



# **The Government Response to the Health and Social Care Committee Report on Workforce Burnout and Resilience in the NHS and Social Care**

Presented to Parliament  
by the Secretary of State for Health and Social Care  
by Command of Her Majesty

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# Contents

1. Introduction .....	2
2. The scale and impact of workforce burnout .....	6
3. Workforce Culture.....	11
4. The Impact of COVID-19 .....	17
5. Workforce Planning .....	25



# 1. Introduction

1.1 On 8 June 2021, the Health and Social Care Select Committee published its report 'workforce burnout and resilience in the NHS and Social Care'.

1.2 The committee's report explored several key issues, including:

- The scale and impact of workforce burnout and its contributing factors;
- The impact of workplace culture on burnout and the further work needed to create an inclusive and compassionate working environment that better supports staff in the health and care sector;
- The unique impact that the COVID-19 pandemic has had on the workforce; and
- How more comprehensive workforce planning is necessary to ensure the health and care sector has the number of staff it needs both now and in the longer term.

1.3 The committee's inquiry was conducted against the backdrop of the COVID-19 pandemic, which has once again highlighted the commitment and dedication of the health and care workforce. The health and care system is what it is thanks only to the hard work of its staff, and as a Government, we are immensely grateful to them. Caring for people through this pandemic has required a phenomenal effort from so many people, from students and trainees to new recruits, established staff and those returning to the workforce. This has not just been doctors, nurses and care workers, but also social workers, ambulance teams, cleaners, porters, mental health teams, and all the diverse and varied parts of this incredible system.

1.4 We know that the pressure on the workforce has been (and continues to be) extremely high, as noted by the committee and by many of those who gave evidence throughout the course of the enquiry. Staff have worked long hours responding to the pressures in the system and have been unwavering in their care for patients and those in receipt of care. Whilst work to improve the wellbeing and day to day experiences of the workforce started well before the pandemic began, it has brought into sharp focus the huge importance of our work on staff wellbeing. As we recover, we will work with systems and providers to ensure a culture of staff health and wellbeing is embedded across all organisations. As a Government, we

remain committed to providing the workforce with the health and wellbeing support they need both now and in the longer term.

- 1.5 It is also vital that we continue to learn from our experiences during COVID-19. The health and care sector has been challenged on a scale and pace not previously seen and these pressures have encouraged the very best in teams. Compassionate and inclusive leadership has been brought to the forefront and we have seen some great examples of innovation and excellence in practice. We should encourage the adoption of new practices that have worked well, to ensure the health and care sector rebuilds in a way that is even better than before.
- 1.6 However, the pandemic has also highlighted disparities in experience for some staff working in the health and care system. In their report, the committee highlights the disproportionate impact the pandemic has had on staff from ethnic minority backgrounds and emphasised that the treatment of staff from ethnic minorities too often falls short from the high standards that all staff should rightfully expect.
- 1.7 We recognise that more needs to be done to support leaders and teams to create an inclusive and compassionate workplace culture for everyone that works in the NHS. We have increased the size of the NHS workforce over the last decade and this growth continues to be a key focus to ensure we meet the rise in demand for health and care services. Ensuring the NHS is well staffed, with colleagues well looked after, to prevent pressures becoming too great, is a priority for this Government. Ongoing recruitment and workforce support will be central to continuing to manage the pandemic and supporting recovery in the NHS, as well as delivering the ambitions of the NHS Long Term Plan.
- 1.8 Furthermore, the NHS People Plan includes a range of measures to overhaul recruitment and HR processes, tackle the disciplinary gap and give staff from ethnic minority groups a stronger voice in governance and decision making. Work is underway to ensure the CQC 'well led' assessment framework places increased emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion. The role of the Workforce Race Equality Standard (WRES) is also being strengthened with Integrated Care Systems (ICS) and regions supported to develop robust and ambitious action plans based on 2020 WRES survey results.
- 1.9 For social care, we are working to further understand the disparities faced by different groups across the social care workforce. A clearer understanding of the barriers and challenges will enable us to develop



more informed and inclusive approaches, drawing on personal experience and with measurable improvements and outcomes. We share the same ambitions as for the NHS workforce, though recognise it is a very different operating environment.

- 1.10 Additionally, we recognise that the social care workforce is critical to enabling the highest standards of care and support. We are listening to and engaging with frontline staff, sector leaders and our partners about how the Government can best support those who work in care, noting that social care differs from the NHS in its delivery through local authorities and the private market.
- 1.11 On Tuesday 7 September, as part of the Government's 'Build Back Better: Plan for Health and Social Care', we announced an additional £5.4bn investment in Adult Social Care over the next three years, starting from April 2022. This will enable the start of a comprehensive programme of reform, a very important step.
- 1.12 This includes at least £500m to fund a programme of work to professionalise and develop the workforce, including hundreds of thousands of training places and certifications for our care workers and professional development for regulated workforce. It will also fund mental health wellbeing resources and access to occupational health funding to help staff recover from their extraordinary role in helping the country through the pandemic. More detail is provided in the White Paper, "People at the Heart of Care: Adult Social Care Reform", published 1<sup>st</sup> December 2021.
- 1.13 On 10 December 2021 we announced £300 million to support local authorities and care providers recruit and retain care staff through the winter. This funding is in addition to the existing £162.5 million Workforce Recruitment and Retention Fund (WRRF) which was announced on 21 October 2021.
- 1.14 This ring-fenced funding will be allocated to LAs using the relative needs formula and will be available until the end of March 2022 to support local authorities working with providers to recruit and retain staff. We intend to issue the funding alongside grant conditions and guidance shortly.
- 1.15 The Government has considered the committee's recommendations carefully in light of ongoing policy development and this is the Government's formal response. The structure of this Command Paper directly corresponds to the recommendations in the Committee's report.

