Strength in Numbers - stronger workforce planning in the health and care bill

The pandemic has reinforced what we've long known: the NHS and social care need more staff. The workforce crisis is the biggest challenge facing the health and care system, yet the Health and Care Bill gives no clarity on how many staff we need to deliver care now or in future.

Clause 35 places a duty on the Secretary of State to publish a report describing the system in place for assessing and meeting workforce needs. While this will bring some clarity to the *system* of workforce planning, it means we still will not know whether we are training enough people to meet demand now or in future. Given the scale of the workforce crisis, it falls short of what is needed.

By 2040 it's estimated that there will be over 17 million UK residents aged 65 and above. There are just over 6 million people currently on NHS waiting lists. Yet there is no official public independent assessment of how many NHS and social care staff we will need to meet growing patient demand now or in future.

Throughout the passage of the bill, a coalition of health and care organisations has called for an amendment to mandate the regular publication of independent assessments of current and future workforce numbers. The coalition of almost 100 organisations is encouraging peers to speak in support of and vote for the amendment to Clause 35 tabled by Baroness Cumberlege.

Government has so far dismissed amendments on workforce planning on the basis that 'Framework 15', commissioned by the Department of Health and Social Care (DHSC), will look at the drivers of workforce supply and demand and *'help to ensure'* we have the right numbers of staff. **But Framework 15 was first published in 2014, last updated in 2017, and yet there is no agreed, publicly available assessment of workforce numbers now nor into the future.**

At committee stage, Minister Lord Kamall said workforce statistics from October showed 'record numbers of staff working in the NHS'. It is true that there were 5,000 more doctors in October 2021 than October 2020. But **'record numbers' tell us very little about whether the number of staff we have is enough to match demand.** Staff numbers are rising, but so too is patient demand, with the NHS waiting list currently at a record 6.1 million.

In January 2022, the secretary of state told the select committee that he had commissioned NHS England (NHSE) to deliver a long-term workforce strategy. But there is little detail on whether it will cover both health and social care professions, what time-period it will span, whether it will be regularly refreshed or, crucially, if it will include numbers of staff needed based on population demand. **Given the experience of the People Plan – which did not include forecasts on staff numbers, not because government disagreed with them, but because it would not give permission to publish them – there is a real risk that we will continue to be in the dark on workforce planning. A workforce plan without numbers doesn't add up.**

Regular, independent public workforce projection data will not solve the workforce crisis. But having a collective national picture of the health and care staff numbers needed now and in future to meet demand will provide the strongest foundations to take long-term strategic decisions about funding, regional and specialty shortages and skill mix.

According to the Royal College of Physicians, 48% of advertised consultant posts went unfilled in 2020 – mostly (49%) due to a lack of any applicants. There are 39,813 FTE registered nurse vacancies in the NHS in England, a vacancy rate of 10.5%, and the Royal College of Nursing expects 52,000 nurses to retire in the next few years. Skills for Care estimate

that 6.8% of roles in adult social care were vacant in 2020/21 with the number of filled posts falling for the first time since March 2021. The BMA estimates we are 50,000 doctors short based on comparison with OECD nations, and the Health Foundation estimates we need 488,000 more healthcare staff in the next decade.

The prime minister said in January that the government is taking 'for the time being a different approach'. **The current approach is not working. We hope progress will be made on including regular workforce projections in the bill given the strong cross-party and sector support,** and Lord Kamall's recognition of the 'strength of feeling, not only in this Chamber but in the other place' on the need for strengthened provisions on workforce planning.

Why do we need an amendment?

The amendment tabled by Baroness Cumberlege would give a national, independent view of how many health and social care staff are needed to keep pace with projected patient demand over the next 5, 10 and 20 years. Without it, the bill will fail to address the biggest challenge facing the NHS and social care – staffing shortages and pressures.

