

**Response to the Health and Social Care  
Committee Expert Panel – *assessment of  
Government workforce commitments.***

Department of Health and Social Care

11 May 2022

## 1. Foreword/introduction

The Department of Health and Social Care, Health Education England and NHS England and Improvement have worked together to produce a joint response to the Health and Social Care Committee's Expert Panel's Call for Evidence.

This document sets out the three policy areas identified by the Expert Panel, and the evidence for evaluation across seven commitments relating to workforce in health and social care.

Ensuring we have a workforce with the right numbers and with the right skills to deliver good quality care to people who receive health and care services is crucial. Over the last two years the impact of the pandemic has increased existing pressures on the health and care workforce. While the focus has rightly been on responding to the pandemic, growing the NHS and Adult Social Care workforce remains a priority for the Government. Working closely with NHS England and Improvement and Health Education England, local authorities and care providers the Government is committed to attracting and recruiting the workforce that the NHS and Adult Social Care needs for the future.

There is already a substantial programme of work to expand the NHS workforce, including:

- Delivering the manifesto commitments to secure 50,000 more nurses
- Introducing a non-repayable training grant offering at least £5,000 per year for nursing, midwifery, and allied health professional (AHP) students to deliver a strong domestic student pipeline. There were over 57,000 applications for nursing and midwifery courses at English providers starting in 2021, a 21% increase compared to 2020.
- The Government has increased the number of medical places by 1,500 (25%), and as part of this expansion, opened five new medical schools across England. This was completed in September 2020.
- Increasing and diversifying the general practice workforce in England, including several new schemes to boost GP recruitment, address the reasons why doctors leave the profession, and encourage them to return to practice. Since 2019, over 13,000 additional staff have been recruited into general practice, covering a range of roles, such as clinical pharmacists and social prescribing link workers.

We recognise the challenges the adult social care sector is currently experiencing in recruiting and retaining care workers, which has been exacerbated by the pandemic and wider labour market conditions.

We have put in place a range of measures to support local authorities and providers address workforce pressures, these include:

- An additional £462.5 million to boost recruitment and support existing care work through the winter.
- A National Recruitment Campaign, Made with Care, will continue to run in 2022/23 supported by TV, radio and social media advertising.
- We have added care workers to the Health and Care Visa and the Shortage Occupation list, enabling these roles to be recruited from overseas, helping to fill thousands of eligible vacancies.
- We are working with the Department for Work and Pensions to promote adult social care careers to jobseekers.

Longer term, we recently brought forward our strategy for the adult social care workforce in **People at the Heart of Care: adult social care reform white paper**. This is backed up by at least £500 million to develop and support the adult social care workforce over the next three years and address longstanding, structural barriers to better recruitment and retention. These reforms include:

- A new national Knowledge and Skills Framework, careers pathways and linked investment in learning and development that will ensure staff feel recognised, rewarded, and equipped with the rights skills and knowledge,
- A new wellbeing and occupational health offer aiming to provide immediate relief from burnout, trauma, and mental illness. Initiatives include an adult social care-specific listening service, a talking therapies offer, a coaching programme as well as policies to improve access to occupational health.
- We will develop a new digital workforce hub that will allow staff to easily identify themselves as working in care and signpost them to the new support available for the workforce.
- We will also develop new policies to identify and support best recruitment practices by local authorities and care providers.

In addition to the substantial programme of work already in place the Government recognises there is more work to be done to help ensure the NHS has the workforce it needs for the future.

To support longer term strategic planning, in July 2021, the Department commissioned Health Education England (HEE) to work with partners to review long term strategic trends for the health workforce and regulated professionals in the social care workforce. This will review and renew the long-term strategic framework for the health workforce in light of the pandemic, to help ensure we have the right skills, values and behaviours to deliver world-leading services and continued high standards of care. This work will look at the key drivers of workforce demand and

supply over the longer term and will set out how they may impact upon the required shape of the future workforce to help identify the main strategic choices facing us, to develop a shared and explicit set of planning assumptions.

Building on this work, the Department for Health and Social Care has recently commissioned NHS England to develop a workforce strategy and will set out the key conclusions of that work in due course.

Both of these long term strategic pieces of work will seek to learn lessons from the pandemic, including drawing on the positive aspects of innovation seen on the frontline throughout the pandemic response.

