

Clause 33 - Report on assessing and meeting workforce needs | proposed amendment

“After section 1G of the National Health Service Act 2006 (but before the italic heading after it) insert—

1GA Secretary of State’s duty to report on workforce systems

- (1) The Secretary of State must, at least once every two years, lay a report to parliament describing the system in place for assessing and meeting the workforce needs of the health, social care and public health services in England.
- (2) This report must include
 - a) an independently verified assessment of health, social care and public health workforce numbers, current at the time of report publication and the projected supply for the following 5, 10 and 20 years
 - b) an independently verified assessment of future health, social care and public health workforce numbers based on the projected health and care needs of the population for the following 5, 10 and 20 years, consistent with the Office for Budget Responsibility long-term fiscal projections
- (3) NHS England and Health Education England must assist in the preparation of a report under this section.
- (4) The organisations listed in subsection (3) must consult with health and care employers, providers, trade unions, royal colleges, and any other persons deemed necessary for the preparation of this report, taking full account of workforce intelligence, evidence and plans from local organisations and partners within integrated care boards.”

Explanatory notes

This amendment would require published assessments every 2 years of the workforce numbers required to deliver the work that the Office for Budget Responsibility estimates will be carried out in future, based on projected demographic changes, the growing prevalence of certain health conditions and likely impact of technology.

Overview

Clause 33 places a duty on the Secretary of State to publish a report describing the system in place for assessing and meeting workforce needs. This amendment proposes to amend Clause 33 so that the Secretary of State must also publish independent assessments of current and future workforce numbers every 2 years.

The Health and Social Care Select Committee recommended that the Bill should include provisions for Health Education England (HEE) to publish reports on workforce shortages and future staffing requirements covering the next 5, 10 and 20 years. Clause 33 currently proposes that HEE and NHS England (NHSE) must assist in the preparation of reports ‘if required to do so by the Secretary of State’. This amendment proposes that the Secretary of State must consult with HEE and NHSE because of their overview of the system, and that a wider group of bodies including health and care employers are also consulted with because of their involvement in workforce planning.

Why do we need this amendment?

The Bill currently places a duty on the Secretary of State to describe the system in place for assessing and meeting workforce needs. While this will bring welcome clarity to a system that has long been opaque and convoluted, it means **we still do not know whether the system is training and retaining enough people to deliver health and care services now and in the future**. The non-legislative approach to workforce planning that has been taken so far has not been sufficient to ensure the health service and social care can keep pace with changing and growing demand.

Workforce is the key limiting factor in the government’s ambitions for health and social care. Regular, independent and public workforce projection data will not solve the NHS workforce crisis. **But it will give us the best foundations to take long-term decisions about workforce planning**, regional shortages and the skill mix to help the system keep up with service user need. Transparency on projections enables the system to plan and policy makers to scrutinise.

How does this amendment work?

The Office for Budget Responsibility (OBR) predicts likely healthcare spending. It does so by projecting likely healthcare activity, taking into account demographic changes and other factors such as the changing cost of healthcare and likely

impact of technology and rising prevalence of certain health conditions. This proposed amendment asks for published assessments of the future health and care staff numbers required to be based on those OBR projections and the assumptions tied up in them. **It is a way to ensure that we have the staff numbers required to deliver the work that the OBR estimates we will need to carry out in future.**

The proposed report has two elements. 2(a) sets out current workforce numbers at the time of publication, and what those numbers will look like over the next 5, 10 and 20 years on current projections. 2(b) then sets out what numbers will need to be over the same time period to keep pace with demand consistent with OBR projections.

Projections of this kind should inform local and regional training and recruitment needs. They should also underpin a long-term workforce implementation strategy that sets out how we can improve recruitment and retention to meet the number of health and care professionals we need.

Why every 2 years?

We believe that a workforce planning document that is only published at least every 5 years will not be sufficiently responsive to potential societal shifts. A two-year reporting cycle should allow government and other bodies sufficient time to begin taking action in response to the projected numbers, without leaving too long between reporting cycles that the figures are fundamentally different, or that action in response to the figures is lost to the electoral cycle. We are also calling for this report to be presented to parliament to support greater transparency and accountability in workforce planning.

Why 5, 10 and 20 years?

The population is going to change significantly over the next 20 years - and so will the drivers for workforce planning.

Projecting over these regular time periods means we can take account of changes across the health and care workforce and the wider population. For example, the majority (56%) of medical trainees entering the NHS are interested in working part-time which will have significant implications for workforce planning in 10 years, when that cohort begin to qualify as consultants. HEE's Strategic Framework for Workforce Planning for Health & Social Care consultation seeks to develop a shared understanding of the changing drivers for workforce planning. This is welcome, and its findings could be fed into the regular published assessments of the future health and care numbers required.

The patient population is also changing. The ONS estimates that by 2040 there will be over 17 million UK residents aged 65 and above, meaning the cohort of people potentially requiring geriatric care will make up 24% of the population. Assessment of current workforce data, alongside sophisticated projections for the immediate, medium and long term are critical for population health, including prevention and tackling health inequalities.

The pandemic has demonstrated how unforeseen events can have significant impacts that change over time. Building in a range of time periods for projections means workforce planning can be responsive to immediate changes, while considering long-term ongoing changes such as an ageing population and environmental factors.

Why social care and public health?

A whole system approach is vital for the long-term sustainability of the NHS, social care, and the improved health of the nation. Assessing and planning for the entire system means we can focus not only on treating illness, but also promoting health.