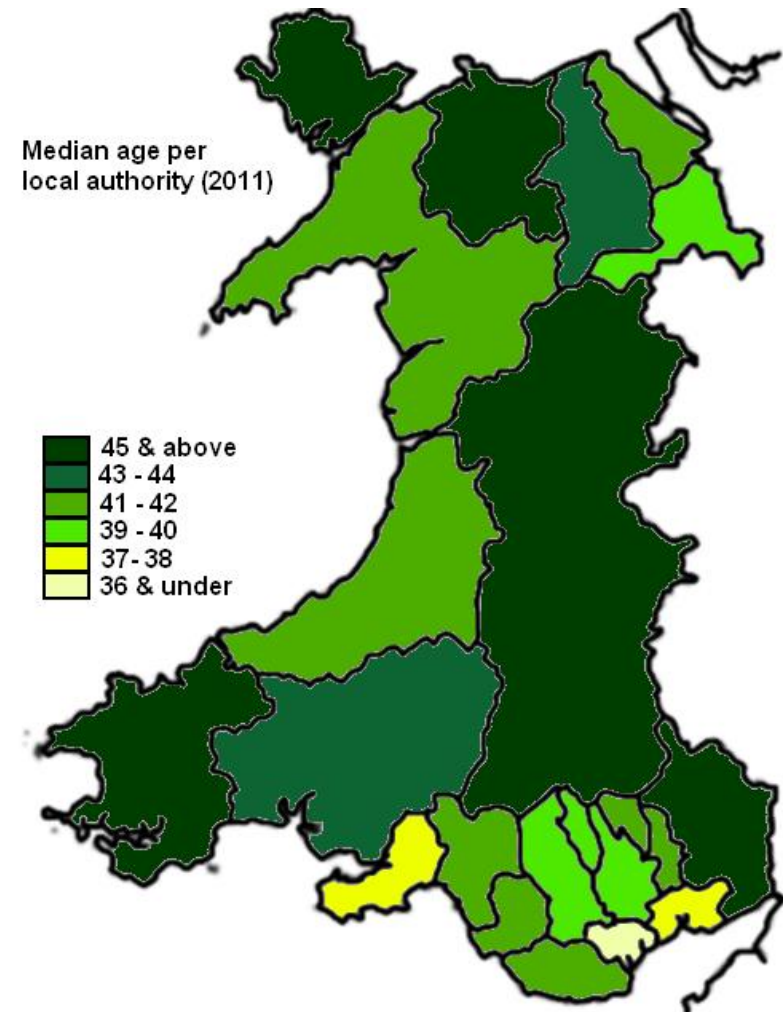


Source: ONS Mid Year Population Estimates, Stats Wales, Welsh Government (2018)

18.6% of the Powys population speak Welsh, and there are growing requirements to ensure that services are available in both Welsh and English.

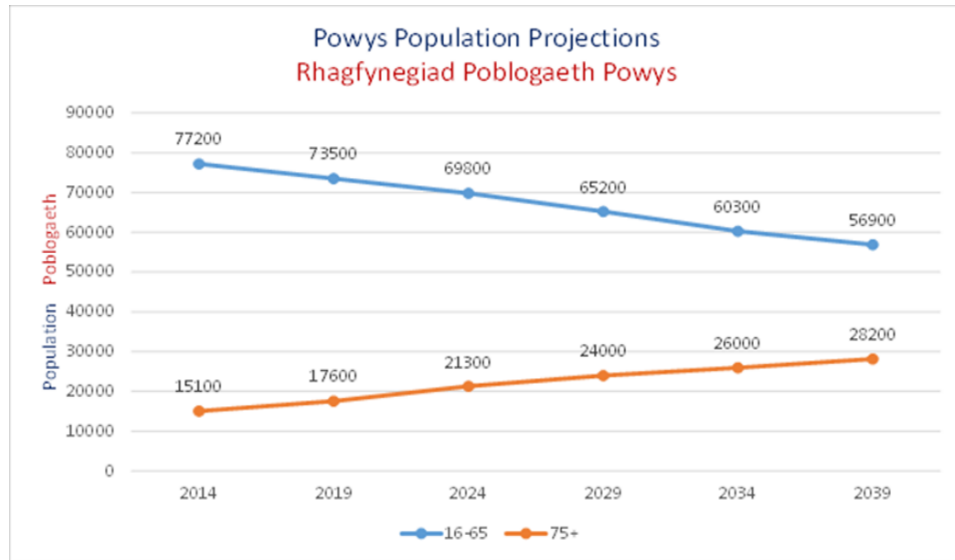
The county of Powys is predominantly rural in character, covering a quarter of the land mass of Wales. It is the most sparsely populated county in England and Wales, with just 26 people per square kilometre. Access to services and social

isolation can be a problem for some residents, particularly for older people living in more remote locations.



Over the next 20 years there is a significant projected increase in the number of people aged 75+ in Powys. With more people living longer with long term conditions, this is

likely to be associated with increased demands for health and social care services across Powys.



The working population in Powys is shrinking faster than the Wales average. Young people are leaving the county to access educational opportunities, with outward migration at its highest between the ages of 15-19.

The geography of the county presents a challenge in delivering all front-line services, but especially so in health and care. Travel time and distance across a rural county can be a burden, this is not only an issue for the population, many of which experience fuel poverty, but is a significant issue for the workforce. This, combined with a limited network of public transport, restricts easy movement around and through the county for individuals and families without access to a car.

Powys does not have a district general hospital within its county, and as a result the residents of Powys rely heavily on neighbouring counties in England and Wales for acute hospital services.

Though employment rates in Powys have improved, in June 2019 there was a significant spike in the number of people claiming benefits. We also know that people have different life expectancies depending on their income and where they live in Powys.

The average annual salary in Powys is lower than UK averages:

- United Kingdom - £36,600 (Female £31,000, Male £40,000)
- Powys - £27,200 (Female £24,200, Male £29,200)

Additionally, people moving into the area will be faced with property prices that are above average costs. Annual council tax for the county is £100 above the average compared to other areas in Wales.

Powys does not have a university within the county. This results in people leaving to access higher education and development opportunities. Many do not return and those who do so often do not return until their early forties. This contributes to the reduction in the working population, with further reductions predicted over the next 15 years. We know that a large proportion of the local workforce lives outside of county and travels in to work, with an average inward travel time of one hour.

Whilst there has been significant investment at a national level into health and social care education, Powys does not always see the direct benefits of this due to the rural character of the area, the distance from the main universities, and the challenges in meeting requirements for clinical and professional placements.

1.4 National Strategic Context

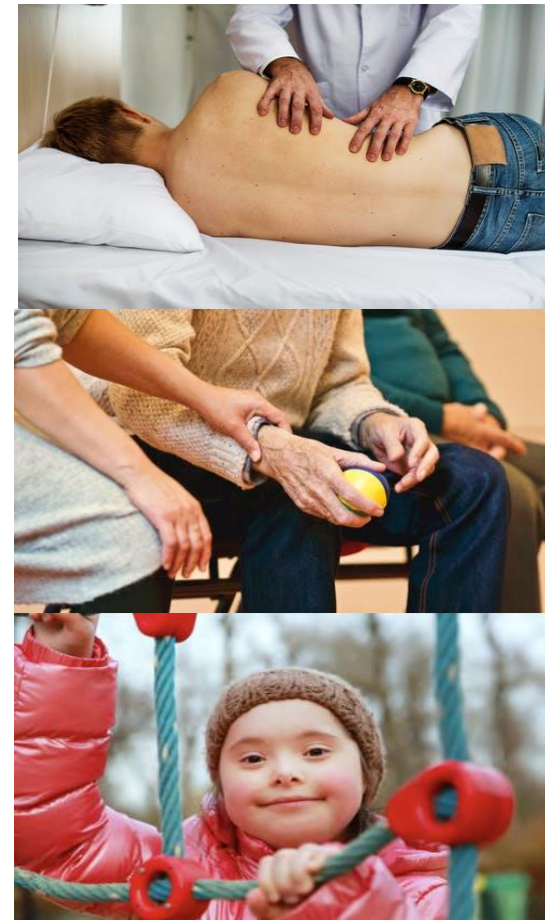
In 2018, a parliamentary review into health and social care in Wales described the increasing demands and new challenges facing the NHS and social care, including an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.

In response to this review, in June 2018, the Welsh Government published ***A Healthier Wales: Our Plan for Health and Social Care***. The ambition is for the health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.

The plan describes four goals for the health and social care system in Wales, which is referred to as the ***Quadruple Aim***:

- improved population health and well-being
- better quality and more accessible health and social care services
- higher value health and social care
- a motivated and sustainable health and social care workforce.

Powys Regional Partnership Board is fully committed to supporting the delivery of ***A Healthier Wales*** long-term plan. Our local plans for delivering the ***Health and Care Strategy for Powys*** articulate how we are doing this.



To help deliver **A Healthier Wales**, the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS Wales, local government, the voluntary and independent sectors, regulators, professional bodies and education providers. This offers partner organisations in Powys an opportunity to be part of the national conversation and help influence its content.

As the national 'Workforce Strategy' builds momentum, we will take advantage of the opportunities it offers us.

National strategic drivers that have informed our local work include:

- The ***Social Services and Wellbeing (Wales) Act, 2014***: This aims to transform social services in Wales to improve the wellbeing of people who need care and support, and to support the people who care for them. This legislation requires the development of a Population Assessment to identify local need and opportunity, and the production of a 'Joint Area Plan' to outline how services could be delivered in an integrated way in the future. The first Area Plan for Powys was published in 2017 and sets out the delivery intentions for the Health and Care Strategy
- The ***Wellbeing of Future Generations Act, 2015***: This requires public bodies in Wales to consider the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. Our Workforce Futures Strategic Framework will support delivery against the seven wellbeing goals and five ways of working through the workforce

- In Powys, we also work in collaboration with colleagues in neighbouring regions. We inform, and we are part of what happens in and around our borders, through a range of mechanisms including the ***Mid-Wales Joint Committee for Health & Care, Mid-Wales Growth Deal*** and ***Rural Health and Care Wales***



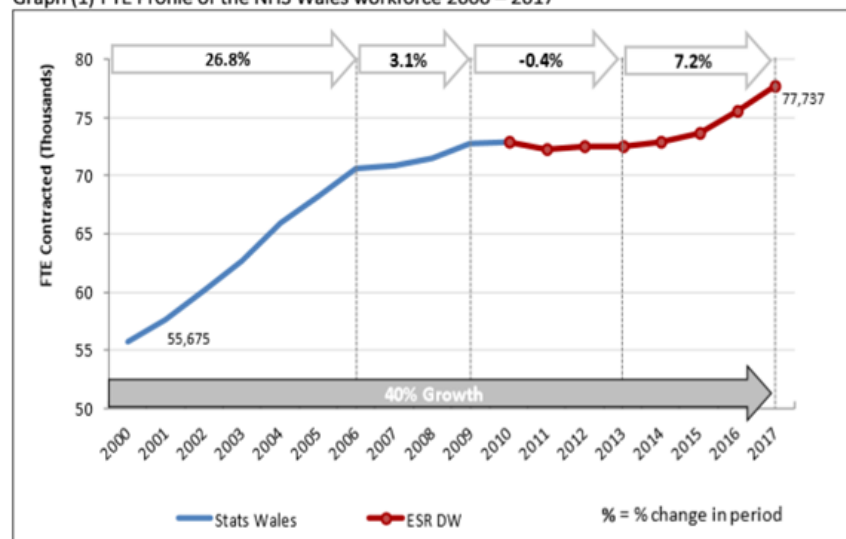
2. Our Workforce

2.1 National NHS Workforce

Nationally, the NHS is heavily reliant on professional qualified clinical staff. These account for around half of all employees. Other key staff groups include those working in central functions, dealing with the NHS's property and estates, and supporting clinical staff (Nuffield Trust, 2019).