While this long term strategic work is underway, staff wellbeing and recovery remains a priority in the NHS priorities and operational planning guidance for 2021/22 and 2022/23, with the NHS establishing a People Recovery Task Force to ensure staff are kept safe and able to recover. The mental health hubs will continue to be available to staff in 2022/23. Wellbeing guardians (board level leaders with a focus on wellbeing of staff) have been recruited to ensure board level scrutiny of health and wellbeing support for staff. While much is being done, we are not complacent and both Ministers and NHSEI continue to seek to understand what further action will help support staff in keeping well and feeling supported while doing the difficult jobs that they do.

Further detail on workforce commitments relating directly to the mental health, cancer, and maternity workforces have been captured in responses to various Expert Panels' recent evaluations of the Government's progress against its policy commitments. This includes [written evidence](#) to the Panel. Full details of these expert panel responses can be found here:

- Cancer workforce link: <https://committees.parliament.uk/work/1743/expert-panel-evaluation-of-the-Governments-commitments-in-the-area-of-cancer-services-in-england/> Details have yet to be fully published.
- Mental Health workforce link: [HSCC's expert panel mental health evaluation: government response - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/hscs-expert-panel-mental-health-evaluation)
- Maternity workforce link: <https://committees.parliament.uk/publications/6560/documents/71747/default/>

## 2. Planning for the Workforce

*Commitment – Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and health professionals that it needs*

## Increase in the number of students in medical training of 1,500 a year

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

The Government has funded an additional 1,500 undergraduate medical school places each year for domestic students in England - a 25% increase over three years. This expansion was completed in September 2020 and has delivered five new medical schools in England.

Five new medical schools have opened across England in Sunderland, Lancashire, Chelmsford, Lincoln and Canterbury which is vitally important given we know, if people have good experiences where they train, a significant proportion tend to stay in that area so this should boost medical supply in these locations. Not only that, one of the reasons the schools were chosen was on the basis of their commitment to social mobility and widening participation which will increase access to medical careers for state school children.

In response to issues arising as a result of the pandemic, the Government temporarily lifted the cap on medical and dental school places for students who completed A levels in 2020 and 2021 and who had an offer from a university in England to study medicine or dentistry, subject to their grades.

This commitment was met in full. Additional places were introduced between 2018 and 2020 as follows: 630 in 2018, 690 in 2019 and 180 in 2020.

The commitment was fully funded.

The students occupying these additional places are still studying for their medical degrees and it will be some time before they become practising doctors, so the impact for patients and the service cannot be assessed yet. But it is a safe assumption to make that 1,500 additional medical graduates a year will ultimately have a positive benefit.

The expansion of 1,500 medical school places announced in 2017 focused on a move away from only expanding places at existing schools to a competitive bidding process. 500 places were allocated to existing Higher Education Institutions (HEIs) and 1,000 places awarded to HEIs which:

- Improved access to students regardless of their social and economic background;
- Aligned to local NHS workforce need with an emphasis on priority geographical areas, including rural and coastal areas;

- Supported general practice and other shortage specialties required to meet patient need;
- Could ensure high quality training and clinical placements; and
- Encouraged innovation and market liberalisation.

The figure of 1,500 was judged at the time to be appropriate to meet postgraduate specialty training requirements. However, the Government regularly monitors trends in medical staffing and service demand and may adjust the number of medical student places again at some point to meet future requirements.

## **50,000 more nurses**

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

The Government is committed to deliver 50,000 more nurses and put the NHS on a trajectory to a sustainable long-term supply in future.

We are meeting the 50,000 more nurses manifesto commitment through a combination of more domestic training, including undergraduate, postgraduate and apprenticeships routes; increased international recruitment; and action on retention. This will help ensure a long-term sustainable nursing workforce for the NHS.

This commitment aims to reduce vacancy levels by the end of the Parliament and leave a legacy for good practice around improving retention and recruitment practices of nurses overall.

HEE is supporting this target with the work programme being led by the Department of Health and Social Care (DHSC).

DHSC are currently on target to meet the 50,000 nurses manifesto commitment, with nursing numbers a little over 30,000 higher in February 2022 (latest publicly available data point) than they were in September 2019 (starting point for the commitment).

The programme is well on the way to meeting the target, and we have clear plans in place to address any shortfalls that may occur, including increasing international recruitment, while maintaining the highest ethical standards and adhering to the code of practice.

We have established a comprehensive delivery programme to meet the nursing manifesto commitment. Working across a range of delivery partners to improve

retention and support return to practice, invest in and diversify our training pipeline, and ethically recruit internationally.

