# Workforce Growth, Composition & Deprivation

The East of England Workforce has grown but the skill mix has not changed

- Rapid expansion in the region: +4,000 doctors, +11,000 nurses/STT, +10,000 clinical support staff.
- Limited growth in new roles
- Future workforce needs will depend on service transformation and productivity, less on growth

Staff Group Composition (%) in 2016, 2020 and 2024
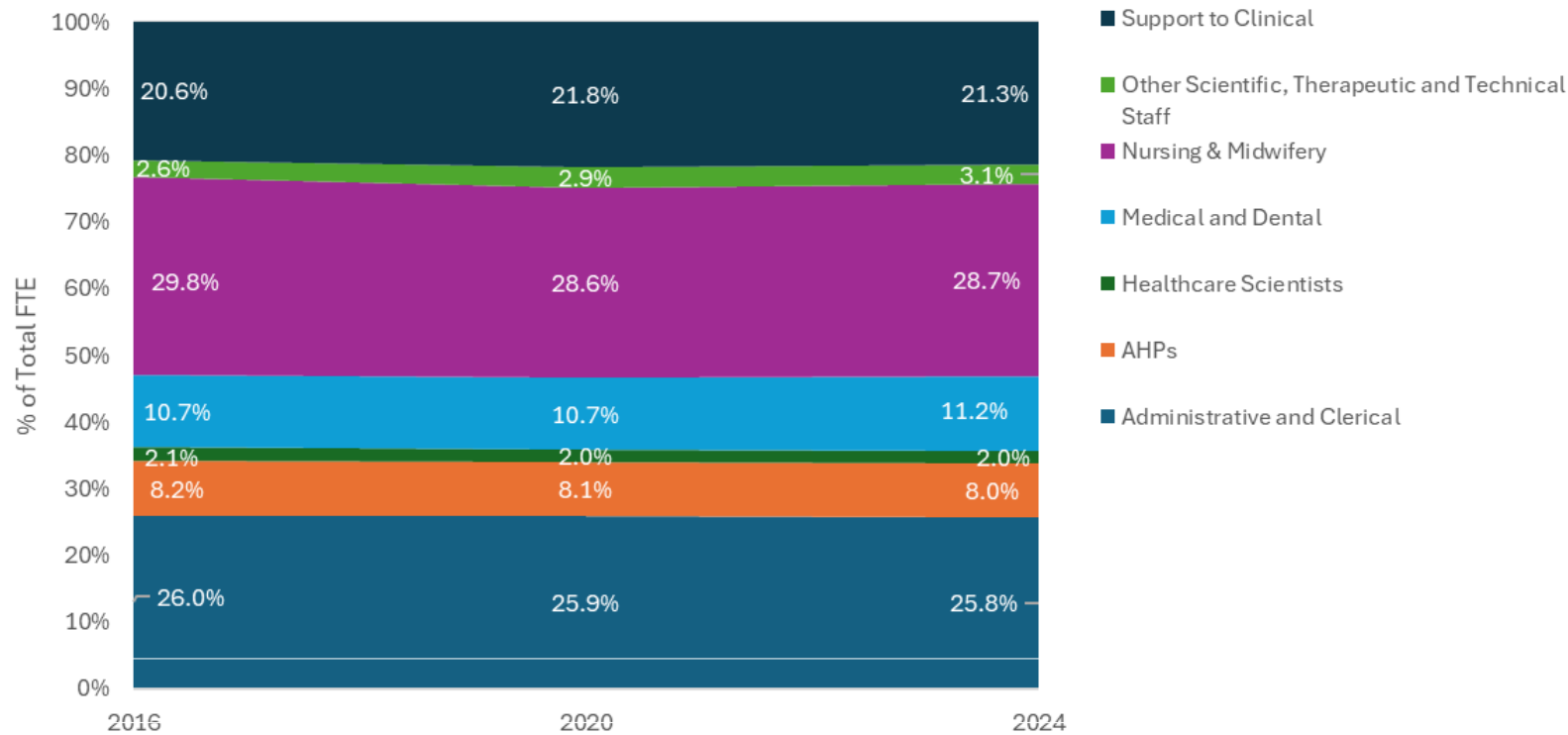
Deprivation & Workforce Challenge*
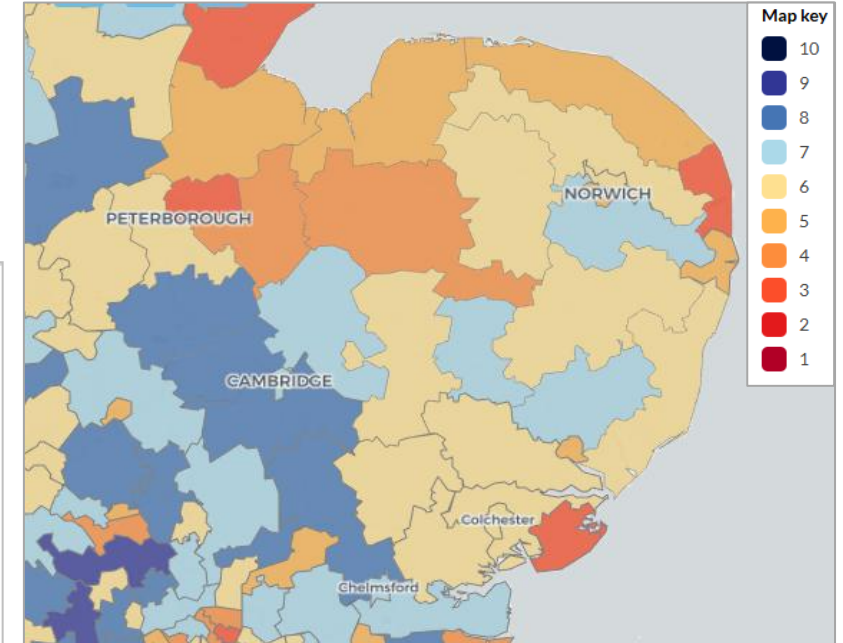

