

How can the NHS help address the employment impacts of COVID-19?

A rapid evidence review and think piece

January 2021

The scale of the economic impact of COVID-19 is yet to be fully understood, but the effect on employment rates and patterns is becoming increasingly clear and has already been profound. There are also strong reciprocal links between health and employment, with a robust evidence base showing that good work is good for physical and mental health and wellbeing, and that employment is a primary determinant of health. In turn, good health supports good work and productivity. More broadly, the current economic crisis stems from a global health pandemic, and it will be through an inclusive and sustainable economic recovery that we can continue to invest in good health and good work across the UK.

The NHS already supports employment priorities such as providing 'good work', employee health and wellbeing, population health related employment programmes, and employment support or health and work interventions. However, as the largest employer in England and as a major purchaser of goods and services, the NHS could play an even greater role in helping tackle the employment impacts of COVID-19 and supporting economic recovery.

[NHS England and NHS Improvement](#) commissioned [Learning and Work Institute](#) to identify opportunities the NHS could rapidly develop to address the employment impacts of COVID-19 and support social mobility. This work involved a rapid review of evidence and a roundtable discussion focused on how the NHS can strategically use its economic status and assets to stimulate recovery at a local, system, regional and national level. In October 2020, over 40 participants from across health and social care, government departments, universities, colleges, local authorities, and the voluntary, community and social enterprise (VCSE) sector came together to discuss how the NHS should move forward.

The initial stimulus paper developed to inform the roundtable discussion is available [here](#). This second paper outlines a range of potential practical steps, informed by the roundtable and wider discussions, that the NHS can take to support the UK's economic recovery by helping to address the employment impacts of COVID-19. It is structured around the following six key interrelated actions, followed by the challenges and tensions of implementing these:

1. Agree commitment and develop a vision and framework for action.
2. Champion this agenda.
3. Form strategic national and regional partnerships.
4. Develop strategic system and local partnerships.
5. Inform and engage with local skills priorities.
6. Act as a 'good' employer to enhance social mobility.

The actions are summarised in Table 1 at the end of this document, which also indicates whether responsibility for these actions should lie at the national, regional, system or local level.

The Challenge

The scale of the economic impact of COVID-19 is yet to be fully understood, but the effect on employment and the labour market has already been profound. Vacancies have fallen, redundancies are rising, hours worked are declining and unemployment has increased significantly and is predicted to remain above pre-crisis levels until at least 2025.

“Our health emergency is not yet over. And our economic emergency has only just begun.”
Chancellor of the Exchequer, Spending Review, Nov 2020

Furthermore, these impacts are not spread evenly across the economy; in many cases the labour market fallout from the pandemic is exacerbating pre-existing inequalities:

- **Unemployment has tended to rise fastest in ‘left behind’ areas** where it was highest before the crisis, posing a real risk to the government’s Levelling Up agenda.
- **Workers in lower-level occupations and with fewer qualifications**, often working in sectors hardest hit by the economic crisis, are far more vulnerable to unemployment.
- The economic crisis has particularly affected workers at both ends of the age spectrum. The number of **older workers** on unemployment-related benefits nearly doubled in the first few months of the crisis.
- **Young people** face the double whammy of a disrupted education and a tough labour market. Despite more young people staying on in education, there has been a surge in unemployment, with those from lower-income families and without a degree-level qualification hardest hit.
- There are significant differences in job loss rates between different ethnic groups with some **black, Asian and minority ethnic communities** particularly vulnerable to increased debt and financial hardship as a result of COVID-19.

Addressing this economic fall-out will require large-scale concerted efforts – to help people find work and to develop their skills – focused particularly on those geographical areas and groups of people most affected by the crisis. Government and its agencies will also need to consider how public investment and the procurement of goods and services can be used to both protect existing jobs and stimulate the creation of new employment.

The NHS is well placed to support economic recovery.

