

# More and Different: Improving Pathways into Employment



25<sup>th</sup> May 2023



# House Rules



**1** Everyone's microphone has to be muted

**2** To join us on social media, use #MoreAndDifferent @InnovationsBB

**3** Please use "Raise Hand" function on teams if you would like to contribute to discussion 🙋

**4** Please write your question in the chat-box or email [jacqui.gibson@bbi.uk.com](mailto:jacqui.gibson@bbi.uk.com) and it will be read out

**5** Slides and a note of discussions will be circulated after the event

# Agenda



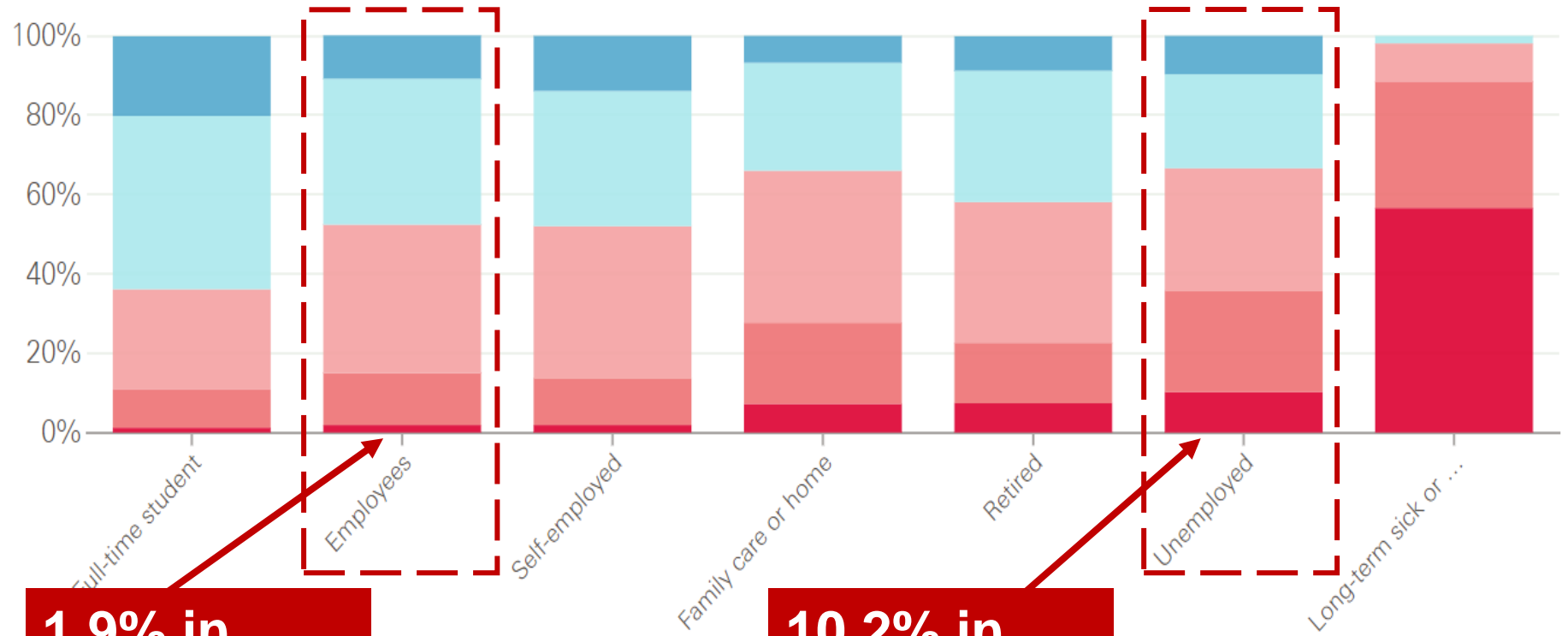
Time	Session
10:00	Attendees join call
10:05	Welcome and opening remarks from Lord Patel of Bradford and William Roberts, Chief Executive, RSPH
10:15	A More and Different Way of Working - BBI Presents and Kate Davies CBE, NHS England – Inclusive Workforce Programme
10:45	Structured Discussion – Potential Cohorts
10:55	Structured Discussion – Recruitment Challenges
11:05	Structured Discussion – Anchor Projects
11:15	Structured Discussion - Transforming Success into Standard Practice
11:25	Next steps – Nic Werran, Closing remarks from Lord Patel of Bradford

# GOOD EMPLOYMENT IS KEY TO GOOD HEALTH

Aside from long-term sick/disabled, unemployed people report the worst health outcomes compared to other work statuses