*Orange is high deprivation blue is low.
Source: East of England Average of Index of Multiple Deprivation Decile level. English Indices of Deprivation (IoD) 2025.

- High deprivation and unemployment hotspots.
- Lower educational attainment across many communities.
- Limits workforce supply and skill mix.
- Strong opportunity to widen participation and grow local talent.
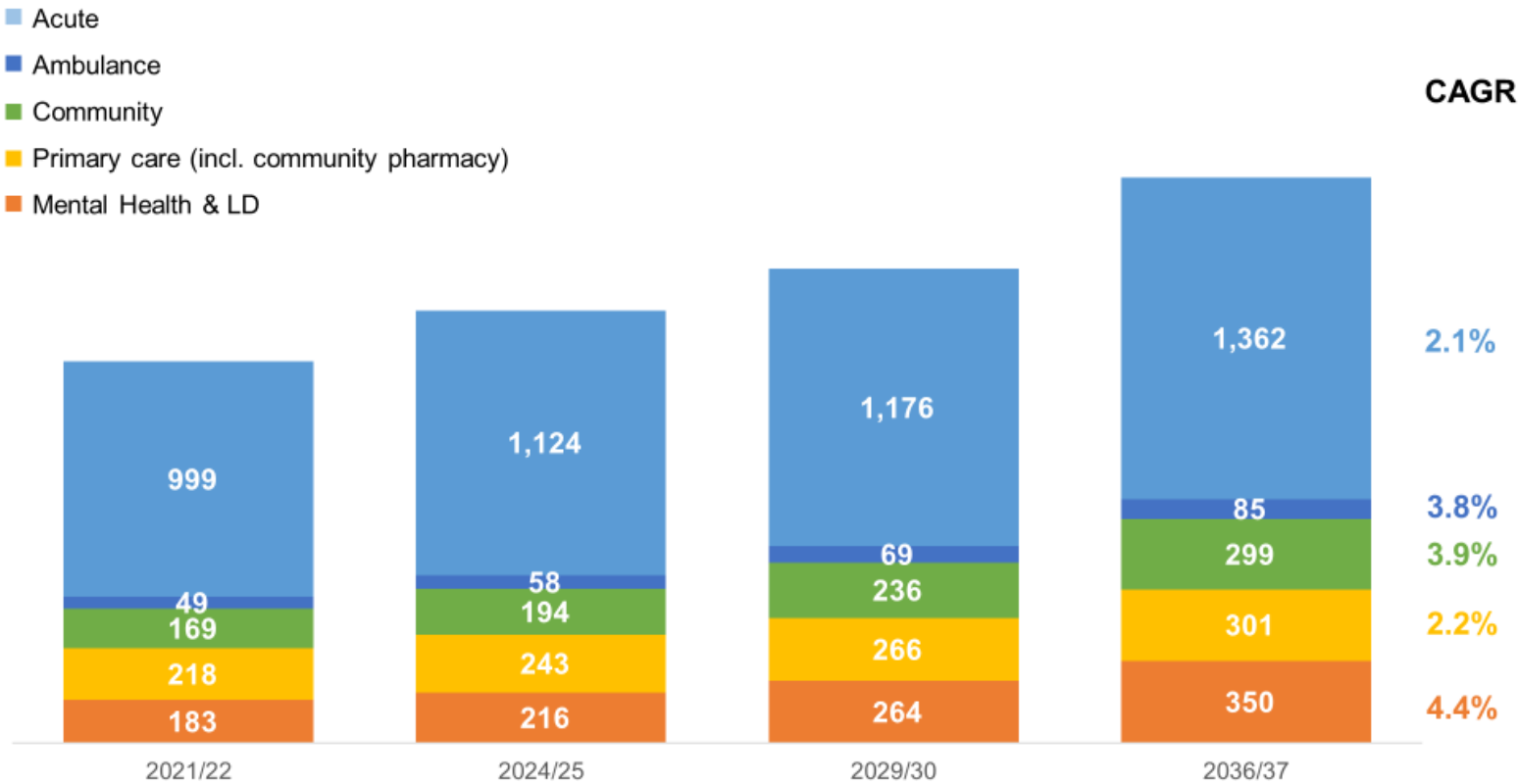
The New Hospitals Programme (NHP)