Even prior to the current crisis, every quarter around 22,000 workers moved out of ‘lockdown’ sectors into health and social care roles. Now, the significance of the NHS as a major employer is even greater, with an unprecedented interest in NHS careers and a growing number of vacancies across the country, at a time when many other employers are reducing or freezing their headcount.

- **The NHS is the largest employer in the UK and is seeking to grow its workforce further.** It has around 1.24 million FTE staff working across over 300 different roles. Faced with growing demands for healthcare and significant recruitment challenges, it is one of only a few major employers seeking to grow its UK workforce.
- **The NHS is a powerful ‘anchor’ institution.** The NHS is often the largest employer and main training provider (alongside colleges) in the most disadvantaged areas, and as an organisation spends billions on good and services. The scale and reach of the NHS means that not only can it have a significant influence on population health and wellbeing, it can also add social and economic value to local communities, influence local skills provision, and support a health-led and inclusive growth agenda.

Taking a strategic approach

Throughout the country, the NHS is already involved in a range of initiatives to support local people to develop skills and find work. However, in order to match the scale of the employment challenge resulting from COVID-19, a more strategic, long-term, and large-scale response will be needed. Drawing on the evidence review and roundtable discussion, we identified six key interrelated actions.

Action 1: Agree commitment and develop a vision and framework for action

The NHS must rapidly think through its response, and define its commitment and priorities, if it wants to help the country address the employment challenges of COVID-19.

Commitment and vision: Further discussion is required to agree precisely what the NHS's aims are in seeking to help address the wider employment impacts of COVID-19, and how these aims will be realised. In addition to focusing on immediate actions to support recovery, it will also be important for the NHS to agree a broader set of employment-related ambitions that enable the NHS to optimise its role as an anchor institution, to work strategically in partnership with other place-based organisations, and to support population health needs.

Strategy: A clear plan can then be developed to outline how both short- and longer-term goals will be achieved. This plan must specify what actors at a national, regional, system and local level should do, and how they can get started. The plan should build on existing initiatives, policies and approaches where possible; the NHS is already involved in a range of initiatives but could benefit from sharing good practice and making connections across different levels and geographies. Regional and System People Boards could be a useful mechanism to promote and share such guidance widely.

Roundtable participants described needing a 'roadmap' which outlines:

- What the NHS's aims are and why.
- What needs to happen to achieve each of these aims.
- Who the key partners are (at a national, regional, system and local level) and their likely contribution to the agenda.
- Examples of how others are working towards these aims.

Action 2: Champion this agenda

The NHS must work out how to embed this agenda into the NHS structure, and decide where responsibility for managing and driving it forward will be held.

Hearts, minds and alignment: While there is interest at all levels of the system in this agenda, and a range of existing initiatives in operation, it could be challenging to achieve further engagement on this topic within the NHS and other organisations. NHS services are already under considerable pressure and layering another 'ask' could be difficult. It will therefore be important to win the battle for hearts and minds, ensuring that the importance of this agenda is understood and the resulting benefits to the NHS and society are clearly explained e.g. access to good work improves health, reduces inequalities and demand for services. Roundtable participants felt it would be important to integrate this agenda into wider NHS strategies (for example system transformation, population health, or anchors) rather than simply creating another set of tasks and priorities.

Leadership: National and regional leadership will be critical in ensuring messages cascade down through systems and NHS providers, and that ideas at a system and local level are joined up and practice is shared. Understandably leaders can be focused on the day-to-day work of delivering health services rather than wider strategy. Work will be needed to ensure that this agenda is

recognised as a priority in supporting the NHS's wider vision and goals e.g. the ambitions of the People Plan, supporting population health and Phase 3 recovery planning actions (which includes working in partnership to tackle the causes of inequality) and ongoing Phase 4 planning. Although teams in NHS England and NHS Improvement are seeing growing interest in the employment agenda, roundtable participants described that at a system-level, colleagues feel that they are too busy to deal with these issues and that their capacity to deal with things other than COVID-19 and core services is diminishing.

