

WF 12

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Conffederasiwn GIG Cymru

Response from: Welsh NHS Confederation

	The Welsh NHS Confederation and NHS Wales Employers response to the Health, Social Care and Sport Committee inquiry into the sustainability of the health and social care workforce.
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Introduction

1. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry. We hope that our response, which has been developed with our members, including Directors of Workforce and Organisational Development (OD), highlights the key issues and challenges that we face in Wales. The Welsh NHS Confederation and Directors of Workforce and OD would be more than happy to provide further information to Members of the Committee.
2. The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.
3. NHS Wales Employers is hosted by and operates as a part of the Welsh NHS Confederation. NHS Wales Employers supports the strategic workforce agenda of the NHS in Wales from an NHS employers' perspective. NHS Wales Employers support the employers with workforce policy development, practical advice and information, and enables the NHS Wales Workforce and OD community to network, and share knowledge and best practice.

Key points

4. The health service is Wales' biggest employer, currently employing around 86,500¹ staff and providing a significant contribution to both the national and local economy. As changes in demographics and our lifestyles have resulted in a dramatic rise in demand on the health and care services, it has become increasingly clear that a transformation in the way treatment is delivered is required if the NHS is to meet the needs of a future population. A sea-change in the way services are designed is vital. A key aspect to driving this, and successfully putting NHS Wales on a sustainable footing, is the workforce.
5. With an ageing population and a rising number of people with complex and chronic conditions, the workforce must be ready to evolve and respond to the challenges ahead. As well as meeting the future needs of the population, the workforce must also develop new ways of working to

address concerns about an expected shortfall in the future NHS workforce, especially for certain types of jobs and in different regions of Wales.

6. The Welsh Government (WG), through cross-party support, must help facilitate sustainable long-term workforce planning according to the needs of local communities. Future demand for health and social care will not be met unless we plan, develop and use the health and social care workforce differently. The Welsh NHS Confederation Policy Forum, consisting of health and social care organisation from across Wales, have recently developed the “One workforce: Ten actions to support the health and social care workforce in Wales”ⁱⁱ document which has been endorsed by nearly 40 organisations. The document, which is included as part of our submission, considers the ten key areas to ensure a sustainable health and social care workforce in the future. Members of the Policy Forum will be highlighting these key areas, including having a long term vision for health and social care, with all Assembly Members in the coming months.
7. We now have an opportunity in the fifth Assembly to put forward a long term vision for the health and social care workforce, acknowledging that the workforce needs to change to deliver integrated, personalised care closer to home.

1. Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

8. Overall we have an accurate picture of the current health and care workforce working in secondary and community care services (Health Boards and Trusts). There are, however, significant challenges in accessing comprehensive data for primary care as well as being able to develop a comprehensive picture of the social care workforce. As we move to different models of delivery, primary care will no longer be a sector in isolation and increasingly Health Boards are taking on primary care functions or working with practices to deliver innovative workforce solutions. This changing landscape will increase the importance of needing to have comprehensive data available, gathered through reliable systems.
9. Workforce information for the NHS Wales employed workforce is provided through the Electronic Staff Record (ESR). All Health Boards and Trusts in Wales use the system and centrally there is a Data Warehouse that is accessed by analysts employed by Workforce, Education and Development Services (WEDS) and NHS Wales Shared Services Partnership (NWSSP) who can access data on a Wales basis to support workforce planning, workforce performance and pay modelling. Whilst this data set is comprehensive ESR does not currently hold information on skills and competences. Maintaining accurate data systems is always a challenge as well as ensuring that reporting can be accurate and as “real time” as possible. These systems will always require significant support and funding to enable the service to be accurately informed about trends and areas for action.
10. The NHS ESR Programme provides NHS Wales with an integrated HR, Payroll and learning management system and service. The system is undergoing a wide programme of development to deliver enhancements identified following user consultation. These developments will include enhanced user interfaces. NHS Wales has embarked on a programme of work “ESR Hire to Retire” aiming to fully roll out ESR self-service to managers across NHS Wales and to maximise opportunities to drive efficiency and benefits realisation through the following key areas:
 - a. Reducing recruitment timescales through full deployment of ESR functionality and workforce interfaces;

