

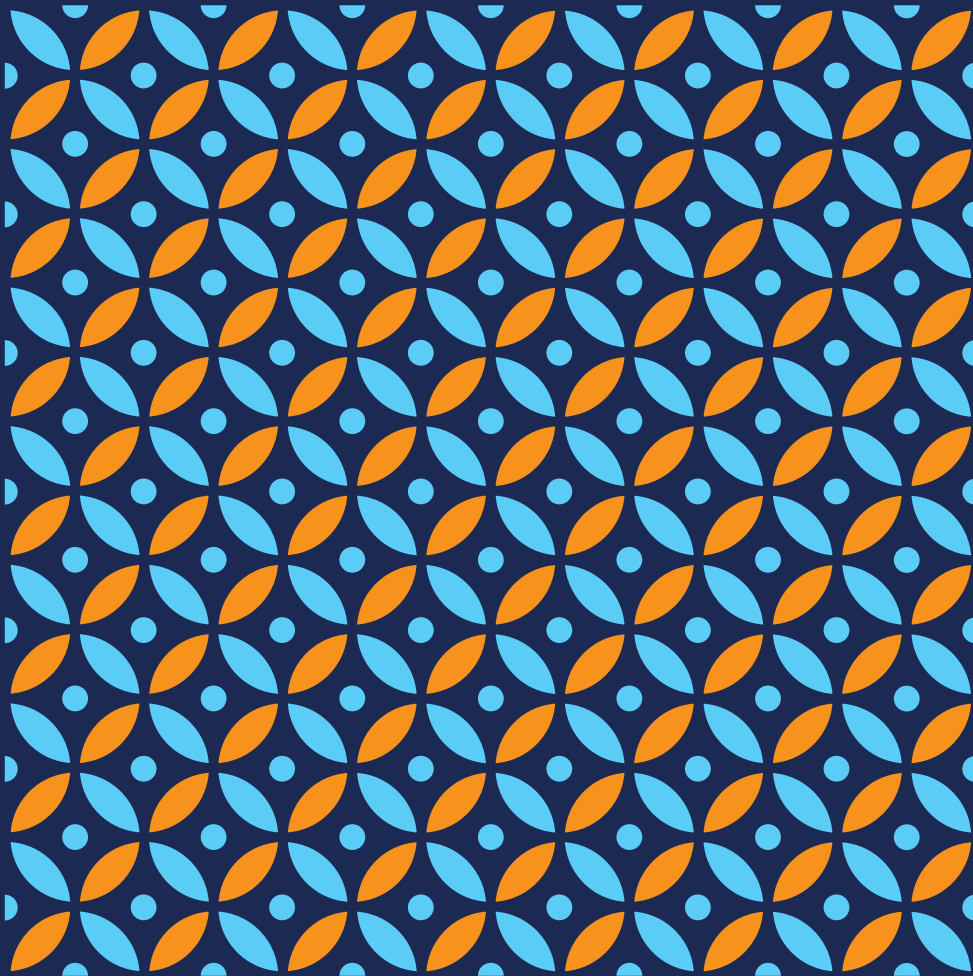


The
Regenda
Group

Career opportunities

Understanding the opportunity to develop the
health and care workforce together

January 2021



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Summary

Health care leaders widely regard workforce as the biggest single challenge facing the health and care sector. As the largest local employer, NHS organisations and local authorities have shown that they can exercise significant influence on local skills development and employment.

As they continue to cope with the impact of Covid-19 on their residents and local communities, housing associations need to recognise that local NHS and care organisations are among few local employers with vacancies at the moment.

The NHS is the largest employer in the UK. Prior to Covid-19, there were over 200,000 job vacancies in health and care organisations. Filling these vacancies, as well as those created as a result of the impact of Covid-19 on existing members of staff, is a huge challenge.

If the NHS is to play a full role in the economic and social recovery to improve population health and wealth post-Covid-19, it will need:

- to develop greater strategic alignment with local anchor institutions.
- to launch targeted recruitment campaigns to fill health and care vacancies with local people.
- to establish clearer links with local organisations in order to rebuild community resilience.

