



# Department of Health & Social Care

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Chair - Expert Panel  
Health and Social Care Committee  
House of Commons  
London  
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From the Rt Hon Sajid Javid MP  
Secretary of State for Health and Social Care

20 June 2022

Dear Jane,

## **Discussion of the Expert Panel's health and social care workforce evaluation**

Thank you for the opportunity for my officials to meet with you and your colleagues from the Health and Social Care Committee's Expert Panel on 19 May to discuss the workforce commitments across the NHS and adult social care.

During the meeting there were a small number of queries where you requested further clarification and detail. Please find our responses below:

### **1. Why are health visitors not included in "nurses" in the 50,000 more nurses commitment?**

All staff in nurse roles working in the NHS in England, including in GP settings are included in the target. This covers all NHS providers across acute, community, mental health and ambulance settings. It does not include non-NHS providers, including social care providers and social enterprises, though we would expect these sectors to benefit indirectly as the numbers of nurses trained increases overall. For GP settings, it covers all nurses employed in general practice. While there are other nurses working across the health and care system, such as health visitors, we have chosen this definition so we can track the number of nurses working in the NHS via an NHS digital published dataset with a long time series.

Since 2015 health visitor services have been commissioned by Local Authorities who commission out to NHS trusts, private organisations or in-house services. Health visitors employed by NHS trusts are reported in NHS Digital's publication alongside separate numbers for nurses, but there is no comparable data source for health visitors employed by local authorities. Therefore, as we do not know the proportion of health visitors working in NHS Trusts, nor how it will change over time, it will give an inaccurate and inconsistent summary of total health visitor numbers.

### **2. Data on the organisations who have a well-being guardian in place.**

A request for data on the organisations who have a well-being guardian in place was requested and the data, including information on adoption, evaluation and progress is provided as an attachment to this letter.

By way of background, the 2019 Pearson report: NHS Staff Learners' Mental Well Being Commission highlighted the gap for a board-level leadership role in ensuring that NHS staff wellbeing is looked after, and recommended the board is held to account for this. The report suggested that this should be a NED/lay member, or equivalent portfolio, as they can provide oversight, assurance and support to the NHS board to ensure accountability in their duties for protecting the wellbeing of their NHS staff.

Based upon the recommendations within the Pearson report, the role of the wellbeing guardian became a commitment within the NHS People Plan 2020/21 and formed one of NHS England's health and wellbeing strategic priorities for adoption during 2021/22.

Having a well-being guardian in each NHS organisation is pivotal during the Covid-19 recovery period and also for long-term improvement in creating an organisational culture where staff are being cared for and enabling them to pass that care on to patients and service users.

### **3. Additional data requested on the proportion of doctors in Less than Full Time Training (LTFTT).**

Latest data from Health Education England's Trainee Information System shows that the proportion of doctors in Less than Full Time Training (LTFTT) in 2022 has increased to just under 17% of all doctors in postgraduate training in England.

**Table 1 – Doctors in Less than Full Time Training**

	2015	2016	2017	2018	2019	2020	2021	2022
Total Trainees	51952	52631	51968	52190	53953	55940	58320	61511
Of which LTFTT	5238	5343	5731	6244	7164	7771	8957	10406
%	10.08%	10.15%	11.03%	11.96%	13.28%	13.89%	15.36%	16.92%

\*Trainee Information System is a live system, so 2022 data is subject to change.

### **4. Social Care funding allocation**

The Local Government Finance Settlement for 2022/23 makes available an additional £3.7 billion to councils. As part of this settlement, local authorities can make use of over £1 billion of additional resource specifically for social care in 2022/23. This includes an increase in the Social Care Grant and the improved Better Care Fund, a 1% ASC precept and deferred flexibilities from the last year's settlement.

The Adult Social Care precept has allowed authorities with responsibilities for delivering adult social care to set an extra council tax increase, so long as the additional money raised is allocated exclusively for this purpose.

DHSC and DLUHC have previously run an assurance process (the previous two iterations took place in 2018/19 and 2017/18) involving local authority Chief Finance Officers ('section 151 officers'), and found no evidence of any inappropriate use of funds raised through the ASC precept.

The improved Better Care fund (iBCF) is paid as a direct grant to local government. The iBCF must be pooled into the Better Care Fund (BCF), with BCF plans required to be developed by the relevant local authorities and NHS bodies and signed off by the local Health and Wellbeing Board (HWB). BCF plans require local areas to set out how they will achieve the BCF policy objectives, meet the national BCF conditions and set out their planned expenditure for the fund, including how income from the iBCF will be spent. The iBCF has four primary purposes:

- meeting adult social care needs,
- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready, and
- ensuring that the social care provider market is supported.

