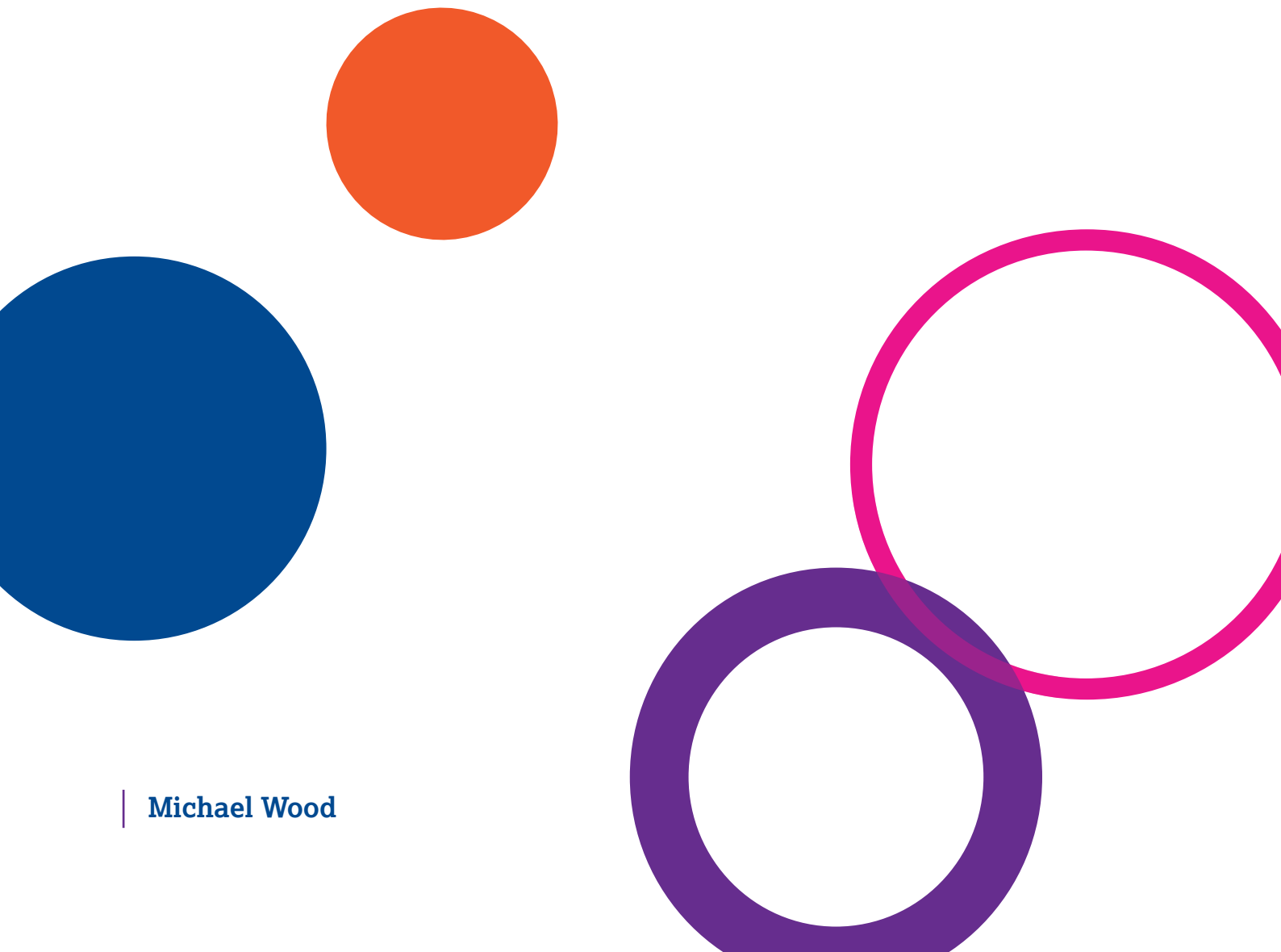


Knowing who to call

Supporting integrated care systems to influence
the local labour market



What is the Integrated Care Systems Network?

A critical part of delivering the ambitions of the NHS Long Term plan will be empowering local systems and giving them the autonomy they need. At the NHS Confederation, we are supporting emerging systems and helping local areas on the journey to becoming integrated care systems by April 2021. We believe the ambitions of the plan can only be met through greater collaboration, partnerships and system working.

We are undertaking a number of activities to support local systems. Alongside tailored support for ICS/STP independent chairs, programme directors, clinical leads, mental health leads, workforce leads, non-executive directors and lay members, we have now established a national network for ICS and STP leaders – this is called the Health and Care Leaders Forum. This was set up in response to feedback from ICS/STP leaders across the NHS and local government who told us they wanted an independent safe space to exchange ideas, share experiences and challenges, and develop solutions.

Stay in touch by:

- contacting your regional lead – see page 41 for details
- signing up to our Integrated Care Bulletin by subscribing at www.nhsconfed.org/newsletters
- visiting us online at www.nhsconfed.org

For these and other ways of staying in touch please see the back page.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.

To find out more, visit www.nhsconfed.org

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Key points

- Successive policy plans to develop the health and care workforce have traditionally focused on the national role the sector can and should play in securing its necessary people and positions. While this is understandable given the top-down focus of the NHS in particular, the NHS Confederation believes that such an approach is becoming outdated given recent labour market trends.
- The direction and evolution of labour markets in England are rapidly changing in a number of ways. Devolution, for example, brings alignment with the local economy; sector reforms are shaping new local training partnerships; record employment masks underlying regional productivity issues and the onset of technology and Brexit will re-shape local labour supply and demand.
- When viewed from the perspective of external training and strategic place partners, the NHS often appears fragmented, lacks clarity over its central skills narrative, places too much focus on its clinical workforce, and is largely unaware of changes in the wider skills policy landscape. Additionally, it is not always perceived as being an excellent commissioner of education.

- In January 2020, the NHS Confederation publication *Growing our own future* called for integrated care systems (ICS) to be default level for future workforce decision-making in health and care. We believe influencing these labour market trends and meeting the needs of external training and strategic place partners can best be achieved at ICS level.
- This report is intended to guide ICS leaders on how they can shape their local labour market to best determine and develop the future workforce. It outlines recommendations for how an ICS can better influence local decision-making; the key sectors with which an ICS should develop system-wide strategic relationships; and the priority skills-related policy areas on which an ICS should collaboratively focus.
- The NHS Confederation strongly believes that the journey to an ICS becoming an 'intelligent customer' in the local labour market is a critical enabler in its ability to transform system-wide health and care services and deliver the Long Term Plan more generally.

