

## **Edward Argar, Minister of State for Health, Department of Health and Social Care – Written supplementary evidence (FFF0059)**

I'd like to begin by expressing my sincere gratitude to the Committee and its members for being so understanding of my absence during the session due to votes in the commons. I was very pleased to appear before you and am grateful to be able to add additional contribution now to this discussion about the future of the public sector workforce.

Thank you for sending through the supplementary questions, which have been answered below.

### **1. What are the Departments priorities in making the offer of health and care careers more attractive and/or competitive? (In particular with regard to recruitment).**

The Department has embarked on pay and contract reform right across the NHS. The reforms will help improve the working lives and the wellbeing of our dedicated NHS staff. This year, we have committed to give NHS workers a pay rise and are looking to the independent pay review bodies for a pay recommendation for those not in multiyear deals.

The NHS total reward offer is not just about headline pay - it includes a range of benefits exceeding those offered in many other sectors. These benefits include a holiday allowance of up to 33 days and sickness absence arrangements well beyond the statutory minimum, as well as access to a much-valued pension scheme and support for learning, development and career progression.

The NHS Pension Scheme is designed to offer significant value in retirement to people who have chosen to dedicate part, or all, of their careers to serving the public through the NHS. The scheme offers some of the most generous terms available from a pension scheme, and around 9 in 10 staff choose to participate in the scheme.

In Adult Social Care (ASC), we put in place additional measures to support recruitment and retention in the sector during the recent challenges faced last winter and during past COVID waves:

- We added care workers to the Health and Care Visa and the Shortage Occupation list
- We are working with DWP to promote ASC careers to jobseekers
- We provided in total £462.5m distributed to local authorities for workforce capacity, to boost recruitment and retention in their local areas. This funding has been used in a variety of ways successfully and we are evaluating these.
- Ran the next phase of our National Recruitment Campaign, Made with Care.

Longer term, Our People at the Heart of Care White Paper, published in

December, outlined our strategy to tackle long-term structural barriers to recruitment and retention backed up by investment of £500m. Our vision is for an adult social care workforce where people feel supported, recognised, that their wellbeing is prioritised, and there are opportunities to develop and progress.

**2. The Committee discussed parity of esteem and parity of treatment between the NHS and social care sectors with the Minister and officials. Members also noted that it was good for workers to move around different work settings over the course of their careers. Please could you provide some information on how the integration white paper (or other work) will enhance mobility for workers between the two sectors?**

We want to make it easier for people working in health and care to feel confident in how the system works together in the best interests of those they care for. The integration white paper will ensure that staff working in health and care settings are supported to provide integrated services focused on the needs of people by:

- Strengthening the role of workforce planning at ICS and local levels
- Reviewing the regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors
- Increasing the number of appropriate clinical interventions that social care workers can safely carry out by developing a national delegation framework of healthcare interventions
- Exploring the introduction of an Integrated Skills Passport to enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care
- Increasing the number of learning experiences in social care, including health undergraduate degree programmes and for those undertaking apprenticeships
- Exploring opportunities for cross-sector training and learning, joint roles for ASC and health staff in both regulated and unregulated roles
- Promoting the importance of the roles of link workers, care navigators and care coordinators to ensure consistent access to these roles across the country

We have received lots of feedback in response to our questions posed within the integration white paper. We are currently reviewing and analysing the views received from stakeholders to help inform and shape the development of how we implement our proposals.

**3. How should training be changed so that health and care careers are more accessible; and to achieve the right skills balance for the future?**

The Department is working with NHSEI and HEE to address workforce

shortages through skill mix changes. The NHS Long Term Plan and People Plan set out the commitments for a 21st century workforce, including accelerating skill mix to deliver workforce transformation. HEE's Reform Programmes cover a range of initiatives to address societal and demographic changes which will place demands upon the healthcare workforce of the future.

Work is ongoing to enhance generalism in medicine to complement existing specialism and ensure doctors can care for patients with multimorbidities and disease clusters, support whole person care, manage multiple medications and treatments, understand population health and reduce health inequalities. Multi-professional team working will also become increasingly efficient through generalism, skill mix and new roles including Anaesthetic Associates, Physician Associates and Advanced Clinical Practitioners.

For adult social care, the Department will co-produce a Knowledge and Skills Framework (KSF) with the sector which will become an accessible articulation of the knowledge and skills required for roles within the sector and set out clear pathways for career progression. We will also invest in hundreds of thousands of training places and certifications to enable the workforce to develop and progress within the KSF now and in the future, building on existing skills and expertise.

This includes a portable Care Certificate and new skills passport, providing a permanent and verifiable training record. This is in addition to leadership development and tailored support for registered managers, including accredited Level 5 diplomas for those who do not hold relevant formal qualifications.

**4. The Committee has heard about the medical apprenticeship route and would be interested in learning whether there has been consideration given to removing or adapting degree requirements for some health and care careers.**

HEE has developed a proposal for a degree apprenticeship in medicine. This is designed to encourage widening participation in medicine, offering a new route into the profession and reducing some of the barriers that prohibit talented people entering medicine. Apprentices will be subject to the same rigorous exams as medical undergraduates, taking the Medical Licensing Assessment.

