

# Stronger workforce planning in the Health and Care Bill

## Consideration of Lords' amendments, 30 March 2022

The pandemic has reinforced what we've long known: the NHS and social care need more staff. [A coalition of over 100 health and care organisations](#) is urging MPs to support and vote for [Lords' amendment 29](#) which will require the Secretary of State for Health and Social Care to publish independent assessments of current and future workforce numbers.

As originally drafted, the bill will simply require the Secretary of State to publish a report describing the *system* in place for assessing and meeting workforce needs. This report will bring some clarity to the process and bodies involved in workforce planning. **But it will not set out the number of staff the country needs to deliver care now or in future - despite there currently being 110,000 full-time equivalent (FTE) vacancies in the NHS.**

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 that growing demand now or in future.**

[Clause 41 as amended on report](#) - with support from cross-party Peers, the Health and Social Care Select Committee and 100 health and care organisations - means that the Health and Care Bill now provides a mechanism for attaining a national, independent view on the number of health and social care staff needed now and in the future. Without Lords amendment 29, we will continue to fly blind on how many NHS and social care staff the country needs.

Government has so far dismissed this workforce planning amendment on the basis that the Department of Health and Social Care (DHSC) has commissioned a 'long-term strategic framework' - or 'Framework 15' - to look at the drivers of workforce supply and demand. It has also asked NHS England (NHSE) to produce a long-term workforce plan. **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 – [and according to Baroness Harding](#), government would not permit the inclusion of projected staff numbers in the last NHS workforce strategy *the People Plan*.** The NHS' ability to get value for taxpayer money is greatly reduced without a national numbers-based demand-led plan.

We recognise that there are currently record numbers of staff working in the NHS. **But 'record numbers' tell us very little about whether the number of staff we have is enough to match demand now or in future.** Staff numbers are rising, but so too is patient demand, with the NHS waiting list currently at a record 6.1 million. NHS FTE vacancies currently stand at 110,000. 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.**

Lords amendment 29 puts measures to adopt a sustainable long-term approach to workforce planning on a statutory footing. Regular, independent public workforce projection data will not solve the workforce crisis. But 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. The prime minister [said in January](#) that the government is taking 'for the time being a different approach'. **The current non-legislative approach is not working. We hope progress will be made on regular workforce projections given the strong cross-party and sector support.**

## Why do we need this amendment?

There is currently no public data on how many healthcare staff the country needs, but we know staff are overstretched. The Lords' amendment on workforce planning 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.

## **Secretary of State's report describing the system in place for assessing and meeting the workforce needs**

As originally drafted, the bill requires the Secretary of State to publish a report describing the *system* in place for assessing and meeting workforce needs. The role of integrated care boards (ICBs) in workforce planning – [already set out in draft guidance](#) – may also be set out in this report.

ICBs will have responsibility to develop system wide plans to address current and future workforce supply locally and to undertake supply/demand planning based on population health needs. While locally driven assessments have a place, **ICBs do not have access to the levers that government does that are required to take action to fill staffing gaps, such as increasing training places or changing immigration policies.** ICBs alone cannot ensure the delivery of effective national workforce planning. A local only approach will fail to ensure a national understanding of the workforce numbers needed across health and care now and in future.

## **Health Education England's refresh of Framework 15**

At report stage in the House of Lords, Minister Lord Kamall said the Department had commissioned a '*robust, long-term strategic framework...for the next 15 years*' acknowledging that '*workforce growth...must be accompanied by effective long-term workforce planning*'. Long-term planning will be most effective if it is underpinned by robust data about the numbers of staff needed to keep up with rising demand for health and social care. Yet the last 15 year plan, 'Framework 15', **was published in 2014, and updated in 2017, and did not include any publicly available assessment of workforce numbers now nor into the future.** We cannot plan without credible, reliable, up-to-date numbers.

## **NHS England long-term workforce plan**

DHSC has also commissioned NHS England (NHSE) to produce a 'long-term workforce strategy'. There is little detail on whether this will cover both health and social care, what time-period it will span, whether it will be regularly refreshed or if it will include numbers of staff needed based on population demand. A one-off plan without numbers doesn't get us very far. The last DHSC-commissioned NHS workforce strategy, the People Plan, did not include forecasts on staffing numbers. [According to Baroness Harding who chaired the plan](#), this was not because "*Government disagreed with the numbers...[but] because we could not get approval to publish the document with any forecasts in it*". **Given the experience of the People Plan, there is a risk that the NHS strategy will fail to set out a numbers-based assessment of workforce supply and patient demand. A workforce plan without numbers doesn't add up.**

## **Merging HEE into NHS England/Improvement**

Health Education England (HEE) is being merged with NHS England/Improvement (NHSEI) to '*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 workforce numbers based on projected health and care need.

## **Principles of an amendment on workforce planning in the Health and Care Bill**

[The coalition of over 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. **Lords' amendment 29 on workforce planning will help to close the data gap**

**and strengthen accountability and transparency on workforce planning.** The coalition believes any other amendment or clause tabled for this purpose must meet the following [set of principles](#).

### **How does Lords amendment 29 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 before 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 publication, and the projected workforce supply for the following five, ten and 20 years; and
  - (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 five, ten and 20 years, taking account of 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 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 provided by local organisations and partners of integrated care boards.”

2(a) sets out workforce numbers at the time of publication, and numbers over the next 5, 10 and 20 years on current projections. 2(b) sets out numbers needed over the same time period to keep pace with projected health and care need. Subsections 3 and 4 propose HEE and NHSE must be consulted, appreciating they will become 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 assessments of future health and care staff numbers to be *consistent* with 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?**

The repeal of the Fixed Term Parliament Act means the original drafting of ‘at least once a parliament’ could lead to inconsistent reporting periods. **To enable the system to plan, reporting periods should be consistent and regular.** Updates to assessments every 2 years will enable government and others sufficient time to respond to the projections, without leaving so long between cycles that the data on which projections are based change significantly.

#### **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. That 56% of medical trainees entering the NHS are interested in working part-time will have significant implications for workforce planning 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 pandemic has demonstrated the significant and changing impact of unforeseen events 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.

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