Detailed project plans have been developed and stress-tested across three overarching workstreams:

- Domestic supply
- International recruitment
- Retention and return to practice

Delivery of 50,000 more nurses in the NHS in England will support the 1.3 million people who make up the NHS workforce and address nursing shortages that were identified in the People Plan.

DHSC published a Delivery Update on the Nurse 50k manifesto commitment on 7 March 2022. This update sets out more detail about the programme, including progress so far; plans for meeting the target; uncertainties, risks and mitigations; and next steps. It also sets out the definition, scope and timing of the target. It is available here: <https://www.gov.uk/Government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update>.

We have made plans to deliver the 50,000 more nurses manifesto commitment based on budgets we know are available to DHSC as part of the current Spending Review. This commitment is affordable within that envelope.

Delivery of 50,000 more nurses in the NHS in England will help the NHS recover from the pandemic, tackle COVID backlogs and help ensure it continues providing world-class care in the years to come.

## **6,000 more doctors in general practice; 26,000 more primary care professionals**

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

We remain focussed on the priorities that matter most to patients, including improved access to general practice through the delivery of 50 million more appointments per year. Critical to delivering on this priority is the recruitment of an additional 26,000 primary care staff by March 2024 and diversification of the workforce. These additional staff are crucial for building a modern, resilient primary care system that is better suited to the broader range of needs of today's patients. The 26k will directly deliver appointments as well as support and in many cases take on some of the work of GPs. These additional roles are also being used to create bespoke multi-

disciplinary teams within Primary Care Networks (PCNs). For patients and service users this means an increase in services delivered and better integration with the broader system.

Since 2019 PCNs and practices have recruited over 13,800 of these staff. These staff cover a range of roles, for example clinical pharmacists, paramedics, and social prescribing link workers, each with a range of skills and competencies that can complement GPs work. The recruitment of these staff in PCNs is underpinned by the Additional Roles Reimbursement Scheme (ARRS), which fully reimburses PCNs for all salary and on-costs. Internal modelling indicate that this commitment is on-track.

Supporting general practice to recruit a wider range of roles through reimbursement allows GPs to maintain their independence in workforce planning and how they run their business, whilst still giving access to more capacity and transformational opportunity. A wider variety of professionals can provide effective primary care services as well as addressing increasing numbers of patients with multiple and complex conditions by forming Multi-Disciplinary Teams (MDTs). MDTs work by bringing together a wider range of staff, and therefore skills, into a team led by a GP, enabling them to tackle complex care requirements across a range of disciplines and improve the quality of care patients receive. As the ARRS becomes embedded in GP we have expanded the number of roles available through it, in consultation with stakeholders and the profession. We will continue to iterate upon this list of roles to best meet primary care and patient needs.

GPs play an important role in supervising the work of wider primary care staff, and growing the number of GPs would support the recruitment of more primary care staff. We remain committed to growing the number of doctors in general practice, although meeting the 6,000 additional doctors in general practice target remains challenging. There were 1,462 more full time equivalent doctors in general practice in March 2022 compared to March 2019.

In particular, the pandemic has presented several challenges to growing the workforce. There was a fall in the attrition rate of fully-qualified GPs (from circa 8% in December 2019 to December 2020, to 6.3% in June 2020 to June 2021) - we understand that some GPs may have postponed their retirement to support the NHS during the pandemic, which could have driven this reduction in attrition. As a result, we anticipate that some of these GPs could retire as we exit the pandemic, impacting progress towards the 6,000 additional doctors commitment. We also understand the effect COVID-19 had on already large workloads, which can drive GPs to work fewer hours or leave the profession altogether.

Last year, the Secretary of State for Health and Social Care highlighted that we are not on track to meet the 6,000 doctors in general practice commitment by 2024. The Secretary of State also said that the Department is looking at what more we can do to meet this target, and we will continue to collaborate across the sector to do this.

We continue to assess the suitability of international recruitment as a tool for growing the workforce, although there are many barriers to international recruitment, such as the small number of suitably qualified doctors coming from countries that have a similar model of general practice.

We are working with the NHS and profession to understand how we can continue to help GPs and improve their working environment, particularly in light of the pressures from the pandemic. For example, we continue to work across government and with the NHS to reduce the bureaucratic burden on general practice by reforming who can provide medical evidence and certificates such as FIT notes and DVLA checks.