We have a successful NHS apprentice programme training about 25,000 NHS apprentices annually in the 21/22 academic year. These cover a wide range of roles from back-office functions to front line clinical roles such as nurses, nursing associates, physiotherapists, healthcare support workers and paramedics.

Removing or adapting degree requirements is ultimately a decision for professional regulators to make.

The Institute for Apprenticeships and Technical Education (IfATE) is sponsored by the Department for Education, and they are responsible for developing and revising apprenticeship standards, assessments, and technical qualifications

with employers.

We will work with DfE and the adult social care sector to co-produce a universal KSF to create an accessible articulation of the requirements for roles within the sector and set out clear pathways for development and progression. Working with IfATE, we will ensure that apprenticeships are aligned with the KSF. The KSF will draw on and complement the existing skills offer delivered by colleges and training providers in England including DfE's post 16 skills offer and apprenticeships.

**5. Training can appear "front-loaded"; with the majority of investment in initial training. How is continuing professional development being examined? (Particularly with regard to a population which is likely to increasingly present with a range of co-morbidities.)**

In September 2019, the Government announced a £210 million funding boost for frontline NHS staff which included a £1,000 personal development budget for every nurse, midwife and allied health professional working in the NHS to support their continuing professional development. Nurses are required to undertake at least 35 hours of Continuous Professional Development (CPD) every three years to remain registered and demonstrate that they practise safely and effectively.

In Adult Social Care, regulated professionals play a pivotal role working alongside care workers and registered managers to deliver person-centred care. Our long-term aim is to ensure sufficient high-quality training routes and access to effective post-qualification support.

Registered nurses, nursing associates, occupational therapists and other allied health professionals will be supported with a new fund to help them meet their CPD objectives. We are committed to ensuring social workers are equipped with the skills they need to effectively work with people within health and social care, and that they have access to and receive specialist awareness training to allow them to effectively work with all people who need their care and support. We are working with our sector partners to discuss how this commitment to CPD can best be implemented within the adult social care sector.

**6. Lord Willis asked about pathways for nursing associates. He suggested that there could be a guaranteed pathway for nursing associates to study a graduate nursing programme; and for those who have gone through this to have a guaranteed position as an NHS registered nurse. Mr Larner undertook to discuss this with colleagues from Health Education England and revert on this which he said sounded like a very interesting proposition. Please could we have an update on what this discussion entailed and whether this is something the Government would wish to pursue?**

Once people have trained to become Nursing Associates (NAs), it is possible for

them to continue their studies to become a registered nurse. This takes a further two years of training, and results in someone moving from band 4 to band 5 on Agenda for Change.

Some NAs choose to go down this path. That said, it is not suitable for everyone, and NAs are an important position as well as being a stepping stone for people who wish to train to become registered nurses.

Apprenticeships are the main route into NA roles, as well as being the main route by which qualified NAs become registered nurses. As such, they not only train people to play vital roles in the NHS, they also offer different routes into professional roles that some may otherwise struggle to access. As part of the workforce strategy, we will consider if there are additional steps we can take to expand the NA role and to offer opportunities for further training to those coming through this pathway.

**7. Mr Surrey spoke about investing in the care certificate, partly to “make that portable so it is recognised across care providers”. Please could you provide a little more information on that?**

The Care Certificate is a package of training that provides a baseline level of knowledge and skills for those new to social care. However, it is not always delivered in a consistent way, meaning care workers often repeat training when they move roles at significant cost to care providers.

We will design a new training delivery model to ensure Care Certificate training is high- quality and so care workers can carry it with them throughout their careers. Longer term, we want it to be a requirement for all care workers to have reached this baseline standard, and we will explore options for how to achieve that.

To help to address issues around portability of staff training the department is working to introduce a free digital resource that would capture the Care Certificate and other learning and development. The ‘Digital Passport for Skills’, would provide a permanent and verifiable record of skills, behaviours and achievements that would be accessible to employees and could be shared with new or potential employers.

**8. In its first report, the Committee identified that co-production and consulting service users was key to successful public service design and delivery. How is the Government ensuring that the lived experience of service users is fully built into future workforce thinking?**

We agree that public engagement is incredibly important. Workforce planning in the NHS is a bottom-up process. Employers have responsibility for short term workforce planning and the deployment of their workforce. They are best placed to understand the needs of their patients, service users and communities. ICSs, as partnerships of health and care organisations, come

together to plan and deliver joined up services and to improve the health of people who live and work in their area, including working to ensure the system is retaining, recruiting and, where required, growing its workforce to meet future need of their patients, services users and communities.

As part of the development of the HEE Long-Term Strategic Framework for Health and regulated Social Care Workforce Planning, over 1,000 individual conversations have now taken place with senior leaders, frontline staff, the future workforce, academics and think tanks, charities, trade unions and people who receive and care and support and their representatives.

In Adult Social Care, we have worked with over 200 stakeholders across every region in England to design our People at the Heart of Care: adult social care reform white paper, including local government, think-tanks, providers of care and their representatives, professional bodies, charities, unions and, crucially, people with lived experience of care and support. We will continue to engage with people and organisations across the sector to develop and design the implementation of these reforms.

I hope that we have fully addressed your questions, but please do come back to me if you require any further clarification. I look forward to seeing your report and conclusions on how the government can strengthen the public sector workforce.

*19 May 2022*