- b. Supporting the reduction of sickness absence through improved data reporting and use of real time Business Intelligence reporting;
 - c. Full deployment of ESR Self Service;
 - d. Payroll paper free systems;
 - e. Single data entry; and
 - f. Real time accurate information.
11. While we have data systems available in the NHS there are some areas where there are data gaps, for example primary care. To develop a complete picture of the workforce NHS Wales also needs to have a clear picture of primary care. Currently this data is not readily available in the following areas:
- a. For practice based staff, other than manual trawls for information from health boards, there is no easily accessible information on a Wales wide basis. NHS Wales supports WG consideration of the Primary Care Web based tool currently being rolled out by NHS England. It is understood that over 85% of practices in England now use this system. Use of this tool would provide NHS Wales with comprehensive practice based staff workforce information and would also provide access to a Data Warehouse facility similar to that provided for ESR. This would support workforce planning at both a local and national/strategic level. NWSSP has been working with WG to understand the detail of the PC Web Based system and to assess the implementation requirements.
 - b. For other primary care staff there is limited available data e.g. Community Pharmacy, Optometry, etc. NWSSP and WEDS were provided with funding by WG for a period of 6 months to undertake work into what primary care workforce data is available and this is being developed further.
12. The WG has indicated that it would like to access information about social care staff who work “at the interface” between health and social care. A mechanism to identify such staff is being considered.

2. Is there a clear understanding of the Welsh Government’s vision for health and care services and the workforce needed to deliver this?

13. It is important for the development of the workforce that there is a clear strategic direction to build on or replace “Together for Health” which supported the last Government’s programme. It is expected that any new vision/strategy will present new workforce challenges and therefore the sooner that this vision is agreed and published the sooner the service can focus and align its programmes of work around its priorities.
14. Notwithstanding the above, in ensuring a clear and shared understanding of WG’s vision for health and care services the focus and emphasis of any new vision/strategy will, it is expected, follow many of the current themes and priorities. As such the following themes are being taken forward by the service:
- a. Developing the prudent workforce for the future;
 - b. Developing effective care and support models (primary, community, secondary and social) to best meet the needs of an ageing population and increasing complex diseases;
 - c. Delivering high quality, safe and prudent healthcare to optimise outcomes for patients;
 - d. Adopting innovation and technology to transform health, care and well-being;
 - e. Establishing more responsive, open, usable, inter-operable and accessible data resources to best deliver effective health and care;

