Somerset Playbook Programme

Final Report and Action Plan

June 2020

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PLAYBOOK ACTION PLAN

About Breaking Barriers Innovations

Breaking Barriers is an independent project with the principal aim of radically improving the delivery of public services across the UK for maximum social impact. We are Chaired by Lord Patel of Bradford OBE and our Research Director is Dr Jon Bashford.

Breaking Barriers works to achieve this by creating an open space for debate in which public service professionals, innovative suppliers, experts and other stakeholders devise new public service models based on innovative place-based working.

Specifically, we act on a place-based agenda. Tackling the paradox of place where too many people talk about it, but not enough act on it.

We work with local authorities, NHS bodies, voluntary and community services, and private industry to deliver bespoke solutions to complex problems at a truly local level.

To do this, we focus on a series of key themes:

- **social determinants of health**
- **place-based solutions**
- **systems change**
- **innovation**
- **policy development**

Our Partners

Breaking Barriers Innovations generally works with location-specific partners (in this case, based in Somerset), with the overarching support of national partners (Health Education England). Our programmes are also part-funded by industry partners such as CGI.

National Partner

NHS Health Education England

Location Partners

NHS Somerset NHS Foundation Trust

SOMERSET County Council

NHS Somerset Clinical Commissioning Group

Industry Partner

CGI

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1.

Introduction

The Covid-19 pandemic is placing health and social care professionals across the world in unprecedented situations.

In the UK, the NHS and local government have worked swiftly to reshape systems and processes to contain the infection and protect the most vulnerable within their communities. But their efforts to tackle the pandemic have taken place against a backdrop of repeated budget reductions and significant staff shortages. It has been reported that stress levels for NHS staff were at a 5-year high and only a third of staff felt there were sufficient staffing levels.[1] Equally, social care has a very high level of staff turnover - almost 1 in 3 leave their job every year and a quarter of staff are on zero hours contracts.[2]

The pandemic has, however, resulted in a major shift in the public debate around health and social care, particularly the public's view of the health and social care workforce. The pandemic now provides an opportunity to rethink not only how the health and social care workforce can effectively deliver services, but how to make these sectors better places for staff to work and particularly to encourage young people to consider careers within health and social care.

For many years, the health and social care workforce faced challenges and barriers around fragmented services, administrative hurdles, complex lines of communication and data and information sharing issues that constrained health and social care integration, but in a matter of weeks Covid-19 has shown that change is possible. Health initiatives have been rolled out at speed to support the Covid-19 response, such as 'Hospital at Home', which aims to protect the elderly and vulnerable members of the community.[3] The sheer pace of transformation has been immense and there are positive examples of joined-up working across the NHS and local government that have supported the workforce by removing obstacles, such as information sharing.

The impact of Covid-19 on the health and social care sector may take many months and even years to fully understand as the pandemic still appears to have some way to go. However, there is increasing pressure for local areas to start planning for what happens after the pandemic.

While this Somerset Playbook Programme for Place commenced in 2019 under a very different set of conditions, its objective of developing an action plan for an integrated health and social care workforce is now more vital than ever. There is no doubt that the pandemic will leave a difficult legacy, but it may also be possible to use this crisis as a catalyst for positive change to ensure that the health and social care workforce emerges out of the other side of the pandemic transformed for the better.

In Somerset, prior to Covid-19, a place-based approach was deemed to be essential to address the following health and social care workforce challenges:

- Ageing workforce – in terms of the health sector, 28% of the current hospital and community-based workforce are over 55; and 46% of GPs will be over 55 in the next 5 years, and 24% are currently over 55. In terms of the social care sector, the average age of a social care worker is 42.3 years old. 74% of the workforce is below 55 years of age, and 4% is over 65 years old. The estimated turnover for the sector is 36.8%.

- Health and social care staff shortages – it is estimated that in Somerset there are over 300 nursing post vacancies and there is a 35% turnover in social care, with 39.3 % turnover in direct care. There are staff shortages in the following areas for which there is a supply issue through to at least 2021: GPs, Nursing - Learning Disability, Paediatric, Mental Health, District, Neonatal, and Radiography.

- Primary care - high turnover rates, the age profile of current staff, growing demand for services and competing sources of employment all contribute to instability within the workforce.

Following the initial steering group meeting held in Somerset (see Annex A - steering group members), the BBI team carried out a series of interviews and a review of key documents, information and data. The emerging common themes focused on the issues facing young people in Somerset – e.g. limited job prospects, lower paid jobs, poor internet access, poor and at times non-existent public transport, cultural Isolation and geographical isolation – and the impact of Somerset's aging population and the growing workforce needs of the health and social care sector.

Therefore, it was agreed that the focus of this work programme should be on young people and the health and social care workforce, particularly around development and retention of local talent in order to achieve a better inter-generational balance.

The overall aim was to explore the development of an integrated health and social care workforce plan for young people in Somerset focusing on:

- Creating a sustainable trainee pipeline at all levels of competency.

- Developing a consistent approach and career pathway to health and social care apprenticeships.

- Exploring the possibilities of making greater use of Further Education (FE) colleges.

- Developing Somerset as a 'brand' to attract recruits to entry level roles and to come to Somerset after professional training.

There are, of course, specific workforce plans and priorities within and across sectors, organisations and services in Somerset and it is not the intention of this document to attempt to replace organisational or specific workforce strategies/plans but rather to support these by building on the good work and activity already taking place across the county.

The programme and action plan in this report concentrate on the need for collaboration with health, social care, voluntary services, the independent sector and with education and training providers in order to address workforce challenges. The goal is to address gaps, ensure the delivery of the key priority areas and to maximise efficiencies by bringing people and expertise together, and to create synergies where they do not currently exist in order to support the development of an integrated health and social care workforce that is fit for the future and increases the supply of talent.

2.

Background to Breaking Barriers Innovations

Breaking Barriers Innovations (BBI) is an independent research programme informing the radical improvement of public services using locality-driven, joined-up approaches as opposed to top-down driven blueprints.

BBI and Health Education England (HEE) are leading a series of pilot projects on place and the social determinants of health across England. The pilots seek to provide a facilitated and comprehensive approach to the place-based development and delivery of health and social care services that can address the social determinants of health and wellbeing. Somerset is a pilot area for the BBI Playbook programme.

The BBI Playbook programme is designed to support local system leaders across the health and social care sectors to address the social determinants of health as part of an integrated approach to place-based change and service development.

BBI's Playbook methodology provides a template based on four building blocks for

addressing the social determinants of health, so that NHS, local authorities and other partner organisations can work alongside residents in communities to create solutions in localities across the country. These building blocks are:

1. Strategic alignment

2. Workforce development

3. Resident, service user and community engagement and co-design

4. Action planning for service integration and innovation

The BBI Playbook programme is in line with the NHS Long Term Plan[4], which outlined the need to transform models of care over the next five years to provide more co-ordinated, proactive and personalised care and better health outcomes.

2.1 Place and the social determinants of health

The social determinants of health, for example, the conditions in which people are born, live, grow, work and age are widely recognised as being primarily responsible for inequitable disparities in health status across population groups and geographies. Yet, despite this long-standing recognition the health and social care systems continue to struggle with making the social determinants of health a core part of place-based, local service delivery and workforce planning.

NHS England have outlined the importance of focusing on tackling health inequalities and the step change that is required on a cross-system basis to improve the health of local populations:

"This requires a step-change in emphasis and an alignment of approaches across the public, private, and voluntary, community and social enterprise (VCSE) sectors as part of a 'whole systems approach' to the health of local populations."

In its simplest terms, a population health based approach is required to underpin an effective place-based health and care system. This should include the full range of public services (NHS, local authority, voluntary and independent sectors) acting collectively to address the underlying health and social care needs of local populations as part of a systemic approach to prevention and addressing the social determinants of health.

This is integral to The NHS Long Term Plan, which describes how Integrated Care Systems will need to work alongside local authorities at a place-level to make shared decisions about how the collective resources available to the local system can be used to improve population health and deliver integrated care. This will allow a range of public services to be delivered in a coherent and mutually supportive way with organisations collaborating together to manage the resources available to them.

However, a place-based approach must be more than just about integrating frontline services, but about considering how all the assets in a 'place', including the workforce, estates, the built environment, community assets and digital technologies can work together more effectively.

Covid-19 has made these principals and the importance of a place-based approach clearer than ever. The key influences on our health and wellbeing takes place outside of health services and a key determinant is our social and economic environment. The evidence shows that that the poorest communities have greater health issues and Covid-19 is worsening this trend by disproportionately affecting these communities. Therefore, having an impact on these key determinants is likely to do far more to improve the health of these communities rather than just a narrow focus on health issues alone.

It is essential that there is also a greater focus on prevention within our health and social care approach - the best way to treat any disease is to prevent it, and addressing risk factors is more effective and cheaper than medical management of a disease.
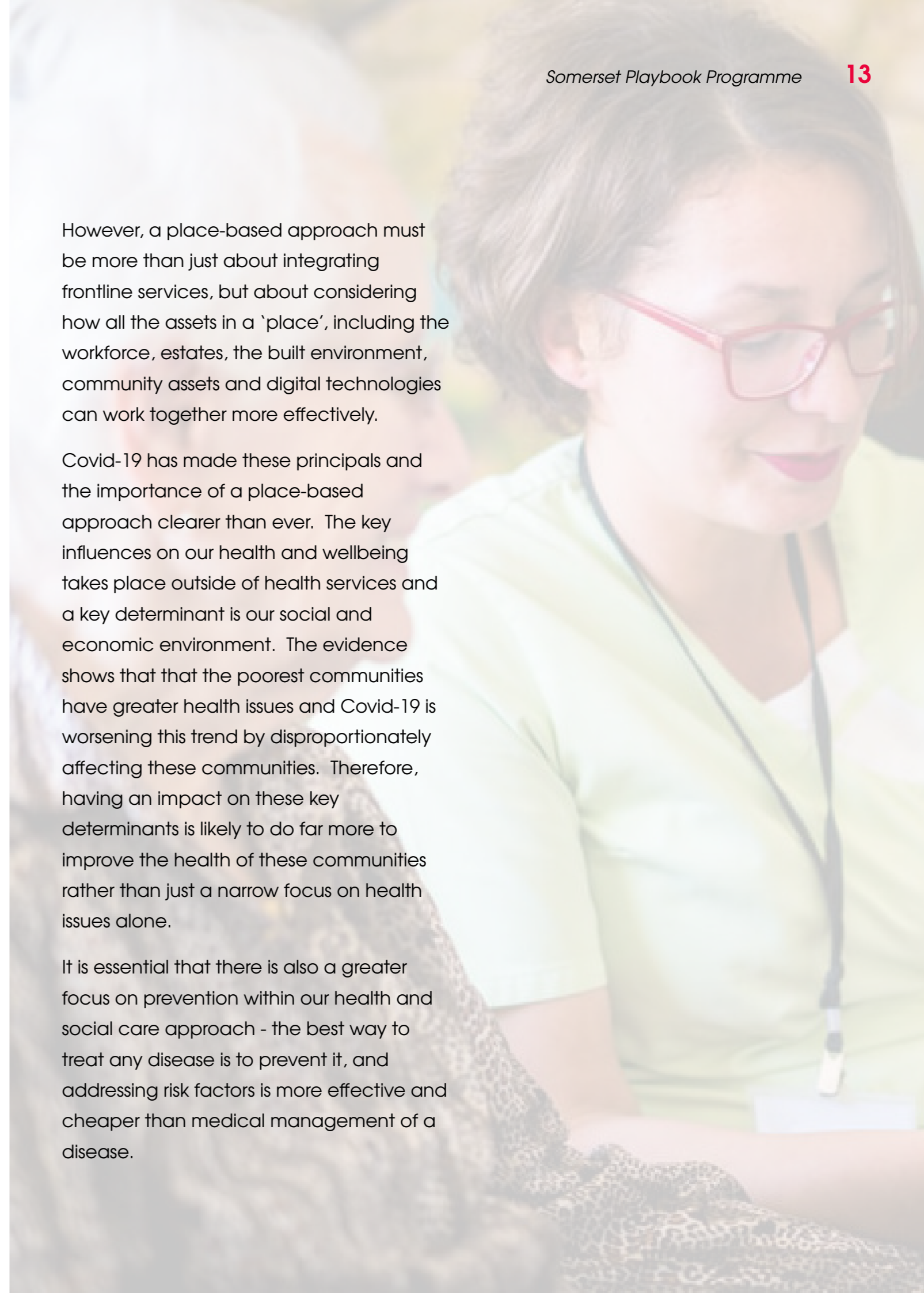
3.

Framing the Dominant Strategy

In Somerset, there were two questions that needed to be answered:

1. **What is the challenge that would have the greatest impact in addressing the growing workforce needs across the entire system?**

2. **What are the interventions that are best suited to a system approach as opposed to traditional siloed activity?**

In order to answer the questions, the BBI team carried out an initial inquiry, including telephone interviews and research into the local issues and challenges in order to fully evaluate these and to consider solutions. The results are summarised below.

3.1 Population trends - ageing population

Somerset is the 12th largest county in England and is markedly rural and has a dispersed population. In 2018, it was reported that Somerset's population had increased by 4,204 to 559,399. The annual percentage increase in Somerset's population (up 0.8%) was above the South West rate (0.7%) and the England and Wales rate (0.6%). At a district level, Mendip saw the biggest percentage increase (up 1.2% to 114,881), followed by the Somerset West and Taunton area (up 1.0% to 153,866), Sedgemoor (up 0.5% to 122,791) and South Somerset (up 0.4% to 167,861). The figures indicate that in the last ten years the median age of Somerset's population has increased from 43.7 years to 47.0 years. For England and Wales as a whole, the median age is currently 40.0 years.[6]

The population pyramid below (Public Health England, 2018) indicates that the percentage of total population for both male and female five year age brackets starting from 50 – 54, is larger in Somerset than both the South West region and England.

