

Health and Adults Scrutiny Sub-Committee Scrutiny Review Report

Workforce Shortages Across the Health and Care Sector

11/05/23



Table of Contents

Chairs Foreword.....	3
Summary of Recommendations	3
Key findings and Recommendations	7
Conclusion	17

Chairs Foreword

I am pleased to present this scrutiny review report which examines the workforce shortages across the health and care sector in Tower Hamlets.

The Health and social care sector plays a significant role and is of strategic importance to the boroughs socio-economic needs. We know that in health and care is one of the largest public sector employers in the UK covering roles right across the NHS and local authorities. In London the health sector represents 11% of London's total workforce whilst the for the local authorities in London this figure equates 14% of the adult social care roles in England¹.

The health and care landscape also features (particularly front-line roles) one of the most ethnically diverse workforce in the public sector. The sector has suffered from a chronic workforce shortages for a significant period of time and continues to have a large recruitment need which includes replacing an ageing workforce and a range of skills shortage vacancies. The impact of austerity, Brexit, Covid-19 pandemic and now the cost of living is creating a huge challenges on the sector.

Staffing shortages puts additional pressure on existing employees and can affect the quality of care provided. There is also the risk of burnout as a result of the growing demand and pressure. Factors such the long hours, extensive workloads and emotional demands of the roles that can take its toll on staffs physical and mental health. We also have an ageing workforce across this sector and Tower Hamlets also had the biggest population increase² in the country with the number of residents increase by 22%. Whilst Tower Hamlets has a relatively young borough population It does also have a certain segment population ageing and living longer, some of whom have complex health issues and require specialist support that places significant demand on services.

This report heard evidence from a range of health and care stakeholders, including anchor institutions such QMUL, London Met university and New City College. It also called upon witnesses including representatives of the newly formed Integrated Care Board, BARTS NHS, Primary Care and Adult Social Care. Our Sub-Committee heard lived experience accounts from students studying medicine to those in further education studying health and social care courses to provide their views. We also called upon evidence from expert witnesses such as the Institute of Employment Studies.

Our Sub-Committee has made nine recommendations and hopes that the Mayor and Cabinet and our ICB partners take these forward and work with the Sub-Committee and others to ensure that we have a robust approach for recruiting and retention for the sector, one in which is able to anticipate and manage the growing demand but also remain agile to future needs.

Finally, I would like to thank all the members, officers and external partners and witnesses who attended and supported the scrutiny review, provided valuable insights, and shaped the recommendations of this report.



Cllr Ahmodur Khan
Chair of Health and Adults Scrutiny Sub-Committee

¹ [The adult social care workforce in London \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/the-adult-social-care-workforce-in-london)

² [Tower Hamlets has biggest population increase in the country](https://www.towerhamlets.gov.uk/news/2022/05/10/tower-hamlets-has-biggest-population-increase-in-the-country)

Summary of Recommendations

Collaborative Approach

Recommendation 1:

The Integrated Care Board (ICB) is recommended to collaborate with Tower Hamlets Together (THT) Board to develop robust and dynamic workforce intelligence for the health and care sector.

Recommendation 2:

The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents.

Planning in Design

Recommendation 3:

The ICB and LBTH is recommended to incorporate integration when planning, developing and implementing its health and care workforce strategy such as service, financial and workforce plans.

Recommendation 4:

The ICB and THT Board to partner with the borough's wider Health and Care employer stakeholders to review and co-design job roles required to support the demand for health and care services.

Recommendation 5:

The ICB and THT Board is recommended to partner up with LBTH's Education and Careers Service, Adult Social Care service, Primary Care commissioning and BARTS NHS to develop experiential learning opportunities for young people in secondary education.

Cost of Living Impact

Recommendation 6:

London Borough of Tower Hamlets (LBTH) is recommended to incentivise key worker accommodation status, council tax reductions and parking provision for health and care professionals.

Recommendation 7:

The ICB is recommended to work with the local Higher Education Institutions and develop grant top up funding streams that can support medicine students in the last two year of their study.

Developing Capacity

Recommendation 8:

The ICB is recommended to collaborate with local FE and HE education institutions with a view to supporting investment for piloting Degree Apprenticeships, and T- level placements to help increase much needed capacity.

