Facing the Facts, Shaping our Future: A draft health and care workforce strategy for England to 2027

A response from Hospice UK

23 March 2018

1. About Hospice UK

1.1. Hospice UK is the national charity for hospice and palliative care. We champion and support the work of more than 200 hospices and other organisations, which provide hospice and palliative care across the UK, so that they can deliver the highest quality of care to people with terminal or life limiting conditions, and support their families.

1.2. Hospice care includes inpatient services, day services, hospice at home, community nursing and more. Across the UK, hospices care for more than 200,000 people each year, and support many more families and carers.

2. About this response

2.1. This response draws on the feedback and experience of adult and children's hospices around England. We have limited our comments to those issues on which we are uniquely placed to contribute.

3. Summary of recommendations

3.1. Hospice UK welcomes the work to develop a workforce strategy for England, but makes a number of recommendations and comments:

- The exclusion of the voluntary sector from the draft strategy is a significant oversight and should be corrected *(Paragraph 4.1)*
- LWABs should be reminded of the importance of reaching out to the wider health and care economy, including the voluntary and community sector *(Paragraph 4.3)*
- The strategy should emphasise the value of involving and engaging the voluntary sector on local and regional workforce initiatives *(Paragraph 4.4)*
- Further consideration should be given to the opportunity that the strategy present to take a proactive and preventative approach by considering issues beyond the paid workforce *(Paragraph 4.5)*

- Further work should be undertaken to establish a baseline of the workforce outside of the NHS and local authority social care, and particularly in hospice care. Hospice UK would be pleased to collaborate on such work *(Paragraph 5.2)*
- The strategy should encourage creative collaboration with voluntary sector providers of health care, such as hospices, in the implementation of the Nursing Associate role *(Paragraph 5.4)*
- Consideration should be given to finding ways to make it easier for staff to move around the system, between organisations and sectors *(Paragraph 5.6)*
- Further consideration should be given to the demands of the children and young people's workforce *(Paragraph 5.7)*
- Health Education England should explore the potential of Project Echo as a cost-effective tool to promote skill and knowledge sharing for the wider health and care system *(Paragraph 7.3)*
- Further steps should be taken to promote and encourage the rotation of clinical staff in training through services such as hospices *(Paragraph 7.4)*

4. The exclusion of the voluntary sector from the draft strategy

4.1. Hospice UK is deeply concerned that the draft strategy, which is presented as a draft strategy for the 'health and care workforce', fails to address the needs of the voluntary and community sector, including hospices. In our opinion, **this is a significant oversight that we recommend should be corrected**.

4.2. The draft strategy is, in reality, a strategy for the NHS workforce. Very little consideration is given to the reality of the mixed economy in health and care, and the complex interrelationships that exist between staff and volunteers working in different sectors. For example, medical staff working in charitable hospices very often work between the NHS and the charity, and hospices compete for the same pool of nurses as the NHS. Similarly, the document fails to take account of the role and needs of staff employed in the wider independent sector, such as care homes, domiciliary care, or other private agencies. If the strategy fails to take in to account the wider health and care economy, it will miss an important opportunity to address some of the perverse outcomes that this exclusion delivers, such as calculations about number of training places required being based solely on NHS requirements.

4.3. The exclusion of the voluntary sector is also apparent at a local level. Hospices frequently report difficulties in being heard in STP Local Workforce Action Boards, meaning that their voice is not heard in conversations about new roles or new ways of working. To address this, **we recommend that LWABs should be reminded of the importance of reaching out to the wider health and care economy.**

4.4. The focus of the health and care system in recent years has, quite rightly, been on finding ways to deliver a more seamless and integrated approach to care. To support this, it is important that we have a workforce strategy that reflects that integration. **We therefore recommend that the strategy should emphasise the value of involving and engaging the voluntary sector on local and regional workforce initiatives.**

4.5. We are pleased that the draft strategy also refers to the role of volunteers and family carers as critical to meeting people's needs, but we are disappointed that this is not explored further. Meeting growing demand for health and care support will inevitably require us all to consider alternatives to traditional roles, which should include models of community engagement and participation. **There is an opportunity for the strategy to take a proactive and preventative**

approach by considering issues beyond the paid workforce, and we recommend that this is explored further.