Age Profile
Resident population 2018
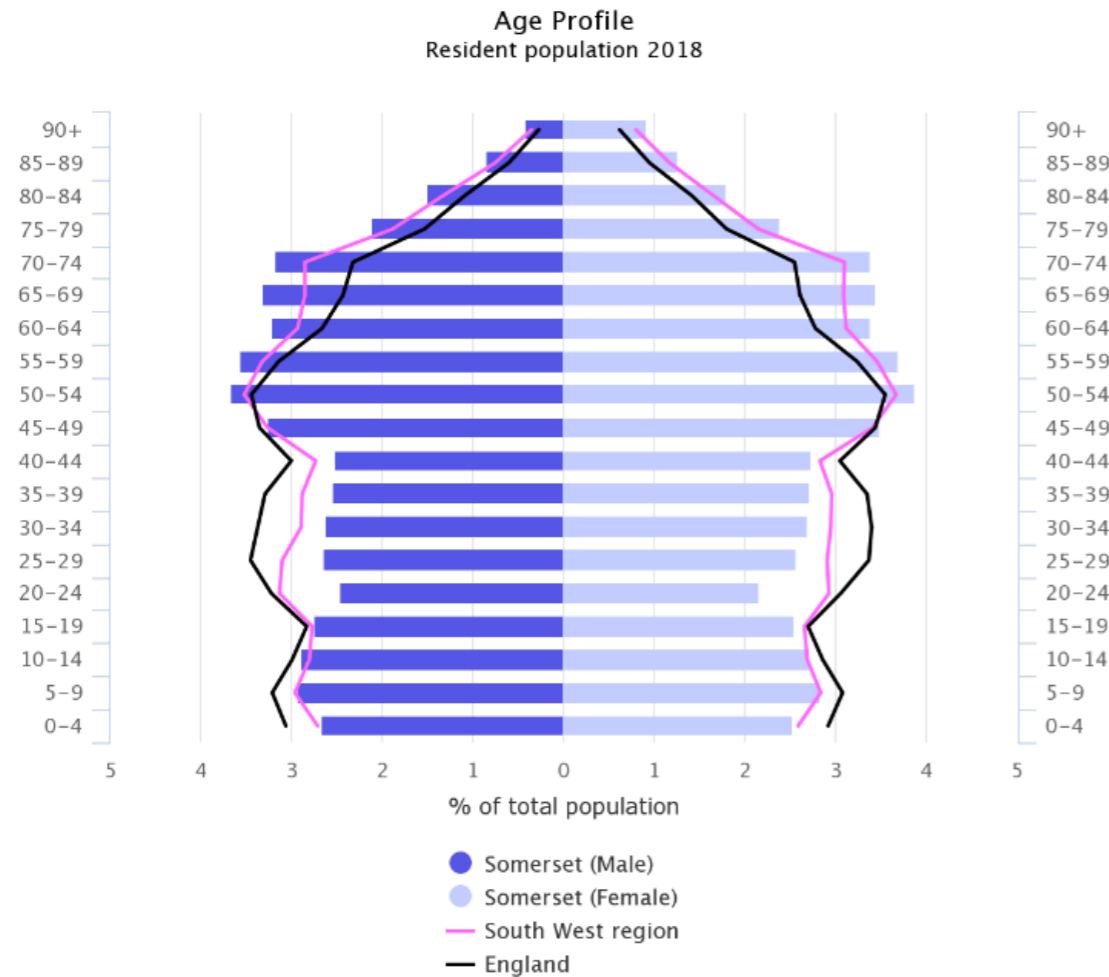
Somerset has a below average proportion of residents in the 20-39 age groups compared to both the South West region and England as a whole.[7] Between the 2001 and 2011 Censuses, the number of under-16s in Somerset decreased by 3.1%, in contrast to the overall population rise of 6.4%. It is estimated that only 18% of the population are children (0 to 15 years) (17.54% in 2016).

Life expectancy is at an all-time high and those aged 65+ can expect to live for another twenty years, but barely half of this will be disability-free. The fastest growing group are men aged 80 or more.[8] According to projections, between 2019 and 2035:

- The number of people aged 75 or over and living alone in Somerset is projected to increase from 26,500 to 41,300.

- The number of people aged 75 or over with a long-term health problem or disability is projected to increase from 38,400 to 61,200.

- The number of people aged 65 or over with a learning disability is projected to increase from 2,900 to 4,000.

Clearly, addressing the needs of Somerset's ageing population will present a challenge for health, social care and housing providers.

3.2 Population trends - migration and social mobility

In the year to June 2017, 3,404 more people moved to Somerset from elsewhere in the UK than left the county. However, one of the most startling trends was that amongst those of university age (18-20), there was a net flow out of Somerset of 2,292[10] (see table below) - this was one of key factor in deciding the focus of this work programme.
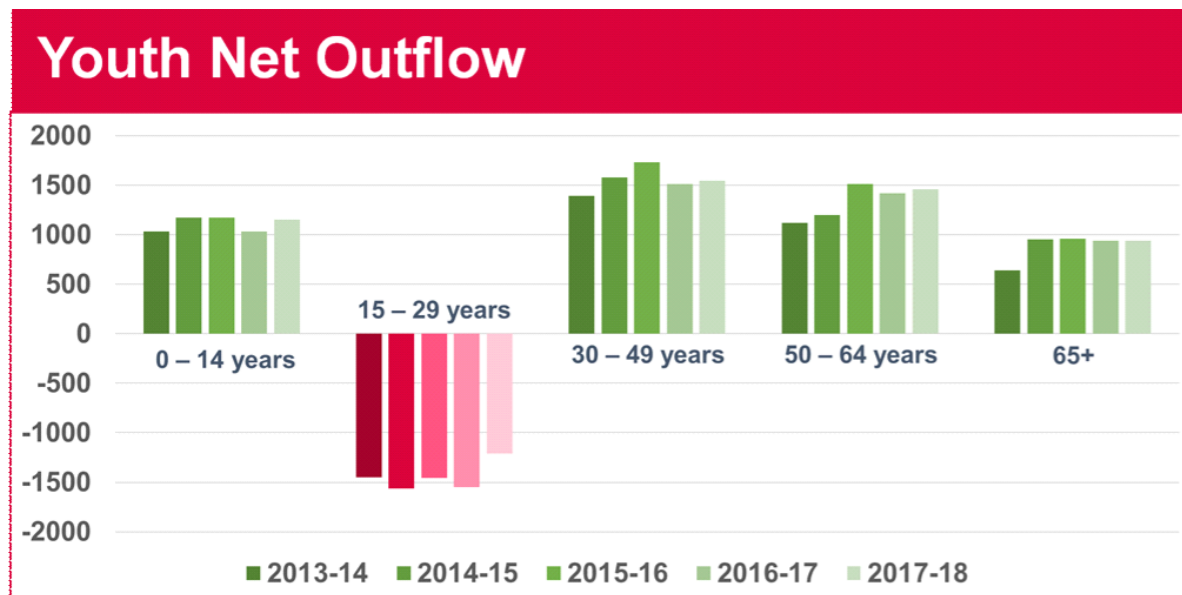
West Somerset is the worst performing area for social mobility in the whole of England and ranks lowest against adulthood social mobility indicators and against Early Years indicators. Taunton Deane is the highest ranked Somerset local authority (206th out of 324) (see table below).

Social Mobility Index 2017:					
Rankings of Somerset local authorities (out of 324) overall and for each of the four life stages					
Local Authority	Overall	Early Years	Schools	Youth	Adulthood
West Somerset	324	324	194	195	324
Sedgemoor	258	173	226	229	279
Mendip	231	284	125	142	242
South Somerset	229	208	127	249	240
Taunton Deane	206	251	177	128	287

Source: *Social Mobility Index 2017, Social Mobility Commission*

With limited higher education provision in Somerset, limited employment opportunities in rural areas, and high house prices relative to income, there are increasing challenges in encouraging young adults to remain in the county.

3.3 Economy and employment

Somerset's economy is estimated to be worth around £11.6 billion. The county has 34,360 businesses, but 77.8% of businesses have fewer than 5 employees.[11]

The total number of employees in Somerset was 228,200 in 2018. The figures were broken down as follows:[12]

• 54% of Somerset employees worked full-time in the private sector

• 30% worked part-time in the private sector

• 9% of employees worked full-time in the public sector

• 7% worked part-time in the public sector

Somerset continues to see a higher proportion of part-time employees than the UK average (37% of all employees compared to 32%).

The lead employment industries in Somerset in 2018, compared to the South West and Great Britain are outlined in the table below.[13] The health and social work sector are second only to the wholesale and retail trade in being a lead employer:

Employee jobs by industry				
Industry	**Somerset (Jobs No.)**	**Somerset (%)**	**South West (%)**	**Great Britain (%)**
Wholesale and retail trade; repair of motor vehicles and motorcycles	39,000	17.1	15.9	15.2
Health and social work activities	37,000	16.2	14.9	13.2
Manufacturing	27,000	11.8	8.6	8.1
Education	21,000	9.2	8.8	8.9
Accommodation and food service activities	21,000	9.2	9.8	7.6
Professional, scientific and technical activities	14,000	6.1	7.2	8.7
Administrative and support service activities	13,000	5.7	6.7	9.1
Construction	13,000	5.7	5.4	4.7
Transportation and storage	10,000	4.4	4	4.8
Public administration and defence;	8,000	3.5	4.4	4.3
Arts, entertainment and recreation	6,000	2.6	2.7	2.5
Information and communication	5,000	2.2	3.4	4.2
Real estate activities	3,500	1.5	1.8	1.7
Financial and insurance activities	2,500	1.1	2.8	3.5
Water supply; sewerage, waste management and remediation activities	2,000	0.9	0.9	0.7
Electricity, gas, steam and air conditioning supply	2,000	0.9	0.5	0.5
Mining and quarrying	700	0.3	0.1	0.2

Overall, the proportion of the population of working age in Somerset has increased by 1.5% since 2005, despite total population growth of 5.3% over the same period, but a decline of 1.7% is expected by 2030. This is a concern about the availability of an adequate labour supply to support the county's economic growth.[14]

In terms of young people, many interviewees described the county as being "job rich and career poor" and commented that young people were often pessimistic about their employment prospects. The Joint Strategic Needs Assessment (JSNA)[15], carried out by Somerset County Council, reported that young people stated that they had a sound idea of their future career and the majority (60%) expressed a desire to remain in Somerset, if possible, but they were also realistic about the need to travel to secure employment. Some

young people (8%) described themselves as "self-limiting" in this - preferring to stay in low pay/progression employment if it meant they were able to remain living in the countryside. Young people were aware of the need to leave the county to access full-time university provision and many had friends and family that had done this. Young people spoke about the likelihood of not returning to Somerset after university. Overall, the majority of young people spoke about the 'need' to move away at some point in their education/career development (65%).

3.4 Education, skills and learning

There are 254 state-funded schools (including 86 Academies), 4 FE colleges, 1 free school and 31 independent schools in Somerset, but the county has no university. There are a total of 78,975 school pupils and the data indicates that:

- 10.5% of Somerset school pupils (8,273 pupils) attend an independent school, representing the second highest rate in the South West region after Bath and North East Somerset.

- 13.8% of state-funded primary school pupils and 12.2% of secondary school pupils in Somerset are eligible for and claiming free school meals (with both rates below national averages).

- 583 pupils attending a state-funded school in Somerset live in a different local authority area, while 829 pupils live in Somerset but attend a state-funded school in another local authority area.

In the 2016 Somerset Children and Young People Survey (SCYPS), 4,000 Year 8 and Year 10 pupils from participating schools were asked about their aspirations and whether they intended to continue in full-time education after Year 11 (age 16):

- 60% of Year 8 and 68% of Year 10 pupils said they intended to stay in education, representing an increase since the 2014 survey.

- Across both secondary school year groups surveyed, girls were much more likely than boys to want to continue in full-time education (69% and 55%, respectively).

- Young carers and pupils with special educational needs (SEN) were less likely than their peers to express an intention to continue in full-time education after Year 11 (52% and 47%, respectively, and 62% of all pupils).

The proportion of state-funded mainstream pupils in Somerset actually going into sustained education, training or employment after Key Stage 4 (GCSE or equivalent) remained at 95% in 2017/18. This proportion was marginally above the national average (of 94%). In the same period, the proportion of Somerset young people going into sustained education, employment or training the year after Key Stage 5 (A-level or equivalent Level 3 qualification) was 88%, the same as the national average proportion. The proportion of Somerset young people specifically going into an education setting was 47%, compared to 57% nationally.

Overall, 39% of students from state-funded mainstream schools and colleges in Somerset went to a higher education institution in 2017/18, which is well below the national proportion of 49%.[19]

In terms of qualifications, the Census 2011 found that fewer people of working age in Sedgemoor and West Somerset held qualifications at degree level or above than other areas in Somerset. The average for the county is 25.6% and this is below the England average of 29.7%. A number of interviewees commented that educational opportunities were particularly lacking in West Somerset. They stated that the rural location of schools and the dispersed population create challenges for young people in accessing education, including further education opportunities.

The qualification levels in Somerset in 2018, compared to the South West and Great Britain are outlined in the table[20] below.

Qualifications (Jan 2018-Dec 2018)				
	Somerset	Somerset	South West	Great Britain
	(level)	(%)	(%)	(%)
NVQ4 and above	106,100	33.7	38.7	39.3
NVQ3 and above	175,500	55.8	60.6	57.8
NVQ2 and above	245,800	78.2	78.6	74.9
NVQ1 and above	281,500	89.6	89.4	85.4
Other qualifications	12,200	3.9	5.3	6.8
No qualifications	20,600	6.6	5.3	7.8

3.5 Health and wellbeing

The respondents of the Census 2011 were asked to rate their health and 81% of people in Somerset said their health was good or very good, but the percentage of residents in Somerset rating their health as 'very good' was less than the national average, as the table below demonstrates.

Health	Somerset	England
Very Good	45.57%	47.17%
Good	35.30%	34.22%
Fair	14.04%	13.12%
Bad	4.01%	4.25%
Very Bad	1.08%	1.25%

Some of the key health statistics for Somerset include the following:

- Life expectancy in Somerset is 80.3 years for males and 84.1 years for females.[21]

- Cancers (27%) were the most common underlying cause of death in Somerset followed by circulatory diseases, including heart disease (26%), dementia and Alzheimer's disease (13%) and respiratory diseases (12%).[22]

- 66.1% of adult Somerset residents are overweight or obese.[23] 22.3% of Somerset reception children and 30.3% of children in Year 6 are overweight or obese.[24]

- The Somerset rate of hospital admissions for young people due to substance misuse in 2013 was 118.5 per 100,000, which is significantly higher than the England figure of 81.3 per 100,000.[25]

Mental health is a major issue for Somerset and affects around 70,000 people at any one time.[26] This often influences and is influenced by multiple factors, including low educational attainment, social isolation, unemployment and financial and relationship problems. People with mental health issues often also have poor physical heath. There were 4,625 Somerset patients on GP registers, in 2016/17, diagnosed with a mental health condition.[27]

In regard to suicide, the data[28] showed that:

- In 2018, there were 65 suicides registered in Somerset - compared to 48 suicides in 2017 and 55 suicides in 2016.

- Between 2016 and 2018 the age-standardised suicide rate in Somerset was 11.8 per 100,000 population. At a

district level, the highest rate was in Sedgemoor (13.7 per 100,000) and the lowest in South Somerset (10.5 per 100,000). Nationally, the rate was 9.6 per 100,000.

In terms of young people, in 2016/17, there were 116 child admissions for mental health, at 105.8 per 100,000 aged 0-17 years.[29] The Clinical Commissioning Group have commissioned Young Somerset to provide the IAPT service and there is county-wide provision, including a pilot in schools. The voluntary sector has also developed a Big Tent collaborative of voluntary sector services for young people with mental health, which enables GPs to make referrals directly there in the first instance instead of CAMHS.