Self-rated health by employment status, UK: 2019/20

■ Poor health ■ Fair health ■ Good health ■ Very good health ■ Excellent health



**1.9% in poor health**

**10.2% in poor health**

**Unemployed people are almost five times more likely to be in poor health, than employed people**

1



**A Challenging  
Landscape**

2



**The More &  
Different Pathway**

3



**Next Steps**

1



# A Challenging Landscape

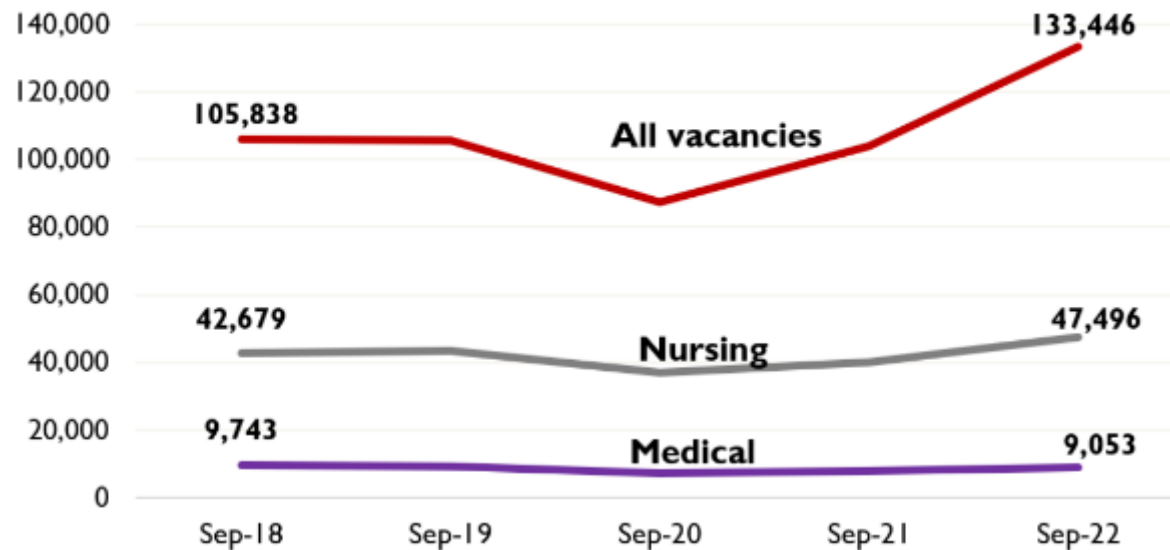
# A CHALLENGING LANDSCAPE



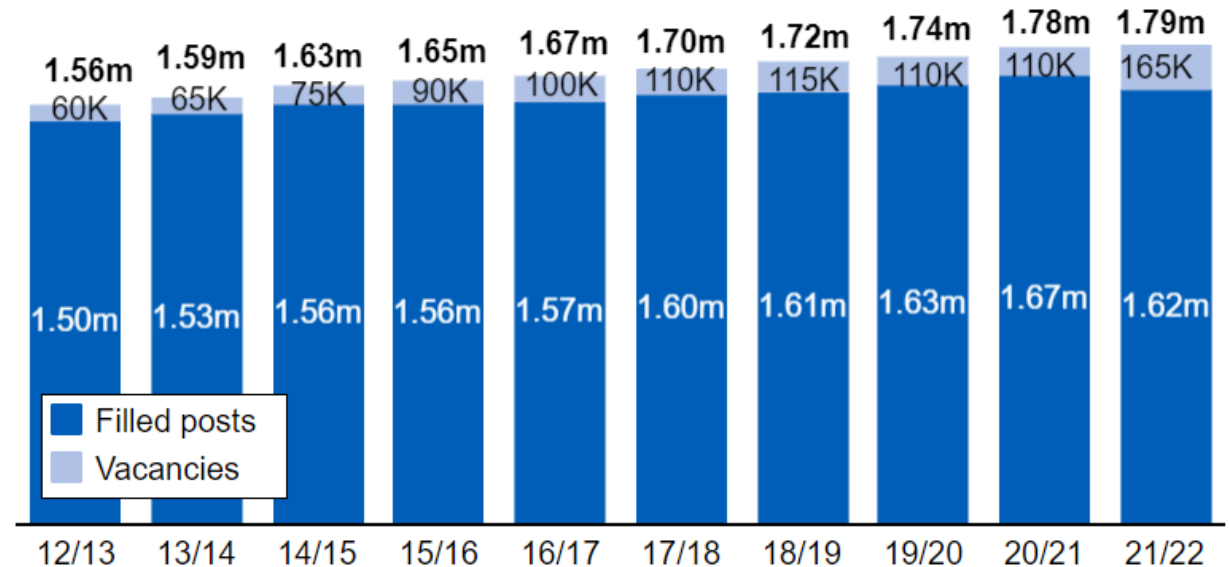
Estimated that by 2030/31, an extra 488,000 health care staff needed to meet demand

Vacancies in adult social care in 2021/ 22 totaled 165K – a 55K increase in just one year

Chart 1: Medical, nursing and overall NHS vacancies, September 2018 to September 2022



Filled posts and vacancies between 2012/13 and 2021/22



# A CHALLENGING LANDSCAPE



***“We’ve got organisations that can’t get people; we’ve got people who can’t get jobs. There’s a real sweet spot here.”***

