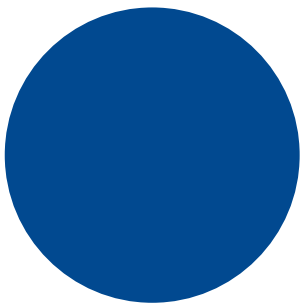


# Creating the workforce of the future

A new collaborative approach for the NHS and  
colleges in England



Michael Wood  
Philippa Alway

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## About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales.

We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

Find out more at [www.nhsconfed.org](http://www.nhsconfed.org)  
and follow us on Twitter [@nhsconfed](https://twitter.com/nhsconfed)

NHS Reset is our campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together our members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

Find out more at [www.nhsconfed.org/NHSReset](http://www.nhsconfed.org/NHSReset)  
and join the conversation [#NHSReset](https://twitter.com/nhsconfed)

## About the Independent Commission on the College of the Future

The Independent Commission on the College of the Future, launched in spring 2019, is asking two simple but fundamental questions. What do we want and need from colleges across the UK in ten years' time? And what changes are needed to achieve this? Chaired by the UK's National Statistician, Sir Ian Diamond, the Commission is leading the conversation on how colleges can play an expanded role for people, employers and communities to meet the challenges we face in the next decade, from demographic change and the climate crisis, to technological revolution and the changing demands of the labour market. The Commission is currently set to publish its final report in autumn 2020 and recently published its [vision for the college of the future](#), setting out what it can deliver for people, productivity and place.

By looking at the NHS as an illustrative and important example of a large employer, the Commission is taking forward learnings and principles for employer engagement across all sectors. While this report focuses on England, the Commission will explore opportunities for taking forward the themes in this report in the context of the four nations.

Find out more at [www.collegecommission.co.uk](http://www.collegecommission.co.uk)  
Follow us on Twitter [@CollegeCom](https://twitter.com/CollegeCom)  
and join the conversation [#CollegeoftheFuture](https://twitter.com/CollegeCom)

## Working together

The NHS Confederation and the Independent Commission on the College of the Future jointly held a roundtable in late 2019. They brought together college leaders and leading workforce professionals in the NHS from across England to understand the priority areas for the Commission's review of the college sector; to hear about existing good practice in how the NHS and colleges currently work together; and to discuss how, through deeper collaboration as anchor institutions, they can improve both the workforce gap and address the wider determinants of health.

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# Foreword

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**Lord Victor Adebowale**

Chair,  
NHS Confederation

The response to COVID-19 has shone a light on the commitment, skills and passion of our health and care workforce and the pride with which they, and indeed the wider country, take in their work. Yet this was a workforce under severe strain before the pandemic. In England alone, the NHS is currently operating with over 90,000 vacancies, while a quarter of all social care staff are on zero-hours contracts. It is not surprising that sector leaders have been highlighting the need to meet existing and future workforce needs as their biggest challenge for some time.



**Amanda Melton**

Commissioner,  
Independent  
Commission on  
the College of the  
Future  
Chief Executive,  
Nelson and Colne  
College Group

That this issue is now more prominent in light of COVID-19 is certain. The virus has both increased the pressure on the health and care sector and focused minds on the sheer breadth of recruitment challenges we face, and for all role types. We also know that the scale of the workforce challenge is only going to increase. As 2.3 million more people reach working age, it is predicted that we will need 1.3 million of them to [choose health and social care as a career](#) by 2033/34 if the sector is to meet demand.

The health and care system's COVID-19 response across the UK has also given an insight into how services will be planned and delivered in future, with significant implications for how we train and develop our workforce. While national systems may differ, the shifts towards increasing care in the community, the use of digitally enabled primary and outpatient care, and a renewed focus on population health and reducing health inequalities will feature prominently in strategies to reset health and care going forward. To deliver this, the workforce needs to keep pace with technological advances and develop a mix of different skills to work in more flexible and agile ways.

Colleges can, and must, play a central role in supporting this in every community. They already play a leading role in upskilling, reskilling and recruiting the health and care workforce and are embedded in their communities. They also play a core role in addressing the wider determinants of health through the education and upskilling they offer, thus improving life chances and opportunity. Yet despite this, the role and contribution of colleges within the education and skills system, and specifically in the minds of large employers such as the NHS and social care, is all too often poorly understood.

It is vitally important that we restate the case for the wealth of skills and access to new health and care workforce that colleges offer, both as a route to university and, crucially, in their own right. Many of the roles colleges provide training for are being increasingly recognised and valued through the pandemic, raising the profile of our key workers.

We must grasp the opportunity we now have to design collaborative and place-based leadership between colleges and the NHS to foster new ways of working. The recommendations set out in this report emanate from conversations within and between both sectors. We believe they present government and leaders from the NHS and colleges with actionable and impactful ways to meet workforce challenges, improve population health and reduce inequalities.

# Key points

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- Meeting existing and future workforce needs is one of the biggest challenges facing NHS leaders. In responding to COVID-19, we are likely to see both the continued focus on recruiting into the nursing profession but **also the need to widen traditional means of access and the development of more integrated health and care roles** to meet new ways of working and the changing system priorities.
- **The development of T Levels** as a critical means of providing the knowledge and experience needed to open the door into skilled employment, further study or a higher apprenticeship has placed significant focus on the role and ability of colleges in the education pipeline.
- By better embedding colleges into core NHS workforce development, and better using their local recruitment and training power, we can help to ensure a **sustainable, agile and innovative future health and care workforce**.
- **This relationship can play a timely and important role in the government's 'levelling up' agenda**, narrowing regional inequalities and increasing prosperity by supporting local people into clear and high-quality local career pathways.
- Employers report finding the college sector difficult to navigate. The Independent Commission on the College of the Future is looking at **how colleges can work with employers and other parts of the education system in new ways** across geographic footprints to best meet employer needs and offer clear and coordinated pathways to good jobs.
- **The Commission recently set out a vision for renewed college systems across each of the four nations of the UK to deliver for people, productivity and place**. As Europe's biggest employer, the NHS is a critical relationship with which to place initial focus and can help identify opportunities for deeper strategic engagement with a range of other sectors.
- This report follows a November 2019 roundtable held by the NHS Confederation and the Independent Commission on the College of the Future. It focused on **the relationship between colleges and the NHS through the lens of integrated care systems**.

# Recommendations at a glance

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## **For government: Create a new, collaborative vision for the future of colleges in health and care driven by employer hubs**

To turbocharge greater college collaboration and develop a coherent and navigable interface for NHS organisations, we recommend that the Department for Education and Department of Health and Social Care fund the piloting of seven health and care employer hubs for two years. Building on where colleges are collaborating already, we believe this would require £5 million in central funding.