We are also reforming health and adult social care. On 7 September 2021 we announced £5.4bn over 3 years from April 2022 for Adult Social Care. This includes:

- Over £3.6bn to reform the social care charging system and enable all local authorities to move towards paying providers a fair cost of care;
- Over £1.7bn to begin major improvements across adult social care in England.

On 1 December 2021 we published *People at the Heart of Care*, where we set out our 10-year vision for reforming adult social care and our priorities for investment. The measures include an investment of at least £500 million in the adult social care workforce. This investment will be used to develop and support the workforce over the next three years, and begin to transform the way the social care workforce is supported and address what are seen to be long-term structural barriers to recruitment and retention. Work is being delivered at pace to deliver the reforms outlined in the White Paper with procurement activity commencing shortly. Going beyond the next three years an increasing share of funding raised by the levy will be spent on social care in England.

Please do contact us if you require further clarification or any additional information.

Yours ever,



**RT HON SAJID JAVID MP**

## Expert Panel Advisory Group Briefing Note

### 1. Data on organisations who have a wellbeing guardian in place (NHS)

#### **Background**

The 2019 Pearson report; NHS Staff and Learners' Mental Wellbeing Commission highlighted the gap for a board-level leadership role in ensuring that NHS staff wellbeing is being looked after, and the board is held to account for this. The report suggested that this should be a NED / lay member, or equivalent portfolio, as they can provide oversight, assurance and support to the NHS board to ensure accountability in their duties for protecting the wellbeing of their NHS staff.

Based upon recommendations within the Pearson report, the role of the wellbeing guardian became a commitment within the NHS People Plan 2020/21 and formed one of NHS England and Improvement health and wellbeing strategic priorities for adoption during 2021/22.

Having a wellbeing guardian in each NHS organisation is pivotal during the Covid-19 recovery period and also for long-term improvement to creating an organisational culture where staff are being cared for and enabling them to pass that care on to our patients and service users.

#### **Supporting wellbeing guardians in role**

NHS England and Improvement launched the wellbeing guardian role at the start of 2021/22 financial year and released a set of implementation guidelines. A package of support was developed to help wellbeing guardians step into role, which was made available to the Executive Suite website. This included:

- Wellbeing guardian community hub and induction platform.
- Workshops and conferences on wellbeing topics as identified as a priority for wellbeing guardians.
- Community conversation / action learning sets.
- A quarterly wellbeing guardian bulletin.
- Regional wellbeing guardian networks for peer support.

Feedback has been positive and wellbeing guardians have welcomed these development opportunities.

#### **Year 1 adoption and evaluation**

After 1 year and as of March 2022, 93% of NHS provider trusts have reported having a wellbeing guardian in post. It is anticipated that this figure is likely higher, as some trusts are yet to respond to this audit.

<b>Region</b>	<b>No. of NHS provider organisations</b>	<b>WBG in place as of March 22</b>

<b>North East &amp; Yorkshire</b>	34	33 (97%)
<b>South East</b>	35	35 (100%)
<b>South West</b>	26	19 (73%)
<b>East of England</b>	22	19 (86%)
<b>London</b>	37	35 (95%)
<b>Midlands</b>	40	38 (95%)
<b>North West</b>	34	32 (94%)
<b>Total</b>	<b>228</b>	<b>211 (93%)</b>

An evaluation was undertaken to identify the 'process' impact of wellbeing guardians in role during year 1. This was also supported by an end of year celebration event attended by c.120 guardians, HRD executive leaders and wellbeing leads during March 2022 where success stories and best practice was shared. This identified that:

- Whilst adoption rapidly increased during the first year of this initiative, wellbeing guardians are still new to role and 'finding their feet' and how they can best influence improving health and wellbeing of their workforce. However, there are good examples of where guardians are making a difference (e.g. this is evidenced in how board papers have steadily increased discussion on wellbeing/wellbeing guardians throughout 2021/22 as part of evaluation work) and guardians welcome the national development work and regional networks in helping them to get established in role.
- Wellbeing data is of vital importance to wellbeing guardians in helping them to understand the wellbeing landscape in their organisations and hold the board to account. The health and wellbeing framework and the health and wellbeing model hospital dataset is well received by wellbeing guardians in helping them to understand organisational progress against developing a wellbeing culture, and in supporting the development of organisational wellbeing strategy and improvement plans.
- Further work needs to be done to increase the reach of wellbeing guardians at system level (i.e. ICS/ICB) and also Primary Care.