There is currently no public data on how many healthcare staff the country needs, but we know staff are overstretched. The mismatch between staff supply and growing patient demand is leading in part to significant spend on agency and locum staff to plug workforce gaps. In 2019/20, £6.2bn was spent on agency and bank staff in hospitals in England. An increased supply of substantive staff would reduce reliance on locums and provide cost savings in the long-run.

We need a numbers-based plan that looks long-term to run the NHS effectively. The time period for Framework 15 is a clear recognition of this - it takes 3 years to train a nurse and 13 to train a consultant. Failure to plan for the long-term reduces the NHS' ability to make best use of public money.

Independent assessments will enable long-term strategic decisions about how to best deploy new and emerging roles. It will also provide further robust data to bolster other policy measures - such as investment in prevention and public health strategies - which will in the long-term reduce pressure on health and care services.

This amendment is an opportunity to put the NHS and social care workforce back on a sustainable footing, and ensure the system can bring down waiting lists and provide the care that people need and expect.

Health Education England's refresh of Framework 15

DHSC commissioned HEE to refresh 'Framework 15' ahead of Second Reading in the Commons in July 2021. Framework 15 will, as the Minister Lord Kamall said at Second Reading, provide *"a framework for the health and regulated social care workforce...*[and] *look at the key drivers of workforce supply".* Greater clarity on these changing drivers is welcome, but **Framework 15 was first published in 2014 and last updated in 2017, yet we have no agreed, publicly available assessment of workforce numbers now nor into the future.** Its findings could be fed into regular published assessments of the future health and care numbers so they take account of changing drivers, but **the Framework alone will not solve the data gap on staffing numbers to inform strategic workforce planning decisions at all levels.**

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 '*help to ensure that workforce is placed at the centre of NHS strategy*'. HEE merging with NHSEI could help to ensure this, but it will not necessarily lead to regularly published numbers of current and future workforce numbers based on projected health and care need.

NHS England long-term workforce plan

In January 2022, the Secretary of State told the health and social care select committee that he had commissioned NHSE to produce a 'long-term workforce strategy'. There is little detail on this strategy.

We do not know whether it will cover health **and** social care roles, or what time period it will span. Nor do we know if the strategy will be refreshed or updated at regular intervals. A one-off plan doesn't get us very far. Crucially, there is no confirmation on whether this plan will include assessments of how many health and social care staff we need now or in future. What we do know is that according to Baroness Harding, who was asked to lead the last workforce strategy commissioned by DHSC, the People Plan did not include forecasts on staffing numbers not because "*Government disagreed with the numbers...[but] because we could not get approval to publish the document with any forecasts in it.".*

The non-legislative approach taken so far has not worked. The amendment proposed by Baroness Cumberlege would support the efforts of this new NHS long-term workforce strategy and ensure that measures to adopt a sustainable long-term approach to workforce planning are put on a statutory footing.

How does this amendment work?

"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.

The Bill currently says HEE and 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 they must be consulted, appreciating after the merge they will be a single entity, and that a wider group including healthcare employers is consulted because of their involvement in workforce planning.

Why Office for Budget Responsibility?

The Office for Budget Responsibility 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 assessments of future health and care staff numbers to be *consistent* with those OBR projections and the assumptions that underpin them. **It is a way to understand how many staff are needed to deliver the work the OBR estimates will be carried out in future.**

Why every 2 years?

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

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. In the next decade 41% of consultants will retire (taking a mean retirement age of 62.4 yrs).

The patient population is changing too. 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.

Principles of an amendment

The coalition of almost 100 health and care organisations represents service users and patients, doctors, nurses, and health and care employers and providers in the NHS and the voluntary sector. This broad spectrum of health and care stakeholders is clear that the data gap on how many staff we need in future must be resolved to put the NHS and care workforce back on sustainable footing. **The amendment tabled by Baroness Cumberlege would achieve this, helping to close the data gap and strengthen accountability and transparency on workforce planning.**

The coalition has drawn up a set of principles which it believes any other amendment or clause tabled for this purpose must meet.

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