These hubs would support the health and care sector to unlock the potential of colleges by providing an integrated service that convenes and coordinates colleges and collectively recruits, upskills and retrainees in communities. This dedicated team would enable a coordinated approach to the NHS workforce strategy for colleges (and the wider education system), develop clear pathways and progression routes, coordinate college workforce continuing professional development (CPD), and drive collaboration on public health strategies.

## **For NHS organisations: Embed the role of colleges in support of the NHS People Plan**

To best maximise the contribution of colleges in securing its future workforce, NHS England and NHS Improvement should seek to ensure that this critical relationship underpins delivery of the [NHS People Plan](#), including the specific commitment to deliver 50,000 more nurses.

In delivering the People Plan, a consistent framework should be established to support regions and integrated care systems (ICSs) in England to develop a coherent approach to bringing the college voice into strategic system workforce plans and the newly established People Boards. As part of this approach, ICSs should prioritise support for local NHS organisations to develop place-led anchor relationships with their respective colleges.



## **For colleges: Create a new voice for English colleges – the Health and Care College Council**

To empower colleges to contribute to the prevailing health and care workforce conversation and strategic planning with greater impact, we are calling for colleges to create a national council to promote, develop and embed the essential contribution of colleges in education and training pipelines in England. Such a council will act as a national interface for colleges to coordinate both with the health and care sectors and across the education and skills system, influence policy and regulation, share research and best practice, and set guiding principles for collaboration.

# Introduction

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From the immediate effects of the coronavirus pandemic to the continued focus on climate change and the future of the country post Brexit, there are common challenges facing both colleges and the health and care sector. How do we build the health and care workforce needed now and in future? How will people live, learn and work? How can we work collaboratively as anchor institutions to support local communities? The NHS Confederation and the Independent Commission on the College of the Future jointly held a roundtable in late 2019 to explore these questions.

The Interim NHS People Plan, published in June 2019, set out priority areas to empower local health and care systems in England to begin to address known sector shortages, including a new outline operating model for the workforce. Such a model is based on shared behaviours and approaches which demonstrate that both system and place-based leadership are key. It is here – locally – where we believe workforce challenges can be met and where any formal health and care workforce plan should focus.

Concurrently, the Independent Commission on the College of the Future is leading the conversation on a new system for colleges, with collaborative networks that coordinate strategically to meet the needs of people, communities and employers. Employers currently report finding the college sector difficult to navigate. The NHS, as Europe's biggest employer, is in many ways a priority litmus test for the Commission's work and a natural sector to focus on.

There are partnerships forming and examples of good practice that can be built upon as we look to the future, which can be seen in the case studies in this report.

While this report predominantly addresses the NHS-college relationship, we believe that colleges can play an important role in supporting the closer integration of health and social care and that the two sectors can collaborate to a greater extent on building a healthy, productive place.

This paper is based on contributions from and conversations with leaders from both sectors and addresses how together, we can:

1. create the healthcare workforce of the future by better making the case for colleges
2. build strategic and collaborative relationships between colleges and employers that embrace a culture of system partnership and learning
3. recognise the power of place-based leadership of anchor institutions to support the wider health and prosperity of our communities.

“Colleges can play an important role in supporting the closer integration of health and social care.”

# Making the case for colleges

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The NHS is a people service, with millions of individuals working across many hundreds of roles, all united under a common public purpose. Yet the scale of career opportunity in the NHS is matched by its complexity, with multiple and varied routes into its workforce. This complexity, the tension that often exists between national and local decision-making, and the fragmented relationship with social care, can make it difficult for training and education partners to fully understand and engage in the right discussions about health and care system development and at the right time.

While the scale of the NHS can be daunting, it can also limit its ability to be agile when it comes to developing its workforce. In discussions with college leaders, it is often cited that the NHS can be perceived as something of a passive employer, overly reliant on universities and not fully aware of, or prepared to maximise, the opportunities to grow a local workforce through the wider skills system. It can also dominate the sectoral debate about health and social care in ways which increase the challenges facing social care providers, rather than addressing them equally.

With COVID-19 challenging public service responses, and the labour market undergoing historic shifts, we believe the time is right for the NHS, as a large and significant employer, to better understand the full potential of the different parts of its education pathways. And, crucially, to understand how through working closely with local social care organisations, it can coalesce around a single, holistic vision for delivery.

**“Our discussions have focused on the opportunity for the NHS to be far more influential and proactive nationally and locally in labour markets and to lead and collaborate to a much greater extent with the education and training sector at large.”**

**Michael Wood, Head of Health Economic Partnerships, NHS Confederation**

At the heart of this new labour market influence should be an increased understanding of the role of colleges as a social partner in broadening and strengthening the health and care workforce.

## Why now? The opportunity of T Levels and meeting future skills gaps

A breadth of qualifications at all levels is required to support the health and care sector's workforce requirements. T Levels in England provide a timely and important opportunity to test how to ensure the system works for the NHS, social care, colleges and learners. T Levels are two-year technical courses, designed with employers, to give young people the skills that industries need. Health and healthcare science T Levels will be rolled out from September 2021. While preparing students to join the sector with transferable skills, experience and knowledge, T Levels also have the opportunity to showcase the breadth and depth of roles available in the NHS, offer a new supply route into a variety of professions and provide an opportunity to tap into new talent pipelines.

The pace of change in the education and skills sector is also exposing potential gaps in training need. In parallel to the development of T Levels, universities are evolving their own skills offer, creating a growing vacuum in some health and care roles where colleges are well placed to mobilise quickly to co-create value, and road test and scale up new education and training pathways. The role of the professional bodies and regulators in supporting increased flexibility in the development of new clinical roles is important. Colleges should be encouraged to work together and with the health and social care sector to establish a more nuanced relationship with regulators to support pilots and innovation.

## Developing and promoting better health and care career pathways

Colleges currently play a significant role in the training and upskilling of health and care staff, providing a strong base from which to better understand how closer working can develop and promote new career pathways. In many ways, colleges are the main link for the NHS to recruit in the communities it serves, opening up opportunity to a much greater and diverse pool of talent and increasing the ability to retain and further develop its workforce.

Alongside their role in progression towards university, colleges offer a breadth of qualifications from Level 1 to foundation degrees that lead to a range of NHS and social care career pathways – including roles from healthcare assistants and lab technicians to catering staff. This breadth has been highlighted in recent months as the college sector has mobilised at pace during the COVID-19 crisis to support local health and care organisations. College staff have returned to a variety of clinical

and non-clinical roles, including cleaners, cooks, healthcare assistants and business support functions, with health science and social care students volunteering for local NHS trusts and care homes.

