

Health and Care Workforce Strategy Consultation

Submission on behalf of Future Care Capital

23rd March 2018

About Us

Future Care Capital is a national charity committed to engaging, educating and involving every generation in the development and delivery of unified health and care provision. Beginning life as the National Nursery Examination Board in 1945, the charity has evolved throughout its 70-year history and we continue to have Her Majesty the Queen as our Royal Patron. We are a policy and advocacy charity which is also setting up a social impact investment fund. We work to achieve better outcomes for those in receipt of care by advocating for a step-change in health and care. Our work also covers the education and training of health and care professionals, including those in allied professions.

In *Our vision 2030* we committed to working toward the unification of health and care, and we made plain our belief that moving towards collective agreement upon a vision for our future wellbeing as a society is paramount. Specifically, we called for a new Care Covenant – a national debate culminating in a contemporary health and care settlement that befits our growing and ageing society as well as our increasingly technological future. Last Autumn, we published *Securing the future: planning health and care for every generation* – a collaborative report in which we invited leaders from the public, private and third sectors to help us explore the future of health and care. In the report, we called for a number of ‘Future Care Guarantees’ to aid planning and improve the overall sustainability of health and care provision in England, and these included specific measures concerned with the work and wider careforce.

Contact information

Future Care Capital
Gillingham House
38-44 Gillingham Street
London, SW1V 1HU

For further information about our submission, please contact Annemarie Naylor, Director of Policy and Consulting, at annemarie.naylor@futurecarecapital.org.uk.

1. Our people making the greatest difference:

Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

An enhanced focus on workforce wellbeing

The NHS's most valuable asset is its staff, yet there exist worrying incidences of staff being placed under increasing strain. The strategy recognises that over half of NHS staff work unpaid overtime every week, and in the last year over 38% of staff reported having felt unwell due to work-related stress (Survey Coordination Centre, 2018). Steps need to be taken to improve staff wellbeing and to provide them with the support they need to deliver excellent care. Failure to do so could have serious implications for patient safety as well as staff retention, given the number of staff resigning due to work life balance has more than doubled between 2011-12 and 2017-18 (NHS Digital, 2018). Key steps to address this include:

- **Addressing workload and safe staffing concerns** – national bodies could do more to respond to the concerns of professionals where they continue to highlight challenges in respect of workload and safe staffing against a backdrop of growing service demand and high vacancy rates. The Chancellor could also consider the scope to incentivise GPs to remain in post >55 years of age in the Autumn Budget to tackle primary care staffing levels directly.
- **Lead the adoption of healthy workplaces** – steps could be taken to promote healthy workplaces to improve the wellbeing of employees, for example, by supporting on-site exercise facilities and/or significantly discounted access to them, healthy canteens with subsidised healthy options, and regular breaks.
- **Championing a 'work-lifecare' balance** – more could be done to champion flexible working and take steps to bring about more of a 'work-life-care' balance for employees, where care refers both to self-care and care for family or friends beyond the workplace.

Helping staff focus on patients and their families

Staff are facing increasing demands on their time; the 2017 staff survey indicated that only two thirds of staff agree that they are able to deliver the quality of work and care they aspire to, and less than a third feel there are enough staff in place for them to do their job properly (Survey Coordination Centre, 2018). Steps to improve recruitment and expand associate roles, such as nursing associates, capable of providing hands-on care to patients and support colleagues are therefore welcome. We also need to consider actions that could be taken within the health and care ecosystem and examine areas where innovation and investment could help free up staff to focus on patients and their families. Steps could include:

- **Supporting the deployment of data and technology** – for example, to drive efficiencies in administrative tasks. In our report '*Intelligent sharing: unleashing the potential of health and care data in the UK to transform outcomes*' (Naylor and Jones, 2017) we highlighted a number of approaches to the development of Integrated Digital Care Records which ensure information is available to professionals as, when and where they need it. We heard from professionals at the front-line how

valuable this access is in terms of efficient use of staff time, clinical decision making, and patient experience, yet the adoption and usage of high quality systems is variable across the NHS.