The workforce has changed significantly over the past nineteen years and the overall NHS Wales workforce has increased by 45% between 2000 and 2019.

Graph (1) FTE Profile of the NHS Wales workforce 2000 – 2017

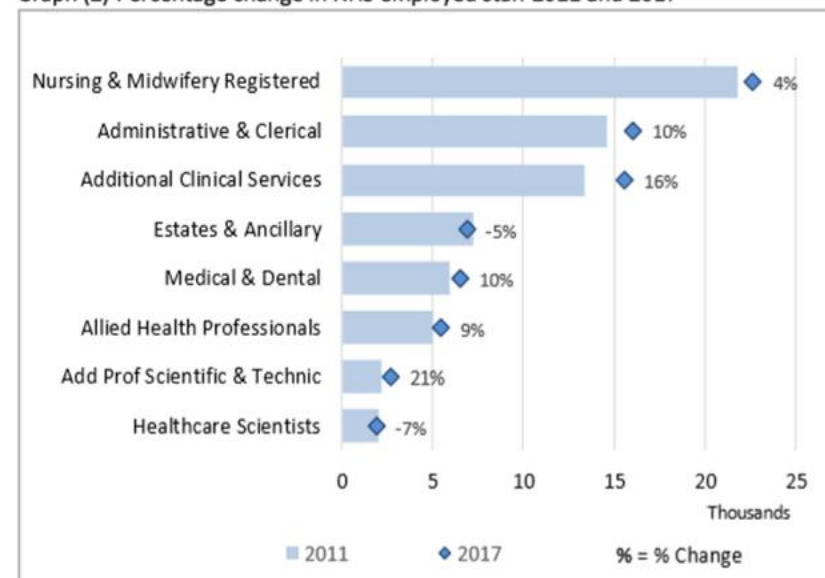


Data Source: Stats Wales & ESR DW

Comparisons of the contracted full time equivalent (FTE) staffing from 2011 to 2019 shows that the majority of staff groups have seen increases in their workforce. Two areas

that have seen a reduction are: Estates & Ancillary, with a reduction of 5%, and Healthcare Scientists reducing by 7%. Increases can be seen across all other staff groups, with additional professional and technical seeing the highest increase (21%). The Medical workforce has grown by 10% with increases occurring across all grade groups.

Graph (2) Percentage change in NHS employed staff 2011 and 2017



Data source: ESR DW

The cost of the workforce nationally for 2018/19 was circa £3.7 billion. Over the past seven years the pay bill has been increasing annually due to the continued workforce growth, the cost of national pay awards, the introduction of the 'Living Wage', increases in agency pay and incremental drift.

In 2016/17 the total pay bill increased 6.4% from the previous year. This is the biggest jump in annual spending in the last six years. Some of this increase can be explained by

the increasing size of the workforce and also the continued cost of Agency and Locum spend.

There has been a significant increase in Agency and Locum spend over the last three financial years. In 2014/15 spend increased by 78% from £49 million to £88 million, this increased again during 2015/16 to £135 million, 54% increase from the previous year. In 2016/17 spend reached £164 million, 21.5% increase from the previous year. In 2016/17, 80% of Agency and Locum spend was attributed to two staff groups; Medical & Dental (47%) and Nursing & Midwifery (33%).

Staff engagement in the NHS is measured through the national staff survey. An element of the survey that focuses specifically on engagement is called the 'Staff Engagement Index', that measures staff perceptions of their jobs and day-to-day work. It is based on a set of questions that considers intrinsic psychological engagement, the ability to contribute towards improvements at work, staff advocacy and staff recommendations.

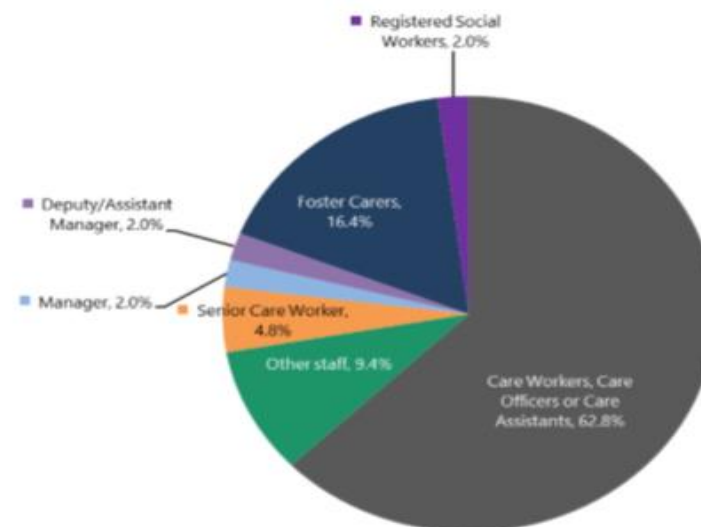
Staff engagement is considered a crucial driver of staff morale and performance within the NHS, and has been shown to be important to the performance of NHS Organisations, e.g. resulting in reduced absenteeism and better quality of services (West and Dawson, 2012).

Across Health in Wales, staff engagement scores have increased from 55% in 2013 to 62% in 2016. Administrative & Clerical are the most engaged staff group. Estates & Ancillary are the least engaged staff group.

2.2 National Social Care Workforce

Across Wales there are approximately 65,000 people delivering adult and children's social care services (2018). They work across 1,300 commissioned care providers and 230 local authority regulated services. These services are delivered by domiciliary care, residential and day care. Over half of the care is delivered through residential care, whilst domiciliary care makes up approximately a third of care, and the remaining care is delivered through day care services.

Only 2% of the local authority regulated services staff are registered social workers, with the remaining 98% of staff being care workers, foster carers, senior care workers, office staff and management. The illustration below describes the breakdown.



In 2018, the majority (87%) of staff working for regulated social care services in Wales were female. Just over one eighth of the workforce were male. The majority (34%) of staff working for regulated services in Wales were aged 51 to 60 years, 25% were aged 41 to 50, and 16% were aged 31 to 40. Across providers, 7% of the commissioned care provider staff aged under 25 were employed by mixed care providers, while 1% of day and other staff were aged 25 and under. 3% of day and other care staff were aged 71 and over, while 1% or less all other provider types employed staff aged 71 and over.

In 2018, more people joined the sector compared to those who left. This compared to just under 12,000 leaving and 15,000 joining the sector. 1 in 9 of commissioned care providers staff can speak Welsh, compared to 1 in 8 employed by the local authority regulated services.

Nationally, the average social worker is 46 years old, white and female. Over a third have some Welsh language ability. The majority of social workers are employed by a local authority with a social work case load and have been in their current post for less than 5 years.

In 2018, 83% of social workers working in social services departments were female. This has remained similar since the data collection began in 2009.

Only 45.6% of newly qualified social workers had obtained a job as a social worker with a case load in Wales, which is a significant decrease from 57.6% in 2016. Fewer social workers are qualifying and fewer are obtaining a social worker post within the following 12 months. In 2012, 89% of

newly qualified social workers obtained a social care post within 12 months, compared to 75.2% this year.

2.3 National Voluntary Workforce

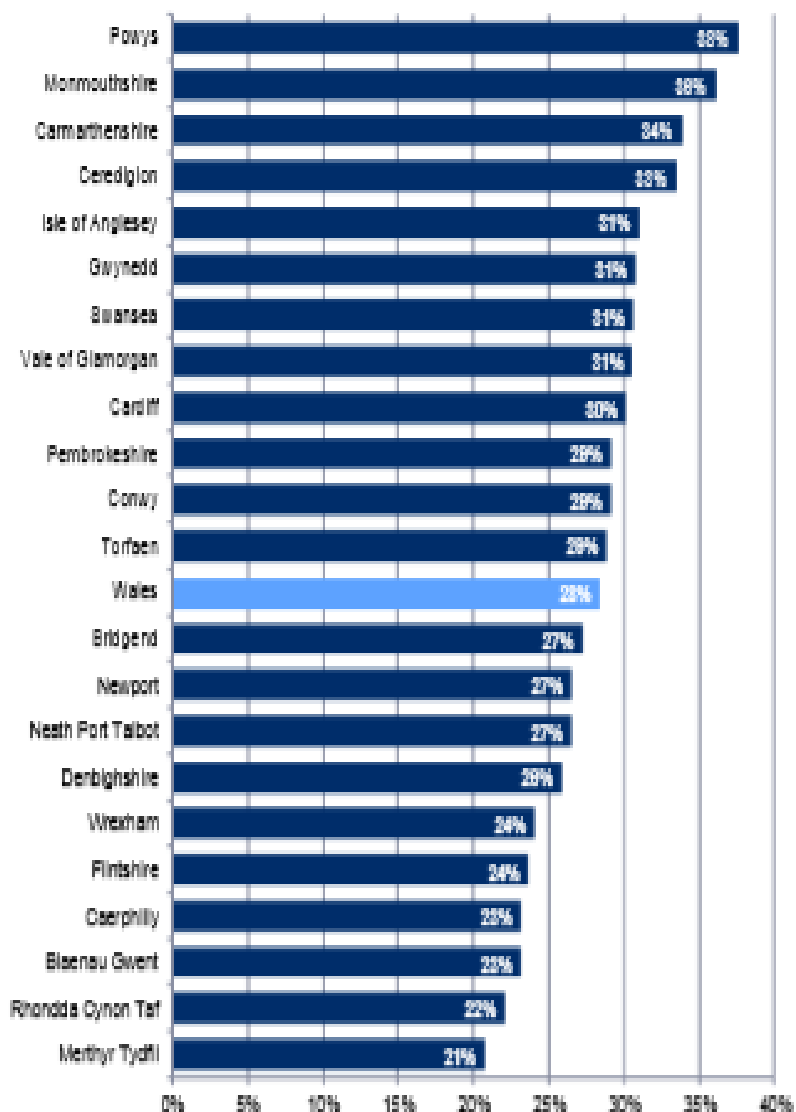
Nationally, there is a significant unpaid workforce of volunteers and carers.