We strongly believe colleges should be seen more as recruitment partners. There is also an opportunity to jointly promote the health and care sectors as a career to communities. The important role they play could be enhanced through honing health and care career paths through careers education, information advice and guidance (CEIAG). This requires collaboration with other partners, such as schools, to engage young people. A national, college-led campaign could help to celebrate NHS careers and achievements through the college sector, with recognition of the workforce's significant contribution in response to COVID-19. Apprenticeships provide a key opportunity to put this into practice, as do T Levels which include industry placements that will require coordination.

“Colleges are natural partners for developing skills across health and care careers and should be a first port of call for health and care recruitment and training. This partnership can and must be more fully harnessed.”

**Director of Workforce, NHS Trust**

**We recommend that the critical role colleges play in developing the future health and care workforce be explicitly recognised in both the development and delivery of the NHS People Plan.**

### **Recommendation: Embedding the role of colleges in the development and delivery of the NHS People Plan**

To best maximise the contribution of colleges in securing its future workforce, NHS England and NHS Improvement should seek to ensure that this critical relationship underpins delivery of the NHS People Plan, including the specific commitment to deliver 50,000 more nurses. In delivering the People Plan, a consistent framework should be developed to support regions and ICSs in England develop a coherent approach to bringing the college voice into strategic system workforce plans and the newly established people boards. As part of this approach, ICSs should prioritise support for local NHS organisations to develop place-led anchor relationships with their respective colleges.

## The 50,000 nurses conundrum

While the NHS struggles to fill vacancies across a number of roles, particular attention has repeatedly been drawn to the nursing workforce. The NHS People Plan will be required to push on with delivering the government's promise to deliver 50,000 extra frontline nurses for the NHS in England by 2024/25. This emphasis has been reinforced by subsequent policy announcements made by the Department of Health and Social Care focusing on increasing the number of places on courses, reducing student nursing attrition and expanding clinical placements, including through a £5,000 maintenance grant from September 2020 for student nurses, and further additional support. More recently, the government announced in June an additional 5,000 nursing and midwifery/allied healthcare professional places as part of the introduction of student number controls in response to COVID-19.

The value of colleges can be found in their breadth of focus, reflecting the potential to increase the NHS's ability to attract people into a wider variety of roles than traditionally supported. While this breadth of focus should be the bedrock of a new relationship going forward, we believe an early test of how seriously policymakers take colleges will be how they are brought into ongoing discussions about the immediate and longer-term need to attract and train the nursing cohorts.

### Preparing students with employability skills

Colleges prepare 2.2 million students with valuable employability skills, helping to develop their career opportunities.

350,000 students took part in health and social care provision in colleges in 2018/19, broken down by sector subject area:

Health and social care	270,500
Child development and wellbeing	49,000
Public services	30,000
Nursing and subjects and vocations allied to medicine	8,000
Medicine and dentistry	1,500

Note: A learner could appear in multiple subjects.

- The average age of a health and social care college student is 31.
- 79 per cent of health and social care college students are female and 21 per cent male.

### **Case study: Maximising the opportunity of T Levels for employer engagement at Oldham College**

The introduction of T Levels has been a catalyst for a project between Oldham College and the Northern Care Alliance (NCA). The project aims to create a sustainable skills pipeline from the college into further professional qualifications and laboratory services roles at NCA. Wider benefits include:

- mapping of the college curriculum against the workforce planning needs of NCA to maximise recruitment of local residents from college programmes into careers at all levels in NCA.
- development of work placement models that align to NCA departmental needs while maximising learner benefit.

Funding from the opportunity area supports the secondment of a healthcare scientist to work with the college to make this happen. If successful, the partnership intends to replicate this in 2020/21 by looking at curriculum development and career pathway work in other specialist roles, for example therapy assistants. The project will also include work on Level 4 and 5 qualifications and work-based routes and will be adapted to address developments in social care training and education.

## **Turbocharging collaboration between health and care and colleges**

The NHS Confederation and Independent Commission on the College of the Future roundtable focused on the relationship between colleges and the NHS through the lens of integrated care systems. It demonstrated that college leaders in England believe they rarely have a seat at the table in NHS decision-making processes. There are examples, however, that highlight that once a link is made locally – whether with an integrated care system, clinical commissioning group or an NHS trust – the opportunities are significant.

While moving from episodic to systematic partnership working will be challenging, the scale of vacancies in health and care is such that no one



college alone can meet the workforce needs across a given footprint. To support the development of stronger local relationships, it is important that national and regional leaders are encouraged to take a more collaborative approach to the sharing of effective practice and resources.

It is vital that we create a stronger, more influential voice for those in the college sector engaged in developing the health and care workforce.

**We recommend creating a Health and Care College Council to better promote, lead and advocate for the role that colleges can play.**

### **Recommendation: A new voice for English colleges – the Health and Care College Council**

**The purpose of the council** would be to promote the essential contribution of colleges to health and care by:

- 1. Acting as a national interface** for conversations about how to meet national strategic workforce needs.
- 2. Influencing policy and regulation** to ensure that the health and care sectors and colleges are best able to meet workforce needs.
- 3. Sharing research, best practice and innovation** with both sectors.
- 4. Coordinating at a national level** across the education and skills system, notably with the Council of Deans of Health (in the university sector) and trade unions.
- 5. Setting guiding principles** for regional and local collaboration and brief colleges on how the health and care sector operates.

**The council would comprise:**

- 1. Principals of colleges with major health and social care provision** (notably those who would host the recommended health and care hubs put forward later in this paper).
- 2. A chair would be elected** from the group of principals and sit on relevant forums at the Department for Education, the Department of Health and Social Care, NHS Confederation and the Association of Colleges.

**Key point:** To empower colleges to contribute fully to the NHS workforce conversation and planning with impact, we are calling for £2 million over three years from Department of Health and Social Care and Department for Education to set up this body and recruit a small team.

We also believe that a national conversation would be strengthened through the introduction of college engagement (through the proposed Health and Care College Council) in existing national health and care forums.

As we will explore in the next section, there is an increasing acknowledgement of the need for building a greater understanding of each other's sectors. The proposed council could lead this so we can build a system based on collaboration, both between the sectors and within each sector, to meet workforce needs and to play an ever-greater role in improving population health.

## Summary

To increase workforce activities between the health and care sector and colleges, and to maximise their role and impact, we recommend the following:

### The college sector and policymakers

#### Nationally

- Create a Health and Care College Council – a national body that is truly collaborative and focused on meeting workforce needs and addressing future skills provision (see more on page 17).
- Launch a national college-led campaign to celebrate NHS careers and achievements through the college sector, with recognition of the workforce's significant contribution in response to COVID-19.

#### Regionally/locally

- Collaborate with other education providers on creating career pipelines through careers education, information, advice and guidance to unleash the potential of colleges.