Recommendation 9:

The ICB and LBTH is recommended to draw on international recruitment options to meet the immediate shortfall for health and care demand whilst developing its growth model from local labour for future demand.

Reason for Enquiry

- 1.1. The Health and Adults Scrutiny Sub-Committee (HASSC) recognised that both national and regional intelligence strongly indicated that there is a chronic shortage of workforce across the health and care sector and the implication that this could bring for the health of the borough's population.
- 1.2. The Health Foundation³ indicates that 133,400 full time equivalent employment vacancies are unfilled across NHS Trusts in England. There was a similar picture for workforce attrition in social care, pertaining to factors such as the challenge of the Covid-19 pandemic, a drop in immigration numbers from Europe following Brexit, the cost-of-living challenge with added burden of food and energy inflationary pressures and social care being overtaken by other low paid sectors such as retail and widening gap in remuneration for equivalent nursing roles, between social care and nursing.
- 1.3. HASSC also wanted to examine the assumption that the key drivers for increased recruitment was as result of an ageing population and that many more people experiencing multiple long-term conditions. HASSC was concerned that there was no clear national workforce strategy for the sector and the implications this would bring in attempting to deliver governments⁴ health and care reforms. Finally, HASSC wanted to understand the key issues on recruitment and retention for health and care workforce in Tower Hamlets.

Methodology

- 1.4. This Scrutiny Review was chaired by Cllr Ahmodur Khan, Chair of Health and Adults Scrutiny Sub-Committee and was delivered over three sessions taking place on:
 - 18th October 2022
 - 06th December 2022
 - 27th February 2023
- 1.5. The scope of the scrutiny review sets out the following questions:
 - What are the key barriers for residents applying for Health and Care roles in Tower Hamlets?
 - What are challenges faced by the sector with recruitment and retention?
 - What is the approach to career progression and sustainability?

1.6. Members in Attendance

Councillor Ahmodur Khan	Chair of Health and Adults Scrutiny Sub-Committee and OSC Member
Councillor Gulam Kibria Choudhury	Cabinet Member for Health, Wellbeing and Social Care
Councillor Ahmodul Kabir	Vice Chair of HASSC
Councillor Maisha Begum	Member
Councillor Kamrul Hussain	Member
Councillor Mohammed Chowdhury	Member
Councillor Asma Islam	Member

³ [NHS vacancy rates point to deepening workforce crisis \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/nhs-vacancy-rates-point-to-deepening-workforce-crisis)

⁴ [Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/build-back-better-our-plan-for-health-and-social-care)

Councillor Abdul Malik	Member
David Burbidge	Healthwatch Co-opted Member
Matthew Adrien	Healthwatch Co-opted Member

Evidence from Witnesses

Francesca Okosi	Chief People and Culture Officer, NHS North East London
Susan Nwanze	Interim Deputy Director of HR, NHS North East London
Richard Fradgley	CEO East London Foundation Trust
Fiona Peskett	Director of Strategy and Integration, BARTS NHS
Dan Lucy	Director of HR Research and Consulting, Institute for Employment Studies
Chris Lane	Head of School, London Metropolitan University
Professor Joanne Martin	Deputy Vice Principal (Health), Queen Mary University of London
Alison Arnaud	Principal, New City College
Victoria Corcoran	Deputy Group Curriculum Director Health, Social Care / Sciences & Early Years
Charlie Sellar	President of the BARTS and London Student Association
Saima Begum	Health and Social Work Student
Jo-Ann Sheldon	Head of Primary Care, Tower Hamlets
Dr Khyati Bakhai	GP partner Bromley By Bow Health and Primary Care Development Lead for Tower Hamlets
Dr Roberto Tamsangan	GP and Clinical Director Tower Hamlets Together (Place Based Partnership)
Denise Radley	Corporate Director for Health, Adults and Communities
Katie O' Driscoll	Director of Adult Social Care, LBTH
Somen Banerjee	Director of Public Health, LBTH
Warwick Tomsett	Joint Director of Integrated Commissioning, LBTH
Ben Gladstone	Deputy Director Integrated Commissioning and Strategy, Policy & Improvement, LBTH
Sarah Murphy	Principal Social Worker, LBTH
Anne Page	Service Quality and Development Lead, LBTH
Aelswith Frayne	Head of Employment and Skills, LBTH

Scrutiny Review Support by:

Filuck Miah	Senior Strategy and Policy Officer
Zaid Ul-Islam	National Management Trainee

Key findings and Recommendations

Recommendation 1:

The Integrated Care Board (ICB) is recommended to collaborate with Tower Hamlets Together (THT) Board to develop robust and dynamic workforce intelligence for the health and care sector.