With major rebuild schemes and multi-billion-pound investment, the NHP offers a unique opportunity. The collaboration to date shows that realising its benefits will require coordinated regional action beyond the individual scheme boundaries.
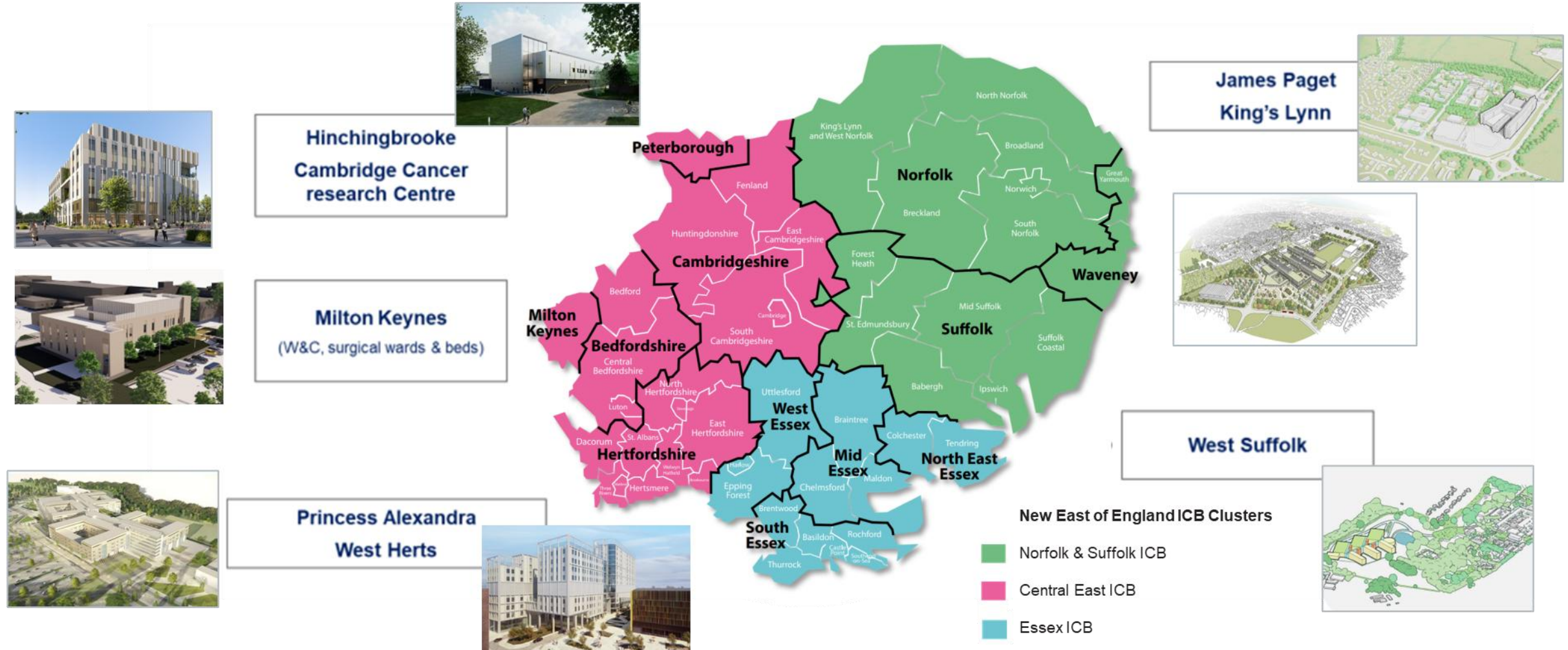
Over time, more demand shifts to non-acute care settings

