

Long Term Workforce Plan

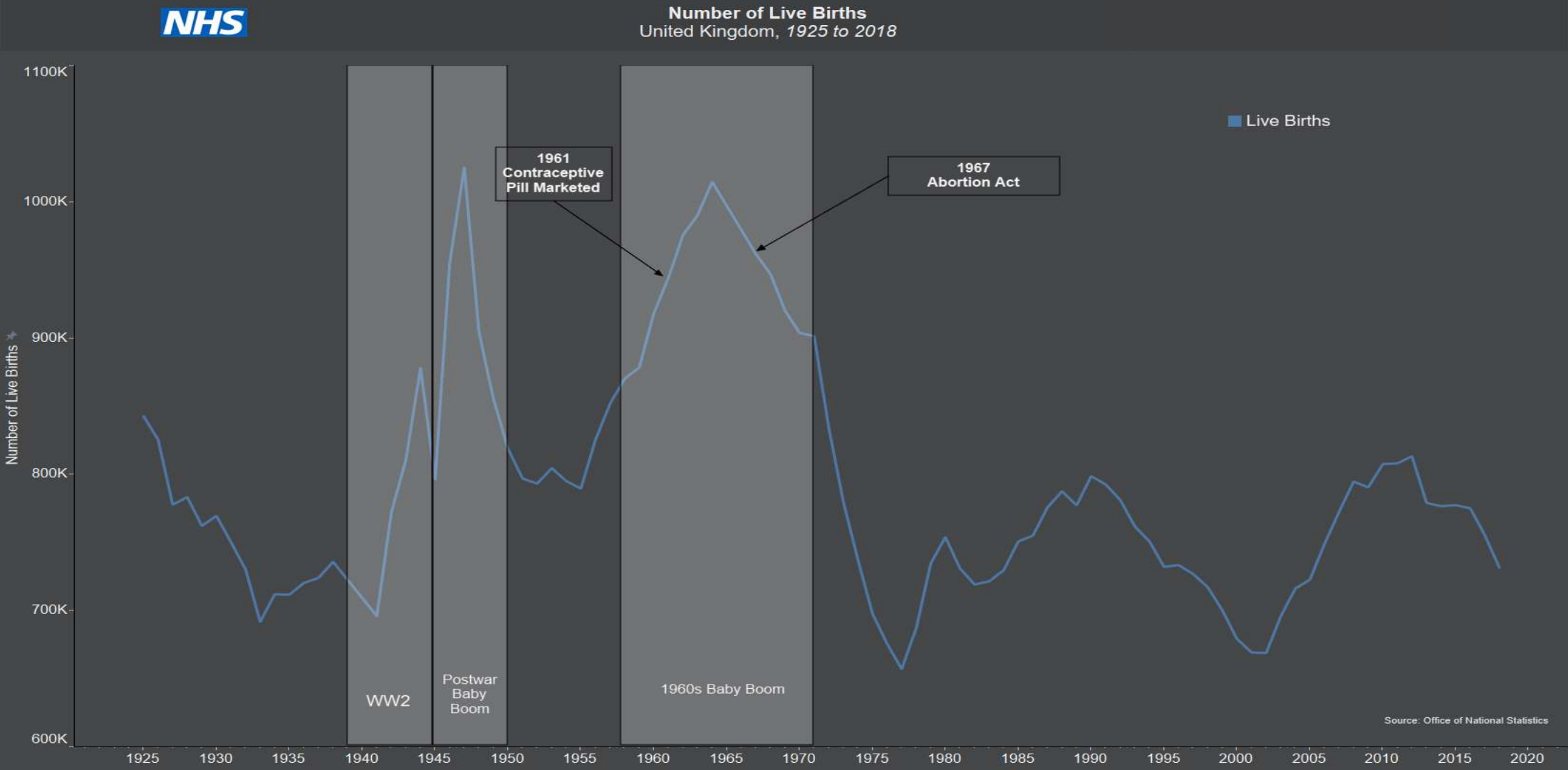


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The context: doing more of the same was simply no longer tenable

- Over **112,000** vacancies across the NHS in March 2023: **8.0% vacancy rate** *[in 2022, it was over 150k but including primary care as well]*
- An ageing population, growing demand, and the opportunity presented by technology, mean that work in healthcare will need to be dramatically different in future.
- Levels of staffing in the NHS are proportionally lower than other comparable health systems internationally
- Without immediate action, we expect the workforce shortfall will grow to between 260,000–360,000 FTEs by 2036/37, even with ambitious productivity assumptions, this shortfall would include:
 - 15,000 GPs
 - 37,000 community nurses
 - 17,000 mental health and learning disability nurses
- The Long Term Workforce Plan therefore sets out a series of actions, reforms and proposals to demonstrate how the expected shortfall could be closed.