- f. Using resources effectively and efficiently to enable and deliver up-to-date health and care (including financial, infrastructure, digital and estates);
 - g. Embedding prevention and early intervention to improve population health;
 - h. Focusing on early years to optimise health and well-being for present and future generations;
 - i. Embedding the Well-being of Future Generations (Wales) Act 2015, with health as a leading partner and through effective collaboration; and
 - j. Making the best of ourselves for Wales – embedding effective, modern-day leadership for current and future leaders.
15. How these themes translate into workforce strategy and plans is challenging and is underpinned by:
- a. Changing the way that the workforce is engaged, educated and trained to enable more flexible working across a range of settings to reflect changing patient needs and service delivery models – includes technological change;
 - b. Redesigning workforce models and jobs to avoid rigid demarcation and building smooth handovers at key points of contact so that from a patient perspective care is delivered seamlessly by an effective multi-disciplinary team;
 - c. Service users are increasingly developing more multiple and complex conditions requiring a holistic care approach. The development of increasing sub specialisation of professional staff militates against this. For the future a focus on generalist as well as specialist skills will be essential;
 - d. The need to examine work content and engage staff in redesigning work that delivers prudent outcomes;
 - e. Ongoing development of whole system workforce planning based on population based planning systems;
 - f. Joining up understanding of workforce supply and demand risk (e.g. projected undersupply of some medical specialties) with opportunities to develop the wider multi-disciplinary team;
 - g. Evaluation of developing workforce models in primary care. The Nuffield Trustⁱⁱⁱ has suggested that the greatest opportunities for skill-mix lie in primary care services; and
 - h. Aligning workforce skill mix across patient pathways from primary, secondary and tertiary care.
16. In the Workforce and Organisational Development Directors “Shape of Workforce” work programme the following key actions have been identified:
- a. Redesign across the whole workforce by patient pathway / service - prioritising areas for redesign linked to population based planning;
 - b. Identify scope for band 4 development and in which areas. Maximised use of Wales Delegation Guidance e.g. Modernising Scientific Careers in restructuring Pathology;
 - c. Driving workforce changes “at scale” underpinned by education and training;
 - d. Further development of bespoke training to extend clinical skills;
 - e. Extend facilitated approaches to redesign for to support managers in workforce transformation;
 - f. Identify scope for workforce development of multi-disciplinary team: e.g. Pharmacy, Paramedics, Extended skills Nurses and Allied Health Professionals;
 - g. Identify scope for medical workforce transformation e.g. Shape of Training; and
 - h. Greater use of modular programmes to support skill-development and re-visiting of the concept of the skills escalator.
17. NHS Wales is also exploring appropriate models that support integration, such as the:
- Spread of evaluated workforce models that support delivery of a social model of health;
 - Use of mechanisms to address and mitigate against barriers to workforce integration;

- Health and social care working as a single, whole system; and
- Workforce that is skilled to care for people with multi-morbidities that span mental and physical health and skills to act as a ‘partner’ and ‘facilitator’, rather than an ‘authority’.

18. The change needed in this regard is summarised below:

Current view	Evolving model of care
<ul style="list-style-type: none"> • Geared towards acute conditions • Hospital centred • Doctor dependent • Episodic care • Disjointed care • Reactive care • Patient as passive recipient • Self-care infrequent • Carers undervalued • Low Tech 	<ul style="list-style-type: none"> • Geared towards long term conditions • Embedded in communities • Team based • Continuous care • Integrated care • Preventative care • Patient as partner • Self-care encouraged and facilitated • Carers supported as partners • High Tech

3. How well-equipped is the workforce to meet future health and care needs?

19. The Centre for Workforce Intelligence (which was disbanded in March 2016) undertook a major study of NHS workforce skills and developed the Horizon 2035 skills framework. The framework provided two “lenses” through which skills and competencies of the workforce and the demand drivers could be viewed. Consideration of the future workforce in such terms is helpful in focusing attention more on skills and competencies matched to patient need rather than professional staff groups. Such work has identified that the future skills deficit is likely to be at “lower” skill levels as the population ages. In the short term for NHS Wales there needs to be a focus on the fact that NHS Wales invests circa £350m to support 15000 students and trainees undertaking health related education programmes. It is estimated that circa 60% of this funding is spent on doctors (9% of workforce) and around 31% on nurses (30% of workforce). As little as 5% of the central funding is invested in the clinical support workforce.

Apprenticeship Review and Levy:

20. The review of apprenticeship is in the purview of the Education and Skills Department, and will have a major impact on both the health and social care sectors. However, neither sector has any input into, or influence, over the decisions made by this WG department. It is not known if discussions have been held at an interdepartmental level in WG, as to the impact on, and implications for the health and social sectors with regards to the review or the Levy. If the new model of apprenticeships follows the English model then any new apprenticeships will be employer led. This could reduce the transferability of apprenticeships across employers both within and between the sectors unless a collaborative approach is taken.