### The health and care sector and policymakers

#### Nationally

- Review how to involve colleges in the delivery of the NHS People Plan and in further iterations of the national strategy, for all kinds of roles (clinical and non-clinical) within the NHS. Specific

focus should be placed on the role of colleges in meeting the government's nursing commitments (see more on page 15).

- Introduce college engagement through the proposed Health and Care College Council in existing national health and care forums that agree strategies.
- Develop a framework to support regions and ICSs to bring the college voice into strategic system workforce plans and the newly established people boards.

“There is an increasing acknowledgement of the need for building a greater understanding of each other's sectors.”

# Building strategic and collaborative relationships

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There are timely and important opportunities for colleges and the health and care sector to work together more closely to create the workforce of the future and to have a significant impact on population health. However, the existing fragmented picture at national, regional and local levels shows that this relationship has neither been well established nor understood.

We believe there is now an increased appetite and opportunity to build more strategic, embedded relationships at scale to fully realise the potential of partnership working. Across England, new sub-regional health and care partnerships are emerging which offer colleges direct access to place-based NHS and local authority decision-making in ways which were not always possible. Similarly, colleges are now at different stages of building their own collaborative networks. Harnessing these relationships now can bring long-term change.

“Progress has been made out of necessity in response to the COVID-19 pandemic, with colleges and NHS and care organisations building relationships at pace to meet local workforce, resource, estates and PPE needs. There is a significant opportunity to build on this that should be prioritised in the coming months.”

**College Leader**

## The increasing role of integrated care systems in England

Integrated care systems (ICSs) are advanced local partnerships between NHS and local authorities in England, focused on improving the health and care system for their local population. They emerged from the 44 sustainability and transformation partnerships (STPs) established in 2016, with the NHS Long Term Plan stating that by spring 2021 every

STP will have matured into an ICS. This structural change will bring a new system-level focus for strategic planning that complements the traditional national and institutional tiers and stretches beyond simply the NHS.

While traditional conversations have to date focused primarily on the NHS workforce, we believe there is great value in colleges exploring what a place-led relationship with its respective ICS can achieve, both in terms of addressing workforce needs at scale and in developing the kind of cross-sector roles health and social care service delivery will increasingly require in future.

“The system focus an ICS can bring is a powerful opportunity to build lasting strategic partnerships at scale. This is an opportunity colleges cannot ignore.”

**College Leader**

## A more established role for local workforce planning

With a new operating model for workforce being developed in England through the NHS People Plan, discussions are taking place around what needs to be done locally, regionally and nationally to embed this. The NHS Confederation earlier this year published [Growing Our Own Future](#), which argues for ICSs ‘to be the default level at which accountability for system-wide workforce decision-making is based.’ This will involve the passing of powers, responsibility, funding and governance down from the national level, but also an increased understanding from individual institutions of the need for further system collaboration locally.

At the same time, the role of the employer in driving local skills development is being strengthened through the government’s local growth agenda. As the largest employers in any local area, this gives the NHS and local authorities significant power and influence. While ICSs are evolving, they can bring standardisation, strategy, principles of engagement and a clear entry point for collaborating with the education and training ecosystem.

## Understanding each other better

The foundations for a more stable and productive relationship between health and care organisations and colleges should be built on a clearer understanding of how each sector is structured and how its institutions function. In our discussions with leaders from both sectors, there was widespread agreement that the extent of this shared knowledge was limited, which acted as a drag on the scale of the potential this partnership could achieve. With both sectors facing multiple challenges and reforms (either ongoing or on the horizon), it is a complex picture, making it even more important to strengthen relationships at a strategic level.

There were a number of barriers identified in our discussion between both sectors that need to be overcome.

### Existing barriers identified by leaders from both sectors at our roundtable

- Lack of clarity about decision-makers in both sectors and who it is best to engage with.
- Lack of understanding about the language/ acronyms in both sectors, as well as the diverse range of models, targets and funding mechanisms.
- Different people working on siloed agendas in both sectors means inefficient engagement between institutions.
- Changes in personnel which requires new relationships to be built (notably with college mergers).
- People in leadership positions in the NHS tend themselves to be products of universities, so naturally lean towards engaging with them. This unconscious bias can leave college leaders experiencing difficulties in engaging senior leaders in the NHS.
- The breadth of NHS and care careers is sometimes not made visible in colleges.
- Unstable funding of colleges and its impact on colleges' ability to deliver.

While there are no easy fixes, and systemic reforms and incentives are required, there are a number of local initiatives that have been valuable in building understanding and partnerships.

## Building relationships: case studies

### London South East Colleges

In 2018, London South East Colleges established a series of Further Education Immersion visits for civil servants from the Department for Education to learn the key issues and features of the college and skills sector at an accelerated pace. By providing the opportunity to meet senior leaders and classroom practitioners, policy makers gained direct experience of further education and understanding of what learning within a college looks like.

The college decided to run these visits because many civil servants had little to no direct experience with further or vocational education, themselves often progressing through school to A-Levels and university. From these visits, they were able to build greater connections with further education providers and understand how they could work to create positive changes for the sector. Many colleges across England have also had success with this immersion programme. This is something that could support engagement with the Department of Health and Social Care.

### Newcastle College

Newcastle College invited local senior NHS leaders to 'walk the college' to see the newly refurbished suite of healthcare simulation rooms and gain a greater understanding of the college's work. The skills, knowledge and behaviours being developed were displayed and the NHS leaders offered

their perspective on current skills gaps. Students shared their challenges and aspirations too and learnt more about NHS roles. The event encouraged both the college and NHS leaders to gain greater insight into each other's challenges and opportunities to support and advise each other.

## Association of Colleges South West Widening Participation

The Association of Colleges (AoC) South West Widening Participation network is a legacy network which has been funded jointly by Health Education England (HEE) and AoC to support service and education providers to work together on issues and solutions around workforce development, widening participation and future workforce supply, while creating strong collaborative partnerships across the two sectors.

This growing network, which has at least two core network meetings and an annual conference each year, supports clear strategic thinking and direction for the health and care sector across the South West to respond to government initiatives and policy. The network provides local support for the local workforce action board (LWAB) to feed into the sustainability and transformation partnership and identifies and promotes joint agendas across the healthcare and education sectors in order to:

- strengthen the relationship and collaborative engagement between health and care service provision and further education providers in the South West
- consider education and skills policy and how these impact on health and care service providers
- raise challenges and solutions within the system
- identify future working partnerships going forward to meet existing and future workforce needs.

This work has enabled engagement on high-quality work experience, the use of reliable destination data to inform future workforce pipelines and planning, and close collaboration in response to COVID-19.