Key findings

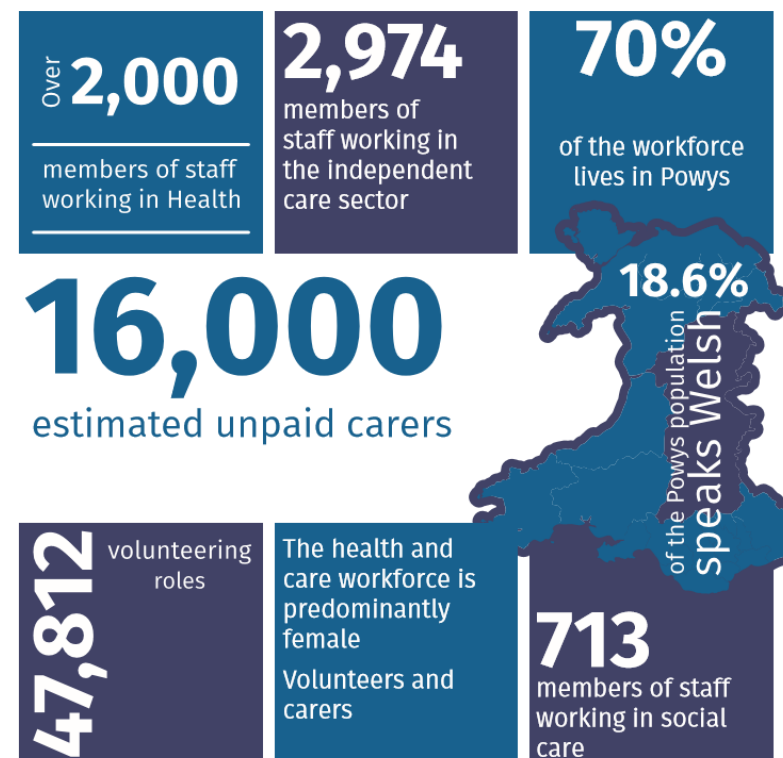
- 28% of people currently volunteered, either formally or informally
- People most commonly volunteered for charities and sports clubs: 32% of volunteers (9% of adults aged 16+) gave their time to charities, 25% of volunteers (7% of adults aged 16+) volunteered at a sports club
- Younger people and those with no qualifications were the least likely to volunteer
- Those in better general health and who felt that things they did in their life were more worthwhile were more likely to be volunteers
- 32% of people were caring for others, 24% of people provided care for less than 20 hours per week, 8% provided care for more than 20 hours per week
- 24% of 16-24 year olds were caring for others, compared with 42% of 45-64 year olds and 25% of those aged 75 or over

Powys has the highest level of volunteering in Wales.

Chart 2: People currently volunteering, by local authority



2.4 The local picture in Powys



Currently there are around 71,500 “people roles” within the health and care workforce in Powys (health and social care, including in the voluntary, independent sector and as unpaid carers & volunteers).

This is equivalent to more than half of the Powys population, but it does include some people who have multiple roles (e.g. a paid role as well as volunteering roles, multiple volunteer roles).

In January 2019 there were:

- Over 2,000 members of staff working in Health
- 2,974 members of staff working in the independent care sector including care homes. 2,260 of these people are carers
- 713 members of staff working across adults' and children's social care, of which 161 are social workers (Jan 2020)
- 52 social care workers who are agency staff (Jan 2020)
- 514 temporary staff who are deployed when there are gaps in substantive positions
- 47,812 volunteering roles
- 16,000 estimated unpaid carers. We know this is higher as some people do not consider themselves as carers.
- 130 visiting medics. These are professionals we commission to come into county to deliver services for us
- 454 members of staff working in general practice, including 78 general practitioners

In addition to the workforce listed above, Powys residents also receive health and care services and support in the county from other professionals and partner organisations including optometrists, pharmacists, dentists, Welsh Ambulance Service NHS Trust staff, and in-reach staff from neighbouring NHS organisations e.g. specialist nurses, visiting consultants.

As well as delivering and supporting health and social care services, this workforce also makes a significant economic contribution to the prosperity and sustainability of the county.

70% of the workforce lives in Powys, and 18.6% of the Powys population speaks Welsh which reinforces the importance of Welsh language skills and capabilities within the health and care workforce.

The health and care workforce is predominantly female, with a 50% split in the volunteer sector and spiking at 86% in health.

Volunteers and carers play a significant role in providing services to the communities of Powys and they make up nearly two thirds of effective workforce. The delivery of a wide range of community and support services is critically dependent on volunteers and carers. The table opposite illustrates the range of volunteering roles across the county, by town.

2.5 Future Workforce Challenges

Overall, Powys is faced with some significant workforce challenges, some of which are specific to the county, and some are common on a national level.

Common national challenges include shortages in several professions, such as social care workers (particularly in children's services) and doctors, which are likely to persist for some time to come, with some services relying heavily on agency staff e.g. medics, nursing and social workers. Other challenge areas include the domiciliary carer workforce.

Community area	Population	Estimated Volunteer roles
Brecon	14,393	7,052
Builth Wells and Llanwrtyd Wells	6,980	3,420
Crickhowell	6,960	3,410
Hay and Talgarth	7,760	3,802
Knighton and Presteigne	9,784	4,794
Llandrindod Wells and Rhayader	13,283	6,508
Llanfyllin	8,115	3,976
Llanidloes	5,818	2,851
Machynlleth	6,154	3,015
Newtown	17,247	8,451
Welshpool and Montgomery	20,614	10,100
Ystradgynlais	10,107	4,952

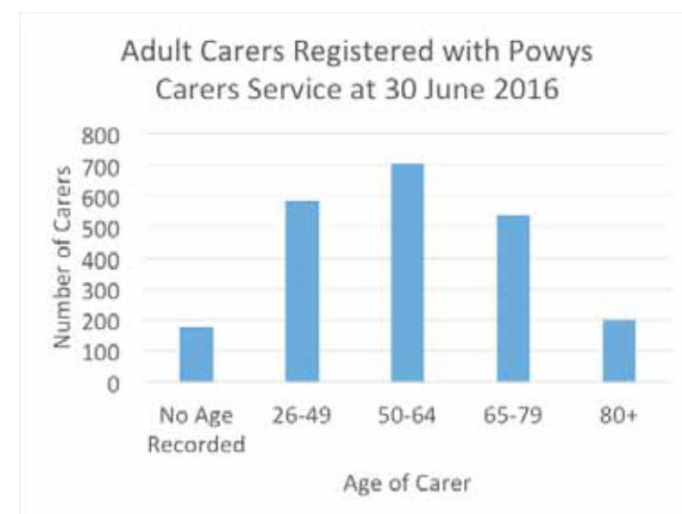
In social care the current picture of the Welsh legislation and social care registration requirements now diverging from English requirements, is reducing fluidity across the Wales/England border and thereby increases the urgency of 'growing our own' social care staff, and retaining them.

Locally, many people working in health and care services are due to retire soon. Although this will not tell the whole story of future staffing level predictions, it certainly is a concerning factor. The highest retirement forecasts are in:

- Health sector, where 25% of the workforce is predicted to retire in the next 5 years

- Internal Care providers, where there is a 15% predicted retirement gap forecasted in the next 5 years
- Independent sector, where providers are commissioned to deliver care services e.g. in care homes, and have a 10% predicted gap in the next 5 years
- Social Care, where 8% of the social care workforce is expected to retire within the next 8 years
- General practice, where 5% of General Practitioners are predicted to retire within the next 5 years

65% of unpaid carers are over 50 and 39% are retired. Their health is typically below average, and some carers are now providing more than 50 hours of care each week. Unpaid carers are more prevalent in the south of Powys, particularly around the Ystradgynlais area. The number of unpaid carers is expected to increase over the coming years due to the increasing ageing population.



The number of young carers is increasing, with most providing up to 19 hours of care. Some young carers, due to

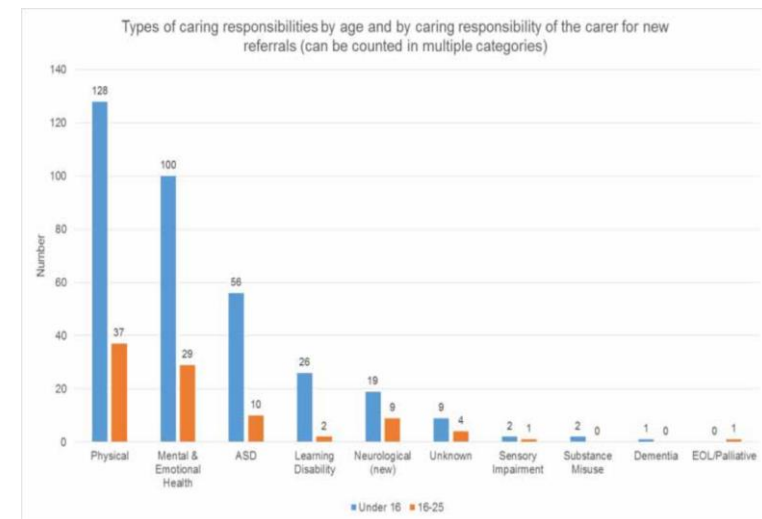
their responsibilities, are missing out on school time. This can have an effect on their education and future prospects. Due to the increasing elderly population, more young people are finding themselves with caring responsibilities.

Whilst the county has a large voluntary and carer workforce, more opportunities for younger people are needed. People tend to do more than one volunteering job, supporting different people. Most common types are errands, caring for children, keeping in touch with a housebound person, providing transport and giving advice.

People aged 65+ are less likely to volunteer informally. The majority of volunteers in a rural area tend to spend between 1 – 20 hours per week providing unpaid volunteering, compared to the majority of paid volunteers who tend to spend more than 20 hours per week volunteering. In the main, volunteers reported barriers to 'helping' including time. Our education provision in the county is through 11 secondary schools across 13 campuses that serve an average of 658.5 pupils per institute. Our 6th form consists of 978 students studying across 12 campuses. There is a range of Further Education providers in Powys, for example, Neath Port Talbot group of colleges, ACT and Cambrian Training.

We are seeing a migration of approximately 500 students each year going out of county to access higher level educational opportunities. This equates to £2 million worth of educational funding being lost to neighbouring counties and across the border into England. In addition to this, our pupil numbers have been reducing and are projected to reduce further.

issues/too busy and concerns about liability/threat of being accused or sued.



Moving forward, we will need to make better use of data to make informed decisions about our workforce.

We must be flexible, whilst ensuring all work aligns to the long-term objectives set out in Powys' Health and Care Strategy: 'A Healthy Caring Powys'.

3. Workforce Futures Strategic Framework

3.1 Delivering A Healthy, Caring Powys



The vision set out in the *Health and Care Strategy: A Healthy, Caring Powys* is for Powys to be a leader in integrated rural health and care. It will develop a multi-agency, multi-disciplinary workforce that includes carers and volunteers working in partnership with paid employees.

This combined workforce will work together to deliver seamless health and social care to those who need it.

We will continue to understand what matters to the health and care workforce in Powys, so we can help them deliver the best possible care to the local population. We will continue to listen and involve everyone who delivers health and care services, as well as to those who receive them.

There is strong evidence that when health and care teams have a positive work experience and enjoy wellbeing themselves, they deliver better care. This will support a compassionate and collective culture which will benefit the workforce, citizens, and communities.