Where appropriate we have grouped recommendations and responded to these collectively.

## 2. The scale and impact of workforce burnout

**Recommendation 1: Understanding the scale and impact of workforce burnout can only be achieved with a metric for staff wellbeing and staff mental health that covers both the NHS and social care. We therefore recommend that the Department for Health and Social Care extends the NHS Staff Survey to cover the care sector.**

**Recommendation 2: We further recommend that the NHS Staff Survey and any social care equivalent includes an overall staff wellbeing measure, so that employers and national bodies can better understand staff wellbeing and take action based on that understanding. The Staff Survey already allocates a scale out of 10 for each 'theme' it covers, which could provide the starting point for the calculation of such a measure.**

- 2.1 Recommendation 1 and 2 have been grouped together for an overarching response to the committee.
- 2.2 The government agrees with the committee that monitoring staff wellbeing is essential both to better understand the various factors that impact upon wellbeing and to take action to drive continuous improvement. We support the work that the NHS and social care employers do to understand and respond to the wellbeing concerns of their staff.
- 2.3 In the social care sector, we are committed to working closely with stakeholders to understand better the lived experience of the care workforce. However, the structure of the adult social care sector differs substantially from the NHS, and social care organisations are not comparable to NHS Trusts. Many social care providers are small to medium sized enterprises without the sophisticated HR functions required to coordinate the NHS Staff Survey at a local level. Therefore, we do not consider a direct extension of the NHS Staff Survey to social care to be the most suitable measure.
- 2.4 Instead, we are committed both to increasing engagement with the workforce and to working with employers, sector representatives and local government to explore options for national or local surveys with the sector. As part of this work we hope to strengthen our understanding of staff wellbeing, including the impact of the pandemic, and will work with the sector to support action based on that understanding.

- 2.5 The NHS Staff survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. All NHS Trusts (foundation trusts, acute and specialist hospital trusts, ambulance service trusts, mental health, community and learning disability trusts) are required to participate whilst Clinical Commissioning Groups, Commissioning Support Units and Social Enterprises may choose to undertake the NHS Staff Survey on a voluntary basis. During 2021 the NHS staff survey was piloted in primary care to help understand staff experience in a consistent and standardised way. At the outset of the pandemic, a monthly survey focused on health and wellbeing – the People Pulse – was introduced to support organisations in listening to their staff and informing plans. Building on this, and to provide a way to monitor employee experience more frequently, a Quarterly Pulse Survey was introduced in 2021, creating more opportunities for staff to provide feedback.
- 2.6 In July 2020, NHS England and Improvement (NHSEI) published the NHS People Promise, alongside the NHS People Plan. The seven elements of the People Promise have come from those that work in the NHS and articulates the culture we want all staff to identify with by 2024. A key theme of the People Promise is to ensure staff are safe and healthy, with a culture of wellbeing a priority.
- 2.7 In 2021, the NHS staff survey was redesigned to align with the NHS People Promise whilst maintaining longitudinal data for indices such as Engagement, Morale, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Ensuring staff are ‘safe and healthy’ is a key element of the NHS People Promise and is a theme that allows the NHS staff survey to make an overall assessment of staff wellbeing.
- 2.8 Whilst bringing the staff survey in line with the People Promise, previous themes were also updated with a stronger question set to enable greater robust measurement going forward. A new set of questions has been included in the staff survey under the theme of “We are safe and healthy” which specifically assesses burnout.
- 2.9 Using the annual NHS Staff Survey as a way to measure progress on staff health and wellbeing will allow teams and departments, as well as whole organisations, to see their progress and take action to improve. To support action based on learning from the staff survey, the Wellbeing dashboard has been developed in the Model Health System, which is an online NHS analytics platform which includes benchmarking data for all NHS providers and systems. Model Hospital System is available to all NHS trusts and

draws on NHS Staff Survey data as well as other key metrics such as staff retention rates and sickness absence data. The dashboard will help boards and Wellbeing Guardians (a board level or equivalent senior leadership role, designed to champion the wellbeing of their NHS organisational workforce) to make a more rounded assessment of staff health and wellbeing, learn from other peers and identify and make improvements over time.

**Recommendation 3: *We recommend that Integrated Care Systems (ICSs) be required to facilitate access to wellbeing support for NHS and social care workers across their systems, and that they are accountable for the accessibility and take-up of those services.***

**Recommendation 4: *We further recommend that the level of resources allocated to mental health support for health and care staff be maintained as and when the NHS and social care return to ‘business as usual’ after the pandemic; and that the adequacy of resources allocated to that support be monitored on a regular basis.***

- 2.10 Recommendation 3 and 4 have been grouped together for an overarching response to the committee.
- 2.11 NHS and social care staff have undoubtedly been through a very challenging period and they have been dedicated to providing the highest quality of care and support to all those who need it. We know that the pressures on the workforce have been extremely high and we recognised at an early stage the toll this may place on the mental health and wellbeing of health and care staff, prioritising the need for enhanced wellbeing and mental health support for all NHS and social care staff.
- 2.12 During the pandemic we have invested over £1m in specific wellbeing interventions for the adult social care workforce, to build on mechanisms that some employers already have in place. We have worked alongside the NHS and other organisations to provide a package of emotional, psychological and practical resources for the workforce and we are working with the sector to ensure that wellbeing resources and best practice advice are streamlined and easier to navigate. The wellbeing package has included support helplines, wellbeing guidance and bereavement resources, and a bespoke package of support for registered managers including a series of webinars and a dedicated advice line. We are committed to continuing work with the sector to support and promote staff wellbeing.

