

Strengthening workforce planning in the Health and Care Bill

Clause 34 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 clarity to workforce planning but given the scale of the challenge facing the health and care workforce, it does not go far enough. **The duty as currently proposed will not tell us whether we are training enough people now to deliver health and care services in future.**

The [proposed amendment by Rt Hon Jeremy Hunt MP](#), supported by over 60 health and care organisations, proposes to amend Clause 34 to strengthen workforce planning, so that the Secretary of State must also publish independent assessments of current and future workforce numbers every 2 years consistent with OBR projections.

Regular, independent and public workforce projection data will not solve the workforce crisis. But it will provide strong foundations to take 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 and in working patterns among staff, such as a growing proportion of doctors working part-time.

“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.

This amendment is supported [by over 60 health and care organisations](#) and cross-party MPs. The non-legislative approach to workforce planning has not worked. Projections would enable the system to plan and policy makers to scrutinise. **We are encouraging MPs to support the amendment to increase transparency and accountability on workforce planning, and provide the foundations for understanding how many staff we will need to meet demand.**

Why do we need this amendment?

Workforce is the key limiting factor in the government’s ambitions for health and social care. Despite the arguments put forward by the Minister at committee stage, **we continue to believe it is vital that the Bill is amended to**

strengthen workforce planning and increase transparency and accountability on whether we are training enough people now to meet demand in future.

At committee stage, the Minister said that Health Education England's (HEE) "Framework 15" will 'help to ensure we have the right numbers, skills, values and behaviours to deliver world-leading clinical services and continued high standards of patient care.' 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 HEE consultation is welcome, and its findings 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.

The Minister also spoke at committee about the role of Integrated Care Boards (ICBs) in workforce planning. ICBs will be given responsibility – already 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. Our concern is that 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 also 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, and could generate public confidence that increased funding will lead to improvements in access and outcomes because there are enough staff to provide timely care.

How does this amendment work?

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 based on those OBR projections and the assumptions tied up in them. **It is a way to ensure we have the staff numbers required to deliver the work that the OBR estimates we will carry out in future.**

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. 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.

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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.

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. 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'.

Why every 2 years?

At committee, the Minister made clear that the 'once a parliament' reporting period currently proposed in the bill is a minimum, rather than maximum, period. **We still believe the reporting period should be fixed at biennial intervals.**

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 – 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 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.

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 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. Global competition for healthcare staff is also competitive. 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.

This amendment will strengthen workforce planning where the Bill currently falls short. We are encouraging MPs to support it to provide the foundations for understanding how many staff will be needed in future to meet patient demand.