Some of the causes for the current crisis go back a long way

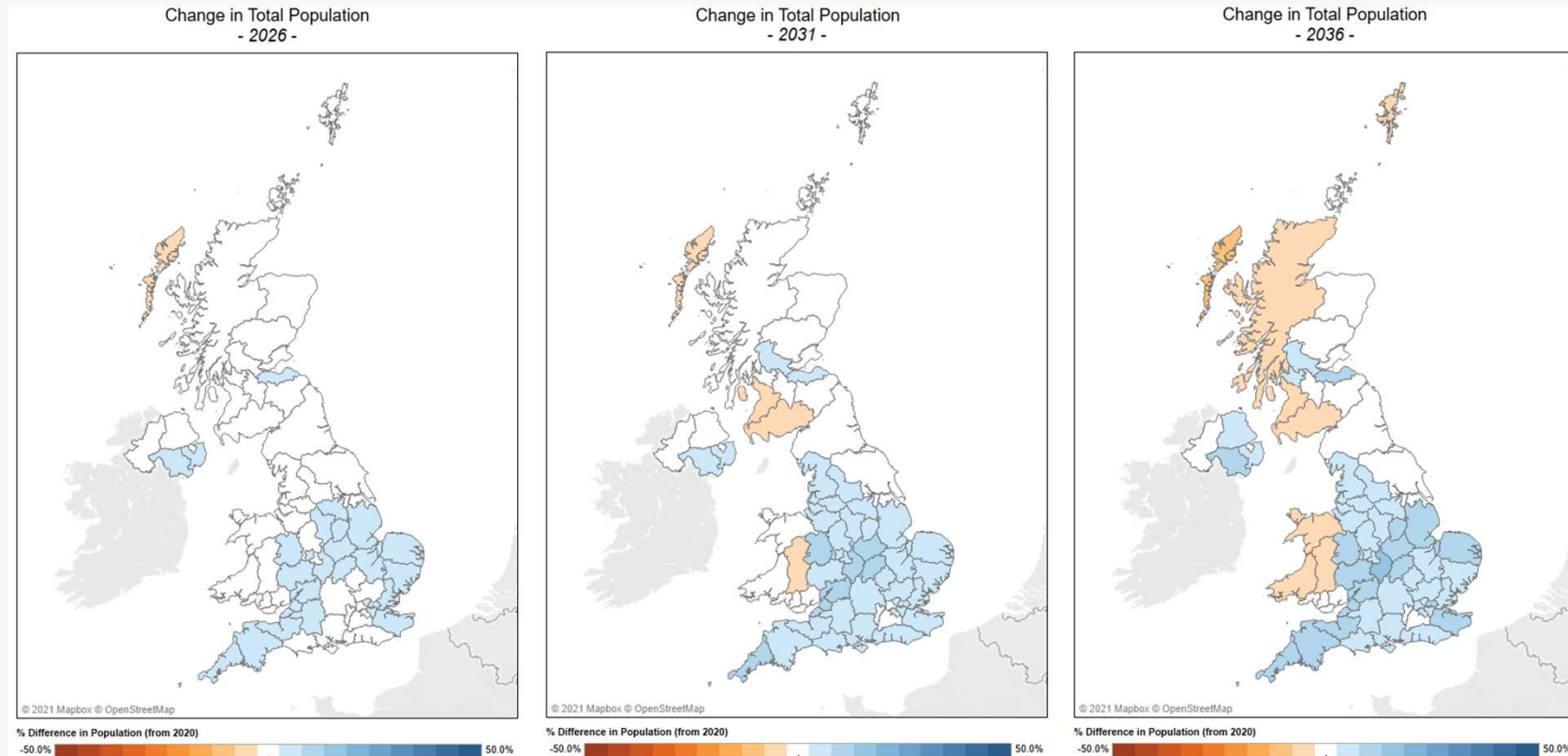


Population Growth 2021-36 by Geography

This growth is unevenly distributed; the West Midlands, South West, East of England and South East will see greatest growth.

The North East, East Yorkshire and Surrey see very little growth in this period.

Parts of Wales and Scotland are set to enter overall population decline.

