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INTERIM NHS PEOPLE PLAN – UNISON BRIEFING

Following a number of delays and leaks, the Interim NHS People Plan was released on 3 June 2019.

It follows on from the Long Term Plan (LTP) earlier in the year and Health Education England's draft health and care workforce strategy published in 2017. The overall intention is to add the detail on workforce to make the ambitious commitments in the LTP achievable over the next five years.

A "full, costed" version of the plan will be published by the end of 2019, after the Spending Review and following the development over summer of plans at system level (ie. Sustainability & Transformation Partnerships or Integrated Care Systems).

The interim plan sets out the overall direction on workforce for the NHS in England, while including some immediate actions and seeking engagement on other aspects. Once produced, the full People Plan will be kept regularly under review and updated on at least an annual basis.

This briefing summarises the five key themes of the plan and offers analysis from a UNISON perspective, along with suggested actions for branches and links for further reading.

1. Making the NHS the best place to work

Recognising that the NHS workforce is increasingly overstretched and under pressure, the plan promises to produce a new offer for NHS staff setting out explicitly the support they can expect from the NHS as a modern employer.

The plan proposes that there should be widespread engagement with the workforce, unions and employers over summer 2019 in pursuit of this, with the potential for the resulting commitments supplementing or replacing those in the NHS Constitution (the Constitution currently includes a series of staff rights and responsibilities, along with less binding NHS pledges to staff).

The new offer will be framed around three broad themes: "creating a healthy, inclusive and compassionate culture" (which would include promoting equality and tackling bullying and violence); "enabling great development and fulfilling careers" (covering education, training, portability of skills and line management); and "ensuring everyone feels they have a voice, control and influence" (to include whistleblowing, mental health, sickness absence, work-life balance and flexible working).

There are other plans to include more staff engagement measures in the way in which NHS providers are assessed, further work to embed the existing equality standards on race and disability, confirmation of plans to have designated wellbeing guardians in all providers, and a promise to implement plans to reduce violence against staff.

More controversial are proposals referred to in the interim plan – and announced separately shortly afterwards – to consult on providing new pension flexibility for senior clinicians, following

complaints from doctors that the current tax system is discouraging them from doing extra work for patients.

2. Improving the leadership culture

The interim plan dedicates an entire section to improving the leadership culture of the NHS for all those that work within it. It suggests that more needs to be done to improve leadership at system level as new service models mean NHS leaders will increasingly have to work across different parts of the sector. There will also be a greater focus on leadership in NHS regulation and oversight.

There is a focus on creating positive and inclusive cultures – for everyone in leadership positions, particularly middle managers. It recognises that more needs to be done to champion inclusion and diversity in the NHS, with targets to be set for black and minority ethnic representation across the workforce, including at senior levels.

3. Tackling the nursing challenge

The interim plan recognises that there are currently 40,000 nurse vacancies in England, with areas such as mental health and learning disability particularly badly affected by shortages. It plans to close this gap by 2024 by action in a number of areas: increasing the supply of nurses through degree courses and reducing the numbers leaving training; further developing other entry routes to nursing, such as nursing associates and apprenticeships; improving retention of the existing workforce; encouraging more nurses to return to practice; ensuring nurses that want to increase their part-time working hours can do so; supporting people to develop their careers and skills; and focusing on safe and effective staffing levels.

The interim plan states that “we also need to increase international recruitment in the short to medium term to increase supply rapidly”, though no target numbers are included, contrary to a leaked earlier version of the plan which suggested that the NHS would aim to recruit 5,000 international nurses a year to 2024.

Many of the proposals in this section involve extending existing initiatives or broad indications of areas to be addressed by the full people plan. The interim plan acknowledges that there has been a 31% decrease in applications for nursing and midwifery courses between 2016 and 2018, reflecting the damage done by the abolition of the NHS bursary. But there is little included to tackle this problem other than a plan to expand the number of clinical placements by 25% (5,000 placements) in September 2019.

The reduction in continuing professional development (CPD) is also acknowledged with budgets cut from £205m in 2013/14 to £120m in 2018/19. Other announcements include a plan to work with Mumsnet to encourage nurses to return to practice.

4. Delivering 21st century care

The LTP set out ways of transforming the delivery of care over the next five years and for the workforce this means a greater focus on multidisciplinary working, further investment in developing new roles, the greater use of technology, and more flexibility in how and where staff work.

The plan includes estimated increases in staffing numbers across different parts of the developing NHS system that will be needed to deliver the requirements of the LTP: 20,000 more staff employed by the new primary care networks; nearly 6,500 more staff employed in children

and young people's mental health services; 25,000 more staff employed in mental health services; over 4,000 more radiology, specialist medical, scientific and cancer nursing staff across diagnostics and treatment as part of expanded multi-disciplinary team working; and over 10,000 more community staff to meet the needs of a growing and ageing population. These estimates will be refined following the local health system plans that are currently being developed. The interim plan includes a major caveat that the workforce expansion plans "will also need to take account of future levels of investment in education, training and workforce development, as determined through the Spending Review and wider NHS funding sources".