3.6 Rurality

In Somerset, almost half (48%) of the population live in rural areas, compared to around 18% across England, with border-to-border travel times east to west of two hours, and north to south of one hour. Taunton Deane is the most 'urban' of the Somerset districts, with 71% of the population living in urban areas. West Somerset and South Somerset are characterised by more sparse populations with 66.5% and 63.5% of residents in those areas living in rural areas.[31]

Rural Somerset has an older population demographic, particularly in respect of people aged 45 and over. Linked to this, a higher proportion of rural residents provide unpaid care to friends or relatives.[32]

The specific problems for people in rural areas include[33]:

- **Barriers to services** - some parts of Somerset have poor access to important services such as health services, schools and shops. In very rural areas such as West Somerset, it can be difficult to access sustainable employment that pays sufficiently well to cover high transport costs. Much of rural Somerset relies on voluntary and neighbourly

transport provision in the form of community cars and informal lifts.

- **Isolation** - in a consultation run by Somerset County Council, in 2014, isolation brought about by poor transport services and poor access to amenities was given as a top issue of concern by people in rural areas.[34]

- **Transport** – the average minimum journey times for Somerset residents to a range of key local services are 25.0 minutes by public transport/walking, 21.3 minutes by cycle and 12.4 minutes by car. Nationally, average journey times are consistently lower, at 17.8, 15.2 and 10.8 minutes respectively. Since comparable figures were first produced in 2014, average journey times to the eight key services (employment centres, primary schools, secondary schools, FE colleges, GPs, hospitals, food stores and town centres) have increased in respect of each mode of transport, both in Somerset and nationally.[35]

- **Economic wellbeing** – there are disparities in wealth distribution between areas in Somerset, with some rural areas being particularly deprived and with pockets of poverty. There is also a stark disparity in how available and accessible jobs are in different parts of Somerset. Total employment (jobs) in Somerset increased by 1.5% between 2013 and 2014, compared to an increase of 2.7% at national level, but people with limited mobility or more complex circumstances find it harder to access employment and their situation is compounded by rural isolation.[36]

- **Housing and young people** - younger people in rural communities are more likely to be working multiple, seasonal jobs with lower pay which, combined with high housing costs, means home ownership is impossible for many young families.[37]

- **Digital inclusivity** - there have been significant improvements in access to broadband, but a lack of digital skills and access to high speed broadband and mobile data continue to be a significant barrier for many.[38]

Somerset Rural Youth Project, in partnership with the University of Exeter, completed a unique 15 year longitudinal study of rural youth in Somerset. The purpose of the research was to examine the attributes of rural Somerset and the leisure behaviour, experiences and expectations of rural youth. The research found that young people wanted to remain in Somerset, but felt they would need to move away at some point in the near future for the sake of their career or future employment. [39]

The biggest concern raised by young people in rural areas was the lack of places to spend their leisure time and having no place to 'hang out'. Young people also stated that they did not feel a valued part of rural society and their feelings towards living in the countryside were mixed. An increasing number of young people felt that they did not have a say in their village and there has also been a decline in interest amongst young people to take part in local decision-making. Increasingly, young people felt that there are limited opportunities in the countryside in regard to future occupation.

The report stated the main challenges included improving the education, employment and training prospects for children in care, care leavers and young offenders and addressing widening socio-economic and gender inequalities affecting rural youth in Somerset.[40]

3.7 Young people and drug gangs

A number of interviewees highlighted the emergence of the county lines drug gangs i.e. drug-dealing gangs based in cities, dispatching usually vulnerable runners into smaller towns and villages to push their supply. It was reported that this has worsened Somerset's drug problems and there are concerns over the extent to which children are being used. The Avon and Somerset Police reported that at least 34 county lines were operating in Somerset and in response, the force launched Operation Remedy to crack down on knife and drug crime in the region.[41]

3.8 Housing

House prices in Somerset remain high relative to earnings. In 2018, on average, full-time workers in Somerset could expect to pay 8.7 times their annual workplace-based earnings on purchasing a home. By comparison, the national average ratio during the same period was 7.8. At a district level, the affordability ratio in 2018 ranged from 8.2 in South Somerset to 11.0 in Mendip.[42]

3.9 Digital inclusion

Between January to March 2019, an estimated 93% of adults in Somerset used the internet. However, an estimated 32,000 adults (aged 16 and over) in Somerset have never used the internet or have not used it within the same period. National analysis identifies key non-users as people aged 75 or over (of which 47% have never used the internet) and people with a disability (of which 18% have never used the internet).[43]

Several interviewees commented that digital and information/technology jobs could be a major draw and encourage young people to return to the area following university. However, despite this ambition, interviewees felt that the lack of digital infrastructure in the county prevented real progress being made, as one interviewee commented: "Some young people can't get dial-up never mind broadband".

3.10 Focus of the BBI programme in Somerset

In light of the above information and data it was agreed that the overall focus of the BBI programme should be on young people and the health and social care workforce, particularly around better development and retention of local talent in order to achieve a better inter-generational balance.

The aim was to explore the development of an integrated health and social care workforce plan for young people in Somerset focusing on:

- Creating a sustainable trainee pipeline at all levels of competency.

- Developing a consistent approach and

career pathway to health and social care apprenticeships.

- Exploring the possibilities of making greater use of further education colleges.

- Developing Somerset as a 'brand' to attract recruits to entry level roles and to come to Somerset after professional training.

However, it was also clear that interviewees perceived there were huge challenges around this. The issues and barriers raised on developing an effective health and social care workforce are summarised below.

4.

The Health and Social Care Workforce

4.1 The national picture

There are 2.5 million people across England working in the health and social care sectors, but in recent years staff numbers have not kept up with rising demand, pay has been constrained and pressure on the system has grown. While the total FTEs working in the NHS in England in 2018/19 increased by the fastest rate this decade (2.8% – almost 30,000 extra staff), this mostly reflects the slow growth in the years preceding it. Workforce growth this decade has been just half that of the decade before, and growth has not been equal among different staff groups. Research by the Health Foundation, the King's Fund and the Nuffield Trust projected that, without major policy action, overall shortages of staff could exceed 250,000 by 2030.[44]

4.2 The healthcare sector

A summary of the profile of the healthcare workforce is outlined below:[45]

- There are over 300 different careers in the health sector, many of which are highly specialised in nature.

- Higher rates of part-time working are seen in the health sector with 34% of the sector working part-time compared to 27% in the whole economy.

- A smaller number of workers are self-employed (7%) compared to the whole economy average (14%).

- The health sector is highly feminised with 78% of the workforce being female - 46% of the whole economy are female.

- The health sector is older than the whole economy with 45% of the workforce being aged 45 and over.

The specific challenges facing key roles are summarised below:

- **Hospital medical staff** - have grown substantially from 87,000 in 2004 to over 120,000 in July 2019 – a 38% increase. Within that figure, the number of hospital consultants rose by 67% (from 30,650 to 51,250). However, hospitals are experiencing difficulties with medical staffing in a number of specialties and locations. Approximately one in ten specialty postgraduate medical training posts go unfilled, though this varies regionally. Around two-in-five consultants (40%) and nearly two-thirds of senior trainee doctors (63%) said that there were daily or weekly gaps in hospital medical cover. Where gaps in rotas mean there are not sufficient senior medical staff to assure the quality and safety of training, junior doctors may be withdrawn from hospitals, reducing the staffing complement even further.[46]

- **Nurses** - the growth in nurse numbers has not kept pace with demand and nursing vacancies (the gap between the number of staff and the need for them) increased to almost 44,000 in the first quarter of 2019/20 – 12% of the nursing workforce. This is despite continuing

growth in health care activity. While 'output' (the number of operations, A&E attendances, etc) grew by almost a quarter between 2010/11 and 2016/17, the number of nurses grew by just 1%.[47]

- **GPs** - the number of people working as fully qualified, permanently employed GPs is falling, with a 1.6% decline from 27,830 to 27,380 in 2018/19. Temporary staff and doctors in training are making up a greater proportion of the GP workforce, rising from 19% to 21% over the year. Due to falling numbers of GPs and the rising population, the number of patients that each qualified permanent GP is responsible for continues to grow, increasing from 2,120 to 2,180 over 2018/19. This is clearest in the most deprived areas: on average, a GP working in one of the most deprived areas (where health needs are greater) can expect to be responsible for 370 more patients than a GP working in one of the least deprived areas.[48]

- **Mental health staff** - around 200,000 people are employed by the NHS to care for people who need mental health services. The largest group of clinicians are registered mental health nurses, but their numbers are in decline. There was a 12% drop in the number of nursing posts between November 2009 and July 2019. In 2015, the Migration Advisory Committee added core psychiatry training to the list of occupations experiencing a shortage of staff. The psychiatry fill rate was only 58% in 2017, but this was substantially improved to 86% in 2019. Psychologists have also been added to the list of occupation shortages. Their numbers would contribute to HEE's mental health strategy to have an additional 4,200 allied health professionals working in mental health by 2021.[49]

4.3 The social care sector

The issues within the social care workforce are even greater than healthcare, with workforce shortages at around 122,000, with 1,100 people estimated to leave their job every day – an annual leaver rate of almost a third – and a quarter of staff on a zero-hours contracts.

The estimated number of adult social care jobs in England, in 2018, was 1,620,000, of which 1,225,000 (76%) were direct care staff jobs and another 84,000 (5%) were regulated professionals, including 41,000 registered nurses. While the overall numbers of staff were up by 1.2% compared to 2017/18, nursing jobs in social care have decreased by 10,400 (20%) since 2012, and by 2% in 2018/19. If demand for the social care workforce grows proportionally to the projected number of people aged 65 and over, then the number of social care jobs will need to increase by 36% to around 2.2 million jobs by 2035.[50]

4.4 Education and qualifications of the health and social care workforce

The health sector workforce is more highly qualified than the UK average. Almost 60% of the workforce are qualified to the equivalent of Level 4 or above compared to just over a third of workers across the whole economy. In addition, just 2% of the workforce has no qualification compared to an estimated 4% of workers across all sectors. This is most likely due to the fact that many occupations, including nursing are heavily regulated, which ensures minimum skill requirements across large sections of the healthcare workforce.[51]

Personal service occupations are the second largest major occupational group in the sector, accounting for around one sixth of the workforce, but around one quarter of this group either have no qualifications or a qualification below Level 1. Social care has greater concentrations of workers with no formal qualifications and those whose highest qualification is at Level 2 (equivalent to 5 GCSEs at grade C or above).

The National Employer Skills Survey found that 19% of health and social care employers reported having skills gaps.[52] The main skills gaps that need to be tackled to ensure more people are equipped to work in social care included core functional and transferable skills such as basic employability skills (e.g. team work), language skills, record-keeping ability and a focus on core values such as dignity, respect, learning and reflection, and commitment to quality and person centred support.

There are also differences in the average qualification levels of the workforce in the independent sector compared to the public sector. Compared to the public health sector it has a slightly higher proportion of its workforce with Level 2 and 3 qualifications, but fewer with Level 4 and above.[53]

Staff turnover in social care, compared with the vast majority of other sectors, is very high. While the average annual turnover rate in England is 15%, many social care roles far exceed this, with 32% of registered nurses and 27% of care workers leaving their job each year (this compares with average turnover of 11% in the NHS).[54]

4.5 The health and social care workforce in Somerset

In 2014, the health and social work sector contributed £906m of Somerset's Gross Value Added (GVA). It represented a higher proportion in Somerset (9.4%) compared to nationally (7.3%), possibly as a reflection of the county's ageing population profile requiring greater health and social care. In employment terms, 16.3% of Somerset's jobs are in the health and social work sector, compared to 12.8% nationally. If education and health and social care were included, the public sector employed 30% of Somerset's workforce.[56]

At the same time as demand for healthcare services is increasing, Somerset, like everywhere else in the country, is facing a shortage of trained doctors, nurses, midwives, social workers and physiotherapists. Many staff are due to retire in the next 10 years and there are already high levels of vacancies in many services. In 2017, it was estimated that in Somerset:[57]

- 9% of the trust-based health workforce was medical.

- 30% of the non-medical trust-based health staff were registered nurses.

- 8% of the non-medical trust-based staff health staff were allied health professionals.

- 6% of the non-medical health staff were scientific, therapeutic and technical (including healthcare scientists).

- Over 71% of the social care workforce were employed in roles providing direct care.

During this period, around 54% of practice nurses and 36% of all non-medical staff were over 50 years of age. Only 14% were under 40. The average age of a social care worker was 42.3 years old. 74% of the workforce was below 55 years of age, and 4% was over 65 years old.

It was also estimated in Somerset that over 300 vacancies were nursing posts and there was a 35% turnover in social care, with 39.3 % turnover in direct care. The specific areas where there is a supply shortage, include:

- GP – particularly out of hours

- Qualified social workers, especially in children's social care

- Adult, learning disability, neonatal and mental health nursing

- Radiography

- Radiology and nuclear medicine

In terms of adult social care, the estimated turnover for the sector in Somerset was 35% and the vacancy rate was 4.80%. In children's social care, Somerset had a turnover rate of 10.8% and a vacancy rate of 21.3%.

As previously mentioned, there is also a much lower than average working age population particularly in the 20 to 40 year age range. Over the 25 years, from 2016, it is if forecast that the overall population of Somerset will rise by 15% (82,000 people). The biggest growth will come within the older age group. In this period, it is expected that the number of people aged 75 or more will double resulting in an increased need for health and care services.[58]

In order to tackle these issues, the three Somerset provider Trusts have signed up to a collaborative workforce rostering project to review requirements for all staff groups and undertake joint procurement to achieve greater economies of scale, and more effective rota management and staff utilisation, focused on flexibility around patient needs.[59]

In addition, a programme of work to harmonise and collate workforce information across the NHS providers (including current workforce profiles, vacancy levels, temporary staff mix and other key indicators) has resulted in regular monthly workforce performance reporting, which highlights key workforce issues/risks and provides ongoing assurance to system leaders. There is commitment to extend this work and undertake deep dive workforce analyses in key areas of risk. The three main commissioners (Somerset County Council, Somerset Clinical Commissioning Group, and NHS England) have also agreed to develop single strategic commissioning for Somerset, with the linkage to the provider network.

In spite of this, while the demand for services has grown and will continue to grow, the way in which health and social care services operate has not altered, but in order to meet demand, services will need to be delivered differently and the skill sets of some roles will need to change. For example, such changes were reflected in The Future of Work: Jobs and Skills in 2030[60] (UKCES), which predicted:

- Increased demand for home care and tele-care services, particularly for the elderly, as the high costs of nursing and residential care stimulate more home-based provision.

- Growth in community models and social entrepreneurship (e.g. home-based care networks), based on principles of decentralisation.

- An increasing requirement for social care workers to handle advanced care technology, e.g. care robots.

- Increased demand for digital skills in the workforce.

- Increased demand for inter-disciplinary skill-sets.