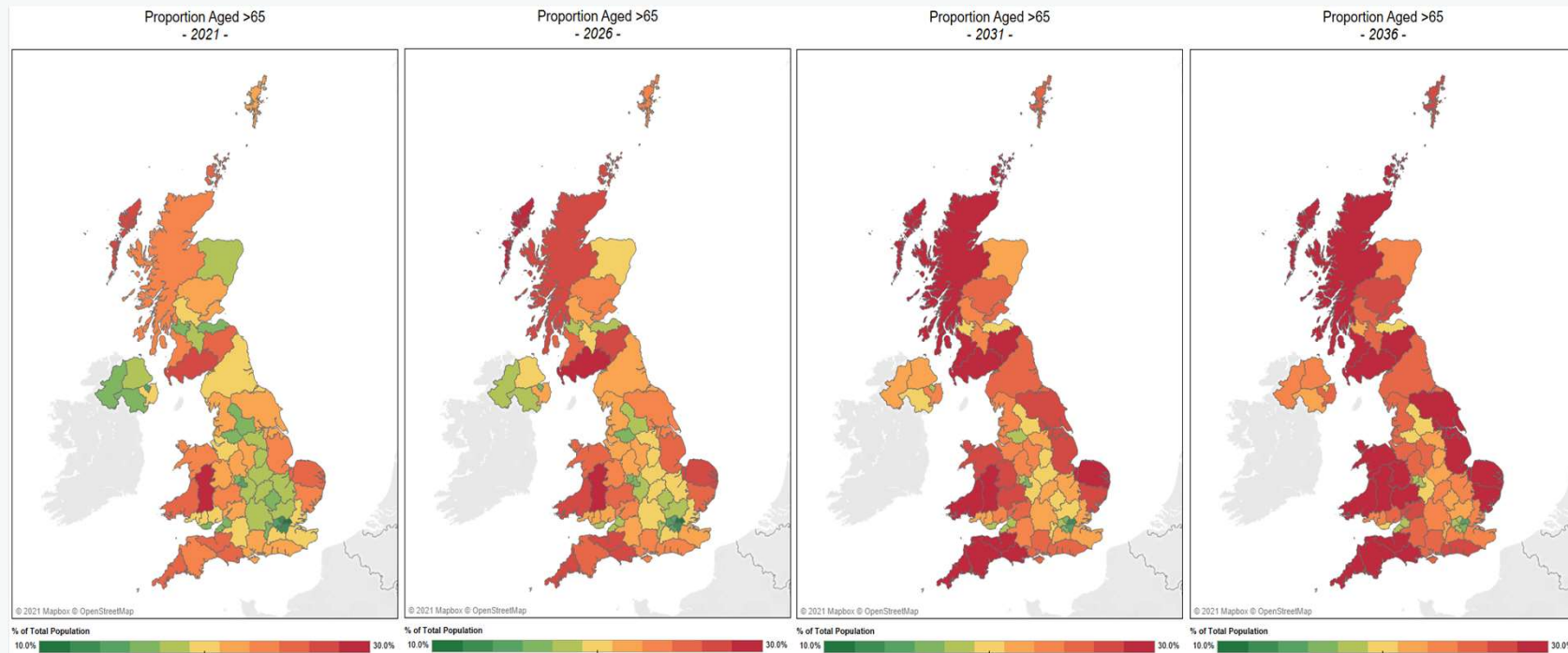


Population Ageing 2021-36

This will result in marked changes to the proportion of the population aged over 65 in every part of the country.

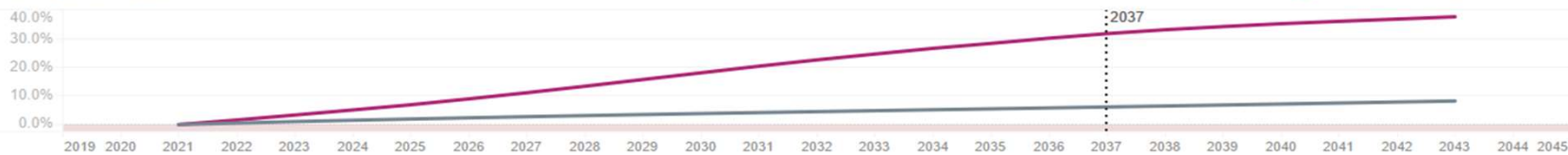
By the 2030s most of rural Britain will have an age profile older than that of Japan, with nearly one in three of all people in Norfolk being over 65 by 2036.

Most of London will also be older than the present national average.



