

HOPSC/08/19

Committee Health Overview Policy and Scrutiny

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RECRUITMENT ISSUES AND WORKFORCE TRANSFORMATION IN HEALTH AND SOCIAL CARE – FOLLOW UP

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

Recommendation:

- (i) To consider the further data presented on recruitment and vacancies;
- (ii) To consider the structure of any follow-up session that could focus on specific sectors, providers, job roles or other aspects.

Background

On 16 January 2019 the Committee discussed recruitment issues with representatives from each the three Local Workforce Action Boards (that oversee each of the three STP footprints in Essex), Health Education England and Essex County Council Boards and an extract of the minutes of that discussion is attached as **Appendix A**.

The session on 16 January aimed to understand the scale of the problem and specific challenges and the structures and partnerships that have oversight of the issues. The immediate actions arising from that discussion was to seek more data to breakdown vacancies (through stating number of posts that should be filled and how many are actually filled) by sector, type of provider, and type of job designation. To show context, there should also be some trend analysis.

Further information has now been received by Essex County Council (**Appendix B**) and Health Education England (**Appendix C**) who will both be represented at the meeting on 6 March to present this updated data.

In considering and seeking further clarification of the attached further data the HOSC may wish to consider any further investigation that it feels is necessary and which could include:

- (i) Specific solutions being pursued locally and regionally including training and workforce initiatives;
- (ii) Further type of provider, sector or STP level analysis;

- (iii) the level and effectiveness of joint/partnership working possible in pursuing actions.

It is acknowledged that some of the above may be undertaken by one or more the Joint HOSCs established with neighbouring authorities to scrutinise plans for specific STP footprints.

The original suggested HOPSC rationale for session and outcomes required

Seek assurance that the challenges and issues have been recognised and defined at both local, sector and more strategic levels (STP/ICS footprints).

Seek reassurance that there is adequate planning in place to address current shortages (recognising that it may not be possible to resolve solely by recruitment actions).

To seek reassurance from, and understanding of, the different levels of planning and actions being taken.

To understand if there remains certain issues and challenges that cannot be resolved and understand why.

To decide if, as a HOPSC, there is any influence or actions that the HOPSC can have/take to facilitate actions being taken.

To understand if, as local representatives, there a role for HOPSC members to promote careers in Health and how can this be done.

Further reading:

In February 2019 the Health Foundation published its annual assessment of the profile and trends in NHS staffing in England – “A Critical moment: NHS staffing trends, retention and attrition” – a link to that report is below.

<http://reader.health.org.uk/a-critical-moment>

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.15am on Wednesday 16th January 2019

5. Recruitment issues update

The Committee considered report HOPSC/02/19 providing an update on recruitment issues in Essex.

The following joined the meeting:

Phil Carver, Local Director East of England, for Health Education England, mid and south Essex STP Executive Sponsor Workforce Transformation, Co-Chair of mid and south Essex Local Workforce Action Board (LWAB)

Tricia D'Orsi Chief Nurse, Castle Point & Rochford CCG and Southend CCG, mid and south Essex LWAB

Paul Roche, Programme Director, Workforce, Herts and West Essex LWAB/STP

Lisa Llewellyn, Director of Nursing and Clinical Quality, North East Essex CCG, north east Essex LWAB/STP

Peter Fairley, Director, Strategy, Policy & Integration (People), Essex County Council.

Alexandra Green, Director for Local Delivery – West, Essex County Council and Deputy Director of Health and Care Delivery, Essex Partnership University Trust.

In turn each of the above witnesses was invited to briefly introduce the challenges around recruitment and retention in their respective areas.

During those overviews and subsequent discussion the following was highlighted, acknowledged or noted:

- (i) There was increasing demand for services and an ageing demographic – for example there was an anticipated 7% and 10% growth in demand for adult social care and for those with Learning Disabilities respectively over the next three years;
- (ii) There were difficulties in recruiting staff – shortages in GPs, nurses, social workers and occupational therapists were particularly highlighted;

- (iii) Essex County Council had created an extra 50 occupational therapist posts - They currently had 35 occupational therapist vacancies in Essex;
- (iv) Currently there was an oversupply of physiotherapists. There was an ongoing challenge to work differently with Higher and Further Education Colleges to encourage better balance of their course offers;
- (v) High agency spends were incurred to cover vacancies and there was a broad system intention to reduce the use of locums and agency staff;
- (vi) The need to improve staff retention within the wider health system;
- (vii) The intention to upskill the workforce as part of career progression (e.g. investing in Healthcare Assistants to become nurses).
- (viii) The new course being run at the Anglia Ruskin medical school would take time to 'bear fruit' due to the time required to complete the qualification. They had, however, achieved their target of recruiting 30% of the course complement from the local area.
- (ix) Overall, there were approximately 4,500 medical trainees in the regional health system and their actual placements depended on medical specialism, and other local factors such as addressing health inequalities and the quality of the local learning environment and having suitable levels of supervision.
- (x) Mid Essex Commissioners were encouraging GPs set to retire to continue practising. Commissioners were also moving towards 15 minute GP consultations as they felt many issues could be dealt with more effectively by having a longer initial consultation period.
- (xi) All three STP areas were looking at investing in and trialling more care navigation initiatives and using different ways to re-signpost to alleviate pressure on GP surgeries.
- (xii) The overall 12% vacancy rate in Essex was not significantly out of alignment with the East of England average of 11%. The East of England vacancy rate broadly tended to trend between 11.5%-12.5%. The total number of overall vacancies was growing in Essex as the total establishment (i.e. number of posts) had grown.
- (xiii) Essex County Council was aspiring to reducing social care vacancies to 10% and the trend was moving in the right direction to meet that target. At the same time as reducing vacancies the County Council had expanded its workforce as well.
- (xiv) The Essex Employment and Skills Board had identified the care sector for attention and identified some work streams to help improve recruitment.

- (xv) Recruits from the European economic area were a significant contribution to the nursing workforce in particular.
- (xvi) There were a number of ongoing initiatives with schools to promote careers in health and social care. E.g. work experience for 14-15 year olds at Harlow Hospital.
- (xvii) The Local Workforce Action Boards were looking at developing more formalised arrangements for 'rotational' posts where staff could transition their careers through a framework of multidisciplinary work moving around different employers but staying within the local health system i.e. developing an 'Essex offer'. Similarly, the County Council and Health were looking at opportunities for more joint roles across health and social care.

Conclusion

The Chairman thanked the witnesses for their attendance to support the discussion. It was agreed:

- (i) That more data be provided to breakdown vacancies (through stating number of posts that should be filled and how many are actually filled) by sector, type of provider, and type of job designation. To show context, there should also be some trend analysis.
- (ii) That a breakdown be provided of the destination of the 200 GPs who completed training each year. i.e. whether they remained in primary care and whether it was within Essex.