NHS North East London

healthwatch Waltham Forest

# The good care framework

# Workforce

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# The good care framework

## What does good care look like?

**The good care framework has been developed based directly on what local people have told us.**

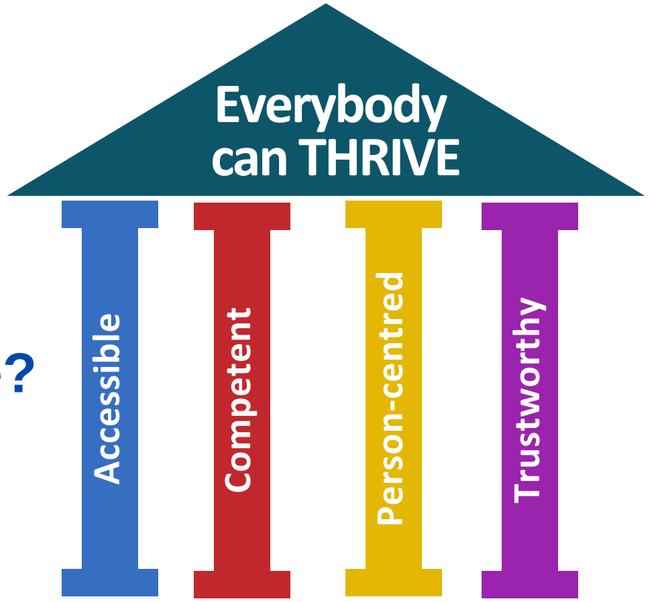
We asked local people open-ended questions about what good health and care means to them. At community events and in focus groups we helped local people to draw out what their own vision of good care would look like, using Liberating Structures and Participative Appraisal tools.

We took what they told us and and started to use qualitative data coding to identify themes, these themes eventually developed into **the good care framework** and our **four pillars of good care**, or four aspects of what makes the difference between good care and inadequate care. We also looked at the wider issues that impact good care at a society level.

The resulting framework, informed by what local people said, can be used by stakeholders to develop their own success measures and evaluation tools. We have used it to examine in depth four priorities, chosen by local people in previous consultations.

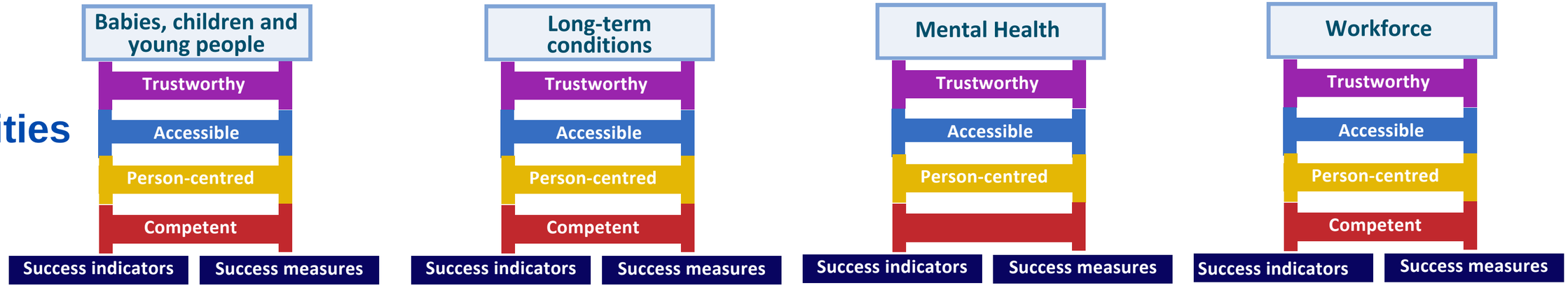
# Introduction to the framework

## What does good care look like?




## What people told us

## Priorities




We hope to make this report and the dataset as adaptable as possible; different sections of it can be used either separately, in conjunction with each other or with additional data. The aim is to use it as a framework from which people led success indicators and measures can be developed. There is still a lot of work to do.

# What does good care look like?

Appointments for acute issues AND routine check-ups are available within a reasonable timeframe

Barriers to accessing care are understood and addressed:

- Disability (physical, sensory, or mental)
- Language barriers
- IT literacy
- Knowledge barriers
- Costs, including hidden costs

Patients get to make appointments and be seen in a way that works for them

Services work well with each other, at community level/ beyond just health and care

Services are inter-connected around the patient, not just centred on a condition or specialism

There is CONTINUITY OF CARE between services and within services

There is CONSISTENCY of care, quality of care does not vary based on individuals and staff turnover.

Patients understand how care decisions are taken and believe professionals are providing good treatment

CULTURAL DIFFERENCES in expectations of what care should look like are taken into account.

Patients' WORRIES and CONCERNS are understood and addressed.

