

# SW REGION SECTOR SUMMARY

## SKILLS FOR HEALTH

### SECTOR FOOTPRINT

Health sector - NHS, independent and voluntary employers ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)).

### SKILLS FOR HEALTH LABOUR MARKET

*Source: SSDA Regional Fact Sheet, Skills for Health SSA, DH Widening Participation Unit; SLIM SW Skills Balance Sheet June 2008; Labour Force Survey 2007, NESS 2007 data derived from LSC SW research team*

#### Sector size & business unit size

- There are 6,630 business units in the SW.
- There are 169,000 people working in the sector in the region representing 6.7% of total regional employment.
- Forecasts of employment growth 2004-2014 suggest there will be a 10% change in employment with 17% new jobs created. In addition 67,000 jobs will need to be filled due to replacement demand (people leaving the sector or retiring).

#### Profile of the workforce

- The sector has relatively low numbers of 16 to 24 yr olds – 5%.
- There is a ageing workforce - 33% is aged 50 and over compared to 30% regionally.
- The size of the support staff workforce in the SW is estimated at 47,000.
- There is a predominately female workforce – 82%.
- The workforce is typically split between 40% support and 60% professional, but only 8% of the staff development budget is directed to support staff.

#### Vacancies & recruitment

- Employing establishments within Skills for Health sector in the SW reported 3,825 vacancies in 2007, accounting for 7% of the total number of vacancies in the region.
- Of those vacancies 46% were hard-to-fill, higher than the overall average for the SW of 35%.
- In 2007 there were 700 vacancies that were as a result of skills shortage accounting for 18% of all vacancies. Skills shortage vacancies also account for 40% of all hard-to-fill vacancies, lower than the SW average of 62%.
- 20% of Skills for Health establishments in the SW reported skills gaps amongst their existing workforce, higher than the regional average of 16%.

#### Qualifications in the workforce

- Numeracy needs – 46% below Level 1, 72% below Level 2.
- Literacy needs – 14% below Level 1, 56% below Level 2.
- The majority of workforce is qualified to Level 4 and above – 57%.

All information and data contained in this sector summary is accurate up to 31May 2008

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- An estimated 19% of the SW health workforce does not have a First full Level 2. This amounts to approximately 28,000 workers.
- 87% of Skills for Health establishments in the SW provided on or off the job training in the 12 months prior to the NESS07 survey, considerably higher than the average for all industries as a whole in the SW (68%).

### KEY DRIVERS AND ISSUES

*Source: Skills for Health SSA, NHS SW*

- There are numerous sociological, demographic, technological and policy trends driving change within the health sector. These include an ageing population; the impact of genetics and new technology; a renewed focus on public health; regulatory change; growth in the voluntary sector and a limit to doctors' working hours
- The NHS continues to undergo massive change. The way that services and education/training are commissioned is also changing. The new NHS SW was launched in July 2006 and replaced the former Strategic Health Authorities in Avon, Gloucestershire, Wiltshire, SW Peninsula and Dorset and Somerset. Additionally, 14 new Primary Care Trusts (who oversee services at local level) will be formed in October 2006, a reduction from 32. Increasingly hospital and mental health trusts will be moved towards foundation status which will ensure greater freedoms
- The National Sector Skills Agreement (SSA) has been completed, but the next stage will be to develop regional agreements. Stage 2 concluded that there are two major sections of the workforce that might be used to greater advantage: those holding NVQ Levels 2 and 3 and those who would benefit from literacy, numeracy and IT development. More advanced skills and competencies need to be put in place to bolster skills beyond professional registration
- There is a variable history of, and capacity to undertake, robust workforce planning - many NHS employers lack formal and 'real' workforce strategies for support staff
- Outdated pay/reward structures, have been addressed through NHS Agenda for Change, which is now fully implemented.
- Fragmented qualification frameworks – the sector qualification strategy is due in summer 2008
- Healthcare employers will require more flexible workforces if they are to respond to the Government vision for the sector over the next 10 years or so
- Workforce planning process needs to be based on competencies as the building blocks for flexibility and job role design
- The recent White Paper, 'Our Health, Our Care, Our Say' on care outside hospital will drive fundamental change on better integration between the NHS and those working in social care requiring local integration of health and social care workforce development plans
- Included in the first tranche is the development of a 14-19 Specialist Diploma. The employer consultation phase has recently been completed.
- Many NHS would prefer to build on working relationships with existing providers to develop more responsive provision. A number of employers have commented on the near impossibility of obtaining FE staff input during traditional college holiday periods

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## SW REGION SECTOR SUMMARY SKILLS FOR HEALTH

- There is a wide range of employing organisations, cultures and resources for training.

### NSAS/COVES (NATIONAL SKILLS ACADEMIES AND CENTRES OF VOCATIONAL EXCELLENCE)

Skills for Health submitted an expression of interest for a Health NSA in June 2006, which was unsuccessful. The proposal was based on a virtual hub and regional spoke model. Skills for Health have indicated its intention to proceed with these plans on a regional basis

There are no specific Health CoVEs in the region.

### KEY EMPLOYERS

The sector is dominated by the NHS, but numbers of independent and voluntary employers are significant, accounting for 24% of the workforce.

There is a wide range of large employers including NHS and private hospitals, Primary Care Trusts and Ambulance Services.

### LOCAL AND REGIONAL PROJECTS/NETWORKS

Work is underway with NHS SW to develop a proposition for commissioning work on developing both a robust methodology for capturing the workforce development priorities for Healthcare staff in NHS Pay Bands 1-4 in the SW, and to then carry this forward to produce a workforce development commissioning plan for 2007/8.

The plan will use commonly agreed and shared workforce analysis data and is intended to support the Regional Sector Skills Agreement for Health and inform the LSC's commissioning and planning arrangements with education and training providers in the region.

### SUMMARY OF SUPPLY

*Source: LSC IPOL data (ILR extract)*

Analysis of further education and work based data by Sector Skills Council footprint is not yet available for 2006/07. The data presented below relates to Train to Gain activity which can, in most cases, be attributed to a specific sector.

Skills for Health Starts 06/07		
Starts	NVQ in Health	13
	NVQ in Support Services in Health Care	59
Total Starts		72

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### SUMMARY OF DEMAND

*Source: Skills for Health 'Scoping the Demand by Healthcare Employers for LSC Funded Programmes in the Years to 2015/16'.*

Based on needs that have not been met within the current workforce, estimates of new starters not fully meeting the competencies of their job roles and likely growth over the next three years, 2007 – 2009 demand for LSC funded programmes is estimated at:

- Level 2 literacy – 7,060
  - Level 2 numeracy – 7,610
  - NVQ Level 2 – 6,050
  - NVQ Level 3 – 5,100
- The pattern of vocational provision is estimated to be 57% clinically related (healthcare assistants, etc), 28% administrative/clerical and 15% facilities/property/maintenance
  - More work-based based learning is required to avoid employees' absence from front line duties
  - Level 2 literacy and numeracy need to be contextualised and built around competencies within the NHS Knowledge and Skills Framework
  - Employers are demanding more flexible approaches to NVQ based on a common core and options linked to specific job roles. New qualifications are required to match new roles or competencies
  - Potential to capitalise on NHS training capacity, capability and investment through partnership commissioning arrangements (for LSC funded provision) and direct contracts/funding to NHS organisations, Social Care Academies and the new Multi-Professional Deaneries to deliver a range of courses under a service level agreement with the LSC.