65+ Population: East of England

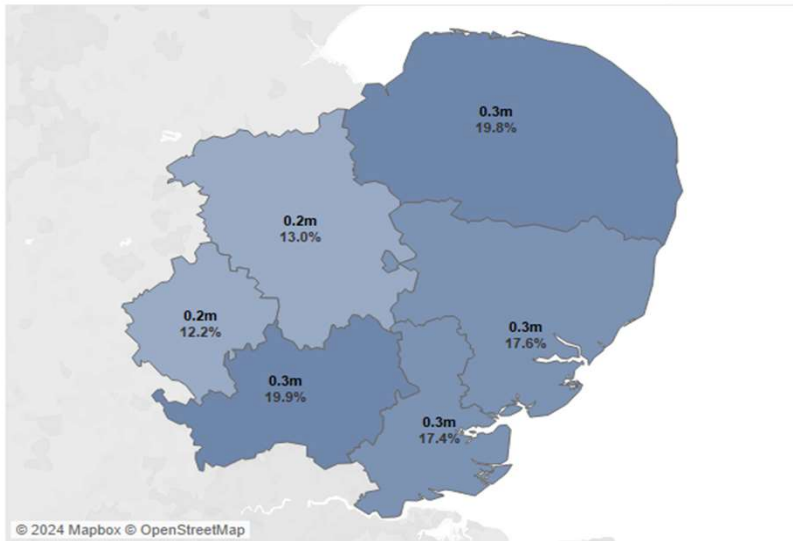
% Change from 2021



ICS 65+ Population Numbers - 2037



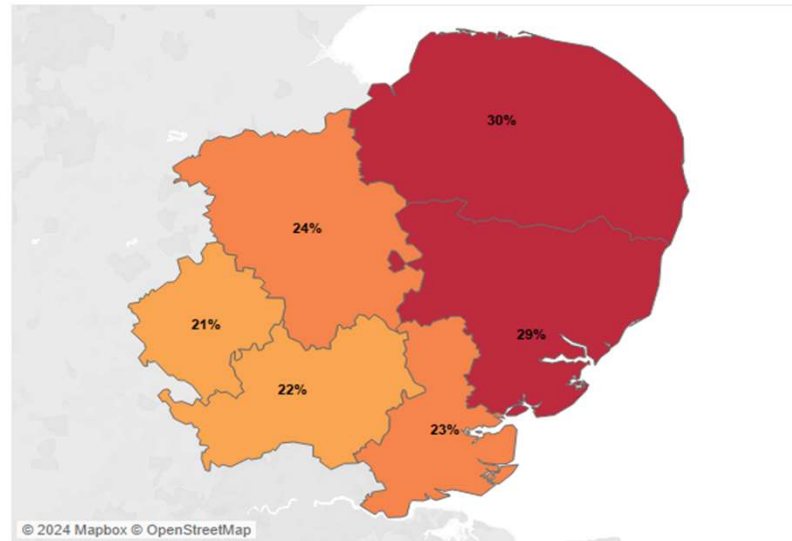
Region View



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ICS 65+ Population Proportions - 2037



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Year
2037

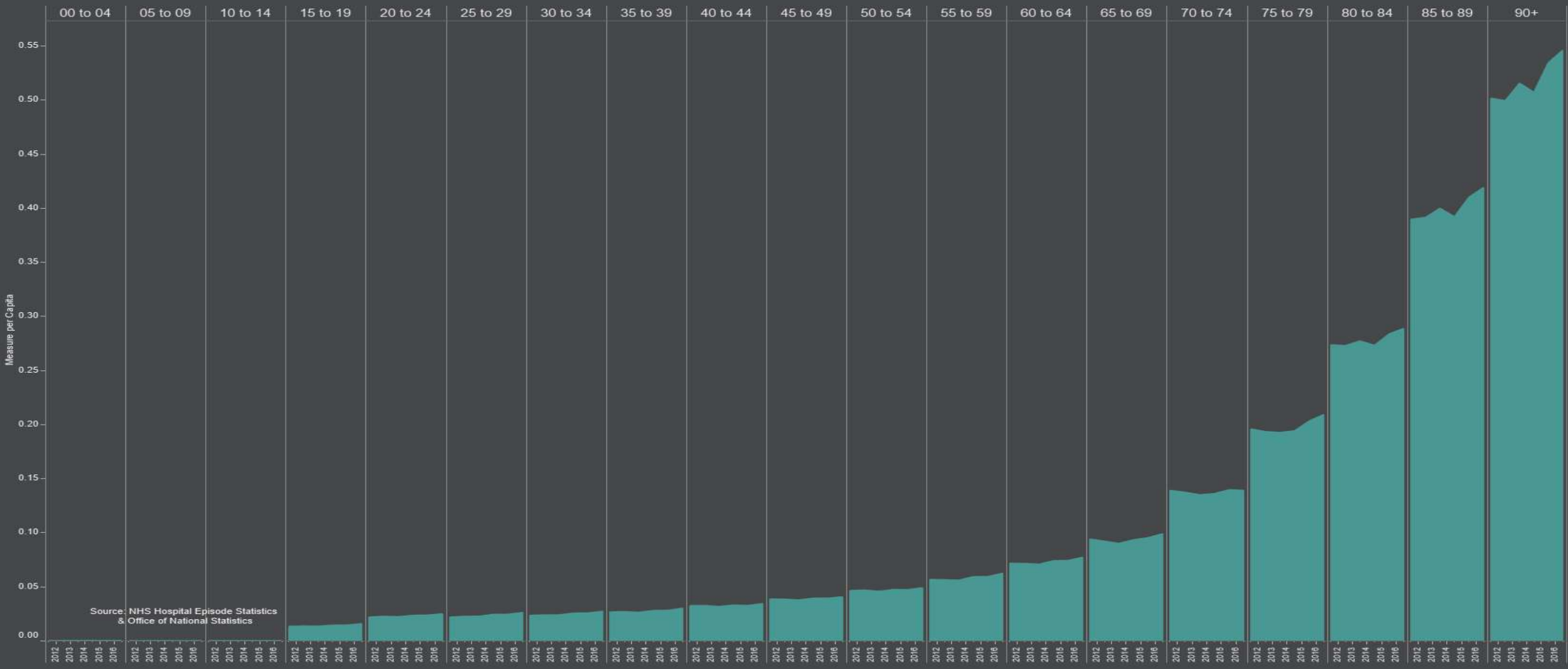
Map View
Region

Gender
All

This all matters because older people are the most likely to require care... meaning we face a potential 'double whammy'