Roundtable participants felt that it would be useful to:

- bring together key individuals into a national working group to champion the agenda and conduct enabling work.
- involve individuals who understand both the NHS and the economic/skills landscape in the working group.
- specify the need for employment-focused recovery priorities to be embedded in every national decision and use the national working group to promote this.
- identify leads in regional, system, primary care, trusts, community teams, mental health teams etc. to input into and/or coordinate regional and local efforts.
- facilitate discussions on this agenda around the regions using identified leads (e.g. Hackathons).
- Provide national leadership and NHS engagement with wider government employment and skills programmes (see Table 1).

Collaboration: Most of these actions require collaboration between a range of key partners including NHS England and NHS Improvement, Health Education England (HEE), NHS Employers and NHS Confederation, as well as with wider government departments and agencies. Partners need to work together to agree priorities and levels of commitment, develop a plan, and use existing mechanisms and networks to engage system partners. National and regional leadership is required to drive this agenda forward and ensure it is prioritised at both system and local level.

Table 1: Government employment and skills programmes to help people train and find work	
Kickstart	Aimed at 18-24-year-olds on Universal Credit and focused on those at highest risk of long-term unemployment this is a £2 billion scheme to create high-quality 6-month work placements for potentially 300,000 young people. It will sit alongside a guaranteed foundation of support through an expanded Youth Offer delivered through DWP, providing a range of targeted support to help young people find lasting work.
Traineeships	Aimed at 16-24-year-olds with a Level 3 qualification or below and minimal work experience. The government is providing an additional £111 million to triple the number of traineeships in England in 2020/21, offering employers £1,000 per trainee to provide high-quality work placements and training and prepare participants for an apprenticeship or employment.
Apprenticeships	The NHS currently employs around 14,000 apprentices across the UK. An additional payment of between £1.5 and £2k will now be made to employers who hire new apprentices over the next six months. The development of higher and degree apprenticeships is a key social mobility tool.
T- Levels	Two-year technical course with a significant industry placement. T- Levels will be rolled out in health and healthcare science from September 2021, preparing students to enter the sector whilst showcasing the breadth of roles available within the NHS. Primarily targeted at school leavers.

Sector-Based Work Academy	Placements are open to jobseekers aged 18 and upwards and focus on training matched to the needs of the business sector. The work experience placements lead to a guaranteed job interview and last up to 6 weeks. The government has pledged £17m to triple their numbers.
Job Entry Targeted Support	Tailored, flexible support to help those out of work for 3 months to quickly get back into employment, including specialist advice on how people can change sectors, as well as CV and interview coaching. Work coaches will work with claimants to agree action plans, peer support and opportunities for skills development. JETS is backed by £238m investment.
Restart	£2.9 billion programme to give Universal Credit claimants who have been out of work for at least 12 months enhanced support to find jobs in their local area. Providers will work with employers, local government, and other partners to deliver tailored support for individuals.

Action 3: Form strategic national and regional partnerships

To achieve systemic impact, the NHS must engage in systemic action by developing strategic national and regional partnerships.

National levers: The Department for Health and Social Care (DHSC) and NHS national bodies have an important role to play in collaborating with other government departments (e.g. DWP, DfE, BEIS and the Cabinet Office) to shape and amplify the impact of wider government agendas around economic recovery.

NHS England and NHS Improvement is working in partnership with The Health Foundation to develop a UK-wide Anchors Learning Network. Once in place this will offer a vehicle for sharing practice, driving innovation, and informing policy.

NHS involvement in key national partnerships such as the Cabinet Office's Inclusive Economy Partnership will also be required to help ensure national levers are realised, shape national policy and provide leadership to the wider NHS.

National programme, local delivery: The NHS can better align with national programmes and facilitate action locally. Actions can be tied to ongoing work relating to the role of NHS as an anchor institution and other key government policies designed to support recovery. For example, the HEE £27m national Prince's Trust Pearson, designed to attract 10,000 young people aged 16-30 into health and social care employment between now and 2024, is one example of a programme of work which is linked to another flagship government policy, Kickstart. The success of this national programme will depend, in part, on local employers coming together to offer placements and on local support to match eligible young people with these employers.

