

# health regeneration keypoints

King's Fund

## Working for Health

The NHS as an employer and its role in regeneration

This summary draws on *Working for Health: The NHS as an employer and its role in regeneration*, by Ros Levenson and Teresa Edmans, February 2001, and a public seminar, 'New routes to health through employment', held on 7 February 2001, organised by the King's Fund and the London Regeneration Network.

### Summary

The National Health Service (NHS) is often the largest employer in a locality and finds it difficult to recruit enough staff. There are 22,000 nurse vacancies nationally and more than 6000 in London alone. Staff shortages impact on the quality of health care. 'Solutions' such as employing agency staff and recruiting from overseas are not effective in the longer term.

The NHS should use its influence as a major employer to boost local employment opportunities and, in the process, improve health and the quality of health care provision. In facing up to this strategic challenge, the NHS has much to learn from regeneration initiatives.

The views of the NHS and other sectors collected through recent research<sup>1</sup> and a seminar<sup>2</sup> have informed the arguments set out in this paper. The reasons why the NHS needs to embrace regeneration are followed by examples of what is currently happening. The paper goes on to argue for a more strategic and systematic approach, including clearer guidance from the Government. Ingredients for future success include stronger leadership, mainstream (not 'project') funding and a willingness in the NHS to see itself as part of the local community and to work with new partners.



## Employment and regeneration in the NHS – why it matters

### Health and jobs are linked

People in work enjoy better health than unemployed people. Mortality from all major causes has been found to be consistently higher than average among unemployed men; unemployed women have higher mortality from coronary heart disease and suicide.<sup>3</sup>

### The NHS is a major employer

The NHS employs over 140,000 people in London alone, equivalent to 4250 per borough. It is bigger than any individual company and in most boroughs is one of the largest employers. In addition, the NHS directly employs many people on contracts, e.g. cleaners, builders and caterers. Taking these people into account, the overall NHS employment figure for London is about 225,000, i.e. almost 7000 per borough.<sup>4</sup>

### High vacancies and turnover

In 1998/9, 78 per cent of Trusts had difficulty in recruiting nurses.<sup>5</sup> There are about 22,000 nurse vacancies nationally, with almost a third – more than 6000 – in London. 110,000 nurses may leave the NHS by 2004.<sup>6</sup> At the end of 2000, there were over 10,000 more qualified nurses, midwives and health visitors in the UK than in 1997, partly due to a major programme of overseas recruitment from Spain, the Philippines and elsewhere. However, this approach and the use of agency nursing staff do not provide sustainable solutions.

### Better services, better value

Service delivery is enhanced if posts are filled and a stable workforce can also concentrate on improving the quality of services. Recruiting from the local community is likely to make health care more culturally competent and sensitive to the needs of local people. Permanent posts are likely to lead to a reduction in the costs associated with the use of agency staff.

### Environmental benefits

Local staff will be less reliant on car journeys or long journeys by public transport. Pressures on staff housing may be less of a problem when people can find work nearer to home. Finally, local health care workers are likely to enjoy a better quality of life and to be able to combine work and domestic responsibilities better than if they are working far from home.

## Employment and regeneration in the NHS now

The *NHS Plan*<sup>7</sup> makes many references to changes that require growth in the NHS workforce. This, together with a more patient-centred NHS, provides a top-level imperative for the NHS to address long-standing workforce issues.

However, there is little consistency nationally about the extent to which local NHS organisations see themselves as active players in regenerating their communities, either by employment and training initiatives, or indeed in other ways. The picture is largely one of piecemeal initiatives instigated and driven by committed individuals.

However, across the country there are examples of NHS and social care agencies working together on regeneration schemes, generally aimed at boosting opportunities for training and employment in the health and social care industries. Various parts of the NHS are engaging in regeneration schemes, including hospitals, community nursing, GPs and mental health services. They have harnessed funding from many different sources, including local statutory sector investment, the European Social Fund, the Single Regeneration Budget Programme, New Deal initiatives and the Higher Education Funding Skills Council. They have brought together communities and staff from many different backgrounds.

The examples below, and many others, are described more fully in *Working for Health*.<sup>8</sup>

### Capital projects

The building of new hospitals and clinics, and the refurbishment of old ones, present opportunities for training and using local labour, both in construction and in permanently staffing jobs once the facility is in place. The Strategic Outline Case for new capital developments could be required to demonstrate how the project will contribute to local regeneration.