Introduction

Growing our own future: a manifesto for defining the role of integrated care systems in workforce, people and skills, published in January 2020, focused on what the health and care system can and must do to empower local leaders to develop a workforce fit for the future. While it is naturally important that we discuss how the health and care sector organises itself internally in terms of its various levels of accountability, we must also seek to understand how the sector relates to the wider economy and thus the changing and diverse labour markets in which we operate.

As the critical building block of any functioning economy, skills – and the control and direction of skills policy – is increasingly becoming a core local priority and competence. This presents both challenges and opportunities for large employers such as the NHS and social care and reflects the critical need for both increased local autonomy and the influence to best use it. The NHS Confederation believes strongly that the health and care sector should focus on becoming an intelligent customer in the local labour market, building new relationships with key strategic partners and proactively influencing and shaping developments across an integrated care system (ICS) geography.

Why an intelligent customer?

Successive policy plans to develop the health and care workforce have traditionally focused on the national role the sector can and should play in securing its necessary people and positions. While this is understandable given the top-down focus of the NHS in particular, we believe such an approach is becoming increasingly outdated given recent labour market trends. This report is therefore intended to guide ICS leaders on the strategic partnerships needed to influence the local labour market and the priority areas for local partnership working.

The recommendations in this report are drawn from a roundtable held in April 2019 with health and care system leaders and senior representatives from other sectors, and from subsequent national and local discussions. The roundtable discussed the changing nature of skills policy and labour markets and explored the external relationships necessary to deliver an increased local accountability for the health and care workforce. We heard directly from a range of strategic and training partners on their experiences of working

with our sector and the level at which optimal decision making could help secure the future local workforce our sector needs. Put simply, we hope our recommendations both address their concerns and best equip local health and care leaders for the challenges ahead.

“Labour markets are becoming more diverse and more competitive. While the health and care sector will always be an important employer locally, we are being challenged in new ways to attract and develop our workforce. Integrated care systems can make a critical difference as an intelligent customer in the local labour market, but we first need to ensure we are influencing the right organisations in the right way at the right time.”

Dr Amanda Doyle OBE, Chief Clinical Officer, Blackpool CCG, Fylde and Wyre CCG and West Lancashire CCG; Integrated Care System Lead for Lancashire and South Cumbria

Spotlight: A manifesto for workforce development

Growing our own future: a manifesto for defining the role of integrated care systems in workforce, people and skills was published in January 2020 and focused on the powers, freedoms and responsibilities we believe an ICS needs to realise their potential. In particular, the manifesto called for a renewed focus on the leadership and skills development necessary to enable an ICS to actively shape its local labour market.

We recommended that “the skill-set needed to plan, prioritise and influence workforce development at system level is not a traditional part of NHS leadership models. This urgently needs to change with support from national bodies critical to this. We are particularly calling for a renewed focus on organisational development and change management skills; including multi-agency working, mentorship and facilitation; though data analytics and management and commissioning skills should also be prioritised.”

Recommendations at a glance

To increase integrated care systems' ability to influence local labour market development, we recommend that systems:

- focus on developing a common skills narrative and associated set of behaviours embedded across an ICS to support better partnership working
- establish a dedicated ICS-level resource for skills and workforce, acting as a system integrator and providing clarity of customer entry point for partners
- co-develop a transparent set of ICS-level skills and workforce metrics/ service level agreements with training partners to drive and measure new strategic relationships
- prioritise intelligent ICS-wide approaches to population health management that develop more sophisticated and dynamic projections for the skills needed across a system over time
- seek ICS representation on critical local skills boards, such as skills advisory panels, in an attempt to gain greater influence and understanding of external strategies.

To engage with local partners that will determine the future workforce, we recommend that integrated care systems develop new, system-wide strategic relations with the following sectors:

- local enterprise partnerships
- local government (including both local and combined authorities and metro mayors)
- higher education
- further education
- voluntary, community and social enterprise sector.

To support and embed the level of autonomy systems need to operate intelligent customers, we recommend that ICSs focus on addressing the following thematic skills and workforce areas with system partners:

- harmonising labour market information (LMI) and data
- system deployment and training
- place-based leadership
- shared workforces
- data-driven international recruitment
- informed skills development
- careers advice
- good work standards
- targeted alternative workforce engagement and supply
- pooled solutions and holistic influencing.

Local labour market development

The emerging skills agenda in England is anything but constant, bringing both challenges and opportunities for large employers such as the NHS and local government. While the national focus on the health and care workforce, as outlined in the Interim NHS People Plan, is a significant strength in profiling the scale and breadth of our sector, the NHS Confederation believes that a central, top-down vision is no longer appropriate to meet system needs, given the nuance and complexity of the labour markets in which we operate.

The direction and evolution of labour markets in England are changing in a number of ways:

- Skills policy is at the centre of the government's **local growth and devolution** agenda. Local areas are now seeking to develop and grow their own economy by aligning the needs of high value local employers with the focus of schools and further and higher education providers within the locality. To support this, the government is increasingly handing responsibility for prioritising, financing and directing aspects of skills provision to local economic leaders such as metro mayors, combined authorities and local enterprise partnerships. These bodies are vitally important local decision-makers for the health and care sector to engage with and influence. In practice, these changes should also ensure that large employers such as the NHS and local authorities will be more influential in the local labour market.
- Many of our traditional training partners are undergoing **national sector reforms** which threaten local institutional viability and focus. The role, purpose and operating models for higher education institutions and further education colleges will, for example, be heavily shaped by the new government's response to the [independent post-18 review of education and funding](#). It is important that the health and care sector understands the potential implications of these changes for their external local partner anchor organisations, and thus their future workforce, and is involved in strategic discussions about new integrated local models of training provision that fit within a renewed place partnership.

- On the surface, local labour markets are as competitive as they have ever been, reflecting the need for employers to work in **new and innovative ways** to recruit and retain necessary staffing levels. According to Office for National Statistics statistics for January 2020, the UK employment rate is estimated at 76.3 per cent*, the highest on record. Despite this, there remains serious challenges around stagnant living standards, low productivity, poor participation, and increased in-work poverty. Employers are now being forced to look beyond traditional recruitment when seeking to fill vacancies to the development of new place-based approaches to career aspiration and progression. The government's [Industrial Strategy](#) is an example of recent policy that pushes local employers, training providers and policy-makers to work together in new ways to address 'good employment' and develop more flexible and resilient post-Brexit labour markets.
- The changing nature of work, particularly through Brexit and the onset of **technology and artificial intelligence (AI)**, will radically re-shape labour markets. The impact, and subsequent response, to this challenge will increasingly be driven locally by new partnerships between local economic leaders and local employers. For example, local skills advisory panels will currently be exploring the expected sectors most at risk from automation, both now and in the future, the potential impact this will have on demand for jobs and the associated supply-side actions needed, such as the role of education and training providers and local infrastructure. It is important that the health and care sector is involved in discussions shaping how local economies develop and diversify, and that our use of tools such as population health management modelling both informs and is informed by the implications for labour market supply.
- Lastly, it is worth remembering that the local labour market is intrinsically linked to the **development of the wider place**. In many areas where recruitment is a common challenge across sectors, it is the cost of housing, lack of transport, poor digital connectivity or perceived educational standards that act as the biggest drag on attracting workers. This reflects the importance and nature of place-leadership more generally in workforce strategies.