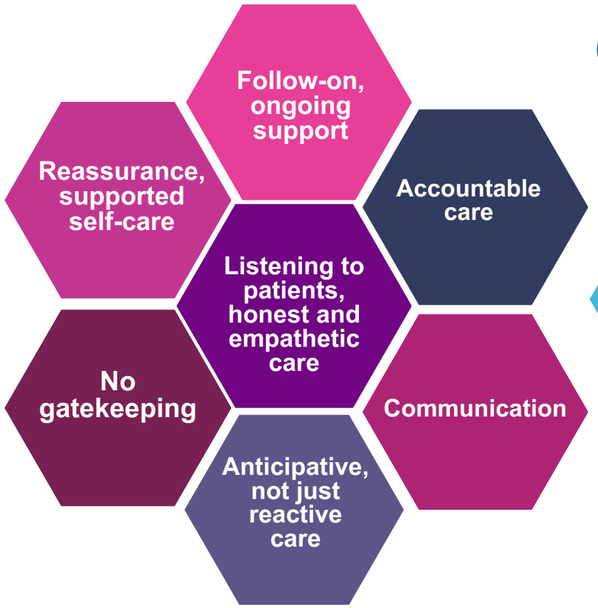
Health and care services are ACCOUNTABLE to patients and local people

Patients get REASSURANCE that they are well

Health and care services both RESPOND TO and ANTICIPATE people's needs

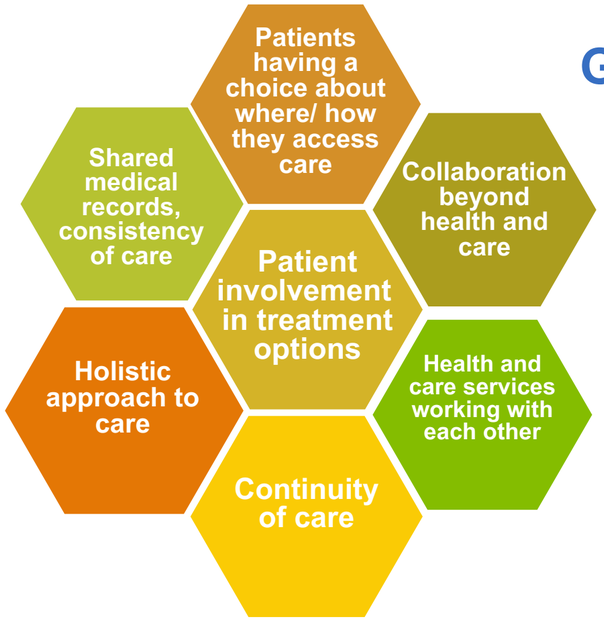
# What does good care look like?