### Outreach in the community

The NHS needs to get 'out there' more in order to learn, link and work in partnership at a grassroots level. This means linking to existing employment, volunteering and mentoring schemes. It means finding out about existing voluntary sector projects, linking to schools and colleges, facilitating community events, and much more.

### Improving the image of the NHS as employer

The NHS can do more to become a good employer, attractive to diverse communities. Action on different fronts could include a greater emphasis on: equal opportunities in employment; publicising routes into employment and career opportunities; flexible working arrangements; child care provision; and affordable housing for staff.

### Stepping stones

The NHS and partners can establish more stepping stones into employment that would open up more jobs to local people whose qualifications or experience do not match entry level requirements. For example, more young people will want to work in the NHS if it extends nurse cadetship schemes, mentoring, volunteering opportunities and apprenticeships, and develops new junior posts. The NHS and partners could also make service level agreements more flexible to allow the service provider to include stepping stones to training and employment.

### Overcoming discrimination

One way of Trusts tackling racial discrimination would be to block a range of jobs and advertise them together, with Race Relations Act exemptions applying. Applicants could be recruited and trained, and supported as a group, benefiting from peer support.

### Leadership and learning

People who participated in the research and the seminar recognised the tension between a strategic approach and day-to-day, short-term crisis management in many health agencies. They pointed to the need for strong leadership to drive the regeneration agenda forward in the NHS. They also recognised the need to build in learning about regeneration approaches in general and their integration into the NHS in particular.

There was an expectation of clearer direction from government, which would build on the lessons so far (e.g. mainstream rather than project funding) and current expertise in the field. It is expected that the NHS Executive will be working with other government departments to ensure recruitment and retention in the NHS is included in future regeneration programmes.

The **NHS Executive London Regional Office and Health Authorities** have an important leadership and learning role. They can raise awareness within the NHS, share learning and good practice, monitor progress and promote employment opportunities.

**Workforce Development Confederations** could lead strategic thinking and help to develop and engage in cross-sectoral partnership working.

The **King's Fund** can stimulate debate and good practice through networking events and information, and contribute to policy and research. It can also ensure good links on these issues with the London Health Commission.

## 2 key points

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However, there is little consistency nationally about the extent to which local NHS organisations see themselves as active players in regenerating their communities, either by employment and training initiatives, or indeed in other ways. The picture is largely one of piecemeal initiatives instigated and driven by committed individuals.

However, across the country there are examples of NHS and social care agencies working together on regeneration schemes, generally aimed at boosting opportunities for training and employment in the health and social care industries. Various parts of the NHS are engaging in regeneration schemes, including hospitals, community nursing, GPs and mental health services. They have harnessed funding from many different sources, including local statutory sector investment, the European Social Fund, the Single Regeneration Budget Programme, New Deal initiatives and the Higher Education Funding Skills Council. They have brought together communities and staff from many different backgrounds.

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## 3 key points

#### Generic programmes: training and jobs in health and social care

The Newham Health Partnership is in the fourth year of its 'Fit for Work' programme. One of its many projects offers local long-term unemployed people certificated pre-employment training in basic observation and care skills. At the end of the nine-week programme, 75 per cent of participants converted to full-time employment in health and social care within three months.

In Redbridge and Waltham Forest, 'The Health Ladder Scheme' (SRB 5) is adopting a range of approaches to getting more local people into the estimated 700 vacant jobs in the local health care industry. For example, there is a programme to help refugees to qualify to work locally and there is a young people's programme to help them benefit from work experience, volunteering and mentoring opportunities.

#### Mental health

The User Employment Programme in south-west London (based at Springfield Hospital) is increasing access to employment within mental health services for people who have experienced mental health problems. It includes supported employment and work experience programmes.

#### Acute hospitals

Guy's and St Thomas' NHS Trust have employed an Education and Employment Co-ordinator for three years. She co-ordinates areas such as New Deal for Employment, works with schools including mentoring schemes and has facilitated workplace experience for 155 students over three years.

#### Refugees

Many different areas are now running schemes to help refugees into health care jobs. Some are led outside the NHS with greater or lesser participation from the NHS. Others are led by the NHS. They enable people qualified overseas as doctors, nurses and in other health professions to convert their qualifications so that they are able to practice in the UK. Support includes conversion training, English language support, work placements, and help in writing CVs and going for job interviews. Camden and Islington, and Kensington, Chelsea and Westminster, are just two of the health authorities leading such initiatives.