While many in the NHS will be debating the future of workforce decision making, it is these events outside health and care that we believe elevate the case for the devolution of workforce development within our sector. Simply put, many of the critical decisions which directly and indirectly influence the direction of the labour market are now being taken at a local level.

* Office for National Statistics (2020), Labour market overview, UK: January 2020

From speaking to those making these decisions, we are clear that both national and trust-level decision making is viewed as sub-optimal, meaning we lack influence where and when it is most needed. To complement *Growing our own future: a manifesto for defining the role of integrated care systems in workforce, people and skills*, and to enable the health and care sector to best compete, the NHS Confederation is calling for new strategic ICS workforce partnerships to be developed with a range of bodies active at this level.

Spotlight: Local industrial strategies and skills

The UK government is clear that it expects local industrial strategies to identify priorities to improve an area's skills base, one of the most important factors driving differences in local economic performance.

The national [Industrial Strategy](#), published in November 2017, referenced the need for an established technical education system (including through T levels) that stands alongside higher education and for new skills advisory panels to be rolled out at mayoral combined authority (MCA) or local enterprise partnership (LEP) level, producing rigorous analysis of the current and future local supply and demand for skills. Issues such as these will certainly feature in all local industrial strategies, along with a significant focus on the role of universities in developing a more highly skilled local workforce and business-led talent management.

The NHS will be the largest employer in every MCA or LEP area and is able to offer career opportunities throughout the skills range. STPs and ICSs, and NHS organisations, should use the development of local industrial strategies to engage their MCA or LEP in the alignment and development of local skills plans (co-produced with training and education providers) that can ensure an increased supply of local people into the health and care sector.

Source: NHS Confederation (2019), [Health in all local industrial strategies?](#)

Spotlight: Your community and your workforce

NHS Employers' *Measuring up: your community and your workforce* tool helps employers to compare local workforce data with community data to identify underrepresented groups in an area. Comparisons can be made on protected characteristics including age, ethnicity, gender, disability, religion/belief and sexual orientation.

Immediate results generated from the interactive tool reveal the comparison data and signpost employers to a suite of detailed information, guidance, good practice, resources and further reading. This increases employer understanding on how to inclusively attract, recruit and retain individuals from those identified groups and across the local community, in order to widen participation, strengthen supply and employ a workforce which is representative of the communities served.

The final report will also include information about wider groups in the community that employers might not have considered recruiting from, such as carers, Armed Forces personnel and care leavers.

Working with the health and care system

To guide our thinking, we sought the perspectives of external training and strategic partners on working with the health and care system. A summary of their views is as follows:

- Unsurprisingly, **system fragmentation** was the biggest source of complaint, with individual and organisational behaviours in health and care, and at all levels, exacerbating this. Partners are clear that their ability to plan and engage effectively with the health and care sector is hindered by the high volume of local voices, which often appeared contradictory or competitive, and the unpredictable nature of national involvement in decision making. While the lack of place-based co-terminosity was recognised as a potential barrier, this fragmentation was the bigger issue with training providers and partners wanting a common system approach.
- There was a distinct lack of clarity over the health and care sector's **central skills narrative**, with confusion over the nature and focus of workforce within the successive structural changes and an over-reliance on operational management to address what were commonly seen as strategic local challenges. It seemed in many partners' minds that the critical question of 'what are we trying to solve and what can be done without 'permission'?' had yet to be fully answered, meaning they were not clear how far local NHS colleagues in particular could push discussions.
- There is currently a raft of emerging national and local **non-NHS strategies** that will significantly affect the direction of local labour markets and/or present real opportunities for the health and care sector to engage. To many of our partners' frustration, NHS and social care colleagues often struggle to understand the importance of its work to some of these external agendas, meaning health and care are not involved in partnerships that can bring additional strategic input and resourcing to address its workforce challenge. This is particularly the case with respect of the 'levelling-up' and inclusive growth agendas,

which include a focus on using employment as means of tackling the wider social determinants of health. While bodies such as the NHS Confederation can provide clarity about how the NHS relates to other Departmental agendas, this still needs to be translated at the local level into meaningful partnerships.

- The **system focus on non-clinical roles** is often seen as less significant than for clinical careers, hindering the ability of local further education and higher education institutions to attract students across a range of subjects and to develop new courses. It is important that the stature of these roles is not undermined by the high-profile national campaigns for clinical positions, such as with nursing, and that the health and social care sector recognises and addresses the interwoven nature of its own labour market. Linked to this, there is the issue of young people not being sufficiently made aware of apprenticeships and other opportunities associated with these roles.
- Critically, the NHS in particular is not always seen as being an excellent **commissioner of education**, both in terms of our asks of training providers and the lack of a given long-term strategy. To work effectively with both colleges and universities, it is important that partners are brought in early to discussions around the future needs of the health and care workforce. This is particularly important when dictating the development of future curriculum and subsequent courses.

Listening to our partners – in their words

“There is a real and ongoing challenge for partners, including businesses, on engaging while the NHS is ‘working to new rules while old rules still exist’”.

“Where does the NHS fit into the local system of needs? It is simply one of many local employers facing skills shortages.”

“Our college is working with the engineering and construction sectors locally to develop the skills-set needed and thus the courses required to get people there. We can do the same with the NHS.”

“We would welcome greater consistency and clarity on how to work with NHS colleagues locally.”