In both the health and social care sectors, the high turnover rates, the age profile of current staff, growing demand for services and competing sources of employment are all contributing to the instability within the workforce and interviewees agreed that there was a need to increase the number of young people entering the workforce.

However, the lack of a university was cited as a being particularly relevant to the county's workforce problems as many younger people move away from Somerset to study or work. However, there are currently four FE colleges in Somerset where young people 16+ can do a variety of health and social care courses, as summarised below. Efforts should be made to increase awareness of these courses among young people and opportunities on how to build on these courses should be considered with FE providers.

Somerset Further Education Providers

Bridgewater and Taunton College

- Health and Social Care Extended Diploma Level 2
- Health and Social Care Extended Diploma Level 3
- Senior Healthcare Support Worker (Clinical) Apprenticeship Level 3
- Healthcare Support Worker (Clinical) Apprenticeship Level 2
- Lead Adult Care Worker Apprenticeship Level 3
- Adult Care Worker Apprenticeship Level 2
- Introduction to Health, Social Care and Early Years Level 1

University Centre Somerset

- Health and Social Care BA (Hons)
- Health and Social Care Top-up BA (Hons)
- Adult Care Level 4 Diploma
- Assistant Practitioner (Health) Level 5 Diploma
- Leadership & Management for Adult Care Level 5 Diploma
- Leadership & Management for Residential Childcare Level 5
- Primary Care and Health Management

Level 5 Certificate/Diploma (subject to validation)

Richard Huish College

- Adult Care Diploma: Level 3 Professional Qualification
- Adult Care Worker: Level 2 Apprenticeship
- Awareness of Mental Health Problems: Level 2 Profession Qualification
- Mental Health Needs: Level 2 Professional Course
- Care Diploma: Level 2 Profession Qualification
- Preparing to Work in Adult Social Care: Level 2 Profession Qualification
- Understanding Autism: Level 2 Profession Qualification
- Understanding Nutrition and Health: Level 2 Profession Qualification
- Common Health Conditions: Level 2 Profession Qualification
- Health and Social Care: Level 2 Vocational
- Health and Social Care: Level 3 Vocational
- Health Care Diploma: Level 3 Professional Qualification
- Health Care Support Worker: Level 2 Apprenticeship
- Lead Adult Care Worker: Level 3 Apprenticeship

- Principles of Care Planning: Level 2 Profession Qualification
- Principles of Dementia Care: Level 2 Profession Qualification
- Principles of End of Life Care: Level 2 Profession Qualification
- Principles of Infection Prevention and Control: Level 2 Profession Qualification
- Principles of Working with Individuals with Learning Disabilities: Level 2 Profession Qualification
- Senior Health Care Support Worker: Level 3 Apprenticeship

Strode College

- Health and Social Care (Extended Diploma – Level 3)

- Health and Social Care (Level 2)

Yeovil College

- Health & Social Care – Level 2
- Health & Social Care – Level 3
- Access to Higher Education – Nursing and Midwifery
- Access to Higher Education – Social Work
- BSC (Hons) Social Work
- Introduction to Health & Early Years –

Level 1
- Level 2 Certificate in Understanding Children and Young People's Mental Health
- Adult Care Worker – Level 2 Apprenticeship
- Lead Adult Care Worker – Level 3 Advance Apprenticeship
- Principles and Practice of Dental Nursing – Level 3 Advanced Apprenticeship

5.
The Building Blocks for Action Planning

The health and social care sectors have found it difficult to ensure that the right numbers of staff with the right skills are in the right place to meet patient/client needs. This has been made more problematic by:

- the lack of alignment between workforce, service and financial planning at national and local levels;

- a complex architecture where the levers for change are distributed across multiple organisations, and a lack of clarity about what is best done locally and what needs to be done once;

- incomplete data on both NHS and non-NHS sources of supply; and,

- the impact of staff shortages and vacancies.

We cannot just rely on increasing the numbers in the workforce, although this needs to be addressed. We also need to do things differently. There is a need to consider the skills and competencies required in the workforce, rather than the professionally defined roles and tasks, for example, shifting expertise to new settings, such as moving specialities from acute to community settings and building multidisciplinary teams to address the needs of people with complex needs, including social care and mental health. Breaking down silos between services, reducing fragmentation in service delivery and strengthening services in the community may reduce demand for hospital care by ensuring primary care teams, integrated community teams and others work together to meet the needs of patients and service users.

However, getting staff to work in a different way as part of a wider multidisciplinary team to integrate health and social care for patients and service users has been challenging, as this is a different approach for healthcare professionals who traditionally focus on only the health element of a patient's life.

A place-based approach is key to transforming the health and social care workforce. A focus on prevention and broader population health, including the wider social determinants of health, would enable population health to become the driver for designing and developing new models of predictive healthcare, leadership and ways of working that span organisational and service boundaries.

It would also enable a move towards a competency-based approach to training, recruitment and roles, thus creating a workforce able to meet people's needs – for example, mapping population need against the skill mix required to provide appropriate health and social care would allow a joint understanding of the common skills required and which roles are interchangeable across health and social care.

In addition, the workforce must be considered in the widest possible context, including voluntary and community partners, carers and independent providers. There is a need to support and build the voluntary sector workforce capability and approach, e.g. offering longer-term employment prospects and contracts by challenging current

commissioning and re-commissioning practices.

Any new approaches and cultural change will take time and effort. But based on the data and information outlined in the previous sections of this report, it is not surprising that forecasts are predicting that few other sectors will need to fill as many vacancies as health and social care over the next 10 years.

However, the health and social care sector is clearly large, diverse and complex and each of its sub-sectors has its own specific workforce issues and challenges. Therefore, it would not be possible to create an action plan that would try to reach across the sector in its entirety or to make inroads into all of its challenges. Any attempt to do so would result in a plan of such size, and with such resource demands, that its implementation would be impossible.

Therefore, using the findings from the inquiry part of the programme, including feedback from professional stakeholders and desktop research of evidence and best practice, the aim is to focus on the challenges and opportunities around young people that can make a measurable difference to the sector.

Accordingly, an attempt has been made to outline the building blocks necessary for a career pathway for young people. This has been presented as follows;

The **Health and Social Care Pathway for Young People** - sketches an overview of the pathway and outlines:

- The educational level/level of competency required for each job role

- The job roles

- The corresponding skills required for those roles

Based on the Pathway, the following building blocks are divided as follows:

Building Block 1:
Educational Opportunities

Building Block 2:
Apprenticeship Opportunities

Building Block 3:
Volunteering Opportunities

Building Block 4:
Digital Inclusion Opportunities

Each building block begins by laying out the objectives and contributing current activity and potential opportunities followed by a diagrammatic pathway illustrating how the various interventions, programmes, skills, employment, training and educational components progress with the age and ability of the individual.

The Health and Social Care Pathway for Young People

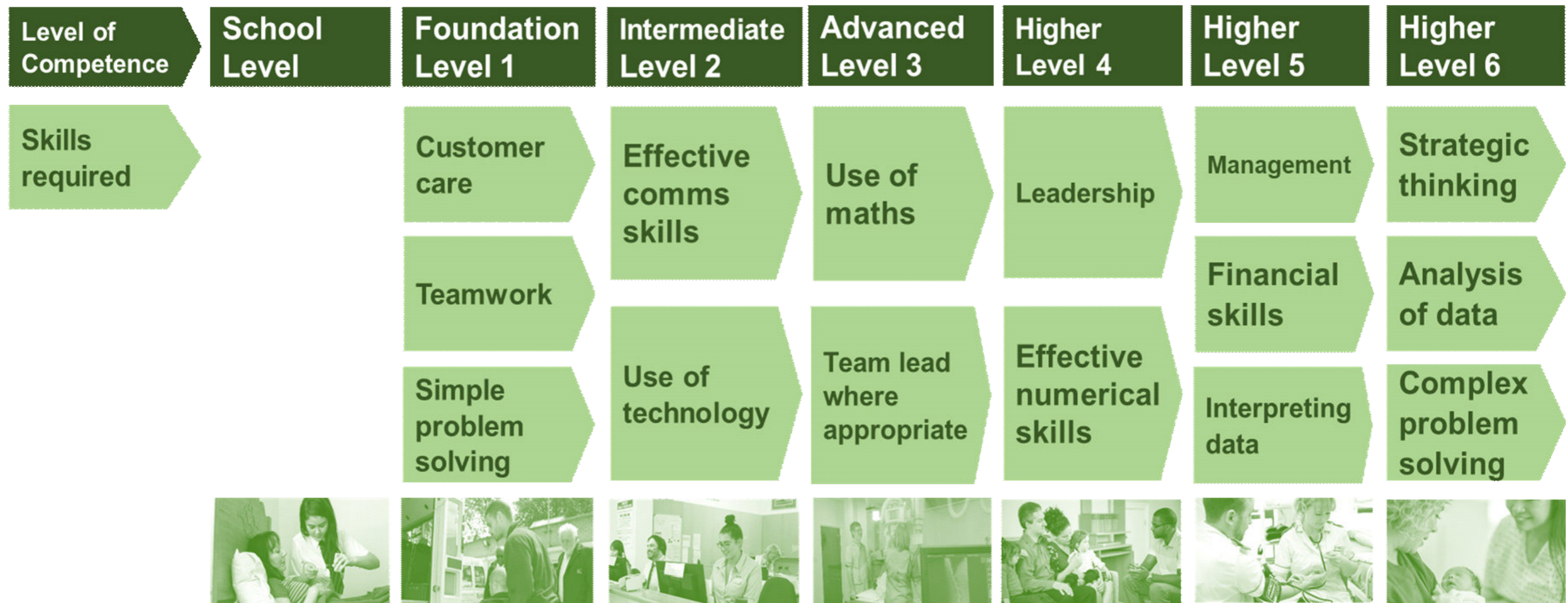**The Health and Social Care Pathway for Young People**

Overview:

The following Health and Social Care Pathway for Young People in Somerset is a critical piece in engaging a wider field of talented young people in Somerset and provides a concrete foundation of understanding about how a career in health and social care can be built. The pathway provides a general summary of both potential job roles and skills required to be effective in those roles at seven distinct levels of competence and the individual building blocks that follow thereafter delve into both currently available and potential opportunities to explore in the county for advancing along the pathway. The seven levels of competence are as follows:

- **School Level**

- **Foundation Level 1**

- **Intermediate Level 2**

- **Advanced Level 3**

- **Higher Level 4**

- **Higher Level 5**

- **Higher Level 6**

Health and Social Care Pathway for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Job Role	Caring for elderly family or those in need	Care Escort	Healthcare Support Worker	Senior Care Supervisor	Residential Care Manager	Education Welfare Officer	Social Worker
		Community Transport Driver	Healthcare Assistant	Radiography Assistant	Health Advisor	Nurse Associate	Mental Health Nurse
	Volunteer	Porter	Medical Receptionist	Drug & Alcohol Worker	Family Support Worker	Digital performance analyst	Midwife

Health and Social Care Pathway for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Skills required		Customer care	Effective comms skills	Use of maths	Leadership	Management	Strategic thinking
		Teamwork				Financial skills	Analysis of data
		Simple problem solving	Use of technology	Team lead where appropriate	Effective numerical skills	Interpreting data	Complex problem solving

Building Block 1: Educational Opportunities

Local education providers can facilitate the development of the required skills and competence for young people to enter the health and social care workforce while partnerships can provide unique exposure.

Building Block 1: Educational opportunities

Overview:

Education providers in Somerset need to better understand that health and social care is a growing part of the labour market, and so they should focus on how they can make the most of that growth. This is a sector that does not require technical expertise to enter, which means that local education and training providers should be able to get good penetration into the market by providing the right environment and support for young people to develop the required skills, approach and attitudes. Secondary schools and colleges should also ensure that their students can access independent careers guidance, using the eight Benchmarks of good career guidance, developed by the Gatsby Charitable Foundation, to set a standard of excellence (see Annex B for details on Gatsby Benchmarks). The Careers and Enterprise Company (CEC) have taken on the role of coordinating support for schools and colleges across all the Gatsby Benchmarks.[61]

Current Activity and Potential Opportunities:

- **At the school level**, there is a potential opportunity for the Health and Care Industrial Centre of Excellence to reach out to schools in Somerset to attract and develop the next generation of health and social care workers (see Annex C). This programme would begin in Year 10 at Key Stage 4 and continue for the next 4 years exposing young people to the skills required for the world of work. The T Levels[62] are new courses commencing in September 2020 that can be taken following completion of GCSE studies and will be equivalent to 3 A Levels. This offers students the opportunity to combine classroom learning with 'on-the-job' experience totalling at least 315 hours providing knowledge needed to open doors into skilled employment, further study or

higher apprenticeship. From its Taunton campus, Bridgwater and Taunton college is offering the first three T Levels: construction: design, surveying and planning; digital: production, design and planning; and education and childcare. West Somerset College 6th form vocational students completed their first year of the expanded offering available at the college which will be further strengthened with a new partnership with Bridgwater and Somerset college this September. Next Steps South West is a collaboration of fourteen partner universities and higher education colleges funded by the Office for Students (OfS) as part of the National Collaborative Outreach Programme. It aims to help teachers and advisors learn about outreach activity available and support schools and colleges in areas of low participation to access higher education. Finally, there is a potential opportunity to develop a University Technical College (UTC) in the county focused on health and social care that offers educational experiences and opportunities outside of the traditional school and college setting. This would combine a national qualification with hands-on project learning with seasoned professionals.

- **From Foundation Level 1 to Advanced Level 3,** vocational courses at local FE colleges provide those with a formal educational starting point and/or progression opportunities to develop workplace skills. Starting out on a Level 1 course, learners have the potential to progress to Level 3 (A-level equivalent) and higher. Health and Social Care, Childcare and Education and Applied Science stand out as relevant vocational courses.

- **At Higher Levels 4 and 5**, Higher Education (HE) diplomas in 'Health and Social Care', 'Health', 'Nursing and Midwifery' and 'Allied Health Professions' among others could be made available. The completion of the diploma would carry the same points value as the first two years of a university degree and provide a foundation for further learning.

- **At Higher Level 6,** there are currently steps being taken towards offering a new local nursing degree programme, as highlighted in Somerset's STP workforce plan, which is the result of a partnership between NHS Providers & Bridgewater & Taunton College. In the first instance, the plan is to create an 18-month top-up course in Somerset for nursing associates to become registered nurses.

- **From Foundational Level 1 up to Higher Level 6**, the potential for a partnership with a virtual university like the Open University (OU) could provide the option to deliver a pre-registration nursing programme in Somerset for health care support workers, with a particular focus on remote and rural areas. OU distance learning and part-time model means healthcare support workers can still work and earn during their studies.