**Rob Webster, CEO West Yorkshire ICB**





# BREAKING BARRIERS INSIGHTS FROM TEST LOCATIONS



**Hampshire and Isle of Wight**

**Somerset**

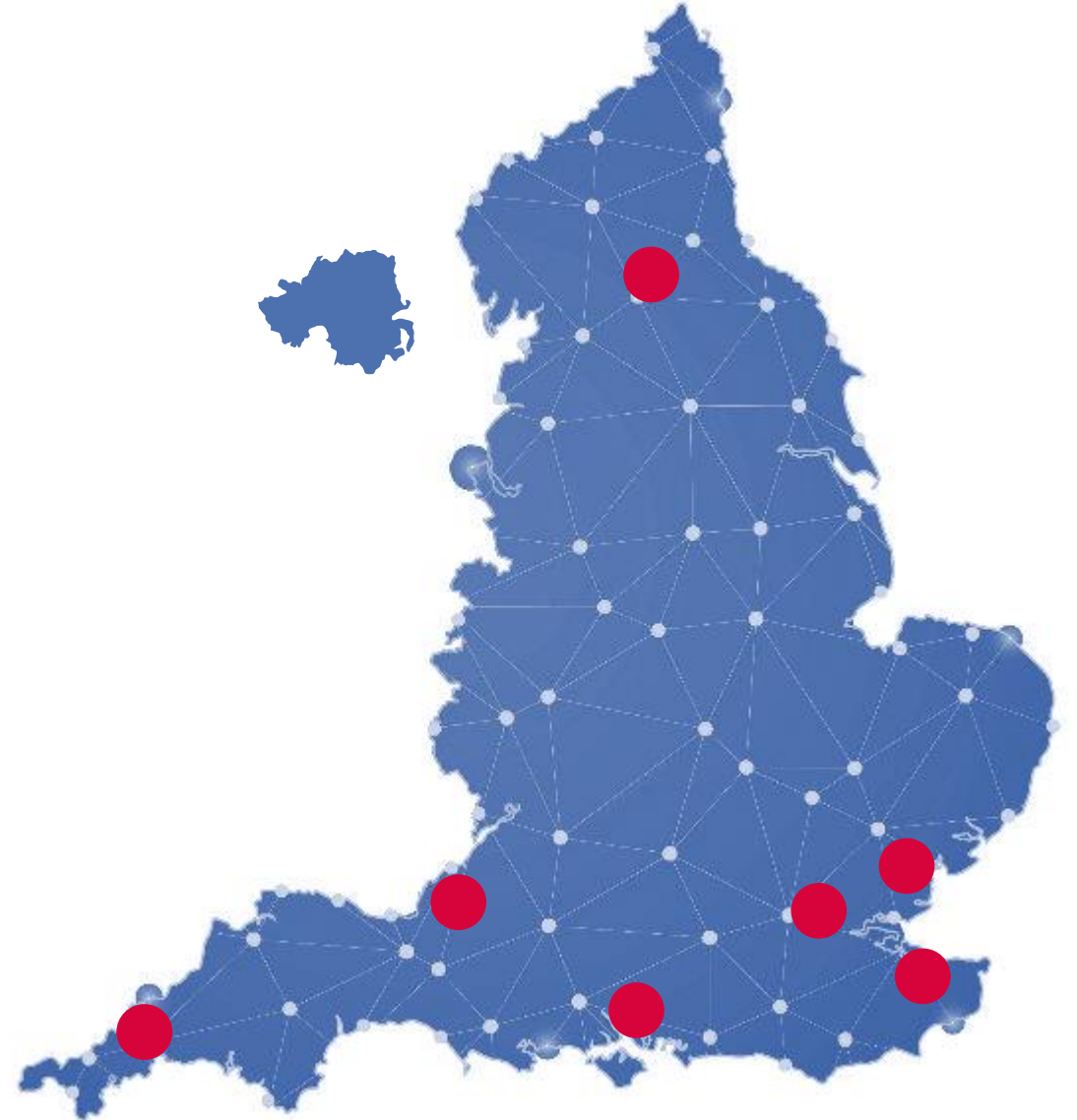
**West Yorkshire**

**Suffolk and North East Essex**

**Cornwall and Isles of Scilly**

**Kent (Sheppey)**

**South East London**



# BREAKING BARRIERS INSIGHTS FROM TEST LOCATIONS



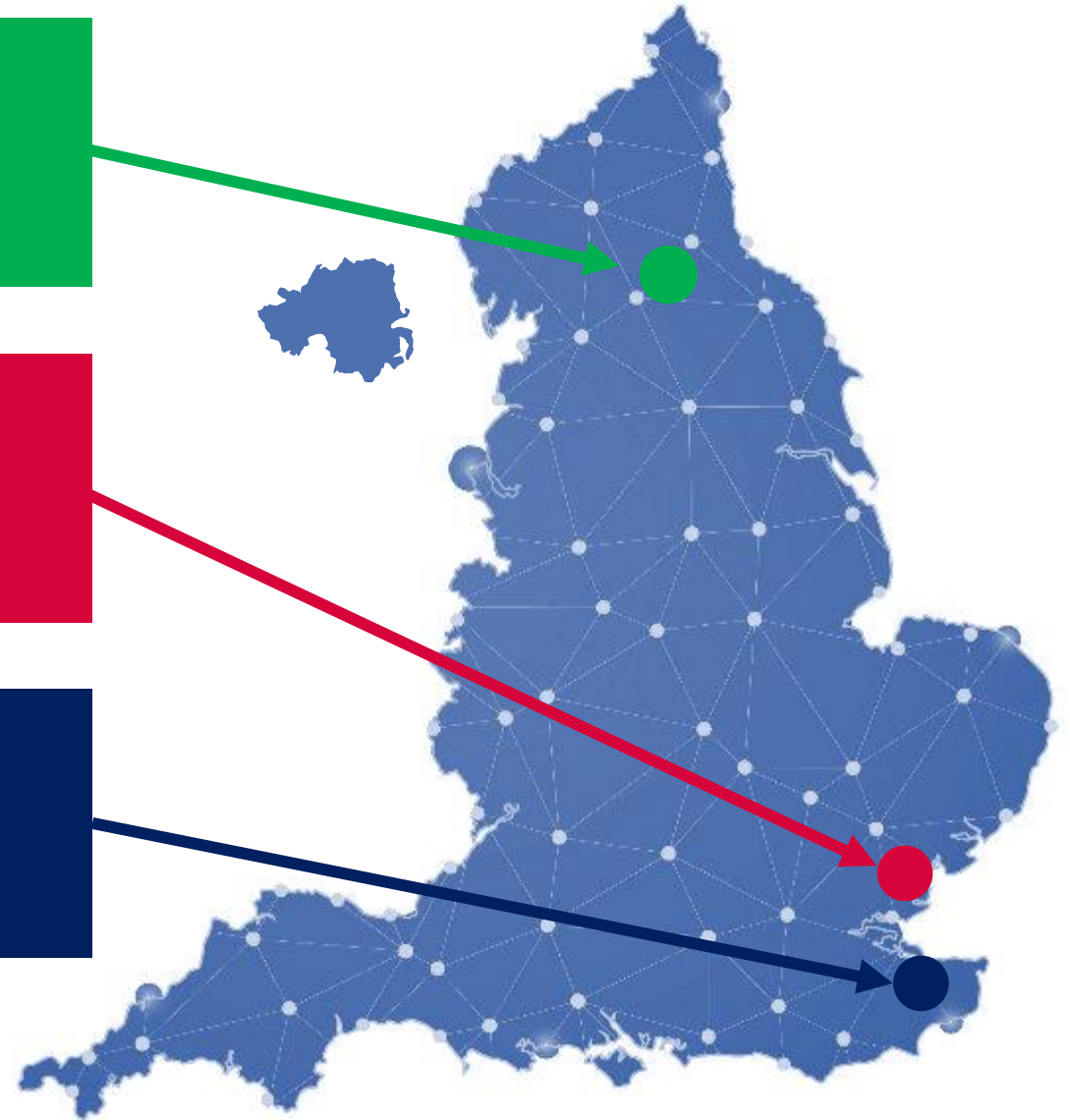
**Wakefield**



**Clacton**



**Sheppey**



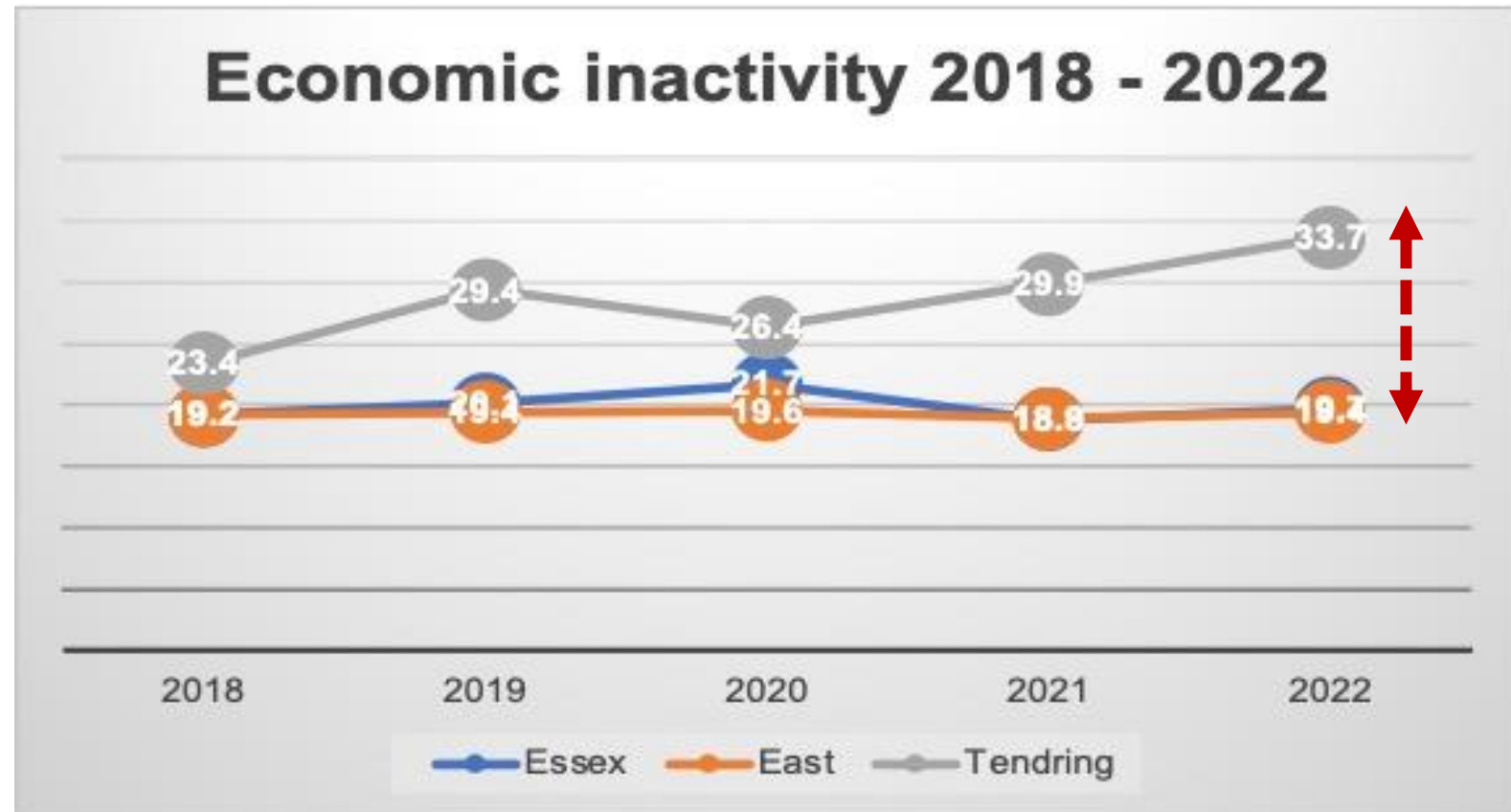
# CLACTON CONTEXT



Communities in Tendring have become worse off since Covid and are pulling away from Essex and the wider East of England