### **Plans for 2022/23**

Based on the process/early evaluation work last year, for 2022/23 NHS England will:

- Actively engage the 7% of trusts who have not replied to the audit/identified a wellbeing guardian to explore reasons why and offer support in identifying a guardian through our regional office health and wellbeing teams.

- Use the impact evaluation work and further stakeholder consultation to enhance the current wellbeing guardian implementation guidelines. As part of this, include wider advice on how wellbeing guardians can work for ICS/ICBs and in Primary Care.
- Continue the package of development support for established and new to role wellbeing guardians.
- Continue regional networks through NHS England regional offices.
- Continue evaluation work to identify the short-medium term impact of wellbeing guardians in role.

## 2. Update on the Growing Occupational Health (GOHWB) Programme roll out

### Background

The GOHWB strategy has been co-designed over several iterative phases during 2021/22. A breadth and depth of stakeholders have been engaged in this co-design including the OHWB community, senior organisation and Integrated Care System (ICS) leaders, and NHS managers/employees as service users, with representation of all NHS organisations across provider, commissioning, and primary care. Approximately 1,000 people supported this co-design activity, the majority of who were representing their wider networks and stakeholder groups.

- Phase 0: Launch of programme using recommendations from Dr Steve Boorman and national OHWB expert partners (Summer 2021)
- Phase 1: Initial stakeholder consultation and engagement work (Oct-Dec 2021)
- Phase 2: Strategy co-design work, utilising a variety of stakeholder engagement methods including capturing best practice from ICS trailblazers (Jan-March 2022)

The strategy has been developed with the oversight and guidance of the Growing OHWB steering group, as a sub-set of the NHS HWB Expert Advisory Group (EAG). It is chaired by Dr Steve Boorman and includes expert members from: the Society of Occupational Medicine (SOM), Faculty of Occupational Medicine (FOM), Health at Work Network, NHS Employers, Council for Work and Health, Health Education England (HEE) the Social Partnership Forum (SPF) Department of Health and Social Care (DHSC) and the Department for Work and Pensions (DWP).

### Strategy vision, drivers, and areas for collaborative action

*“Improving the health and wellbeing of our NHS people by growing our Occupational Health and Wellbeing services and people to be trusted. strategic and integrated partners”*

These improvement drivers are underpinned by several supportive areas of collaborative action (see **Appendix 1** for further detail):

<b>1.</b>	<b>Growing the strategic identity of OHWB</b>
1.1	Integrated OHWB
1.2	Strategic voice of OHWB
1.3	A trusted and proactive brand
1.4	Collaborative action and investment in OHWB
<b>2.</b>	<b>Growing our OHWB services across systems</b>
2.1	Inclusive, needs-driven, and resourced OHWB
2.2	Integrated service user pathways
2.3	Common service development framework
2.4	Service innovation
2.5	Quality improvement
2.6	Maximising technology and digital
2.7	Integrated Care System collaboration
2.8	Improving access for smaller healthcare organisations and Primary Care
<b>3.</b>	<b>Growing our OHWB people</b>
3.1	Multi-disciplinary workforce planning
3.2	Attractive career pathways and talent management
3.3	Credible and accessible education and training
3.4	Empowered OHWB leaders
3.5	Empowered OHWB workforce
3.6	Developing all NHS managers
<b>4.</b>	<b>Growing OHWB impact and evidence-based practice</b>
4.1	Using data to demonstrate impact:
4.2	Driving practice
4.3	Demonstrating the value of OHWB

<b>4.4</b>	<b>Driving the market</b>
<b>4.5</b>	<b>Demonstrating the impact of this strategy</b>

The strategy has been designed to be a 5-year, long-term programme. It emphasises collaborative action, acknowledging that growing OHWB will require the support and investment of national bodies working together, the support and investment from senior ICS and organisational leaders, and that OHWB professionals need to be in the 'driving seat' to lead change flexibly, adapted to local need.

#### **Next steps: Strategy launch and implementation programme plan**

The strategy is currently in its final design stages and is planned to launch during Quarter 1 (June) of the 2022/23 financial year. The launch date is subject to the strategy clearing the internal NHSE publication approval processes; however we are aiming to launch/soft-launch this no later than June to coincide with OH awareness week (w/c 20<sup>th</sup> June).