Workforce demand Shift between care setting based on 2024 LTWP planning modelling- FTEs 000s and %s

Legend:
- Acute
- Ambulance
- Community
- Primary care (incl. community pharmacy)
- Mental Health & LD

CAGR

	2021/22	2024/25	2029/30	2036/37	CAGR
Acute	999	1,124	1,176	1,362	2.1%
Ambulance	49	58	69	85	3.8%
Community	169	194	236	299	3.9%
Primary care	218	243	266	301	2.2%
Mental Health & LD	183	216	264	350	4.4%

	2021/22	2024/25	2029/30	2036/37
Acute & Ambulance	65%	64%	62%	60%
Non Acute	35%	36%	38%	40%

FIT FOR THE FUTURE
10 Year Health Plan for England

UK Government / NHS

CP 1350   July 2025

Three Strategic Shifts

Hospital → Community
Shifting care closer to home

Analogue → Digital
Harnessing new technology

Sickness → Prevention
Prioritising protection of health

10-Year Workforce Plan Call for Evidence: Some of the Emerging Themes*

Skills & Role Mix

High demand for community, prevention, and digital roles

Growing interest in hybrid and AI-supported positions

Workforce Flexibility

Calls for reforming job families and enabling portability

Need for consistent role design across providers

Education & Training

Expanding training places and alternative routes

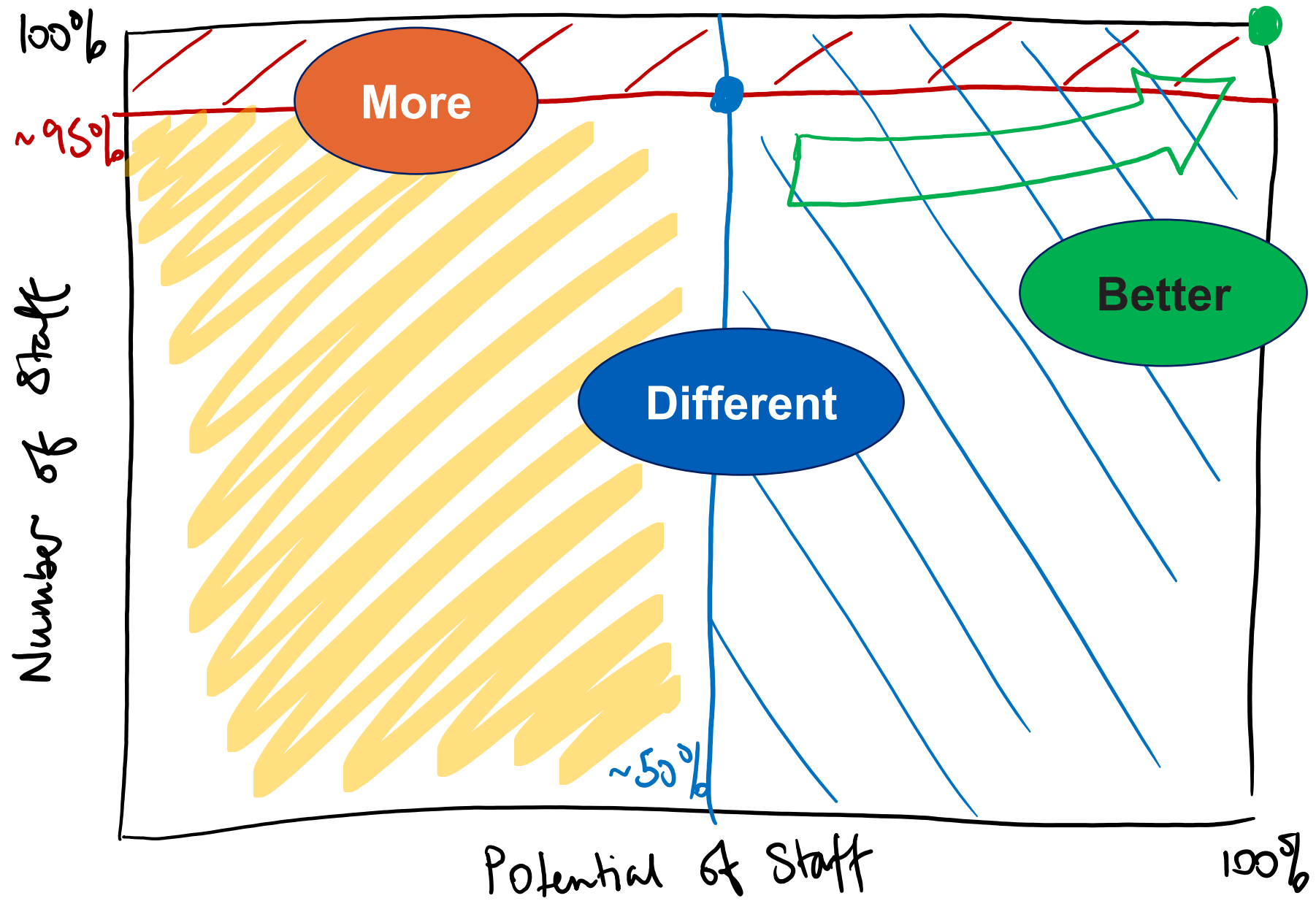Accelerating digital skills and upskilling

Recruitment & Retention

Retention pressures, burnout, and need for clear career pathways

Technology & Digital Readiness

Workforce planning must integrate AI, automation, and digital support

* Based on a synthesis of publicly available submissions from a range of professional bodies, employers and stakeholders responding to the 10 Year Workforce Plan 'call for evidence
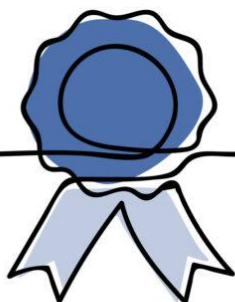
OUR NHS PEOPLE PROMISE

We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team

WHAT MATTERS TO YOU?