Housing associations play a crucial role as community anchors. From March-October 2020, they made over two million welfare calls, provided over half a million residents with advice and guidance, and over 350,000 food interventions. They have well established employment support services aimed at both unemployed as well as under-employed residents. They are also well connected within local communities.

As the NHS develops a more place-based approach, there is a growing awareness that anchor institutions help local places meet their potential and reduce entrenched inequalities. As anchor institutions, housing associations are well placed to work with local health and care organisations to co-develop workforce strategies with the explicit intention of supporting local recruitment and developing the current and future health and social care workforce.

For housing associations, the workforce needs of the NHS represent an opportunity to provide routes out of unemployment or under-employment for their residents and local people. In realising this opportunity, they will need to engage with health and care organisations to understand their needs, so that their employment programmes can be co-designed and adapted accordingly.

1 Introduction

- 1.1 Workforce is widely regarded by health care leaders as the biggest single challenge facing the health and care sector. For many leaders in the NHS, there is an acceptance that a service-wide approach to workforce development is no longer a viable solution and that leaders should take a more active role to develop the current and future workforce. As the largest employers in any given area, NHS organisations and local authorities have shown that they can exercise significant influence on local skills development and employment.
- 1.2 The NHS's ability to both operationally deliver today's services and to strategically plan for the services in the future will depend on it being able to recruit and retain thousands of people as part of the health and social care workforce. In recent months as the economic impact of the Covid-19 has started to be felt, there have been changes in the wider labour market that have led to an increased interest in careers in the NHS.
- 1.3 Partly in response to this, the NHS People Plan promises a new operating model for developing the health and care workforce with responsibility for delivery with Integrated Care Systems (ICS) so they can properly reflect
- their diverse labour markets.¹ They will develop the workforce at a place-based level through stronger partnerships with schools, colleges, universities and a range of training and employment support providers to develop skills. Supporting access to good jobs across the health and care sector is taking on increased urgency and importance.
- 1.4 Within the NHS, there is a recognition that these discussions can sometimes be very internally focused. As the NHS develops a more place-based approach, there is a growing awareness that anchor institutions help local places meet their potential and play a part in developing the skills landscape. The NHS and social care need to work together, share workforce where possible and work to provide recruitment and training opportunities.
- 1.5 Health and care organisations are among the few employers holding significant vacancies. Given the light that Covid-19 has shone on some of the structural and institutional inequalities that exist in society, there is a need to target employment support at those furthest away from the labour market. This means supporting local health

¹ [england.nhs.uk/wp-content/uploads/2020/07/we_are_the_NHS_Action_for_All_of_Us_Final_24_08_20.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/07/we_are_the_NHS_Action_for_All_of_Us_Final_24_08_20.pdf)

and care organisations to develop strategies as anchor institutions which develop employment policies with the explicit intention of supporting local recruitment and addressing population health and community needs. This is consistent with the aims of many housing associations and the fundamental purpose of ICS to support the social and economic development of the area.²

months and the scale of the challenge we are facing. We then examine the contribution housing associations can make. Finally, we recommend what needs to be addressed across each local area if the full benefits of cooperation are to be realised.

1.6 Housing associations can work with colleagues in health and care to boost local wealth. They can do this by providing training opportunities for local people to develop skills, upskill and build capabilities and provide continuous professional development for the existing and future workforce. Many organisations need to create a more multi-disciplinary workforce and embed a more inclusive culture that ensures everyone can make best use of their talents and fulfil their potential.

1.7 It makes sense to look at the potential synergies across the ICS between the goals of health, care and housing organisations. In this white paper we look at the current context and how it has changed over the past twelve

² <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>

2 Background

2.1 The economic and social impact of Covid-19 will affect communities in a way that is presently very difficult to quantify. Evidence from previous recessions has shown that the combination of reduced employment levels, increased levels of unemployment accompanied by reduced income levels, increased job uncertainty and anxiety about the availability of alternative employment have negative effects on population health. In particular, there is a disproportionate impact on younger people, those on lower incomes and those with some form of underlying vulnerability to poor health.³

2.2 Changes in employment levels during and after the 2008 financial crisis had a strong adverse effect on health, with the strongest effects on mental health.⁴ Stable employment is a major factor in maintaining good mental health. It is an important measure of recovery for people with a mental health problem and there is a strong relationship between unemployment and the development of mental health problems, including increased

suicide risk.⁵ It is predicted that up to 10 million people will need either new or additional mental health support as a direct consequence of the Covid-19 crisis.⁶

2.3 A 1% fall in employment could lead to as much as a 2% increase in the prevalence of chronic illness.⁷ On this basis, if employment were to fall by the same amount as it fell in the twelve months after the 2008 crisis, then nearly 1 million more people of working age would be predicted to suffer from a chronic health condition. Addressing these economic impacts of the pandemic will require all agencies across a local geography to work together at scale and ensure that they have the right interventions to reach those most negatively affected and furthest from the labour market.