Age-related Risk of Inpatient Attendance General Medicine

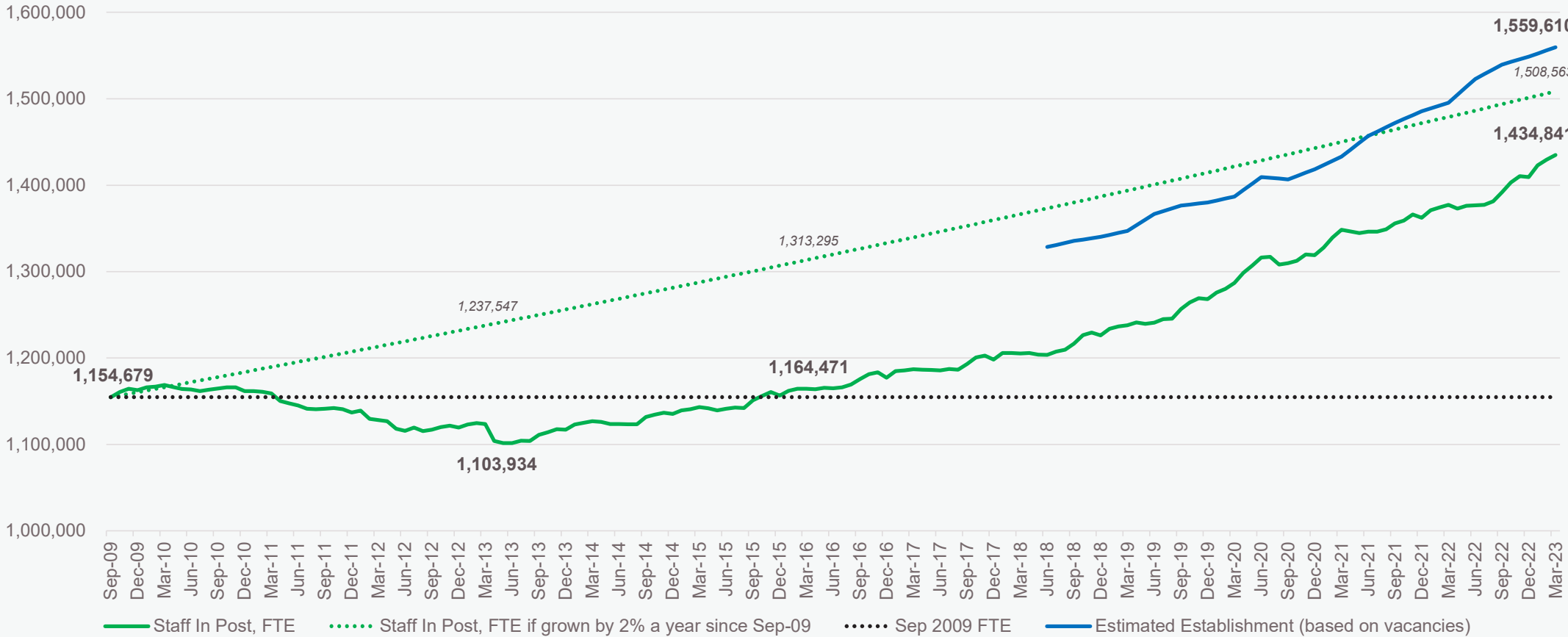


Source: NHS Hospital Episode Statistics & Office of National Statistics

The need to grow now was to some degree preventable... had we grown by 2% a year from 2009, it is likely our shortfalls would have been far lower, with less significant action needed