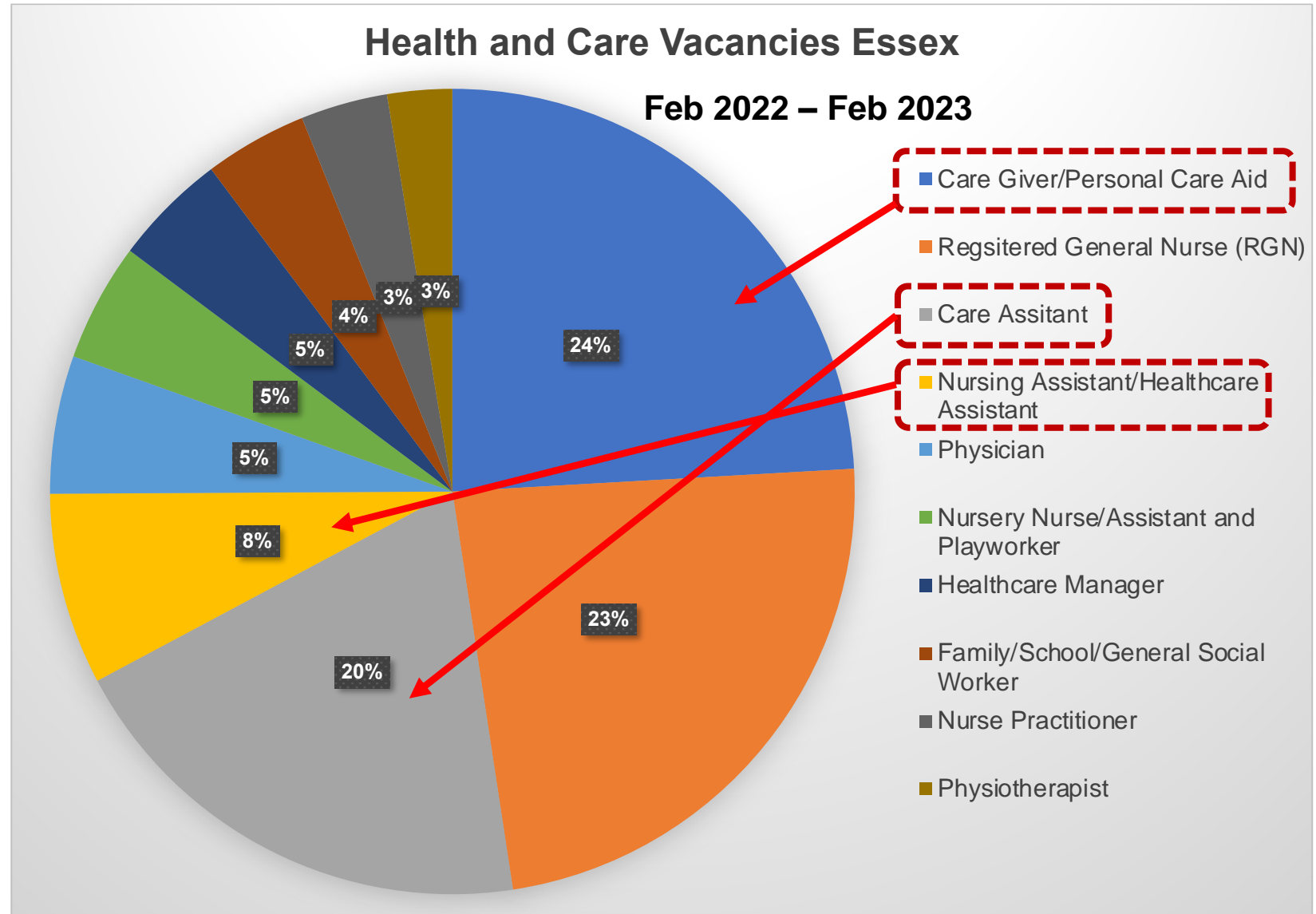
25% of all employed people in Clacton work in sectors which were shut during lockdown

## Essex, East and Tendring: NOMIS



Some of the biggest vacancy gaps are in entry-level roles

These aren't translating into opportunities for local people



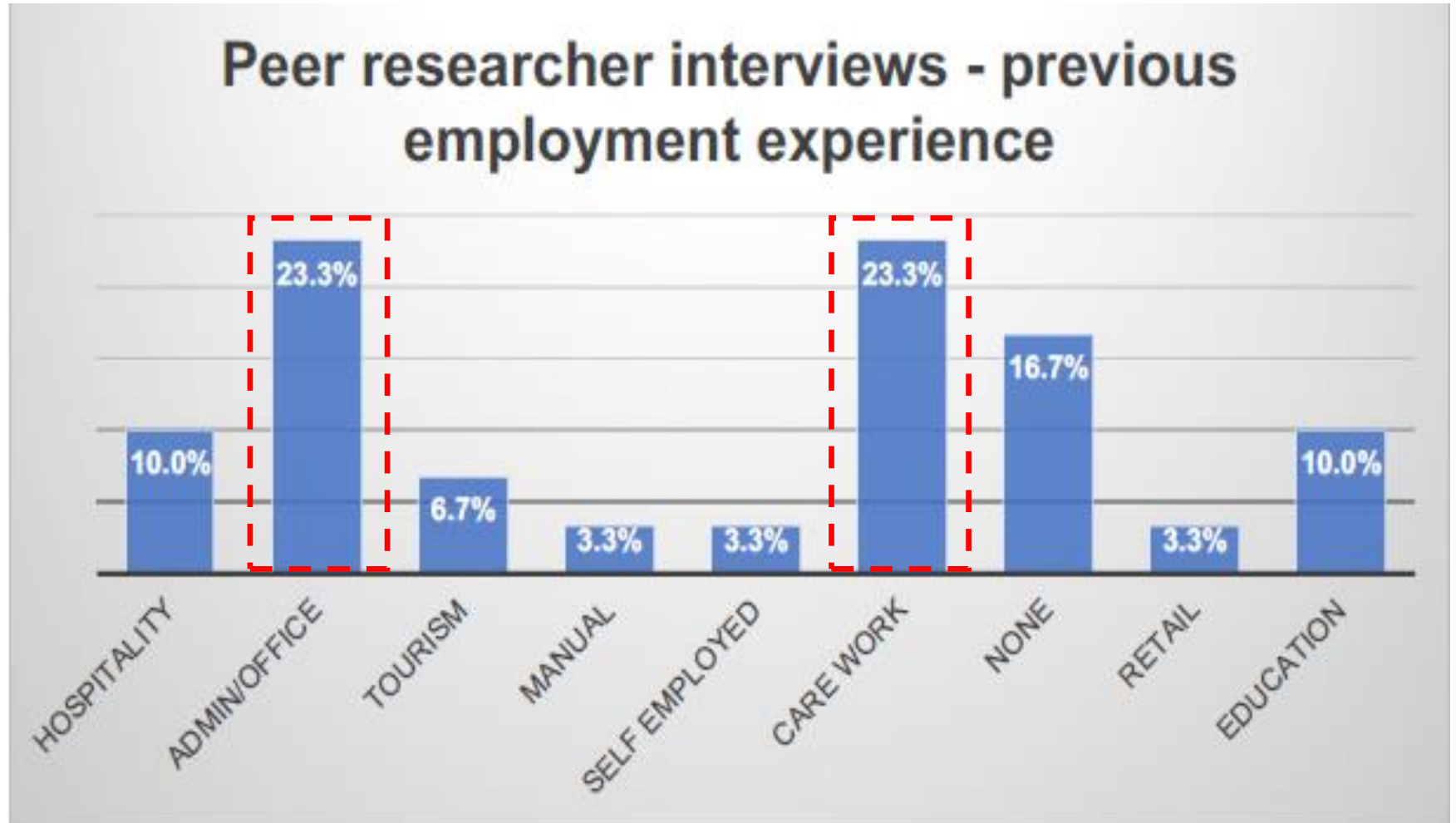
# ENGAGING IN CLACTON



*Interviewee profiles by employment experience*

*Admin and care work (44.6% combined) rank highest*

Peer researcher interviews - previous employment experience



# SIX KEY INTERVENTION AREAS



Induction



Job Matching



Job Applications



Job Searching



Accessibility



Skills and Experience





***“Learning difficulties are not very well understood. There's nothing really out there to help people like myself, everyone says I can't just go and do a normal job.”***

