Emerging findings report – HEE Call for Evidence

Deliberative event 1st November 2021
Emerging findings report

This report has been prepared for Health Education England in connection with their Call for Evidence. This report is prepared for Health Education England. To the fullest extent permitted by law, Grant Thornton UK LLP does not accept a duty of care whether in contract or in tort (including in negligence) or under statute or otherwise nor assume responsibility to anyone other than Health Education England for our work or this report or for any opinions or conclusions that we have formed. We do not accept any responsibility for any loss or damages or costs incurred which arise out of the use of this report by any third party.

We do not warrant or represent that the report is appropriate for your purposes. The report was not created for, and should not be treated as suitable for, any purpose other than that set out in our terms of engagement with Health Education England. If you do rely upon the report for any purpose, you will do so entirely at your own risk and you will not bring or threaten to bring any actions, proceedings or claims against Grant Thornton UK LLP where the action, proceeding or claim in any way relates to or concerns or is connected with the use of or reliance on the report.

All data has been provided by third parties. We have not verified the accuracy or completeness of any such data. There may therefore be errors in such data which could impact on the content of this report. No warranty or representation as to the accuracy or completeness of any such data or of the content of the report relating to such data is given nor can any responsibility be accepted for any loss arising therefrom.
Call for Evidence

This diagram sets out the underlying evidence that is informing this study.

Written responses
Total written responses: 28
Total additional information: 28

Responses via online survey - Excel
Total responses: 294
Total words in impact section: 152,900

Expert input
Prof Sir John Tooke
Prof Jean McEwan
Prof Murray Saunders
Total responses

Survey responses within online template
- Total of 294 survey responses
- Individual submissions = 164
- Organisation submissions = 130

Written responses
- 28 to date

Charities accounted for highest number and % of organisational responses

* Includes duplication as one organisation can select multiple organisation types
Responses by region

Organisations: Region of primary operation (%)

<table>
<thead>
<tr>
<th>Region</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>70</td>
</tr>
<tr>
<td>North</td>
<td>10</td>
</tr>
<tr>
<td>South</td>
<td>10</td>
</tr>
<tr>
<td>Midlands</td>
<td>10</td>
</tr>
<tr>
<td>National; Outside of England</td>
<td>10</td>
</tr>
<tr>
<td>Multi regions</td>
<td>10</td>
</tr>
<tr>
<td>Outside of England</td>
<td>10</td>
</tr>
</tbody>
</table>

Individuals: Region where live (%)

<table>
<thead>
<tr>
<th>Region</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>50</td>
</tr>
<tr>
<td>North</td>
<td>40</td>
</tr>
<tr>
<td>Midlands</td>
<td>10</td>
</tr>
<tr>
<td>Outside of England</td>
<td>0</td>
</tr>
</tbody>
</table>

© 2021 Grant Thornton UK LLP.
Online survey structure

For each of the six broad themes

- Description of factor
- Impact on workforce demand
- Impact on need for new roles
- Time horizon
- Impact on supply & demand
- Impact on need for new skills
- Impact on new ways of working
- Links to evidence

**Organisation**

About organisation
- e.g. Region, organisation type

Choice of full or brief answer

**Individual**

About you
- e.g. Region, profession

Full

Brief

In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?

In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?
Looking to the future - 15 year ambition
Looking to the future
In 15 years’ time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?

Values-driven health and social care system
- Holistic and equitable
- Patient empowering, prevention focused

Processes in pursuit of values
- Health and care integration
- Primary and secondary integration

Enablers
- Health and social care parity
- Increased number of staff
- Flexibility for accessing care
Looking to the future
In 15 years’ time, what one key thing do you hope to be able to say the health and social care system has **achieved for its workforce, including students and trainees?**

**Values that permeate the system apply to workforce**
- Parity of esteem
- Sensitive to the needs of the individual

**Processes in pursuit of values**
- Equipped to play a part in integrated care
- Integration of health and care at workforce level
- Adequate number of ‘generalists’
- Ability to deploy across sectors and institutional boundaries

**Enablers**
- Increased numbers of well trained and remunerated staff
- Upskilling primary care to respond to demands and shift of care to community
- ‘Transdisciplinary’ training
- ‘Line of sight’ on career pathways that also provide flexibility
Quantitative responses – summary analysis
How we approached the work