Growth in the NHS Workforce, FTE, NHS Digital, Sep-09 to Mar-23



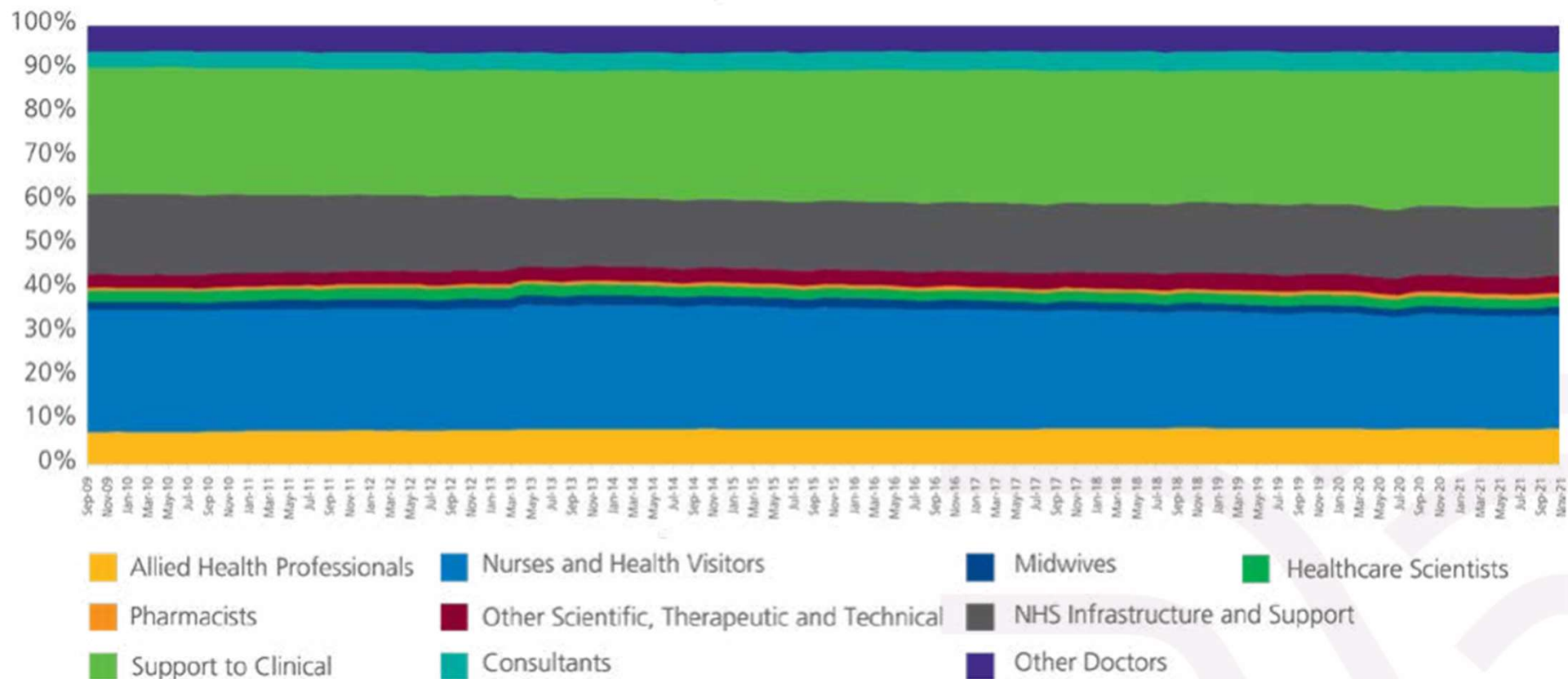
Given levels of expansion required... we have a real opportunity to correct historic regional imbalances which have emerged between regions

Region (NB - exc ALBs)	June 2021, all FTE	June 2021, Medical and Dental FTE	June 2021, Nursing & Midwifery FTE	June 2021, AHPs FTE	Mid-2021 Population	FTE per 100k	Medical and Dental per 100k	N&M per 100k	AHPs per 100k
North East and Yorkshire	210,630	20,197	57,398	16,916	8,402,018	2,507	240	683	201
North West	189,013	17,437	53,149	15,281	7,148,480	2,644	244	744	214
Midlands	228,955	22,099	64,105	19,393	10,834,334	2,113	204	592	179
East of England	119,254	12,708	33,523	9,405	6,348,096	1,879	200	528	148
London	214,032	28,155	63,529	17,515	8,796,628	2,433	320	722	199
South East	171,211	18,294	46,468	14,585	9,294,023	1,842	197	500	157
South West	124,240	12,195	32,636	11,460	5,712,840	2,175	213	571	201
Overall	1,257,336	131,086	350,808	104,555	56,536,419	2,224	232	620	185

Are we surprised that:

- *London having 63% more doctors relative to FTE than the South East?*
- *North East and Yorkshire having 20% more nurses relative to FTE than the South West?*
- *The South West having 35% more AHPs relative to FTE than the East of England?*
- *The North West having on average 19% more staff relative to FTE than the national average?*

Composition of NHS employed staff, FTE, Sept 2009 to Nov 2021



Reform: Working and training differently

Working differently means staff can spend more time with patients, harnesses digital innovations and enables new and innovative ways of working. Training will be reformed, to give learners a better experience. We will:



Take advantage of digital and technological innovations



Expand enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on generalist skills



Consider how to make best use of new roles



Provide 22% of all training for clinical staff through apprenticeship routes by 2031/32, including the introduction of medical doctor degree apprenticeships



Work with the regulators to reform education and training, so that learners have a good experience of training that prepares them for work in the NHS.



Work to introduce a four-year medical degree, graduate entry programmes, and shorter, flexible pre-registration nursing and midwifery qualifications.