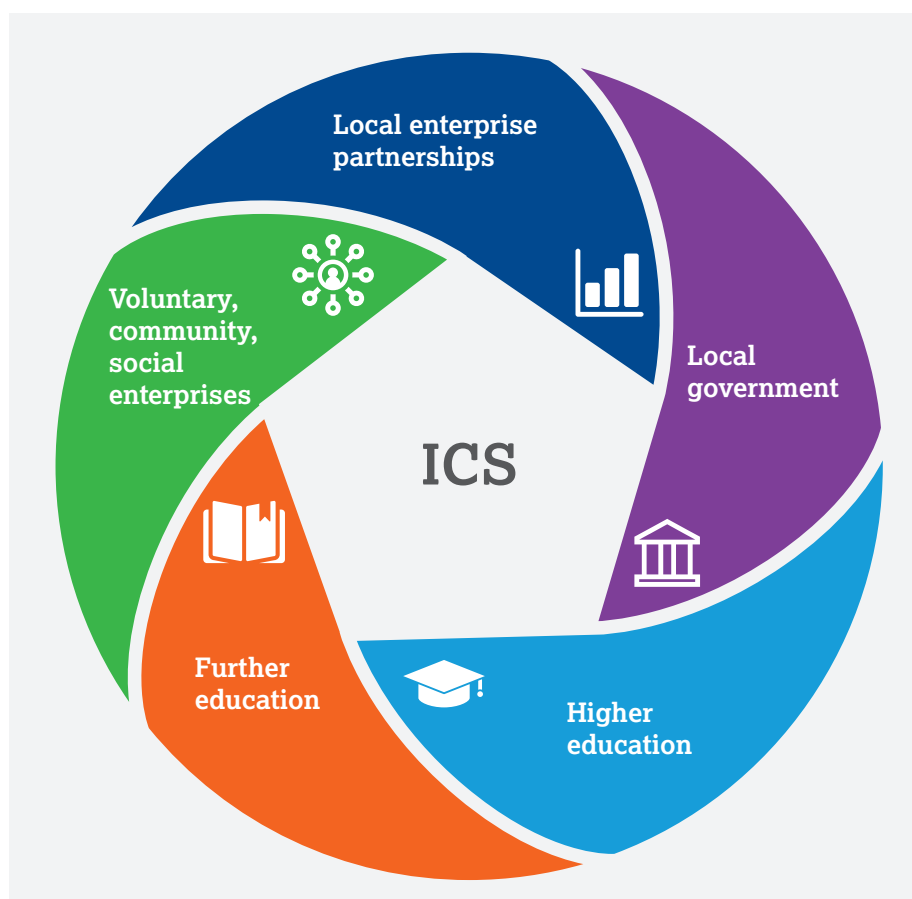
It is vital that we, as a sector, seek to address these concerns at both a national and an ICS leadership level.

We recommend ICSs undertake the following actions to increase their ability to influence labour market development:

- Develop a common skills narrative and associated set of behaviours embedded across an ICS to support better partnership working.
- Establish a dedicated ICS-level resource and provide clarity of customer entry point for partners.
- Co-develop a transparent set of ICS-level local metric/service level agreements with training providers to drive and measure new strategic relationships.
- Prioritise intelligent ICS-wide approaches to population health management that develop more sophisticated and dynamic projections for the skills needed over time.
- Seek ICS representation on critical local skills boards, such as skills advisory panels, in an attempt to gain greater influence and understanding of external strategies.

The partnerships that will determine the future workforce

We believe all ICSs should seek to engage the following partners in new strategic relationships:



Local enterprise partnerships (LEPs)

In many parts of England, the 38 LEPs are the organisations charged with overseeing the development of the local economy. All LEPs have the primary aim of creating local jobs and enabling a skilled and competitive workforce across their area. To achieve this, they have a range of increasingly important powers and tools, including the leadership of skills advisory panels and direction of associated funding, such as European Structural and Investment Funds and its expected replacement, the UK Shared Prosperity Fund. A current priority for LEPs is to develop a local industrial strategy for their economic area, setting out the strengths and weaknesses of that particular economy, including skills needs, and the chosen priorities for investment. These strategies will therefore help define the medium to long-term nature and focus of the local labour market.

“The job of Dorset LEP’s skills advisory panel and board is to bring both employers and education and training partners together to provide the collective leadership and a strategic steer in order to improve skills and employment opportunities across Dorset. Working closely with health and care sector leaders is critical to fully understanding their strategic needs and focus and where we best help deliver our combined future Dorset workforce.”

Lorna Carver, Director, Dorset Local Enterprise Partnership

Local government (including local and combined authorities and metro mayors)

As well as holding responsibility for the planning and provision of social care, local government has a key statutory role in local education, and provides an important local link to national government departments and agencies such as the Department for Work and Pensions and JobCentre+. It is an important place partner for the NHS more generally. The emergence of combined authorities gives another dimension to the traditional role of local government, with strategies for skills development now being developed across a much wider scale and with far greater direct relevance to local economic priorities. Skills has featured strongly in every devolution deal signed to date and is a priority for the new metro mayors, many of which are drawing down funding and resources to develop local standards for ‘good work’ in association with local partners, and focusing on sector-specific skills strategies.

Higher education

Universities have long been an essential part of the health and care workforce, both in terms of clinical roles and the range of managerial positions. The university sector is currently undergoing regulatory reforms with new entrants into the market expected and incumbents facing an expected funding squeeze as the financing of higher and further education is rebalanced. These sector challenges are exacerbated by Brexit and demographic changes, recognising the need for universities to become more active in their local place – diversifying their work, establishing new civic partnerships and using Widening Participation schemes to attract a balanced mix of both local and international students.

Further education

Unlike with higher education, the links between the health and care sector and local colleges have not traditionally been a national priority. This is despite the 176 further education (FE) and 62 sixth form colleges in the UK currently educating over 2.2 million people, many in health and care-related subjects. This includes 1.4 million adults, with the average age of a FE student now 29. With the government's focus on developing a technical education system to rival the higher education offer and a recently commissioned review of further education underway, the role of FE colleges will become more important than ever. In many ways colleges are the main gateway to the local labour market.

Voluntary, community and social enterprises (VCSE)

The breadth, knowledge and links that the VCSE sector bring are particularly important to the local skills agenda. They should be a vital local partner in shaping the future health and care skills needs of our workforce, but also in determining the information, evidence and support ICSs require locally to develop more coherent policy around linked and important issues such as diversity, housing and inclusive growth. The VCSE sector will also encompass organisations fulfilling various targeted employment support and wrap-around services vital to upskilling and enabling the local workforce, as well as representative groups for both citizens and staff.

The NHS Confederation is working closely with these sectors to understand the principles that should govern the nature and scope of our future relationships.

What partnerships look like in practice

Case study: The wider role of North West London STP in employment and skills

The North West London Health and Care Partnership (HCP) supports a population of over 2 million people across seven west London boroughs. Care is provided by ten trusts, over 400 general practices and a similar number of care and nursing homes. Since 2014, north west London trusts, supported by Health Education England, have been collaborating to up-skill support workers through a range of interventions.

This ranges from a common approach to designing the Care Certificate, to a system-wide approach to maternity support worker development (including common job descriptions across the area's six maternity services), and providing supported employment opportunities for young people with special education needs and disabilities (SEND). Over 100 young people a year access a range of employability programmes such as internships and work experience, with over 80 per cent obtaining jobs.

For the last two years, the HCP has been working more closely with its west-London councils in respect of employment and skills. This has been driven, in part, by a recognition that to help address workforce challenges; more local residents need to be recruited, retained and

developed by care employers. It has also been spurred by a wish to see the NHS workforce better reflecting London's rich diversity and contribute to inclusive growth. As the biggest single employer locally, health and care has a major part to play in, for instance, helping reduce the disability/employment gap. Local population health is shaped by a range of factors that include access to rewarding work.

