

HOPSC/12/19

Committee Health Overview Policy and Scrutiny

Date 22 May 2019

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 information presented and discussion on recruitment and vacancies;
 - (ii) To consider any remaining issues warranting further work which could focus on specific sectors, providers, job roles or other aspects.
-

Background

The original suggested HOPSC rationale for looking at recruitment issues and challenges and the outcomes required was as follows:

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.

1. On 16 January 2019 the Committee discussed the scale of the problem and specific challenges, and the structures and partnerships that have oversight of the 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. A link to the meeting papers is here [HOSC 16 January 2019 meeting papers](#) .
An extract of the minutes of the discussion is attached as **Appendix A**.
2. On 6 March 2019 the Committee discussed further data which broke down vacancies by sector, type of provider, and type of job designation with some trend analysis with Essex County Council and Health Education England. A link to the meeting papers is here [HOSC 6 March 2019 meeting papers](#) .
An extract of the minutes of the discussion is attached as **Appendix B**.
3. The March meeting requested further information from Health Education England specifically breaking down the number of GPs working part-time, with some trend analysis, including those who had converted to part time from full-time as opposed to those that were appointed part-time to begin with, and provide a breakdown on GP retainers – particularly in relation to impact on overall capacity, staying on and/or work continuing to work part-time and full-time. HEE have prepared a response and this is attached as **Appendix C**.
4. The HOSC Chairman and Lead Members subsequently agreed that the next step should be that commissioners be invited to explain their role in determining workforce levels. To reflect that health and wellbeing challenges and health inequalities significantly vary across areas, commissioners have been requested that, as a minimum, a commissioner representative from each STP footprint should be present who can cover these divergent areas and issues.
5. It was agreed to request commissioners to respond to the following within an advance briefing paper:
 - (i) To what extent are commissioning decisions (and thereby staffing allocated for those services) determined solely by financial and budgetary considerations?
 - (ii) What part do nationally (or locally) defined KPIs have in influencing the staffing resource allocated to a service? Are there any other quality considerations that influence staffing levels?
 - (iii) To what extent does the Essex Health and Wellbeing Strategy determine local priorities and resources allocated to specific services or are there other overriding considerations?
 - (iv) To what extent do differing local health needs and health inequalities determine the staffing resource? E.g. does an area of deprivation have more staffing resource dedicated to it - more community and district nurses?

- (v) When a commissioner draws up commissioning plans as part of each budgetary planning cycle what are the factors that influence staffing allocated by the provider?
- (vi) To what extent does the provider have to agree the staffing resource allocated for a service with commissioners or is it entirely left with the provider to determine?
- (vii) Can certain posts be left vacant (if unable to recruit) and not impact on patient safety or quality of service?
- (viii) With the development of STPs, to what extent are resourcing decisions for Essex based services being taken across the border? [particularly applicable to the STP footprints with Hertfordshire and Suffolk]. To what extent are they staying with CCGs?

6. Responses received from commissioners are attached as follows:

- (i) Essex County Council as commissioner for social care (**Appendix D**)
- (ii) Mid and South Essex CCGs, North East Essex CCG, West Essex CCG consolidated report (**Appendix E**)

Next steps

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.

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.

Further reading:

Kings Fund - Closing the gap - Key areas for action on the health and care workforce Overview - March 2019

https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-overview_0.pdf

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>

Extract of the 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.

Extract of the Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH on Wednesday 6 March 2019

4. Recruitment Issues

The Chair introduced the Panel and it is noted that Patrick Higgs is currently Acting Director of Commissioning. The committee considered report HOPSC/08/19, this is for further updates following updates from the 16 January.

Present at the meeting were:

Patrick Higgs, Acting Director of Commissioning, Essex County Council (ECC)

Phil Carver, Local Director East of England, Health Education England (HEE)

Anzhelika Coffey, Head of Workforce Intelligence, Health Education England

Gareth George, Workforce Transformation Manager, Health Education England

Saffron Rolph-Wills, Workforce Transformation Manager, Health Education England

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) With a 29.7% vacancy rate the Occupational Therapist (OT) role was questioned. It was mentioned that the role does add value particularly in promoting early intervention and prevention and so the objective is to sell the role and increase recruitment.
- (ii) North Essex is struggling to get OT's whereas South Essex does not but struggles to get Social Workers. The University of Essex provides OT courses.
- (iii) It was noted that a lack of context in terms of time scale, hitting target and being able to ask, 'are we improving?' raised the concern that there needs to be more chronological data to provide evidence of progress.
- (iv) Changes in proportions has had an influence on figures. There had been some workforce restructures which made direct historical comparisons more difficult.
- (v) Currently testing models to find out which works best to recruit, and it is important to work in partnership. There was confidence that budgets are not the main challenge to recruitment.
- (vi) General practice workforce figures - research has shown that this has not provided the satisfied support required. The reduction in GP

numbers is a concern and is due to the age profile of people in this role. They are currently looking at initiatives such as using paramedics to do home visits. There was a growth in other direct patient care staff (e.g. clinical pharmacists) to provide further support to, and relieve pressure on, GPs.

(vii) It is acknowledged the increased housing is an issue and further pressure. The development of a medical school at Anglia Ruskin University was critical in preparing for this.

(viii) It is recognised that there are more females becoming GPs and that the impact on them becoming part time to start families etc is noted. STPs use a tool to help predict the part time ratios to help plan for future workforce changes.

(ix) It is a growing trend for GPs to work part time. Figures will be provided with a breakdown; an increasing trend was for GPs to become locums rather than partnership roles.

(x) Mentioning what support is being provided for GPs opening as a business - They spoke about how retired GPs are continuing to give support through training and being part time.

(xi) Overall there has been an increase in workforce numbers, but this may not be clear due to other factors.

(xii) It was noted how do the working conditions affect retention/recruitment - though they are developing learning environments. At first it is seeing/developing the organisation holistically, that sells the roles. And only further down the line that the working conditions become a factor on a career.

(xiii) A point was raised that there is a gap of circa 250-300 GPs in Essex, however, it was countered by the witnesses that, though this is the gap, technology advances could mean that less GPs are needed in future.

(xiv) It was highlighted, that CCGs as well as NHS England outline the scope of their needs and it is the providers that generate the workforce plan.

(xv) Turnover is higher than usual which is affecting vacancy numbers. The independent work force costs more money which may suggest why they are spending the budget while still having a higher vacancy rate that is above ECC 7% vacancy rate factor.

(XVI) A 2018 organisational redesign at ECC had moved the balance of social care staff towards a 70/30 split between qualified and unqualified staff.

xvii) ECC had also introduced senior and practitioner posts to offer more (non-manager) career progression.

(xviii) Agency costs were being pulled down with health organisations increasingly collaborating and using only certain agencies and exerting influence on their charge rates.

(xix) HEE had been allocated 332 trainee places to fill each year in the region and approximately a third were for Essex.

Conclusion

The Chairman thanked them for their attendance and noted that it gave a good insight. From this:

(i) A breakdown on the number of GPs working part-time. In addition to the figures as at now there will need to be trend analysis. And where possible the breakout numbers that have converted to part time from full-time as opposed to those that were appointed part-time to begin with.

(ii) Breakdown on GP retainers – particularly in relation to impact on overall capacity, staying on and/or work continuing to work part-time and full-time.