People Promise

We are **compassionate** and **inclusive**

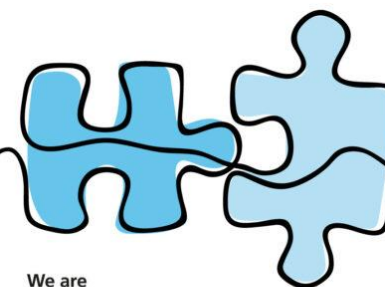We are **recognised** and **rewarded**

We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**
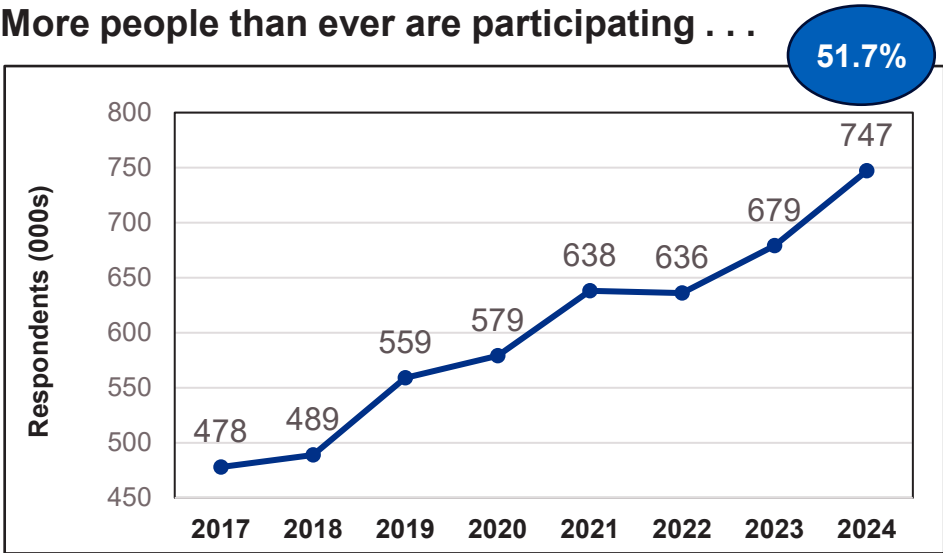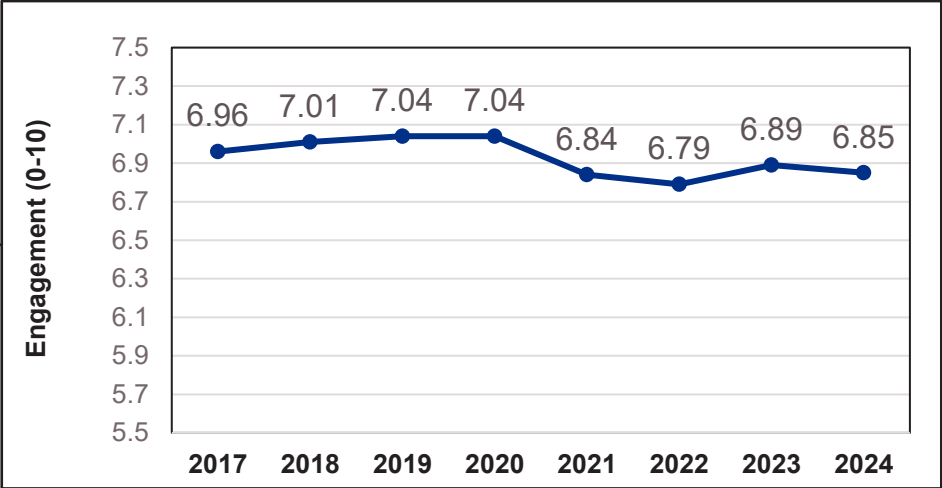
We work **flexibly**

We are **a team**

Staff Survey: higher participation, flatter scores

More people than ever are participating . . .