- 2.1. The Sub-Committee heard evidence from the Council's Adult Social Care Team on the increase levels of demand for services set against a growing population in Tower Hamlets. The Sub-Committee noted that whilst the workforce is diverse it does not fully mirror or reflect the local population and that approximately a third of the workforce (315) is also 55 years of age or older. The consequences of having an older adult social care workforce would pose risks and leave gaps if they choose staff choose to retire. The Sub-Committee noted that whilst Tower Hamlets is in a stronger position than other local authorities they are only replacing staff and not growing the workforce in line with the population growth demand.
- 2.2. The Sub-Committee also heard evidence that those coming into the profession within Adult Social Care tend to be middle aged people who are changing profession and that developing an approach to bringing down the age of the workforce that enter the profession was necessary to mitigate the risks as young people are not entering the profession from schools or university.
- 2.3. The Sub-Committee enquired on the protected characteristics of the workforce and how the service was forecasting the numbers required to meet the demand. The Sub-Committee heard that this was a gap area being reviewed by service who are currently using other sources of data such as Skills for Care and the regulatory bodies such as Social Work England, Department of Health and Social Care, (DHSC), Care Quality Commission and Local Government Association Employer Standards and that it tends to be more responsive to demand rather than anticipation.
- 2.4. The Sub-Committee also heard evidence on the shortages across health including GPs, doctors, nurses, paramedics, diagnostics and non-clinical staff. The Sub-Committee raised questions on required capacity for different roles in Tower Hamlets but extracting the information at a neighbourhood or place level was not available. The Greater London Authority⁵ reports that the NHS has one of the most ethnically diverse workforce in the public sector however it has not been able to collect wider protected characteristics such as intersectionality. Closing the Gap⁶ report also identifies this issue and that challenges remain at a local, system and regional and national level. The Sub-Committee recognises that good quality evidence-based data is needed to be able to make good decision and accountability.
- 2.5. The Sub-Committee also enquired on what work has been done to understand which local population is underrepresented in the health and social care workforce. The NHS Workforce Race Equality Standard Model Employer Guidance⁷ also outlines

⁵ [Under-representation in health](#)

⁶ [Closing-the-gap-key-areas-for-action-overview.pdf](#)

⁷ [wres-leadership-strategy.pdf \(england.nhs.uk\)](#)

that data will be important to determine organisational progress including BME Staff representation at senior levels across the NHS and support robust action planning.

- 2.6. The Institute of Employment Studies (IES) provided reflections on the evidence heard at the session and informed the Sub-Committee that a comprehensive research and evaluation strategy needs to be place alongside the people strategy covering representations of different groups at different levels within the workforce. They also commented that the strategy should not only monitor data to see how the workforce changes over time but also to evaluate initiatives to deliver the workforce requirements. The Sub-Committee noted that understanding the workforce from various levels in crucial in order to manage planning, training, employment and retention.
- 2.7. Skills for Care⁸ suggests that good decision making should be based in intelligence, evidence and robust data which can highlight areas that need for focussed support, providing the information that helps organisations to plan, fund and monitor the workforce. It also highlights that Adult Social Care does not have the same level of visibility as NHS. Having data in a single place can also help to understand the picture of market trends, vacancy rates, gaps in workforce that exists turnover, people leaving the sector and training opportunities. It also suggests that it's the foundation on which government develop policy.
- 2.8. The Chief People and Culture Officer (CPCO) also informed the Sub-Committee that BME population is the majority in Northeast London and therefore ICB will be ensuring that the workforce is reflected at every level. The Sub-Committee noted that the Tower Hamlets' workforce data is not as mature as the ICB wants it to be. It also highlighted that the workforce data needs to be broken down by place and demographic as demographically some of the communities in Tower Hamlets are not accessing roles within the health and social care. The Sub-Committee felt that there needs to be robust evidence base to address the barriers.
- 2.9. The ICB had also informed the Sub-Committee that they are keen to discuss the progress of workforce at a local and neighbourhood level and that Tower Hamlets Council should also interact with the one of the subgroups of the ICB's Peoples Board to report on the progress made in Tower Hamlets.