High level analysis of HEE Categories

- Demographics & Disease
- Socio-economic and environmental
- Service models and pandemic recovery
- Public, people, patient expectations
- Staff and student/trainee expectations
- Science, digital, data and tech

Responses were categorised/coded according to HEE Factors

- Demographics & Disease: 6
- Socio-economic and environmental: 12
- Service models and pandemic recovery: 8
- Public, people, patient expectations: 9
- Staff and student/trainee expectations: 8
- Science, digital, data and tech: 8

Top 10 factors by times referenced and ‘high impact’

- Expectations of working life and careers
- Health inequalities
- Workforce demographics
- Age structure
- Expectations of training
- Digital health technologies
- LT conditions and multiple morbidities
- Expectations of health and social care system
- Workforce demographics
- Pandemic recovery and resilience

Top 10 factors by time horizon (beyond 11 years)

- Health inequalities
- Expectations of training
- Age structure
- LT conditions and multiple morbidities
- Expectations of health and social care system
- Digital health technologies
- Workforce demographics
- Expectations of working life and careers
- Pandemic recovery and resilience
- People who need care and support/patient involvement, empowerment...

© 2021 Grant Thornton UK LLP.
Analytical approach to identifying the ‘major’ issues (Top 10 factors)

Top 10 by no. of times referenced
- Top 10 ‘high impact’ on need for new skills
- Top 10 ‘high impact’ on need for new ways of working
- Top 10 ‘high impact’ on need for new roles

Aggregated scores

<table>
<thead>
<tr>
<th>Top 10 factors overall</th>
<th>Aggregated scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations of working life and careers</td>
<td>40</td>
</tr>
<tr>
<td>Health inequalities</td>
<td>34</td>
</tr>
<tr>
<td>Workforce demographics</td>
<td>30</td>
</tr>
<tr>
<td>Age Structure</td>
<td>29</td>
</tr>
<tr>
<td>Expectations of training</td>
<td>25</td>
</tr>
<tr>
<td>Digital Health Technologies</td>
<td>22</td>
</tr>
<tr>
<td>Long Term Conditions and multiple-morbidities</td>
<td>19</td>
</tr>
<tr>
<td>Expectations of the health and social care system as a whole</td>
<td>10</td>
</tr>
<tr>
<td>Pandemic recovery (elective care and waiting lists) and resilience (e.g. surge demand capacity)</td>
<td>8</td>
</tr>
<tr>
<td>People who need care and support/patient involvement, empowerment and shared decision making</td>
<td>8</td>
</tr>
</tbody>
</table>
Top 10 factors according to number of times referenced and number of times rated ‘high impact’ on the three questions

- Expectations of working life and careers
- Health inequalities
- Workforce demographics
- Age Structure
- Expectations of training
- Digital Health Technologies
- Long Term Conditions and multiple-morbidities
- Expectations of the health and social care system as a whole
- People who need care and support/patient involvement,…
- Pandemic recovery (elective care and waiting lists) and…

Aggregated score
Top 10 factors by time horizons

- Expectations of working life and careers
- Expectations of training
- Health inequalities
- Workforce demographics
- Pandemic recovery
- Expectations of the system as a whole
- Digital Health Technologies
- Age structure
- Long term conditions and multiple-morbidities
- People who need care and support/patient involvement,...

No. of responses

- 0 - 5 years
- 6 - 10 years
- 11 - 15 years
- Beyond 15 years
But in overall terms there is a clear message: impact on workforce demand by Category
Science/digital/data is thought to be the least impactful on demand for new skills and new roles

No. of respondents who felt that the factor would have a ‘high impact’ on demand for a) new skills b) new roles c) new ways of working

- Digital Health Technologies
- Genomics
- Multiple
- Artificial Intelligence
- Digital literacy
- Data security and data sharing
- Training and re-training staff
- Big data
- Automation
- Training of staff for scientific awareness/understanding/research participation
- Diagnostics
- Novel therapies
- Multi-skilling (e.g. genomics, engineering and surgical skills)
- Robotics

New skills  New roles  New ways of working
Qualitative responses
Outside of the HEE defined categories and factors, the written responses fall in to five themes:

1. Demand and supply
2. Flexibility
3. Equity
4. Integration
5. Science, digital and technology
Demand and supply

Changing population demographics, workforce capacity and staff burnout were the key priorities

Patients and people cared for: Changing demographics

- Systems are not equipped for an ageing population
- Scale and impact of post-pandemic backlogs
- Mental health crisis, particularly for children and young people
- Bereavement crisis due to the pandemic

Workforce: Capacity

- Staff burnout, particularly after the pandemic
- Age profile of workforce with a high number due to retire in the short term
- Associated loss of mentorship and support for junior staff
- High proportion of workforce identify as female who often have more pressure as caregivers
- Recruitment and retention of workforce/trainees
- UK reliance on international workforce
Workforce burnout has reached its limits and poses a serious threat to the future of health and social care...