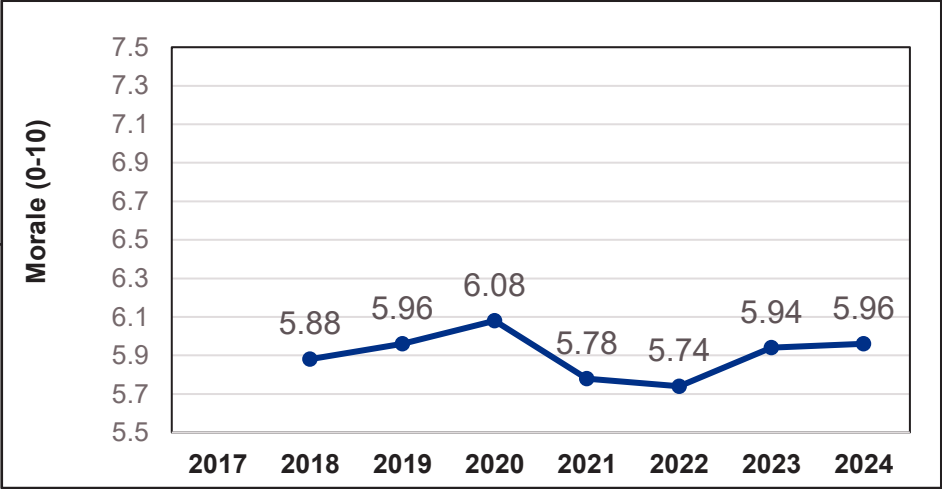**51.7%**

Engagement has dropped . . .
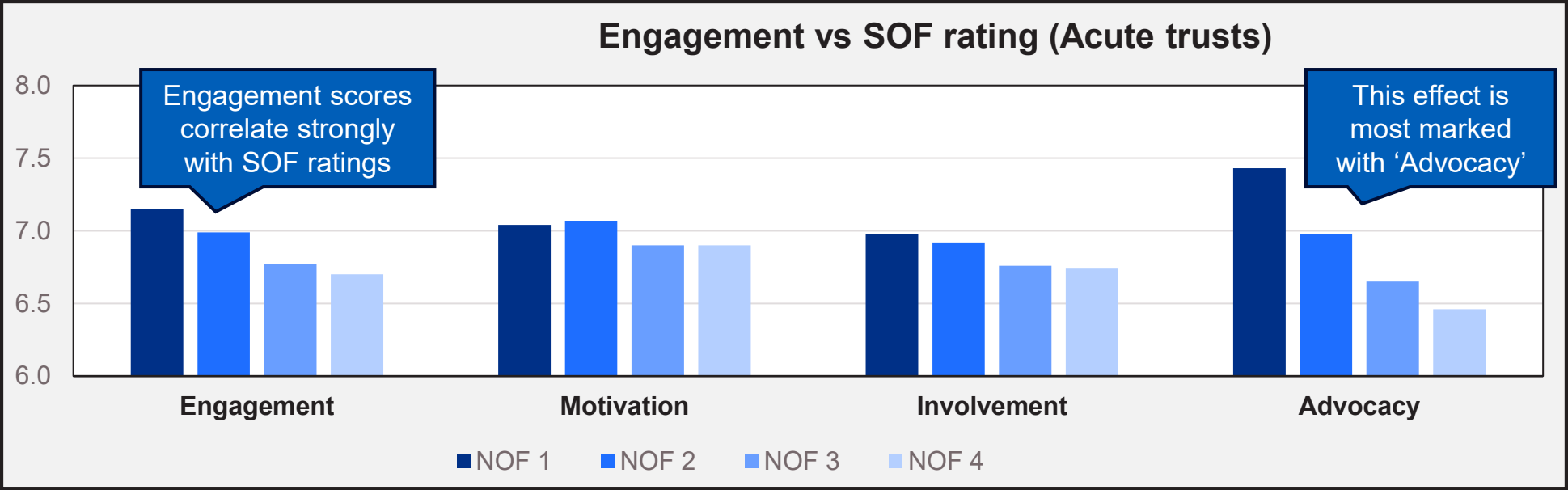

. . . and leaver rate falling to historic lows

12 month rolling leaver rate trend analysis by staff group

8%

7%

+15,000 WTEs

Staff group
— All staff
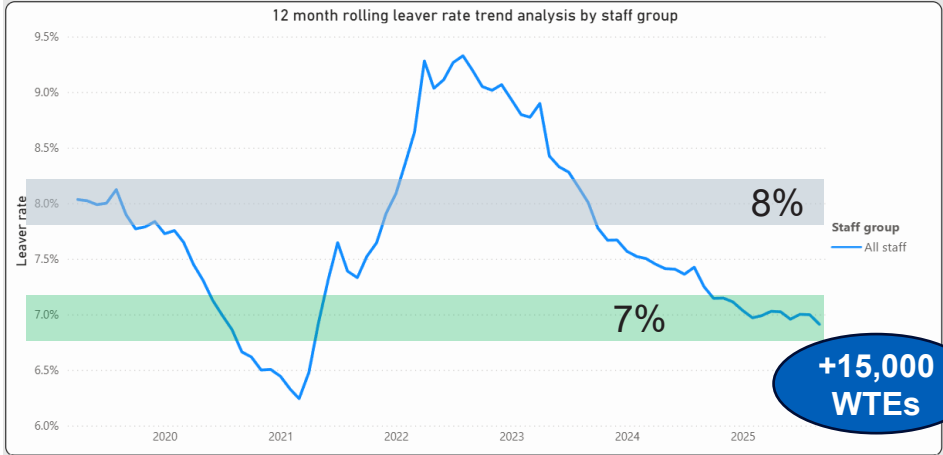
. . . with morale now recovering

Engagement correlates strongly with performance

Engagement vs SOF rating (Acute trusts)

Engagement scores correlate strongly with SOF ratings

This effect is most marked with 'Advocacy'