5. Do you support the six principles proposed to support better workforce planning; and in particular will the principles lead to better alignment of financial, policy, and service planning and represent best practice in the future?

5.1. The six principles are a step in the right direction. They identify the key factors which should underpin future workforce planning. However, because they are framed in an exclusively NHS context, they fail to reflect the complex interrelationships that exist between the NHS and the voluntary and independent sector.

5.2. Not enough is currently known about the workforce outside of the NHS and local authority social care sectors, and this is also true of the hospice movement. **We recommend that further work is undertaken to establish a baseline of the workforce outside of the NHS and local authority social care, and particularly in hospice care.** Hospice UK would be pleased to collaborate on this.

5.3. Maximising the self-supply of the workforce is a critical objective. It is important to recognise that there is considerable fluidity of staff between the NHS and the voluntary sector. As a result, it is important for there to be career pathways that support and encourage staff to work across sectors and organisations, and to address some of the barriers that make this difficult to achieve. For example, hospices frequently compete with the NHS for nursing staff, whereas a strategy that encouraged the more systematic rotation of staff across sectors could reduce this competition and also help equip nurses with greater knowledge and skill in caring for people at the end of life, to the benefit of the wider health and care system.

5.4. The Nursing Associate role also offers the potential to help hospices to build career pathways and to grow and develop their own talent. However, it is important that hospices are supported to achieve this. One hospice told us that they have secured an agreement with their local acute trust to be part of the rotation for cohorts of Nursing Associates. This will not only help more staff gain experience and knowledge in end of life care, but will also enable hospices, who will have fewer Nursing Associate roles, when they develop, to participate in that rotational cohort to give the Nursing Associates a more rounded experience. **We recommend that the strategy should encourage creative collaboration with voluntary sector providers of health care, such as hospices, in the implementation of the Nursing Associate role.**

5.5. Achieving a flexible and adaptable workforce will require steps to develop and deploy flexible experts within the care system, rather than to develop more generic roles. For example, in meeting palliative care needs in the community, we need to make it easier for palliative care services and skilled staff to work flexibly within communities and across organisations. This will require, for instance, better partnerships and collaboration between the NHS and the voluntary hospice sector.

5.6. Currently, it is difficult for staff to move around the health and care system, and particularly between sectors. Significant time and resource is wasted because people have to leave one employer to move to another part of the system. **Although the health and care system is comprised of many separate organisations, we recommend that consideration is given to finding ways to make it easier for staff to move around the system.**

5.7. While the principles are relevant to all ages, the draft strategy makes little reference to the different workforce issues facing services for children and young people. Children's hospices

provide respite and palliative care services for children with life-limiting conditions, and face some specific challenges around recruitment and retention that should be taken in to account. **We therefore recommend that further consideration is given to the demands of the children and young people's workforce.**

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

6.1. Making a career in health and care an attractive option is critical to securing the staff that the system needs for the future. This will require action to both encourage people in to the health and care system, and to reduce the number of people leaving the workforce.

6.2. There is huge potential to go further in encouraging young people to choose a career in health and care. For example, targeting people between the ages of 16 and 18, who may not favour a traditionally academic path. Making it clear that a job in care can be a gateway to a career in health would be a particularly powerful message.

6.3. With the impact of demographic change on the health and care workforce, it is important that we also consider creative steps to retain the specialist knowledge and experience of people who are approaching retirement, for example in education and training, mentorship, or other forms of advice and guidance.

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

7.1. Hospices already play a significant role in the education and training of the health and care workforce, including the NHS, in meeting palliative and end of life care needs. With more and better support, this contribution could be extended further.