- 2.13 As part of the Government's White Paper, "People at the Heart of Care: Adult Social Care Reform", published 1st December 2021, we have announced at least £500m of investment for the workforce. Part of this will fund mental health and wellbeing resources, as well as access to occupational health funding to help staff recover from their extraordinary role in helping the country through the pandemic.
- 2.14 NHSEI is also investing £43 million in mental health hubs in 2021/22, building on the £15 million that was put into establishing these in 2020/21. 40-system wide mental health hubs have been rolled out nationally, operating at ICS level, meaning any health and care staff within the ICS area can access the hub for support. The hubs provide an end-to-end pathway that supports staff mental health needs from early identification through to clinical intervention. They offer proactive outreach and engagement with at-risk groups, contacting individuals to offer rapid clinical assessment and support should they need it. Care co-ordination and supported onward referral then allows staff to receive rapid access to mental health treatment.
- 2.15 Additional funding of £15 million has also been made available in 2021/22 to support ICSs to develop tailored health and wellbeing offers that meet the needs of their local workforce. 14 systems were selected for this programme and these systems have worked hard to deliver a consistent, responsive and high-quality service to staff working within their systems. The learning from these 14 pilots and further funding for 2021/22 means that there is the opportunity for further systems in England to adopt, adapt, scale and sustain tailored health and wellbeing offers to continue to support the workforce as we move into people focused recovery.
- 2.16 As we emerge from the pandemic it is crucial that we continue to invest in staff health and wellbeing. Evidence and expert advice suggest that it may take between five and seven years to fully recover from the impact of the trauma that some staff have experienced. There is no doubt that the mental health consequences of the pandemic will last into the future and as a Government, we are committed to providing the mental health and wellbeing support the workforce needs both now and in the future.
- 2.17 Recovery from the pandemic presents an opportunity to enhance and better integrate an inclusive health and wellbeing offer to all staff at a system-wide level. This is achieved through developing collaborative and integrated wellbeing services based on the individual needs of the system.
- 2.18 ICSs have been encouraged to make the best use of the combined assets and capacity of the whole health and care system including third sector

partners providing NHS commissioned services. They have been asked to consider the wellbeing of the entire health and care workforce and many systems have included social care organisations in aspects of their enhanced offer. For example, Somerset ICS have offered all staff across the system access to a bereavement service, an employee assistance programme and a mental health and wellbeing trainer.

### 3. Workforce Culture

**Recommendation 5:** It is imperative staff have the opportunity and the confidence to speak up. However, this needs to be matched with a culture in which organisations demonstrate that they are not just listening to, but also acting on, staff feedback. While NHS organisations have a formal structure to raise concerns through Freedom to Speak Up Guardians, there is no equivalent for adult social care. *We therefore recommend that the Department develops a strategy for the creation of Freedom to Speak Up Guardians in social care.*

- 3.1 We recognise the importance of encouraging a positive culture where people are empowered to speak up and where they feel that their voices will be heard, and ideas acted upon. We will explore with the sector whether and how Freedom to Speak Up Guardians could be created in social care. Our adult social care White Paper last year committed to piloting this in the sector.

**Recommendation 6:** *We recommend that NHS England undertake a review of the role of targets across the NHS which seeks to balance the operational grip they undoubtedly deliver to senior managers against the risks of inadvertently creating a culture which deprioritises care of both staff and patients.*

- 3.2 As a Government, we recognise that leaders and senior managers are central to creating a supportive, healthy and compassionate workplace culture. The NHS People Plan recognises that the most effective route to making change in the NHS is through its leaders. Staff need to feel valued, supported and empowered to carry out their work and this needs to be role modelled by leaders throughout teams and organisations.
- 3.3 NHSEI have undertaken work to develop a new description of the behaviours expected of NHS leaders; 'Our Leadership Way'. This represents the foundation of a new approach to senior leadership and will establish the competencies, values and leadership behaviours we expect from NHS leaders so they can lead to the best of their ability. Leadership and culture will be at the core of how NHS leader's performance is measured, and this will be reflected in the accountability of the NHS through an updated NHS Oversight Framework and Care Quality Commission Well-Led Framework.
- 3.4 We recognise that healthcare settings can become stressful and pressurised, sometimes impacting negatively on a minority of staff. We therefore agree that there should be careful consideration in the setting and management of targets, ensuring that such performance measures support quality care but not at the expense of staff wellbeing. That is why,



as part of the Long-Term Plan, NHSEI have led the clinical review of standards for Urgent and Emergency Care (UEC) to ensure that the right set of measures are used to evaluate and manage UEC services.

- 3.5 The Government have worked closely with NHSEI to agree a suite of measures, including workforce measures around staff retention and wellbeing, that will be used to monitor the implementation of the Long-Term Plan.
- 3.6 We are building our implementation model around systems which will bring together all parts of the health and social care sector within local geographies to ensure that local plans and delivery is aligned to local needs and priorities.