2.4 The NHS is the largest employer in the UK with around 1.24 million FTE staff working across over 300 different roles. The NHS workforce was already

3 Banks et al (2020) Economic downturn and wider NHS disruption likely to hit health hard – especially health of most vulnerable <https://www.ifs.org.uk/publications/14800>

4 Banks et al (2020) Recessions and health: the long-term health consequences of responses to the coronavirus <https://www.ifs.org.uk/publications/14799>

5 Smith R (1985) Occupational Health. 'I couldn't stand it anymore' Suicide and Unemployment. *BMJ* 1985; 291:1563

6 O'Shea N (2020) Covid 19 and the Nation's Mental Health: October 2020 - Forecasting Needs and Risks in the UK, Centre for Mental Health.

7 Janke, K., Lee, K., Propper, C., Shields, K. and Shields, M. (2020), 'Macroeconomic conditions and health in Britain: aggregation, dynamics and local area heterogeneity', Centre for Economic Policy Research (CEPR), Discussion Paper DP14507.

carrying over 90,000 job vacancies prior to Covid-19 and there were a further 120,000 job vacancies in social care.⁸ It is likely to be one of the few employers that is seeking to grow its workforce. This will be particularly important in those areas of the country where the economic impact of the pandemic has hit hardest as a result of demography or the shape of the local labour market.

2.5 In addition to being the largest employer it can often be a major training provider and a major purchaser of local goods and services. In poorer areas it can have a major impact. Locally, the NHS should use its role as an anchor institution to further develop the capability and resilience of the local workforce.

2.6 The NHS People Plan sets out a clear desire for ICSs to become the level where decisions about the future workforce are made. Those leading ICS will have greater capacity to influence the development and deployment of the local health and care workforce and, through working with local authorities and local enterprise partnerships, play a greater role in economic development and strengthen their ability to affect local labour markets.

2.7 The NHS Confederation have said as part of their NHS Reset Campaign that leaders need to understand that the impact, value and responsibility of their local anchor organisations goes well beyond traditional boundaries to align population health and wealth.⁹ If the NHS is to play a full role in the economic and social recovery to improve population health and wealth then it will need to:

- Work with other anchor institutions such as universities, local authorities, local enterprise partnership and housing association to maximise their economic and social impact;
- Develop a greater alignment between health and care strategies and those relating to economic development;
- Launch targeted recruitment campaigns to fill health and care vacancies with local people and improve access to work for those furthest from the labour market;
- Establish clearer links between VCSE organisations, arts and cultural organisations and small and medium size enterprises to align health and wealth and build community resilience;
- Convene industry leaders to develop new supply chains that add social value.¹⁰

8 Claridge F, Deighton R and Pett W (2020) NHS Reset : A New Direction for Health and Care. nhsconfed.org/resources/2020/09/nhs-reset-a-new-deal-for-health-care

9 nhsconfed.org/resources/2020/07/the-role-of-health-and-care-in-the-economy

10 *ibid*

2.8 If this ambition is to be realised then developing further links with training and education providers will be key. Colleges and training agencies need to play a greater role in creating the future workforce and in the implementation of the NHS People Plan. In areas where there is an absence of post-16 education, other anchor institutions such as NHS providers and housing associations can help to plug the gap through community investment and provision such as the Learning Foundry.¹¹

2.9 As Mark Spencer, a Fleetwood GP and Co-Chair of the NHS Confederation's PCN Network has said, "we are always telling communities what they need, rather than genuinely listening and co-producing. (We) have an opportunity to re-frame the narrative, to listen and build bridges and to work with communities in a meaningful way over the longer term". As providers of affordable housing, shapers of neighbourhoods and investors in communities, housing associations have a key role in enabling and facilitating these conversations and building the bridges that can have the impact on population health and wealth that is needed.