Alongside broadening educational opportunities for young people will be linking education to employment:

- **At the school level,** a potential way to enable this could be for the CEC, in partnership with the Heart of the South West Local Enterprise Partnership, to build and co-fund a network of Enterprise Coordinators trained to work with schools & colleges to build careers and employer engagement plans. Jobcentre Plus (JCP) advisers working in schools to advise on work experience opportunities, routes into traineeships, apprenticeships and employment would work alongside Enterprise Coordinators so schools are not approached by multiple agencies. Additionally, the Somerset Education Business Partnership provides a free service to improve relationships between the education and business sectors. The partnership runs workshops in schools to create talent pipelines and enables young people to prepare for work through showcasing locally available opportunities e.g. apprenticeships. Apprenticeships currently available in NHS & social care include Dental Nurse, Early Years/Childcare Assistants, Medical Secretary, Care Navigator (Administration), Nursery Nurse, Medical Administrator, Care Assistant, Optical Assistant, Pharmacy Services, Healthcare Support Worker - Independent Living.

Educational Opportunities for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Education Roles and Opps	Health and Care Industrial Centre of Excellence	Vocational courses at FE colleges			Higher Education Diplomas		New local nursing degree programme
	T Levels						
	6th form vocational training	Open University pre-registration nursing					
	Next Steps South West						

The pathway above reviews the educational requirements and opportunities – the text in purple denotes potential opportunities whilst the text in red outlines existing activity already operational in Somerset that could be integrated within the action plan

Educational Opportunities for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Linking education to employment	Enterprise Coordinators work with JobCentre Advisors						
	Somerset Education Business Partnership						

The pathway above reviews linking education opportunities to employment at the school level – the text in green denotes potential opportunities, while the text in red outlines activity already taking place in Somerset.

Building Block 2: Apprenticeship Opportunities

Hiring apprentices is a productive and effective way for businesses to develop their own skilled resources and apprenticeships are becoming a popular method of workforce development across the health and social care sectors.

Building Block 2: Apprenticeship opportunities

Overview:

Hiring apprentices is a productive and effective way for businesses to develop their own skilled resources and apprenticeships are becoming a popular method of workforce development across the health and social care sectors. 85,800 apprenticeships were started in the Health and Social Care framework in 2015/16, the majority taking the social care pathway (91%). In addition, 10,000 apprentices started in the Care Leadership and Management framework.[63] One way to get more young people into the health and social care sectors is to offer apprenticeships to school leavers. For example, within social care, such apprenticeships can involve a broad overview of the care sector, not just delivering care - 74% of social care jobs involve direct care, the remaining 26% include managerial, supervisory and administrative roles.

There are challenges to devising a health and social care apprenticeship, for example, in terms of governance issues and supervision, and in relation to 16 –17 year olds, child safeguarding issues.[64] However, in contributing to a motivated, skilled and qualified workforce, the average apprenticeship completer increases business productivity by £214 per week, through greater profits, lower costs and better products or services. Other employer benefits that apprenticeships contribute towards include[65] :

- Improving productivity in the workplace

  - Increasing employee satisfaction

  - Reducing staff turnover

  - Reducing recruitment costs

- Increased opportunities for face-to-face learning and supervision, which leads to experienced and confident staff

- Sense of achievement for people who may have thought they would never be able to undertake a qualification.

Current Activity and Potential Opportunities:

- At the **School Level and Foundational Level 1**, modern apprenticeships are available to 16-24 year olds that widen access to health & social care careers. These include apprenticeships in Social Services, Healthcare (both clinical and non-clinical), Business and Administration, Estates & Facilities, and IT. There is also the opportunity to establish a route from school into pre-registration nursing and midwifery through an apprentice pathway.

- At **Intermediate Level 2**, apprenticeship opportunities include roles as a healthcare assistant, support worker, patient transport service assistant, clinical health carer, nursery nurse, and healthcare science assistant (audiology). There is also the potential opportunity to develop pathways into nursing careers for healthcare support workers through funded HNC and Open University options to deliver a pre-registration nursing programme for health care support workers focusing on rural areas, as mentioned previously.

- At **Advanced Level 3**, apprenticeship opportunities include roles as a pharmacy technician, dental nurse, laboratory support technician and IT support assistant.

- At **Higher Level 4**, the role of assistant practitioner is a potential apprenticeship opportunity.

- At **Higher Levels 5 and 6**, degree apprenticeships are available and can open up work-based pathways previously only available through a university degree including a Nursing Associate Higher Apprenticeship (where Nursing Associates can progress to a Nursing Degree Apprenticeship), a Nursing Degree Apprenticeship (training takes up to 5 years and ends with a degree in nursing), and an Occupational Therapy Degree Apprenticeship. Somerset currently offers Nurse apprenticeship options building on the Trainee Nurse Associate and Assistant Practitioner pilots and offers the opportunity of Advanced Clinical Practitioner apprenticeship to develop key skills.

- For those from **School Level to Intermediate Level 2**, Somerset Partnership NHS Trust runs apprenticeships and work experience in hospitals across the county to give young people a flavour of what working in hospitals looks like. The aim is to introduce work experience and apprenticeship opportunities to Minehead hospital (part of Cornerstone Employers - see below West Somerset Opportunity Area partnership board).

For those at School Level to Higher Level 6, apprenticeship opportunities include the potential for Integrated Health and Social Care Apprenticeships - defined as a rotational apprenticeship, where apprentices are employed in one sector, and gain work experience in placements in a different sector. Using the apprenticeship levy (0.5% of pay bill for all employers with pay bill of more than £3m), health and social care employers (public & private) can agree to virtually "pool" the levy and work in collaboration with local HE/FE and schools providers to create apprenticeship schemes for a range of career roles (see Annex D for more details on Integrated Health and Social Care Apprenticeships). Additionally, HEE is sponsoring the development of Trailblazer Apprenticeships in the Health Sector as part of the Talent for Care 'Get in, Get on, Go Further' programme. The West Somerset Opportunity Area partnership board supports local businesses to increase employment opportunities for local people by prioritising apprenticeship and training programmes in West Somerset e.g. through Skills Up (apprenticeship hub and skills service supports businesses and residents offering free, impartial advice and guidance); 60 Cornerstone Employers (local & national employers working together to support young people); and Enterprise Coordinators (dedicated resource in secondary schools & colleges in every Opportunity Area). However, it has been reported that the public sector has not engaged with the Skills Up programme and consequently the initiative has only been working in "small pockets" and there is need for "greater partnership work on these issues within the STP".

Apprenticeship Opportunities for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Apprenticeships	Modern apprenticeships available to 16 – 24 year olds		Health Care Assistant	Pharmacy Technician	Assistant Practitioner	Degree apprenticeships: • Nursing associate higher apprenticeship • Nursing degree apprenticeship • Occupational therapy degree apprenticeship	
	Establishing route from school to pre-registration nursing and mid-wife programmes		Nursery Nurse	Dental Nurse			
			Pre-registration nursing programme	Laboratory Support			
	Somerset Partnership NHS Trust apprenticeships and work experience programmes			IT Support		Advanced Clinical Practitioner apprenticeship	
	Integrated health and social care apprenticeships and HEE's Trailblazer Apprenticeships						
	Apprenticeship Levy						
	West Somerset Opportunity Area Partnerships Board supporting local businesses						
	Skills Up						

The pathway above reviews the apprenticeship opportunities – the text in black denotes potential opportunities, while the text in red outlines actions and activities already taking place in Somerset.

Building Block 3: Volunteering Opportunities

The voluntary and community sector can provide young people an insight into the health and social care and provide young people with the chance to fulfil their potential.

Overview:

In terms of young people, the voluntary and community sector can provide holistic solutions, that do not just have a narrow focus on exam results, but instead can provide young people with the chance to fulfil their potential.[66] Young people with mental health issues and NEETS particularly benefit from volunteering as it builds up their skills and confidence. It can also be positive to engage young people in volunteering at a younger age such as 14 years, but they will require additional support. However, many interviewees commented that most volunteers are older people and some voluntary sector agencies struggle to take on and accommodate young people, so volunteering opportunities for young people can be limited. There needs to be a culture change within these organisations about the benefits of taking on young people as volunteers.

It was also noted that statutory services have also begun to use volunteers, so there is a need to skill up new groups of volunteers. Some interviewees suggested that there is a need for a "Somerset volunteering workforce" rather than separate organisational voluntary workforces. In that vein, Spark Somerset are aiming to be the first UK-based organisation to use 'Deedmob'.[67] Deedmob develops software to enable people to meaningfully contribute their time, skills and resources by displaying volunteering opportunities much more effectively on an organisation's website, a custom volunteering platform built with Deebmob tools, or on their website. It was reported that Deebmob has a social media feel to it, as participants create their own profile. It also allows them to record information related to their interests, training and DBS checks, which makes them better able to move between different volunteering opportunities.

Current Activity and Potential Opportunities:

- At the **School Level,** programmes such as the National Citizen Service (NCS) or Duke of Edinburgh can provide a foundation of essential skills and abilities needed to drive a career forward.

- For those from **Foundation Level 1 to Higher Level 4**, potential opportunities for volunteering include supporting attendees at flu clinics and helping patients fill out forms in the surgery, and providing activities such as social prescribing and self-management support. Volunteers can support staff by freeing up time to prioritise clinical care, and volunteering can contribute to improved knowledge, self-esteem and confidence in volunteers while providing an opportunity to support people into employment in a health and social care career. This aligns with the commitment made in the NHS Long Term Plan to double the number of NHS volunteers in the next three years. In addition, The Prince's Trust is working with HEE to recruit and train young people aged 16 to 30 who are interested in a career in healthcare or social care.[68] The Prince's Trust invites potential recruits to a 'taster day' which gives young people a flavour of what will be involved. Around a dozen are selected to take part in an employability programme (4 weeks long) designed in collaboration with employers and reflects the opportunities available, ranging from facilities to phlebotomy. At the end of the course, participants have the opportunity to complete for jobs and apprenticeships with the lead employer in an interview.

- There are around 2,062 'general charities' in Somerset with West Somerset having the highest rate per head of population (and the 9th highest rate nationally) and Sedgemoor having the lowest rate (ranked 106 of 348 authorities nationally). Around 25% of adults in the South West (aged 16+) take part in formal volunteering at least once a month. Applying this proportion to Somerset's resident population would equate to approximately 115,000 regular volunteers in the county. An estimated 14% of adults in Somerset (65,700 people) volunteered at least twice to support sport or physical activity, e.g. by fulfilling coaching, stewarding, administration or transport roles.

- In 2018, a research project carried out by Spark Somerset and Engage on behalf of Somerset County Council found that people were very positive about volunteering - people had a strong community focus and got clear personal benefits from volunteering. But, a number of themes and issues emerged, including difficult application processes, failure to value volunteers highly enough, lack of information about roles and tasks, treating volunteers differently to staff, overloading volunteers, not using people's skills effectively, bureaucracy, being inflexible, managing people's expectations, and generally disorganised volunteer management. There were also issues around organisations being unable to pay expenses or travel costs. Participants were clear about what they needed to feel supported as volunteers, which reinforces the importance of good volunteer management. They wanted to have clear tasks, get good communication, be part of a team, have relevant training, and feedback. They wanted a buddy/mentor, or at least someone to talk to, to make sure they are getting it right and understand what they were doing. They wanted to know that what they were doing had meaning, and what the impact of their work was. The research included the following recommendations to volunteering organisations:

  - Review volunteer management programme - consider the volunteer journey from the perspective of the volunteer, encompassing the whole cycle of their relationship with the organisation and the volunteer's motivations.

  - Consider how the financial costs of volunteering impacts volunteers and work to minimise it.

  - Consider how best to minimise transport difficulties for volunteers.

  - Develop buddy schemes for new volunteers

  - Examine volunteer positions, roles, and tasks to identify where they can offer more flexibility or break them into smaller and more attractive roles.

  - Review reward and recognition procedures and consider how volunteers ought to be thanked and acknowledged.

Volunteering Opportunities for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Apprenticeships	National Citizen Service	Long Term Plan committed to doubling number of NHS volunteers – opportunities at flu clinics and social prescribing					
	Duke of Edinburgh	Prince's Trust work with HEE to recruit and train those aged 16 – 30 interested in health and social care					

2,062 general charities in Somerset with 25% of adults in the South West taking part in formal volunteering once a month

Spark Somerset 2018 recommendations:
- **Review volunteer management programme**
- **Minimise financial costs for volunteers**
- **Develop buddy schemes for new volunteers**
- **Review reward and recognition for volunteers**

The pathway above reviews the volunteering opportunities – the text in black denotes potential opportunities, while the text in red outlines actions and activities already taking place in Somerset.

Building Block 4: Digital Inclusion Opportunities

Digital skills are becoming increasingly important in the health and social care sector. The Topol Review identified that 90 percent of NHS jobs will require digital skills within 20 years.

Building Block 4: Digital inclusion opportunities

Overview:

Digital skills are increasingly required in workplaces, including the health and social care sectors. The NHS Long Term Plan identifies a need for the NHS to adopt a responsive and innovative approach to using technology in the workplace to reduce workload, improve and personalise patient care, and make the best of digital developments in the future. The Topol Review[69] explored the implications of digital developments in the NHS, including how to prepare and train the healthcare workforce to transform the way they care for patients, diagnose and treat diseases, and prevent illness from developing. It makes recommendations to the NHS about how to enable staff to make the best use of technologies such as genomics, digital medicine, artificial intelligence and robotics.

There are some concerns that the significant challenges the NHS already facing in recruiting and training staff with digital skills, and the reluctance of existing staff to adopt digital technology, means that the recommendations of the review might be difficult to deliver. However, the Covid-19 pandemic has resulted in an upsurge in the use of digital technology. For example, traditional GP appointments have been replaced with the use of video and telephone consultations, and online prescriptions via the NHS app has increased by 97%, including a large increase in use by over 65-year-olds. This presents an opportunity to increase training and uptake of digital technology amongst existing staff and new recruits, particularly young people.

Young people aged 15-24 years represent almost one-fourth of the total number of individuals using the Internet worldwide. In 2017, 70.6% of the global youth population were online. Young people are "early adopters" of information and communications (ICT) technologies, but the majority of young people do not possess job-relevant digital skills.[70] It is vital to ensure that young people are equipped with the necessary digital skills to benefit from employment and to fill vacancies, specifically:

- Advanced digital skills - necessary to create, manage, test and analyse ICTs. They relate to technology development, including coding, software and app development, network management, machine learning, Big Data analysis, the Internet of Things (IoT), cybersecurity and blockchain technology.

- Basic digital skills - generic ICT skills required for nearly all jobs. They include web research, online communication, use of professional online platforms and digital financial services.

- Mid-level digital skills - include digital graphic design and marketing, desktop publishing and social media management.

- Soft skills - necessary for effective collaboration. They include teamwork, leadership, communication and client focus.

- Digital entrepreneurship - required by entrepreneurs, including online market research, strategic planning and business analysis and the use of crowdfunding platforms.

Schools and education providers should encourage the development of both technical and soft skills in order to empower young people to benefit from the available opportunities, and should work with employers to ensure that digital skills are an integral part of education and training for any future health and social care workforce.