## **Education Training Collective and North Tees and Hartlepool NHS Foundation Trust**

The Education Training Collective (Etc.) and North Tees and Hartlepool NHS Foundation Trust founded a strong partnership that has grown significantly when they embarked on turning an unused room in a hospital into a small hair salon. The joint pilot project aimed to provide relief for patients who were confined to the hospitals, to help them feel better about themselves, while also helping students gain practical experience. The deputy chief people officer at the NHS trust was so inspired by the work undertaken on this project that he applied, and was successful, in becoming a governor at Etc.

This high-level link in the NHS is key to the college group's success in delivering successful sector-based work academies, which endeavour to reach those furthest from the labour market. It has also enabled the design of bespoke training for workforce associates at the hospital, to deliver training on counselling and mental health, to equip the staff to deal with 'crisis' situations. This contribution to the governing board also adds a perspective of a large levy-paying employer, which is planning for their workforce needs, and helps to ensure the work of the college group has a positive and lasting impact on the health (physical and mental) of its students.

As set out in the first section, the proposed Health and Care College Council could provide a national forum for sharing best practice on such initiatives and play a role in improving the understanding of the health and social care sector for colleges, and vice versa. This could include creating a national exchange programme for health and care and college leaders.

## Finding the ‘front door’

It is important to acknowledge that initiatives like those set out above can only take place once initial contact has been made locally. As a first step, the barrier of ‘who best to engage with’ must be overcome on both sides.

The complexity of the health and care sector cannot be overstated. Policy reforms over successive years have created different structures and organisations with varying legal statuses, powers and funding mechanisms. This makes for a system that is challenging for colleges to navigate. Meanwhile, the college sector is diverse, with effectively competing private institutions in England. It can be complicated for employers like the NHS to know who best to speak to within the sector and within colleges.

Given the importance of strategic discussions about the workforce, it is not surprising that ICSs have prioritised this issue. The local vehicles for these discussions have typically been [local workforce action boards \(LWABs\)](#), though we are now seeing these develop into ICS people boards. These boards bring together the health and care providers and commissioners from across the ICS footprint to ensure that decisions about the NHS and social care workforce take place in the right place at the right time with the right people. Alongside the ICS and national visions for workforce is likely to be a number of regional people boards aligned with the seven NHS regions in England.

As Health Education England (HEE) make clear, LWABs and people boards have two main areas of responsibility: supporting ICSs across a broad range of workforce and HR activity; and the local delivery of the HEE mandate from the Department of Health and Social Care and other key workforce priorities in line with national policies. Their core functions are:

- developing a clear understanding of the current and currently foreseeable future workforce – through robust workforce intelligence
- a robust workforce strategy
- a workforce transformation plan
- leadership and organisational development support to enable staff, patients and carers to confidently and competently lead change across pathways, organisations and systems.

College engagement with regional and ICS people boards is highly variable, with few current examples of positive engagement at this level. For the NHS-college relationship to become sustainable and be fully used, this has to change.

## Moving from episodic and transactional to strategic and collaborative

To truly maximise the potential of relationships and overcome the barriers identified above, relationships between the two sectors need to move from functional, operational and transactional to strategic and collaborative. While both sectors are making moves toward more coherent systems within themselves, we must address how these reforms can better enable this.

It is only natural that there are many relationships across the sectors on various agendas. However, a strategic point of contact is essential to ensure that it is joined up through place-based leadership. There needs to be both leaders and 'navigators' on both sides to help overcome this lack of understanding of structure and culture that form barriers to the creation of strong bonds. The moves towards greater collaboration in both sectors will enable this, but it is clear that systems leadership and navigation are needed.

As will be set out in the following section on reimagining the future relationship, this is not just about meeting workforce needs and creating good work; it is about improving population health and rebalancing the economy. This can only be achieved if these often siloed conversations are coordinated and enabled. With different people and departments working on siloed agendas, there is currently generally sub-optimal engagement between institutions.

There is a need for renewed thinking on what the principles of these relationships should look like and how to get there – at scale, with consistency and to achieve sustainability. Behaviour, culture and ambition are key to moving this relationship from operational to strategic and collaborative. This has to be embedded into infrastructural change throughout the sectors.

## Convening power of the NHS as a major employer

As a major employer, the NHS has a role to play in being more influential and proactive on skills locally. It should be demanding greater levels of collaboration between those in the skills ecosystem, both between different colleges and between the whole ecosystem of schools, colleges and universities. Along with supporting the recommendations of the Commission, the NHS and care sector, through ICSs, can themselves incentivise and reward partners for new forms of collaboration. As ICSs are evolving, they can bring standardisation, strategy, principles of engagement and a clear entry point once the college sector has a better understanding of them.

“Due to the ongoing COVID-19 crisis, some of our staff are not able to return to work in health and social care due to underlying health conditions. There is a question here about redeployment needs and how we can retrain adults. We need to start thinking about the art of the possible.”

**Director of Workforce, NHS Trust**



## Mapping a relationship between the NHS and college: Hugh Baird

Hugh Baird College is a leading college in health and social care. It currently works with 12 NHS trusts, with particularly deep relationships with three of them. The variety of relationships have developed its strategic capacity and impact significantly. This has resulted in a significant impact on recruitment, with 300 per cent increase in enrolments.

The relationships between Hugh Baird and its local NHS trusts are many and diverse. To illustrate this, one of the relationships between the college and a local NHS trust has been divided up based on the agenda of the work and the team at the college involved. This shows a complex picture, with many conversations taking place – please see the table on the next page.

## Mersey Care NHS Foundation Trust and Hugh Baird College, a college and university centre in Merseyside

Agenda	Key contacts at the college
Leadership	Senior leadership
Communications	Senior leadership
	Senior curriculum leadership
Workforce and learning	Senior leadership
	Senior curriculum leadership
	Student services
Estates	Senior leadership
	Senior curriculum leadership
	Corporate and capital
Governance	Senior leadership
	Senior curriculum leadership
Operations	Senior leadership
	Senior curriculum leadership
Business developments	Senior leadership
	Senior curriculum leadership
	Corporate and capital
Social inclusion and widening participation	Senior leadership
	Corporate and capital
	Course leaders
	Student services
Student mental health and wellbeing	Senior leadership
	Senior curriculum leadership
	Course leaders
	Further education delivery team
Apprenticeships	Senior leadership
	Senior curriculum leadership
	Corporate and capital
Eating disorders, child therapists, alcohol or addiction nurses, GPs, community mental health teams, psychiatrists and therapists	Student services

It became clear in our conversations that it would be an inefficient and ineffective use of resources for every college to be engaging with their multiple local NHS trusts in this way. There was an acknowledgement that colleges could do so much more – and effectively and efficiently – if they were to collaborate to a greater extent.

An extract from Hugh Baird’s stakeholder strategy states: “Willingly engage in partnership working with stakeholders and be prepared to devote significant human and physical resources to this work, when required. While the outcomes from such work will be expected to impact positively upon the work of the College, should outcomes also impact positively upon other institutions then this will not detract from the College’s involvement.”