Specifically, the Health and Care Strategy sets out ambitions to:

- Grow the health and care workforce through local training and development
- Support people to work longer, ensuring transfer of knowledge, skills and experience
- Support our workforce to develop innovative models of care in a rural setting through technology, education, research and training
- Support a thriving volunteering sector and core economy
- Make sure the health and care workforce is enabled and so able to respond to people's needs in a timely way
- Promote well-being within the workplace

All four enablers of the *Health and Care Strategy: A Healthy, Caring Powys* will have a strategic framework that articulates each work programme and enables delivery of the strategy.



From a Workforce Futures perspective, we know we have some current challenges, including population and workforce demographics, rurality, social and economic pressures and care demands with increased complex needs. Workforce shortages are already having a direct impact on patient care and staff experience. Urgent action is now required to avoid a vicious cycle of growing shortages and declining quality (Kings Fund, 2019).

We have a unique opportunity to transform the way we deliver the care required for the changing population, and to overcome some of these challenges as we develop our ability to move care closer to home.

We will be clear what our workforce transformation programme is about and adapt at the pace of change required. Workforce Futures relies on a transformed workforce focused on the needs of the population.

This applies across services delivered directly by sovereign bodies, services we commission and links to the workforces of partners who deliver on our behalf.

This Workforce Futures Strategic framework sets out our intentions, by describing our high-level strategic priorities based on what we know about the current workforce landscape, and ensures everyone is clear about what is needed to deliver A Healthy, Caring Powys through our workforce resource. It makes a commitment to design a health and care workforce model that will meet the needs of our citizens and communities, to attract the right people with the right skills and knowledge, to continue to value, engage and retain our workforce through compassionate and

collective leadership, and provide education and development opportunities.



We consider our workforce in the wider context, and this includes people working across the private, independent and the third sector. We also recognise volunteers and carers play a significant role as part of our team.

We recognise the Workforce Futures Strategic Framework needs to be flexible. For this reason, it will be delivered through an implementation plan focusing on achieving our aspirational outcomes at three horizon points, 2022, 2025 and 2027. This document articulates our 2022 and 2025 horizon points.

Using 'Outcomes Based Accountability' methodology, which focuses on citizen and community outcomes, we will review progress at these horizon points. This will enable us to take

account of global, national, regional and local developments and adjust actions if/and where necessary.

Our aim is to design a system that supports an enabled workforce to gain transferable knowledge, skills and competencies and be able to adapt to new and enhanced roles and ways of working, with greater integration and collaboration. We will achieve this by strategically embedding competency-based workforce planning, that focuses on the competencies required of our workforce. We will continue to align our work to 'A Healthy Caring Powys' long-term strategic objectives, which are shared across the Regional Partnership Board and Public Service Board.

Our intended outcomes, as articulated in our area plan, will be delivered through successfully focusing on Workforce Futures. People in Powys will say:

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can
- As a carer, I, and those I care for, are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

WE NEED TO DO THINGS
DIFFERENTLY

3.2 Developing our Workforce Futures Strategic Framework

This strategic framework has been developed by engaging with staff, volunteers, carers and workforce colleagues across partners of the Regional Partnership Board, citizen representatives, and others who contribute to addressing the health and care needs of Powys citizens and communities.

Engagement activities were undertaken throughout the summer of 2019. This included listening to people, including citizen representatives at the health and care partnerships: Start Well, Live Well and Age Well, and at large staff and stakeholder events, forums, and via telephone interviews and online questionnaires, which all provided multiple opportunities for participation and for a wide range of views to be captured.



The engagement process involved over 300 people from across health, social care, the voluntary sector, independent sector, carers and service user representatives. This enabled an extensive discussion, supporting the design of a strategic framework based on people's experiences, their positive recommendations of improvement, and their thoughts on how the strategic framework could help them deliver future services in a better way.



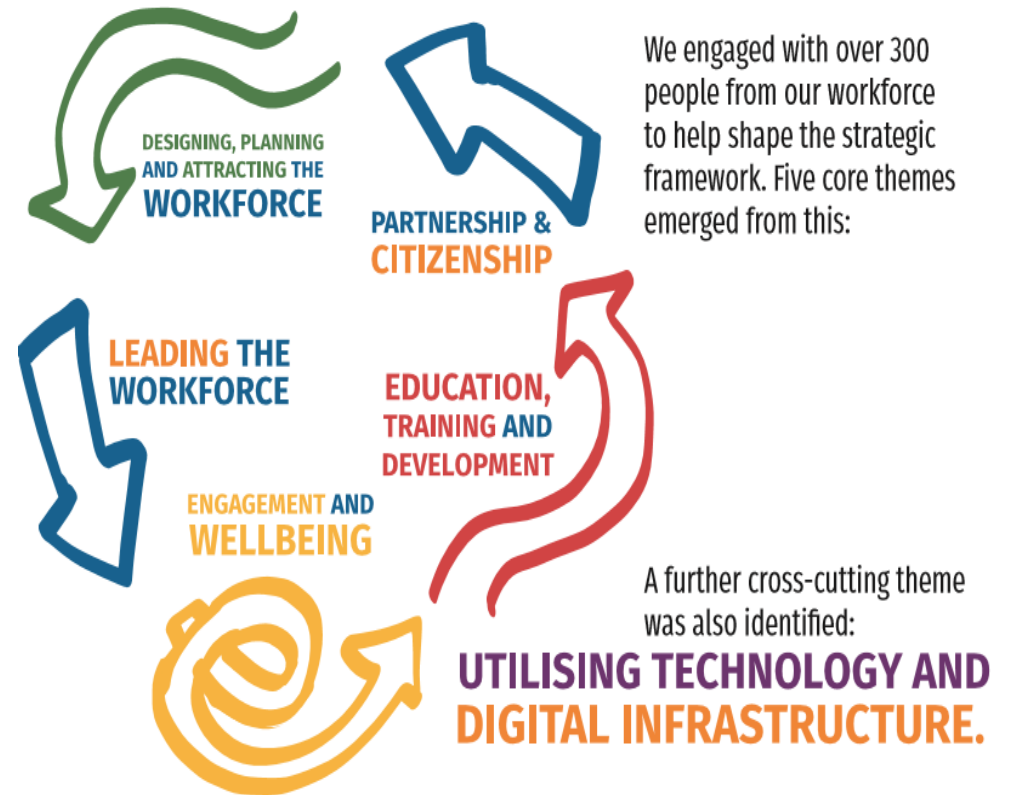
Examples of engagement feedback are provided overleaf.

A number of core themes emerged from engagement, and these were tested, revised and reinforced through ongoing dialogue. These five core themes were:

- Designing, Planning and Attracting the Workforce
- Leading the Workforce
- Engagement and Wellbeing
- Education, Training and Development
- Partnership & Citizenship

Alongside these themes, a further cross-cutting theme was identified to utilise **Technology and Digital Infrastructure**.

For each of our five themes we have begun to identify our ambition for the future, and priority actions for the next three years. These are summarised in the next section.



During this intensive programme of engagement there has also been a focus on analysis. This has utilised the first Joint Strategic Workforce Planning post in Wales to correlate demand and capacity data, workforce data, predicted model of care changes, and people's ideas and suggestions on the outcomes they want to see. This analysis identified the need for our future workforce models to be evidence-based, for changes to be well led, and to have the right data to make informed decisions.

The workforce model must value and recognise competency

I want to be able to provide services digitally where appropriate

I want to be able to access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities

We want a workforce whose members know they are valued and are engaged and satisfied with their work

We need career pathways for people who want to progress but don't want to become a manager

I want those who I need to support me to be able to make decisions and respond quickly, because they are well informed and qualified. And if they can't help me directly, I want them to know who can

I want the people I care for, including myself, to feel part of 'the team'

We're not starting from zero – we need to build on what we're already doing

I want to be able to meet the health & care needs of our communities

We need to allow and encourage flexible working and career pathways to attract people to Powys and make them want to stay

Theme 1: Designing, Planning and Attracting the Workforce

By 2027, we will have a multi-agency, multi-disciplinary workforce that is meeting the health and care demands of a rural county and providing seamless services. Powys will be the county known for providing opportunities for people to develop their chosen career, and balance their work and home life. Our workforce will be empowered, able to contribute to shaping the future, will enjoy a great working culture and attractive employment conditions, to ensure they can meet the health and care needs of our population and support the economy of Powys.

We will design and build our workforce models using a strong evidence base, acknowledging good practice from national and international research, whilst seeking views from our local workforce here in Powys. We will introduce new roles and enhance existing roles, and consider more co-location of teams to foster closer, professional working relationships.

We will achieve this by strategically embedding competence-based workforce planning, that focuses on the skills required of our workforce, to strengthen our health and care modelling for the future.

We will make informed decisions which take account of workforce data, future demand and population changes. Taking this approach will help us better understand and identify trends, plan for and meet our workforce needs, and ensure our workforce can deliver and meet the needs of our communities. It will also enable us to measure what we are doing. We will collect, pool and share quality data to ensure we can plan for the future.

Through our new workforce model, we will make care available as close to the individual's home or in the community as is practical, by maximising the use of digital technology to improve access. We will continually improve

the quality of care and support through a workforce model that operates outside hospitals and rebalances the services currently provided inside hospitals to maximise support of local services.



Our new workforce model will be co-designed and co-developed with the people who contribute to the health and care services in Powys, and will be underpinned by the design concepts set out in Prudent Healthcare, the Wellbeing of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014.

Workforce planning is a core business process to align changing organisation needs with people strategy. It can be the most effective activity an organisation can engage in (CIPD, 2018)

Over time we will see an increased blend of volunteers and the paid workforce working more closely together, offering services that add value to our citizens and communities.



Our workforce will support us to develop Powys's reputation as a leader in integrated rural health and care by sharing their experience as a member of the team. We will use effective engagement methods to monitor and measure over time our performance as an exemplar employer.

Our reputation as the employer of choice will be based on a compassionate culture that focuses on our people, structure and processes. This will be articulated through our aligned local strategies, including this strategic framework.

We recognise our workforce is changing at pace, with most people having new expectations and seeking a good work-life balance. We will be adopting the 100-year life principles, creating opportunities for people to have more than one career in Powys through flexible careers options. We will be the leader in brokering new careers for a multi-generational workforce.

We will seek out the best people by matching their skills and capabilities to the innovative roles required to deliver high quality health and care services across Powys.

We will work with our communities to grow our workforce, engaging with young people at the earliest opportunity to

support them making their career choices. This will involve forging better relationships with our education providers, and ensuring our work experience is accessible, impactful and attractive. Our ongoing support will continue by enabling people to change careers and retrain, returning to work through flexible career choices. This will include more opportunities for volunteers and carers. Our workforce, including carers, will be supported to work through flexible pathways.