The HCP is a member of the West London Alliance's* (WLA) Employment and Skills Board, providing an opportunity to shape the local industrial strategy. Partnership working has further allowed access to expertise, resource and capacity. For example, the programme to grow employment opportunities for SEND young people is led by the WLA and borough leads, who work with and across employers and other agencies. A similar approach is taken to assist adults furthest from the labour market into work, for example adults with autism.

Other examples of collaborative employment and skills work undertaken by the STP in partnership with West London Councils include the following:

continued overleaf

- Working with local further education colleges to ensure a common approach towards young people completing vocational health and care qualifications, including links with individual trusts, surgeries and care homes.
- Improving employers' access to Adult Education Budget funding, including for functional skills.
- Exploring the opportunity for employment leads in councils, working with job centres, to create job brokerage for entry-level roles, potentially saving the NHS time in recruitment.
- Partnership with the Careers and Enterprise Company (CEC), funded by the Mayor of London, to improve engagement with schools in order to raise awareness of health and care careers. The CEC provides connection with schools but also practical support for those delivering careers information, advice and guidance.
- Gathering local labour market data to shape workforce planning.
- Working with other West London employers including Heathrow and The Royal Society of Arts to create transferrable, quality assured digital badges for learning that is not qualifications based. An example is badging of trust study days for support workers and the Care Certificate.

Working collaboratively in north west London has allowed greater engagement with local labour markets, helped share workforce challenges, built strong partnerships particularly with local councils and allowed a greater contribution to economic growth. This has improved workforce planning and deployment, not just in respect of supply but also upskilling existing staff.

*The WLA is a collaboration of the West London Councils and a sub-region of the GLA.

Case study: The Leeds Health and Care Academy

Leeds has taken a ground-breaking approach to tackling the city's workforce challenges and building 'one Leeds workforce' across its 57,000 health and care staff. The academy is a collaboration of the city's NHS organisations, Leeds City Council and three universities. It is believed to be the first of its kind so far in England. Each of the partners plays a key role in the academy's work to support Leeds' bold ambition – to be the best city for health and wellbeing.

Launched in 2019, the academy aims to be the primary delivery arm for the city's strategic workforce priorities. A partnership in the truest sense of the word, strategic and delivery leads are drawn from across the partners, supporting city-wide work programmes that focus on:

- improving working lives – supporting the health and care workforce in their day-to-day work
- improving working partnerships – developing productive and professional partnerships at place, system, region and national level
- improving systems working – working across systems and systems leadership

- improving employment – attracting, recruiting and retaining current and future workforce.

Early achievements have included attracting and recruiting new i-care ambassadors, working to encourage residents to join the health and care workforce and focusing on deprived communities, and a joint careers and recruitment event with hundreds of vacancies promoted and support provided to apply for roles.

With the support of local workforce action board funds, the academy is launching a women's development programme aimed at supporting women from black and minority ethnics background in non-managerial roles, sponsored by the collaboration of women's networks across Leeds. The new collaboration of mental health networks across Leeds have invested in mental health first aid awareness and training as part of the prevention and improvement work together.

The academy, a project of the Leeds Academic Health Partnership, was showcased to an international audience in Washington earlier this year.

Find out more at <https://leedshealthandcareacademy.org>

Case study: The critical role of further education in widening participation

Former East Durham College student and call centre worker Natasha King is still pinching herself after starting a five-year course studying medicine at Durham University.

Natasha, 27, from Peterlee, studied at the Peterlee-based college back in 2011/2012 on the one-year access to higher education course while working in a local call centre.

Following her successful completion of the college course, with distinction grades, Natasha managed to secure a place at Durham University in 2012/13 to study on their one-year medicine with foundation course, which provides a preparation year for non-traditional students entering medicine.

Natasha is one of only six foundation students to go on and win a coveted place to study medicine on the five year MBBS Medical programme at the Russell Group university's Queen's Campus at Stockton-on-Tees.

Natasha said: "I can't believe I am now a fully fledged medical student at Durham University, I keep pinching myself to check it's not a dream."

Single mum Natasha had originally enrolled on the access course at East Durham College with a view to becoming a midwife. However, a number of her college lecturers encouraged her to aim higher and follow a career in medicine. Natasha plans on completing the five-year medical degree plus a further two years as a junior doctor after which she hopes to specialise as a general practitioner.

The popular access to higher education programme is specially designed for mature students, aged 19+, who are seeking to get back into education and go on to university.

"Further education colleges like East Durham drive social mobility and local prosperity by providing high-quality, relevant pathways to higher education across a range of disciplines. Working closely with labour market intelligence, we ensure our curriculum offer meets local skills needs and we have had huge success in supporting local students in achieving their ambitions."

Suzanne Duncan, Chief Executive and Principal, East Durham College

Source: East Durham College
www.eastdurham.ac.uk/former_student_to_study_medicine_at_durham_university

Case study: The role of population health management in improving the quality and level of employment available to the population

The Blackpool team used data on health and housing to find Barbara. She lived in a one-bedroom flat, in a house of multiple-occupancy in Blackpool town centre. Barbara lived in poor quality housing, suffered from depression, was unemployed and recently experienced a bereavement. She was in rent arrears and turned to alcohol to help her relax.

The primary care network arranged for a health and wellbeing worker to visit her. During the visit, the health and wellbeing worker identified severe risks in the quality of Barbara's building and was concerned for her welfare and safety. The worker supported Barbara to call her letting agent and strengthen the locks on the door to help her feel safer.

The worker now visits Barbara regularly, building up a picture of her health and social needs. She was referred to a local charity to support her with her bereavement. Other support around her housing was provided by organisations in the Blackpool area, and she found support for finding employment and building her skills and confidence.

Barbara's patient activation rose from a level 2 to a level 4 during this time, demonstrating how confidence in managing her health changed with this social support. She is eating healthier and drinking more water and she looks to alternatives to alcohol for socialising.

Find out more at <https://future.nhs.uk/connect.ti/populationhealth/view?objectID=15794704>
(sign-up required)

Case study: Data-driven recruitment at the University of Northampton

The University of Northampton uses both its own longitudinal data and that of other organisations to inform country-based recruitment strategies. These strategies translate into locally targeted campaigns that are both digital and 'out of house'. These in turn are measured and used to inform future campaigns and activities.

Using a combination of data and an understanding of socio-economic push and pull factors, campaigns are often exceptionally localised and result in strong brand awareness. This brand awareness is then augmented by in-country activities such as seminars, interviews and the use of city-based local representatives.

Key to forming top-level data is an understanding of capacity within an overseas higher education sector and

how this translates into choices made to study elsewhere. The number of local institutions perceived as being of high enough quality and student career aspirations are critical in knowing where we should work.