***Recommendation 7: We further recommend that the Department of Health and Social Care work with stakeholders to develop staff wellbeing indicators, on which NHS bodies can be judged.***

- 3.7 As detailed in recommendation 2, the annual NHS Staff Survey provides a key indication of staff wellbeing across NHS Trusts. The new Wellbeing Dashboard incorporates relevant questions from the staff survey alongside other measures such as sickness absence and vacancy rates to provide a more rounded assessment of wellbeing at an organisational level.
- 3.8 The survey is administered annually so staff views can be monitored over time, with an additional Quarterly Pulse Survey introduced in 2021, creating more opportunities for staff to have a voice that counts. Results are available for individual NHS organisations and national level results are presented with a breakdown by organisation type, staff group and demographic characteristics. This allows us to compare the experiences of staff in similar organisations, and to compare the experiences of staff in a particular organisation with the national picture.
- 3.9 Results from the NHS Staff Survey, along with other metrics such as sickness absence rates, are used to measure the success of the NHS People Plan, the NHS Long Term Plan and broader workforce policy interventions to ensure we drive improvements in staff wellbeing.
- 3.10 Using this suite of indicators captures the multitude of factors that may explain health and wellbeing variation between trusts. These quantitative datasets are considered alongside qualitative data to enable a more comprehensive and nuanced understanding of progress.

**Recommendation 8: *We therefore recommend that WRES data be made part of the 'balanced basket of indicators' we suggest for Integrated Care Systems, with the result that they become accountable for progress across their domains. As part of this process, organisations should set themselves ambitious yet achievable targets that include timings. (Paragraph 69)***

- 3.11 The Government agrees that Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data should be included in the 'balanced basket of indicators' for Integrated Care Systems.
- 3.12 Our view is that the targets which organisations set themselves should also be ICS Model Employer goals. This is to avoid the potential inconsistency between how ICSs are measuring their own progress and how NHSE/I are measuring ICS progress. To be a model employer, the NHS needs to be more inclusive – embodying a diverse workforce at all levels and bringing the wealth of experience and perspective for delivering the best outcomes for all communities that it serves
- 3.13 Systems and providers have been provided bespoke target WRES metrics to focus on for 21/22 based on 2020 WRES survey results. This will involve each system focusing on 1-2 WRES metrics to target action and make improvements. ICSs and regions are also being supported to develop robust and ambitious action plans. The support offer from the national team will be tailored for each system as required, to ensure subject matter expertise and oversight of progress.
- 3.14 A long-term strategy for implementation of the WRES is being developed, which will examine the efficacy of existing Model Employer goals. It will also explore the possibility of ICS Model Employer goals being set by ICSs themselves, that are based on the system specific WRES/WDES metrics and the interventions and support already in place or planned.
- 3.15 As part of the wider ICS development work underway, a System Workforce Improvement Model is being developed to ensure that future workforce within ICSs are reflecting the equality, diversity and inclusion priorities of NHSEI.
- 3.16 For social care, our ambition is for the WRES to inform workforce equality and health inequalities policy development. From April 2021, Phase 1 of the WRES began implementation in 18 local authority social service departments. The Chief Social Worker's Office is working across the sector and Government on these plans via a central Programme Management Team which includes Site Engagement Leads, and the WRES Advisory

Group made up of senior leaders and professional representatives across social care. The Programme Management Team is working closely with local authorities to design and implement their Borough Action Plan which will strategically plan a set of core actions to address areas of improvement that the WRES indicators identify for their area. Following evaluation of Phase 1, our aim is to begin implementing the WRES across social care.

- 3.17 As part of our plans set out in the White Paper, “People at the Heart of Care: Adult Social Care Reform”, we want to ensure that every member of the social care workforce has equal access to support to develop their careers in social care. We are also supporting individuals within the workforce through unprecedented investment in wellbeing and mental health support.

**Recommendation 9: *We recommend that adult social care have its own People Plan, which includes parallel commitments to those for the NHS on diversity and inclusion.***

**Recommendation 16: *We therefore recommend that, as a priority, the Department produces a People Plan for social care that is aligned to the ambitions set out in the NHS People Plan.***

- 3.18 Recommendations 9 and 16 have been grouped together for an overarching response to the committee.
- 3.19 The social care workforce is critical to enabling the highest standards of care and support. We are listening to and engaging with frontline staff, sector leaders and our partners about how the Government can best support those who work in care.
- 3.20 We are committed to the reform of the adult social care system and will consider the Committee’s recommendations for a People Plan for Social Care in the context of this work.
- 3.21 We have also commissioned HEE to undertake a refresh of “Framework 15”, to understand future drivers of supply and demand for both the health and social care workforce. This includes registered professions, such as nurses and allied health professionals and demonstrates our commitment to integration and understanding the links between health and social care.

**Recommendation 10: We recommend that the Department develops an NHS and social care national policy framework around migration to support national and local workforce planning and identify the balance between domestic and international recruitment in the short, medium and long-term.**

- 3.22 We hugely value the contribution of international staff from across the world who provide excellent care. International recruitment has long been part of the NHS workforce strategy. The NHS People Plan recognises that international staff are critical to a sustainable workforce in the short to medium term whilst domestic supply is increased. The International Recruitment strand of the 50k nurse programme is proving successful both at delivering significant numbers of new nurses to the NHS, but also to set high standards of pastoral care and support to both new and established overseas nurses. We recognise the comments from some witnesses around the lack of parity between nurses and other professional groups and are working to address this at a national and local level. We will consider the value of the recommended framework as part of the next stage of the People Plan to ensure the best practice that has been developed for certain staff groups is implemented more consistently, and recognise the need to understand the balance between international and domestic supply of staff.
- 3.23 We are taking action to support adult social care providers to recruit domestically. At the start of November 2021 we launched our National Recruitment Campaign which will run until March 2022 across radio, video on demand and digital channels, with high profile TV bursts in November and January. Our commitment of £500 million for the sector across three years will also include funding for recruitment, and further detail is provided in the White Paper.
- 3.24 On 10 December 2021 we announced £300 million to support local authorities and care providers recruit and retain care staff through the winter. This funding is in addition to the existing £162.5 million Workforce Recruitment and Retention Fund (WRRF) which was announced on 21 October 2021.
- 3.25 We also expect local authorities to take an active role in supporting recruitment and retention in their local area, utilising their oversight of local systems, the labour market, future demand for care services, and trends and patterns in adult social care workforce. We are aware of some great local initiatives already in place, which we are promoting through the Skills for Care website.