¹¹ <https://www.thelearningfoundry.co.uk/>

3 The scale of the challenge

- 3.1 The economic impact of the Covid-19 pandemic is estimated to be far greater than after the 2008 recession. Vacancy levels have fallen much more quickly than following the 2008 financial crisis and redundancy notifications by employers are running at more than double the levels seen in the 2008/09 recession.¹² It is estimated that this may lead to around 450,000 redundancies in the third quarter of 2020 and a further 200,000 redundancies in the final quarter of the year, which is significantly higher than the quarterly peak in the last recession of just over 300,000.¹³
- 3.2 Of course, these impacts are not spread evenly across the economy. All too often there has been a disproportionate impact on certain communities, that has exacerbated pre-existing inequalities. Areas described as left behind may be even further behind the rest of the country. In many areas of the North West have seen worrying trends in income, employment, education and health all deteriorating. Life expectancy for men and women in England has been stalling since 2010: the more deprived the area, the shorter the life expectancy.
- 3.3 The number of older workers on unemployment-related benefits nearly doubled between March-June 2020. Evidence from previous recessions indicates that older workers who lose their jobs are far more likely to leave the jobs market permanently. The number of 16 to 24-year-olds on unemployment benefits had increased by 122% by July 2020. Many of the entry level jobs normally available to younger people are in the sectors most negatively affected by the pandemic. There are also significant differences in job loss rates for Black, Asian and minority ethnic communities.
- 3.4 As the job retention scheme is phased out, there is likely to be an increase in referrals to primary care driven by people who are experiencing poor mental health as a result of unemployment. Ten million people in England (almost 20 per cent of the population) are expected to need either new or additional mental health support as a direct consequence of the crisis.¹⁴
- 3.5 Given the trauma likely to be experienced in light of the Covid-19 pandemic, it will be important that there is a range of employment support

¹² Resolution Foundation (June 2020) The Full Monty: facing up to the challenge of the coronavirus labour market crisis.

¹³ Institute for Employment Studies (2020) On notice : Estimating the impact on Redundancies of the Covid 19 Crisis.

¹⁴ O'Shea N (2020) Covid-19 and the Nation's Mental Health : October 2020 - Forecasting Needs and Risks in the UK. Centre for Mental Health

services and that services provided or funded by DWP / JobCentre Plus work alongside more specialist services for people affected by mental illness. When someone gains employment, it makes a significant contribution to population health and leads to a reduction in health service usage, including reduced psychiatric bed usage.¹⁵ One study found mental health service costs over a ten-year period were 50 per cent lower for people supported into regular employment through IPS than among other groups.¹⁶

3.6 Covid-19 has shone a light on long-standing institutional and structural inequalities in our society particularly those affecting people from Black, Asian or minority ethnic backgrounds. Events such as the murder of George Floyd and others have shown that entrenched race inequality has horrific consequences. Community-based organisations have done amazing things at speed in recent months and it is critical that the new normal does not further

embed racism and inequality.¹⁷ So, we need to work together, learn from each other and take action ensure that everyone can fulfil their potential and progress to leadership roles across our organisations.

3.7 Like all parts of the public sector, NHS organisations invest in the professional development of their staff. This includes a broad range of areas, including those that are similar for housing organisations, such as in leadership, project and programme delivery, change management, digital skills, customer services and equality, diversity and inclusion (EDI). Developing our workforce together can add significant value in building new relationships and understanding.

¹⁵ Bush PW, Drake RE, Xie H et al (2009) The Long Term Impact of Employment on Mental Health Service Use and Costs for Persons with Severe Mental Illness. *Psychiatric Services* 60(8): 1024 - 1031

¹⁶ Salkever, DS (2013) Social Costs of Expanding Access to Evidence Based Supported Employment: Concepts and Interpretive Review of Evidence. *Psychiatric services* 64(2): 111-119

¹⁷ Molyneux P (2020) Nothing can be changed until it is faced. Facing up to inequalities in Covid 19. <https://www.centreformentalhealth.org.uk/blogs/nothing-can-be-changed-until-it-faced-facing-inequalities-covid-19>