- **Investing in community-based support** – in order to provide the best possible care to those that need it, it is important to examine the role of everyone within the care system, and not just NHS staff. We need to increase support for unpaid carers and bolster the adult social care workforce who, along with the NHS workforce, comprise what we have termed the careforce. In addition, we believe there is scope to better support family and self-care – for example through home adaptations, care robotics, the use of telecare and e-health measures.

The efficient use of resources – address external consulting spend and barriers to capital investment

In order to make the most efficient use of limited finances, there is a need to address issues of management and capital investment. Key steps could include:

- **Building internal management consulting expertise** – as noted by Kirkpatrick *et al.* (2018), the NHS expends significant resource on management consultants (reaching £640 million in 2014), and yet this spend is not associated with improved efficiency, raising questions about value for money. Government, regulators and NHS Trusts should review and strengthen existing procedures for the procurement of management consultants in the NHS and explore alternative options to meet demand for expert input in a cost-effective way. Consideration should be given to shifting the budget spent on external management consultants toward inward investment to develop and maintain internal consulting capabilities.
- **Capital investment in innovation** – the ongoing use of capital budgets to plug revenue shortfalls has had a significant impact upon NHS estates, digital infrastructure and technological advancement, despite funds to stimulate innovation and enterprise in respect of nascent health enterprises. The lack of investment to stimulate innovation in adult social care continues to act as a brake upon measures which might better facilitate the prevention of ill-health, enhanced levels of independent living and a reduction in admissions to hospital as well as delayed transfers of care.

2. Being a modern, model employer:

What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

Support flexible working to advocate a ‘work-life-care’ balance

Only about half of staff are currently satisfied with opportunities for flexible working (Survey Coordination Centre, 2018) and lack of a work life balance is increasingly reported as a key cause for staff resignation (NHS Digital, 2018). National bodies could do more to address this in recognition of the benefits that flexible working may provide in terms of enhancing employee wellbeing and retaining experienced staff. A key step to address this would be:

- **Championing a ‘work-life-care’ balance** – we need to bring about more of a ‘work-life-care’ balance for employees, where care refers both to self-care and care for family or friends beyond

the workplace. Here, there is an opportunity for our health and social care organisations to become leaders in the adoption of flexible and carer friendly employment policies.

Offer the careforce holistic benefits and recognise the value of the sector integral to a new Care Covenant

Providing a range of unpaid benefits could help to improve the comparative attractiveness of the health and care sectors. Key steps could include:

- **Supporting the development of enhanced benefits packages** – while NHS staff can often access a range of benefits, more work could be done to demonstrably increase the appeal of working within the NHS, in particular, in relation to accessing low cost transport and/or affordable housing. The Government should also consider whether and how to coordinate such benefits for employees of social care providers, where the barriers of affordable housing and transport have been identified as key factors affecting the recruitment and retention of staff (Moriarty, Manthorpe and Harris, 2018).
- **Introducing a Care Covenant** – reflecting initiatives such as the Armed Forces Covenant (Ministry of Defence, 2016) which represents an agreement between the armed forces community, the nation and the government, we believe consideration should be given to the introduction of a Care Covenant. This would form a new agreement between the state, the careforce, private and charitable sectors and the public, setting out a commitment to support the health and care needs of everyone throughout their life, as well as outlining specific commitments toward the careforce.

3. Widening participation in health and care jobs:

How can we better ensure the health system meets the needs and aspirations of all communities in England?

Engaging with all members of the public through intergenerational planning and design

To ensure health and social care services reflect the communities they serve, we need to engage with people of all generations and backgrounds when planning future services, and when recruiting for the full range of roles in health and care. As a charity, this is at the core of our mission to: “*engage, educate and involve all generations in the development and delivery of unified health and care provision*”. Better engagement will not only foster improved public understanding of the health and care sector and the opportunities available within it but can also help ensure that services are responsive to the needs and aspirations of all generations and empower citizens to be active participants in their health and that of their families.

4. Attracting and securing staff:

What measures are needed to secure the staff the system needs for the future; and how can actions already underway be made more effective?