***“They'll be a job and they don't think about how health or what people with different health problems can or can't do.”***

***“People feel left on the shelf, and the older you get the more help you need, it gets harder.”***



**Pre-Employment: Accessibility**



***“The buses are unreliable and if you miss one its half an hour or an hour before another comes and if you are trying to get to work then you are late and that causes problems.”***

***“College is not that far, but there isn't the transport infrastructure to get people there.”***

***“...I didn't get a job because I couldn't get all the way up to Colchester. It takes an hour and a half on the bus, and I was thinking how can I get there?”***



**Pre-Employment: Accessibility - Transport**



# SIX KEY INTERVENTION AREAS



Induction



Job Matching



Job Applications



Job Searching



Accessibility



Skills and Experience





***“People find it difficult to apply online, the Internet is always changing, in the past you could just walk into jobs, there are so many more barriers now.”***

***“The applications are the biggest barrier in the NHS.”***

***“People struggle with interviews and filling in forms when they may be really good at a job... assuming that everyone can interview.”***



# SIX KEY INTERVENTION AREAS



Induction



Job Matching



Job Applications



Job Searching



Accessibility



Skills and Experience





***“You get stuck doing the same things and there are no career prospects unless you can be a manager. There isn’t much encouragement for people.”***

***“Employers have got to realise that just because you look fine, it doesn't mean there should be no support.”***

***“One person should be assigned to go through the whole process with you from start to finish and stay in contact after to make sure you and the employer are settling in ok.”***



**In Work: Induction**

1



**A Challenging  
Landscape**

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**The More &  
Different Pathway**

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**Next Steps**

2



**The More &  
Different Pathway**

More and Different Pathway Supported  
at ICB System Level



**More & Different Roles Based on Local Population Health Needs**

*Pre-Employment*

*Entry Level*

*Career*



**Pre-employment support**



**Innovative Approaches**



**Sustain**



**Accessibility**



**Maximising Entry level**



*Progression through Pathway*



# More and different: Entry / Early Level Roles



**Healthcare Assistant**



**Apprentice Clinical Support Worker**



**Digital Support Technician**



**Catering**







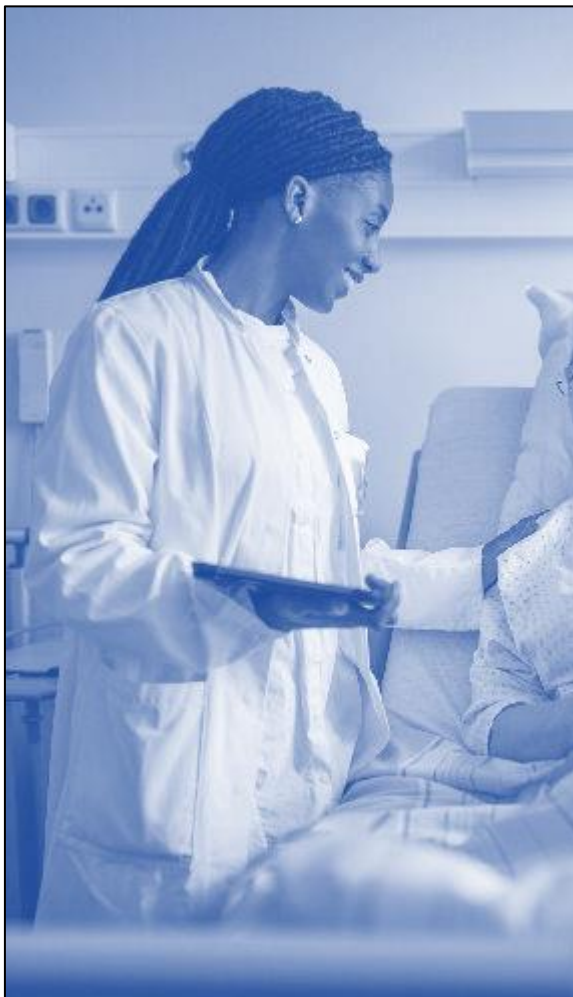
# More and different: Potential Progression