## Good care is: trustworthy




## Good care is: accessible

## Good care is: person-centred

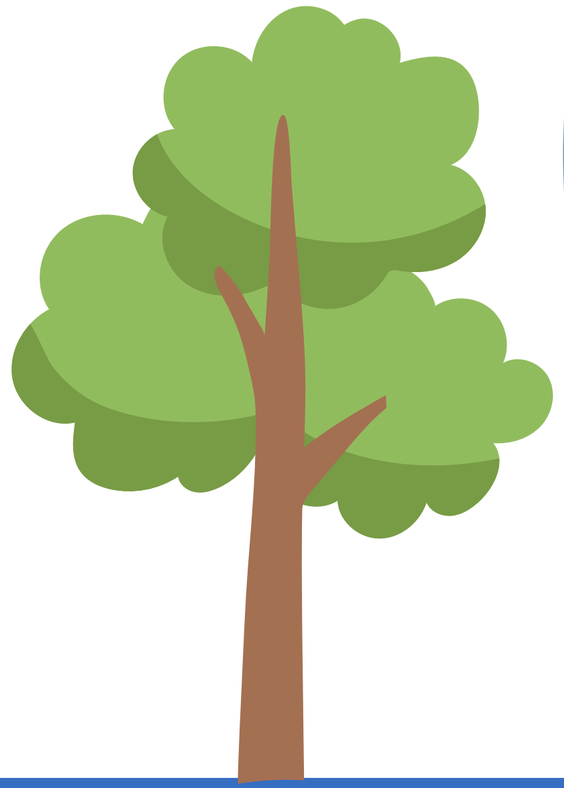


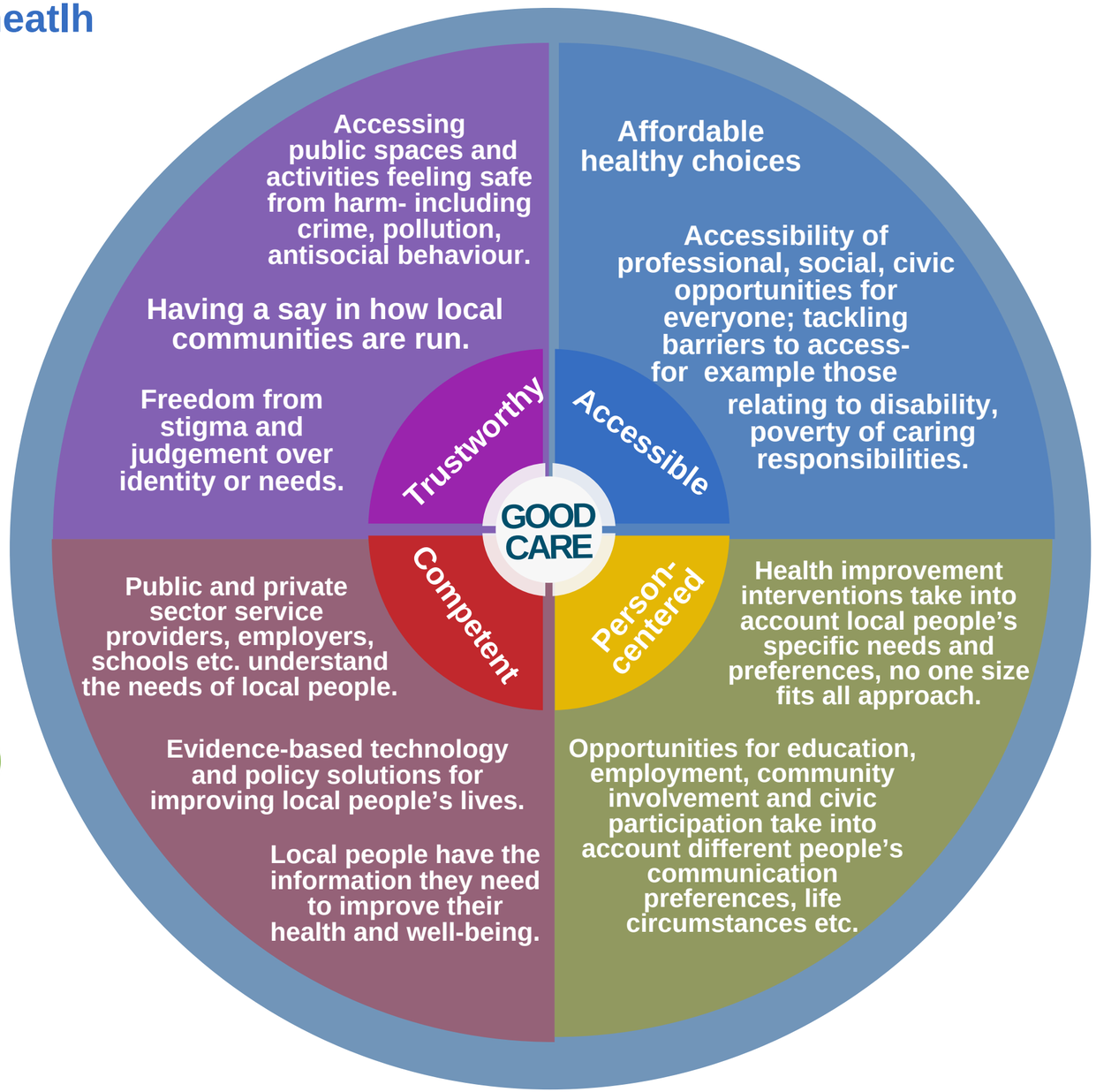

## Good care is: competent

# What does enabling everyone to thrive look like?

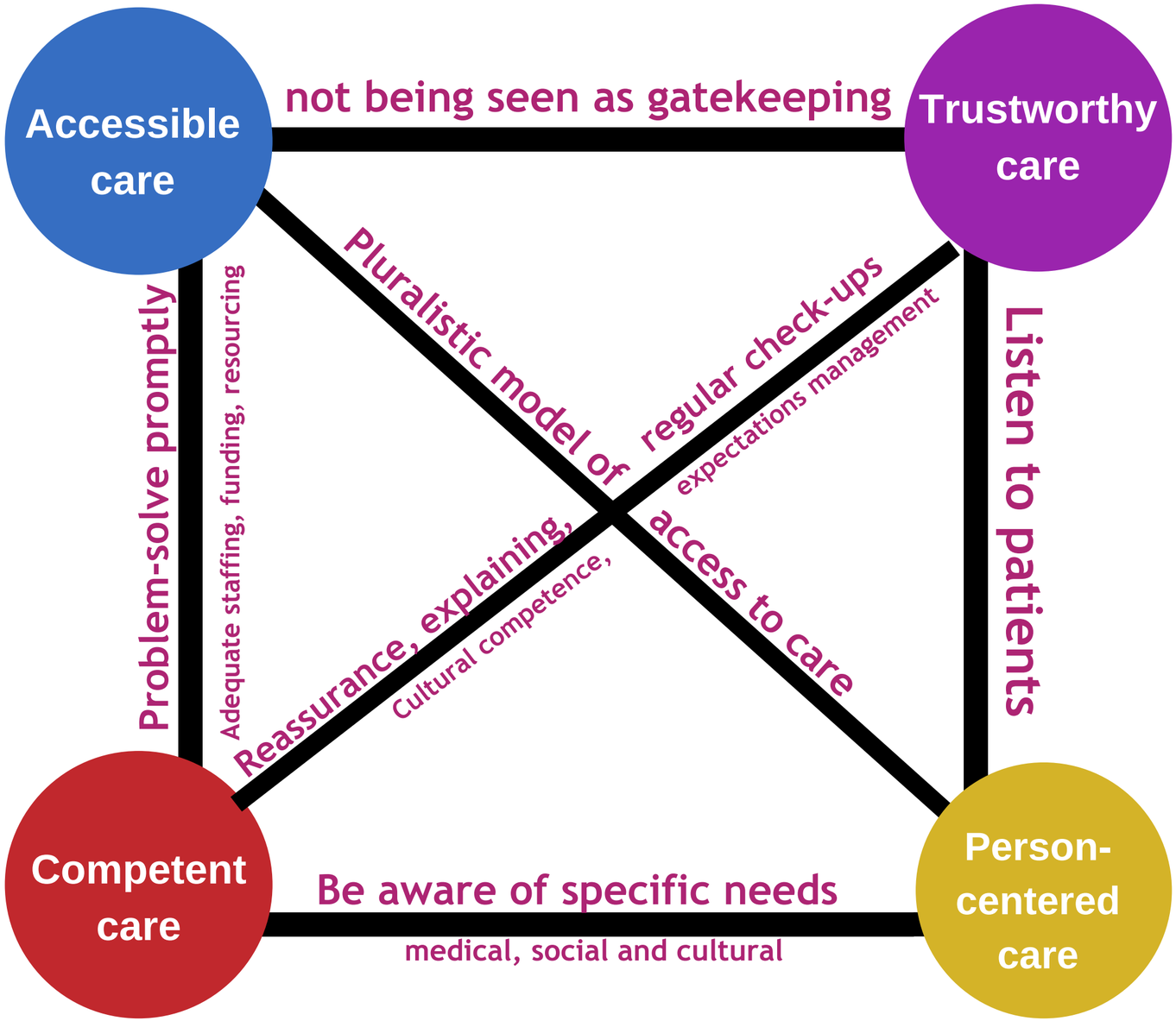
## The wider determinats of heatlh

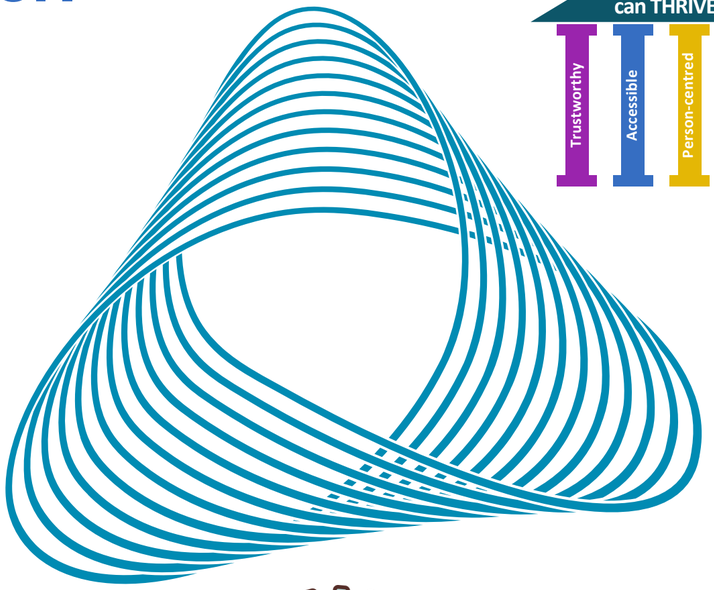
Everybody can THRIVE





# The four pillars interconnect and impact each other.





# Big Conversation

**Existing insights**
from Community Insights System

**Survey**
with local residents