Promoting the value and image of working in health and social care

We recognise ongoing work to encourage more young people to consider working in healthcare through the Health Careers service but further action is required. Across health and care, there is a need to promote a positive public image reflecting the value of this vital work in our society as well as the career opportunities and benefits of working in these sectors and allied roles. Key steps to achieve this include:

- **Publicly celebrating the achievements of the NHS** – it is crucial to reflect on challenges facing the NHS and acknowledge areas that require improvement, however it is equally important to promote the invaluable work that staff undertake every day. At a time when the dominant discourse is one of our health and care system in crisis, the NHS's 70th year anniversary affords a key opportunity to celebrate the achievements that our health service has delivered as well as the leading-edge activities it continues to enable.
- **Delivering a national social care awareness and recruitment campaign** – there is a pressing need for parallel work to be undertaken to promote careers in the social care sector as in healthcare. As well as highlighting the value of roles in social care and the benefits and progression opportunities it affords, a dedicated campaign could complement efforts to better educate the public about the role of adult social care more generally, in anticipation of a wider public debate about funding reform (for more information see Future Care Capital, 2018).

Assessing workforce demand and supply for healthy and caring economies

We must endeavour to understand the shape, scope and spread of demand for health professionals of different types but, also, those contextual factors impacting their supply in different places if we are to meaningfully integrate health and care at the local level. As such, we have commissioned work from Cambridge Econometrics to better understand related issues in respect of adult social care, reflecting the relative paucity of information that is currently available to Integrated Care System stakeholders as compared with health planning data.

Planning ahead – factoring for new and future models of care

We need to consider workforce planning alongside planning in health and care more generally. Without a clearer understanding of how services are likely to be delivered in the years to come, it will prove difficult to attract and secure the staff needed - i.e. with relevant skills and in the right places. The draft strategy goes some way towards addressing this, noting that more staff will be needed to work in the community and to deliver public health interventions in future. Key further steps could include:

- **Designing for age and mobility** – Government needs to put in place measures to retrofit as well as design new communities for age and mobility if it is to tackle the deficit in residential care beds anticipated by 2025 (Kingston *et al.*, 2018) and better enable independent living for longer. We would encourage those national bodies responsible for development of the joint workforce strategy to acknowledge the need for capital investment and, with it, the scope to transform workforce demand and supply. This is an issue we highlighted in our submission to the joint select committee inquiry into the long-term funding of adult social care (Future Care Capital, 2018).

- **Developing capacity within the health and care ecosystem** – businesses and communities have an important role to play in our health and care ecosystem, and steps could usefully be taken to encourage and empower both to respond to need at the local level in future. For example, it may be worthwhile considering whether there is scope to improve the provisions that underpin Business Improvement Districts where they could function as ‘health improvement districts’ and, with that, leverage private sector input to public health initiatives that are capable of reducing demand upon health and care services. Additionally, communities already respond to need in many ways – ranging from support for befriending initiatives to active participation in homeshare schemes – but there is scope for Government to further stimulate community-led solutions, for example, through the introduction of ‘community care budgets’ underpinned by participatory principles.
- **Assessing the impact of technological development on future workforce requirements** – developments in machine learning and robotics will impact demand and supply for different types of roles in years to come, and we look forward to the independent review led by Professor Eric Topol, to examine how such developments are likely to impact the roles and functions of clinical staff in the NHS. However, we need to also examine the potential for technological innovation in respect of social care provision and review its potential impact upon future models of care – we believe dedicated investment is needed to develop this facet of the health and care ecosystem.

5. Developing our people:

How can we ensure the system more effectively trains, educates and invests in the new and current workforce?

Building the greatest resource of the NHS and social care by prioritising training

At a time when existing staff report feeling stretched, with insufficient staff in their organisation to enable them to do their job properly (Survey Coordination Centre, 2018), we need to ensure that important learning opportunities are not side-lined in the face of immediate pressures. Leaders need to ensure that staff can be released to attend valuable training opportunities which filter into the continual improvement of organisations, and this could perhaps be better monitored integral to inspection regimes given that opportunities for development vary by provider, particularly in social care (Moriarty, Manthorpe and Harris, 2018). Further steps could include:

- **Promoting training and development opportunities in the social care sector** – consideration should be given to the potential for national bodies to further promote, develop and articulate training opportunities in social care.
- **Investment in flexible training channels** – more could be done to invest in the development of meaningful, user-friendly training channels, including modular and online resources, to render them more accessible to staff juggling significant workloads and changing shift patterns.