7.2. We welcome the statement in the draft strategy that Health Education England will "embed how to care for the dying across settings in multi-disciplinary education and training". End of life care touches almost every role in the health and social care system and at every level. Delivering on this ambition will require investment in education and training across the health and care workforce.

7.3. There are innovative and cost-effective ways to achieve this that should be considered. For example, the proven approach and methodology of Project Echo helps health and care systems reach more people, improve clinical decision making, and promotes the sharing of specialist knowledge, thereby increasing the skill, confidence and competence of staff. Hospice UK is deploying this approach within the hospice movement, and is excited about the potential that it offers to the wider health and care system. **We recommend that Health Education England explores the potential of Project Echo as a tool to promote skill and knowledge sharing for the wider health and care system.**

7.4. It is also important to ensure that staff have exposure and the opportunity to experience other care settings and environments. Promoting the rotation of doctors and nurses in training through services such as hospice care can give them valuable experience and knowledge to take back in to the NHS. **We recommend that further steps are taken to ensure that such opportunities are available to more people**.

8. 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?

8.1. In our opinion, the ambition here should be to ensure that people see a valid and attractive career in health and care, not just in the NHS. Hospices already see considerable movement of staff between the NHS and voluntary sectors, and this is something that should be encouraged, as it adds value to both sectors, provides staff with new experiences and expertise, and ultimately benefits patients and families.

8.2. There also needs to be greater flexibility in career pathways, and more options to accommodate contemporary expectations about working patterns. For instance, not enough is known about why large numbers of qualified staff choose to work in the health and care system on an agency basis rather than as permanent employees. It seems likely that issues of flexibility, control and perceptions of levels of responsibility play a role. It is also interesting to note that the use of agency staff in hospice care appears to be considerably lower than in the NHS, although the reasons for this are not properly understood.

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

9.1. Attracting a more diverse range of people in to a career in health and care will require action to change the way that we recruit and train staff.

9.2. For example, to encourage people to return to a healthcare career following a career break to have children might require training programmes that accommodate childcare needs. Training and supporting night workers will also require proactive steps to be taken to help them build their careers around their unique circumstances.

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

10.1. Being a modern employer requires organisations to adapt and reflect the changing patterns of work.

10.2. For example, Hospice UK is working closely with the Government to explore ways in which carers of people at the end of life can be better supported in the workplace. Evidence suggests that such carers have a much higher likelihood of leaving the workplace, and are disproportionately made up of women between the ages of 45-64. Taking steps as an employer to offer greater flexibility in these circumstances will help retain staff and knowledge.

10.3. Supporting the transferability of qualifications and experience across settings is also important, and we welcome the roll out of credentialing as means to achieve this. We would be supportive of further steps to explore how credentialing could support the hospice workforce.

10.4. As mentioned earlier, hospices often find themselves in the situation of competing with the NHS for a variety of staff roles. On the one hand, we want to see even more fluidity and sharing of staff between sectors as a means to promote knowledge and skill sharing. However, it is a reality that hospices also face considerable pressure to match NHS terms and conditions, including Agenda for Change and the NHS pension, among others. This places a considerable burden on charitable hospices, and is an issue that we would welcome further consideration.

11. 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?

11.1. As mentioned above, we believe that the ambition should be to ensure that our health and care workforce as a whole can make the greatest possible difference, rather than just the NHS in isolation.

11.2. With this in mind, it is important to provide staff with more opportunities to develop and enhance their skill and competence, and to work across organisational and sectoral boundaries. As local health and care systems begin to develop innovative models of integrated care, we will require a workforce that can work flexibly and in new ways. This should, in our opinion, include creative ways of working with and in the voluntary sector too.

12. For further information

12.1. Please contact Jonathan Ellis, Director of Advocacy & Change, Hospice UK, Hospice House, 34-44 Britannia Street, London, WC1X 9JG. Tel: 020 7520 8200 Email: j.ellis@hospiceuk.org