All funding for the GP manifesto commitments on appointments and workforce expansion comes from the additional funding of at least £1.5 billion to deliver 50 million additional appointments by 2024. The largest portion of spending was to bring the 20,000 additional professionals' commitment from the Long Term Plan up to 26,000 with £1 billion in funding over that period. The money provided also included funding to grow the number of GP training places to 4,000 per year, reform GP training to increase the time that trainees spend in general practice from 18 to 24 months, and recruit and retain more GPs. Funding for the GP contract will also increase by £640 million this year (2022/23), bringing the total available funding in the contract to £10.8 billion by the end of next year (2023/24). This includes funding to grow the GP workforce and was agreed with the British Medical Association (BMA) General Practitioners Committee (GPC).

### **7,500 extra nursing associates in 2019**

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

Broadening routes into Nursing continues to be a priority for DHSC. The new Nursing Associate role has been developed, which will open routes into professional roles for thousands of people from all backgrounds, give people the possibility of going on to be a registered nurse, and allow the NHS to grow their own domestic workforce. This route offers a pathway into a health and social care career for those who are unable to commit to full time study at university and/or are not able to take on a student loan. We have introduced and expanded the role of Nursing Associates across the health and care system. The table below sets out numbers recruited so far:

| Training nursing associates |                  |
|-----------------------------|------------------|
| Calendar year               | Number of starts |
| 2017                        | 4004             |
| 2018                        | 4577             |
| 2019                        | 4860             |
| 2020                        | 4232             |
| 2021                        | 4432             |
| <b>Total</b>                | <b>22105</b>     |

Source: <https://content.explore-education-statistics.service.gov.uk/api/releases/c0f97cac-1d11-4597-a692-08161c43900c/files/aad40491-6d7b-4771-f96c-08d9f07b0e70>

The target was achieved slightly later than intended, in the 2020/21 academic year.

The funding for the Nursing Associates commitment was apportioned across the system according to population.

### Addressing the ‘taper problem’ in doctors’ pensions

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

This manifesto commitment was delivered on at Budget in March 2020 when the Government increased the taper thresholds to remove the vast majority of senior clinicians from scope. From 6 April 2020 the tapered annual allowance thresholds were increased by £90,000 to remove all staff with earnings below £200,000 from scope. Based on NHS earnings, this removed 96% of GPs and 98% of consultants from the scope of the taper.

This commitment was delivered via changes to the pension tax system, implemented by HMT. Raising the taper thresholds was estimated to cost £2.2 billion over a five-year period from April 2020.

The commitment reduced very substantially the number of GPs and consultants who were within scope of the tapered annual allowance, which can be a driver for

reduced working commitments. An increase in the threshold provides doctors with extra headroom for tax-free pension saving and restores the incentive to take on additional non-pensionable work including overtime.

## **Workforce Planning for Adult Social Care Regulated Professions**

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

Responsibility for social care workforce planning is shared across independent providers and local authorities, working in conjunction with Integrated Care Systems (ICSs), who will have a good understanding of local labour markets.

We are taking a range of actions to support workforce planning in the care sector:

- Our Integration White Paper sets out our ambition to strengthen local workforce planning between relevant health and care bodies.
- In July 2021 the Department commissioned Health Education England to work with partners to review long term strategic trends for the health and regulated social care workforce and produce a robust long-term strategic framework for the next fifteen years. We are on track to publish the report shortly.
- Our commitment to an adult social care Knowledge and Skills Framework, announced in our recent White Paper, will help make progress towards establishing a consistent structure for local workforce planning.
- Investment in the regulated professions to ensure sufficient high-quality training routes and access to effective post-qualification support.

This commitment is on track to be met. With respect to funding, no additional funding was required for the development of the Framework beyond the Department's existing agreements with HEE and Skills for Care. The work was supported by teams across HEE, Skills for Care, NHSEI and DHSC. However, our People at the Heart of Care White Paper is backed by at least £500 million investment in a learning and development offer that will support the Knowledge and Skills Framework and investment in regulated professions.

### **Integration White Paper**

The integration white paper will ensure that staff working in health and care settings are supported to provide integrated services focused on the needs of people by:

- strengthening the role of workforce planning at ICS and local levels
- reviewing the regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors

- increasing the number of appropriate clinical interventions that social care workers can safely carry out by developing a national delegation framework of healthcare interventions
- exploring the introduction of an Integrated Skills Passport to enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care
- increasing the number of learning experiences in social care for people training for careers in health, including those undertaking degree and higher level apprenticeships and health undergraduate degree programmes exploring opportunities for cross-sector training and learning, joint roles for ASC and health staff in both regulated and unregulated roles
- promoting the importance of the roles of link workers, care navigators and care coordinators to ensure consistent access to these roles across the country.

