

Stronger workforce planning in the Health and Care Bill

Commons' consideration of Lords' amendment 29B in lieu, 25 April 2022

Workforce is the biggest limiting factor in the government's plans for the NHS and social care. Over half (52%) of NHS frontline staff said in the NHS Staff Survey that they cannot do their jobs properly because of a shortage of staff. Public perceptions of the NHS are also at an all-time low, with staff shortages the second most common reason for discontent.

Without transparency on the numbers of staff needed to meet demand now and into the future, the health and care system cannot plan or function effectively. **That is why the coalition of over 100 health and care organisations is asking MPs to support and vote for Amendment 29B in lieu for independent assessments of current and future workforce numbers.**

During the last Commons' consideration of Lords amendments, Minister Ed Argar said amendment 29 was not '*necessary in its current form*'. We hope that was a signal that government is open to finding a compromise on this issue. **Amendment 29B in lieu, revised from the last time MPs voted on the Health and Care Bill, seeks to address some of the government's concerns:** it requires the Secretary of State to publish a workforce assessment every three years, rather than two, and revises down the maximum length of projections to 15 years to align with government's own plans. The amendment in lieu also removes the requirement for assessments to be independently verified.

Government says it is committed to improving workforce planning and 'increasing transparency and accountability'. But Clause 35 as originally drafted simply requires the secretary of state to publish a report describing the *system* in place for assessing and meeting workforce needs – **it will not set out how many health and social care staff are needed to meet demand.** Over 100 health and care organisations, the health and social care select committee and cross-party parliamentarians in both Houses believe a strengthened reporting duty on workforce planning is required to begin putting the workforce back on a sustainable footing, support more strategic spending decisions and provide long-term cost savings. **Amendment 29B in lieu gives government and MPs the opportunity to find a solution.**

Why do we need this amendment?

The non-legislative approach taken so far has not worked. We must put measures to adopt a sustainable long-term approach to workforce planning on a statutory footing. Without credible up to date numbers, the system cannot plan. **We hope government and MPs will support and vote for Lords amendment 29B in lieu to Clause 35.**

Current staffing numbers and pressures

The government says it is already taking steps to ensure '*record numbers of staff working in the NHS*'. We recognise that NHS staff numbers are rising, but so too is demand, with waiting lists currently at a record 6.18 million. By 2040 it's estimated that there will be over 17 million UK residents aged 65 and above. NHS full-time equivalent (FTE) vacancies currently stand at 110,000 and in 2019/20, £6.2bn was spent on agency and bank staff in hospitals in England to plug workforce gaps.

'Record numbers' working in the NHS tell us very little about whether we have enough staff to meet demand now or in future. Independent assessments of workforce numbers will be a vital tool to ensure we are going in the right direction, at the necessary pace to keep up with demand as it grows. Without the projections proposed in Amendment 29B in lieu, we will not know if we have the right number of people to meet the challenges of today and the future. This amendment is not about slowing down decisions on workforce planning, but making them more strategic.

Dynamic nature of workforce trends

The Minister Ed Argar also referred to the ‘*challenges of a long term projection*’ and the ‘*dynamic nature of workforce trends*’. Long term projections are possible – staffing forecasts were produced, but not published, for the NHS 2019 *People Plan*. And according to Baroness Harding who led the work, government did not disagree with them.

Projections are necessary because of the dynamic nature of workforce trends. Without projections, there is no way to assess how changes in workforce trends, such as retirements or working part-time, will impact the delivery of healthcare. For example, the Royal College of Nursing expects 52,000 nurses to retire in the next few years and according to the Royal College of Physicians’ census 41% of physician consultants in the UK are expected to retire over the next decade (taking average retirement age of 62.4 years). At the same time, around 56% of medical trainees entering the NHS are interested in working part-time. These changes will have significant implications for workforce planning over the next 10 years. Regularly published workforce projections will allow government policy and planning to capture and plan for these shifts in a way that the current approach of ad hoc and infrequent publications does not.

The proposed assessments in Amendment 29B in lieu do not aim to provide false certainty but a reasonable assumption over 15 years, with check ins every 3 years to adjust as necessary. All large organisations undertake workforce planning exercises, and the NHS and social care system should be no exception.

Government’s strategic 15-year Framework

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. But Framework 15 was first published in 2014, last updated in 2017, and there is no publicly available assessment of workforce numbers now nor into the future. Framework 15 will not tell us the numbers of staff needed to keep up with demand for health and social care.

NHS England long-term workforce plan

DHSC has also commissioned 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. [According to Baroness Harding](#), government blocked the inclusion of projected staff numbers in the last NHS workforce strategy *the People Plan* not because ‘*[it] 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 one-off plan without numbers doesn’t get us very far.

Merging HEE into NHS England/Improvement

Health Education England (HEE) merging with NHSE will, as the Minister said during Commons’ consideration of Lords amendments, bring together ‘*supply and demand considerations*’. But it will not lead to regularly published numbers of workforce numbers based on projected health and care need.

How does amendment 29B in lieu work?

Page 42, leave out lines 14 to 19 and insert—

“(1) The Secretary of State must, at least once every three 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 independent assessment of health and social care workforce numbers, current at the time of publication, and the projected workforce supply for the following five, ten and 15 years, and

(b) an independent assessment of future health and social care workforce numbers based on the projected health and care needs of the population for the following five, ten and 15 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 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.

Cycles for assessments

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.**

This revised amendment in lieu proposes to reduce the frequency of the workforce assessments from every 2 years to every 3 years, recognising concerns around bureaucracy. A 3-year assessment will enable regular ‘check ins’ to the originally published assessment – maintaining a high level of accuracy by regularly taking into account changing workforce and external societal trends. It should reduce the risk of bureaucracy without leaving too long between cycles that the figures are fundamentally different.

Why 5, 10 and 15 years?

During the Commons consideration of Lords amendments, the Minister spoke about *‘the challenges of a long-term projection’*. **This revised amendment in lieu reduces the time frames for projections from 20 years to 15** so that the maximum timeframe now matches that of the government’s own HEE commission which *‘looks at a workforce framework over 15 years’*. The pandemic has demonstrated the significant and changing impact of unforeseen events over time. This range of time periods will ensure dynamism in workforce planning - responding to near-future challenges and changes, while still considering long-term shifts in the ageing population and environmental factors. Projecting over these regular time periods means we can take account of changes across the health and care workforce and the wider population. The revised amendment recognises the government’s concerns about looking too far into the future – but without numbers, the system cannot plan.

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