3.26 The UK Government has also increased the range of roles that can be recruited to from overseas as part of the Health and Care Visa, through the expansion of the skill level in January 2021. However, we also recognise that under the new points-based immigration system, the majority of roles in adult social care are not eligible for a Health and Care Visa. The Home Office has commissioned the Migration Advisory Committee (MAC) to deliver an independent review of the effect of EU Exit on the adult social care workforce, and we will be feeding into the scope of this review as appropriate. We look forward to reviewing the MAC's findings once published.

## 4. The Impact of COVID-19

**Recommendation 11: *We recommend that national bodies must continue to monitor the impact of covid-19 on the NHS and adult social care workforce and ensure that workforce planning builds in time for recovery after the pandemic is over.***

- 4.1 We recognise the impact the COVID-19 pandemic may have over the longer term and are committed to monitoring its effect on the workforce to ensure we respond to any arising needs.
- 4.2 In the adult social care sector, high absence rates due to people testing positive for COVID-19 and self-isolating during the pandemic have contributed to challenges in workforce capacity, which in turn have impacted on members of the workforce's wellbeing.
- 4.3 We continue to provide a national package of emotional, psychological and practical resources to support staff throughout this difficult period. This support includes advice and guidance as well as the Samaritans NHS and social care staff helpline and the Just B/Hospice UK trauma and bereavement helpline, all of which have been available to all carers and care workers throughout the pandemic.
- 4.4 On 29th December 2021 we announced an additional £60 million for local authorities, to help them support the adult social care response to COVID-19 in January. The Omicron Support Fund is on top of the £388 million Infection Control and Testing Fund announced earlier in the year to prevent infections and provide testing to the care sector.
- 4.5 The Department is continuing to monitor the impact of COVID-19 on the capacity of the adult social care workforce, including using local intelligence and data from the Capacity Tracker and Skills for Care on absence and vacancy rates and through our Regional Assurance Team. We will continue to work closely with the sector to consider any further actions that may need to be taken to support workforce capacity where appropriate in the future and throughout the recovery period.
- 4.6 For the NHS workforce, at the outset of the pandemic NHSEI launched a comprehensive, national health and wellbeing package of support, many parts of which were also made available to those working in social care. So far this been accessed over one million times. As part of the evaluation and insights workstream of the health and wellbeing programme, NHSEI

has continued to monitor emerging evidence on the impact of COVID-19 on NHS staff, adapting and evolving the wellbeing offer as changing needs were identified.

- 4.7 NHSEI have regularly surveyed staff through the People Pulse survey, initiated in June 2020. Over 120 providers are registered, and the survey has received over 50,000 responses from NHS staff over 14 waves, with 30-40 NHS Trusts typically participating in each wave. The results show that staff felt much more anxious during the peaks of the pandemic, especially during the second wave in winter 2020. Feedback from staff surrounding the impact of the pandemic on their health and wellbeing has also been received through themes arising from NHS staff on calls to the Samaritans NHS and social care staff helpline.
- 4.8 Key secondary stressors were then able to be identified and as a result, additional support was put in place to help staff with parental and childcare responsibilities and financial support. Awareness of the particular impact of COVID-19 on ethnic minority groups and feedback received through the People Pulse also led to an enhanced and tailored support offer for this group of staff.
- 4.9 We know that the consequences of the pandemic on staff may be long lasting and as we emerge from the pandemic, NHSEI is continuing to gather insights and data on staff health and wellbeing to monitor the impact that COVID-19 has had over the longer term. The People Pulse survey is being updated and will continue alongside a quarterly staff survey focused on staff engagement. This will be considered alongside insights from partnerships with academia and consultation with expert advisory groups.
- 4.10 Health Education England (HEE) has also surveyed students and trainees throughout the pandemic and the most recent National Education and Training Survey provides an opportunity for students and trainees to share their experiences, what is working well, and what could be improved. The survey monitors the education and training of all NHS learners that respond, including aspects of their wellbeing. The feedback from the survey enables HEE to continually make improvements to all clinical learning environments for students and trainees.
- 4.11 HEE are also focused on supporting the wellbeing of students and trainees and have put in place a range of wellbeing initiatives including the MindEd Coronavirus Staff Resilience Hub which remains available to all in health and social care. This provides support for frontline staff working through the Covid-19 pandemic to help manage their mental health and wellbeing.

It has been created in partnership with NHSEI and is supported by Skills for Care.