Regional collaboration: Linking local agendas at a system level offers opportunities to ensure a more strategic approach, as well as greater potential for collaboration across ICS boundaries in sharing ideas, resources, and data. This could involve regional collaborations with like-systems in terms of locality and ICS maturity, and geographic partnerships across rural, coastal, and metropolitan areas. Regional People Boards provide opportunities for industry and partners to work together at a regional level and would be a good place to locate responsibilities for some of the actions outlined in this paper.

Action 4: Develop strategic system and local partnerships

The NHS needs to focus more on the 'place' where local services operate and go 'glocal' (i.e. use a global/national strategy but in a locally relevant way).

Shared agendas: There are a range of potential partners with shared agendas. For example: NHS providers, requiring a large and diverse workforce and who support training; local government, providing social care and with a key statutory role for education; local enterprise partnerships, with responsibility for skills planning; further education colleges, as key partners in the development of technical skills; and higher education institutions, supporting the education and training of clinicians and managers. Bringing these partners together at a local level will be crucial in developing a coherent and impactful response to the employment challenges we face.

During the COVID-19 pandemic, new partnerships have been forged and new ways of working developed at pace. One roundtable participant was developing an Integrated Care System (ICS) charter, focused on maximising health outcomes for local people, which all members will sign up to. As part of this, members are looking at ways to procure more from local businesses, thereby supporting local employment. Another participant described how COVID-19 had supported systems thinking around volunteering. If we are to maintain and further build on this collaboration, then it is important that external partners are clear about how best to engage with the NHS, and where the focus of this engagement should be.

Workforce leads: Roundtable participants felt that having a partnership lead or champion within each ICS or Sustainability and Transformation Partnership (STP) would be useful. This may fall into the remit of Workforce Leads and it will be important to understand if they have the knowledge and capacity to do this or if additional support is required. HEE is already supporting system workforce leads with training to enhance their capability to lead complex workforce conversations across care pathways, provider organisations and systems.

Influencing supply chains: The NHS is a major purchaser of goods and services with the potential to spend locally and influence the employment practices of local contractors, for example by promoting a living wage and applying this to its supply chains. As service commissioners, the NHS and local government could work together, and with DWP, to commission joint health and employment support based on the best available evidence.

Action 5: Inform and engage with local skills priorities

The health and care sector needs to become an intelligent customer in local labour markets and play an active role in shaping the workforce of the future.

Skills development and work readiness: Many jobs, both in and beyond the NHS, have changed dramatically over the last six months as a result of how and where we work (e.g. more reliance on digital, home working). This adds to a more longstanding need, within the NHS, to fill existing vacancies and adapt to changing working practices. By working with local partners, the NHS can help to ensure that locally available training provides direct routes into locally available employment. In turn, these local partners can offer support to the NHS to better understand their local labour markets, the skills and employment needs of their local communities and the drivers of local decision making.

Young people have been particularly hard hit by the crisis, seeing steeper falls in employment compared to other age groups. Given the extensive evidence that being unemployed when young can have lasting 'scarring' impacts in later life, including a higher risk of unemployment, lower pay, poorer mental health, and diminished life chances, there is a particular need to focus on supporting youth transition into the labour market. A number of wider government initiatives, such as Kickstart, have been introduced to address the issue of youth unemployment (see Table 1) and the NHS should engage with these programmes at a local, system, regional and national level in offering employment, placements and work experience for young people.

Roundtable participants felt that now was the time for the NHS to think carefully about its future skills needs and work actively to ensure that these are met. The government's Industrial Strategy and local Skills Advisory Panels (SAPs) provide opportunities for the NHS to work with local partners to improve local skills development. SAPs are designed to inform local industrial strategies which are being developed by Local Enterprise Partnerships (LEPs) and Combined Authorities. Ensuring that the NHS engages with these existing structures should therefore be a priority in every region.