In the Indian city of Hyderabad, for example, while overall capacity of higher education is good, the perceived levels of quality are mixed. Student and parent aspirations act as a strong push factor for students to study overseas. Taking high levels of demand as a base, the University is able to target its recruitment based on data known about popular courses, affordability and interest in the UK as a study destination.

Find out more at www.northampton.ac.uk/international

Driving the local labour market: what matters

Local labour markets are diverse and complex. For employers to truly influence their future workforce, there is a need to understand the critical factors driving local decision making, behaviour and developments.

The infographic on pages 28 and 29 attempts to highlight some of the funding, policy and areas of persuasion that integrated care systems should consider when developing their people, workforce and skills strategies. This is not intended to be exhaustive but acts as the starting point for local discussions with the core partners identified in this guidance. The infographic will be updated over time and available at www.nhsconfed.org/localworkforce

Spotlight: Inclusive growth and employment

The concept of inclusive growth reflects the need to enable more people and places to benefit from the proceeds of economic growth. The increasing focus of economists on inclusive growth, and the associated links between health inequalities and wealth inequalities, presents an opportunity to align the emerging population health work of ICSs with a more economic context for mutual local benefit. Not only do the social determinants of health impact on public service demand, they stubbornly hold back local economies from developing.

Many of the critical factors in addressing inclusive growth are employment related. This includes actions focused on: tackling the rise of in-work poverty, engaging those locked out of the labour market, addressing youth unemployment, the mental and physical barriers to work, targeting low-pay sectors, supporting in-work progression and defining 'good work'.

Developing strategies for inclusive growth at ICS level is not only an effective way of developing a greater future supply of local workforce, it also addresses the demand for health and care services.

The [RSA Inclusive Growth Commission](#) reported in 2017 on the nature, challenge and priorities for making local economies more economically inclusive and prosperous.

Spotlight: Skills advisory panels

Skills advisory panels (SAPs), a concept first announced in the industrial strategy in November 2017, are seen as a critical step towards enabling mayoral combined authorities (MCAs) and local enterprise partnerships (LEPs) to provide the strategic local leadership necessary in this important area. Seven local areas have been piloting SAPs, with the government announcing in December 2018 that the policy is being expanded across England in 2019.

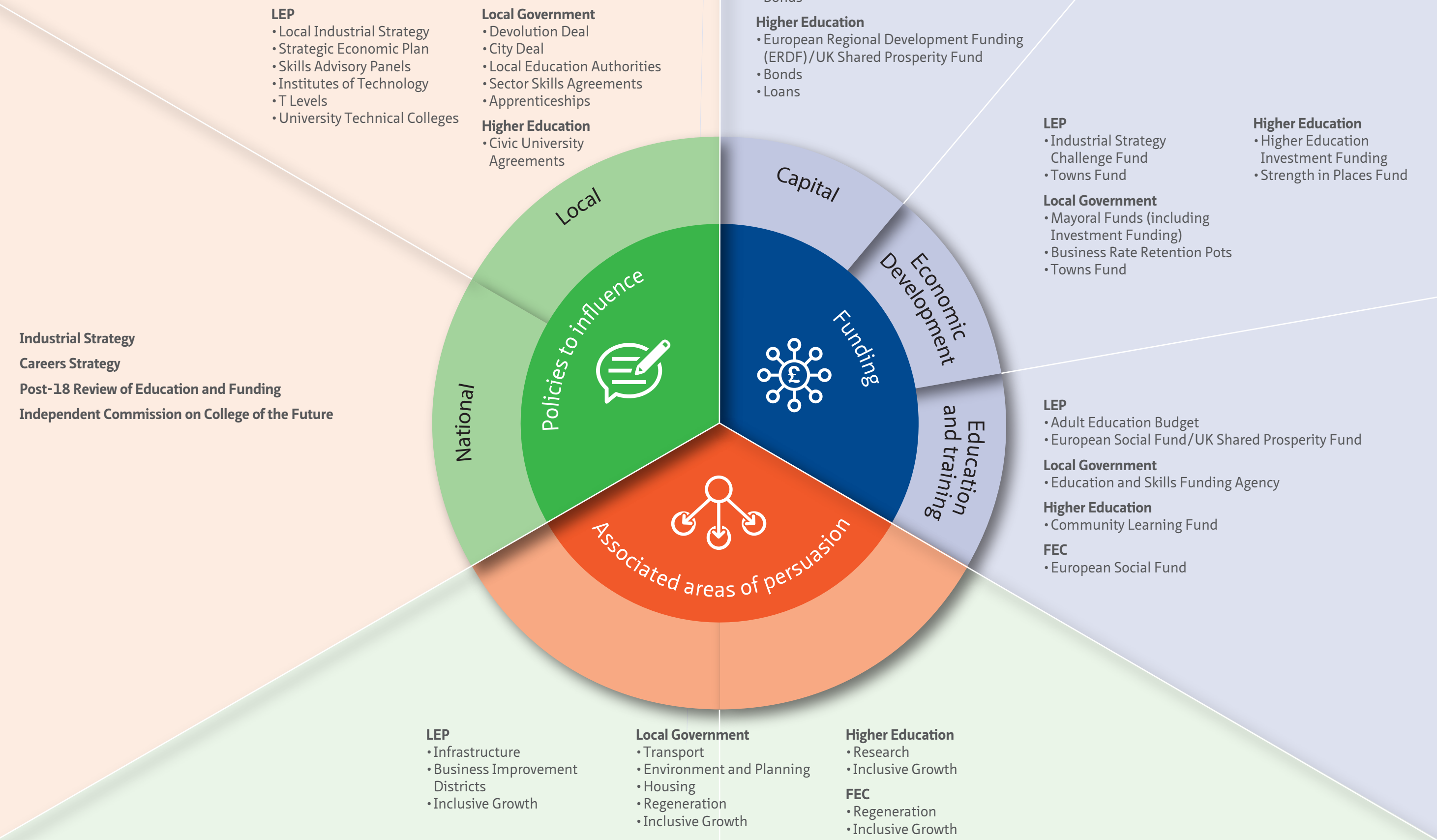
Every LEP or MCA area in England is in the process of developing a local industrial strategy, which will outline the long-term focus and needs of that particular local economy. Advancing a local skills system which provides for a more productive economy will be a critical part of every local industrial strategy and the skills advisory panels are expected determine the required analysis needed to fully inform their development.