The acknowledgement of the potential outcome of positively impacting other institutions shows recognition of the quasi-market that English colleges currently function within, with colleges competing with one another. The systems-leadership of Hugh Baird College that this illustrates is despite the incentive structure in funding and accountabilities, not because of it. A wider systems approach would enable colleges to have stronger, deeper and more coordinated relationships with the NHS trusts across their geographic footprint, creating better opportunities for training, jobs and improving population health.

## Collaboration between colleges and the wider skills ecosystem as an enabler of strategic relationships

Colleges are already an important part of the health and care skills system, but their leaders acknowledge they could do much more together. Setting out recommendations to enable colleges to play an expanded role in the wider skills ecosystem is a stated strategic priority for national government and the mayoral combined authorities and will feature as part of the Independent Commission on the College of the Future's remit.

The incentive structure for colleges currently drives excessive levels of unproductive competition between organisations in England. This has led to a focus on institutional survival over collaborating, damaging the ability to best meet employer needs and achieve strategic outcomes in each community. As a UK-wide process, the Commission is learning how the various systems and recent reforms in Wales, Scotland and Northern Ireland have empowered colleges in these nations to be more collaborative, and through this to achieve greater strategic impact.

The Commission is clear that place-based leadership, as explored further in the next section, must be a key principle of anchor institutions like colleges and NHS trusts. While there are many excellent examples of place-based leadership, this can only achieve impact nationally if broader systemic reforms lay the groundwork for this, with strategic funding, governance and accountability measures that incentivises it. A case in point is that the demands are such that not one college on its own can meet the workforce needs of a single hospital, let alone the wider local health and care sector.

NHS workforce and population health needs would be best met if colleges were to operate in a coherent system, with a navigable network based on collaboration, with some colleges leading on specific sectors at a local level. This would enable colleges to free up greater resource for employer engagement with a better understanding and horizon-scanning capabilities.

Colleges are of course part of a wider education and skills ecosystem, with schools, universities and independent training providers (ITPs). Colleges operating in collaborative networks with clear interfaces for partnerships would enable better coordination and planning with the wider skills ecosystem, creating clear pathways that foster retention and progression in education to good jobs. This would also improve student experience. Access to relevant experience would be strengthened and

more navigable career pathways, with clear options that they can have confidence in, would be offered, both to enter the labour market and upskill throughout their lives.

**We recommend that colleges across geographic footprints collaborate and coordinate through 'employer hubs'.**

### **Case study: Leeds City College collaboration with Leeds Academic Health Partnership**

Leeds City College has been an affiliate member of the Leeds Academic Health Partnership (LAHP) since 2018, collaborating with a number of Leeds health, care and university partners. LAHP has created a single joint approach for innovative learning and development, with the aim of building a Leeds workforce with the best-skilled healthcare workers in the region.

With over 57,000 people learning and working in the city's health and care services, the growing demands for healthcare staff means that by 2035 the sector will need up to 650,000 workers.

Leeds City College health and social care courses range from residential care to palliative care and include work experience and placement opportunities, including European residential trips. In recent months, as part of the Health and Social Care Extended Diploma Level 3 course, many students have completed placements working across the NHS in local hospitals.

“Together we want to support the health and care sector by transforming the learning and development for all our students who want to work across a number of areas within the industry. This will help us identify and underpin the city's aim to bridge the skills gap and benefit citizens by creating a robust 'single workforce' across health and care.”

**Lee Pryor, Director of Apprenticeships, Leeds City College**

“Leeds Teaching Hospitals NHS Trust has a strong history of working in partnership with further education institutions to help foster and improve workforce supply. Working together with the college on key elements such as recruitment, performance management and progression through the course means that we can ensure the quality of apprenticeship provision and completion rates continue to improve.” **Robyn Swain, Leeds Teaching Hospitals NHS Trust**



## Recommendation: A new, collaborative vision for the future of colleges driven by employer hubs

The Independent Commission on the College of the Future is working with the education sector, employers and governments across the four nations on a vision for the future systems of colleges, which will be published later this year.

One part of the vision is for colleges to develop a coordinated service for employers at a subnational level, with the designation of **'employer hubs' for health and care**, along with other key sectors. We have learnt considerably from the curriculum hubs model used in Northern Ireland, where specialisations are coordinated and hubs offer a clear interface to coordinate strategic support for employers. There are useful learnings for the English system.

An employer hub would support the health and care sector to unlock the potential of colleges by providing an integrated service that convenes and coordinates colleges and collectively recruits, upskills and retrains in communities.

A dedicated team would:

1. Be **based at the health and care hub**, which would provide a clear entry point to convene engagement and strategic coordination between colleges, the NHS and other parts of the education and skills system within an area.
2. Enable a **coordinated NHS workforce strategy for colleges** across the area, with close alignment with schools, ITPs, universities, and other appropriate local stakeholders to ensure a cohesive and coordinated systems-wide approach with efficient and sufficient provision across an area.
3. Explore opportunities for **developing clear pathways across the education and skills system** within an area, including through new partnerships and progression strategies, and a coordinated approach to CEIAG.
4. Provide a potential coordinating role in **developing college workforce CPD** across an area in alignment with universities and the NHS.
5. Consider possible ways for colleges, universities and schools to work together on **public health strategies** across an area.

**Key point:** To turbocharge greater college collaboration and develop a coherent and navigable interface for NHS organisations, we recommend the Department for Education and Department of Health and Social Care fund the piloting of seven health and care employer hubs for two years – one in each NHS region. Building on where colleges are collaborating already, we believe this would require £5 million over two years in central funding.

## Summary

To build a better understanding and strategic partnerships between the health and care sector and colleges, we recommend the following:

### The college sector and policymakers

#### Nationally

- To turbocharge a collaborative approach to creating the future NHS workforce, we are calling for £5 million from Department for Education and Department of Health and Social to pilot the first sector employer hubs (see more on page 33).
- The proposed Health and Care College Council should collaborate with NHS Employers to co-produce a compendium of good practice that recognises the value of the colleges in sustaining the future of the NHS and supports achieving strategic and collaborative relationships.
- The proposed Health and Care College Council should lead on creating a national exchange programme for health and care and college leaders.
- The Independent Commission on the College of the Future will recognise the importance of the health and care sector for colleges and incorporate the recommendations into the final report.

#### Regionally/locally

- Drawing on the vision to be set out by the Independent Commission on the College of the Future, colleges involved in health and care workforce should commit to working collaboratively together across geographic footprints to develop employer hubs for health and care.

### The health and care sector and policymakers

#### Regionally/locally

- Recognise the need for ICSs in England to develop a strategic relationship with colleges within their geography.
- ICSs to act on their influence locally and reach out to collaborate to a greater extent with the education and training sector.