**1092**
respondents

**Community events**
in key community locations

**430**
attendants

**Focus groups**
with seldom heard, under-represented and minority groups

**56**

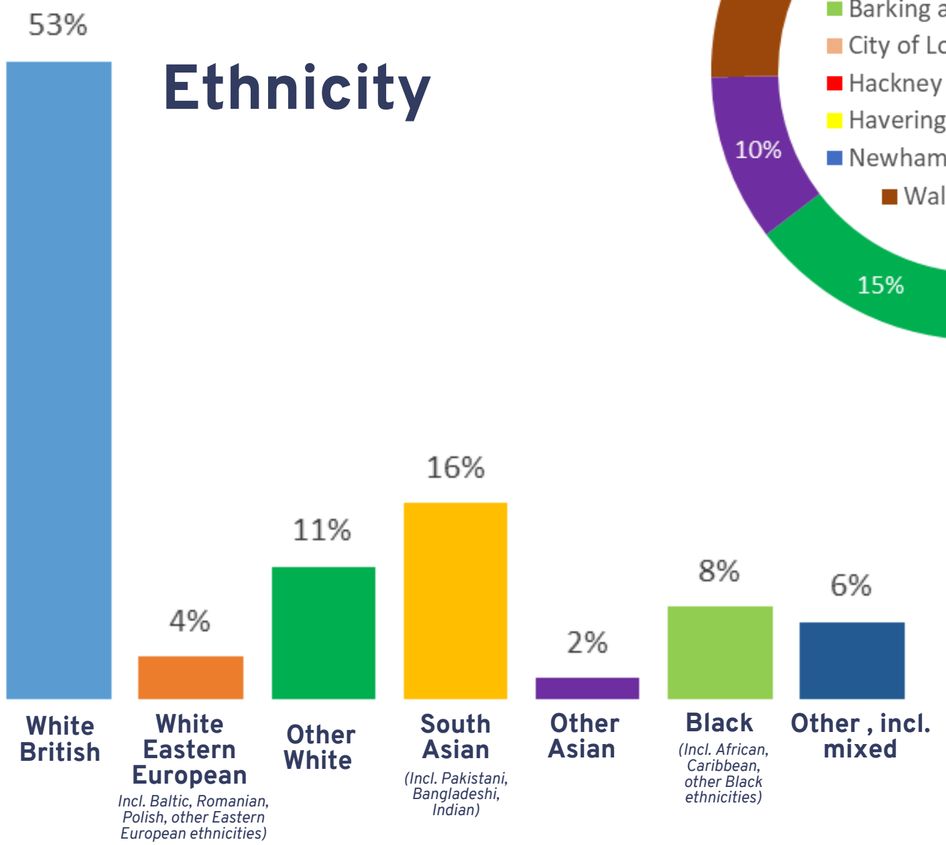
- Turkish mothers in Hackney
- South Asian men in Newham/Tower Hamlets
- Older people in the City of London
- Black African & Caribbean men in Hackney
- Patients living with Long Covid in Hackney
- Young people in Barking and Dagenham
- Men in Barking and Dagenham
- Deaf BSL users in Redbridge
- Pakistani women in Waltham Forest