The strategy will be underpinned by a programme of activity led by NHS England that will support implementation in addition to wider work with strategic partners including FOM, SOM, Health at Work Network, NHS Employers, and Health Education England.

We will continue to work collaboratively with our OHWB community and with national strategic partners to realise the joint vision, recognising our opportunity to empower flexible and local approaches that enable us to grow our OHWB services, to improve the health and wellbeing of our NHS people.

### **3. Update on the NHS civility and respect toolkit adoption within Trusts and organisations**

The Civility and Respect programme is dedicated to tackling bullying and harassment in the NHS by supporting NHS organisations to create positive workplace cultures based on kindness, civility and respect to improve staff experience and ultimately patient care. In support of the NHS Long Term Plan and NHS People Plan, the programme published its framework – 'Supporting our staff: a toolkit to promote cultures of civility and respect' in January 2021 on Social Partnership Forum website. This toolkit, supported by the bullying cost calculator tool, has been very well received and has been downloaded over one thousand times with the true circulation likely to be much higher. The toolkit is not mandated but made available to NHS organisations to use as a practical guidance and resource to move from thinking to action in implementing a civility and respect approach in their organisations. Throughout the year the programme offers a number of wrap around interventions to support adoption and raising awareness of the evidence-based framework.

Theme 3 of the civility and respect framework is adoption of a restorative and just culture approach. In 2021/22 the NHSEI national Health and Wellbeing team sponsored 210 places on accredited Principles and Practice of Restorative Just Culture training, for those in clinical and non-clinical roles including union

colleagues. The training programme was delivered in collaboration with Mersey Care NHS Foundation Trust, leaders in just culture implementation in the NHS, Northumbria University, Dr Chris Turner, an ED Consultant and founder of Civility Saves Lives campaign, and Professor Suzette Woodward, leading author on Patient Safety I and II. The toolkit is available on <https://restorativejustculture.org/> website and discussion forum for our community of practice for NHS organisations, run in partnership with Mersey Care Foundation Trust and Northumbria University.

The programme has a dedicated page for Civility and Respect on [NHS England website](#). We have shared this toolkit to more than 10,000 NHS colleagues, across regional, systems and local level, and external healthcare bodies, in the past 15 months. This we did through civility focused events such as a [learning event by Sherwood Forest](#), Wellbeing Wednesday webinars, communities of practice, staff network groups, targeting Wellbeing Guardians, Health & Wellbeing champions, HR & OD leaders and by running a successful [NHS campaign](#) in November 2021 during the national anti-bullying awareness week.

Our programme has secured support from external healthcare partners to list NHS Civility and Respect toolkit on their websites:

Civility saves lives [Resources | Civility Saves Lives](#)

Royal College of Midwives [Making maternity services safer](#) which makes reference to the C&R toolkit

The Royal College of Obstetricians and Gynaecologists [resource](#) which makes reference to the C&R toolkit in the calling out behaviours module.

#### **4. Information on other services introduced to support NHS staff – such as the Professional Nurse Advocacy Programme**

The implementation of the Professional Nurse Advocate (PNA) level 7 accredited training programme of Professional Clinical Nursing Leadership for registered nurses in England provides nurses with the skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. This supports improved staff wellbeing and retention, alongside improved patient outcomes. The training equips them to listen and to understand challenges and demands of fellow colleagues, and to lead support and deliver quality improvement initiatives in response.

A total of 4,723 nurses have completed the Professional Nurse Advocates Programme with 247 nurses still in training and 140 nurses waiting to start. This has included a focus on ICU teams, and now also a focus on midwifery units with around 1,100 midwives already trained and a further 120 to be trained this year.

The ambition is to have sufficient PNAs trained to provide coverage of 1:40 trained by April 2023 and 1:20 by end April 2024.

**Data on how many NHS employees are currently accessing mental health and musculoskeletal services and how many are waiting to receive it**

Between February 2021 and March 2022, there have been over 62,000 contacts from health and social care staff to the 40 staff mental health and wellbeing hubs, this includes contacts for both individual and group support.

Some referrals for mental health services and MSK services are managed locally through occupational health services and are not collated nationally. Moreover, from the perspective of the NHS as an employer, it has no legal right to have access to this information and OH services do not have access to staff medical records in the same way that a GP does.

However, based on a request to one OH service covering 3 trusts, their records suggest that MSK referrals have remained broadly unchanged from 19/20 to 21/22, whereas MH referrals have increased by 10-20%. These figures may not be representative of the national picture.