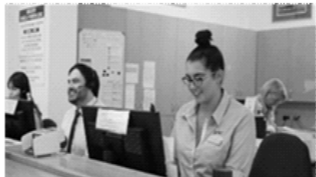**Current Activity and Potential Opportunities:**

- At the **School Level**, the Skills Up programme's digital creativity strand provides a new approach to engaging young people in digital opportunities through work experience where year 10 students took part in a week-long programme to create 3 films on life in West Somerset as young people, supported by film and digital professionals.

Programmes like these can increase the appetite for working in the digital space though they require the foundation of broadband access and connectivity. TeenTech[71] supports teenagers in school to gain skills, experiences and connections to guide them into careers and gives them the chance to reach their full potential. Teenagers work collaboratively with companies, universities, business organisations and education business partnerships to build sustainable and imaginative programmes focussing on regions of greater social need in the UK and Europe to develop their potential.

- For those at **Higher Level 6**, Somerset CCG has a presence at university Freshers fairs to engage young people about opportunities in health and digital jobs in NHS. The associate director of digital strategy at the CCG has also appointed a digital apprentice.

- Opportunities that span from **Foundation Level 1 to Higher Level 6** include the use of the government essential digital skills framework that has been designed to support providers, organisations and employers across the UK who offer training for adults in essential digital skills.[72] This could be used in partnership with Scotland's essential digital skills toolkit that gives a clear description of the skills needed to make the most of new digital opportunities through simple checklists for measuring digital skills, and guidance on how to interpret the results.[73] The Digital Skills Partnership brings together public, private and voluntary sector organisations to boost skills for a digital economy.[74] Lastly, HEE is leading work on digital literacy for health and care staff, as part of the building a digital ready workforce programme.[75] A health and care digital capabilities framework has been produced which can be used to support digital literacy training for staff.[76]

- From the **School Level to Higher Level 6,** two key strands of existing activity on the digital agenda in Somerset will encourage the uptake of digital opportunities. This includes the Connecting Devon and Somerset (CDS) Superfast Extension Programme that aims to extend the coverage of Next Generation Access (NGA) Broadband (superfast broadband measured at 30mbps and higher) to an extra 5,000 businesses by 2020. The programme will extend the deployment of NGA broadband in under-served areas across Devon and Somerset and assist business competitiveness, productivity and innovation. Healthwatch North Somerset is pioneering its own Digital Champions Project that is raising awareness about accessing health services using the internet and supporting those in need to raise their technical confidence. This includes helping patients to use the AskMyGP system used at six surgeries in North Somerset.

Digital Inclusion for Young People

Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Digital inclusion	**Digital prospects through Skills Up**						**CCG presence at university fairs to share on digital jobs in NHS**
	TeenTech						
		Government essential digital skills framework					
		Digital Skills Partnership					
		HEE work on digital literacy through Building a Digital Ready Workforce					
	LEP's Connecting Devon and Somerset Superfast Extension Programme						
	Digital Champions Project						

The pathway above reviews the digital inclusion opportunities – the text in black denotes potential opportunities, while the text in red outlines actions and activities already taking place in Somerset.

6.

Conclusion and Next Steps – Action Planning

The aim of this report is to provide clear demonstrable value and benefits in using a place-based approach with regards to education, training and workforce transformation in Somerset, and to provide a clear narrative that articulates the issues and ensures that the key stakeholders are on the same page at the same time.

In order to take this work programme forward, a proposed draft action plan has been developed (see below), based on the above pathways.

This is, of course, the first iteration of this draft action plan, which will be subject to discussion and further revision. It is also suggested that a number of further steps are taken, in effect a "bridging phase", to enable the move from the narrative outlined in this report to delivery of the action plan. This is necessary to ensure that the traditional silos and organisational and professional barriers do not impede the development of a shared vision and potential opportunities for education, training and workforce transformation. In

addition, this will enable an assessment to be made of the education, training and workforce needs and future requirements, particularly in light of Covid-19.

The details of the bridging phase would be agreed with local stakeholders within the steering group but could include:

- More detailed mapping of the current availability of local workforce training activities across health and social care – e.g. how training is accessed; what the level of training is; who the training is for; the uptake of training; training activities in the voluntary sector; and which schools and FE providers are utilising training opportunities.

- Identification of local workforce education and training gaps and strengths in order to propose a range of training solutions to meet local training needs of the wider workforce.

- Use of the outcomes of the mapping exercise to work with partners to begin to consider training solutions to address education and training gaps, including considering formal accredited and unaccredited training opportunities.

- Identify opportunities for increased cross-service and inter-agency training.

- Review local workforce recruitment and retention – identify achievements, challenges and risks.

- Scope the implementation of a competency framework across Somerset

The bridging phase would focus on the current challenges and how best to overcome them to ensure that the action plan is not just aspirational, but achievable.

DRAFT SOMERSET ACTION PLAN		
1. Improving the image of the health and social care sector		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Evidence shows, for example, that young men between the ages of 16 and 18 rarely consider a career in the social care sector.[77] So, there is a need to develop a local multi-media marketing campaign to improve the image of the sector, especially social care, which outlines the range of occupations and professions, and builds a new public profile of health and social care in Somerset as a great career opportunity – this can be done by building on existing national and local campaigns, brands and frameworks.	Develop a marketing campaign outlining the range of occupations/professions across health and social care and create a new public profile in Somerset as a great career opportunity building on existing brands and frameworks. Successfully developing a campaign and raising awareness requires the use of a range of communication channels and a mix of approaches which can include the use of case studies and videos.\n\nSocial media is a key communication tool for young people and focusing on specific groups with specific interests or those living in a certain area could be helpful - consider developing targeted campaigns and schemes for shortage areas or professions, including rural areas.\n\nWork with local media (e.g. written press and radio) to develop and publicise a series of positive news items about the health and care sector.\n\nConsider creating a united cross sector approach (health and social care) to attract young people.	**National recruitment campaign**[78] - for paramedics, radiographers and nurses began in March 2020. Campaign aims to get 50,000 more nurses and 26,000 more primary care professionals in the NHS in the next 5 years. It is the latest phase of the 'We Are The NHS' recruitment campaign, which uses a mix of media channels e.g. TV, cinema, video on demand, social media and radio to encourage people to find out more about careers. People can also register to receive personalised career advice by email. It is the first government campaign to recruit allied health professionals.\n\n**Every Day is Different**[79] - national recruitment campaign for adult social care aims to recruit more adult social care staff by promoting how rewarding a career in social care can be.\n\n**North Yorkshire County Council (NYCC)**[80] - Make Care Matter Campaign - aims to raise the profile of working in care. Campaign has developed case studies, including on non-traditional carers e.g. a young man working in social care, showcases career paths and promotes local vacancies. NYCC have also developed links with York Teaching Hospital who now direct unsuccessful job applicants to the Make Care Matter Website. They have taken the campaign on the road and held roadshows, including at the local army barracks giving people an opportunity to talk to people who work in care.\n\n**Step into the NHS**[81] - offers careers information and advice to young people on career opportunities, including finding work experience and jobs. They have a campaign toolkit aimed at schools e.g. posters for school noticeboard, handouts for careers fairs and social media imagery.\n\n**Step into the NHS for Primary Schools**[82] – aim is to influence future career choices. New resource for primary schools designed to raise aspirations, challenge stereotyping and put learning into context for the future. It allows students to explore a wide range of careers and helps them better understand that all NHS careers are open to them, whatever their gender or background. The toolkit is made up of five parts. Teachers can pick and choose which parts of the toolkit they want to use to ensure that it suits both the teacher and pupils.

2. Improving access to careers opportunities		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Better promotion of job and career opportunities, in the health and social care sector, for young people in schools and in further education, and improved access to job opportunities in the sector for young people out of work and potential 'career changers'. The full array of jobs and careers in the health and social care sector and the progression opportunities they offer are not being fully conveyed to young people in educational institutions, or at least not consistently. So, employers are missing out on good quality new entrants because advice and guidance is not enthusiastic or robust enough in making the case that health and social care can offer rewarding careers pathways.	Initiatives to help widen access to careers for young people, can include the following; • working with schools to target young people – making a culture shift within health and social care organisations to accept work experience students. • better connections between the worlds of education and employment - schools, colleges and training providers work together with the expertise of employers and careers professionals to help people make the right choices for them. • develop/adapt/promote the 'careers pathway' to demonstrate routeways through the sector and career progression opportunities. • ensure that communication channels exist to keep education and skills providers abreast of service re-design and what that means for job and career opportunities in the sector. • consider implementing cross-sector competence frameworks to inform education and training programmes. • widen access through increasing volunteering and apprenticeships opportunities. • Consider use of incentives and bursaries for shortage areas.	**I Care Ambassadors**[83] - helps people make informed decisions about their careers. Ambassadors are care workers who inspire and motivate people to understand more about working in social care. Employers can sign up and nominate staff to become ambassadors. This can help to recruit new staff to the sector and retain existing workers. Ambassadors visit schools, colleges and Jobcentres and run a range of careers activities e.g. presentations and mentoring. Talking honestly and enthusiastically about their job can motivate people - over 80% of care workers felt more motivated in their work having become an Ambassador. Hearing from an Ambassador can also make a real difference to those looking for careers information. Latest data shows an increase of 23% more young people and adults who are now more interested in a career in care after engaging with an Ambassador. **Skills for Health**[84] - developed an interactive career framework showing pathways in health and the skills required for each role. **Think Care Careers**[85] - outlines everything about working in social care, including the different roles, the values and skills needed and how to progress. **More than Photocopying: Work Experience**[86] - a toolkit for the NHS - resource to help employers provide high quality work experience programmes and provides guidance on how to recruit the best people, advice on setting work plans and tips on celebrating outcomes. Document has templates ranging from risk assessment and daily diaries to a sample of a work experience policy. **Integrated Healthcare Apprenticeships Scheme in Derbyshire**[87] All partners participated in the development and planning process to introduce an integrated apprenticeship pilot for Derbyshire. The Adult Care Worker Standard was used for the pilot programme with the addition of the appropriate diploma modules to cover the requirements of the health and clinical training. All partners contribute to a central pot to fund the pilot programme and apprentices are paid at the National Minimum Wage. Following a collaborative recruitment process, eight trainees were appointed to a 15-month apprenticeship programme.

| 3. Developing and retaining the workforce		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Support and stimulate high quality workforce development activity in the health and social care sector across Somerset. Ensuring the workforce is competent, capable and confident to perform their role is paramount. So, it is important to develop the workforce to meet the needs of the population not only at their entry level or current role, but to prepare them for future roles and encourage career aspirations. The quality of education provided and the ongoing access to training will support the ongoing attraction and recruitment to the health and social care sector.	Creating and enhancing strategic partnerships with education providers to inform curriculum development and delivery. Establishing a 'workforce and training planning' network to encourage health and social care providers to share workforce plans and joint training opportunities. Sector-wide promotional campaign to promote the workforce development potential of apprenticeships, and the different levels of apprenticeship now available. Creating flexible innovative approaches to education including flexible learning offerings, apprenticeships, simulation, AI and other digital learning approaches. For example, consider developing and implementing a business case for the introduction and ongoing operation of an 'Integrated Health and Social Care Apprenticeship' project.	**Integrated Health and Social Care Apprenticeship**[88] - Working with social care partners, Norfolk and Norwich University Hospitals NHS Foundation Trust developed an integrated apprenticeship designed to provide a broad understanding of the different roles and responsibilities that exist in both health and social care. Piloted over a year, the aim of the programme was to support those wishing to pursue a career across a range of care organisations. Starting with a two week clinical induction, the apprentices went on to undertake two six month placements, offered in a community care setting and on a hospital ward. By experiencing the different systems and cultures, the apprenticeship enabled the apprentices to gain both knowledge and transferable skills while keeping a person-centred approach to care at its heart. **Health and Social Care Academies** - develop partnerships with providers to offer students interested in a career in Health and Social Care an opportunity to engage with professionals and find out more route ways and careers available: • **St Mary's Health and Social Care (MHSC) Academy**[89] - established in July 2015 between St Mary's College 6th Form and Hull and East Riding NHS Clinical Commissioning Group, to support students onto NHS and Social Care career pathways. It is a 2-year training, development and enrichment programme designed to run alongside normal 6th Form studies. There are 60 places available for Year 12 students. Students receive information about careers, work experience and volunteering opportunities and mentoring. • **North Yorkshire Care Academy (NYCA)**[90] - launched in 2018, NYCA is a partnership between Scarborough TEC and Scarborough Sixth Form College, aimed at pupils in Y10 to Y13. Students remain in their own schools but come together for four specialist enrichment days over the year. Academy supported 50 students in its first year and provided access to activities e.g. workshops, seminars, work experience, work shadowing and networking activities, coaching and mentoring supported by professionals working in the sector.

4. Workforce shaping		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Supporting the health and social care sector with resilience and growth, and developing a flexible and sustainable workforce that has sufficient numbers to meet needs. It is vital to shift care provision from secondary (hospital) settings, to primary care and community settings closer to home. But there are significant shortages in some professions and skills, which can lead to use of high cost agency workers.	There is an opportunity to create new and innovative roles, by adopting a standardised methodology for workforce planning across the health and social care sector by: • developing integrated workforce plans across the health and social care sector, including developing flexible career structures, supported by continuing professional development and access to training and development, which can encourage staff to stay in the health and social care sector. • enabling partners to plan and engage with education providers to ensure the right skills are being delivered to meet service requirements. • recognising the contribution and expertise that volunteers and carers bring – consider a programme of work to quantify the shape and contribution of volunteers and carers in health and social care. • implementing a common approach to addressing gaps in workforce intelligence using sophisticated modelling.	**Confidence programme North Lincolnshire and Goole Trust (NLaG)**[91] – As part their programme, NLaG have developed a Career Connect Programme, which is a 6 week programme to support those Not in Education or Training (NEETs) into an apprenticeship with a guaranteed job (e.g. receptionist, ward clerks and health records positions). 35 local young people spent 2 weeks in classroom and then 4 weeks on work placements within the trust. 31 young people secured an apprenticeship with a guaranteed job and 4 young people have had positive outcomes that have made them better placed to gain employment in the future. The programme has helped to address many social issues as well as developing employability skills and was recognised nationally by HEE winning an award in the Widening Participation section in their annual awards. Building on this success the trust are going on to offer further programmes using placements in Estates and Facilities, Nursing and Communities and Therapies and clerical and admin, aimed at young people who need more support in employability skills such as Looked After Children, those with Special Educational Needs and those at risk of becoming NEET.

