

Written Response to the Health, Wellbeing and Local Government Scrutiny Committee into Workforce Planning in the Health Service and Social Care by Edwina Hart, the Minister for Health and Social Care

May 2008

Executive Summary

During the last six months, the implementation of the new integrated workforce planning process has commenced, and I welcome the acknowledgement that this will serve to address the recommendations made within this report.

However, it is perhaps regrettable that the opportunity to recommend the integration of medical and dental education planning and commissioning with non medical professional processes, to a greater degree was not taken.

With regard to monitoring of the recommendations, I would wish to stress the scale and magnitude of change required of the new process. This coupled with the changing structures of NHS Wales, requires acknowledgement of realistic expectations of progress and outcomes.

I have set out below my response to the Report's individual recommendations.

Detailed Responses to the report's recommendations are set out below:

The Committee recommends that:

Health Service

1. We recommend that the Welsh Assembly Government takes steps to improve the worrying lack of capacity that Local Health Boards have for contributing effectively to workforce planning.

Response: Accept

Comment: The workforce planning training programme offered by NLI AH includes staff from LHBs. This has begun to address the capability of LHBs to contribute to workforce planning.

The new integrated workforce planning process requires organisations to develop planning networks across health economies, which will support the development of capability and capacity in LHBs.

Financial implications: Within NLIAH implementation funding

2. We recommend that the Welsh Assembly Government takes urgent action to employ or train additional workforce planners in the Workforce Development Unit of NLIAH.

Response: Accept

Comment: An additional workforce planner to specialise in medical and dental planning, and an additional workforce planning and modernisation manager have now been appointed to NLIAH. Three senior members of the workforce development team have also attended the workforce planning training programme which is currently being provided for NHS Wales organisations by NLIAH. Two members of the team have attended an intensive workforce planning course in April.

Financial implications: Within NLIAH budget

3. We recommend that the Welsh Assembly Government should consider how regional planning mechanisms might be strengthened particularly by bringing together Local Health Boards at a regional level.

Response: Accept

Comment: A requirement of the new workforce planning process is that health economies produce integrated plans to cover all organisations in the health economy area. This requires the establishment of health economy planning networks of which LHBs are a key part. Proposed changes in organisational structures within LHBs will support this recommendation.

Financial implications: None

4. We recommend that the Welsh Assembly Government review the arrangements for the involvement of Allied Health Professionals (AHPs) in the workforce planning system to ensure that there is an identified person responsible for AHPs at local, regional and national level. This should include a representative of the Wales Therapy Advisory Committee on the NLIAH Workforce Development Unit stakeholder board.

Response: Accept

Comment: There is already one representative from the Welsh Therapy Advisory Committee on the Stakeholder Board. The Stakeholder Board is currently reviewing its membership in order to ensure appropriate representation and balance of all professional groups concerned.

To inform the education commissioning for 2008-9, a programme of consultation with all key stakeholders, including WTAC was incorporated into

the process in addition to Stakeholder Board engagement. This mechanism has subsequently been formalised as a feature within the new workforce planning process.

Involvement at local and regional levels will be incorporated into guidance issued to the service.

Financial implications: None

5. We recommend that NLIAH takes steps to ensure that the voluntary sector, patients' groups and the Trades Unions have a meaningful input into the new integrated workforce planning system

Response: Accept

Comment: The new planning system promotes an inclusive approach which includes carers, the statutory Health & Social Care sector, WCVA and voluntary sector Networks and Alliances including the Health & Social Care Network.

As part of the implementation process a specific work stream will examine the most appropriate methodology for the voluntary sector and independent sectors to input into the workforce planning process.

The Trade Unions are represented on all of the groups involved in planning for the new process.

Financial implications: Part of NLIAH implementation funding. However, as this issue is a key theme in *Designed to Add Value-a third dimension*, additional resources may be identified following consultation.

6. We recommend that the Welsh Assembly Government reviews whether funding arrangements for post and pre-registration medical and dental training can be simplified to allow more coherent workforce planning.

Response: Accept in principle.