By 2022, we will work together to achieve the following outcomes including:

- Effective strategic plans ensuring partners have the right people in the right roles, including employed staff, volunteers or carers
- Established, transparent career pathways across organisational boundaries enabling smooth movement of transferable skills
- New roles, based on research evidence and competency-based workforce planning
- A shared recruitment platform which automatically matches skill-mix opportunities for all employees across health and social care

- Newly developed programmes of health and social care skills offered by our regional education providers
- A strong employee voice through which we will know our workforce is engaged and satisfied in their work
- A workforce which will include more carers and volunteers working in partnership with employed staff, who all feel valued and engaged in their work
- Increased retention of our experienced and expert workforce, whilst developing our new entrants through effective coaching and mentoring

Retaining our experienced and expert workforce is key as we want a robust workforce, as is developing new entrants through effective coaching and mentoring.

By 2025, we will work together to achieve the following outcomes including:

- 'Outcome Based Accountability' measurement methodology to better inform workforce decisions
- A range of different people of all ages working alongside each other with a suite of skills and knowledge
- Seeing more people returning to work by making good use of the flexibility of return-to-work packages, increasing the choice for those wanting to stay in work longer and offering our workforce a portfolio of responsibilities across a family of jobs
- Seeing an increase of the young people joining the workforce, and helping to reduce the workforce age profile, whilst reflecting the demographics of Powys

- An increase in our workforce recommending Powys as a great place to work
- Making better use of available digital and technology systems

Our workforce will be empowered, enjoy a great working culture and **attractive employment conditions.**

We will be adopting the 100-year life principles, **creating opportunities for people** to have more than one career in Powys through flexible careers options.

Transparent career pathways across organisational boundaries enabling **smooth movement of transferable skills.**



Theme 2: Leading the Workforce

By 2027, we will have exemplar leaders in action at all levels delivering compassionate leadership. Our leaders will be passionate about making a difference to the citizens and communities of Powys and empowering their teams to do so. Our multi-agency workforce, that includes carers and volunteers as well as paid employees, are recognised as our biggest resource, and our leaders will align work to a compelling vision through a narrative of high-quality care using excellent people skills.

Everyone has a leadership responsibility in how they manage themselves, the services they deliver, the outcomes they achieve and where relevant, the teams they lead. Our workforce will be able to adapt quickly to the change required at pace, our leaders will support them to do this through effective coaching and mentoring. Our leaders will need to flex their style to work successfully across boundaries.



Our leaders will engage with our workforce to play a key role in the future design of new services. They will be bold, focused on citizenship, social partnership, the wellbeing of their teams and most of all outcomes that deliver seamless health and care services in Powys.

We will build capacity through a collective and compassionate leadership culture, investing in our leadership and management portfolio.

'Leaders who pay attention – Listen with fascination' (Michael West et al)

This strategic framework will help us build capacity to release the delivery of the Health and Care strategy, this will include succession planning, opportunities for new ways of working and care closer to the home.

Our leaders will have the best people management skills, but place the interest of the workforce and our citizens at the heart of everything they do. They will use effective management principles to guide their work including aligned policies, pooled budgets, common structures and shared metrics.

'Leaders play a particularly powerful role and need to embody compassion in their leadership, and that means looking at their own behaviours.' (Michael West, 2019)

Our leaders will play a key role in shaping the culture of our organisations. Our leaders will focus on developing a positive, inclusive and people-centred culture that engages and inspires all our people and has a clear focus on improvement and advancing equality of opportunity. Research evidence tells us when leaders focus on developing, engaging and supporting their people to improve services for patients and

citizens, the quality, financial and performance metrics also improve.

By 2022, we will work together to achieve the following outcomes including:

- Leaders and managers having the skills they need to drive systemic transformation at pace and energise change through a robust leadership development offer
- Our leaders providing compelling vision through a narrative of quality of health and care
- Leaders being visible role models, promoting wellbeing and a culture of support through compassionate and collective leadership, coaching and mentoring
- Resilient leaders promoting good health and wellbeing for themselves and the wider workforce
- Leaders being highly effective at workforce planning who manage/support talent into new opportunities
- Leaders with their teams designing new working models, which makes the best use of digital technology
- Leaders embedding a continuous learning and improvement culture by engaging and learning with their teams, citizens and colleagues to improve practice and innovation
- Leaders and managers having easy access to national and local leadership programmes



We want to create a compassionate leadership culture where leaders fully support the wellbeing of their teams whilst ensuring seamless health and care services for the people of Powys.

By 2025, we will work together to achieve the following outcomes including:

- Leaders along with their teams delivering new working models which make the best use of digital technology
- Leaders continuing to engage and learn with their teams, citizens and colleagues to improve practice and innovation
- Leaders developing and sustaining their leadership skills and expertise with latest thinking
- A continuous learning and improvement culture being embedded across our county
- Local leadership talent pathways in place to support the development of leaders and managers in the system

Everyone has a leadership **responsibility in how they manage themselves**, the services they deliver, and the outcomes they achieve.

Our leaders will play a key role in the future design of services.

We will be investing in our leadership and management portfolio and support the development of emerging leaders and managers in the system.

Theme 3: Engagement and Wellbeing

By 2027, our workforce will continue to be our biggest strength. Our workforce will be empowered to be actively involved in planning, shaping and delivering excellent quality services. They will feel valued, be fully engaged in their work and have a sense of wellbeing, and able to deliver effective compassionate care.

When members of our workforce feel valued, enjoy job satisfaction and are well led and managed, they are more likely to stay and act as ambassadors for their place of work. We will support our entire workforce, including our volunteers and unpaid carers, by creating environments, working conditions and a collective, compassionate leadership culture that supports people to feel valued.

Embracing a collective engagement strategy across partners in Powys, we will measure how we are doing through effective engagement tools and techniques. This will help us understand what concerns members of our workforce and help them to put things right.



Supporting our highly committed and dedicated workforce will provide an extraordinary range of health and care services for patients and citizens. There is compelling evidence

that the more engaged our people, the more effective and productive they are, and most importantly, the higher the quality of care they deliver to our patients. Our patients know that to be true – they tell us clearly that they want the staff

who look after them to be well cared for themselves. We will support our workforce to take career breaks or changes, ensuring we have flexible working arrangements and people are able to return to work.

We will help people retrain after a career break through effective development opportunities.

Our occupational health system will move to a preventative model of health and wellbeing for our workforce. We will offer early help, support and advice on preventative health and wellbeing interventions to our workforce through our joint occupational health approach.

People will want to work longer, let's help them. That means people will be cognitively healthy, they will want to rejuvenate and learn new skills and have creative career pathways (Gratton & Scott, the 100 year life, 2016)

To serve our citizens and communities, we must improve the experience of our people. At every level we need to pay much greater attention to why some leave, taking decisive action in both the short and medium term to retain existing staff and attract more people to join. This is not just a job for national leadership, important as that is - it is incumbent on every single organisation across our partners to pay much

greater attention to improving the experience of working in Powys.

By 2022, we will work together to achieve the following outcomes including:

- Better understanding of our workforce and their experiences, through workforce surveys and consultation exercises
- More meaningful feedback fed through the organisations, enabling the employee voice to be heard
- Increased opportunities for people to learn how to better manage their own physical and mental health and wellbeing
- Increased flexible employment options to extend the working life
- Volunteers and unpaid carers being supported as key members of the workforce and provided with access to personal health advice and support

When someone feels valued and enjoys their job, they are more likely to stay. We want to support our entire workforce, including our volunteers and unpaid carers, to feel this way.

FLEXIBLE

We will have **flexible working arrangements** across the health and care workforce.

People will be able to return to work, or retrain, through effective **development opportunities**.

We will also offer **early help, support and advice** through our joint occupational health approach.

By 2025, we will work together to achieve the following outcomes including:

- A resilient workforce where members are recognised and rewarded for their contribution
- Increasing numbers of the workforce making use of flexible working arrangements and career pathways
- Increasing numbers of people taking career breaks and returning with a suite of updated skills
- Increasing numbers of people accessing opportunities to refresh their skills
- Higher levels of engagement and numbers of staff feeling valued
- Improved working environments that encourage work-life balance and a healthy lifestyle

**YOUR HEALTH
& WELLBEING
MATTERS!**

**WORKFORCE
WELLBEING**

Theme 4 – Education, Training and Development

By 2027, our workforce will have opportunities to take part in high-quality education, training and development to be successful in their role, feel fulfilled and have excellent job satisfaction. Our workforce will have the right skills to operate more flexibly across Health and Social Care, and will be supported to find the right pathways across their career.



To deliver a healthy, caring Powys we need to develop and recruit people with the right skills. We will therefore work closely with education providers to increase the percentage of people in Powys with formal qualifications and skills.

To deliver this we will be actively exploring the potential for increased post 16 education and training opportunities within county. Our vision: to have a **Health and Care Faculty** as part of the wider **Rural Academy of Learning** servicing Mid Wales and surrounding areas. It is here people would have the potential to learn about rural health care, through flexible and innovative routes. They will be able to develop and reskill to meet the pace of change required from our new Model of Care.

"If we are to raise the skills of the nation as the Government intends, we need to raise the skills of the whole workforce. We need businesses to invest more broadly in skills development, we need more opportunities for people to learn and/or re-train at any point in their working life." (Mark Beatson, Chief Economist for the CIPD, 2015).

We envisage the development and establishment of a Health and Care Faculty as being the first phase of a wider Rural Academy of Learning. The faculty will provide further and higher education opportunities in partnership with education providers currently based outside the county. The faculty will be enabled through a clear implementation plan which will innovatively upskill our workforce and support it to deliver the new model of care required at pace. This will demand improved, structured arrangements with education partners and the use of a digital learning offering that supports an enhanced educational experience.



We will be directing the outputs of our **Health and Care Faculty** through our strategic workforce plans. We will ensure we have the right education offer including appropriate mechanisms in place

to support members of the workforce who have additional learning needs (ALN). To support this, we will better understand our workforce skill requirements through a

collective, effective training needs analysis across boundaries.

In doing so, we will better understand the need, but will also pay attention to skills and expertise gained outside the traditional health and care methods of learning, e.g. transferable competencies. Our education and development offer will be inclusive and apply to the health and care workforce, the voluntary and independent sectors.



We will train our workforce in the ability to embed new and emerging medical and digital technologies, blended with the oversight of human contact. In doing so we will attract a new generation of people into the workforce and encourage others to stay, reskill and work in Powys, supporting us to be the sector of choice.

Extensive evidence that introducing new technologies can make a significant difference to the quality of safety and care (Skills for health, 2011)

By 2022, we will work together to achieve the following outcomes including:

- Laying the foundations for a Health and Care faculty in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and careers

- Using accurate and up-to-date training needs analyses to inform our education offer
- Through increased partnerships with training and education providers, providing learning opportunities up to degree level.
- Increased apprenticeships and work experience opportunities for all ages

We will explore more post-16 education and training opportunities within the county, ensuring that pathways between education providers and employment are more accessible.

By 2025, we will work together to achieve the following outcomes including:

- An established Health and Care faculty known as the *Centre of Excellence Faculty*
- Becoming a beacon of success from which other public sector bodies will come and learn
- Accessible and clear pathways between education providers and employment openings through a range of placement opportunities
- The wider use of new and emerging technologies including simulation experiences
- All generations viewing health and social care in Powys as the employing organisation of choice where there are opportunities to develop careers and have access to work experience, apprenticeships and full employment opportunities.