Legend: NOF 1, NOF 2, NOF 3, NOF 4

	2024															
	Engagement				Motivation				Involvement				Advocacy			
Trust Type	SOF 1	SOF 2	SOF 3	SOF 4	SOF 1	SOF 2	SOF 3	SOF 4	SOF 1	SOF 2	SOF 3	SOF 4	SOF 1	SOF 2	SOF 3	SOF 4
Overall	**7.23**	**6.95**	**6.77**	**6.69**	**7.17**	**7.02**	**6.90**	**6.89**	**7.08**	**6.86**	**6.75**	**6.73**	**7.44**	**6.97**	**6.64**	**6.45**
Acute	7.15	6.99	6.77	6.70	7.04	7.07	6.90	6.90	6.98	6.92	6.76	6.74	7.43	6.98	6.65	6.46
Specialist Acute	7.35	7.31	7.19		7.13	7.08	7.10		7.05	7.08	6.92		7.88	7.78	7.55	
Mental Health	7.25	7.12	6.90	6.80	7.24	7.15	7.04	6.97	7.20	7.12	6.99	6.91	7.31	7.10	6.67	6.52
Community	7.25	7.02	7.20		7.24	7.08	7.38		7.05	6.93	7.13		7.45	7.05	7.10	
Ambulance		6.03	5.88	5.76		6.27	6.24	6.14		5.58	5.42	5.44		6.25	5.96	5.70

Neighbourhood Health

Staff survey

Parameter	INT	ICS
Engagement	8.57	6.79
I look forward to going to work	96%	52%
I am able to make improvements	74%	56%
Core of patients is [our] top priority	87%	73%

n=23 / 36 staff working in INTs in East B'ham

Neighbourhood Health is the Future

Outcomes

Parameter	Impact *
GP attendances	-32%
ED attendances	-15%
Inpatient spells	-26%
Outpatient spells	-25%
Community contacts	-15%
Mental Health	+42%

* Impact for patient cohort under care of INTs

Source: INT evaluation for East Birmingham, BSOL

Messenger Review

Of the many telling observations we have heard, two stand out as almost universal; firstly, the very real difference that first-rate leadership can make in health and social care, with many outstanding examples contributing directly to better service, yet; secondly, that the development of quality leadership and management is not adequately embedded or institutionalised in our health and care communities. . . .

To those of our recommendations which require time and resource to implement, I predict a partially understandable reaction that the current pressures on the system preclude investment beyond the urgent.

My response is that a well-led, motivated, valued, collaborative, inclusive, resilient workforce is 'the' key to better patient and health and care outcomes, and that investment in people must sit alongside other operational and political priorities. To do anything else risks inexorable decline. . . .

In that vein, we must confront the fact that there has developed over time an institutional inadequacy in the way that leadership and management is trained, developed and valued.

Collaborative behaviours, which are the bedrock of effective system outcomes, are not always encouraged or rewarded in a system which still relies heavily on siloed personal and organisational accountability.

Very public external and internal pressures combine to generate stress in the workplace. The sense of constant demands from above, including from politicians, creates an institutional instinct, particularly in the healthcare sector, to look upwards to furnish the needs of the hierarchy rather than downwards to the needs of the service-user.

Leadership for a collaborative and inclusive future, 8 June 2022

NHS Management & Leadership Standards

Personal impact
- Personal productivity and wellbeing
- Communicating well
- Responsibility and integrity

Managing people and resources
- Building teams
- Performance and delivery
- Efficiency and effectiveness

Developing across health and care
- Improving quality
- Innovation and improvement
- Working collaboratively

Each of these elements is broken down into a set of competencies with descriptors for each one, for all line managers and specifically for senior leaders (example below)

Support others through change	Fundamental	**I embrace organisational change** and keep in regular contact with colleagues during change processes.
	Stage 1	**I support colleagues and patients through change,** listening to their concerns and offering reassurance and information.
	Stage 2	**I work across teams to develop change plans;** communicating strategic direction clearly and addressing concerns to minimise disruption.
	Stage 3	**I lead and embed organisational change,** making sure colleagues and patients are supported and engaged, and change is implemented effectively.
	Stage 4	**I set the strategic direction for organisational transformation, making sure we** communicate this clearly and that it is aligned with national priorities.

Source: NHS Management & Leadership Standards