- 4.12 HEE continues to deliver the recommendations of the NHS Staff and Learner’s Mental Wellbeing Commission report, published in 2019. This Commission set out to discover and review evidence of good practice, where the mental health and wellbeing of staff and learners in NHS organisations had been made an organisational priority. Delivery was well underway prior to the emergence of COVID-19, providing a solid foundation for HEE’s and the NHS’s wellbeing response, and remains relevant during the recovery phase. Several recommendations were implemented during the early stages of the pandemic, including Wellbeing Guardians and a Samaritans-style service.
- 4.13 When COVID-19 pressures do subside, it is vital that planning both supports service and workforce recovery, but also training recovery, to ensure ongoing service. HEE is working with trainees, educators and system partners to support training and service recovery and to support learners during this.
- 4.14 The NHS priorities and operational planning guidance reinforces our strong commitment to staff health and wellbeing and puts the recovery of the NHS workforce front and centre of NHS plans for service recovery. Different people will recover in different ways. For some people, time off and a period of rest will be enough whereas others will need more specialist support and interventions. The NHS convened a People Recovery Taskforce Force to co-develop a framework and set of interventions to support staff. This informed the priorities in the 2021/22 and 2022/23 NHS priorities and operational planning guidance, which details ongoing support to help staff recover. This includes making full use of the annual leave policy, flexing it to create additional options for staff and enhancing mental and occupational health support. Supporting staff recovery and their health and wellbeing is also a major factor in improving retention so that we have enough staff to restore services in a sustainable way.

***Recommendation 12: We recommend that the Department of Health and Social Care, the national bodies, and individual organisations across the NHS and social care commit to capturing and disseminating the innovations—in particular giving greater levels of autonomy to staff and new forms of integrated working—during the pandemic so that they can be embedded in organisations as they return to ‘business as usual’.***



- 4.15 The pandemic brought about rapid and profound changes in ways of working across the health and social care sectors. As noted by the committee, whilst recognising the challenges the pandemic has posed, there has also been some great examples of teamwork, innovation and excellence in practice and leadership. Where new approaches have worked well, they should not be rolled back, but adopted systematically. To successfully innovate, we need to capture the changes that have occurred and measure the impact to see what works, ensuring that the NHS and social care sector rebuilds in a way that is even better than before. That is why the government has brought forward the White Paper, “People at the Heart of Care: Adult Social Care Reform”, published 1st December 2021. This includes a £300 million new investment in housing which will put better housing at the heart of the adult social care system. It will support local areas to provide more supported and specialised housing, enabling more people to live independently for longer.
- 4.16 Promoting integrated care is a priority for this Government. The COVID-19 pandemic has highlighted the benefits of collaboration between health and social care partners.
- 4.17 We are already aware of many social care organisations playing a vital role in disseminating and capturing innovations in the sector. Government will continue to consider how we can encourage innovation, learning from the experiences of local and national social care partners.
- 4.18 We will work to ensure people have greater choice and control over where and how they live, receiving care and support in their own home to meet their individual needs.
- 4.19 New models of care and innovation in models of care, including housing-with-care, have a vital role in delivering more personalised care, promoting prevention, enabling people to live independently and supporting improvements for the social care workforce. We will also continue to consider how the application of technology can empower service users, reduce carer workload, support local authorities with commissioning and help providers run their businesses, transforming the way we organise and deliver care to improve outcomes and quality.
- 4.20 In the NHS, in April 2020 the NHSEI National Incident Response Board commissioned NHSEI’s Improvement Directorate to collate and understand the frontline changes that were happening at pace in response to the pandemic. The Beneficial Change Network, a collaborative group of health and social care stakeholders was formed to capture the benefits of changes that have taken place through Covid-19, share knowledge,

evaluate changes and embed learning locally. They reached out to staff, patients and carers in addition to other external health organisations, such as the NHS Confederation, NHS Providers, the Kings Fund, Academic Health Science Networks and local authorities. The Beneficial Changes Network has produced a variety of case studies and other resources which have been disseminated to the wider system.

- 4.21 The NHS operational planning guidance for 2021/22 sets out a priority for systems and employers to take time to embed the workforce transformations adopted during the pandemic to support recovery and longer-term changes. These transformations include maximising the benefits of e-rostering and e-job-planning to give staff more control and visibility of working patterns so that they can manage their different responsibilities and broader interests, supporting service improvements and ensuring the most effective deployment of staff. Local systems were also encouraged to make use of interventions to facilitate flexibility and staff movement across systems, which were an important part of the response to the pandemic. These interventions include remote working plans, technology-enhanced learning and the option of staff digital passports.
- 4.22 The pandemic has also highlighted the need for flexibility in how people can work. NHSEI is continuing to support flexible working and working carers through the development of practical tools making explicit the value to staff and services, developing guidance and sharing best practice to encourage innovation and increase confidence and take up of different flexible working practices. The NHS People Plan promotes flexible working to support the NHS to become a modern and model employer. The option of flexible working patterns will now be a requirement for all posts across the NHS and a new working carers passport will support timely and compassionate conversations with line managers.
- 4.23 At a national level, support will be provided for systems to embed innovative approaches and support frontline staff in developing their own local solutions towards releasing capacity in outpatients, diagnostics, patient pathways and general practice. Developing new ways of working which make best possible use of people's skills and time also supports health and wellbeing by ensuring that work is distributed and done as efficiently as possible.
- 4.24 Building on the experience of the pandemic, NHSEI will also be working with HEE to explore the potential of new roles and making best use of skills through multidisciplinary teams, as well as ensuring the workforce can

respond to technological change and support new service models to provide high-quality patient care, now and in the future. This work will include developing proposals for medical education reform to improve efficacy and flexibility of our medical education system, guided by the lessons of the COVID response, as well as through HEE's advanced practice programme, expand clinical practice for nurses, allied health professionals, pharmacists and healthcare scientists to ensure people can practise to their maximum ability, not the top of their capacity.