Comment: Currently the academic components of the first 4 years of medical and dental training are funded through education budgets (Higher Education Funding Council for Wales, HEFCW) and the clinical component by NHS Wales via SIFT (Service Increment for Training) allocations. Both components (i.e. education and clinical placements) are funded by NHS Wales in the final years (5&6). It is acknowledged that this can cause issues in the determining of initial numbers of students entering training. DHSS HR and DCELLS currently meet to discuss numbers and trends, however a review will be undertaken to explore the options and feasibility of addressing this recommendation.

Financial implications: Currently none. Option appraisal will consider future financial impact if any

7. We recommend continuing close co-operation between the Welsh Assembly Government and the Health Departments of the other UK administrations on workforce planning issues.

Response: Accept

Comment: The workforce unit currently have membership of UK workforce planning forum. Officials in DHSS HR liaise with UK counterparts in all workforce development and regulatory issues that influence workforce planning

Financial implications: None

8. We recommend that the Welsh Assembly Government increases the number of undergraduate dental training places in Wales significantly and makes any consequential increases necessary to the numbers of those trained in professions allied to dentistry.

Response: Accept

Comment: Dental student places were increased by 9 in 2003 and a further increase of 12 is to take place in 2009/10. This is in line with the requirements identified in the Dental Review (Routes to Reform) in 2002

Numbers for training places for dental therapists and hygienists have remained static for the last few years. The Dental School has been asked to provide information about the future requirements for these staff groups to support the increase in dentists progressing through training.

Financial implications: Costs for training additional dental students are already factored into budgets. The cost of training a dental hygienist or therapist is £28,534 over 2 years.

9. We recommend that the Welsh Assembly Government investigates whether offering additional bursaries or other financial incentives could encourage more undergraduate applications from students in Wales.

Response: Neither accept nor reject

Comment: There is currently no shortage of applications to Medical Schools in Wales. Whilst it is recognised that many applications are received from outside Wales, some of these will stay in Wales on graduating. Medical students who are domiciled in Wales but training in England do receive support from NHS Wales in their final years of training.

However, financial and/or non financial incentives, could influence the quality and geographical location of applications, therefore this matter is already being investigated to ensure that Wales is seen as an attractive training environment and sufficient applications are received from all parts of Wales.

Financial implications: None at present. Implications will be considered following investigation of options.

10. We recommend that the Welsh Assembly Government investigates whether offering additional bursaries or other financial incentives could encourage more newly qualified doctors to complete their postgraduate training in areas of shortage in Wales.

Response: Neither accept nor reject

Comment: There is no significant shortage of newly qualified doctors applying for foundation posts. However, the quantity and quality of applications for specialist training is a concern and some incentive process may be of benefit. It is important to note that regulations regarding applications have to be adhered to and it would not be possible to link incentives with any guarantee of appointment to specialist training positions. There may however be potential to consider some form of loyalty pledge that ensures Welsh newly qualified doctors apply for speciality training in Wales where appropriate.

For this reason exploration of a number of options for financial and non financial incentives is currently being investigated.

Financial implications: None at present. Implications will be considered as part of an option appraisal of appropriate incentive schemes.

11. We recommend that the Welsh Assembly Government further encourages Local Health Boards to employ more salaried GPs and Dentists.

Response: Accept

Comment: We are aware of the age profile of existing GPs in some parts of Wales which could be addressed via more salaried GPs. Any plan to strategically move to a more balanced number of salaried to self employed contracted GPs would take time to develop the necessary infrastructure to encompass a new section of the workforce.

Financial implications: Costings would need to be based on pace of change

12. We recommend that investment to increase the numbers of community nurses and to train them for the enhanced role envisaged

in “Designed for Life” should be a priority for the Welsh Assembly Government.

Response: Accept

Comment: A review into Community nursing in Wales has recently been undertaken. This included the education and training requirements of community nurses. As a result of this the Workforce Development Unit, Education Providers, representatives for the nursing profession in Wales and RCN Wales are working together to develop appropriate education modules to allow those working or wishing to work in the community to access appropriate training. The commissioning of post registration training by modules is being introduced in the academic year 2008/09 alongside full community nursing programmes. This will enable more nurses to access training appropriate to the work that they are undertaking. In 2008/09 this will equate to an 11% increase in community nursing training.

Financial implications: Because of the commissioning of some community nursing courses in modular format it has been possible to increase the amount of available training within the current education and training budget.