6. Creating career paths

What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

Developing career progression routes in health and care and ensuring these are well understood

We welcome ongoing steps to create new 'career ladders' in healthcare, such as the nurse apprenticeship to enable nurse associates to become a registered nurse. In parallel, steps need to be taken to provide progression opportunities for social care professionals. As we work towards greater integration of health and social care, it is right that people should be afforded the opportunity to progress within both sectors, and to move between them as appropriate. However, whilst opportunities exist – as examples attest (Moriarty, Manthorpe and Harris, 2018) – we believe it would be worthwhile examining the scope for broader development opportunities within the social care sector, as well as promoting awareness of the progression opportunities that already exist.

Creating opportunities for new skilled roles in technology and data analytics

The draft workforce strategy recognises that technological advancements will play a key role in the future NHS. As such, we look forward to the independent review led by Professor Eric Topol which will examine how such developments are likely to impact the roles and functions of clinical staff. The acknowledgement of the opportunities for new roles in healthcare science is also positive, as is the recognition to develop more robust demand and supply modelling capabilities. Further steps could include.

- **Consideration of the ways in which technology might afford new opportunities for career development opportunities in social care** – developments in machine learning and robotics will impact demand and supply for different health-related roles over the next 10 years. However, we need to also examine the potential for automation and technological innovation to impact social care and review its implications for workforce planning and development. Concerns about the scope for jobs to 'disappear' in the face of automation are well-rehearsed, as are others about the potential for the 'human touch' to be diminished in respect of health and care where, for example, robotics might play an increasingly important role. Related to this, we have advocated measures to ensure access to health and social care isn't 'machine-tested' in future without recourse to a human arbiter – the implications of which are helpfully outlined by Lecher (2018). However, advanced planning and investment in technology and innovation in relation to social care would likely exert a transformative effect upon the scope for career appeal and progression in the sector. That is, if we draw parallels with other sectors that are embracing technological advancements, whilst proactively re-training staff to access the new roles their introduction necessitates, there may be the opportunity to introduce previously unforeseen career progression opportunities within the social care sector in the near future and, thereby, improve recruitment and retention rates to assist providers. For example, there may be the scope to introduce new roles and associated development opportunities in respect of care robot deployment within residential care settings, or in managing a growth in remote monitoring and/or technologies to better enable independent living – value add social care roles with the potential to command higher salaries and better enable progression in future.

7. Our adult social care workforce

What policy options could most effectively address the current and future challenges for the adult social care workforce?

The ambition to produce a joint workforce strategy is a positive recognition of the need for closer integration and aligns with our mission to work towards the greater unification of health and social care. At present, however, social care is not detailed or prioritised in the draft workforce strategy to the same extent as health and this needs to be addressed. We therefore welcome the parallel consultation which focuses specifically on the adult social care workforce.

In the development of new policy options to address challenges for the social care workforce, key points we have outlined elsewhere include:

Supporting the current paid social care workforce, as well as promoting future recruitment

- **Supporting the development of holistic staff benefits packages** – steps could be taken to encourage the development of benefits to boost the comparative attractiveness of the sector and could include support to access affordable housing and transport, which can serve as barriers to recruitment and retention.
- **Promoting flexible working** and the offer of a ‘work-life-care’ balance for all, to enable experienced workers to remain in post and be supported to balance work, self-care and unpaid caring responsibilities.
- **Promoting the value and role of the sector** to the public who have a lesser understanding of the sector as compared to health. For example, a national recruitment and awareness campaign could highlight the positive contribution and progression opportunities that a career in care offers.