Academic institution
Flexibility

Increased need for flexibility in terms of access to services for patients and people cared for, and an agile workforce with flexible working options

Patients and people cared for:
Flexible access

- Expectation of greater and faster access to information and services
- Support and empowerment to take responsibility for their own healthcare
- Increased capacity for community based care

Workforce: An agile workforce

- Flexible working is now an expectation
- Flexibility in roles to work across the whole system
- Agile working will require a greater headcount to fill required roles
- Flexible approach to training regulation
“Staff must be granted the flexibility to move with ease across healthcare organisations and models of care.

University
Equity
Increasing health inequalities and regional variation, along with clear disparities between health and social care careers

Patients and people cared for: Recognised inequity

• Health inequalities are increasing
• Economic consequences of the pandemic are pushing more people into poverty
• Unacceptable level of regional variation
• Challenge of public expectations across health and social care
• Lagging parity between mental and physical health services

Workforce: Parity of esteem

• Lack of equity between sectors in terms of pay, benefits and working conditions
• Perception of care workers being low skilled and low value
• Social care workforce plan needed to improve routes of entry and career progression
• Diversity and inclusion at all levels
There is an unhelpful and disrespectful hierarchy in health and social care that pervades all levels of society

Social care provider
Integration
Integration between services to improve health outcomes, but little on how jobs themselves and associated models of care should otherwise be changed

Patients and people cared for: Person-centric care

• Focus on health promotion and health prevention
• Move to take greater control of own health, care and data with appropriate support
• Personalised and holistic models of care and treatments tailored to individual needs
• Health and care budgets to address behavioural and socioeconomic factors

Workforce: Whole system working

• Integration between health and social care systems building on effective pandemic responses
• Integration of primary and secondary care systems
• Roles should cross traditional organisational boundaries
• Caring roles might incorporate chronic disease management, as patients move to the community
We work together to make the system less complicated, more joined-up and co-ordinated...

Local authority
Science, digital and technology: Opportunities
Potential of scientific and technological advances, emphasised most by medical professional and research organisations

• Ensuring social care builds on the pandemic experience to take full advantage of data analytics and assistive technologies

• New ways of working: remote monitoring and diagnosis

• Greater precision in risk, diagnosis and treatment

• Better risk stratification that underpins effective care integration
Science, digital and technology: Implementation Challenges
Profound need for upskilling and addressing machine – human interface

- Status of digital infrastructure
- Upskilling of workforce particularly in digital and genomic literacy and data stewardship
- AI/machine learning algorithms biased if population sample not representative
- Supportive v substitutive role of technology
- Ensuring patients and people cared for are not disadvantaged by adoption of digital advances
- Requires skills to communicate more precise risk status and address resultant anxiety
“The younger generation are used to accessing information when they want it, so the NHS has to manage these expectations and develop access to health information on a 24/7 basis.

Representative body
Considering areas of convergence and divergence
Points of divergence

No significant points of divergence have been identified. However, different perspectives reveal a number of issues which have not been fully addressed and warrant further exploration:

- The disparities between health and social care (structural and perceived) which unless addressed will hinder integration
- The assumptions about the primacy of general practice and primary care continuing “as is”
- The role and potential of science and technology
- National solutions vs regional context vs hyper-local delivery
- The need for leadership skills and governance arrangements to foster integrated working
- Public health as ‘everyone’s business’: combining population level initiatives with ‘precision’ prevention to achieve population health management
Some inferences from what we’re getting back

Considerable convergence on what the challenges are, and while intensified by the pandemic, they are not new.

Despite a supportive policy environment, the full potential of science and technology is relatively undervalued.

Respondents can envision a changed world, but this is largely about more workforce, better equipped and more integrated.

There is no strong sense of new roles or new job design.

It is noted that true integration of care will require attention to culture and parity of esteem; structural solutions alone will not suffice.

So we can envision a different future but we get there by having more people?
Thank you