

TITLE OF REPORT: Case Study – Health and Social Care Workforce**REPORT OF: Caroline O'Neill, Strategic Director, Care Wellbeing & Learning**

Summary

The purpose of this report is to advise OSC of some of the regional and local issues in respect of the Health and Social Care Workforce (many of which reflect the national workforce picture), and to advise OSC of some of the initiatives that are being implemented, to address workforce recruitment and retention issues.

The OSC is asked to consider the issues raised, the new approaches being developed and the recommendations of the report.

Background

1. The national picture in respect of the health and social care workforce has been raised in profile over recent years and months, particularly in respect of issues which have attracted national media attention, such as winter pressures in the NHS & A&E waiting times, and the collapse of some care sector businesses & some providers “handing back” social care contracts to Local Authorities.
2. Members of OSC are well sighted on some of the specific issues we have faced in Gateshead, in respect of GP recruitment and retention (leading to some surgery closures); challenges in recruiting to specialist medical functions (such as the stroke pathway); and issues of recruitment and retention within the social care provider market. This report (and the accompanying presentation), seeks to set some further context to the issues, and also to outline some of the innovative approaches we are developing in Gateshead and with our regional partners.

3. The Workforce in the context of the Gateshead/Newcastle population

3.1 Population Demographics (total population estimate 498,070)

See Appendix 1

3.2 Workforce Demographics; NHS Primary Care (total workforce estimate 996)

See Appendix 2

3.3 Workforce Demographics; NHS Secondary Care (total workforce estimate 17,719)

See Appendix 3

3.4 Social Care Workforce Demographics (total workforce estimate 17,600)

- 81% Female, 19% Male
- Average Age: 44 (all job roles, both genders)
- Retirement Profile: 25% (aged 55+)
- Current data set (NMDS-SC) is limited in terms of reliable data for private/voluntary sectors and carer registration

3.5 Current combined state

- NHS Combined Workforce: 18,715 (estimate)
- 30% retirement profile
- Social Care Workforce: 17,600 (estimate)
- 25% retirement profile
- Total Population: 498,070
- 20% retired (65+)

4 Increasing Older Population/decreasing workforce

4.1 The current service delivery models are struggling to meet the demographic challenge of people living longer, often with complex co-morbidities, and the increasing demands on the health and social care system.

4.2 Our workforce is currently encompasses four generations - Baby Boomers and Generations X, Y and Z all of whom have differing expectations of their working life. 4.3 As the slides and data above demonstrate, as well as the well documented current workforce issues within health and social care, there are some particular “pinch points” in respect of the age profile of the workforce, which mean that if appropriate action is not taken now, the system will be facing even greater pressures, especially in relation to retirement projections across both the health and social care.

- 4.3 These factors, coupled with the projections in terms of the aging population, mean that as a system we need to think differently in terms of how we address the problem, and find shared solutions.

5 System Pressures

- 5.1 It is recognised nationally that we are experiencing a **multi-factorial workforce crisis**, caused by challenges in recruitment, retention, lack of specialist skills, affordability, and a preference for shorter worktime commitments. There are a number of factors which create additional pressures within the workforce system. Within social care for example, we know that the role of home care worker is not necessarily an attractive one.
- 5.2 In Cumbria and the North East, Health Education England, Foundation Trusts, CCGs and Local Authority social care are working hard to tackle these issues, but much of our current workforce planning is uncoordinated and based around professional siloes.
- 5.3 Workforce development funding has reduced significantly, with central funding allocated non-recurrently and to various agencies resulting in an uncoordinated and patchwork approach to investment. There has also been impact as a result of some national decisions, such as the end of nursing bursaries. In February 2017, the Royal College of Nursing reported a 23% reduction in applications for Nursing Degrees, which they associated with the decision to scrap the bursary.
- 5.4 In May 2017 the Kings Fund analysed the potential impact of Brexit on the Health and Social Care workforce nationally. Approximately 60,000 of the 1.2 million NHS workforce are from other EU countries, including more than 10,000 doctors and more than 20,000 nurses and health visitors (figures exclude those working in Primary Care or contracted out services). In adult social care, 90,000 of the 1.3 million workers employed by local authority and independent sector employers come from elsewhere in the EU. The Kings Fund research identified that the number of EU nationals registering as nurses in the UK had fallen by 96 per cent since the referendum, with just 46 EU nurses registering with the Nursery and Midwifery Council in April 2017. There had also been a fall in the number of EU nationals taking jobs in the social care sector.

6. Our response; showcasing Gateshead initiatives

- 6.1 We have an opportunity through our combined Cumbria and North East system arrangements, to develop a coordinated strategy to meet these challenges, ensuring that we plan our future workforce on a whole systems basis, allowing for greater innovation and new models of care.
- 6.2 The presentation to OSC will set out some of the new approaches we are taking across health and social care, to try and address the short, medium and long term recruitment and retention of health and social care staff. Within these approaches are some key overarching themes, such as:

- A) Understanding barriers to recruitment and retention
- B) Understanding perverse incentives which may adversely impact on positive recruitment and retention
- C) Considering the appropriate skill mix of teams, and upskilling allied professionals to work across traditional boundaries
- D) Developing longer term career pathways and apprenticeship routes
- E) Developing models of reward and investment

7. Future Plans

- 7.1 Clearly the importance of a strong and vibrant health and social care workforce is well recognised within the sector. There are many national (and indeed international) factors which influence the local picture; having a strong regional voice and seeking to influence the national picture is key, alongside the more direct influence we can have within the region and specifically in Gateshead.
- 7.2 In terms of our strategic aims, there are a number of key aims we are seeking to develop locally and regionally:
- Focus on enablement, asset based approaches, and prevention, to address demand for health and social care services
 - Delivery of care within communities and neighbourhoods, streamlining pathways and optimising the use of shared resources
 - Developing career pathways into health and social care for our workforce of the future

8. Recommendations

- 8.1 Overview and Scrutiny Committee is requested to:
- 1) Note the content of the case study
 - 2) Provide views on the issues discussed
 - 3) Advise whether it is satisfied with the approaches taken so far and the future plans outlined.

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