Recognising the full range of actors in the care ecosystem

- **Developing capacity within communities** – steps should be taken to encourage and empower businesses and communities to respond to need at the local level, for example, through the introduction of ‘community care budgets’.
- **Fully considering the training and support needs of unpaid carers.**

Future planning for new models of care

- **Designing for age and mobility** – Government should put in place measures to retrofit as well as design new communities for age and mobility to tackle the deficit in residential care beds anticipated by 2025 (Kingston *et al.*, 2018) and better enable independent living for longer. We would encourage those national bodies responsible for development of the joint workforce strategy to acknowledge the need for capital investment and, with it, the scope to transform workforce demand and supply.

- **Assessing the impact of technological development on future workforce requirements** – all too often, Government places less emphasis upon stimulating technological innovation in social care as compared with health, and in reviewing its potential impact on the future delivery of care – greater investment should be made in this area.
- **Recognising and planning for differences in demand and supply** – we need to understand the challenges and opportunities facing particular geographical areas in order to undertake workforce planning for future provision, and we have commissioned Cambridge Econometrics to explore this in more depth. We also need to ensure that services are planned for and developed to meet the needs and aspirations of different groups and generations.

8. Any other issues or matters to consider

We propose the workforce strategy should contain six priorities. Are there any other issues or matters that the strategy must consider that are not picked up by these priorities? If so, what are they and how would you like the strategy to respond.

Social care needs to be afforded parity of esteem within these principles

Social care is not currently detailed or prioritised in the draft workforce strategy to the same extent as health, and this needs to be addressed if the intention is to produce a 'joint strategy' in any meaningful sense. The key principles should be amended to reflect this, and in particular should acknowledge the role of the broader careforce, including unpaid carers but also businesses and communities.

References

Future Care Capital (2018). *Written evidence submitted by Future Care Capital*, FSC0092, Housing and Local Government Committee and Health Committee. [Online] Available from: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/housing-communities-and-local-government-committee/long-term-funding-of-adult-social-care/written/79837.pdf>

Hunt, J. (2018) *We need to do better on social care*, 20 March 2018, British Association of Social Workers Conference, Westminster. [Online] Available from: <https://www.gov.uk/government/speeches/we-need-to-do-better-on-social-care>

Kingston, A., Wohland, P., Wittenberg, R., Robinson, L., Brayne, C., Matthews, F. and Jagger, C. (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS), *The Lancet* **390**, pp1676-1684. [Online]. [https://doi.org/10.1016/S0140-6736\(17\)31575-1](https://doi.org/10.1016/S0140-6736(17)31575-1)

Kirkpatrick, I., Sturdy, A J, Alvarado, N, Blanco-Oliver, A and Veronesi, G. (2018) 'The impact of management consultants on public service efficiency', *Policy & Politics* [Online] <https://doi.org/10.1332/030557318X15167881150799>

Lecher, C. (2018) What happens when an algorithm cuts your health care, *The Verge*, 21 March 2018. [online] Available from: <https://www.theverge.com/2018/3/21/17144260/healthcare-medicaid-algorithm-arkansas-cerebral-palsy>

Ministry of Defence (2016). *Armed Forces Covenant*. [online] Available from: <https://www.gov.uk/government/publications/armed-forces-covenant-2015-to-2020/armed-forces-covenant>

Moriarty, J., Manthorpe, J., and Harris, J. (2018) *Recruitment and retention in adult social care services*. Social Care Workforce Research unit. [online] Available from: <https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2018/reports/Recruitment-and-retention-report.pdf>

Naylor, A. and Jones, E. (2017) *Intelligent sharing: unleashing the potential of health and care data in the UK to transform outcomes*. Future Care Capital. [online] Available from: <https://futurecarecapital.org.uk/policy/healthcare-data/>

NHS Digital (2018). *NHS workforce statistics, December 2017 reasons for leaving*. [online] Available from: <https://digital.nhs.uk/media/36859/NHS-Workforce-Statistics-December-2017-Reasons-for-Leaving-xlsx/default/NHS-Workforce-Statistics-December-2017-Reasons-for-Leaving>

Survey Coordination Centre (2018) *NHS staff survey 2017: national briefing*. [online] Available from: <http://www.nhsstaffsurveys.com/Caches/Files/P3088-ST17-National%20briefing-v5.0.pdf>