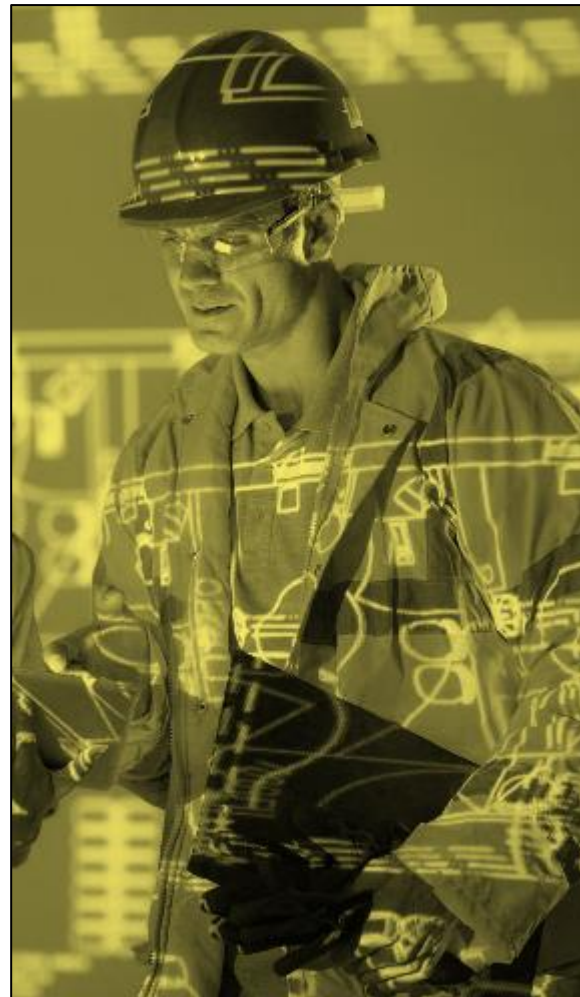
Registered Nurse



Operating Department Practitioner



Network Engineer



Dietitian



# ACCESSIBILITY

**1** Competencies, not just qualifications



**2** Organisational language



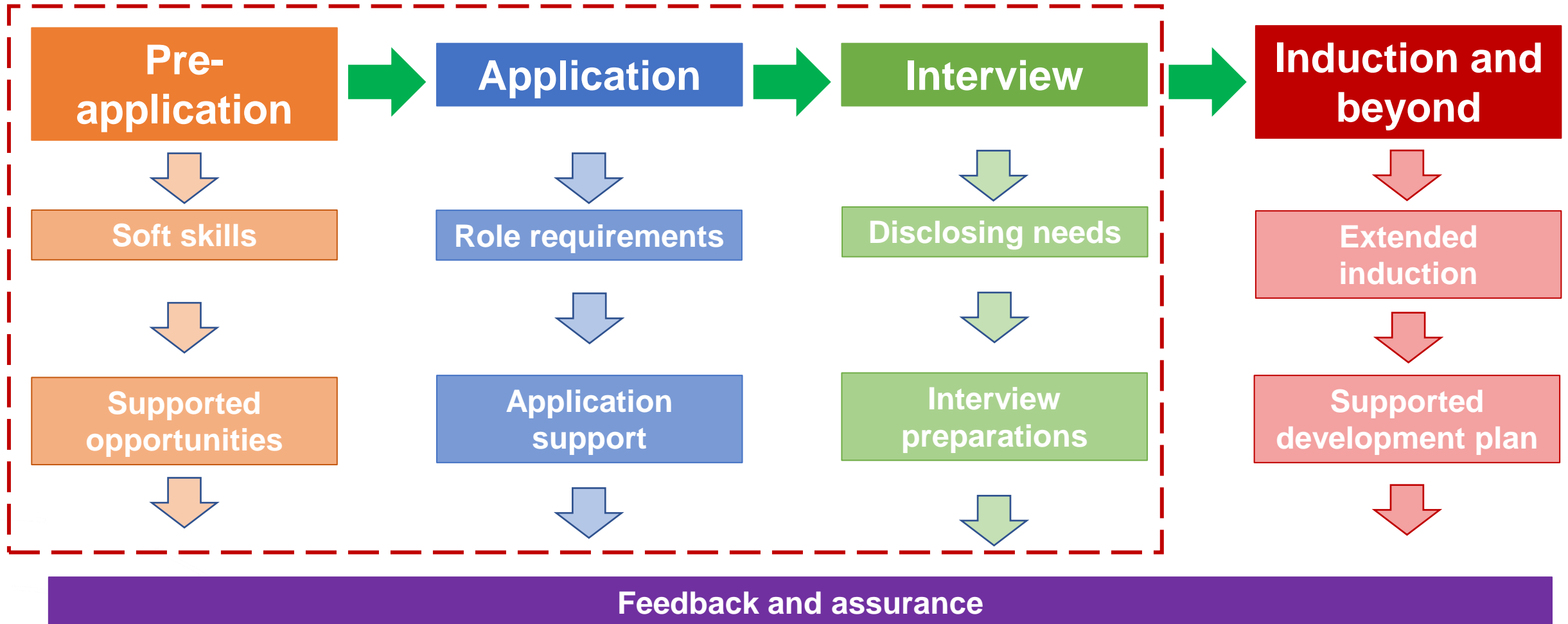
**3** Test recruitment experiences



*“... The process of applying for work has changed, it’s harder. All online now and not everyone can do that...”*



# PRE-EMPLOYMENT PATHWAY



# INNOVATIVE APPROACHES: ROTATIONAL WORK PLACEMENTS AND APPRENTICESHIPS



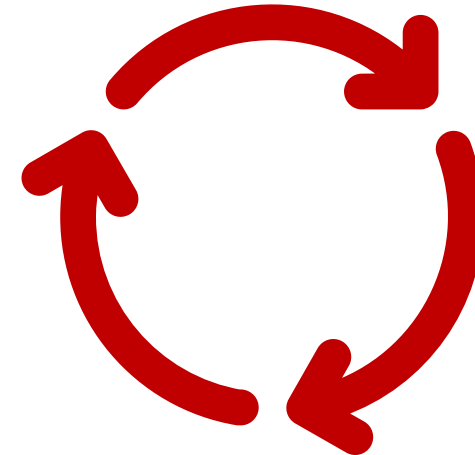
**Community  
pharmacy**

**NHS**

**Care  
sector**

**Local  
authority**

**Provide multiple  
positive experiences for  
candidates**



# INNOVATIVE APPROACHES: WORKING WITH RSPH



**Reinforced self-esteem by providing professional qualifications and accreditations**

**RSPH Level 1 Award in Health and Safety in the Workplace**

**RSPH Level 2 Award In Understanding Mental Wellbeing**

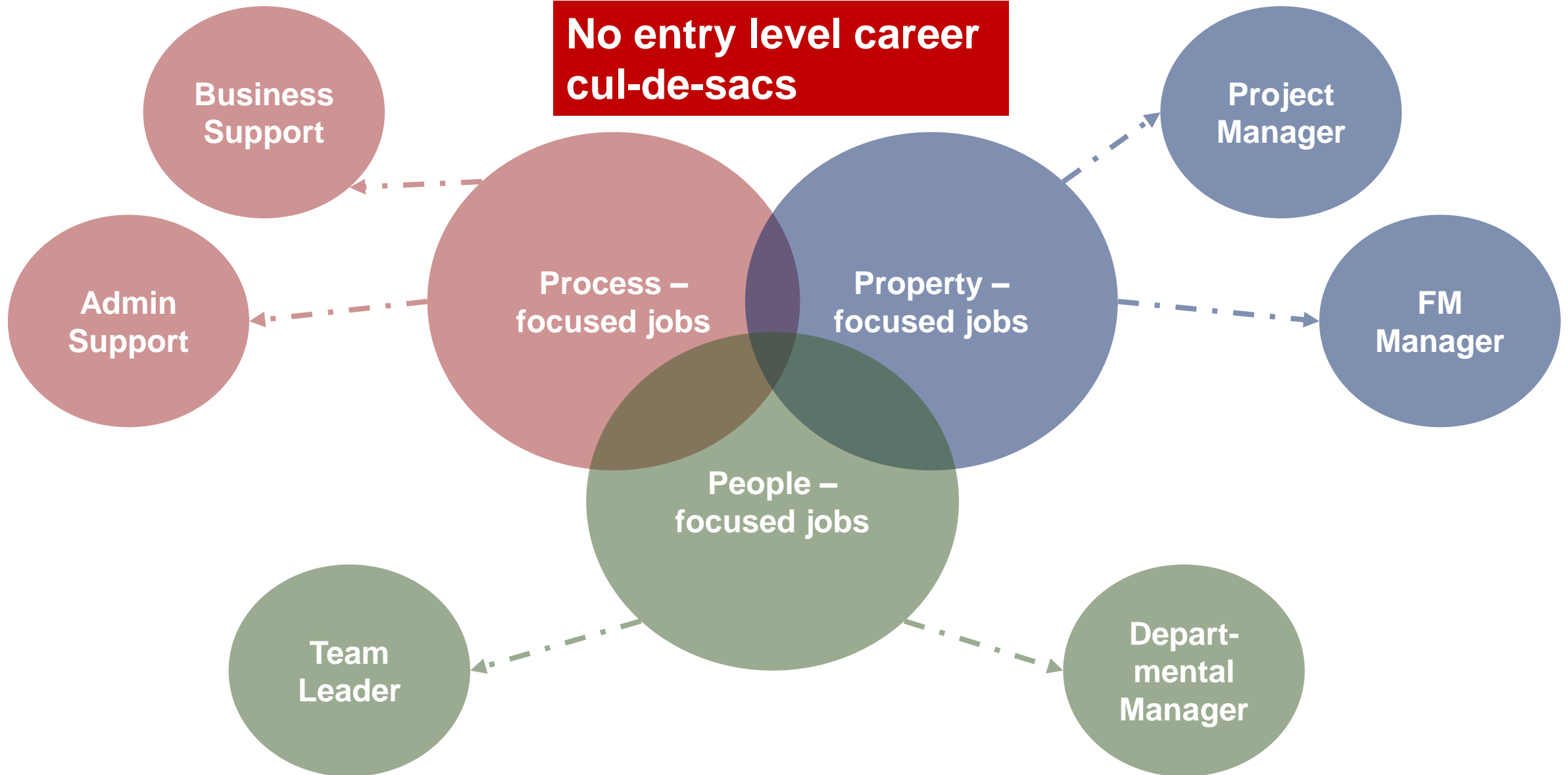
**RSPH Level 3 Certificate in Social Prescribing**