The integration white paper focuses on making a reality of integration in local areas. We expect that all places should identify a single person accountable for shared outcomes and the plan at a local level by spring 2023.

ICBs will also have a critical role to play in growing, developing, retaining and supporting the entire health and care workforce locally, and will have specific responsibilities for delivering against the themes and actions set out in the NHS People Plan, as well as new people requirements outlined in guidance. These include a role for ICBs in growing the health and care workforce for the future and enabling adequate workforce supply, through strategic planning and collaboration across the system to ensure that current and future population, service and workforce needs are met.

### **HEE's Long-Term Strategic Framework**

HEE's long-term strategic framework represents a significant development for workforce planning of the health and regulated social care workforce. It looks at the key drivers of workforce demand and supply over the longer term and helps identify the main strategic choices facing us, develops a shared and explicit set of planning assumptions and identifies the actions required at all levels of using all our system levers. This will ensure we have the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of care.

As part of the development of the framework, there have been over 1,000 individual conversations including with senior leaders, frontline staff, as well as people who receive and care and support and their representatives.

We aim to deliver clear framework within which more detailed workforce plans can be developed and delivered at national and local level, resulting in better care, and better work, for all.

## People at the Heart of Care: Adult Social Care Reform White Paper

We will also work with the sector to co-produce a universal Knowledge and Skills Framework (KSF), to create an accessible articulation of the requirements for roles within the sector and set out clear pathways for development and progression. The new national KSF will be accompanied by a significant Government investment in skills and training for care workers and other staff.

It will provide hundreds of thousands of training places and qualifications at all levels over the next three years, so the workforce can meet individual career goals and the needs of people who draw on care.

### Investment in regulated professions

Regulated professionals play a pivotal role working alongside care workers and registered managers to deliver person-centred care. Our long-term aim is to ensure sufficient high-quality training routes, including apprenticeships, and access to effective post-qualification support.

Registered nurses, nursing associates, occupational therapists and other allied health professionals will be supported with a new fund to help them meet their continued professional development (CPD) objectives.

Alongside our existing initiatives – such as providing support and development for post-graduate mental health social work programme, Education Support Grant, and Social Work Bursaries – we will also invest in initial training routes into social work, including increasing opportunities for ‘on the job’ training such as apprenticeships

We expect HEE’s long-term strategic framework, the KSF, investment in regulated professions and the integration white paper to achieve a positive impact for patients and service users.

## 2. Building a Skilled Workforce

### Commitments:

- (i) *Help the million and more NHS clinicians and support staff to develop the skills they need and the NHS requires in the decades ahead.*

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HEE's e-learning for healthcare works in partnership with the NHS and professional bodies, to support patient care by providing e-learning to educate and train the health and social care workforce,

- 77 million e-learning sessions have been launched on the Hub
- 2 million registered users
- 31 thousand e-learning sessions available within over 450 programmes.

HEE has invested in courses and continuing professional development initiatives for all staff directly employed to support in their learning and development goals and to improve their skillset to deliver the best possible patient care. The funding has been in place since 2020, with an initial investment of £156 million, followed by £165 million in 2021 and a further allocation of £168.8 million to be made in the 3rd year of the initiative. This equates to a £1,000 allocation available per employee over a three- year period.

To support the delivery of the Five Year Forward View for Mental Health in England, HEE published [Stepping Forward to 2020/2021: The mental health workforce plan for England](#). "Stepping Forward" set out an ambition for 21,000 new posts (professional and allied) across the mental health system occupied by 19,000 new staff by 2020/21. This was supported by c£695 million investment into HEE's mental health workforce training and education programme over 5 years, which also helped to upskill the existing workforce.

There has been an increase in the number of midwives and consultants in obstetrics employed in the NHS over the last decade, but there remain staff shortages across maternity professions. NHSEI has provided £95 million (£89 million recurrent) to support the recruitment of 1,200 midwives, 100 consultant obstetricians, and the implementation of the Immediate and Essential Actions arising from the first Ockenden Report (December 2020).

£83.8 million of this funding went directly to the system, allocated for the greatest impact on safety. This included £46.7 million to fund the establishment of 1,200 more midwifery posts, £10.6 million to fund an increase in consultant time, and £26.5 million in workforce capacity to allow training which will improve the way multidisciplinary teams work together.

The Secretary of State committed to taking forward the specific recommendations that Donna Ockenden has asked him to put in place, and NHS have since announced an additional £127 million for the maternity system in the next year<sup>[1]</sup>.