The key responsibilities of a skills advisory panel:

- provide strong leadership on skills in the local area, engaging with employers and providers and providing skills advice to the accountable board of the local enterprise partnership (LEP) or mayoral combined authorities (MCA)
- develop a clear understanding of current and future local skills needs and local labour market, and the present skills and employment support provision
- act as coordinator of local skills providers, by:
 - fostering co-operation between providers and actively working to plan how providers will meet identified skills needs
 - encouraging local providers to reflect SAP analysis when planning for T-levels implementation and delivery, and to inform investments across the provider base to prepare for their roll-out.
- work closely with careers advisory services to ensure potential learners are informed about career routes within a local area and that all careers information and guidance is informed by up-to-date local labour market information
- raise the profile of apprenticeships with local employers and providers
- advise where skills and labour market resource should be directed to support local employers and residents
- inform the 'people' part of the local industrial strategy
- share analysis and best practice with central government and other SAPs to inform best practice and tackle wider skills challenges.

Source: NHS Confederation (2018), *Skills advisory panels*

The funding, policy and areas of persuasion that drive the local labour market



Priority areas for local partnership working

To support and embed the level of autonomy an ICS needs to operate as an intelligent customer in its local labour market requires taking responsibility for its workforce needs and development and working closely with the range of external partners.

The NHS Confederation has identified the following key workforce areas that we believe should be co-developed with strategic partners across every ICS in England, in suggested order of priority.

Harmonising labour market information (LMI) and data

As local labour markets evolve, we are seeing an increasing importance placed on LMI as a central tool with which to analyse, understand and harness local skills pipelines. The critical challenge for an ICS is to develop and use health and care-specific LMI that is bought into, accurate, real-time and aligned with the data metrics and tools used by the local non-NHS audience. This could be developed, for example, through better aligning information about the workforce and wider labour market with population health management modelling. This should also be reflective of local, future demographics to enable better planning, with data freely shared and used. There is a clear opportunity and need to align with the analytical capabilities of the mayoral combined authorities (MCAs) or local enterprise partnerships (LEPs), who are responsible for local skills advisory panels.

System deployment and training

Population need and local inequalities should be the defining measures that determine both the development and deployment of a workforce across an ICS. In practice, as with the apprenticeship levy and the desire to spend it, the opposite often happens. An ICS should prioritise the development of its local workforce to primarily address their health inequalities and need, with discussions with local training partners and approaches to Grow Your Own subsequently co-developed and organised to enable this.

Place-based leadership

There should be an early understanding and expectation that external local partners are brought into ICS strategic planning decisions at the appropriate level (such as local workforce action boards) and, conversely, that routine ICS leadership development includes seeking positions of influence on external boards such as those of our training partners and importantly LEPs. This place-based leadership focus should also involve opportunities to develop joint programmes, a greater emphasis on 'place campaigning', and shared approaches to value-based leadership and recruitment that truly plugs into the strengths of a given place, including the local social, business and wider sector offering.

Shared workforces

Given the complexity of labour markets and mix of local sectors, there are clear opportunities to work with other industries locally in the development of innovative 'shared workforces'. These shared workforces will be particularly important as Brexit and the onset of technologies and AI change the nature and focus of local industrial bases, supply chains and skills priorities. Obvious areas for this type of development could, for example, include engineering and coding services. LEPs and MCAs will be important partners in enabling discussions across sectors.

Data-driven, ethical international recruitment

While Grow Your Own should be a clear local priority for ICSs, international recruitment will still be a necessity for much of the period covered by the NHS Long Term Plan. This should be led ethically, but also in a more intelligent manner. The University of Northampton, for example, has longitudinal data available to inform discussions on what countries are likely, and not likely, to yield successful recruitment. This is essential in helping an ICS understand

where to target recruitment and the relevance for that particular labour market, but also in deciding what training needs are most associated with recruitment from certain countries, for example, with extra English language courses.

Informed skills development

The NHS in particular has often been a passive voice in the career pipelines of its staff. Building a workforce of the future requires the thorough sector-led, local development of future skills-sets and associated curricula, in conjunction with the range of local education and training partners. This would be underpinned by the co-design of new local system measures and payment mechanisms for education and training, in the same way that other sectors have established direct local contractual partnerships with providers. In particular, ICSs need to link much more coherently into the development of the future technical education system, including the role of T Levels. Colleges will be a critical player in this.

Careers advice

The government published a national strategy for careers advice in December 2017, highlighting the need for a much stronger focus in schools, establishing a range of career hubs across England, and strengthening the role of the careers enterprise company (CEC). While the NHS has prioritised its own approach to careers advice, its engagement in the wider landscape, and partners such as the CEC, are critical, given this has broad government, employer and training provider support. A renewed local focus on careers advice would also bring the health and care employers across an ICS into more sustained and direct interaction with schools, reflecting the need to talk about skills, passion and needs, rather than simply roles.

“Within the Humber, we are immensely proud of our health partnerships and our engagement to ensure that we are well placed to provide workforce solutions as well as the next generation of healthcare workers in the area.

“The strength of our local partnerships in responding to our workforce is integral to this success. It is essential that we are flexible and responsive to emerging skills needs – and this can only be achieved through understanding employer requirements. We are working with a number of providers to address solutions from adult social care through to nursing, physiotherapy and paramedic.

“Work with key health leaders and employers, local authorities and Humber LEP is about a collective commitment from our local partners to ensure an integrated approach – with shared resources and infrastructure, workforce needs are embedded within our curriculum

development activities as well as the local industrial strategy to boost further productivity and attract talent to the region. The University of Hull will continue to invest in developing new career pathways with new apprenticeships and routes to facilitate entry in to health and social care professions.”

Professor Julie Jomeen, Dean of Health Sciences, University of Hull

Good work standards

The Taylor Review into modern working practices, published in July 2017, focused on the concept of ‘good work’. This review had the underpinning principle that all work in the UK economy should be ‘fair and decent with realistic scope for development and fulfilment’ and recognised the importance of this to emerging challenges around reduced earning power, poor health and wellbeing, low productivity and the on-set of new technologies. Economic leaders, employers, and training providers will be currently advancing local strategies focused on how to develop sustainable principles for Good Work that cut across the various sectors making up their local labour markets. As the biggest local employer and a key public sector voice it is important that ICSs provide leadership on this issue locally.

Targeted alternative workforce engagement and supply

With the vast majority of local labour markets nearing capacity, focus is increasingly being placed on those for whom physical and mental ill health prevents sustained employment. The health and care sector has a clear dual benefit from assisting these under-represented groups into employment and should be heavily involved in shaping discrete local plans around supporting disadvantaged people into work, for example SEND young people, ex-offenders, care leavers, carers, or adults with learning disabilities. Such activities will closely correlate with the priorities for local government, LEPs, the VCSE sector and training providers.

Pooled solutions and holistic influencing

The apprenticeship levy is a high-profile example of government policy that is causing difficulty across not only the health and care sector but for many of our local colleagues. While it is important that ICSs retain their ability to seek assistance from the Department of Health and Social Care on policy

development, our direct links to other government departments are limited and can only be magnified by local partnership-working.