**Recommendation 13: It is clear from the evidence collected by Government, the NHS and other organisations that staff from Black, Asian and minority ethnic groups have been disproportionately affected by the pandemic in a way that has shone a light on deeply worrying divisions in society. Both the Public Health England and BAME Communities Advisory Group reports set out a series of actions to address this problem. We recommend that the Department set out how it plans to implement those recommendations, with a corresponding timeframe.**

- 4.25 The Minister for Equalities, Kemi Badenoch MP, has been leading cross-government work to address the findings of the PHE report (June 2020) on *Covid-19: review of disparities and risks in outcomes*, which highlighted the disproportionate impacts of covid-19 on ethnic minority groups. On 22 October 2020 she published her first quarterly progress report to the Prime Minister and the Secretary of State for Health and Social Care. This concluded that a range of socio-economic and geographical factors coupled with pre-existing health conditions were contributing to the higher infection and mortality rates for ethnic minority groups, with a part of the excess risk remaining unexplained for some groups.
- 4.26 The second quarterly progress report, published on 26 February 2021, looks in more detail at the causes of excess risk among ethnic minority groups. A significant development since the first quarterly report is the approval and roll out of COVID-19 vaccines. The Government published its *UK COVID-19 vaccine uptake plan* on 13 February 2021, highlighting a range of barriers to uptake and some of the work being undertaken across government and at a local level to minimise the impact of these. The government invested a further £4.5 million in research looking at the health, social, cultural and economic impacts of COVID-19 on ethnic minority groups. It also provided £23.75 million funding to 60 local authorities and voluntary sector grassroots initiatives through the MHCLG Community Champions scheme, drawing upon trusted voices in the

community to combat misinformation and vaccine hesitancy, and sharing lessons learned from this initiative with local authorities.

- 4.27 The third progress report was published on 25 May 2021. The report summarised work across government and through national and local partnerships, to improve vaccine uptake among ethnic minorities. It included measures to support vaccinations during Ramadan, extending the use of places of worship as vaccination centres to around 50 different venues with many more acting as pop-up sites, delivering out of hours clinics, outreach into areas of lower uptake and encouraging family group vaccinations for those living in multi-generational homes who may be at increased risk of contracting and transmitting COVID-19 infection.
- 4.28 The report also summarised progress with the Community Champions scheme that was launched in January, outlining activity across the 60 local authorities that received funding through this scheme. By the end of the first month, there were over 2,000 individual Community Champions working on the programme, who were playing a vital role in combatting misinformation and driving vaccine uptake.
- 4.29 In June 2020, DHSC published a COVID-19 adult social care workforce risk reduction framework to support employers to sensitively discuss and manage specific risks to their staff – including risk by ethnicity, age, sex and underlying health conditions.
- 4.30 The Equality and Human Rights Commission launched an inquiry into racial inequality in health and social care workplaces across England, Scotland and Wales. It will also include wider reflections and learnings from the Covid-19 outbreak. The evidence and outcomes of this Inquiry will further our understanding of the current experiences and barriers faced by ethnic minority staff and support future direction setting.
- 4.31 With regard to the COVID-19 vaccine, black or black British adults had the highest rates of vaccine hesitancy (18%) compared with White adults (4%). We recognise the importance of raising awareness of the benefits of vaccination within minority ethnic groups who are known to be more at risk from COVID-19. We have met with faith leaders and the Moral and Ethical Advisory Group (MEAG), on COVID-19 immunisation and sought consideration of how best to clearly communicate about the benefits of the vaccine.
- 4.32 On 13 February 2021, we published the UK COVID-19 vaccines delivery plan, setting out the significant programme of work underway to drive

vaccine uptake, including actions to improve access and to address the concerns of those who may be hesitant to receive the vaccine.

**Recommendation 14: *We further recommend that Integrated Care Systems have a duty to report on progress made against those recommendations made to improve the support for their staff from Black, Asian and minority ethnic backgrounds.***

- 4.33 We recognise the importance of ICS involvement in ensuring progress on the recommendations made to improve the support for their staff from ethnic minority backgrounds.
- 4.34 As detailed in our response to recommendation 8, as part of the wider ICS development work underway, a System Workforce Improvement Model is being developed to ensure that future workforce within ICSs are reflecting the equality, diversity and inclusion priorities of NHSEI.

## 5. Workforce Planning

**Recommendation 15: We recommend that the Department publish regular, costed updates along with delivery timelines for all of the proposals in the People Plan.**

- 5.1 Delivery of the People Plan is overseen by NHSEI's People Plan Delivery Board (PPDB) which brings together national People Plan leads, DHSC representatives, Regional People Board Chairs, system, trust and Primary Care Network representatives.
- 5.2 Throughout the pandemic, the four themes of the People Plan – Looking After Our People, Belonging in the NHS, New Ways of Working and Growing for the Future – provided a common framework and clear direction for the workforce response. Efforts were focused on the most impactful actions for our workforce: supporting our people to be safe and well and ensuring their voices were heard; delivering safe staffing of the COVID response and vaccination programme; and sustaining other services with greater use of innovation, technology and new ways of working. All 42 systems delivered this approach; with over 90% achievement of seven out of the eight prioritised actions.
- 5.3 The people priorities for 2021/22 and 2022/23, as set out in the national planning guidance, build on the 'People Plan 2020/21: Action for us all' and are informed by learning from the pandemic. These aim to embed a more preventative approach to the health and wellbeing of staff, tackle inequalities, lock in beneficial changes and new ways of working, and boost efforts to attract and retain more people.
- 5.4 Following the Spending Review, the Department will work with NHSEI and HEE to identify areas where future investment is needed. We will then work together to shape our priorities for the People Plan programme for 2022/23 onwards.