13. We recommend that the Welsh Assembly Government looks at the practicalities of introducing a guaranteed employment or “internship” scheme for newly qualified nurses and for allied health professionals similar to the scheme that has been introduced in Scotland for nurses.

Response: Accept in principle.

Comment: A graduate employment working group with membership from nursing and allied health professional managers, trade unions and representatives from the Workforce Development Unit and WAG has been set up. This group is tasked with monitoring graduate employment in Wales and disseminating good practice in the utilisation of new graduates. In addition it has been asked to carry out an option appraisal of a number of solutions to alleviate the problem of graduates from Wales not securing employment. The group is to report back in May/June this year.

Financial implications: Any scheme such as guaranteed employment will have financial consequences. The costing of options such as this is in the remit of the Working Group.

14. We recommend that NLIH as part of its implementation of the new integrated workforce planning system reviews the data it uses for workforce planning to ensure that it is as robust, relevant and complete as possible, particularly in the context of future service delivery needs.

Response: Accept

Comment: As part of the implementation plan for the new integrated workforce planning process an information work stream has been established. The information work stream will report to the Implementation Board and provide recommendations regarding key issues with validation and availability of robust data from Primary and Secondary Care which is essential in informing the workforce planning process. Close liaison with ESR and the primary care GP data project is acknowledged.

Financial implications: Part of implementation arrangements

15. We recommend that the GP contract is amended as soon as possible so that GPs are required to provide basic information on the numbers and types of staff they employ.

Response: Accept in principle

Comment: The need for improved data from GPs is acknowledged. Any requirement to provide staffing information would entail changes to the GMS Contract Regulations which may have UK wide implications. The recommendation will be explored with GPC Wales.

The General Practitioners Information Project has a Workforce sub group whose remit is to look at workforce information needs and how the data may be gathered electronically as part of an integrated workforce planning solution. Processes to collect accurate data outwith changes to the GMS contract will be explored.

Financial implications: To be considered

16. We recommend that the Welsh Assembly Government should introduce arrangements to allow training places in higher education to be commissioned over a 5 year cycle.

Response: Accept in principle.

Comment: It is recognised that Universities are required to plan in 5 year cycles. Current commissioning contracts offered by NHS Wales are usually for 5 years with annual variation orders that provide the precise student numbers.

A review of commissioning processes has been undertaken by the Workforce Development Unit and the results are due to be reported shortly. Following this, discussions will need to take place with NHS Finance to see how education and training budgets can be better managed to allow for an increased planning cycle.

The first year of the new integrated workforce planning process will also see the alignment of the annual planning cycles for workforce, finance and service, effectively providing annual education commissioning information 6

months earlier than currently. Improved workforce planning data collection will therefore promote greater confidence in longer term commissioning plans.

Indicative numbers for education commissioning for 3-5 years is supported.

Financial implications: An increased planning cycle will require education and training budgets to be set for longer periods than one year.

17. We recommend that NLIH works closely with the Welsh Language Board to develop suitable approaches to ensure that sufficient Welsh-speaking staff are employed in the NHS in Wales to meet patient needs.

Response: Accept in principle

Comment: All HEIs are requested to ensure that students have an awareness of Welsh language issues during their training. In some programmes there are opportunities for students to develop their Welsh language skills or if Welsh speaking to undertake part of their training through the medium of Welsh. This requirement should continue to be discussed within contracting of education programmes.

Work is ongoing in NHS Wales to appoint Welsh Language co-ordinators whose role will address staff training requirements.

Financial implications: None within existing arrangements

Social Care

18. We recommend that as part of its review of regional workforce partnerships the Care Council for Wales (CCW) strengthens the links between them and the local workforce partnerships and develops the contribution they make to workforce planning.

Response: Accept

Comment: CCW have started discussions with Regional Partnerships and will be asked to consider this recommendation.

Financial implications: None known to date

19. We recommend that the Welsh Assembly Government provides further support to voluntary and independent sector social care providers and service user groups to enhance their ability to engage with workforce planning processes.

Response: Accept in principle

Comment: This issue needs to be addressed locally and regionally through the partnerships to retain local leadership. The Welsh Assembly Government

provide money through the Care Council and through the Social Care Workforce Development Programme (SCWDP) grant managed by CSSIW.