This section includes suggestions for immediate work across the various parts of the NHS workforce. In nursing this includes continuing to develop the nursing associate role; for allied health professionals, there is a particular focus on increasing undergraduate applications in the shortage professions of radiography, podiatry, orthoptics and prosthetics/orthotics; there will be a healthcare science workforce programme established for scientists; and the plan estimates that there will be over 2,800 physician associate graduates by the end of 2020, rising to over 5,900 by the end of 2023. The interim plan also commits to identifying further ways to integrate volunteering within the NHS, in partnership with voluntary sector organisations.

Other areas of service modernisation covered in this section include rolling out electronic rostering and job planning systems by 2012; confirming the wider use of digital outpatient appointments; and reviewing current models of multidisciplinary working. There are plans to significantly increase flexible working to give staff greater choice with their working patterns and a better work-life balance. The plan reiterates work to remove barriers to staff moving about within the system, including by allowing staff training and skills to be "passported" between employers.

The plan states that as more clinical degree-level apprenticeships are introduced so apprenticeships will provide more options for different roles, such as physiotherapists, occupational therapists, operating department practitioners, health science practitioners, podiatrists and radiographers. But the plan makes clear that the majority of NHS apprenticeships are at levels 2 and 3 and that this is likely to remain the case. The problems with the apprenticeship levy that have held back the wider uptake of apprenticeships are acknowledged, and there are proposals to support local health systems to put in place system-wide arrangements to help make better use of levy funding.

5. A new operating model for workforce

Drawing attention to the "historic neglect" of workforce planning in the NHS, the interim plan confirms that integrated care systems (ICSs) will be expected to take on a greater role in workforce planning, though a number of key aspects of workforce policy – such as professional regulation, the pension scheme and pay policy – would remain the preserve of national bodies.

At the national level, a new National NHS People Board will convene organisations to help develop the full People Plan and then to assure progress against the plan. There will also be a People Plan Advisory Group to support this work, which will include the national bodies and various other organisations, including trade unions. There are plans to work with the NHS Social Partnership Forum through the development and implementation of the People Plan.

At ICS level, there is a reference to the importance of "maintaining and improving partnership working with trade unions at system level" and building relationships with those with workforce responsibilities in the wider public services.

Analysis

The Interim People Plan accurately reflects many of the problems currently blighting the NHS, such as staff shortages, cuts to training budgets and the lack of workforce planning. The language used in the document also suggests that the authors understand the impact these problems are having on health staff and that they are committed to taking action.

There are positive suggestions to extend flexible working, to improve leadership culture, and to use “passporting” to allow staff to move more easily round the system. Workforce planning has been sorely lacking for a number of years, so a greater focus on this is very welcome.

The announcement on NHS pensions was handled very poorly: it included little detail and appeared before recommendations from the government’s pensions advisory board had been made. Moreover, the implication at the outset was that the new flexibilities would only be available to senior doctors rather than all staff. The Department of Health and Social Care has since attempted to calm concerns by suggesting that other clinicians could benefit as well, but the issue will need to be investigated further once the formal consultation is launched.

There are other concerns. For example, while the interim plan seeks an increase in applications for various AHP degree courses, prosthetists and orthotists have recently been removed from the shortage occupation list by the Migration Advisory Committee. This suggests that proposals to tackle shortages in one area of government will be undermined by action taken by other departments.

There are only fleeting references to local government in the interim plan despite the ambitions of the LTP to bring about greater integration between services, and social care is once again almost entirely absent – though this is perhaps less surprising given the continuing inability of the government to publish its green paper on care and support (it has now been delayed six times).

This points to the biggest problem of all with the interim plan: the fact that it is largely a stopgap while the NHS waits on other developments in government. The ongoing impasse around Brexit continues to hinder the efforts of government departments to get on with their day jobs and ministers have suggested that the forthcoming Spending Review may be delayed. This is crucial for workforce as the wording of the interim plan makes it clear that many of its proposals are contingent on government spending commitments that have yet to be made.

This explains the disappointing lack of costed proposals to rebuild CPD budgets or to tackle staff shortages, particularly in nursing. This seems set to be worsened further by the apparent decision to drop the reference to recruiting 5,000 international nurses per year up to 2024, and nothing new on safe staffing levels or bringing back the NHS bursary. On apprenticeships too the interim plan fails to adopt the more wholesale approach to reform that UNISON favours, though the proposal to use system-wide arrangements to optimise the use of the levy is welcome.

UNISON issued a press release welcoming some encouraging steps in the interim plan but reiterating that significant funding is needed if real change is to be brought about, with a particular reference to apprenticeships.

UNISON Policy Unit, July 2019