21. The formal WG response to the review has been delayed pending the impact of the UK apprenticeship Levy, and the loss of EU funding supporting apprenticeships. The Levy will impact NHS Wales, Local Authorities and any private or third sector organisations with a pay bill in excess of £3million. This will impact on the affordability of accredited training programmes. If the decision is made to return the NHS / Local Authority Levy to the health and social care sectors as ring fenced

training monies, then the sectors would be in a good position to deliver all required accredited support worker training and education, but capacity to scale up quickly may be an issue.

22. In spite of the issues with the process, there are significant opportunities for apprenticeships within the NHS and the service will want to embrace an approach which helps to deliver skills in health and social care through this route. Apprenticeships can also be a valuable way to widen access to health services from candidates within our local communities and to support the development of a shared skill sets across health and social care.

The Health and Social Care Integration Agenda

23. The Social Services and Well-being Act (2014) has put a legal requirement on all public sector bodies to work together to identify population needs, and use pooled budgets to develop and deliver services to meet these needs. The Care Council for Wales (CCW), as Social Care Wales (SCW), is being given the statutory lead in this area. The Well-being of Future Generations (Wales) Act 2015 places corresponding legal requirements on public sector bodies, with NHS Wales as the statutory lead.
24. The Regulation and Inspection of Social Care (Wales) Act (2016) puts a statutory requirement in place to register all domiciliary care and residential care home workers with SCW by 2022, with the Register for domiciliary care workers opening in April 2018.
25. NWSSP, WEDS are working in partnership with CCW to develop joint approaches or resources to support the development of integrated roles. The policy direction for creating joint roles can however impede development and progress. For example regulating social care support workers is a policy decision, regulating Healthcare Support Worker in health is not. Where staff working at the interface and employed by health, with different or better terms and conditions but required as part of a joint role to work within the social care setting i.e. the home of a service user, the issue of regulation becomes significant.

4. What are the factors that influence recruitment and retention of staff across Wales?

i. the opportunities for young people to find out about/experience the range of NHS and social care careers;

26. Health Boards undertake significant engagement with their local communities by supporting work experience, attending careers fairs, encouraging and facilitating volunteering and offering specific insight into working in health through targeted taster days. NWSSP and WEDS have a remit within its work programme for providing a Career's Service for NHS Wales. The resource to support this function is limited (1 Whole Time Equivalent Band 5) with responsibility for on-going management, development and updating of the Careers website. In addition this resource supports one off campaigns required, such as the Core Medical Recruitment campaign which ran during December 2015.
27. The careers service also includes managing the All Wales Careers Network which brings together key partners such as Jobcentre Plus, Careers Wales, education and NHS Wales organisations to share and work collaboratively. In 2015 WEDS managed the hosting of three regional events across Wales to update Jobcentre Plus Careers advisors on the range of professional and vocational job roles available in the health sector. This initiative will be repeated in 2016 to support staff in partner organisations to gain current and accurate information for people seeking

careers advice, both adults and children. There are initiatives in place on widening access to jobs in health and social care such as engaging with schools at an early stage to raise awareness of the number of different roles. A workshop on Widening Access was held in June 2016 to share learning and to explore where opportunities exist to expand on work in this area.

28. The landscape for recruitment campaigns or promotion of NHS Wales has previously been fragmented. There is currently significant work progressing on joint co-ordination of a national campaign to promote working in Wales which is being developed by WG and the service. In addition, many of the Health Boards and Trusts have developed local campaigns, however, these by necessity are often University/professionally focussed and don't take a whole workforce approach despite the fact that there are shortages in many clinical roles. Health Boards and Trusts are working jointly on nursing recruitment and on promoting medical jobs in Wales and most organisations will be represented, together with WG, at a major careers event in October. A targeted GP recruitment campaign will also be launched shortly by the WG as part of the Programme for Government commitment.

ii. Education and training (commissioning and/or delivery);

29. There are a range of issues which need to be considered within the context of education and training, these include:

University provision

30. NWSSP, on behalf of the Welsh Government, will invest over £85m in 2016/17 in the education and training of the next generation of health care professionals. This includes initial education for nurses, midwives, health visitors, allied health professionals, scientists and pharmacists. The funding also supports:

- Some post graduate education for advanced practice;
- Community nursing roles;
- Non-medical prescribing; and
- Education to support health care support worker meet the requirements of the health care support worker career framework.