**Big**
conversation

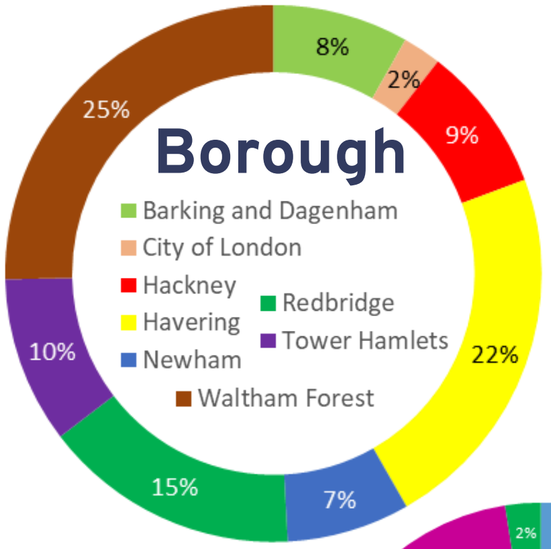
# Demographics

*survey respondents only*

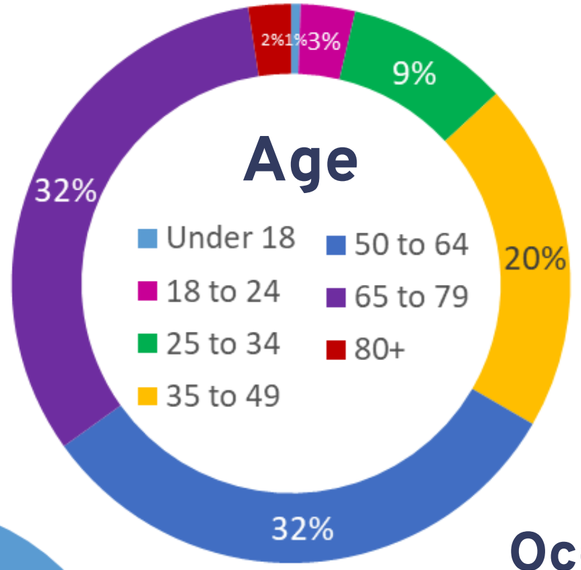
## Ethnicity



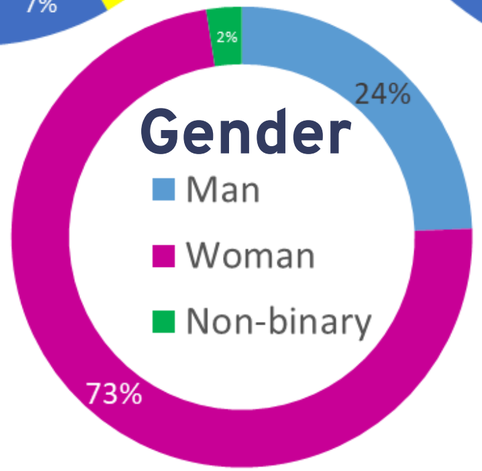

## Borough



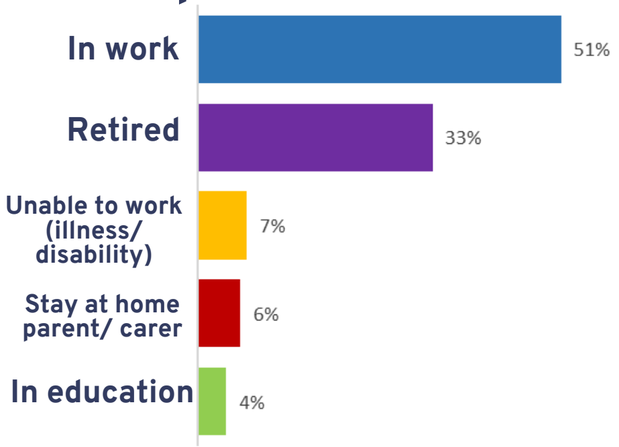

## Age




## Gender




## Occupational status




**98%** were registered with a GP

**93%** had used health or care services in the last 12 months

**7%** were parents of a child/ children aged under 18

**7%** were carers for an adult loved one or family member

**23%** were digitally excluded

**6%** were disabled

**3%** were neuro-divergent

**41%** had a long-term condition

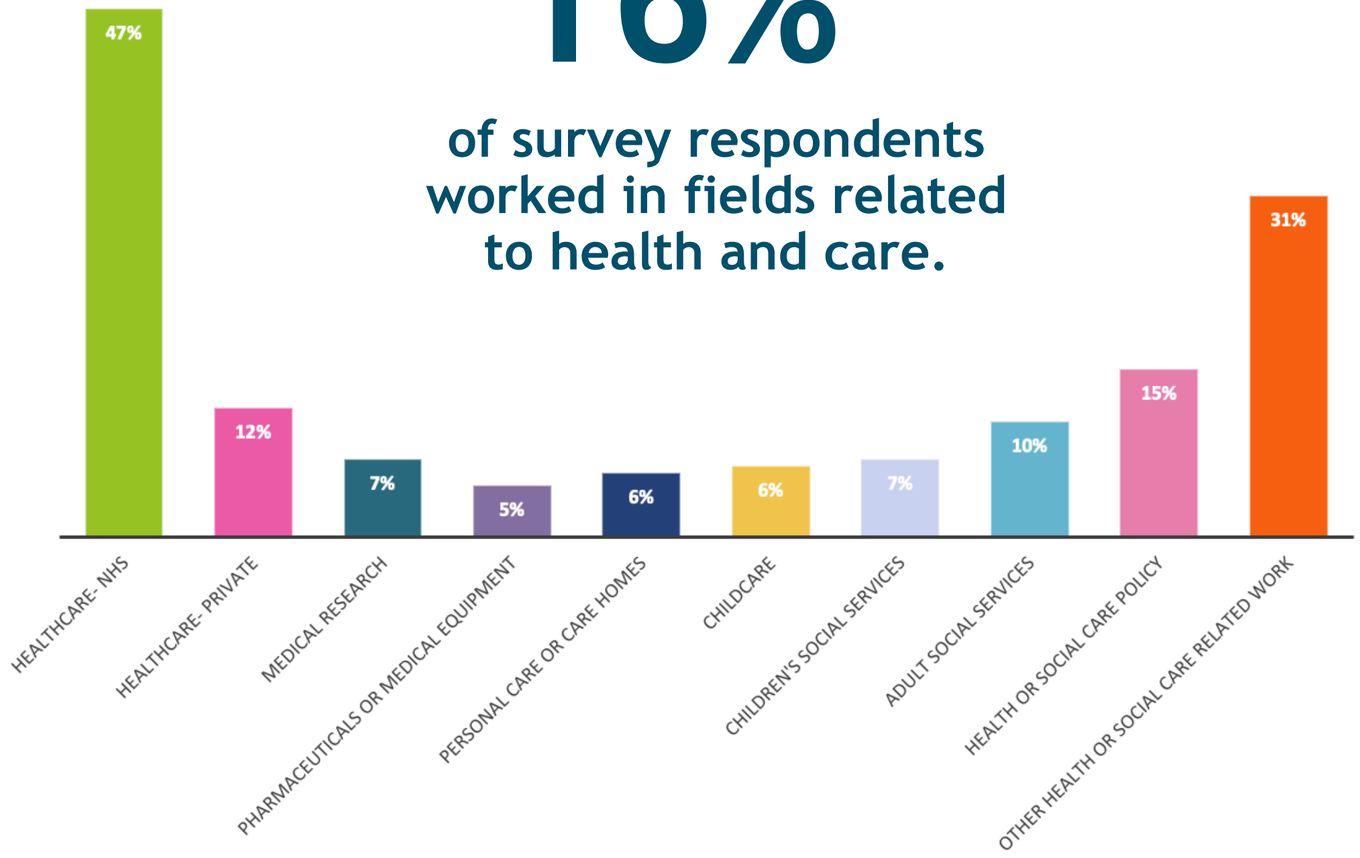