#### Young people

Bradford Health Authority is leading partnership working to bring health and education together to boost recruitment and retention in the NHS, particularly amongst minority ethnic communities, and to involve and develop NHS staff. The local Trust and the University of Bradford's School of Health Studies works with a girls' school whose students are 97.5 per cent of Asian origin. They offer targeted training in preparation for nursing, radiography and midwifery. The preparation schemes run for 11 weeks (two hours a week) and include placements that give students a 'buddy' health professional for support.

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### Cultural change – health as well as health care

The NHS is still ambiguous about its role in tackling inequalities in health and social inclusion. Some chief executives see work in these areas as marginal rather than integral to a health organisation's role. The NHS needs to be more open and see itself as part of the community.

### Integrated and sustainable funding

Without a move away from short-term project funding, it will remain difficult to make sustainable progress. The new Workforce Development Confederations will help by bringing together funding streams for both medical and non-medical education and training at a local level.

Integration can also be achieved through making better use of existing funding, for example the health service pooling budgets with the Employment Service or the Learning and Skills Councils. Sometimes existing staff can be linked across regeneration programmes and services.

### Creative solutions through partnership working

The health sector should work in partnership with diverse organisations to develop innovative ways of enabling local people to access employment. It needs to be more proactive and outward looking, valuing the contribution of voluntary organisations, local government and the private sector. This will be challenging. There may be suspicion about whether health agencies are genuinely open to new ways of working, or whether they remain pre-occupied with their old functions and are simply seeking back-door additions to core funding. Regeneration funding can unleash huge expectations about extra funding amongst community groups and voluntary organisations. It will take time for trust to develop.

### Work across the health economy

Regeneration schemes have frequently centred on a single Trust or a small area, with little sharing of lessons learned. Attempts by health agencies to participate in regeneration programmes are often undermined by a failure to work across boundaries, both within and between organisations. The small scale of employment vacancies in some fields makes co-operation essential. For example, there may regularly be many jobs within a single education consortium/confederation area, but only a few within a particular Health Care Trust. If these vacancies were considered as a whole, a bid could be marketed to regeneration agencies.

### A strategic approach for the future

The research and discussions led by the King's Fund confirm that the time is ripe for a systematic strategy for improving employment in the NHS through diverse regeneration measures. The following factors were seen as critical to its future success:

### Leadership: nationally and locally

There is a need for clarity from central government about what has to be done within the NHS to support regeneration and how it might be incorporated in business plans and performance targets. The most successful initiatives have had active support from chief executives and NHS boards. There are examples of middle managers blocking new ways of working because they are not clear about the opportunities offered by them.



## 5 key points

### **Capital projects**

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## 6 key points

1 Levenson R, Edmans T. *Working for health: the NHS as an employer and its role in regeneration*. London: King's Fund, 2001.

2 King's Fund & London Regeneration Network Seminar: 'New routes to health through employment'. 7 Feb 2001. Attended by 70 participants, including Health Authorities, NHS Trusts, Primary Care Groups, Health Action Zones, NHS Education Consortia, Local Authorities, Regeneration Bodies, Voluntary Organisations, NHS Executive London, the London Health Commission, the Government Office for London and the Department of Health.

3 Department of Health. *Saving lives – our healthier nation*. Cm 4386. London: The Stationery Office, 1999.

4 Imperial College, LSE and NHS Executive, London. *Capital asset – London's healthy contribution to jobs and services*. London: NHS Executive, 2000.

5 NHS Confederation. *Evidence to Pay Review Body 1998/9*. London: NHS Executive, 1999.

6 Royal College of Nursing and Queen Margaret University College, Edinburgh. *Making up the difference: a review of the UK nursing labour market in 2000*. London: RCN, 2000.

7 Department of Health. *The NHS Plan: a plan for investment; a plan for reform*. Cm 4818. London: HMSO, 2000.

8 Levenson R, Edmans T. *Working for health – the NHS as an employer and its role in regeneration*. London: King's Fund, 2001.

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### **About the Health and Regeneration Programme**

The King's Fund established a Health and Regeneration Programme in late 2000. The Programme is informing and supporting policy and practice on:

- the role of the NHS and local authorities as employers and purchasers of services and goods in the regeneration of the local economy
- the reduction of inequalities in health and health care through regeneration.

For further information about the Health and Regeneration Programme, contact Teresa Edmans, Health and Regeneration Programme Manager at the King's Fund on 020 7307 2675 or e-mail [s.lloyd-evelyn@kingsfund.org.uk](mailto:s.lloyd-evelyn@kingsfund.org.uk)

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June 2001