**Recommendation 17: We have made recommendations to the Department on the reform and funding of social care in previous Reports. We believe that they are worth restating. Those recommendations are as follow:**

***(a) Alongside [...] a long term funding settlement we strongly believe the Government should publish a 10 year plan for the social care sector as it has done for the NHS. The two systems are increasingly linked and it makes no sense to put in place long term plans for one without the other. Failure to do so is also likely to inhibit reform and lead to higher costs as workforce shortages become more pronounced with higher dependency on agency staff. Reducing the 30% turnover rates typical in the sector will also require a long term,***

***strategic approach to social care pay and conditions. (Social care: funding and workforce, Third Report of Session 2019–21, Paragraph 37).***

***(b) The social care sector needs reassurance that both the structural and financial problems it faces will be tackled by the Government in a timely way. For that reason, we recommend that a duty is included in the Bill for the Secretary of State to publish a 10-year plan with detailed costings within six months of the Bill receiving Royal Assent. (The Government’s White Paper proposals for the reform of Health and Social Care, First Report of Session 2021–22, paragraph 65).***

- 5.5 The social care workforce is critical to enabling the highest standards of care and support. We have listened to and engaged with frontline staff, sector leaders and our partners about how the Government can best support those who work in care. Our objectives are to enable the highest standards of care and to support our social care workforce to achieve their full potential through developing the skills of all staff working in the sector.
- 5.6 As part of the Government’s “People at the Heart of Care: Adult Social Care Reform” White Paper, we announced our ten year reform vision, which puts people at the centre of social care and will ensure greater choice, control and support to lead an independent life with fair and accessible care.
- 5.7 The measures, which include a new £300 million investment in housing, £150 million of additional funding to improve technology and increase digitisation across social care, and a £500 million investment in the workforce, which will include hundreds of thousands of training places and certifications for our care workers and professional development for regulated workforce. It will also fund mental health wellbeing resources and access to occupational health funding to help staff recover from their extraordinary role in helping the country through the pandemic.
- 5.8 In developing these plans for reform we have worked with over 200 stakeholders, including local government, think-tanks, providers of care and their representatives, professional bodies, charities, unions and people with lived experience of care and support.

***Recommendation 18: The Government include in the Bill, provisions to require Health Education England to publish objective, transparent and independent annual reports on workforce shortages and future staffing requirements that cover the next five, ten and twenty years including an assessment of whether sufficient numbers are being trained. We further recommend that such***

**workforce projections cover social care as well as the NHS given the close links between the two systems.**

**Workforce reports be undertaken in consultation with the Devolved Administrations to ensure that a clear picture is given on the health and care workforce throughout the United Kingdom**

**We recommend again, that Health Education England publish objective, transparent and independently-audited annual reports on workforce projections that cover the next five, ten and twenty years including an assessment of whether sufficient numbers are being trained. We further recommend that such workforce projections cover social care as well as the NHS given the close links between the two systems. (Paragraph 185)**

**We further recommend that those projections:**

- **Are informed by the future shape of services and anticipated demand.**
- **Take into account the labour market as a whole.**
- **Make clear the opportunity cost of not training, employing and retaining sufficient numbers of staff.**

5.9 The Committee recommended HEE publish independent annual reports on workforce shortages and future staffing requirements that cover the next five, ten and twenty years, and that these projections should also cover social care as well. We note that the committee has previously made this recommendation in your report on the Government's White Paper on Health and Social Care (published on 14 May).

5.10 At the current time, the new duty in the recently introduced Health and Care Bill will require the Secretary of State to publish a report that sets out how workforce planning and supply is organised in England, in order to provide greater transparency and accountability. The duty proposes that this report must be published, at a minimum, every five years. The intention is that this duty will complement the concerted non-legislative action and investment on workforce planning and supply already underway. For example, we have already expanded, by 25%, the number of places available for domestic medical students at schools in England (completed in September 2020) and we are on track to meet the 50,000 nurses commitment.

5.11 We will look carefully at the Committee's recommendations and we look forward to continuing to engage the Committee and its members on this issue as the Health and Care Bill progresses through Parliament.

5.12 Furthermore, the Department of Health and Social Care has recently commissioned HEE to undertake "Framework 15". First done in 2013 and



then refreshed in 2017, this sets out the drivers of future workforce demand and supply, including but not limited to demographics, science, the nature of work and public expectations.

- 5.13 While previous iterations of Framework 15 have focused on healthcare, this version will for the first time also include registered professionals working in social care, like nurses and occupational therapists. This reflects the interlinked nature of health and social care, as well as the introduction of Integrated Care Systems (ICSs).
- 5.14 HEE will lead the work, working closely with DHSC, NHSEI and Skills for Care. They will engage widely over autumn and winter, bringing in views from staff, patients/service users, carers and their representatives, with a final publication planned for Spring 2022.
- 5.15 Skills for Care produce annual reports for the Department on the size and shape of the Adult Social Care workforce in England including data on vacancy and retention rates, qualification and training levels, and projections of future workforce demand.
- 5.16 The Department will continue to work closely with Skills for Care, HEE and other partners to consider the future needs of the Adult Social Care workforce and ensure we have a growing number of people with the values and skills to deliver high quality, compassionate care.





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