31. Welsh Universities are part of a larger UK education system and as such cross boarder flow is inevitable and has a positive influence. However in 2015/16 academic year NWSSP commissioned over 2,100 student places in Welsh universities of which:

- 21% of students identified themselves as either fluent in Welsh or as having a basic understanding of Welsh (this needs to be built upon in order to ensure that there is an effective pipeline of students graduating who can undertake NHS roles through the medium of Welsh);
- 62% of students were over the age of 21 with 20% of the total number of students being over 30 years of age;
- 76% of all students were Welsh resident, and one nurse education provider recruited 94% of its students from Wales;
- Of the students recruited onto NWSSP commissioned programmes only 35% enter their education programme with 'A' levels as their highest qualification. However 30% of students in 2014/15 graduated with a 1st class honours degree and 71% of students graduated with a 2:1 or better (up from 58% in 2012/13); and
- Student destination data, as provided by universities in Wales (as of May 2016), identifies that:
 - 65% of students are working in Wales;
 - 9.5% are working in the NHS in other parts of the UK;
 - 3% are working in the private sector; and

- We do not know where 22.5% of the graduates are currently working, this could be in Wales or elsewhere.
- 32. The removal of the bursary system in England will have implications on Wales as the current bursary system is aligned to the University rather than the area of origin of the student. There is a risk that now the bursary has been removed in England, applications to train in Wales will increase but that the students, on graduating, will not necessarily stay in Wales.
- 33. It is essential that the commissioned educational places at Welsh Universities, maintains a strong workforce pipeline for the future. A response will therefore need to be developed to the bursary changes in England which actively supports the translation of education commissioning numbers into employees in the Welsh health and social care system.

Workforce supply and demand

- 34. NWSSP and WEDS has also undertaken modelling work to identify the key variables impacting on the overall nursing workforce. These are:
 - Course attrition rate – in Wales course attrition is extremely low when benchmarked against other UK and international programmes – there is little gain to be achieved in this area;
 - Welsh student employment rate – during the past 4 years this has ranged from 66% -88% and has the largest impact on the supply of the workforce into the Welsh NHS, it is therefore a key area to target;
 - Workforce attrition (leaver & joiner rates) – this has the second largest impact on the FTE numbers. This variable is made up from how many staff NHS Wales is able to attract from other countries and sectors, and how well NHS Wales can retain its' workforce. Managing workforce attrition makes a significant difference to the workforce numbers but this alone will not meet the anticipated demand of the nursing workforce; and
 - Non Welsh graduates numbers & new overseas joiners

Qualifications Wales (QW)

- 35. QW was established through the Qualifications Wales Act 2015 as the regulator of non-degree qualifications, (such as apprenticeships and GCSEs), and the qualifications system in Wales. It is a WG sponsored body, independent of Government, but accountable to WG.
- 36. Part of its remit includes reviewing vocational qualifications. Their first review focused on the health and social care qualifications suite, concentrating on the 10 most commonly used health and social care qualifications available for public funding, all of which were found to require further development for application in Wales.
- 37. As a result of the review, QW stated they will create a *“new suite of qualifications for Health and Social Care for learners in Wales, with a target date for first teaching in September 2019”*. These qualifications will then replace the qualifications currently underpinning the Health and Social Apprenticeships in Wales.
- 38. This review will impact on at least 19 of the qualifications that share common mandatory and optional units used by the health and social care sectors.

iii. Pay and terms of employment/contract;