**RSPH**  
ROYAL SOCIETY FOR PUBLIC HEALTH  
VISION, VOICE AND PRACTICE

# MAXIMISING ENTRY LEVEL



**No entry level career cul-de-sacs**



# SUSTAINED PATHWAYS



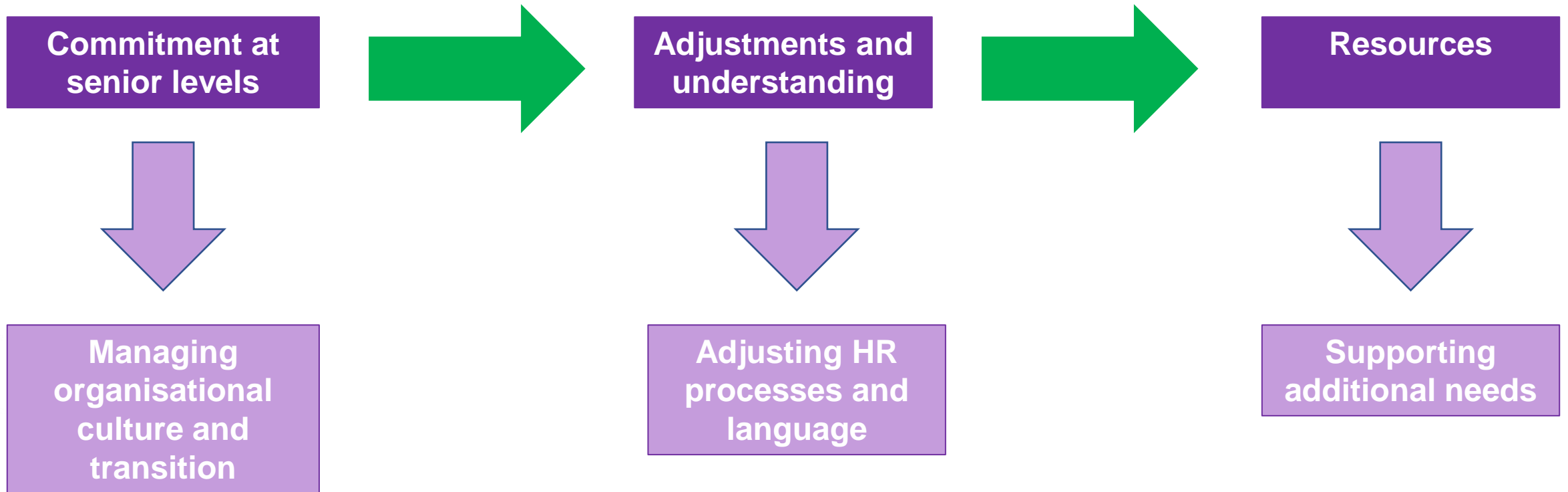
Level of Competence	School Level	Foundation Level 1	Intermediate Level 2	Advanced Level 3	Higher Level 4	Higher Level 5	Higher Level 6
Job Role	Caring for elderly family or those in need	Care Escort	Healthcare Support Worker	Senior Care Supervisor	Residential Care Manager	Education Welfare Officer	Social Worker
		Community Transport Driver	Healthcare Assistant	Radiography Assistant	Health Advisor	Nurse Associate	Mental Health Nurse
	Volunteer	Porter	Medical Receptionist	Drug & Alcohol Worker	Family Support Worker	Digital performance analyst	Midwife

**Easily accessible jobs for anyone interested in the sector**

# EMPLOYERS' COMMITMENT CRITICAL



## Supporting the pathway





# ROLE OF THE ICB



## INFLUENCE

Ensure wide system of anchor partners, not just NHS eg:

*Care sector*

*Community pharmacy*

*Local authorities and supply chain*

## INTEGRATION

Smart use of existing plans

Levelling up projects that create new employment

Education and training partners

Provide early system capacity

More and Different Pathway Supported  
at ICB System Level



**More & Different Roles Based on Local Population Health Needs**

*Pre-Employment*

*Entry Level*

*Career*



**Pre-employment support**



**Innovative Approaches**



**Sustain**



**Accessibility**



**Maximising Entry level**



*Progression through Pathway*

# Supporting people with lived experience of the criminal justice system into employment

- Key area of focus for NHS England is supporting those with lived experience of the criminal justice system into employment
- In support of this, critical enablers have been:
  - Commissioning research into the barriers on the recruitment of people with lived experience of the criminal justice system
  - Introducing The Lived Experience Charter to enable health and justice organisations to demonstrate their willingness and ability to recruit and support this cohort
  - Developing open and inclusive guidance for health and justice recruiting managers regarding recruitment and retention of those with lived experience
  - Advising on security and vetting issues, plus DBS information, to help when recruiting people into healthcare roles within the police and prison estates
  - Developing resources to provide potential employees with information on roles in health and justice settings, including nursing and pharmacy roles

## Best practice example of supporting improved pathways into employment: The Lived Experience Charter

- Provides a practical solution and toolkit to employers to improve and develop their recruitment practices of people with lived experience of the criminal justice and / or the care system
- Being awarded Lived Experience Charter 'status' demonstrates organisations have quality standards, best practices and a commitment to improving inclusive recruitment and retention of a diverse, inclusive and representative workforce
- Helps to break down barriers, challenges unconscious bias and negative assumptions, along with creating systemic change across organisations
- Focusses on three key themes: policy, organisational culture and positive practices
- Created by Career Matters, it is being rolled out across health and justice organisations across the adult and children and young people secure and detained estate, as well as integrated care systems – **scope to role this out wider, recognising the significant benefits of tapping in to a new talent pool and providing an open and inclusive work culture and environment**

# OVERVIEW OF PROCESSES



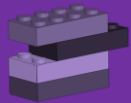
**12 million people in the UK have a conviction or caution**