5. Developing a "Somerset volunteering workforce" across a range of ages and agencies e.g. Sparks Somerset, Young Somerset		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Volunteering provides an opportunity for young people to interact directly with employers, to have any questions answered, to visit the setting where they could be based and to potentially experience elements of the role they are interested in, all of which could cement their interested in a career in health and social care.	Encouraging younger volunteers is good for the health and social care sector and is good for young people who can gain skills, confidence and experience as well as exposure to the diverse careers open to them. As volunteers they can move around the hospital answering requests for help, e.g. playing a board game with a patient who is lonely, chatting and reassuring someone with dementia or helping someone get some fresh air in the nearby park. They can also collect medicines from pharmacy and take them up to the wards. Waiting for medicines is the main reason patients are delayed leaving hospital, but it is difficult for staff to leave the ward. By speeding this process up, volunteers can help patients get home sooner and relieve one of the key pressures on staff. But it can be difficult for young people to find volunteering opportunities within the sectors. So, health and social care providers need to engage with the voluntary sector in order to maximise their reach into local communities, particularly those that work with young people and jointly establish appropriate volunteering programmes.	**The #iwill campaign**[92] - wants to make participation in social action the norm for young people under 20. Currently 4 in 10 young people participate in meaningful social action. Those from less affluent communities are much less likely to take part than their wealthier peers. To achieve this, the #iwill campaign communicates with, connects and challenges organisations across the UK so that they embed support for youth social action into their culture and practice. The NHS pledged to support the campaign, which has helped the Chelsea and Westminster Trust target local comprehensive schools and 46 pupils from 28 different schools and colleges signed up to their summer programme. **Volunteering at Hull**[93] - 3 projects give young people from different backgrounds insight into opportunities in the NHS: • Young Volunteers – supports 300 young people aged 16+ to gain valuable experience of what it is like to work in a hospital. Many young people who have volunteered have gone on to take up apprenticeships at Hull Royal Infirmary and Castle Hill Hospital or have gone into other health-related careers. The programme, which pays young people travelling expenses as they gain vital work experience, has attracted national attention since it was launched three years ago. Volunteers can choose the hours they want to commit to and the area they would like to volunteer. • Young Health Champions - 50 people aged 16 to 24 have signed up as Young Health Champions as part of a project reaching out to young people with depression, anxiety, social issues or conditions such as autism and ADHD. Provided with a daily £3 lunch voucher and travel expenses, they attend a work placement three days a week and go into a classroom setting to improve their skills in English, maths and IT one day a week. They spend a further day learning techniques to improve communication skills, team-working or motivation. • Pathway to Medicine course supports young people from disadvantaged backgrounds who have the desire and ability to train as doctors.

6. Digital innovation: developing capability to optimise the way young people learn and work Proposed Activities Evidence/Examples		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
It is vital to exploit digital opportunities in order to optimise the way young people learn, the tools used, and the skills and roles required within a future workforce.	It is important to develop links to education providers and schools and to work with them to encourage and deliver learning that can also meet the needs of the health and social care sector. The development of an organisational development plan to integrate digital, workforce and service development. The creation of a digital literacy development programme across health and social care. Supporting collaborations between the health and social care workforce and industry; and, ensuring a digitally enabled, streamlined, speedy, efficient and smooth recruitment experience for new employees.	**ThinkFuture programme**[94] - is delivered by NHS Employers as part of the HEE Talent for Care and Widening Participation programmes. The programme developed a range of tools and resources including three digital toolkits. The programme aims to support organisation to bring more young people into their workforces. **Digital care and support plan standard: case studies (PRSB, 2018)**[95] are examples of the implementation of a standard for digital care and support plan, so that care plans can be effectively shared between patients, carers and all the health and care professionals involved. **Harrow and Living Well Essex**[96] - uses platform approaches and digital channels through which citizens can engage in care and health services.[97] **Leicester, Leicestershire and Rutland**[98] - share information to analyse the journeys taken by local people across the whole health and care system to help inform commissioning.[99]

7. Integrating population health needs planning and workforce planning Proposed Activities Evidence/Examples		
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Modelling and planning the workforce through a population health management approach and not allowing organisational or professional boundaries to act as blocks is vital. Integrated team working is key to addressing any fragmentation of the health and social care system and the impact that fragmentation has on care and the wellbeing needs of communities.	The health and social care sector have traditionally struggled to apply demand-side metrics to strategic workforce planning - this is both a challenge and an opportunity. There is a need to work with Public Health teams to model the population health demand of those with complex needs and to design teams that are able to deliver integrated working by recognising 'skill and competency' rather than 'role and rank'; and working across organisational boundaries and thinking less in terms of where care is delivered and more on how it is delivered.	**The King's Fund: Population health systems: Going beyond integration care** - aims to challenge those involved in integrated care and public health to 'join up the dots'. Viewing integrated care as part of a broader shift away from fragmentation towards an approach focused on improving population health.[100] **The transition to integrated care: Population health management in England** - focuses on the building blocks and success factors of public health management in England, including population targeting and segmentation. Draws on examples of good practice.[101] **Risk stratification: Learning and Impact (NHS England, 2017)** -describes how a selection of vanguards have used risk stratification and predictive models in ways that are consistent with the national policy direction.[102]

8.Leadership and governance	Proposed Activities Evidence/Examples	
Proposed Actions	**Proposed Activities**	**Evidence/Examples**
Any effective workforce strategy for health and social care will rely on excellent leaders, who focus on quality and create a culture of openness and wellbeing . This is not exclusive to senior leadership and managers, but throughout all of the health and social care sector. So, there is a need to develop a talent pool of potential leaders to produce a diverse and rich source of future leaders.	A new generation of leaders can be developed by: • creating a talent management framework that is transferable across health and social care, supported through a digital workforce solution • producing a multi-disciplinary graduate leadership development scheme that enables flexible portfolio, cross boundary working • creating a digital leadership portal that hosts leadership resources, signposts local and national leadership opportunities, supports social networking and promotes experiential learning opportunities.	**Governance and accountability for integrated health and care (NHS Clinical Commissioners and Centre for Public Scrutiny, 2019) -**outlines some of the key governance and accountability challenges that the NHS and local authorities may face when seeking to work more collaboratively, as well as potential solutions.[103]
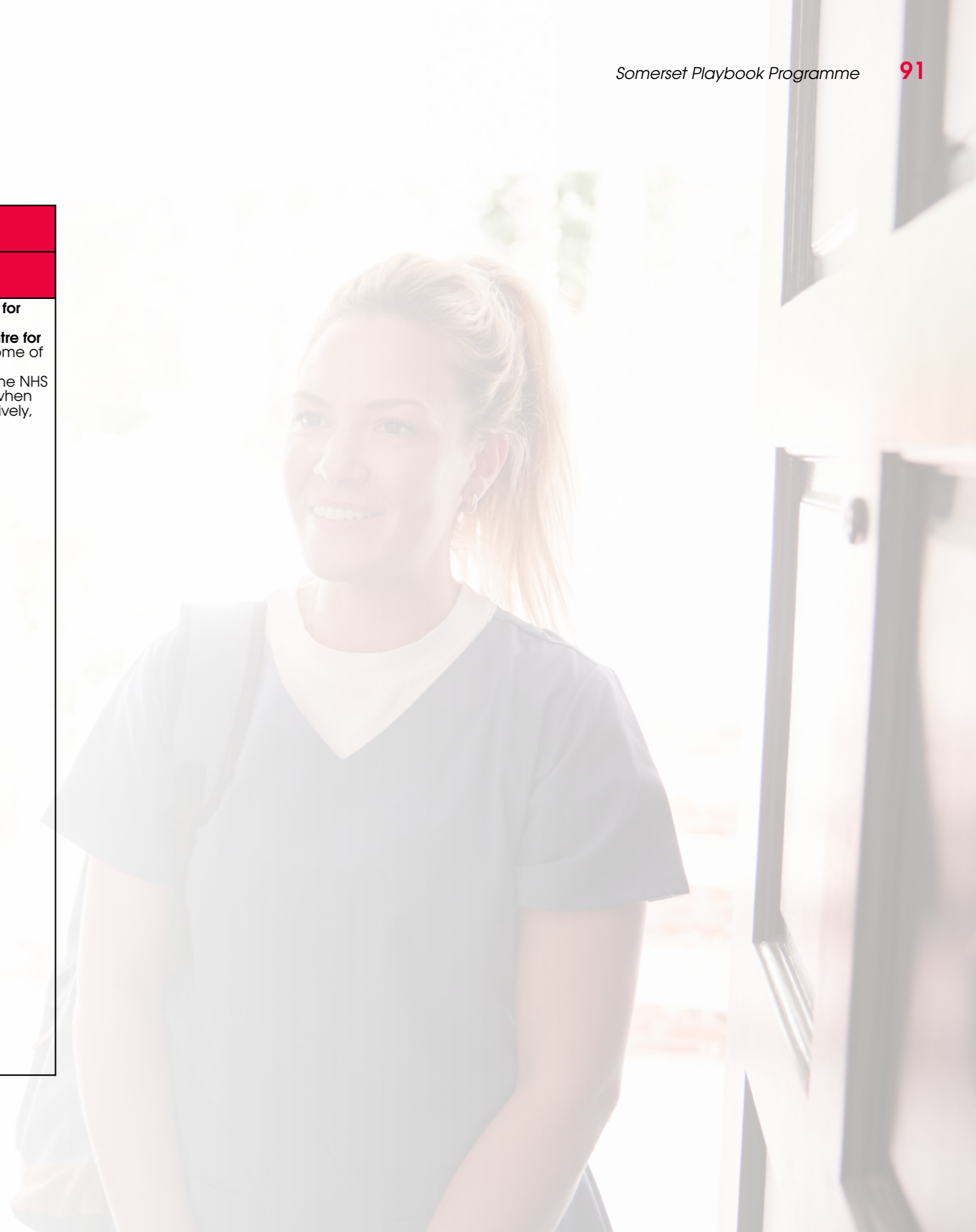
ANNEXES

Annex A

Somerset Steering Group Members	
Hayley Peters	Chief Nurse at Somerset Partnership NHS Foundation Trust
Chris Squires	Head of HR and OD at Somerset County Council
Clare Chivers	Associate Director of Workforce Transformation at Health Education England South West
Mel Lock	Assistant Director of Adult Social Care at Somerset County Council
Alison Rowswell	Deputy Programme Director for Fit For My Future Strategy at NHS Somerset CCG
Andy Heron	Chief Operating Officer and Deputy Chief Executive at Somerset Partnership NHS Foundation Trust

Annex B

The Gatsby Benchmarks

1. A stable career programme. Every school and college should have an embedded programme of career education and guidance that is known and understood by students, parents, teachers, governors and employers.

2. Learning from career and labour market information. Every student, and their parents, should have access to good quality information about future study options and labour market opportunities. They will need the support of an informed adviser to make best use of available information.

3. Addressing the needs of each student. Students have different career guidance needs at different stages. Opportunities for advice and support need to be tailored to the needs of each student. A school's careers programme should embed equality and diversity considerations throughout.

4. Linking curriculum learning to careers. All teachers should link curriculum learning with careers. STEM subject teachers should highlight the relevance of STEM subjects for a wide range of future career paths.

5. Encounters with employers and employees. Every student should have multiple opportunities to learn from employers about work, employment and the skills that are valued in the workplace. This can be through a range of enrichment activities including visiting speakers, mentoring and enterprise schemes.

6. Experiences of workplaces. Every student should have first-hand experiences of the workplace through work visits, work shadowing and/or work experience to help their exploration of career opportunities, and expand their networks.

7. Encounters with further and higher education. All students should understand the full range of learning opportunities that are available to them. This includes both academic and vocational routes and learning in schools, colleges, universities and in the workplace.

8. Personal guidance. Every student should have opportunities for guidance interviews with a career adviser, who could be internal (a member of school staff) or external, provided they are trained to an appropriate level. These should be available whenever significant study or career choices are being made.

Annex C

Health and Care Industrial Centre of Excellence (ICE)

Bradford District and Craven Integrated Workforce Programme

The Health and Care Industrial Centre of Excellence(ICE) - reaches out to schools to attract and develop the next generation of health and social care workers. Each programme begins in Year 10 at Key Stage 4 and continues for the next 4 years exposing young people to the skills required for the world of work. The programme completed its first year of operation, working with 3 partner schools and up to 250 students. The focus of year 1 was on research into the sector and consultation with stakeholders. Skills statements were mapped against qualifications and skills gaps identified, programs of study drafted and a calendar of activities was established for each school in line with modules being taught. Programme delivery commenced Sept/Oct 2017.

Funding was secured for years 2 & 3 of the programme in March 2018. With collaboration between all parties to co- design the curriculum, the programme has been tweaked accordingly to ensure expansion across another 5 schools in Year 2. The programme is now working with 8 partner schools and up to 450 students with the aim of increasing to 13 partner schools in year 3 of operation.

Activities undertaken/planned in partnership with the health and care sector are:

- Careers carousels
- Masterclasses
- Inspirational talks
- University Taster
- Tour and Talk
- Invest in Success
- A day in the life of…..

Details of the programme are outlined in the table below.

Activity	YR Group	Aims	Rationale	Resources Required	Gatsby Benchmarking
Careers Carousel - takes the form of a speed dating activity where the students will travel around the room, asking employers questions on careers/roles etc. An interactive session for students to explore careers.	YR10 YR11 YR 12 YR 13	Learning from career and labour market information Linking curriculum learning to careers Encounters with employers and employees	To give the students an opportunity to find out more about possible careers in the sector at the beginning of the programme	Can take place at school, FE college or other venue depending on number of students involved. Minimum number of employers required 5 plus careers advisor Minimum time needed to complete carousel 2hrs Employers to bring along flyers or information which will be relevant to student's i.e. apprenticeship and graduate opportunities.	2, 5, 4
Enhanced Careers Carousel	YR 12	Encounters with further and higher education Personal guidance plus aims from above	Nearer to the labour market	Employers to include an activity for students to participate in to ensure engagement and motivation.	2, 5, 4, 7, 8
Work Experience	YR10 YR11 YR 12 YR 13	Taster for learners in the working environment. Learning from career and labour market information Encounters with employers and employees Experiences of workplaces	Students to get a taste of what a job or workplace is like, to see if they are interested in a health & social care career.	Employer to offer 1 or 2 weeks work experience.	2, 5, 6

Activity	YR Group	Aims	Rationale	Resources Required	Gatsby Benchmarking
Masterclasses - topics covered by sector Professional(s)	YR10 YR11 YR 12 YR 13	Students gain exposure to experts in the sector, in order to gain insight into how the topic they are learning is applied in the world of work	Opportunity for students to learn from a practicing professional	Employer to host a masterclass in a particular area, information provided to the employer. Minimum time 1hr Can be hosted at workplace or school.	2, 5, 4
Inspirational talks and guest speakers - Talking about their career pathways	YR10 YR11 YR 12 YR 13	To inspire and motivate learners to think about a range of careers within health & social care sector.	Inspirational speakers have years of experience, education knowledge, insight and perspectives to share. This can give students a fresh perspective and inspire them.	Inspirational speakers to provide inspiration from their own life experiences. Time minimum 1hr. Hosted at school	4,5
Workplace visit - tour of the facilities followed by a talk, and or practical activity which can be specific to job roles in health & social care or general overview	YR10 YR 12 YR 13	To broaden the learners awareness through interaction with professionals. To gain first-hand knowledge of HSC. Provide an opportunity for learners to ask questions using and enhancing their communication and interpersonal skills.	Tour of facilities enables students to see the workplace environment, the talk gives further insight into and support training opportunities available.	Hosted at the employer workplace. Minimum time required 2hrs A tour of the facilities. A talk/activity with members of staff.	4, 5, 6