39. The Nuffield Trust research report “A decade of austerity in Wales?”^{iv} highlighted the challenge for the NHS workforce pay policy as the economy recovers following the recession. In the post-election summer budget of 2015, the previous Chancellor of the Exchequer stated that public sector pay increases would be restricted to 1% in each of the next four years. In addition the statement also noted that the *“the Government expects pay awards to be applied in a targeted manner within workforces to support the delivery of public services”* adding that *“as part of the forthcoming Spending Review, the Government will continue to examine pay reforms and modernise the terms and conditions of public sector workers. This will include a renewed focus on reforming progression pay, and considering legislation where necessary to achieve the Government’s objectives”*.
40. The rate of inflation in the economy and the rate at which pay inflation exceeds NHS cost of living increases will have a bearing on how the NHS workforce responds and NHS Wales organisations will not be divorced from the wider impacts and affects that public sector pay restraint will have throughout the UK. This position is now more uncertain given the indications of a slowing of the UK economy following the EU referendum and the potential impact on the UK Government’s spending plans.
41. The Pay Review Body (PRB) and the Doctors and Dentists Review Body (DDRB) both have a remit to advise and make recommendations on NHS pay and in normal circumstances they would be able to address any wider impacts in the economy and across NHS professions and specific roles. Whilst the PRB may be given remits to consider pay reform over the next 4 pay cycles, the 1% “pay cap” will restrict any recommendations which may need to be made to respond and/or address any observed movement in the NHS labour market. It is however, expected that the PRB will continue to recommend that employers and trade unions explore how the current system is operating, so as to ensure that pay and associated terms and conditions are appropriately aligned to the areas where pay and reward can have the optimal impact.
42. In addition, having a common NHS pension scheme with England provides for a seamless transition of staff into and out of Wales where benefits are carried forward within the single scheme arrangements.
43. The Agenda for Change structure of common pay bands underpinned by the Job Evaluation Scheme provides consistency across Wales, as well as the other three UK nations comprising the UK NHS Staff Council. This is an important feature for recruitment and retention of NHS Staff in Wales. The terms and conditions are also common to all NHS employers and an employee’s continuous previous service with any NHS employer counts as reckonable service in respect of NHS agreements on redundancy, maternity, sick pay and annual leave.
44. Wider reform of public services in Wales are set to develop further with greater integration of health and social care. The Workforce Partnership Council is addressing many of the areas of common interest in respect of the workforce but for health it is essential that the discrete system within which the NHS operates, as a public service, is acknowledged as having many features where NHS solutions will continue to be the most appropriate ones for the healthcare workforce.
45. There is a requirement to consider the interconnected nature of doctors in training across the UK and the need to ensure parity and consistency in employment so as to ensure that there is a seamless flow of doctors in training within/ in and out of Wales. A pressing challenge is addressing

the outcome of the junior doctors' contract dispute in England and its implications for Wales. This has, for the first time, established separate arrangements for doctors in training in England. Enabling and facilitating the flow of doctors in training across the NHS is an important feature which will need to be maintained whatever approach is taken in Wales in relation to a new contract for these staff.