We also believe that more strategic local relations can unlock difficult conversations. Placements are an example of a critical local issue on which a joint ICS-higher education case needs to be made to bring flexibility to national regulations. Lastly, it is important we learn from how other sectors have worked with their local partners to address workforce challenges inherent in large-scale redevelopments and regeneration.

Spotlight: The Mayor of London's Good Work Standard

The Mayor of London's **Good Work Standard** brings together best employment practice and links to resources and support from across London to help employers improve their organisations. The initiative has been developed in collaboration with London's employers, professional bodies and experts.

The standard sets the benchmark the Mayor wants every London employer to work towards and achieve. Organisations able to meet the criteria can apply for accreditation and recognition as leading employers from the Mayor.

The Good Work Standard provides employers with a set of best employment practices alongside information and resources to help achieve them. They are organised into four key areas, known as pillars, that are relevant and important to any organisation and employer:

- fair pay and conditions

- workplace wellbeing
- skills and progression
- diversity and recruitment

The Good Work Standard accreditation will be awarded to employers who can demonstrate that they have implemented a sufficient range of requirements in order to reach the benchmark.

An employer's commitment to an existing workplace accreditation programme gives them a 'head start' in achieving the Good Work Standard, and vice-versa. Examples of helpful existing workplace accreditations include the London Living Wage and the London Healthy Workplace Award.

The Good Work Standard team is working with other workplace accreditation providers so employers can use further existing accreditation to demonstrate how they meet the benchmark criteria.

Spotlight: The Future-Ready Skills Commission

The Future-Ready Skills Commission is an independent Commission made up of experts and leading thinkers from business, education, local government and think tanks. The Commission is chaired by Cllr Susan Hinchcliffe, chair of the West Yorkshire Combined Authority and leader of Bradford Council. It is supported by the West Yorkshire Combined Authority.

Launched in January 2019, the commission will explore how greater devolution can create a skills system that responds to the need of local economies and is focused on post-16 education through to adult skills and career development. The final commission report is expected in May 2020.

FUTURE-READY SKILLS COMMISSION

Our aim
To develop a blueprint for a devolved education and skills system so that it better meets the needs of individuals, businesses and the economy

The challenge

- Employers face skills shortages, yet many workers are over-qualified for the jobs they do
- Funding of education and training locally, and the availability of courses, doesn't match economic need
- Sharp decline in businesses investing in, and adults accessing, skills and training
- Too few people are aware of career opportunities and routes to accessing careers information

A blueprint for a devolved skills system

Our focus

- Improving **technical education and training** so people get the skills they need for high quality employment and to meet the needs of businesses
- Enhancing **workforce skills** by creating the conditions for adults to invest in skills that meet the labour market need and employers to invest in skills for business success
- Guaranteeing access to quality **careers information and inspiration** to enable better informed choices, ensuring that young people are ready for work and adults can develop their careers

The opportunity of devolution
Our commission is particularly interested in how devolution can enable local areas to make decisions, armed with the knowledge of how the skills system will work best for them.
It will mean:

- A skills system that responds to the needs and priorities of local regions aligned to a Local Industrial Strategy that drives economic growth.
- Greater flexibility and local accountability of the system to encourage better partnership working.
- Better value for money – funding is distributed and managed locally and assigned to areas where it has the greatest impact.

The prize
A future-ready skills system where:

- Everyone - from learners to those in-work - can access high quality education and training, and are supported to achieve their personal ambitions.
- Employers of all sizes including the self-employed are able to access a skilled workforce and can continue to invest in training.
- Educational institutions are financially secure and are able to support learners' aspirations.
- The labour market is flexible and dynamic, the right skills are available and people have access to quality jobs.

Find out more at <http://futurereadyskillscommission.com>

Conclusion

The nature and form of local labour markets may be changing but the significance of the health and care sector remains. Not only is it the largest employer in every local economic area in England, it is also often the highest growth sector for jobs based on future demand.

Developing a workforce of this size, scale and complexity would present a challenge in any given circumstances. Attempting to do this across England as labour markets are at their most competitive, economies at their most imbalanced and decision makers at their most uncertain is unprecedented.

The NHS Confederation believes the NHS People Plan is an important statement of intent for the health and care sector to develop the workforce it needs to deliver the NHS Long Term Plan. However, the sector cannot in our view determine a workforce either nationally or by itself. It will require a much greater understanding of the context in which it is operating, new strategic partnerships with a range of bodies and an increased sense of responsibility to proactively shape and influence decision-making at the level that matters. In short, it must become an intelligent customer in the local labour market.

While the role of an ICS may have been established to lead system reform across health and care economies, our partners see a much greater potential. We agree with them. At the heart of place-based leadership is a vision of the kind of place we wish to build. In workforce terms, for example, it is not sufficient to simply consider numbers of people, or even the necessary skills. The way we, with our local partners, plan for future demand should include assumptions about the kind of labour market we want: a happy one, a diverse one, a productive and prosperous one.

Growing our own: a manifesto for defining the role of integrated care systems in workforce, people and skills set out the powers and responsibilities we felt ICSs should be given to help determine their potential. This guidance is intended to help an ICS develop its capability and capacity to realise this potential. We recommend they are read together by both national and local leaders to bring about the change necessary to best enable the health and care sector to deliver on its potential.

Further information

The NHS Confederation is already delivering on this report on the ground, supporting ICS leaders to establish and benefit from the partnerships that we believe matter. To discuss this in more detail please contact our head of health economic partnerships: michael.wood@nhsconfed.org

Health Economic Partnerships

The NHS Confederation is the only national body directly helping the health sector to engage with the devolution and local growth agenda – building partnerships with local economic leaders which drive lasting improvements in public services for our local communities. The Health Economic Partnerships work programme focuses on the many policy areas which connect health and wealth locally; including skills, innovation, population health, estates, and finance. We combine national leadership with tailored local services. Find out more at www.nhsconfed.org/localgrowth

Who to contact – your regional lead

Our regional leads are on hand to support ICSs and STPs across the different regions in England. They provide access to learning and good practice, support relationships and leadership development, and create opportunities to influence national policy and thinking. They also provide a stronger and more direct link between members and the NHS Confederation, acting as a conduit to transmit messages and concerns to national bodies.



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London and East

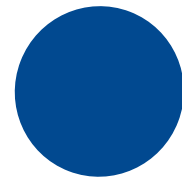
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- NHS European office update
- Mental Health Network update
- Independent Healthcare Providers Network update
- NHS Clinical Commissioners update
- NHS Brexit bulletin
- NHS Confederation chief executive's blog

Visit us at www.nhsconfed.org/ICSNetwork

Contact your regional lead – see [page 41](#) for details

Blog with us on NHS Voices – visit www.nhsconfed.org/blog

Showcase a case study of innovative work – visit www.nhsconfed.org/resources



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