Our overall reform aims are to:

- Modernise and build the pipeline
- Optimise and realise scope of practice
- Build productivity
- Retain workforce at all career stages
- Drive a more equitable future

Work will need to be undertaken to agree where apprenticeships are prioritised

Education and training profile

Target intake across horizons and apprenticeship proportion

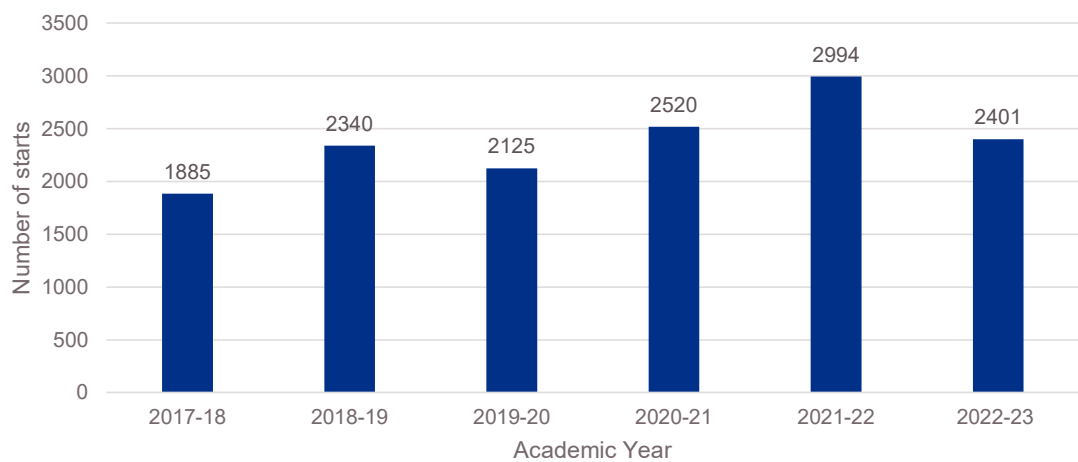
	Training intake		Plan	Assessment of need		% of apprenticeships (of annual intake)		
	Baseline (2022)	2028	2031	Modelled range*	% of current	Current	2028	2031
Medical school places	7,500	10,000	15,000	12,000–15,000	160–200%	0%	9%	13%
Nursing*	29,860	40,000	53,858	49,225–53,858	165–180%	9%	20%	28%
Nursing associates	5,000	7,000	10,500	10,000–10,500	200–210%	30%	50%	50%
Midwifery	3,778	4,269	4,269	3,778–4,269	100–113%	<1%	5%	5%
Allied health professionals*	15,076	17,000	18,822	17,902–18,854	119–125%	6%	22%	35%
Healthcare scientists	776	876	1,024	930–1,039	120–134%	0%	20%	40%
Total	80,346	102,225	131,738	120,359–132,532	150–165%	7%	16%	22%

Dependencies:

- Growing the feeder pipeline i.e. secondary schools and people transitioning careers
- Increasing the number of staff in bands 2 – 4 level roles
- Maximising the potential use of apprenticeships in coast and rural areas
- Increasing diversity across the NHS and levelling up
- The further asks of Government to maximise the potential of apprenticeships
- Practice education input to ensure that there is parity between apprentices and HEI direct entrants
- Efficiency through collaborative apprenticeship delivery

Apprenticeships – current position

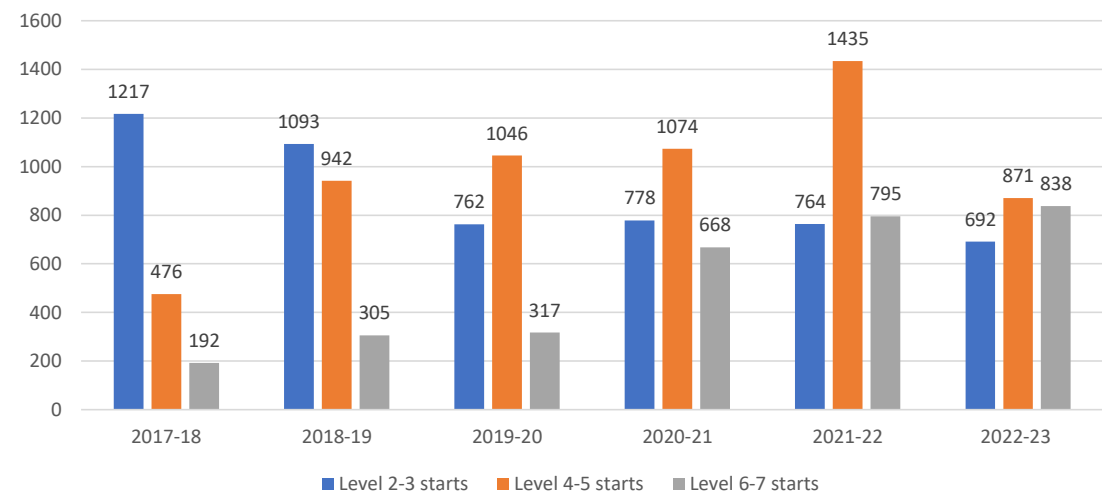
Apprenticeship Starts per year in EoE



- Between 2,400-3,000 starters per year since Covid
- Increased from 1,885 starters when levy first introduced