Recommendation 2:

The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents.

- 3.1. Sub-Committee Members undertook site visits to local GP practices in the borough to understand some of the key issues they faced this included recruitment both clinical and non-clinical roles. Sub-Committee learned that the challenge for GPs were not able to recruit as there was a lack of flexibility with national contract arrangements (alongside level of work pressures) but also they had received very little response to adverts placed for some of the non-clinical front of house roles.

⁸ [Home - Skills for Care](#)

- 3.2. The Sub-Committee also heard from the local female student who was undertaking a further education level three Health and Social Care course. The student highlighted some of the challenges that may put off students such as the negative press that health and care roles get, poor pay and conditions and a lack of progression for certain BME groups. New City College also informed the Sub-Committee that there is a real need to communicate to students where the highest levels of demands are in the workforce to influence their career progression.
- 3.3. At Queen Mary, the Medical and Dental placements are capped. Queen Mary and other organisations have been asking Health Education England and the Government for more Doctors and Dentists. The council can help advocate for Queen Mary to get more placements. New City College also provided evidence on why there was a drop in numbers and lower interest in taking up health and social care courses and negative media linked to the perception of in work poverty, poor pay, poor progression and workload pressures.
- 3.4. Closing the gap⁹ findings also suggests that candidates with Bangladeshi ethnicity are on average half as likely to be appointed from an NHS shortlist than a white British person. It also reported that those with Bangladeshi, African or White and Black African ethnicities appeared to have lower success rates.
- 3.5. The Sub-Committee is of the view that many residents may not necessarily be aware of the employment opportunities on the council's or NHS website particularly if employers wish to target the underrepresented population. For example many of the Bangladeshi residents and their families may not use legacy media channels to obtain their information but rather use those that are reflective or make up of their community such as Channel S or Bangla TV. The Sub-Committee also recognised that for the Generation Z and Millennial age group, working with potential influencers and social media channels may generate more interest from these age groups than the traditional channels. The Sub-Committee also acknowledged that employer branding will need to consider how culture is articulated to attract, engage and retain staff.
- 3.6. The GP and Clinical Director Tower Hamlets Together also outlined the importance of celebrating primary care and stating why it is a good thing to be GP in Tower Hamlets and ensuring that the message is spread widely across the borough. The Sub-Committee also reflected and felt that it was important to promote (through the council comms channels) the borough in a positive way to attract people to reside and work in the borough. The future of recruiting 2023 report¹⁰ identifies that some of the key factors influencing on a new role include excellent remuneration and benefits followed by work-life balance and flexible working arrangements.
- 3.7. The Sub-Committee heard evidence from the CPCO and that they have been undertaken focus groups to engage different population groups on job requirements and aspirations which will feed into overall workforce strategy. The Sub-Committee also noted that the ICB that they are keen to work closely at place level with

⁹ [Closing-the-gap-key-areas-for-action-overview.pdf](#)

¹⁰ [future-of-recruiting-2023.pdf \(linkedin.com\)](#)

colleagues from the local authority and that work on the workforce agenda has a joint approach both at a system, place and neighbourhood level. The Sub-Committee also recognised that there is a need for the community outreach work to draw attention to people in the community about the opportunities that exist in social work.

- 3.8. The Sub-Committee also viewed that there are real networking opportunities to publicise vacancies across the anchor institution's communication division to achieve a wider reach such as registered social landlords and housing associations, Tower Hamlets Council for Voluntary Services (THCVS), LBTH WorkPath Service, Primary Care, local schools, colleges and universities.