**3%** were LGBT

**32%** were struggling financially or just getting by

# Priority: workforce and employment

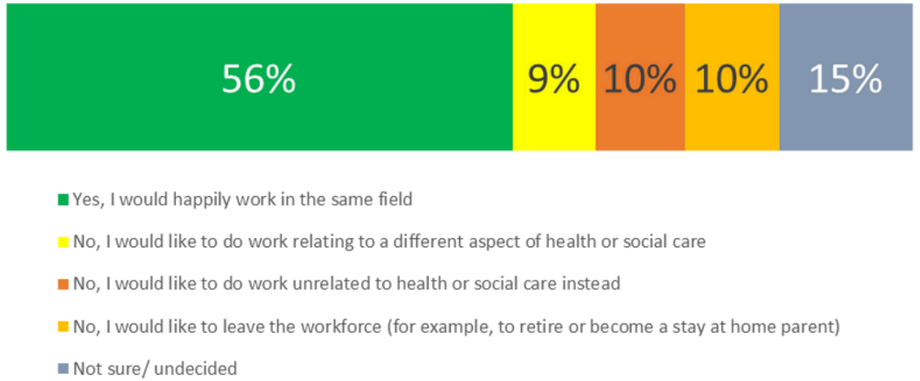
## 16%

**of survey respondents worked in fields related to health and care.**



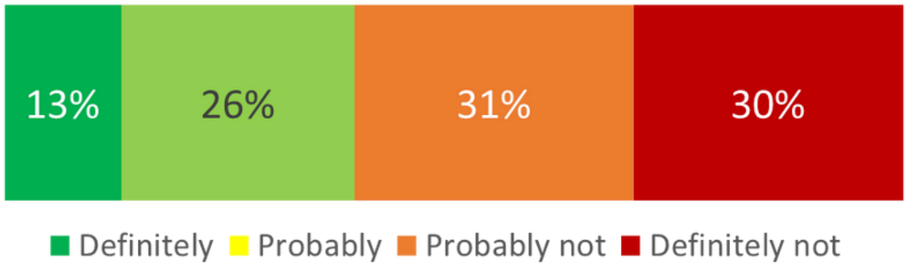

## In five years, would you see yourself working in the same field?

**- respondents currently working in health and care-**




## Would you consider a career in health and care in the future?

**- respondents NOT currently working in health and care-**



I like to help people

I work in homelessness. Trauma-informed approach and there are a lot of transferrable skills that can be linked to health and social care.