More than £50 million of this money will be provided to Trusts across the country over the next two years to boost staffing numbers in maternity and neonatal services, whilst around £34 million will also be invested in local maternity systems, in culture and leadership development programmes and in supporting staff retention roles.

HEE has been working with stakeholders to support the expansion of midwifery training places in England by 25% over four years. This is to be achieved through an additional 650 places in 2019/20 and up to 1,000 places a year for a period of three years thereafter. The baseline year for this expansion to be measured against is 2018/19.

There has been further growth in the number of acceptances on to midwifery courses in England since the Department published its response to the Panel's evaluation of maternity services in July 2021. For instance, growth of 626 was achieved in 2019/20 and 1140 in 2020/21 and is on track to achieve the 21/22 target.

<https://www.england.nhs.uk/2022/03/nhs-announces-127m-maternity-boost-for-patients-and-families/>

*£1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities*

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This commitment has been met. We announced in the Autumn of 2019 additional funding of £1 billion for the year beginning in April 2020. We have now confirmed this additional funding for every year of the new Parliament. This £1bn is part of the funding we provide to councils to cover their core pressures, including an ageing population; increasing life expectancy of working age adults with learning disabilities; increases in the National Living Wage); and inflation.

Since then, the government has announced a comprehensive reform programme of adult social care with a £5.4 billion investment over three years, funded by the Health and Social Care Levy. The proposals build on measures in the Health and Care Bill.

To enable people to access outstanding quality, tailored care and support that allows them to achieve the outcomes that matter to them, this investment includes:

- at least £150 million to improve technology and increase digitisation across social care; and
- at least £500 million investment in the workforce.

This commitment is on track to be met.

The commitment was effectively funded.

Since 2014/15 spending on ASC has been increasing steadily in real terms. This increase in spending has now overtaken the levels of spending in 2010/11 in real terms, driven by significant increases in visible government funding for social care.

National statistics published by NHS Digital<sup>[1]</sup> show that public spending on social care is increasing, and in 2020/21 was 3.2% higher than 2010/11 in real terms.

This was an appropriate commitment there are significant demographic and unit cost pressures faced by LAs relating to adult social care. Delivering this additional funding enabled all LAs to meet core pressures in social care.

<sup>[1]</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

*iii. Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.*

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

The NHS Long Term Plan and Operational Planning Guidance commit to supporting health and care systems to 'level up' their digital maturity and ensure they have a core level of infrastructure, digitisation and skills.

Three-year Frontline Digitisation funding allocations for Integrated Care Systems will support digitisation of acute, mental health, ambulance, and community services.

Activity is underway across the system to identify where funds should be targeted, based on need, in order to support all NHS trusts to reach our Minimum Digital Foundations by March 2025.

### 3. Wellbeing at Work

Commitments:

- (i) *Introduce new services for NHS employees to give them the support they need. Including quicker access to mental health and musculoskeletal services*

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It is imperative that we look after the NHS workforce and continue to prioritise their safety, health and wellbeing.

The NHS People Plan, published in 2020, focuses on retaining NHS staff with a much stronger focus on staff health and wellbeing, more support for flexible working, improved culture and leadership, and a renewed commitment to tackling inequality.

This is reflected in the NHS Operational Planning Guidance in 2021/22 and 2022/23. Trust boards, leaders, and managers across the NHS have been asked to consider the health and wellbeing of all staff as a strategic priority, so that it is a consideration in every decision and organisation.

There is a comprehensive national package of health and wellbeing support now in place for NHS staff which includes 40 system-wide mental health and wellbeing hubs providing proactive outreach and assessment services, ensuring staff receive rapid access to evidence based mental health services. A national support service for staff with more complex needs such as trauma or addictions is also available, delivered by NHS Practitioner Health.

Locations of the hubs along with details of how staff can access them can be found [here](#). Between February 2021 and March 2022, the hubs were accessed over 62,000 times by staff. £45 million has been allocated for the national staff mental health offer for 2022/23. This builds on the £43 million invested in 2021/22. The NHS has also invested £15 million into 14 healthcare systems across all 7 regions to enable them to develop tailored health and wellbeing offers which meet the needs of their local workforce.

The recently updated NHS Health and Wellbeing framework, a comprehensive guide for NHS organisations and systems to create a sustainable wellbeing culture for their workforce, has a section devoted to physical health with an emphasis on musculoskeletal health (MSK). A national Commissioning for Quality and Innovation incentive scheme promoting workplace health, including musculoskeletal, is being reintroduced from 2022/23.