Recommendation 3:

The ICB and LBTH is recommended to incorporate integration when planning, developing and implementing its health and care workforce strategy such as service, financial and workforce plans.

- 4.1. The Sub-Committee noted the challenge that the ASC service was facing with hard to fill roles such as Occupational Therapy and Approved Mental Health Practitioners. The IES cited that during the pandemic period, many of the older age group workers had left the labour market (700,000) so there are fewer people in the labour market looking for and being available for work. The Sub-Committee also heard the ASC intends to move away from reactive workforce planning to more proactive workforce planning and the Sub-Committee noted that vacant posts should be looked at in advance to planning recruitment. The Sub-Committee also heard evidence from the CPCO that despite having an ageing workforce, Tower Hamlets actually has a population under the average age of 39. The Sub-Committee heard that there is also an expectation that ASC has a comprehensive workforce strategy ahead of the Care Quality Commission Inspection. The Sub-Committee also noted the challenges that ASC faces with how funding is distributed which also impacts on longer term workforce planning.
- 4.2. The Sub-Committee heard evidence that understanding the nature of the current workforce and possible gaps will help to develop an action plan to manage now and for the future demand. Managing this process would benefit from integrating different intelligence such as service, financial and workforce plans and aligning this to achieve a much more robust process that mitigates or reduces the level of risk and also test assumptions based on available intelligence.
- 4.3. The Sub-Committee enquired as to how the local college planned the number of health and social care course places for each year and the level of engagement needed with local employers. The college informed the Sub-Committee that they use historical data with number of learners and progression routes and that having work placements is a key selling point for the course. The future of recruiting 2023 report¹¹ also suggests that recruiting will drive business-critical change and therefore recruiting needs to be more strategic.

¹¹ [future-of-recruiting-2023.pdf \(linkedin.com\)](#)

- 4.4. The Sub-Committee Members visit to health services such as the GPs highlighted the need to integrate different levels of intelligence in order anticipate risks i.e. working with different services such as using social prescribing. The Sub-Committee recognises that this will need to be that standard approach in developing a robust but agile workforce as more residents with complex health needs will need to access a range of support services as part of their recuperation process.
- 4.5. The GP and Primary Care Development Lead informed the Sub-Committee, that the younger generation coming through do not want to work in the same way i.e. working every single hour and it is not appealing to them. The GP also informed the Sub-Committee that GP practices in the borough will need to recruit from the wider workforce roles such as a physiotherapist, pharmacist etc. The Sub-Committee noted that the ICB have held meetings with Primary Care colleagues to establish gaps in H&SC across North East London area with the exception to Tower Hamlets and felt that this meeting is also needed.
- 4.6. The Sub-Committee heard from a number of the stakeholders that they have good relations with local organisations however the committee also felt that this area could be strengthened as at times different organisations have differing priorities. The Sub-committee recognises that the integration model of working requires significant cross cutting work for example the Council's recruitment service Work Path may provide an outlet for the Health and Care employers to access a pool of potential candidates for roles. Having an integrated approach with different stakeholders (provider collaboratives) may help to develop placed based unique selling point (USP) and more efficient use of resources achieving good outcomes for the borough such as local recruitment from the borough's population.
- 4.7. The Sub-Committee noted that at time the ICB struggled with accessing senior Tower Hamlets colleagues when compared to other local authorities and they had also established that they would also want to meet the Council's chief executive and Public Health colleagues. As the Director of Public Health was in attendance, he was able to share his details and he also suggested attending the THT board as many of the key senior stakeholders attend this board.
- 4.8. The Sub-Committee noted that the ICB inferred that they would like to connect as a partnership with local authorities including Tower Hamlets and the NHS to discuss how best they can apply the £4 billion funding to pool resources and improve the communities.

Recommendation 4:

The ICB and THT Board to partner with the borough's wider Health and Care employer stakeholders to review and co-design job roles required to support the demand for health and care services.

- 4.9. The Sub-Committee asked the GP partners how they were approaching the recruitment of new doctors to join the practice. The informed the Sub-Committee that building a good working environment, where there is room for work life balance and an opportunity to develop.