Integrated workforce planning has also been identified as a key theme in *Designed to Add Value-a third dimension 2008*

Financial implications: None in relation to current activity. As this issue is a key theme in *Designed to Add Value-a third dimension*, any additional resources will need to be need to be considered following consultation

20. We recommend that the Welsh Assembly Government provides further guidance to local authorities to ensure that the commissioning practices of local authorities are fully interlinked with the workforce planning process.

Response: Accept

Comment: This recommendation will be taken forward by the Fulfilled Lives Supportive Communities work on commissioning and workforce, in partnership with CSSIW.

Financial implications: To be considered as part of ongoing work

21. We recommend that the Welsh Assembly Government works with the Welsh Local Government Association (WLGA) to develop support and training for local authority workforce planning staff to enable local authorities to increase their capacity for workforce planning.

Response: Accept

Comment: NLIAH and the Social Services Improvement Agency will work together to achieve this recommendation

Financial implications: To be advised

22. We recommend that, subject to an evaluation of the English model the Welsh Assembly Government, through the Care Council for Wales should introduce a National Minimum Dataset to collect workforce information for the whole social care sector in Wales.

Response: Accept

Comment: The Care Council is in discussion with the Welsh Assembly Government and ADSS regarding the way forward for Wales

Financial implications: Financial considerations part of ongoing work.

23. We recommend that the Welsh Assembly Government, through the Care Council for Wales, reviews the post-qualifying arrangements

for social workers with a view to improving clarity and consistency across Wales.

Response: Accept

Comment: The Care Council is currently reviewing and drafting the post qualification framework as part of ongoing work

Financial implications: Part of review process

24. We recommend that the Welsh Assembly Government undertakes work with partners in local government to harmonise the terms and conditions of employment of social workers.

Response: Neither accept nor reject

Comment: Terms and conditions are not within the Welsh Assembly Government remit. We will invite WLGA to consider this recommendation

Financial implications: None

25. We recommend that the Care Council for Wales reviews its induction framework to ensure that local authorities take account of the needs of migrant workers, and that it renews efforts to ensure that the framework forms part of standard procedures for local authorities.

Response: Accept

Comment: The Care Council will undertake such a review within its forward work plan for 2008/09

Financial implications: None

26. We recommend that the remit of the current task force on the Welsh language in the health service be extended to include social care services.

Response: Accept

Comment: Process to be agreed. NLIAH will work with the Centre for Equality and Human Rights to ensure that the workforce is suitably skilled and competent to meet the diverse needs of the population served.

Financial implications: None

Health and Social Care

27. We recommend that the Welsh Assembly Government reviews its health workforce planning strategy timetable to secure greater co-ordination with the social care sector at the earliest possible time.

Response: Accept

Comment: As part of the implementation of the new integrated workforce planning process a Social Care work stream has been established to investigate the development of greater co-ordination of workforce planning between the health and social care sectors. Whilst this work will accelerate and become a key focus from 2009 onwards, work to secure greater co-ordination has already commenced. Local authorities have and will be invited to participate in the health economy planning networks.

Financial implications: Part of NLIAH implementation funding

28. We recommend that the Welsh Assembly Government reviews the mechanisms for commissioning the training of occupational therapists and other therapy professions with a view to centralising these arrangements.

Response: Accept in part

Comment: Current determination of therapist commissioning numbers is based on NHS workforce data. Requirements are informed by relevant professional bodies who provide data on numbers of therapists currently working in non NHS sectors. Recommendations are made on this basis. New arrangements will capture accurate requirements across all sectors. Funding for therapists is currently met from the NHS non medical education and training budget, no contribution is made from other sectors.

However, whilst we would accept that there may need to be some specific work in relation to a range of professional staff groups and services, this should only serve to supplement and validate the health economy plans. This recommendation could contradict the basis of integrated workforce planning based on the development of competent multidisciplinary teams.

Financial implications: Staffing requirements for social care organisations will call for an increase in training numbers. On average the cost of training an Occupational Therapist is £23,592 over 3 years, £35,404 over 4 years or £17,930 over 2 years. Significant increases would impact on NHS requirements for all non medical professionals.