The NHS Growing Occupational Health programme is looking at how to strengthen occupational health across the NHS so that it can become a strategic and integrated

service that can play a proactive and preventative role in keeping the NHS workforce well.

Investing in staff health and wellbeing is hugely important. It can help reduce sickness absence, support better staff morale and contribute to retaining skilled and experienced staff within the NHS workforce. In addition to initiatives outlined above, the Leadership Review, the NHSEI Long Term Workforce Strategy, and the NHS Covenant will be key vehicles for continuing to support and promote positive staff experience across the health service.

Out of the challenges of the pandemic there is also a clear opportunity to learn from what has worked and areas for continued improvement around supporting staff wellbeing.

*(ii) Reduce bullying rates in the NHS which are far too high*

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

Bullying and harassment in the NHS remains a concern, with clear implications for staff wellbeing, engagement and patient care.

NHS England and Improvement has created a national NHS Civility and Respect programme to tackle bullying and harassment in the NHS. It aims to support and promote cultures of civility and respect in the NHS by creating positive working environments that are kind, compassionate and inclusive for all. It uses a preventative approach, with toolkits, online training and other practical resources and evidence-based approaches made available to employers to raise awareness of what bullying looks like in the NHS and consider how to reduce it. The investment in the NHS Civility and Respect programme is part of an overall comprehensive package of investment made through the People Plan to enhance staff experience and well-being.

NHSEI is working with ICSs/Trusts in all seven regions to support them to adopt the NHS Civility and Respect Framework to drive continuous improvement and positive culture change.

The impact of the pandemic on staff wellbeing and workforce experience, in addition to the existing pressures facing the workforce, has understandably been reflected in the results of this year's NHS Staff Survey. However, even within this context, the latest NHS staff survey figures show there has been an 0.8 % reduction of staff experiencing harassment, bullying or abuse from managers, falling to 11.6% in 2021 from 12.4% in 2020 indicating a positive step in the right direction.

A well cared for workforce is better placed to deliver better patient outcomes. Improving workforce experience and reducing bullying and harassment can reduce staff sickness absence and the significant cost attached to bullying.

The development of a new workforce strategy is an important opportunity to reflect on the progress being made through the NHS People Plan and People Promise and to continue the ambition to make the NHS the best place to work.

*(iii) Listen to the views of social care staff to learn who we can better support them – individually and collectively*

*Was the commitment met overall? Is the commitment on track to be met? Was the commitment effectively refunded (or resourced)? Did the commitment achieve a positive impact for patients and service users? Was it an appropriate commitment?*

We engaged with over 200 stakeholders across every region in England to design our People at the Heart of Care: adult social care reform white paper. We continue to engage with people and organisations across the sector.

We are on track to meet this commitment. We are planning the delivery of the workforce reform work, set out in the People at the Heart of Care White Paper, with stakeholders from across the sector, including the Workforce Advisory Group, the National Care Forum, Skills for Care and the Care Quality Commission. We are working collaboratively with the Chief Nurse and the Chief Social Worker to inform our policies as well as engaging with the groups of staff they represent, such as the Nursing Advisory Group and the Principle Social Worker network, to hear their views.

The Secretary of State undertakes regular engagement with stakeholders, including representatives of providers, local authorities, trade unions and people with lived experience, where pay and terms and conditions are discussed.

Our engagement continues to take a range of forms including roundtable discussions, bilateral conversations, in-depth workshops and larger conference events.

In addition to the engagement above, each workstream has carried out specific engagement to create, build and refine their policy areas. For the example, for the wellbeing we have engaged with:

- ADASS
- LGA
- Nursing and Care Advisory Group

- DWP
- DNACPR Working Group
- Care Workers Charity
- Care England
- Groups of Care Commissioners
- NHS Clinical Leads
- NHS E&I

This commitment required no additional funding.

Engagement with the sector was a crucial part of development of our adult social care workforce strategy, outlined in our white paper: *People at the Heart of Care*.

These reforms crucially helped to shape the at least £500 million investment to develop and support the workforce over the next three years, and address what we see to as long-term structural barriers to recruitment and retention.

The reforms set out in our white paper are the first steps on the journey towards our vision for adult social care and we recognise the vital role of the sector in driving change.

As we set out in the white paper, we will continue to engage with people and organisations across the sector, including staff working in social care and individuals with lived experience of drawing on care and support, to develop and design the implementation of these reforms.