7X one-to-ones with employees with lived experience of CJS

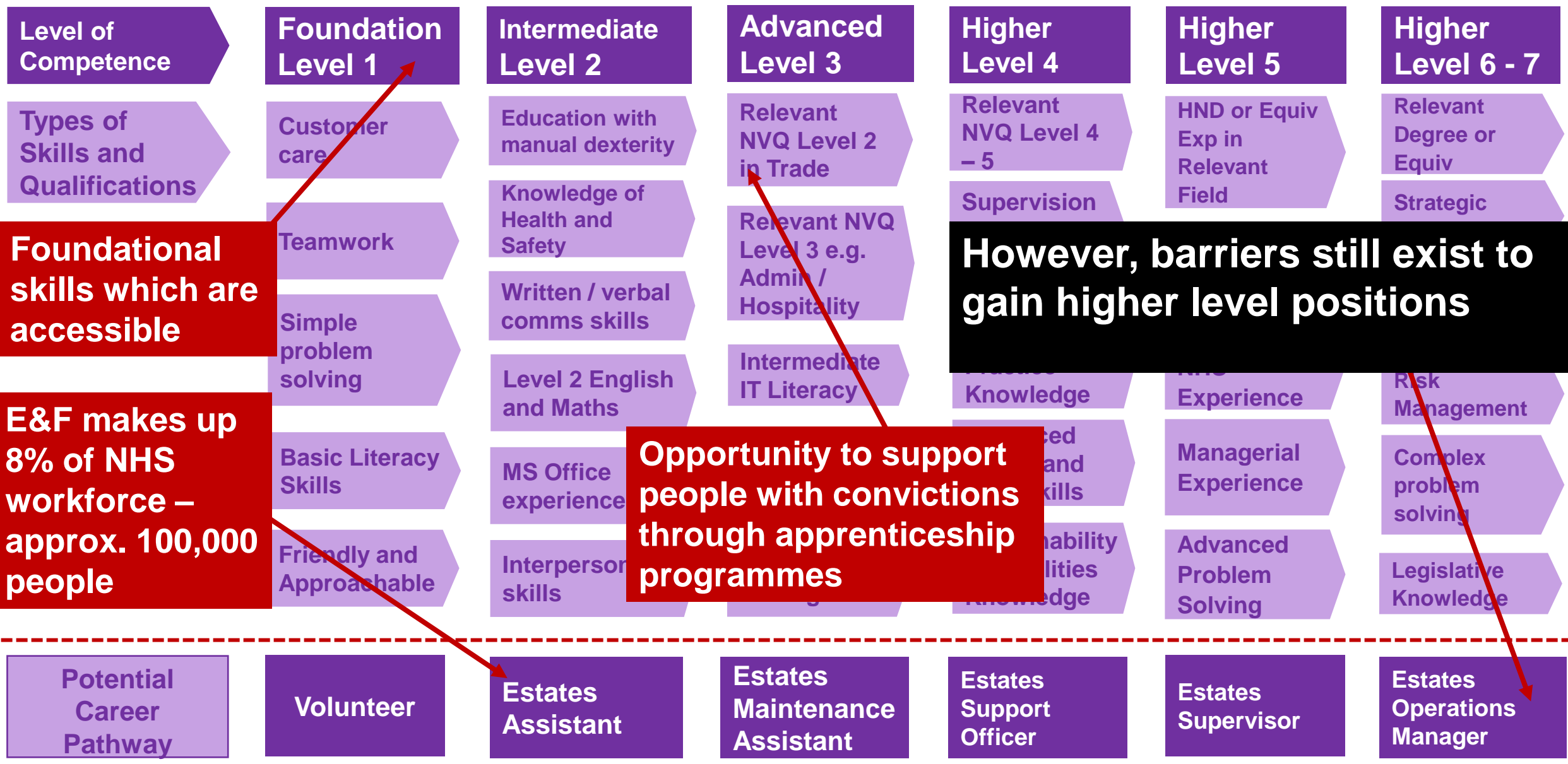


**1 in 3 male jobseekers have a conviction or caution**

Peer researcher engagement in Tendring (early job seekers)



# PROPOSED PATHWAYS: SKILLS AND QUALIFICATIONS

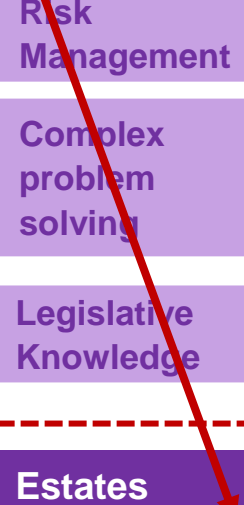
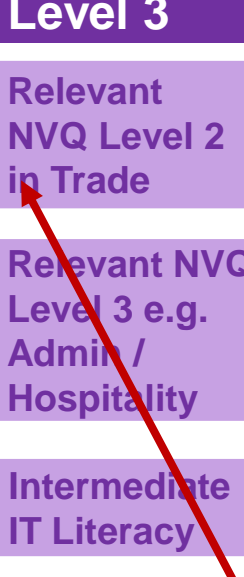
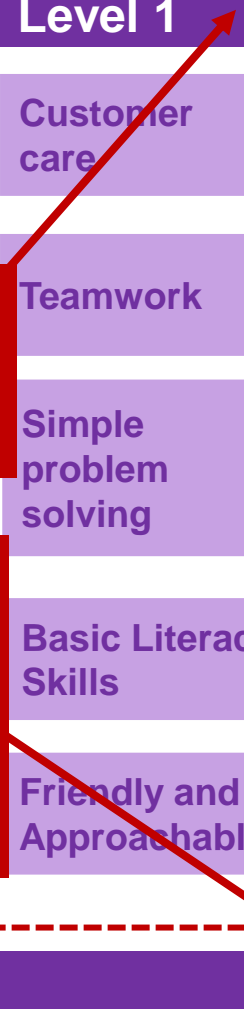


**Foundational skills which are accessible**

**E&F makes up 8% of NHS workforce – approx. 100,000 people**

**Opportunity to support people with convictions through apprenticeship programmes**

**However, barriers still exist to gain higher level positions**



# OBJECTIVES AND OUTCOMES



## Local:

Directly benefit all participants involved:

- *Those facing greatest barriers to good employment*
- *Employers new recruitment streams and insights*



## System:

- *Forged partnership delivery models*



## National:

- *Insights into key barriers*



1



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**Next Steps**

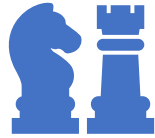


3



**Next Steps**

# 6-MONTH PROGRAMME SEQUENCE: PHASE 1



One-to-ones with HR teams



One-to-ones with employees with relevant lived experience



Agree appropriate entry routes and possible apprenticeship opportunities



Development of tailored career pathway



Identify how to recruit cohorts



Deliver pathway workshops to stakeholders



Recruit key anchor organisations

Early stakeholder engagement of system critical partners





DISCUSSION

# WHICH COHORTS WITHIN YOUR AREA WOULD BENEFIT FROM INVOLVEMENT IN THIS PROGRAMME?

**BLACK, ASIAN AND  
ETHNIC MINORITIES**

**PEOPLE WITH  
CONVICTIONS**

**LIVED EXPERIENCE OF  
HOMELESSNESS**

**CARE LEAVERS**

**YOUNG PEOPLE**

**NEURODIVERSITY**

# WHAT ARE THE PARTICULAR RECRUITMENT CHALLENGES THAT THESE GROUPS FACE?

**ONLINE  
APPLICATIONS**

**ORGANISATIONAL  
JARGON**

**QUALIFICATION  
REQUIREMENTS**

**ARE THERE ANY SPECIFIC ANCHOR PROJECTS AND PLANS WITH EMPLOYMENT AND WORKFORCE OPPORTUNITIES THAT YOU WOULD LIKE THIS PROGRAMME TO SUPPORT?**

**HEALTH AND  
CARE ACADEMIES**

**PROGRAMMES  
FOCUSED ON AREAS  
OF DEPRIVATION**

**LEVELLING UP  
PROJECTS**

# WHAT IS REQUIRED TO MAKE THIS PROGRAMME SUCCESSFUL AND EMBED IT AS STANDARD OPERATING PRACTICE TO ENSURE IT TRANSFORMS WORKFORCE PLANNING?

**NATIONAL  
GUIDELINES AND  
PROCESSES E.G.  
NHS JOBS**

**MODERNISE  
PROCESSES  
AND SUPPORT  
PEOPLE PLANS**

**ENGAGING WITH  
DFE AROUND  
EDUCATION TO  
EMPLOYMENT  
PATHWAYS**

# BEYOND PHASE 1 IMPLEMENTATION



Agree and develop operational model for pathway



Agree qualifications and entry roles



Prepare anchor organisations for entry level support



Provide pre-employment support and training



First cohorts join the pathway



Launch of new recruitment processes by local NHS



Delivery of final pathway with partners and cohort



Delivery of final report / workshops to sustain pathways



# Becoming a Project Partner



**1** Expression of interest with provision of point of contact to coordinate internal approval processes

**Please provide initial ideas on system focus: Cohorts and Projects**

**2** If required, BBI will provide a bespoke programme briefing to your team/board

**3** All partnerships in place by 13<sup>th</sup> July at latest. Kick off for all sites w/c 4<sup>th</sup> September with partners, BBI and NHSE