NHS employers need to understand the range of 'preparation to work' offers available in their local areas and be able to apply these to their workforce needs and timelines. Roundtable participants felt there was potential for the NHS to use its apprenticeship levy more effectively, for example, potentially through a transfer into Primary Care Networks. For this to work, there must be greater understanding of funding routes and support which exists outside the NHS. Stronger links with the VCSE sector would also enable this understanding to develop. One roundtable participant from a local authority described how they had been working with local NHS trusts to help them fill their vacancies. This has required pre-employment training to ensure that links were made between local people and local opportunities.

Re-thinking requirements: Some participants suggested that the NHS needs to radically alter its thinking on skills, adopting a broader view of the skills needed to work effectively with people (e.g. being able to talk to people, having curiosity about the lives people lead outside the consulting room). Rather than requiring experience of the job they are recruiting to NHS employers should be encouraged to reflect more on the transferable skills that would enable roles to be executed well. A national working group (see Action 2), aligned with the People Board, could form the basis of a taskforce that begins to think differently together about the roles needed to ensure that the principles of the People Plan are embedded in local joint skills and workforce strategies.

Action 6: Act as a 'good' employer to enhance social mobility

The NHS needs to broaden and strengthen pathways into NHS careers at the same time as retaining its current workforce.

Diversity and inclusion: For some time, the NHS has sought to attract a more diverse range of people into health and care careers (e.g. through the NHS People Plan, HEE Talent for Care Strategic Framework and Widening Workforce Participation Strategy) and has recently established the Race and Health Observatory. From an economic perspective, the need to do this has never been greater. The labour market fallout from the pandemic is exacerbating pre-existing inequalities; communities already facing higher levels of deprivation are being hit hardest. As an employer seeking to grow its workforce, the NHS can support recovery in the way that it recruits and retains staff.

Although the NHS offers over 300 roles, many of them transferable from other sectors, potential applicants are unlikely to be aware of the full range of roles, particularly those that are non-clinical. Many jobseekers may not understand that the NHS is not a homogenous organisation, with 'something for everyone' within NHS jobs and organisations. Providing clearer and more proactive messaging about what jobs are available within the NHS, and what skills these roles require, should be a priority in both filling vacancies and widening access to applicants who are currently under-represented in the NHS workforce, and to young people entering the labour market. Partnerships with schools, colleges and careers services will be particularly important in promoting the range of NHS roles to young people seeking to enter the labour market, as will collaboration with

organisations such as Prince's Trust and other youth employment charities that focus on supporting disadvantaged young people into employment.

Improving ease of access and messaging: Roundtable participants felt that there was a need to broaden the appeal of NHS jobs by:

- developing stronger, mapped, career pathways.
- using inclusive language in job advertisements and job descriptions.
- making it easier to apply for jobs and reducing the elapsed time between individuals receiving an offer and their start date.
- advertising jobs in way that helps people see the transferability of their skills.
- increasing the role of experiential learning.
- making sure that generic, entry-level roles recruit people with a wide skillset.
- ensuring that apprenticeship and pre-employment opportunities are available to people of all ages.
- using volunteering more effectively to progress people into paid employment.
- linking vacancies with local people who need jobs by advertising locally and linking with local job coaches and LEPs to highlight opportunities.
- provide reassurances about what it is like to work for the NHS, both generally and specifically during the pandemic e.g. We are the NHS Campaign. Safety concerns may prevent older workers and those who are clinically vulnerable considering a career within the NHS.

However, there was also concern that these actions could be extremely resource intensive, with significant risk of duplication and inconsistency. Creating and cascading national/regional templates and guidance was considered to be a valuable and effective way of supporting local action.

Retention: Roundtable participants were clear that efforts to support recruitment into the NHS must not reduce the focus on staff retention and improving employment practices. Executing the People Plan within the current context, however, is likely to be challenging. Despite this, ensuring that people want to stay in the NHS and that occupational health issues do not cut short NHS careers must both be priorities.