Theme 5 – Partnership and Citizenship

By 2027, our approach to workforce development and transformation will be seamless and delivered through the best use of the assets, strengths and aspirations of all parts of the community and the health and care system, recognising and valuing the contribution of everyone including unpaid carers and volunteers.



Our 'social partnership' approach across health and social care in Powys will be delivered through open dialogue and engagement with trade unions, employers and partner organisations. This means we will collectively work together to ensure our health and social care services are delivered in a way that is

fair, builds trust and confidence and benefits our communities in Powys.

Within the constraints of national frameworks, we will ensure our workforce across health and care in Powys is fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected. This will resemble characteristics such as fair reward; employee voice and collective representation; security and flexibility; opportunity for access, growth and progression; a safe, healthy and inclusive working environment where legal rights are respected.



We will further look to enhance our broader role in citizenship by encouraging our workforce to take opportunities

to contribute to their local communities, whether that be offering volunteering time during work hours and/or supporting friends and relatives with or without health conditions to ensure all have an active role in the community.

We will build on our reputation as a county offering a culturally diverse range of activities and events to suit all tastes and which reflect the importance of the Welsh language encouraging inclusion across our county. We recognise when people feel connected, their satisfaction with life improves and they gain increased resilience both emotionally and physically.

We will continue to place the citizen at the core of local public service delivery, whilst remodelling public services for the future needs.

We will widen access to employment opportunities for those leaving care and those with learning needs.

By 2022, we will work together to achieve the following outcomes including:

- A shared protocol describing the expectations and outcomes for our services users, workforce and partners through the introduction of new ways of working and/or policy
- Our social partnership model which will include good employment practices and citizens' rights
- Public services that benefit all in the community and widens democratic participation in public service design and delivery
- Widening access to employment opportunities to those leaving care and those with advanced learning needs
- A joint strategy to develop community resilience by co-ordinating existing support, and building the skills and capacity within communities helping them do the things they can do for themselves
- A holistic approach to skills and lifelong learning which offers a range of formal and informal opportunities, including apprenticeships and traineeships

- Foundations laid through collaborative working structures and processes to enable a multi-agency community focus response to wellbeing, early help and support needs

By 2025, we will work together to achieve the following outcomes including:

- Increased capacity of our multi-agency workforce to improve emotional health and well-being within all our communities
- Support mechanisms for our multi-agency workforce to help them prepare the delivery of the new transformed services through community wellbeing hubs
- The continuation of active engagement with residents, communities and key stakeholders to promote, shape and deliver our vision
- The continued support of the Social Value Forum, which seeks to consider new ways of delivering services and has a particular commitment to social enterprise, co-production, co-operatives and user-led enterprises

Where possible, we will encourage our workforce to take opportunities to contribute to their local communities, whether that be through **volunteering during work hours and or taking time to support friends and family.**

Cross-Cutting Theme–Technology and Digital infrastructure

By 2027, we will utilise the potential benefits from technology and digital infrastructure to support the accelerated development of our ambitions for: **Designing, Planning and Attracting the Workforce; Leading the Workforce; Engagement and Wellbeing; Education, Training and Development; and Partnership and Citizenship.**

We have described our key areas of work in this Workforce Futures Strategic Framework, but recognise a fundamental enabler of its success will be the alignment with the **Digital First Strategic Framework**.



Rurality and accessibility to services is a key challenge in the planning and delivery of services, therefore we need to consider how technology can support our workforce to deliver the Health and Care Strategy.

This, combined with the development of technology in recent years and the way health and care needs can be supported by it, is significant. We need to take advantage of this and lead the way in utilising technology to deliver services closer to home and in a different way – one that frees up staff capacity, offers job satisfaction and enhances role responsibilities.

For this to happen, we need to ensure our workforce has access to the latest technology, when and where they require it.

We will ensure our workforce has access to the latest technology and helps us provide the right health and care services, at the right time in and/or closer to people's homes.



Greater use of technology-enabled care can aid an increase in people being able to access health and social care support closer to home, and with many technologies being accessible directly from people's homes. Technology-enabled care should be considered in the way we commission and deliver all future services to ensure we meet individual needs as close to people's own homes as possible.

New technologies will transform health and care in Powys when systematically deployed.

Greater use of technology enabled care can help **more people to access health and social care support** closer to home, with many new technologies being accessible directly from people's homes.

Led by national work, we will explore **assistive technology** and alerting systems, robotics, digital therapeutics, data analytics, artificial intelligence (AI) including machine learning, and genome sequencing.

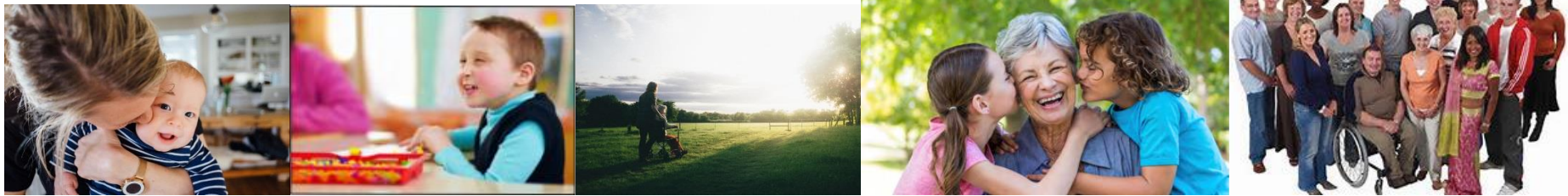
We can harness innovation and accelerate technology and infrastructure developments through a greater focus on agile implementation of innovation, enabling us to maximise the benefits of technology and innovation and to pursue the Quadruple Aim and deliver more effective and efficient care.

New technologies will transform health and care in Powys when systematically deployed. We will ensure our workforce model will have faster and smarter provision of and access to digital technology through better targeted, immediate and co-ordinated access.

Led by national work we will explore assistive technology and alerting systems, robotics, digital therapeutics, data analytics, artificial intelligence (AI) including machine learning, and genome sequencing. Additionally, as technology increasingly underpins online communities for citizens, service users and professionals, we will explore and support initiatives linked to developing more within this remit.



5. Next Steps and Stay Involved



People from the health and care workforce across the whole of Powys contributed to the development of this strategic framework. In 2020, we want to continue to work with you as we put this strategic framework into action.

We have described our aspirations, but recognise there is more to do. Throughout 2020, we will be developing a detailed implementation plan to deliver this strategic framework and enable the health and care strategy to be realised. We will achieve this by focusing on the five core themes and one cross-cutting theme outlined in this Strategic Framework, and by aligning our work to other enabling strategic frameworks (such as the Digital First Strategic Framework). The themes are:

- Designing, Planning and Attracting the Workforce
- Leading the Workforce
- Engagement and Wellbeing
- Education, Training and Development
- Partnership and Citizenship
- Cross-cutting theme: Technology and Digital Infrastructure

If you would like to keep in touch, hear more about how the work is developing and find out about future events please email Elizabeth Low in the Workforce Futures Strategic Framework team (Elizabeth.low@wales.nhs.uk)

Appendix and References

Workforce Data

In the health sector, the workforce has changed significantly over the past nineteen years. Between 2000 and 2006 NHS Wales' workforce increased by 27% from 55,675 to 70,619. From 2006 to date the increase in the workforce has been less dramatic. In 2010/11 the NHS Wales' workforce reduced overall staffing numbers and this reduction continued until 2012/13. Since 2013/14 however, NHS Wales staffing numbers have again steadily increased. The overall workforce has increased by 45% between 2000 and 2019.

Comparing the contracted full time equivalent (FTE) for 2011 to 2019 shows that the majority of staff groups have seen increases in their workforce. The only staff group to have seen a reduction is Estates & Ancillary, with reductions of 2%. Increases can be seen across all other staff groups with administration and clerical seeing the highest increase (20%). The Medical workforce has grown by 13% with increases occurring across all grade groups.

The cost of the workforce for 2018/19 was circa £3.7 billion. Over the past seven years the pay bill has been increasing annually due to the continued workforce growth, the cost of national pay awards, the introduction of the Living Wage, increases in agency pay and incremental drift.

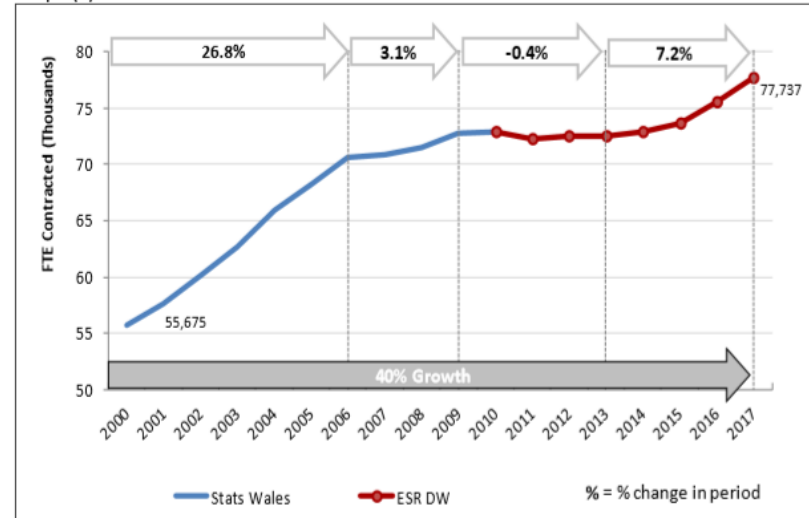
In 2016/17 the total pay bill increased 6.4% from the previous year. This is the biggest jump in annual spending in the last six years. Some of this increase can be explained by the increasing size of the workforce and also the continued cost of Agency and Locum spend.

There has been a dramatic increase in Agency and Locum spend over the last three financial years. In 2014/15 spend increased by 78% from £49 million to £88 million, this increased again during 2015/16 to £135 million, 54% increase from the previous year. In 2016/17 spend reached £164 million, 21.5% increase from the previous year. The cost of Locum and Agency spend in 2016/17 accounts for 4.7% of the total pay compared to the previous year which was 4.1%.

In 2016/17, 80% of Agency and Locum spend was attributed to two staff groups; Medical & Dental (47%) and Nursing & Midwifery (33%). The total Nursing & Midwifery spend for 2016/17 is £54 million, an increase of 17% from 2015/16. Medical spend has increased during 2016/17, with spend reaching £77 million, an increase of 25% on 2015/16.

The health workforce has changed significantly over the past seventeen years with the highest increase in growth seen between 2000 and 2006. From 2006 to 2014 the workforce remained relatively static however, since 2015 the workforce has increased in size year on year.

Graph (1) FTE Profile of the NHS Wales workforce 2000 – 2017



Data Source: Stats Wales & ESR DW

Between 2000 and 2006 NHS Wales' workforce increased by 27% from 55,675 to 70,619. This was the result of a large investment in public services. Between 2006 and 2009 the workforce continued to grow (3.1%) but the growth was less dramatic.