- ICSs to explicitly support NHS organisations, and particularly providers, within their footprint to build and strengthen direct relations between trust and college as local anchor institutions at chief executive level.
- Introduction of college engagement in existing regional and local forums that agree both health and care workforce and populational health strategies.
- ICSs should demand and create greater opportunities for far greater levels of collaboration from education and training partners across footprint.

# Recognising the power of place-based leadership of anchor institutions

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NHS organisations, local authorities and colleges are some of our most important local anchor institutions. They are located in every city, town, rural and coastal area; they employ, train, support and care for local people of all ages; and their decision-making touches every part of the local economy. The changing nature of governance with place-based leadership opens new opportunities to collaborate.

During the COVID-19 pandemic, we have seen organisations across both sectors come together in collaborative and innovative ways and at pace to support their communities: from digital appointments to manufacturing and donating personal protective equipment (PPE). Relationships are forming across the sectors out of necessity – presenting us with the foundations of new and strategic ways of working that will stand the test of time.

It is well proven that education is critical to life expectancy. The correlation between low levels of education and poor health outcomes is striking. Boosting non-university routes into health and care careers could create the win-win of new entrants to the sector's workforce and improve the long-term health and wellbeing of local populations through good work and a strong workforce.

In reimagining the future relationship between anchors such as the NHS and colleges, we identified three common and closely linked priority areas which present immediate and important opportunities for collaborative place-based leadership:

1. Embedding good work
2. Improving population health
3. Rebalancing the economy

## Embedding good work

The Taylor Review of Good Working Practices, published in 2017, was based on the ambition that 'all work in the UK economy should be fair and decent with realistic scope for development and fulfilment.' This approach to 'good work' is particularly timely and important given the economic and social disruption COVID-19 will bring. Even as employment levels stood at a record high prior to the pandemic, there remained serious challenges around stagnant living standards, low productivity, poor participation and increased in-work poverty. This situation will now be significantly bleaker. Several metro mayors in England are developing, or have developed, their own approaches to good work locally and there is agreement on the need for specific approaches to inclusive economic development more broadly across the UK.

The NHS is the biggest single employer in the UK, with around 1.24 million full-time equivalent (FTE) staff and, at present, over 90,000 vacancies. While a more fragmented market, there are around 1.13 million FTE social care staff, with 122,000 vacancies. These are vast figures which imperil both the ability to meet rising demands for day-to-day service provision and the strategic need to look ahead at the kind of skill-mix and roles needed in the health and care sector to transform public service delivery.

For colleges, the scale of the workforce needs of the health and care sector present both opportunities and challenges. The urgency of this demands action and coordination to recruit, retain and progress people into career pipelines towards good jobs that support prosperity. A strength of colleges is focusing on the fundamentals of employment such as numeracy and literacy, which support better opportunities. For recruitment, guaranteed interviews should be considered for local people. For training, NHS staff should be involved in the development and delivery of pre-employment training to ensure further alignment between training and employment.

While the college sector has a clear and important role to play in developing this current and future workforce, it is clear no one college has sufficient scale and resources to do this across a given footprint. As we explain elsewhere in this report, a much greater level of collaboration between colleges and the wider skills ecosystem is needed, with clear and aligned links with their respective groupings, such as the ICSs in England. This would enable a more nuanced relationship with professional bodies and regulators and for influencing, shaping and using available employment and skills-related tools locally, such as the Apprenticeship Levy and Adult Education Budget. Collaborative

relationships should also be central to procurement regulations, allowing the use of the levy fund that NHS organisations hold.

Establishing new, strategic relationships between the sectors will go some way to addressing these gaps. However, we believe that a traditional focus on numbers is not enough. An explicit recognition of the importance of the NHS, local authorities and colleges as anchor institutions to the development, training and progression of good work locally is needed – bringing a joint focus on upskilling people from across our communities.

### Spotlight: The Taylor Review

The [Taylor report](#) stated that good work matters for several reasons:

- Because, despite the important contribution of the living wage and the benefit system, fairness demands that we ensure people, particularly those on lower incomes, have routes to progress in work, have the opportunity to boost their earning power, and are treated with respect and decency at work.
- Because, while having employment is itself vital to people's health and wellbeing, the quality of people's work is also a major factor in helping people to stay healthy and happy, something which benefits them and serves the wider public interest.
- Because better designed work that gets the best out of people can make an important contribution to tackling our complex challenge of low productivity.
- Because we should, as a matter of principle, want the experience of work to match the aspirations we have for modern citizenship; that people feel they are respected, trusted and enabled and expected to take responsibility.
- Because the pace of change in the modern economy, and particularly in technology and the development of new business models, means we need a concerted approach to work which is both up to date and responsive and based on enduring principles of fairness.

## Improving population health

The NHS Long Term Plan in England, published in 2019, has at its centre the concept of population health. While there are several definitions of population health, [The King's Fund's](#) is the most commonly used. It states that population health is:

'An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.'

Improving population health is not solely the responsibility of the NHS; indeed, the health service is often cited as attributing to only around 20-30 per cent of the health of citizens. The main factors determining health outcomes and the wellbeing of people include aspects such as housing, employment, climate, the economy and of course, education.

The missions that govern many colleges are directly related to the need to improve the health and wellbeing of their communities while at the same time widening opportunity, raising ambition and contributing to the narrowing of local inequalities. Making every contact count must be a core principle of every college, with wellbeing and mental health training forming a standard part of the work of colleges with staff, students and citizens, aligned with local ICS population health plans.

Health outcomes can be improved through collaborating on the development of college courses that lead to pre-prepared and tangible entry points into job roles. This is important for those found furthest from the labour market, such as those with special education needs and disabilities (SEND), low education attainment, homelessness, care leavers, carers, a criminal record and low aspirations. As we look to future health and care roles, college courses should increasingly focus on innovative health and wellbeing services that are strongly aligned with the NHS Long Term Plan and local growth plans. This includes social prescribing and new tech-driven approaches to health and care.

## Spotlight: The Marmot Review

Professor Sir Michael Marmot explicitly looked at the role of education and lifelong learning in his February 2020 report, [Fair Society, Healthy Lives](#), which examined the progress made on tackling health inequalities in the UK in the decade after his seminal report. In relation to the latter, the report states that 'lifelong learning has the potential to impact on health inequalities in two ways. Centrally, but indirectly, it is important for providing the skills and qualifications for employment and progression in work; and directly there is evidence that participation in adult learning in itself impacts on health behaviours and outcomes.'

One of the report's recommendation is to increase access to and use of quality lifelong learning opportunities across the social gradient by:

1. Providing easily accessible support and advice for 16–25-year-olds on life skills, training and employment opportunities.
2. Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers.
3. Increasing availability of non-vocational lifelong learning across the life course.



