Strengthening workforce planning in the Health and Care Bill | December 2021

The Health and Care Bill is a crucial opportunity to strengthen accountability and transparency on workforce planning. As currently drafted, Clause 35 of the bill places a duty on the Secretary of State to publish a report describing the system in place for assessing and meeting workforce needs. This will bring some clarity to workforce planning, but given the scale of the challenge does not go far enough.

Despite support from cross-party MPs and a large coalition of 70 health and care organisations, the amendment proposed by the Rt. Hon. Jeremy Hunt MP at report stage to strengthen workforce planning did not pass in the House of Commons at report stage. 219 MPs voted in favour and 280 MPs voted against.

The amendment would have mandated the Secretary of State to publish independent assessments of current and future workforce numbers every 2 years. Without this amendment, the bill as currently drafted means that we still do not know whether we are training enough people now to meet demand for health and care services in future.

Workforce is the key limiting factor in the government's ambitions for health and social care. It is disappointing that despite recognition that we need more staff to keep pace with growing demand and to tackle health inequalities in the long-term, the amendment was rejected by MPs. The Secretary of State for Health and Social Care said in his recent evidence to the health and social care select committee that 'we need a much longer-term approach' to workforce planning, and the Prime Minister said at the liaison committee that he would 'look at' the amendment. We hope progress will be made on the proposal for regular workforce projections given the strong cross-party and sector support.

Regular, independent and public workforce projection data will not solve the workforce crisis – but it will provide strong foundations to take those strategic long-term decisions about funding, workforce planning, regional shortages and the skill mix required to help the system keep up with rising patient need, based on evolving changes in patient demand. **We continue to believe this amendment is necessary and hope Peers will take up the issue of workforce in the House of Lords.**

Why do we need this amendment?

Despite the arguments put forward throughout the Commons stages, **we continue to believe it is vital that the Bill is strengthened to increase transparency and accountability on whether we are training enough people now to meet demand in future.**

1. Health Education England's refresh of Framework 15

The Department of Health and Social Care (DHSC) commissioned a review of Health Education England's (HEE) "Framework 15" ahead of Second Reading in the Commons in July 2021. Announcing the review, the then-Minister for Care Helen Whately MP said the update would 'make sure we have the right staff with the right skills for the future of our health and care services up and down the country'. This was reiterated at committee stage, by the Minister for Health Ed Argar MP. The Secretary of State has also said Framework 15 will support a more long-term approach to workforce planning.

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. Greater clarity on these changing drivers is welcome, but we do not believe the HEE Framework will provide ongoing assessments of whether we are training enough people

now to meet future patient demand. **The current Framework 15 was first published in 2014, last updated in 2017, and yet we have no agreed, publicly available assessment of workforce numbers now nor into the future.**

The findings of the HEE consultation could be fed into regular published assessments of the future health and care numbers required so the assessments take account of changing drivers, but **the Framework alone will not solve the ongoing data gap on health and care staffing numbers to inform strategic workforce planning decisions at all levels.**

2. Merging HEE into NHS England/Improvement

The Minister also cited the recent announcement on HEE merging with NHS England/Improvement (NHSEI) which he said would 'for the first time bring together those responsible for planning services, for delivering services on the ground, and for delivering on the workforce needs of those services'. HEE merging with NHSEI could bring a more integrated approach to workforce planning, but it will not necessarily lead to regularly published numbers of current and future workforce numbers based on projected health and care need so that we know whether we have the staff to meet expected healthcare demand in future.

3. Local responsibility for workforce planning

The Minister has also spoken about the role of Integrated Care Boards (ICBs) in workforce planning. ICBs will be given responsibility – set out in draft guidance – to develop system wide plans to address current and future workforce supply locally and to undertake supply/demand planning based on population health needs. ICBs do not have access to the levers that government does, such being able to increase training places or change immigration policies. This means that local assessments will not lead, for example, to national investment required to fill any staffing gaps that local ICB-led workforce assessments might reveal. A local only approach would not increase government accountability or transparency on workforce planning, and would fail to ensure a collective understanding of current and future workforce numbers across health and care. **Locally driven assessments have a place but should come alongside a national picture and direction of travel.**

In 2019/20, £6.2bn was spent on agency and bank staff. Public assessments of the current and future workforce numbers should be a useful tool to support smart long-term investment in the workforce, will ensure the money recently announced for health and care is well spent.

How does this amendment work?

The following amendment was tabled at committee stage by Chris Skidmore MP and report stage by Jeremy Hunt MP during the Commons' passage of the Health and Care Bill.

"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, universities 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.

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 the projected health and care needs of the population. **It is a way to understand how many staff are needed to meet current and future demand.**

The Office for Budget Responsibility (OBR) predicts likely healthcare spending by projecting healthcare activity, taking into account demographic changes and other factors such as the changing cost of healthcare, impact of technology and rising prevalence of certain health conditions. This amendment asks for the published assessments of future health and care staff numbers to be consistent with those OBR projections and the assumptions tied up in them.

As currently drafted, the Bill says HEE and NHS England (NHSE) must only assist in the preparation of reports 'if required to do so by the Secretary of State'. Subsections 3 and 4 propose 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.

The assessments should look at health, social care and public health professionals because a whole system approach is vital for the long-term sustainability of the NHS, social care, and the improved health of the nation. 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?

The repeal of the Fixed Term Parliament Act means that governments are no longer guaranteed 5-year terms, which could lead to inconsistent reporting periods – including periods that extend well beyond five years. **To enable the system to plan, reporting periods should be consistent and regular.** We believe a 2-year reporting cycle should allow government and other bodies sufficient time to begin action in response to the projected numbers, without leaving too long between cycles that the figures are fundamentally different, or that action is lost to the electoral cycle. A workforce planning document that is only published at a maximum of every 5 years – as is currently proposed – will not be sufficiently responsive to potential societal shifts or unexpected external events.

Why 5, 10 and 20 years?

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, 56% of medical trainees entering the NHS are interested in working part-time - this will have significant implications for workforce planning in 10 years, when they begin to qualify as consultants. It's also estimated that in the next decade 41% of consultants will retire (taking a mean retirement age of 62.4 yrs).

For further info: Louise.Forsyth@rcp.ac.uk

The patient population is changing too. The ONS estimates that by 2040 there will be over 17 million UK residents aged 65 and above, meaning 24% of the population may potentially require geriatric care. 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. This range of time periods means workforce planning can respond to immediate changes, while considering long-term shifts in the ageing population and environmental factors.

For further info: Louise.Forsyth@rcp.ac.uk