Living wage: The issue of wage levels within the NHS is always present. There are thought to be only 13 accredited Living Wage NHS Trusts in England. Some trusts would like to commit to the living wage and embed this in their supply chains but feel this would be unaffordable. Wider discussion is needed around the economic and health benefits of paying the living wage and the numbers of people the NHS could benefit if adopted nationally.

Social mobility: The NHS is not the only employer seeking to improve social mobility through recruitment and workforce development. To support these efforts, the Social Mobility Commission is developing a toolkit to support public sector employers enhance social mobility, with content including outreach and hiring to progression, and business enablers such as using data and organisational culture. The NHS is now contributing to this toolkit at a national level and with the right support could support the roll out and take up across the NHS.

Local good work schemes: At a system level, NHS employers should be encouraged to seek accreditation from good work schemes such as the Greater Manchester Good Employment Charter and the London Mayor's Good Work Standard.

Some NHS organisations are already taking practical steps to support employment. Examples of these are listed in Table 2 and in the stimulus paper, available [here](#).

Table 2 Examples of practical steps taken by NHS Leaders and colleagues:

- Virtual career fairs targeting employees at risk of redundancies (e.g. local airport).
- New living wage commitments and insourcing of contacts.
- Job brokerage schemes. Some of these explicitly acknowledge that NHS jobs can be a barrier to local partners helping people navigate the NHS jobs process.
- Various redeployment schemes being developed with industry representatives and training providers, including in health and social care.
- Offering guaranteed interviews for certain groups amongst their local populations.
- Looking how to use government employment support programmes (e.g. Kickstart).

Tensions and challenges

Roundtable participants identified several factors that could derail the NHS from a focus on helping address the employment impacts of COVID-19.

1. **Concerns about costs.** There may be a perception that the actions recommended in this paper would be costly. In fact, the aim is to harness what the NHS already does by adding a new focus to business as usual. NHS employers need to ask whether more can be spent locally, or whether recruitment activity could have a stronger focus on engaging local populations. Acting on this therefore requires different, not necessarily more spending. It is also an investment for the NHS, with returns likely in terms of improved population health and therefore reduced need for NHS services.
2. **Falling between two stools.** This agenda could easily fall between different teams and organisations. To be successful, this work will need clear ownership and leadership, clear lines of responsibility, and support at all levels of the NHS.
3. **An inability to link the work of multiple local actors into a national, strategic response.** There are already many local initiatives which tackle some of the issues raised in this paper. Identifying these initiatives, building on them, and ensuring that they add up to more than the sum of their parts will be challenging. One suggestion was to prioritise a more systemic approach to bringing together the disparate NHS and local authority sectors together on health.
4. **Conflicts between national priorities and local-place based partnerships.** National mandates and locally relevant solutions are not always compatible. For example, national buying directives can limit the ability of NHS employers to buy locally, while adding more conditions to contracts to further national agendas can disproportionately impact the ability of smaller, local contractors to successfully bid. Prioritising local spend within financial decision making at all levels, could help to tackle this.
5. **A lack of longer-term funding and planning.** Timescales are a potential barrier to this agenda. Finding solutions to address inequalities and support recovery is a huge priority for the NHS but some of the issues raised will require long term solutions. Funding is often provided only for short-term projects, often with requirements that it be spent in a single financial year. Making more longer-term investments could support more strategic thinking.
6. **There are likely to be tensions between the desire to attract a highly skilled, job ready workforce and the need to use the current situation as an opportunity to address inequalities and social mobility.** Recruiting staff from other employers who have been made redundant because of the recession may be an easy win for the NHS, but this alone will not take us closer to social mobility or provide more opportunities to the people who most need them.

However, by taking some of the actions described to streamline the recruitment process and make it more inclusive, the NHS could remove some of the current barriers.

Conclusion

The NHS can and should contribute to the wider economic recovery through its national and local recruitment and employment practices, and through its supply chains. While there is a need to focus on urgent and immediate actions to support recovery, broader employment-related strategic ambitions which will enable the NHS to optimise its role as an anchor institution and place-based partner, and to support population health, also need to be identified.