4 Housing associations as anchor institutions

- 4.1 Housing associations are social businesses at the heart of the communities they serve. Delivering social value has always been a central aspect of their work. As well as providing affordable homes and a range of support services, social landlords invest in local communities and work alongside people and communities to help them thrive. In recent years they have developed sophisticated mechanisms for funding and supporting social investment and, as organisations anchored in communities, they contribute to the economic and social well-being of the area.
- 4.2 Housing associations are providers of approximately 2.6 million rented homes and are larger providers of affordable housing than local authorities for over six million people. They directly employ 150,000 people. They are also significant investors in initiatives that support their tenants and residents as well as the wider community. These can range from employment support services, skills development, time banks and a range of support services for people with a range of vulnerabilities totalling about £750 million a year.¹⁸
- 4.5 Through the pandemic many associations have played a key role in their local communities. Data from 85 housing associations representing 42% of the total UK housing stock showed that they made 948,246 welfare calls between March and October 2020. They provided £1,879,000 in direct financial assistance, made 148,264 food interventions and provided 215,276 advice and guidance sessions.¹⁹
- 4.6 In October 2020, HACT began collecting data from housing associations about the employment support they provided to residents. In one month, 20 housing associations supported 92 residents into full-time employment, 83 into part-time employment, 799 with employment training and 287 into volunteering. The social value of this employment support was £3,063,571.
- 4.7 Prior to the onset of the pandemic over two thirds of social housing residents were in the bottom 40% of earners²⁰ and were four times as likely to be out of work as those living in private housing.²¹ During the first lockdown, low

18 NHF Neighbourhood Audit: <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/IASS/research/building-futures.pdf>

19 <https://www.ceci.org.uk/measuring-your-impact-during-covid-19/the-impact-weve-made/>

20 <https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2018/07/CSJ6364-Social-Housing-and-Employment-Report-180706-WEB.pdf>

21 <http://www.communitiesthatwork.co.uk/wp-content/uploads/2019/11/CiW-Annual-Report-2019.pdf>

earners were seven times as likely as high earners to have worked in a sector that has had to shut down because of the lockdown. These sectors include retail, hospitality and transport.²² Longer term, the challenge for housing associations will be to continue to target their community investment to build community resilience and to increase the levels of employment and levels of income across the population.

- 4.8 The Learning Foundry, based in Liverpool, which is part of the Regenda Group, is an example of the employment support housing associations provide to their residents and local people. They work with people to help them progress their career, as well as with employers to help them upskill their workforce. They deliver training opportunities and employment programmes aimed at helping people to understand the world of work and achieve their potential. They work with employers across Merseyside and the North West to offer traineeships, apprenticeships and bespoke training programmes.
- 4.9 Regenda Homes have also co-designed initiatives with their residents and community partners to improve younger people's skills and employability. Working

with schools, education providers, youth careers services, community and family support groups, Regenda Homes is working to address issues of social isolation and mental wellbeing. Positive Footprints, a charity within Regenda itself, works directly with primary aged children across the North West to help them to understand their potential, build resilience, develop employability skills and explore the world of work.²³

- 4.10 As well as employment support services, housing associations are also well connected and networked within local communities. One association based in Walsall, for example, has developed a Community Champion role. These are people who have been recruited from amongst their local resident population and given basic skills in mindfulness, motivational interviewing, asset based coaching and have lived experience that can use to support people to connect to groups and services.²⁴ Key to the success of this approach is trust between the association and the customer, and clarity as to what the customer wants, as well as detailed knowledge of local services and their priorities. These roles are often supported by Community

²² <https://www.ifs.org.uk/publications/14791>

²³ <https://www.positivefootprints.co.uk/about-us/>

²⁴ <https://www.whg.uk.com/customers/where-you-live/in-your-community/community-champions/>

Connectors who gather intelligence and connect people to specialist advice, services and groups. They build better working and strategic relationships with local organisations that provide services, with the potential of unlocking further funding.