## Rebalancing the economy

Much has been made of the UK government's 'levelling up' agenda, which seeks to narrow the variances in regional productivity that have severely restricted economic growth and depressed living standards since the financial crash. The need to ensure a much more even spread of wealth, prosperity and opportunity is not a new problem, however there is now a much greater focus on devolution and enhanced local decision-making as a central policy tool with which to address inequalities. The current political, social and cultural importance of this regional imbalance highlights the need for local anchor institutions to work in much more collaborative ways in networks to support local economic and inclusive growth and to stimulate new economic thinking. For example, together they could ensure that the skills elements in agreed future devolution deals reflect more strongly the relationship between the college and health and care sector.

The success of both the health and care sector and colleges is intimately linked to the economic and social development of a given place. Whether our focus is on recruitment, procurement, innovation, estates or wellbeing, decisions made by colleges and health and care organisations bring identity to a given place and significantly affect the local economy for better or for worse. Similarly, demand for public services rise in areas where inequalities in wealth are starkest.

In many of the most challenged areas in the country, those places often deemed to have been 'left behind', colleges and health and care organisations are the main training provider and employer. This places a responsibility on those organisations to take more of a leadership role in explicitly raising prosperity and in better influencing local economic and social decision-making.

## Spotlight: Industrial Strategy Council

In February 2020, the Industrial Strategy Council outlined [three key reasons for regional differences in productivity](#):

### 1. Place-based

**fundamentals:** Geography, local culture, governance and infrastructure are important factors determining the economic activities of a region.

These shape the nature of the local workforce and the type and volume of private investments a place can attract.

### 2. Agglomeration:

Places attract clusters of economic activity which become self-sustaining. These agglomeration effects arise because

specialised firms benefit from the ability to trade with other firms in their industry and because these firms benefit from sharing the common resources offered by large cities.

### 3. Sorting:

Workers, especially highly-skilled workers, also tend to cluster. This means small initial differences between places can generate large disparities in the skills of the workforce, which then shape regions' industries, attractiveness and productivity.

In practice, these factors tend to be complementary and mutually reinforcing in their impact over time which is why, without policy intervention, regional differences tend to widen.

## Local leadership in the coming months

The COVID-19 pandemic has shone an immediate and concerning light on all three of the issues discussed above. The expected impact on the economy, and unemployment in particular, is unprecedented and will reverberate throughout communities on a previously unimaginable scale, requiring sustained action from national and local leaders across every sector. As important local anchor organisations, both the NHS and colleges will play a vital role in the wider place-based economic and social recovery in addition to their focused service provision.

This could include, for example, working together to transition or retrain local people at risk of redundancy or out of employment into jobs in the health and care sector, jointly influencing for additional flexibilities to be built into policy such as the Apprenticeship Levy, and pushing a greater emphasis on population health in wider local regeneration strategies. Local circumstance will determine the need and opportunity but the nature of this relationship is now more important than ever.

## Summary

### **To embed good work principles between colleges and an integrated care system, we believe a joint commitment is needed on:**

- better understanding, developing and promoting health and care career pathways with and to local communities
- promoting targeted recruitment as an important part of any local ICS workforce planning system, with guaranteed interviews to be considered for local people coming through the college system
- developing procurement regulations based on collaborative relationships to allow the use of the levy fund that NHS organisations hold
- ensuring NHS staff are involved in the development and delivery of pre-employment training
- developing a more nuanced relationship with professional bodies and regulators around the future evolution of clinical roles
- influencing, shaping and using available employment and skills-related tools locally, such as the Apprenticeship Levy and Adult Education Budget, promoting local agility and innovation
- focusing on the fundamentals of employment so not to take skills such as numeracy and literacy for granted, for which colleges are a perfect vehicle.

### **To embed population health principles between colleges and an integrated care system, we believe a joint commitment is needed on:**

- collaborating on the development of college courses that lead to pre-prepared and tangible entry points into job roles

- developing college courses focused on innovative health and wellbeing services and which are strongly aligned with the NHS Long Term Plan and potentially local growth plans, such as social prescribing and new tech-driven approaches to health and care
- making every contact count, with wellbeing and mental health training forming a standard part of the work of colleges with staff, students and citizens, aligned with local ICS population health plans
- developing new career opportunities for community groups who are traditionally found the furthest from the labour market, such as those with special education needs and disabilities (SEND), low education attainment, homelessness, care leavers, carers, a criminal record and low aspirations.

**To embed rebalancing the economy principles between colleges and an integrated care system, we believe a joint commitment is needed on:**

- influencing those responsible for local growth and economic development, including local enterprise partnerships and combined and local authorities, ensuring that key strategies such as local industrial strategies and town deals reflect the significant value of the health and care sector to the economy and the need for local skills development across all levels, not just highly-skilled sectors
- developing a consistent and collaborative local anchor network approach to policies linked to the local economy, such as procurement, recruitment, estates development and innovation
- ensuring that the skills elements in agreed future devolution deals reflect more strongly the college and health and care relationship and needs.

# Taking the next step

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What has become clear from the many conversations with leaders underpinning this report is that the challenge of truly unlocking the NHS and college relationship is more one of coordination than consensus.

The interest, willingness and appetite to work together in new ways to transform local communities is stronger than ever. COVID-19 has highlighted the value of public services and in particular the key workers that have given so much to support and protect the wider public. Yet this is a workforce under unprecedented strain and still holding historic vacancies. In parallel, the role of colleges has rightly been prioritised by government in its wider economic and social recovery planning, with upskilling and retraining vital in mitigating the worst effects as the furlough scheme is tapered down.

We believe the main recommendations in this report can align these twin tracks and go some way in supporting the potential of this relationship to be realised:

- by enshrining colleges in the delivery of the NHS People Plan we can drive **collaboration** at every level
- by embedding employer hubs in every NHS region we can directly **facilitate** the strategic, executive level relationships needed to sustain action
- by establishing a Health and Care College Council we can raise the voice and **influence** of colleges across Whitehall and throughout the country.

The good news is there is a solid base on which to grow. Developing this report has shone a light on where good practice already exists. Many local organisations are already seeking out their partners. Discussions are moving beyond simply conversations about vacancies to encompass a combined view on population health and the power of anchor institutions.

We look forward to continuing to support this work nationally and to collectively transforming our local communities.

We would like to thank leaders and professionals from across the NHS and college sector for their time, energy and input into this work. Particular thanks goes to Julie Nerney, former chair of the Association of Colleges and former chair of Kent and Medway NHS and Social Care Partnership Trust, for her guidance and leadership throughout, as well as chairing the roundtable sessions that led to this report.



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