- During the period between 2009 and 2013, the workforce experienced a slight reduction, with a loss of 260 full time equivalent (FTE). This reduction was a result of the freeze on recruitment within NHS Wales.
- 2010 to 2011 was the first and only time NHS Wales' workforce has seen a reduction from the previous year, dropping 574 FTE.
- During the last five years the workforce FTE has increased steadily, from 72,518 FTE to 77,737, an overall increase of 5,219 FTE. Over 40% of this increase occurred between March 16 – March 17, when the FTE increased by 2,167 FTE. The workforce has not seen this type of growth since 2006.
- The workforce increased by 2.9% (2,167 FTE) during 2016/17. If the same percentage increase continues then potentially in 2019/20 the workforce could exceed 84,500 FTE.

From 2011 to 2017, the workforce grew by 7.6% and there are now 5,472 FTE more staff. The majority of staff groups have seen an increase in FTE. The only staff groups to have seen a reduction in FTE are Estates & Ancillary and Healthcare Scientists.

The two staff groups that have seen a significant increase in their workforce FTE are Additional Clinical Service who have increased by 2,198 FTE (16%) and Administrative & Clerical by 1,406 FTE (10%). The two staff groups with the largest percentage increase are Additional Prof Scientific & Technical (21%) and Additional Clinical Service (16%). Despite the focus on Nursing & Midwifery the workforce has seen a modest increase in growth of 4% (860 FTE). Analysis shows between 2011 and 2017 the Nursing workforce grew by 804 FTE (4%) and the Midwifery workforce grew by 56 FTE (4%). It is anticipated that the number of Nurses will increase in the coming years due to the large increase in education commissions.

There are two staff groups that have seen their workforce reduction between 2011 and 2017, Estates & Ancillary (5%) and healthcare scientist (7%). Healthcare Scientists shows an apparent reduction. However, the Healthcare Scientists workforce was re-coded in 2014. Taking this into consideration since 2015, the workforce has actually increased slightly (15 FTE).

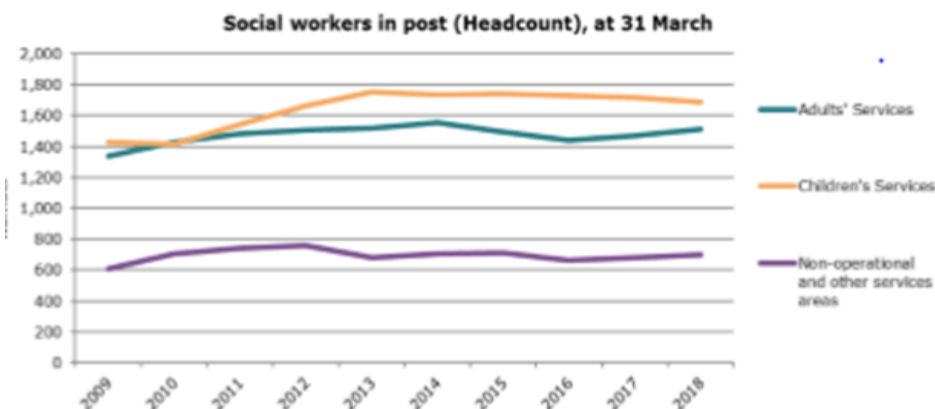


In Social Care, the average newly qualified social worker is 33 years old, white and female. Over a half have some Welsh language ability. Most took between six and 12 months to obtain employment in social care/work.

The number of social workers on the national Register has decreased for the first time. In 2018, just over 10% of social workers left the national Register compared to last year. This is a combined result of less social workers joining the Register and more leaving. Only 4.8% who left the Register were under 30 years old, compared to 9.2% in 2016. Interesting, the number of social workers qualified outside the UK joining the Register has continued to rise. Turnover has increased from 5.5% to 7.9%.

In Wales 2018, there was an average of 20% of staff who left regulated services, a significant level above the national average.

- Almost all of the social work students in their final year of study on a social work degree in Wales qualified (241 out of 250). 92% of these newly qualified social workers registered, of whom 75% had obtained a job in social care within a year, a decrease compared to last year. Over a third of all newly qualified social workers had a social care post at the time they qualified. The number of social workers employed in local authorities at the end of March 2018 has increased by 1%, to nearly 3,900 workers, compared to the number employed at the end of March 2017. The number of Whole Time Equivalents (WTE) employed has increased by 1% since 2017, from 3,562 to 3,591. 5,965 social workers on the Register, a decrease from 6,063 last year.
- 12% of social workers have been in their current job for more than 10 years. A decrease of 1.3%
- There has been a further decrease in the number qualifying with the social work degree in the last five years.
- 480 social workers left the Register and 382 joined, resulting in a net reduction of 1.6% since 2016.
- 237 newly qualified social workers joined the Register (61.5% of new registrants).
- Of these 241 qualified in Wales.
- Turnover of social workers in the last year was 7.9% (480 of 6,063 social workers left the Register), compared to 5% in 2016.
- The ratio of women to men has stayed stable at roughly 4:1.
- 46 has been the average age of social workers since 2012.
- 36.7% of social workers declared they are either fluent or had some Welsh language abilities, an increase of 1.3 per cent.
- 45.6% (compared to 57.6% in 2016) of all newly qualified social workers had obtained a job as a social worker with a case load in Wales by the 1 June.
- 31 individuals qualified outside the UK and registered in Wales this year, the highest number since the Register opened.



On a national level the number of social workers employed in local authorities at the end of March 2018 has increased by 1%, to nearly 3,900 workers, compared to the number employed at the end of March 2017. The number of Whole Time Equivalents (WTE) employed has increased by 1% since 2017, from 3,562 to 3,591. The number of social workers employed in Adults' Services increased by 2.8% since 2017. At 31 March 2018, vacancies in Adults' Services decreased from the previous year - to 5.6% of whole time equivalent (WTE) social worker posts being vacant compared to 9.3% in 2017. During 2020-21, the number of WTE employed in Adults' Services is projected to increase by 4.2%.

Since 2017, the number of social workers employed in Children's Services has decreased by 1.8% - this number is at its lowest since 2011. Social workers leaving to join a local authority outside Wales decreased by 6 people (38%), while leavers to the independent sector decreased from 32 in 2017 to 15 in 2018.

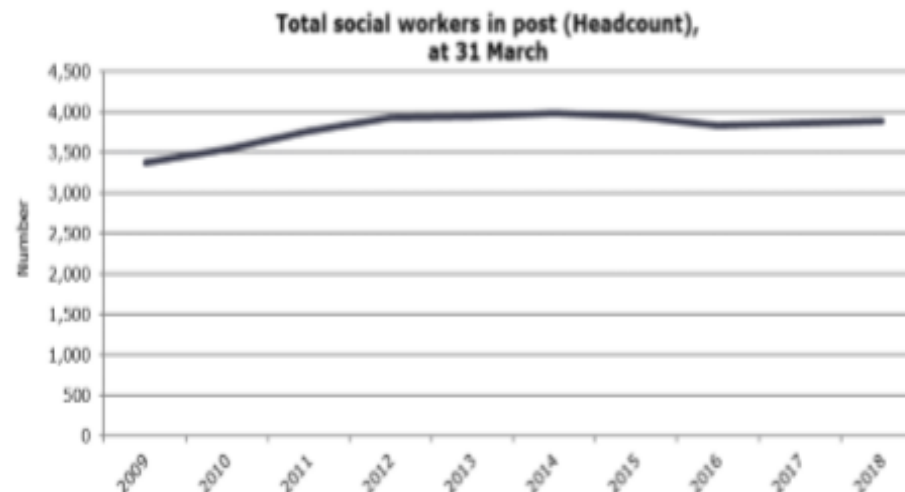
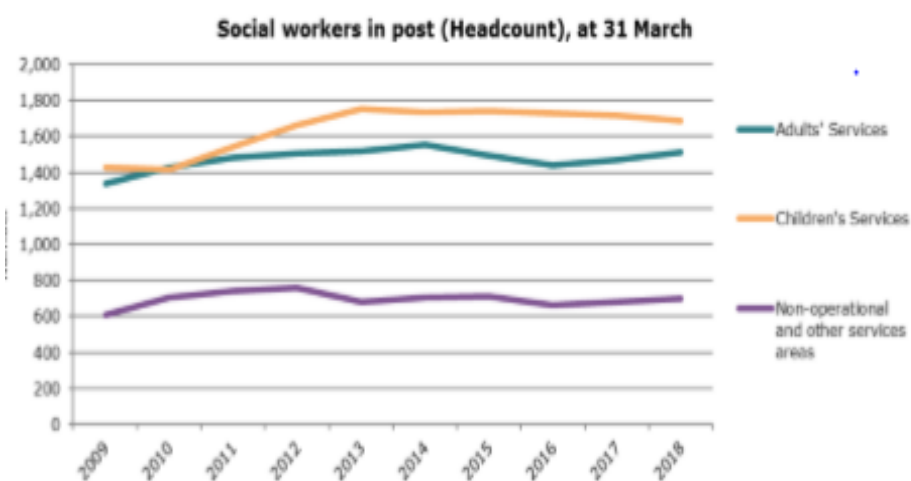
At 31 March 2018, vacancies in Children's Services increased to 11.7% of WTE social worker posts being vacant, compared to 9.9% in 2017. During 2020-21, the number of WTE employed in Children's Services is projected to increase by 5.4%.

Overall current social worker workforce profile Nearly 3,900 social workers were employed in local authorities at the end of March 2018. This represents a 1% increase compared to the number employed in 2017. The number of Whole Time Equivalents (WTE) employed also increased by 1% since 2017, with a total of around 3,590 WTEs at the end of March 2018.

Overall, the WTE staff establishment has increased by 0.5% since March 2017. The largest increase in the number of social workers employed in local authorities was in Adults' Services, where the number employed has increased by 2.8% since 2017.

Over the same period the number employed in Children's Services has decreased by 1.8%, the largest annual decrease in Children's Services since this reporting began.

In 2018, 83% of social workers working in social services departments were female. This has remained similar since the data collection began in 2009.



The number of social workers employed in Adults' Services increased by 2.8% since 2017.

At 31 March 2018, vacancies in Adults' Services decreased from the previous year - to 5.6% of whole time equivalent (WTE) social worker posts being vacant compared to 9.3% in 2017. During 2020-21, the number of WTE employed in Adults' Services is projected to increase by 4.2%.

Since 2017, the number of social workers employed in Children's Services has decreased by 1.8% - this number is at **its lowest since** 2011. Social workers leaving to join a local authority outside Wales decreased by 6 people (38%), while leavers to the independent sector decreased from 32 in 2017 to 15 in 2018.

At 31 March 2018, vacancies in Children's Services increased to 11.7% of WTE social worker posts being vacant, compared to 9.9% in 2017. During 2020-21, the number of WTE employed in Children's Services is projected to increase by 5.4%.