- 4.10. The director for strategy and integration for BARTS NHS informed the Sub-Committee that they run a people plan campaign call Drive to 95 which is intended to substantially recruit into all of their posts up to a level of 95% and reducing reliance on agency staff to initiate a cost improvement plan that saves. However BARTS NHS accepted that their challenge is retention so they have proposed a healthy and inclusive environment for staff. Some of the challenges that staff face are trying to clear the backlog of elective care.
- 4.11. The Sub-Committee noted that challenges of recruiting to residential nursing and part of this challenge is that NHS often offer better terms and conditions when compared to the care sector and so there needs to be harmonisation. The Sub-Committee further noted that 40% of employees care workers are employed on zero-hour contracts. For the Council commissioned homecare, all employees are offered a London living wage with 12 hours a week minimum contract.
- 4.12. The Institute of Employment Studies informed the Sub-Committee that developing retention support will support recruitment and the areas of importance are flexibility, health and wellbeing and pay and progression. The health and wellbeing that resides in the actual design of work and design of job and can lead to questions around level of support to people have a work and level of control and autonomy with work. The IES informed the Sub-Committee that work was undertaken with some GP practices by introducing flexible work arrangements for GPs and other staff burnout on retention and work intensity which led to changing working hours and introducing greater variety into their roles can help reduce the demand and improve retention and health and wellbeing. The Sub-Committee also acknowledged that learning and development will be crucial in supporting internal mobility, skills first hiring and employee retention.
- 4.13. The Sub-Committee also noted that developing career structures offers clear pathway in which people can progress but also pick up skills that they can learn. However they also noted that the ICB inferred that they have not been able to get involved with Tower Hamlets to identify and understand the specific needs for the borough. The ICB added that they will need to develop a better understanding of the place and neighbourhood level issues for Tower Hamlets and consider career options and packages that can be established a primary care and social care to address these specific needs. Sites such as Linked-In have also found that the many of the employers are moving to a skills-first hiring i.e. the practice of valuing a candidates skills over other attributes.
- 4.14. New City College also cited that Public Health Foundation¹² suggested that 55% of the population felt that standards had declined and factors influencing this include poor pay, poor progression, increased workloads, mental health.
- 4.15. The future of recruiting 2023 report¹³ also highlights that between the uncertain economy and new trends reshaping the world of work, recruiters will need to be more strategic, adaptable and acutely in tune with talent i.e. what candidates want, skills

¹²[Public Health Foundation - Home \(phf.org\)](https://www.phf.org/)

¹³[future-of-recruiting-2023.pdf \(linkedin.com\)](https://www.linkedin.com/pulse/future-of-recruiting-2023-report-linkedin/)

they possess and how their careers can grow in the organisation. The Sub-Committee noted that retention was a significant issue for Health and developing internal mobility and upskilling approach is likely retain staff within organisation for a longer duration.

- 4.16. The Sub-Committee noted that the data presented on Tower Hamlets showed that there are gaps in terms of senior roles in health and care sector. Progression was highlighted as a concern as many faced barriers to accessing senior and professional role. The ICB also informed the Sub-Committee that they want to tap into the community to access people mid-career to understand what the barriers and obstacles to progression are, as well as their aspirations and understandings of the available careers.

Recommendation 5:

The ICB and THT Board is recommended to partner up with LBTH's Education and Careers Service, Adult Social Care service, Primary Care commissioning and BARTS NHS to develop experiential learning opportunities for young people in secondary education.

- 5.1. The Sub-Committee heard the challenge that Adult Social Care faces in terms of recruitment of younger people to social care roles. The head of School for London Met University informed the Sub-Committee that care work is not taught at school and is considered more vocational when compared to some of the academic subjects.
- 5.2. New City College as an FE education institution also outlined some of the challenges that health and care sector faced such as negative media coverage, poor pay and progression which has led to a drop in their numbers.
- 5.3. The President of the BARTS and London Student Association (PBLSA) informed the Sub-Committee the concept of ceilings can be influence students if they are worried about their future so it is important to highlight that there is room for growth in health and care careers which can get overlooked.
- 5.4. The PBLSA also highlighted to the Sub-Committee that work experience schemes for medicine and dentistry can be very nepotistic. If you have a family member working in the sector (necessary part of the application) then it is easy to access but it becomes a barrier for young people who do not have the family or network.
- 5.5. The Sub-Committee also heard from the Director of Public Health who felt that, whilst BARTS NHS has a lot of really good clinicians who can go out to schools and inspire young people into health and care roles, its believed that this is not uniform across the borough and certain schools consistently get this input where other schools do not which ultimately may mean that some young people miss out.
- 5.6. The Sub-Committee noted that the ICB were keen to engage with the Council's employment and skills to address local barriers and scale up local employment initiatives.