Activity	YR Group	Aims	Rationale	Resources Required	Gatsby Benchmarking
Successful job application - CV or application masterclass led by Employer. A mock job is left with the school for the students to apply. The applications or CV's are sifted through and feedback given to those not successful for the mock interviews. Mock interviews held, successful students offered work experience or a day at the employer's workplace.	YR10 YR11 YR 12 YR 13	Health and social care sector led masterclass - sector professional discuss: • what they look for in a CV & application • the traps applicants fall into when applying for jobs, • a personal statement – what stands out, relating your cv to the job spec • Mock Interviews	To help students understand, prepare and develop work skills.	Hosted at school or workplace CV application masterclass 1hr CV/Masterclass sifting 1hr Mock interviews - dependant on numbers minimum time per students 10mins	5, 6
Project - assigned to students to work in teams, over a 3 month period. Employers to judge final presentations. Winning group awarded prize. (Employer to advise what prize will be at the start of the project)	YR12 YR13	Students to work in groups but responsible for an individual task. Student will develop a number of transferable life skills - planning, research, evaluation and presentation skills.	Project allows learners to gain skills if they were to complete and EPQ (Extended project qualification)	Hosted at school or alternative venue. Up to 1hr for initial introduction - the employer sets the project as well as advising the prize for the winning group. Presentations to be held 12 weeks from introduction, 10 mins allocated to each group for presentations. Up to 4 employers to judge the presentations.	4, 5

Activity	YR Group	Aims	Rationale	Resources Required	Gatsby Benchmarking
A day in the life of…. - A talk by a health and social care professional about a typical week in their job, followed by a scenario based activity and/or practical activity	YR10

YR11

YR 12

YR 13 | Linking curriculum learning to careers

Encounters with employers and employees

Experiences of workplaces | Learners can get an in depth view from persons in a particular job role, i.e. Nurse, Radiographer,

Midwife, Health Visitor, Junior Doctor etc. | Hosted at the workplace

Up to 2hrs. Talk from employee within a particular job role, followed by a scenario based and practical activity. | 5, 4, 6 |
| **Volunteering opportunities** | YR 12
YR 13 | Inform learners about the importance of volunteering in health and social care sector and how they would be able to apply for volunteering. Students undertake volunteering. | Inspirational speakers have years of experience, education knowledge, insight and perspectives to share. This can give students a fresh perspective and inspire them. | Hosted at school or other venue. 1hr information provided to students regarding the importance of volunteering and types of volunteering available. | 6 |
| **Skills House** sessions Employability and work skills sessions | YR 12
YR 13 | Build a care home activity to be completed as part of group interview process. Complete literacy and numeracy tests. Review CVs, help with covering letters Apply for live jobs | To understand the value of work experience and take part in employability skills needed within the care sector (CV, Writing, group interviews, applying for jobs) | Hosted at Skills house 2 session (3hrs per session) | 6, 5 |

Annex D

Integrated Apprenticeships

The concept of integrated apprenticeships is relatively new and defined as a rotational apprenticeship, where apprentices are employed in one sector, and gain work experience in placements in a different sector. It has been suggested that it is not yet possible to support fully integrated Apprenticeships, as Apprentices need to choose one pathway on the Health and Social Care Framework. This is determined by their place of employment and their role. If an apprentice is employed by the NHS, they will take the health pathway and if they are employed by a social care employer, they will take the social care pathway. The trajectory of integrated Apprenticeships from joint learning through to fully integrated Apprenticeships is summarised below and it is suggested that, at present, integrated Apprenticeships in organisations tend to be at stage 2:[104]

- Stage 1 - Bringing health and social care apprentices together for joint learning

- Stage 2 - Offering rotational placements

- Stage 3 - Providing fully integrated roles

- Stage 4 - Truly integrated schemes with dual employers

A study[105] found that apprentices who had been employed by the same employer prior to the start of their Apprenticeship, resumed their previous role after completion but had a much clearer understanding of the care pathway and were able to assume greater responsibilities. The study also found that in terms of the mobility of apprentices from one sector, many of the apprentices employed in the healthcare sector, and expressing a preference for a healthcare career, changed their views after their experience in social care placements and tended to opt for careers in social care. Integrated Apprenticeships projects were successful in:

- Encouraging an integrated culture and sharing learning
- Providing valuable work experience in different sectors
- Improving partnership working

- Facilitating the acquisition of a diverse range of knowledge and skills
- Indicating sustainable integrated Apprenticeship programmes

The top five key challenges were:

- Complexities of partnership working
- Sourcing and arranging rotational placements
- Time and resource needed to support apprentices
- Recruitment of apprentices
- Varying terms and conditions/pay

The suggested solutions were:

- Early planning to address differences in employment policies and procedures across both sectors
- Continued communication to improve partnership working and management of apprentices
- Employing a dedicated apprentice coordinator to manage apprentices
- Using values-based recruitment to improve recruitment and retention of the right people with the right values
- Developing more innovative approaches to recruitment e.g. through use of social media
- Making better use of funding opportunities
- Prioritising integrated Apprenticeships
- Promoting the value of integrated Apprenticeships
- Scope the potential to include other sectors in integrated Apprenticeships, such as housing

In 2017, there were 55 projects, which attempted to scope, develop, pilot or run an integrated Apprenticeship approach to workforce development. There was a high concentration of integrated Apprenticeship activity in the London/ South East and Eastern regions, but only 4 were reported in the South-West region.

REFERENCES

1.https://www.health.org.uk/sites/default/files/upload/publications/2019/S05_Falling%20short_The%20NHS%20workforce%20challenge.pdf

2. https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact

3. https://www.bbc.co.uk/news/av/health-52564614/hospital-at-home-to-shield-the-vulnerable

4. https://www.england.nhs.uk/long-term-plan/

5. NHS England (2019) Putting Health into Place. Introducing NHS England's Healthy New Towns programme. London: NHS England

6. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration

7. http://www.somersetintelligence.org.uk/cyp-population.html

8. http://www.somersetintelligence.org.uk/older-people/

9. see: www.poppi.org.uk and www.pansi.org.uk (registration required)

10. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/migrationwithintheuk/datasets/internalmigrationbyoriginanddestinationlocalauthoritiessexandsingleyearofagedetailedestimatesdataset

11. https://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/datasets/ukbusinessactivitysizeandlocation

12. www.ons.gov.uk/employmentandlabourmarket/peopleinwork

13. https://www.nomisweb.co.uk/reports/lmp/la/1941962904/report.aspx?town=Somerset#tabempunemp

14. State of the Somerset Economy Report (April 2016) Somerset County Council

15.
http://www.somersetintelligence.org.uk/files/Rurality%20and%20Young%20People%20SRYP%20Feb%202015.pdf

16. https://www.gov.uk/government/collections/statistics-school-and-pupil-numbers

17. www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019

18. http://www.somersetintelligence.org.uk/scyps/

19. https://www.gov.uk/government/collections/statistics-destinations

20.
https://www.nomisweb.co.uk/reports/lmp/la/1941962904/report.aspx?town=Somerset#tab empunemp

21.
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyatbirthandatage65bylocalareasuk

22. http://www.somersetintelligence.org.uk/mortality.html

23. https://activepeople.sportengland.org/

24. https://digital.nhs.uk/services/national-child-measurement-programme

25. Somerset Health and Wellbeing Board (2016) Joint Strategic Needs Assessment

26. https://www.somerset.gov.uk/social-care-and-health/mental-health-and-wellbeing/

27. http://www.somersetintelligence.org.uk/mental-health/

28. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths

29. http://www.somersetintelligence.org.uk/mental-health/

30. https://www.nomisweb.co.uk/census/2011

31. State of the Somerset Economy Report (April 2016) Somerset County Council

32. Somerset County Council Workforce Equalities Report 2018 (January 2019)

33. https://www.somersetcf.org.uk/uploads/images/Vital%20Issues%20Sept%202016%2030-9-16.pdf

34. https://www.somersetcf.org.uk/uploads/images/Vital%20Issues%20Sept%202016%2030-9-16.pdf

35. http://www.somersetintelligence.org.uk/sinepost-newsletter-january-2020.html

36. State of the Somerset Economy Report (April 2016) Compiled by Economy and Planning, Somerset County Council

37. www.somersetcf.org.uk/special-projects/hidden-somerset-reports

38. www.somersetcf.org.uk/special-projects/hidden-somerset-reports

39.
http://www.somersetintelligence.org.uk/files/Children%20and%20Learners%20Needs%20Assessment%202013%20v5.pdf

40.
http://www.somersetintelligence.org.uk/files/Children%20and%20Learners%20Needs%20Assessment%202013%20v5.pdf

41. https://www.theguardian.com/uk-news/2019/sep/18/the-end-of-the-county-line-how-drug-users-are-exploited-by-gangs

42.
www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales

43.
www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019

44. https://www.health.org.uk/sites/default/files/2019-11/GE04-Health%20and%20social%20care%20workforce.pdf

45.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment _data/file/306401/briefing-paper-ssa12-health.pdf

46. https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#3-what-do-the-shortages-look-like-within-hospital-services

47. https://www.health.org.uk/sites/default/files/2019-11/GE04-Health%20and%20social%20care%20workforce.pdf

48. https://www.health.org.uk/sites/default/files/2019-11/GE04-Health%20and%20social%20care%20workforce.pdf

49. https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#3-what-do-the-shortages-look-like-within-hospital-services

50. https://www.health.org.uk/sites/default/files/2019-11/GE04-Health%20and%20social%20care%20workforce.pdf

51.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachm ent_data/file/306401/briefing-paper-ssa12-health.pdf

52. UK Commission for Employment and Skills, National employer skills survey for England 2009: main report (London: UK Commission for Employment and Skills, 2010), ix.

53.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachm ent_data/file/306401/briefing-paper-ssa12-health.pdf

54. http://www.skillsforcare.org.uk/NMDS-SC-intelligence/NMDS-SC/Workforce-data-and-publications/State-of-the-adult-social-care-sector.aspx

55. Gross value added (GVA) is a measure of the value of goods and services produced in an economy. It is the measure preferred by the Office for National Statistics (ONS) to monitor the overall economic wellbeing of an area. GVA is a component of Gross Domestic Product (GDP), the main measure used at a national level to show the health of the economy (GVA + taxes on products - subsidies on products = GDP).

56. State of the Somerset Economy Report (April 2016) Somerset County Council

57. A. Alsbury (2018) Somerset Health and Social Care Workforce Strategy

58. A. Alsbury (2018) Somerset Health and Social Care Workforce Strategy

59. https://somersetft.nhs.uk/wp-content/uploads/2020/02/somerset-partnership-operational-plan-2019_20-v6_changes_accepted.pdf

60. https://www.gov.uk/government/publications/jobs-and-skills-in-2030

61. Department for Education (2017) Careers strategy: making the most of everyone's skills and talents

62. Department for Education (2017) Careers strategy: making the most of everyone's skills and talents

63. Skills for Care and Skills for Health (2017) Scoping Integrated Apprenticeships in Health and Social Care Final Report

64. SCIE (2017) Building the future social care workforce: a scoping study into workforce readiness, recruitment and progression in the social care sector

65. Skills for Care and Skills for Health (2017) Scoping Integrated Apprenticeships in Health and Social Care Final Report

66. https://www.somersetcf.org.uk/uploads/images/Vital%20Issues%20Sept%202016%2030-9-16.pdf

67. https://www.deedmob.com/about

68. https://www.princes-trust.org.uk/about-the-trust/success-stories/success-story-nhs

69. https://www.hee.nhs.uk/our-work/topol-review

70. https://www.itu.int/en/mediacentre/backgrounders/Pages/digital-inclusion-of-youth.aspx

71. https://www.teentech.com/

72. https://www.gov.uk/government/publications/essential-digital-skills-framework

73. https://scvo.org.uk/support/digital/participation/skills/scotlands-essential-digital-skills-toolkit

74. https://digitalskillspartnership.blog.gov.uk/

75. https://www.hee.nhs.uk/our-work/building-digital-ready-workforce

76.https://www.hee.nhs.uk/sites/default/files/documents/Digital%20Literacy%20Capability%20Framework%202018.pdf

77. Skills for Care, Men into care – a research-based contribution to a recruitment and retention issue (Leeds: Skills for Care, 2010)

78. https://www.gov.uk/government/news/national-recruitment-campaign-for-paramedics-radiographers-and-nurses-begins

79. www.everydayisdifferent.com

80. www.makecarematter.co.uk

81. www.stepintothenhs.nhs.uk/step-nhs-campaign-toolkit

82. www.stepintothenhs.nhs.uk/primary/teacher-toolkit-primary-schools

83. www.skillsforcare.org.uk/Recruitment-retention/I-Care...Ambassadors/I-Care...Ambassadors.aspx

84. www.skillsforhealth.org.uk/career-framework

85. https://www.skillsforcare.org.uk/Careers-in-care/Think-Care-Careers.aspx

86. www.hee.nhs.uk/sites/default/files/documents/NHSWorkExperienceToolkitfinal.pdf

87. https://haso.skillsforhealth.org.uk/wp-content/uploads/2019/07/2019.07.17-Case-Study-Joined-up-Careers-Apprenticeship-V3.pdf

88. https://www.nhsemployers.org/case-studies-and-resources/2017/03/integrated-health-and-social-care-apprenticeship

89.www.smchull.org

90. www.scarboroughtec.ac.uk

91. https://www.nlg.nhs.uk/news/helping-unemployed-young-people-get-work/

92. https://www.iwill.org.uk/about-us

93. www.hey.nhs.uk/staff/volunteering

94. www.nhsemployers.org/campaigns/think-future

95. https://theprsb.org/wp-content/uploads/2018/08/Digital-care-and-support-plan-standard-case-studies-v2-post-endorsement.pdf

96. https://www.adass.org.uk/media/5284/chris-greenway.pdf

97. https://www.adass.org.uk/media/5284/chris-greenway.pdf

98. http://www.lsr-online.org/uploads/full-report-of-launch-event.pdf

99. http://www.lsr-online.org/uploads/full-report-of-launch-event.pdf

100. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf

101. https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-public-sector-population-health-management.pdf

102. https://imperialcollegehealthpartners.com/wp-content/uploads/2018/07/ORE__Risk_stratification_learning_and_impact_study.pdf

103. https://445oon4dhpii7gjvs2jih81q-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/NHSCC-governance-and-accountability_web.pdf

104. Skills for Care and Skills for Health (2017) Scoping Integrated Apprenticeships in Health and Social Care Final Report

105. Skills for Care and Skills for Health (2017) Scoping Integrated Apprenticeships in Health and Social Care Final Report

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