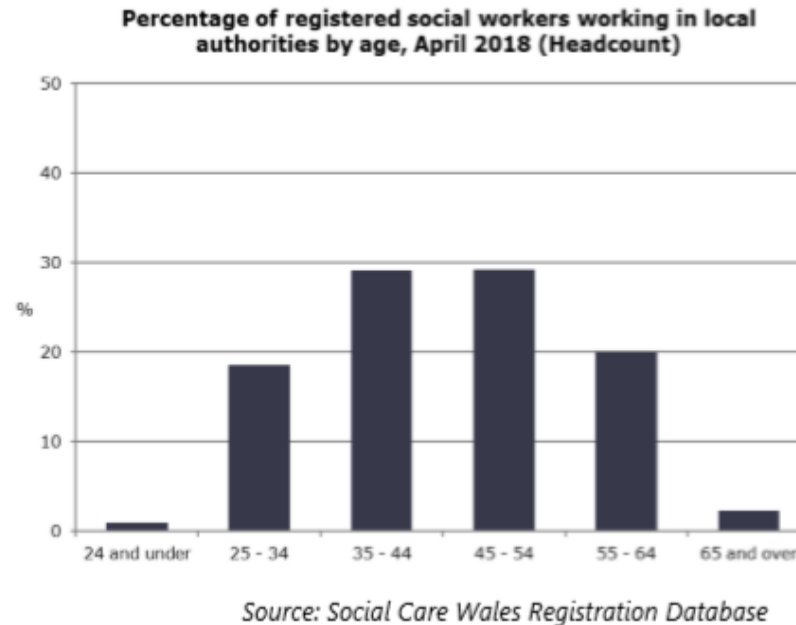
Overall current social worker workforce profile Nearly 3,900 social workers were employed in local authorities at the end of March 2018. This represents a 1% increase compared to the number employed in 2017. The number of Whole Time Equivalents (WTE) employed also increased by 1% since 2017, with a total of around 3,590 WTEs at the end of March 2018.

Overall, the WTE staff establishment has increased by 0.5% since March 2017. The largest increase in the number of social workers employed in local authorities was in Adults' Services, where the number employed has increased by 2.8% since 2017. Over the same period the number employed in Children's Services has decreased by 1.8%, the largest annual decrease in Children's Services since this reporting began.

The number employed in non-operational and other service area roles has increased by 2.8% since 2017. The number of WTE employed has increased by 3.4% in Adults' Services and decreased by 2.1% in Children's Services since March 2017. The only decrease in the staff establishment was in Adults' Services, where the number employed has decreased by 1.3% since 2017, which is in contrast to an increase of 5% between 2016 and 2017.

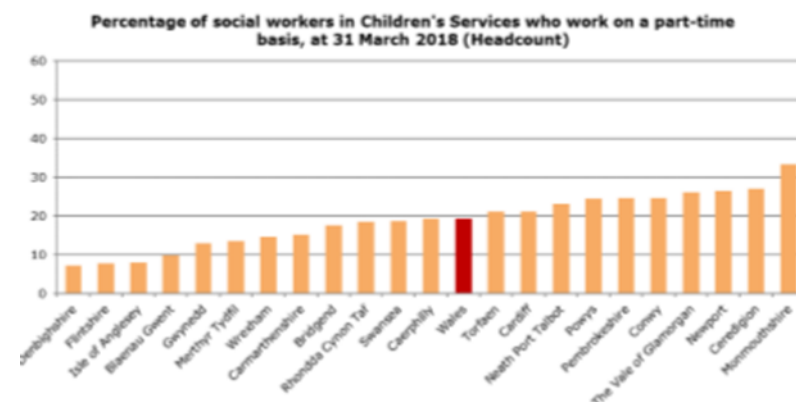
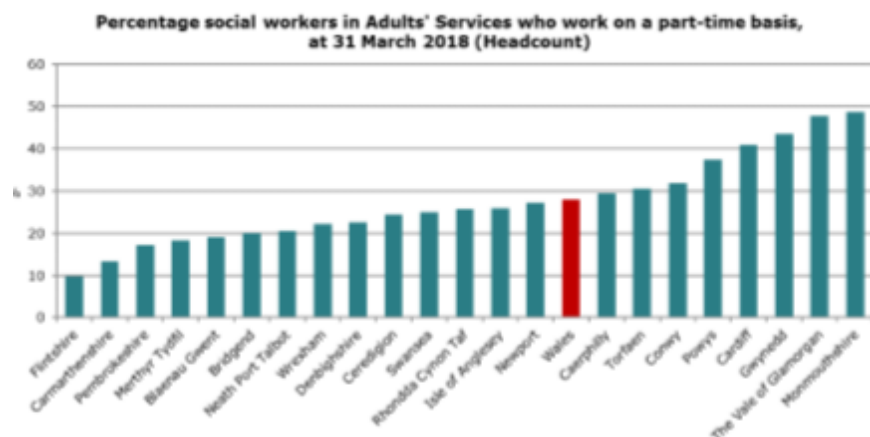
Over the same period the staff establishment in Children's Services has increased by 0.5%. The staff establishment in non-operational and other service area roles has increased by 4.5% since 2017. The WTE staff establishment has decreased by 0.6% in Adults' Services and by 0.1% in Children's Services since March 2017.

The Social Care Wales register of social workers shows that the majority (51%) are aged 45 or over and 22% are aged 55 or over. This is the same compared to 2017. In 2018, the majority of social workers working in social services departments were female (83%). This has been the case since the collection began in 2009. Across Wales this ranged from 74% in Pembrokeshire, to 88% in Gwynedd. On 31 March 2018, 43% of local authority social workers worked in Children's Services, compared to 44% in 2017. 39% worked in Adults' Services, compared to 38% in 2017, and 18% worked in other roles where a social worker qualification is necessary, the same as in 2017.



Adults' Services employed 1,513 social workers at the end of March 2018. This was 39% of the total number of social workers employed by local authorities. Since 2017, the number of social workers employed in Adults' Services increased by 2.8% (41 people). 28% of the social workers employed in Adults' Services were employed on a part-time basis in 2018 compared to 29% in 2017.

Regionally, the use of part-time social workers in Adults' Services varied, with 23% in Mid & West Wales compared to 21% in 2017, 32% in South East Wales compared to 34% in 2017 and 26% in North Wales compared to 27% in 2017. In 2018, Adults' Services filled 2.3% of their established funded WTE with agency workers compared to 3.2% in 2017. The use of agency workers in Adults' Services decreased, for the first time since 2013, by 0.9% in 2018. South East Wales saw the largest decrease, from 4.4% to 1.7% between 2017 and 2018.



Children's Services Children's Services employed 1,686 social workers at the end of March 2018. This was 43% of the total number of social workers employed by the local authorities, compared to 44% in 2017. Since 2017, the number of social workers employed in Children's Services has decreased by 1.8% (31 people). This follows a decrease of 1.4% between 2015 and 2017. 19% of the social workers employed in Children's Services were employed on a part-time basis, the same as the previous year.

Regionally, the use of part-time social workers in Children's Services varied, with 13% in North Wales, an increase from 11% in 2017, while Mid & West Wales and South East Wales recorded the same use of part-time social workers as in 2017, with 21% and 20% respectively. In 2018, Children's Services filled 3.6% of their established funded WTE with agency workers; a slight increase compared to 3.5% in 2017. Between 2017 and 2018, both North Wales and South East Wales increased their use of agency workers by 2.1 and 0.5 percentage points respectively. In Mid & West Wales there was a decrease of 1.6 percentage points to 1.1%.

References

- TOPOL REPORT, NHS Constitution <https://www.hee.nhs.uk/our-work/topol-review>
- Mark Beatson, CIPD https://www.cipd.co.uk/Community/blogs/b/mark_beatson
- MacLeod and Clarke <https://dera.ioe.ac.uk/1810/1/file52215.pdf>
- Gallup in their State of the Global Workplace Report of 2017 <https://www.slideshare.net/adrianboucek/state-of-the-global-workplace-gallup-report-2017>
- Michael West – Compassionate leadership: <https://leadershipportal.heiw.wales/playlists/view/494f45e6-36df-46c5-87f4-78964525e578/en/14>
- Workforce report – Kings Fund, Nuffield Trust and Health Foundation: Closing the Gap <https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce>
- Workforce numbers: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#1-what-kinds-of-staff-make-up-the-nhs-workforce>
- Work Foundation – so many really useful reports etc. across all key priorities: <http://www.theworkfoundation.com/wf-reports/>
- 100 year life: <http://www.100yearlife.com/the-challenge/>
- Working Future trends (Kings Fund) : <https://www.kingsfund.org.uk/projects/time-think-differently/trends-workforce>
- Changing professional roles – infographics <https://www.kingsfund.org.uk/audio-video/changing-professional-roles-infographics>
- Social partnerships: FM statement: <https://gov.wales/social-partnerships-to-bolster-fair-work-in-wales>;
- <https://www.tuc.org.uk/making-wales-fair-work-nation> <https://www.efrontlearning.com/blog/2017/10/trends-2020-workplace.html>
- <https://www.pwc.com/gx/en/services/people-organisation/publications/workforce-of-the-future.html>
- https://socialcare.wales/cms_assets/file-uploads/SCW-Social-worker-profile-ENG-FINAL.pdf
- <http://www.theworkfoundation.com/wp-content/uploads/2019/06/Workplace-health-interventions-and-accreditation-schemes-FINAL.pdf>
- <https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-wales-volunteering-and-caring-2016-17.pdf>
- [file:///C:/Users/ka098211/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/council_tax_levels_in_Wales_2018-19%20\(1\).pdf](file:///C:/Users/ka098211/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/council_tax_levels_in_Wales_2018-19%20(1).pdf)
- https://socialcare.wales/cms_assets/file-uploads/SCWWDP_local-authority-services_2018_eng_Final.pdf
- <http://www.socialcaredata.wales/IAS/themes/workforce/residentialchildcareworkers/tabular?viewId=2177&geoId=141&subsetId=>
- https://socialcare.wales/cms_assets/file-uploads/SCWWDP_commissioned-services_2018_eng_Final.pdf
- <https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>
- http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.2_H%26CS_Appendix%2011.pdf
- <https://weds.heiw.wales/assets/Uploads/a8c0b0c31d/NHS-Wales-Workforce-Trends-as-at-31-March-2017-v2.pdf>
- http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/235-0517%20Health%20and%20care%20strategy%20report_ENG_R2.pdf
- https://socialcare.wales/cms_assets/file-uploads/Social_Worker_Workforce_Planning_2017_18_eng.pdf
- <https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>
- https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdfm

Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



GET IN TOUCH

Write to us at: Workforce and Organisational Development Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LU

You can also:

Find more information at: RPB webpage <https://www.powysrpb.org/>

Get involved in the debate on Twitter via @PTHBHealth #PowysHCS

This report is the property of Powys Regional Partnership Board. It was commissioned by Powys Regional Partnership Board (RPB) and developed by Powys Workforce Futures Programme Board.

Please feel free to reproduce individual pages from the report with the following credit: "Extract from the 'Workforce Futures Strategic Framework for Powys: A vision to 2027 and beyond.' ©Powys Teaching Health Board and Powys County Council, 2019"

Health and Care Strategy design and illustrations by ©Scarlet Design Int. Ltd 2019 www.FranOHara.com