To do this successfully, the NHS will need to develop strategic partnerships at a local, system, regional and national level – and do this fast. Many NHS leaders will require support and guidance to make the necessary internal and external links. There has been a lot of learning from the last six months and the NHS has become good at 'doing things differently' during COVID-19. The actions recommended in this paper build, in many cases, on steps already taken.

The challenge is significant and requires a strategic response and strong leadership. Finding the right home for this agenda will be critical to its success. It is also important that the breadth of this agenda does not stymie action. Acting does not have to be associated with increased costs and there are small but significant actions that all NHS employers can take.

Table 1: Summary of actions

* Where N/R = National/Regional, S = System and L/P = Local/Provider

Action	Activities	Responsibilities*		
		N/R	S	L
Develop a vision and framework for action	Commitment and strategy: Set out commitment and areas for priority action. Outline clear plan including likely partners and data sources.	✔		
Champion this agenda	<p>Leadership and collaboration: Convene a national working group which:</p> <ul style="list-style-type: none"> ▪ involves individuals who understand both the NHS and the economic/skills landscape. ▪ feeds down messages to regional, system and local leaders to challenge and engage people. ▪ produces clear guidance which can be easily adapted at a local level. ▪ identifies regional, system-level, and local leads. ▪ facilitates discussion around the regions. ▪ provide national leadership in NHS engagement with wider government employment and skills programmes. <p>Examples and alignment: Develop and promote the case for NHS engagement in this agenda. Provide a clear steer on how to get started by highlighting:</p> <ul style="list-style-type: none"> ▪ relevant examples of practice. ▪ existing initiatives and strategies to connect/align with. 	✔		
Form strategic national and regional partnerships	<p>National levers: Ensure the NHS has a voice amongst other key national players in national networks and partnerships. Ensure links are made between NHS and other relevant policies/initiatives by linking:</p> <ul style="list-style-type: none"> ▪ with central government and other key strategic partners to shape and amplify the impact of wider government agendas around economic recovery. ▪ national policy with local NHS organisations, to support delivery. <p>Regional collaboration: Regional People Boards should take responsibility for connecting with other local stakeholders, and driving local actions outlined in the paper.</p>	✔		✔

<p>Develop strategic system and local partnerships</p>	<p>Shared agendas: Identify partnership leads within each ICS and STP and use these to make links with LEPs, Combined Authorities and other local partners with shared agendas. Clearly communicate with external partners how they can best engage with the NHS.</p> <p>Workforce leads: Identify partnership leads within each ICS, STP or local NHS employer (e.g. primary care trusts, mental and community health teams) and use these to connect with local government and education providers.</p> <p>Supply chains: Use supply chains to further this agenda by:</p> <ul style="list-style-type: none"> ▪ making spending locally a national priority. ▪ removing barriers to local spending caused by national directives. <p>Use contracts to promote 'good' employment of local people. Support local businesses where possible and suitable.</p>		   	  
<p>Inform and engage with local skills priorities</p>	<p>Skills development and work readiness: Contribute to strategic local skills planning via strategic regional and local partnerships.</p> <p>Rethinking requirements: Use the national working group as the basis for a taskforce to encourage the NHS to think differently about skills.</p>		 	
<p>Act as a 'good' employer to enhance social mobility</p>	<p>Broaden and strengthen pathways into NHS careers by</p> <ul style="list-style-type: none"> ▪ offering generic, entry-level roles to people with a wide skillset. ▪ ensuring apprenticeship and pre-employment opportunities are open to all. ▪ linking vacancies with local people in advertising and partnership working (e.g. with VCS) ▪ ensuring job descriptions, adverts and recruitment processes are inclusive. <p>Improving ease of recruitment and messaging Strengthen pathways into NHS careers by providing templates and guidance to support NHS employers remove barriers caused by current recruitment practices (e.g., job descriptions).</p> <p>Social mobility and retention Support a regional/systems level approach to recruitment and retention which supports social mobility.</p> <p>Living wage Promote adoption of the living wage.</p>	  	   	