I'm passionate about health

# We engaged with:

**People NOT currently working in health and care, but who would consider a career change towards it.**

The respondents interested in a health and care career in the future expressed a desire to change their career to healthcare due to their passion for helping others, personal experiences with healthcare, and the ability to make a positive impact in the community. They see value in contributing to society meaningfully.

I enjoy doing work that can make a difference for others

I like my job, I have good job satisfaction, I like my colleagues and partners

It's my area of strength

# We engaged with:

**People currently working in health and care who would be willing to commit to the field in the long run.**

The respondents already working in health and care who wanted to continue doing so express strong feelings of job satisfaction, a passion for helping others, and a belief in the importance of their work. They find their roles rewarding.

I dont believe in working for a healthcare system that doesnt treat my own healthcare problems

NHS pressure is untenable

Not sure if I can maintain work life balance

# We engaged with:

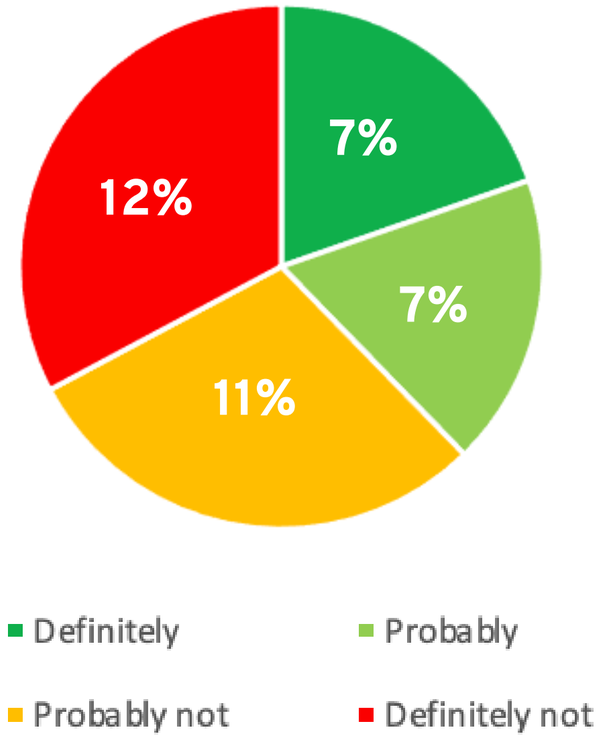
**People currently working in health and care, who were considerring leaving the field.**

The respondents wanting to leave the health and care fields expressed frustration with the healthcare system, highlighting systemic issues such as lack of resources, poor pay, high work stress, and low morale.