46. As the consultant medical workforce continues to develop there will be a need to ensure an appropriate linkage of the progression from training into a consultant grade. Currently Wales has a separate Consultant Contract which developed (amended) from the previous contract in 2003. Reform of this contract is being considered and any development will need to mirror or match the arrangements operating across the UK. Employers have emphasised that their preferred approach is to for these contracts to be consistent across the UK.
 47. The Nuffield Trust research report^v also estimated that there will be a funding gap of £2.5b for NHS Wales by 2025/26 assuming that funding is held flat in real terms. This would require efficiency savings worth 3.7% per annum. The report stated that *“beyond 2015/16 it will be very difficult to continue to hold down real terms pay”* and that *“further reductions would be difficult to implement without impacting on recruitment and retention”*.
 48. For NHS Wales the issue of the affordability and sustainability of the current workforce is critical and the extent to which the gap can be closed by pay bargaining and the potential contribution of redesign needs to be realistic. Accordingly, it is essential that developments around the medical workforce and associated terms and conditions are considered alongside developments with Agenda for Change terms and conditions. Whilst this is important, there are limitations and this needs to be viewed in the context of the constraints on the ability to reduce and change workforce size and configuration without major service change and redesign.
 49. Limited pay awards set against inflation and recent pension contribution increases has made having conversations difficult when there is a, not unreasonable, expectation from staff and trade unions of an inflationary increase. However employers do not consider that conversations in this area should be mutually exclusive and within any investment in pay, however small, it is legitimate to discuss other elements of the total reward package and how they might adapt or change. These issues were explored in detail in the NHS Wales Workforce Review^{vi} which reported in March 2016.
 50. The increases in demand, complexity and acuity of patients and service users have added pressure to front-line staff which can influence people leaving sooner than they otherwise would. In addition changes to the NHS pension arrangements as well as the pension taxation regime are having an impact on the retention of staff in their 50's. These two issues working together are providing a significant retention challenge.
- 5. Whether there are particular issues in some geographic areas, rural or urban areas, or areas of deprivation for example.**
51. There are significant challenges recruiting into some of our rural and deprived communities as well as those services provided away from the main population centres. Whilst there are different factors at play, bespoke interventions are required to support the delivery of health and social care in these communities The *“Focus on Sickness Absence Trends in NHS Wales”*^{vii} report highlights that populations with high deprivation have poorer staff health. It is an area which individual health boards are addressing. Overall the challenge is one of providing jobs and working

environments which are attractive through the recruitment process but also with continuing support in order that we can provide consistent and sustainable services for these communities.

52. As discussed in our briefing, “From Rhetoric to Reality - NHS Wales in 10 years’ time: The NHS Wales Workforce”,^{viii} included as part of our submission, highlighted the employed workforce in Wales is ageing. More than 40% are now aged 45 or over, and the numbers of those over 64 in employment has grown by almost 60% in four years, though the age composition of different sectors does differ. The retention and management of the health and well-being of older staff will be a key issue in developing workforce strategy with the age profile of staff being different across Health Boards. There will be a need to consider those parts of the workforce which have an older profile than the Wales average and to understand the implications of working longer.

Conclusion

53. People working within the NHS and social care are our biggest asset. Without their hard work and dedication the health and care service would collapse. We need to think about the workforce we have today for our current service delivery requirements but also focus on creating a pipeline for the future, which will include many of today’s health and social care employees. This will require innovation and perhaps new regulation mechanisms for new roles. We now have an opportunity in the fifth Assembly to put forward a long term vision for the health and social care workforce, acknowledging that the workforce should change to deliver integrated, personalised care closer to home.

Attachments included in our submission:

- Welsh NHS Confederation Policy Forum, September 2016. One workforce: Ten actions to support the health and social care workforce in Wales.
- Welsh NHS Confederation, January 2015. From Rhetoric to Reality - NHS Wales in 10 years’ time: The NHS Wales Workforce.

ⁱ Stats Wales, May 2016. NHS staff by staff group and year 2015.

ⁱⁱ Welsh NHS Confederation Policy Forum, September 2016. One workforce: Ten actions to support the health and social care workforce in Wales.

ⁱⁱⁱ The King’s Fund and Nuffield Trust, July 2013. Securing the future of general Practice: New models of primary care.

^{iv} Nuffield Trust, June 2014. A Decade of Austerity in Wales? The funding pressures facing the NHS in Wales to 2025/26.

^v Nuffield Trust, June 2014. A Decade of Austerity in Wales? The funding pressures facing the NHS in Wales to 2025/26.

^{vi} Welsh Government, March 2016. NHS Wales Workforce Review.

^{vii} WEDS, Shared Services: Jan 2015. [Focus on Sickness Absence Trends in NHS Wales.](#)

^{viii} Welsh NHS Confederation, January 2015. From Rhetoric to Reality - NHS Wales in 10 years’ time: The NHS Wales Workforce.