Recommendation 6:

London Borough of Tower Hamlets (LBTH) is recommended to incentivise key worker accommodation status, council tax reductions and parking provision for health and care professionals.

- 6.1. The Sub-Committee heard from a number of witnesses citing the cost-of-living challenge having a significant impact on being able to recruit and retain in Tower Hamlets. The GP and Primary Care Development lead informed the Sub-Committee that GPs and nurses workforce crisis is exacerbated by cost of living with housing and energy costs when compared to outside of London. GPs are also reducing their hours and retiring early in order to manage their work life balance. They also find that its more attractive to be agency or locum than being a permanent staff member and salary packages are getting more competitive.
- 6.2. The Sub-Committee also heard evidence from GPs that the cost of living is more acute in inner London boroughs and both rent and transportation is on the expensive side which includes parking charges.
- 6.3. Queen Mary University of London's (QMUL) vice principal for health also informed the Sub-Committee that many of higher education students that come to study in Tower Hamlets often become residents so offers that advantage of retaining the talent pool in borough.
- 6.4. The PBLSA informed the Sub-Committee that the cost of living was beginning to bite and that many of doctors who were former students in Tower Hamlets before becoming residents of the borough have decided to relocate to Australia and New Zealand which has a public health service but offers better remuneration package which is often is two to three times as much as the UK. The PBLSA also informed the Sub-Committee that five or six years ago London would have been oversubscribed for doctors but now a significant number are moving away from London.
- 6.5. The PBLSA also highlighted the pay award for F1 doctors being a £14.00 after six years of medical school and when you compare this to working in a fast-food restaurant where pay is around £12.50, this can disincentivise people pursuing jobs in the medical profession.
- 6.6. The Sub-Committee recognises that there are limitations on their part in terms of influencing medical professions pay awards which are managed and negotiated by their unions and the government. The Sub-Committee does recognise that making Tower Hamlets a more attractive place to live and work can help to retain health and care professionals.
- 6.7. The Sub-Committee asked the CPCO on how they have considered the cost of living and inflationary pressures to make the roles more attractive. The CPCO informed that they have secured agreement with all the trusts to sign up to becoming London living wage employer. They also explained to the Sub-Committee that they are looking across all the partnership and pulling the budgets together to try and support the independent care sector.

Recommendation 7:

The ICB is recommended to work with the local Higher Education Institutions and develop grant top up funding streams that can support medicine students in the last two year of their study.

- 7.1. The PBLSA also highlighted to the Sub-Committee that there has been a culture shift in the last 10-15 years within Healthcare. Previously motivating factors such as taking altruistic approach to a career in medicine or dentistry and where finance was not considered a key driver, however much of sector is now considering industrial action across the sector as the altruistic approach does not pay the bills or reflect the current living costs. This highlights that there is a financial aspect to incentivising young people, particularly those going into the healthcare sector.
- 7.2. The Sub-Committee heard evidence that medicine and dentistry students who are on NHS bursary are around 40% less well off than the student finance counterparts. Currently, students in London who are in the final two years of medicine have to manage on £7,000 per annum. Students are unlikely to manage on this amount and have to take up significant amount of overtime and bar work to supplement their living costs all of which has extra impact on the attainment of the student as well impact on their mental health and wellbeing. The Sub-Committee is concerned that students are having to focus on topping up for the living costs when they should be focussing on the education studies.
- 7.3. The Sub-Committee again heard that the cost of living in London is much higher than other parts of the country and this can influence whether someone wishes to remain or move out of London.
- 7.4. The Sub-Committee recognises that the council new administration has taken steps to provide top-up bursary for Tower Hamlets resident young people going to college and university. However this is limited and does not have the resource capacity to cover much of the remaining medical students in the borough and will inevitably require a larger funding pot to manage the demand.