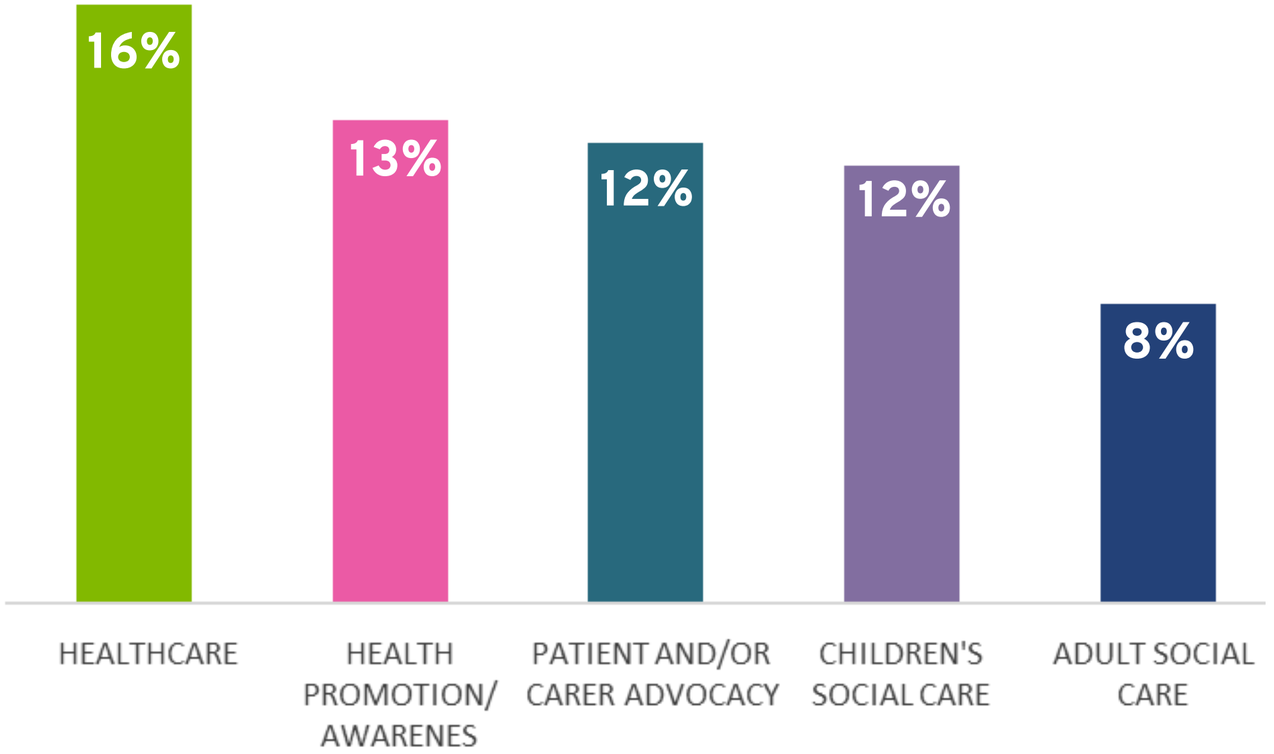
# Priority: workforce and employment

## Volunteering

**More than half of survey respondents would potentially be interested in volunteering locally.**




**60%** of those interested in volunteering would be interested in health and care volunteer work.



# Priority: workforce and employment

# The good care model

## Accessible

People can train/qualify professionally and earn at the same time; entry-level jobs pay a living wage.

Workplaces offer flexibility and adaptations for those who need it (disabled, parents, carers etc.); including those with mental health related disabilities.

ESOL classes are available for those with employable skills from abroad.

The job advertisement and recruitment process is designed with diversity in mind, tackling obstacles faced by under-represented groups.

## Competent

Understanding of health inequalities/holistic approaches to health is built into training for all health and care professionals.

Health and care professionals feel supported and empowered to do their jobs to the highest possible standard of quality.

Knowledge is shared through mentoring and shadowing; ; support in matching existing or transferrable skills with job opportunities.

There are comprehensive guidelines about how to qualify for specific professions.

## Person-centred

There is a good level of flexibility and work-life balance, to the full extent of what the nature of the job allows.

Schools, universities and training providers work together with employers to train local people in the right skills and connect skilled workers with relevant jobs.

Career advice in schools doesn't focus exclusively on academic high achievers.

Workplaces establish connections with the local community (shops, community centres, faith groups) for advertising jobs, training opportunities and mentoring; jobs are advertised where the community is rather than expecting jobseekers to know where jobs are.

## Trustworthy

Workers have a good level of job stability.

There is a clear and realistic career progression path.

People can talk about their needs in the workplace, including their metal health needs, and ask for flexibility or adaptations without fear of discrimination or judgement.

Workers feel appreciated and believe the are making a difference

# How to measure success for work force development based on what matters to local people

| Pillar | Success indicator | How it could be measured |
|---|---|---|
| Accessible | Increase in opportunities to access health and care jobs among groups who would otherwise struggle to access this career path.<br><br>Increase in workplace flexibility | % of workers who are from disadvantaged backgrounds/ have caring responsibilities/ are from any other under-represented groups, in junior and senior positions.<br><br>Engagement with jobseekers and workers, to understand their career progression and experience. |
| Competent | Improved knowledge of issues such as health/ social inequalities and mental health among health and care professionals; and among managers in various fields.<br><br>Increased number of professionals who feel confident and empowered to do their jobs well. | Engagement with health and care professionals; data on training available and undertaken.<br><br>Assessment of training needs, monitoring of how they are being met.<br><br>In-depth interviews on mentoing and knowledge-sharing. |
| Person-centred | Improved collaboration/ continuity between education/training and work; improved collaboration between workplaces and key community stakeholders.<br><br>Culture of workplace flexibility, in which workers can have work-life balance and align their career goals with otherr aspects of their lives. | Mapping career journeys.<br><br>Audit/ stock-take of available community resources in terms of education, training and employability advice.<br><br>Engagement with workers on carreer rprogrression and work-life balance. |
| Trustworthy | Increased rate of success/ positive outcomes for working requesting flexibility or adaptations in the workplace (for example, as new parents or to accommodate a disability).<br><br>Workers feeling comfortable talking about their mental health and well-being at work.<br><br>Workers feeling optimistic about their career progression and job stability. | % of new parents, people with long-term conditions etc. continuing to work vs. leaving the workforce;<br><br>Mapping/ monitoring career progression, including for groups such as parents and people with long-term conditions.<br><br>Engagement with workers on communication and trust in the workplace. |

# Priority: workforce and employment

## What kind of support would people need for a health or social care career?

- Pathways to training while getting paid (such as apprenticeships); availability of free training; less reliance on volunteering/ unpaid work for gaining experience.
- Mentoring and shadowing opportunities from people with experience in the field; information on qualifications needed for specific jobs; support in matching existing or transferrable skills with job opportunities. Job cafes and open days.
- Work experience in partnership with schools; career advice in schools not exclusively focused on high academic achievers.
- A clear and realistic career progression path; a living wage at entry level.
- Workers having a say in how their workplace is run/management accountability to workers.
- Better connections with the local community (shops, community centres, faith groups) for advertising jobs, training opportunities and mentoring.
- ESOL training for immigrants with health and care experience in their countries of origin.
- Disability-friendly workplaces, including for those with mental health related disabilities.
- Accomodations for working parents and carers, especially single parents.