- 4.11 As providers of affordable housing associations can also provide staff accommodation that is affordable and closer to peoples' place of work. Housing associations can offer a range of tenures from leasehold, shared ownership, private rented, affordable rent or as part of an intermediate rent offer. They can work with NHS providers to maximise the social value of land or buildings as well as well as connecting to wider discussions about public sector land and development opportunities.
- 4.12 By playing a place-shaping role, housing associations can build social capital in their communities. They have influence that extends way beyond the people they house and the people they employ. They are significant asset holders with strong roots in their communities. They are well-placed to use their economic influence and play their full role as anchor institutions to help community members fulfil their potential, to develop the future workforce the NHS needs

and ensure the continued sustainability of the services on which we all rely.

- 4.13 There is significant opportunity for housing associations to be key partners in anchor networks, where shared workforce development and local economic development come together with all partners involved in Integrated Care Systems. Networks with the NHS, local government, education institutions and others, when combined, can deliver significant impact and social value.

5 Conclusion

- 5.1 Covid-19 has demonstrated the importance of integration as the only way of addressing the interrelated nature of the challenges it has created and exposed. None of this can be achieved by any one organisation. All anchor institutions working across a system need to come together with their partners, suppliers and contractors to ensure that they fully understand the local labour market, have strong place-based leadership, share workforce, work together to improve access and promote the concept of good work.
- 5.2 As the NHS develops a more place-based approach, there is a growing awareness of anchor institutions as a way of helping local places meet their potential and reduce entrenched inequalities. Housing associations act as anchor institutions and are well placed to work with local health and care organisations to co-develop workforce strategies with the explicit intention of supporting local recruitment and developing the current and future health and social care workforce.
- 5.3 Integrated Care Systems are explicitly charged with contributing to the social and economic development of their area.²⁵ They recognise that many of the difficult issues facing health and care will only be addressed by a renewed focus on reducing inequality and improving equity of access to opportunities to development opportunities. Housing associations share many of these goals and can bring significant assets to the table. Together, we will grow the resources available for our communities and the increase the impact that we make.
- 5.4 For housing associations, the workforce needs of the NHS represents an opportunity to provide routes out of unemployment or under-employment for their residents and local people. In realising this opportunity, they will need to engage with health and care organisations to understand their needs, so that their employment programmes can be adapted accordingly.
- 5.5 The immediate opportunity of directing employment programmes for local people needs to evolve into strategic alliances around all workforce issues. There is considerable opportunity to build longer-term collaboration through shared workforce development, that enhances leadership across systems and taps into all the resources and talents in our organisations and communities.

²⁵ Integrating Care (2020) Next Steps for Integrated Care Systems. <https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf>

HACT

HACT is the housing sector's ideas and innovation agency. HACT provides future-orientated solutions, projects and products for UK housing. HACT delivers thought leadership and drives new ideas for business transformation through its platform of research, impact measurement and data analytics, as well as through its engagement with other sectors and our work on connected technologies. We help housing providers maintain and refine resilient and successful businesses by generating actionable evidence to inform the development of new, smarter, and more efficient ways of working.

Common Cause Consulting

Common Cause Consulting, a research and design consultancy that brings organisations together to promote social, economic and emotional wellbeing. Common Cause Consulting has developed and delivered programmes that change the narrative around mental health, build communities differently and create a culture of learning across organisational boundaries. We resolve cultural misunderstandings, so our clients can create sustainable, practical solutions and make integration a reality. Closer working between sectors can only have beneficial outcomes for service users, carers or practitioners.

Regenda Group

The Regenda Group regenerates places and works with people to create the opportunities they need to thrive. Whilst, the provision of affordable housing is the starting point, Regenda is a group of eight organisations doing very different things. Regenda works in places where it can make a difference and operate across the housing and construction sector, in care and support, and in training and employment.

This includes i) the provision of a comprehensive range of multi-tenure housing products and services that reflect the dynamic nature of the housing market and the diversity of our customers; ii) the provision of education, training, apprenticeship, career and personal development services/programmes, which raise aspirations, improve life chances and ultimately enhance opportunities for sustainable employment and iii) the provision of care and support services that assist individuals and families in accordance with their specific needs.

HACT Heath

Built on a collaboration between HACT and Common Cause Consulting, HACT Health supports housing providers who wish to work with the NHS, and NHS providers who wish to work with housing. For more information contact william.howard@hact.org.uk or phone 020 7250 8500 and ask for HACT Health.



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