Recommendation 8:

The ICB is recommended to collaborate with local FE and HE education institutions with a view to supporting investment for piloting Degree Apprenticeships, and T- level placements to help increase much needed capacity.

- 8.1. The QMUL vice principal informed the Sub-Committee that they were developing a degree apprenticeship programme for both medicine and physicians associate to help with meeting local demand. They informed the Sub-Committee that other universities have dropped out because of the funding issue. Despite having the degree apprenticeship levy supports some of the training, there remains a gap in the funding. QMUL pay for clinical placement to primary and secondary care, however the money that is received for these student on these placements is less than the initial outlay which ends up costing the university.
- 8.2. QMUL vice principal for health also highlighted the challenge for the degree apprenticeship to function properly, the NHS trusts would need to employ the medical

student but many trusts themselves are financially constrained. Furthermore, placements would need to offer access and learning to different areas of medicine as students could not work just in one area for the duration.

- 8.3. However QMUL vice principal, believes that it would offer local people to be salaried via the degree apprenticeship programme and though it would take longer to train them up they would have the benefit of having a blended learning approach. The Sub-Committee recognises that there is potential scope for degree apprenticeships as this provides buy in for students who may not wish to have a large student loan to pay off given the current cost of living crisis situation.
- 8.4. New City College informed the Sub-Committee that they were struggling to secure placements for the students (an alternative to A' levels) who are taking up on the T level qualification¹⁴ on Health for which students have to complete a minimum of 360 placement hours over a two-year period. This could also potentially develop additional capacity for the sector upon qualifying.

Recommendation 9:

The ICB and LBTH is recommended to draw on international recruitment options to meet the immediate shortfall for health and care demand whilst developing its growth model from local labour for future demand.

- 8.5. The Sub-Committee heard from a number of witnesses on the impact that Brexit, creating a vacuum of shortages as European medical staff returned back to their countries with no clear government strategy to address the shortfall. The impact on staff wellbeing during the pandemic had also impacted retention as frontline were often exposed to the viral environment some of whom suffered from long Covid.
- 8.6. The Sub-Committee noted that it can take anything from 10 to 14 years to train up doctor whilst nurses can be anything from three to four years. Other medical specialists roles such as radiologists can take up to 13 years. Whereas other roles can take lesser time such as occupational therapists and mental health practioners. The Home Office's UK visa and immigration department¹⁵ list occupations where there are shortages including:
- 8.7. Medical practioners, Pharmacists, Medical radiographers, Physiotherapists, Psychologists, Occupational Therapists, Speech and language therapists, Nurses and Paramedics, Nursing and Auxiliary assistants.
- 8.8. The Sub-Committee noted that in both health and care sector that whilst there is the intention to replace the shortages of current levels there has been little forecast for future demand. Closing the gap report¹⁶ findings also cited that ethnic minority health care staff were also disproportionately likely to have died from Covid-19.

¹⁴ [About T Levels for students | T Levels](#)

¹⁵ [Skilled Worker visa: shortage occupations - GOV.UK \(www.gov.uk\)](#)

¹⁶ [Closing-the-gap-key-areas-for-action-overview.pdf](#)

- 8.9. The Sub-Committee recognises that there will be a need to undertake international recruitment to meet growing demand for services whilst continuing to develop to local labour market options.

Conclusion

- 9.1. This scrutiny review provided the Sub-Committee a chance to scrutinise the health and care services approach to addressing the workforce shortages across the health and care sector. It is clear from the evidence heard that health and care sector is of strategic importance not only of the council's strategic priorities such as investing public services but also ensuring that the borough is able to recover well from the external forces such as the decade long austerity, the fallout from Brexit, Covid-19 pandemic and now the cost-of-living challenge.
- 9.2. The Sub-Committee has made nine recommendations and hopes that both the Mayor and Cabinet and our ICB partners take these forward and work with HASSC and others to ensure that we have a robust approach for recruiting and retention for the sector one in which is able to anticipate and manage the growing demand and ensures that the borough is an attractive place to live, study and work.