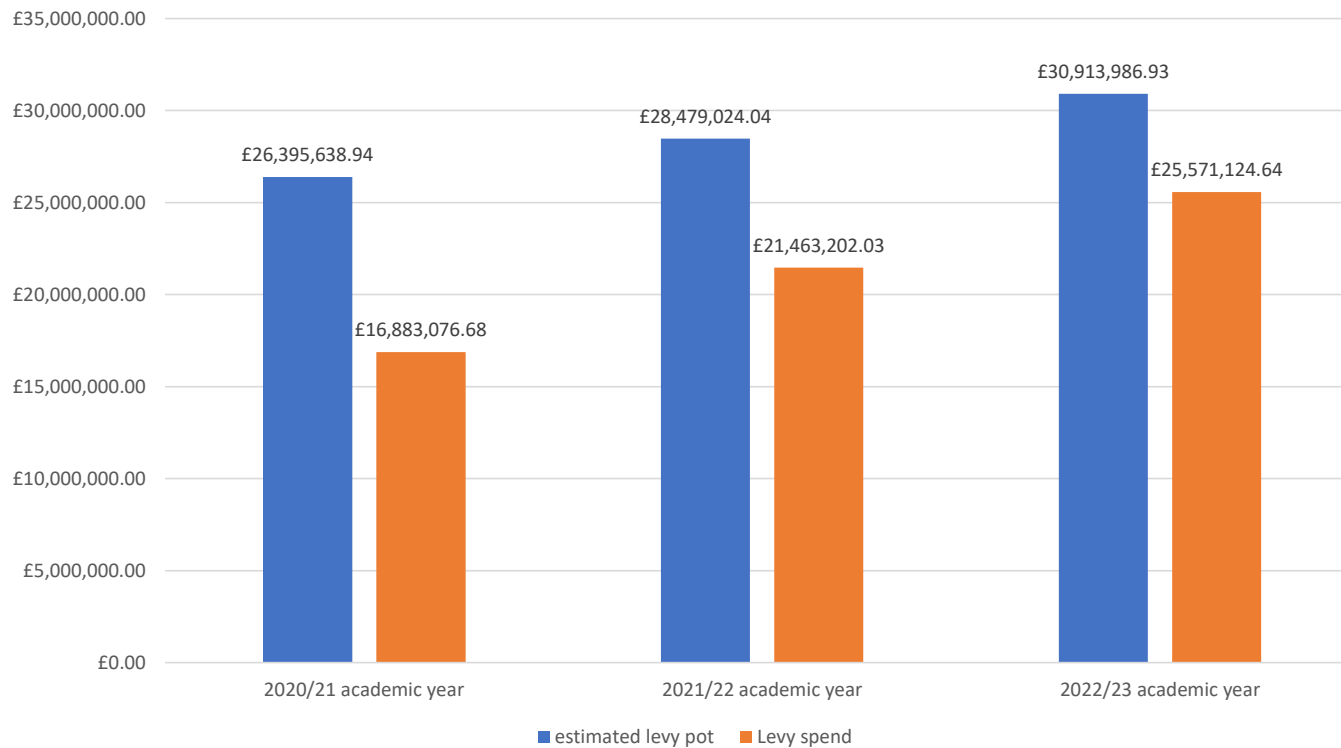
- Shift over the last few years
- In 2017/18, Level 2/3 starts formed 65% of the overall, in 2022/23 that has fallen to 28%
- In 2017/18, Level 6/7 starts formed 10% of the overall, in 2022/23 that has risen to 35%

Apprenticeship starts per year, by Level



Levy overview

East of England - Levy overview



- Estimated levy pot of nearly £31m in 2022/23, with a projected levy spend of £25.5m.
- £9.5m unspent levy in 2020/21, down to £5.3m projected unspent levy in 2022/23.
- 63% of levy spent in 2020/21, up to projected 83% levy spent in 2022/23

Some final reflections on leadership....

What does this potential mean for us?

Our current situation is the product of past historical decisions: this is reflected in workforces and training places not being distributed appropriately, in us not sufficiently growing enough after the late 2000s financial crisis... and in spikes in the birth rate in the late 40s and early 60s

We face significant challenges right now... but the LTWP gives us licence to embark on a new trajectory... and to transform how we do our business. We should not be afraid of making radical changes... we cannot afford not to do so

The key to success is making sure we make the small changes needed early on to get onto the right trajectory

- if we do not make them now, it will be harder to make changes later (as we discovered in the mid 2010s)
- if we do so, our subsequent course corrections should be smaller and more manageable in scale

In summary...if we are to deliver what our future population needs, then it is not just about recruiting or retaining, or culture, it is also about reform, changing, being different.

Thank You



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