## Annex A – HEE initiatives for junior doctors

HEE has maintained a particular focus on addressing the pressures and challenges faced by junior doctors and is committed to exploring innovative solutions and developing new approaches to postgraduate training in order to improve wellbeing, work-life balance, and morale, while providing greater flexibility for all junior doctors.

It is recognised that in seeking to address these HEE can help boost trainees' morale, reduce attrition and increase recruitment to medical training. In this way, not only can we support the wellbeing of medical trainees but, in doing so, also help ensure the future delivery of high quality patient care.

This has always been a high priority for HEE and the advent of Covid-19 has only served to reinforce this and has led to further development of the following range of initiatives.

### **Enhancing working lives**

In March 2016, the Enhancing Junior Doctors' Working Lives programme was established to address a range of issues that adversely affect the quality of life of junior doctors. This umbrella term covers a number of different initiatives.

### **Less Than Full Time Training (LTFT)**

Building on the work of the interim People Plan, the People Plan 2020/21 makes clear the commitment to provide greater flexibility for junior doctors during training, such as less than full-time training, out-of-programme pauses and opportunities to develop portfolio careers. Full roll-out will happen by 2022/23, so that all junior doctors will be able to apply for flexibility in their chosen training programme.

This includes the provision of more opportunities and wider access to Less Than Full Time training. The initial Category 3 LTFT pilot in Emergency Medicine went live in 2017 and we are committed to expanding this to all specialities, informed by continued evaluation. In 2019 we further expanded Category 3 to Paediatrics and to Obstetrics & Gynaecology.

An interim evaluation was commissioned to evaluate the impact of the pilot in Emergency Medicine, the evaluation found that the pilot has been successful from the participants' point of view, with a self-reported improved sense of job satisfaction, wellbeing, and work-life balance, and greater chance of continuing to work in the specialty.

### **Supported Return to Training (SupportTT)**

With approximately 5,000 (10%) junior doctors taking approved time out of postgraduate training at any given time, the SuppoRTT programme is part of HEE's commitment "to remove as far as possible the disadvantage to those who take time out". As of April 2020, SuppoRTT has become an integral part of HEE's core services. Several key benefits were identified in its first-year evaluation report. £6million funding was distributed to be available for returning junior doctors via the Returner Support fund over the past year. £4 million was dedicated to supporting Educational Supervisor upskilling, Keeping in Touch days, SuppoRTT Champions, and innovation projects.

The following number of trainees have accessed Supported Return to Training:

April – June 2019 – Total 303

April – June 2020 – Total 472

Increase 55.77%

SuppoRTT programme webinars for returners focused on wellbeing and clinical updates in 28 different subjects and had over 2,600 individual registrants to the series.

HEE appointed a second cohort of clinical fellows to help develop and deliver the SuppoRTT strategy, who have taken forward communications and online learning materials. A third cohort of fellows has been recruited and is due to start in late 2020.

### **Out of Programme Pause (OOPP)**

OOPP allows trainees to step in and out of training, and to have their learning during this period assessed on their return and potentially count towards their CCT.

MERP has also developed an offer that aims of this offer to support trainees' wellbeing in a post COVID-19 environment by providing a break from training and allow the opportunity to gain competencies which may have been missed due to the pandemic. This offer is available immediately and is open to all specialties for applications of one year.

OOPP allows trainees to pause their training in order to work in the NHS or similar patient facing roles in the UK. The experiences and competences gained will be considered on return to the training programme.

### **Professional Support and Wellbeing Services**

HEE recognises that training to become a specialist, whether that be a consultant or a GP takes considerable time, determination, effort and skill. During this time trainees will inevitably undergo periods where they need additional support. This

may be for many reasons including, involvement in adverse clinical events, a variety of wider life events, or concerns relating to training and / or career progression.

It is recognised that there are times when trainees would benefit from increased and specialist support, beyond that available from supervisors and services normally provided by employers. Professional Support and Wellbeing units are able to provide this support for both trainees and their educators. They provide key support to enable doctors to continue to progress in training, and to prevent them from avoidably exiting medical training. This includes support services such as mentoring, coaching, counselling, educational psychologist assessment, career and specialist examination support.

### **Funding for improved facilities for junior doctors**

HEE led a working group to manage the allocation of £10million funding to improve facilities for junior doctors across England, announced by the Secretary of State for Health and Social Care in September 2018.

### **Foundation Priority Programmes**

We have introduced a number of Foundation Priority Programmes, specifically designed to attract, support and retain junior doctors in under-doctored geographies and shortage specialty areas. The first cohort of foundation doctors began in these posts in August 2020.