NICHE
Anchor Institute

University of East Anglia

MIND THE GAP:
WORKFORCE PLANNING FOR INTEGRATED CARE SYSTEMS

A blog by Sally Hardy, Professor of Mental Health and Practice Innovation, Director of NICHE Anchor Institute, at UEA

MAY 2023

As part of the recent Coronation events, King Charles 111 and Queen Camilla provided the voice over announcements for both London Underground during the Coronation weekend (May 6-8, 2023), including the famous, 'Mind the Gap' announcements for railway stations across the UK [1]. This news item was inspiration for using that very phrase to discuss workforce planning gaps, and other workforce issues we are considering in our integrated care systems. Some of these workforce patterns are being seen on a global scale and are touched upon in this month's blog.

Introduction

The World Health Organisation in their workforce strategy identify how they remain ' *deeply concerned by the rising global workforce deficit, and the mismatch between the supply, demand, and population needs for health workers, now and in the future, which are major barriers to achieving universal health coverage'* (WHO, 2016: Global strategy on human resources for health: workforce 2030: pp2).

In a House of Commons Health and Social Committee parliamentary report, focusing on Workforce (published 25 July 2022) it is explicitly stated that '*the National Health Service, and Social Care Sector, are facing the greatest workforce challenges in their history*' (pg. 1)

The UK Government delivers its workforce programmes through commissioning NHS England (which has now merged with Health Education England, who were responsible for training and education) to produce a 15 year workforce plan. This workforce plan aims to ensure the workforce is available *'in the right numbers, to deliver excellent healthcare and drive improvements'* stated in the government response document (expert panel evaluation, published 18 April 2023). In a subsequent response document this workforce plan is expressed as necessary to support the Integrated Care Boards, *to set out what they can do to grow and support the workforce, looking beyond the NHS to take a one workforce approach* (pg. 5). However, these workforce plans are delayed, due to a refocus from a supply and demand approach to a renewed focus on productivity measures.

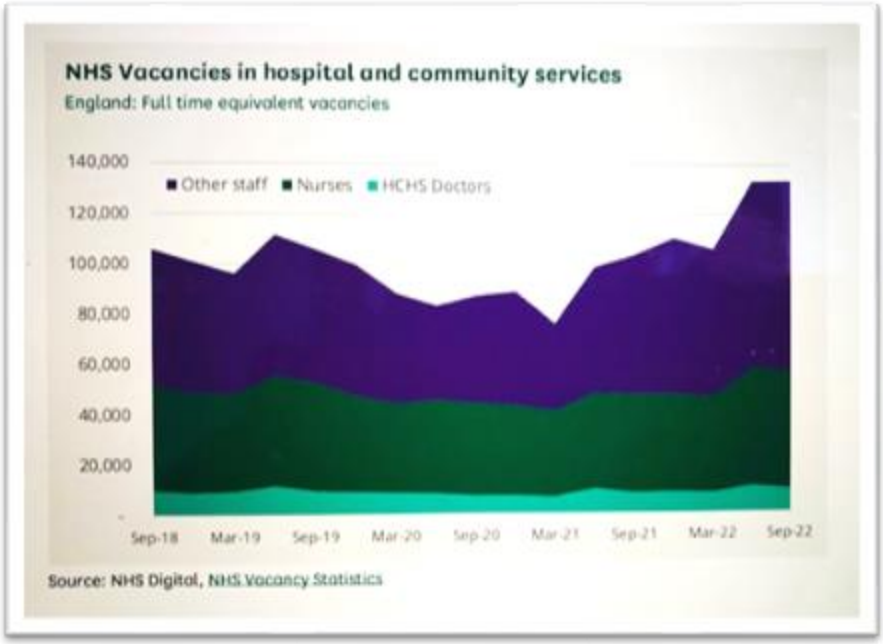
[1] https://www.bbc.co.uk/news/uk-england-london-65495580# (6 May 2023)

The COVID-19 Pandemic Context

The COVID-19 pandemic exacerbated an already fragile global health and social care workforce, with widening evidence and experiences of impact on health inequalities (ref WHO, 2016; Marmott, 2020). Across the world, economies, communities' health and wellbeing have all been affected by the COVID-19 pandemic. COVID related infection has resulted in higher patient acuity, which in turn is contributing to longer hospital stays. Alongside this, we have a backlog and rising lengthy waiting lists, arising from severely disrupted services during the national lockdowns, all of which continues to impact on productivity and recovery today.

Galanis et al, (2021) study explained that burnout, during the pandemic, was identified in high numbers of staff, who were experiencing emotional exhaustion, depersonalisation, and reduced feelings of accomplishment, associated with decreased social support whilst working throughout the pandemic, and an identified increased workload. Longer term data is revealing how mental health remains a major cause for staff being on long term sickness. According to NHS Digital data the most common reasons for sickness and absence being recorded are to do with anxiety, stress, depression and other mental health related problems, equivalent to 520,000 days lost due to mental health in October 2022 alone.

The chart below shows the distribution of vacancies among staff and is taken from the NHS digital vacancy statistics (taken from The NHS workforce in England House of Commons report 21 February 2023)



A pattern of ongoing workforce pressures not just in the UK, reflect similarly high rates of staff turnover. For example, across America's working population, associated with the COVID-19 pandemic., saw a mass exodus subsequently identified by Gahdhi & Robison, (2021) as the

"Great Resignation". A record-high number of resignations of this scale, emphasised by a remaining high number of unfilled vacancies, despite concerted efforts to attract in and retain staff in health and care professions, has become a familiar workforce pattern.

Mind the gap

April 2023 saw announcement that funding for the social care workforce would be halved, with an increased focus on investment for accelerating the use of digital technology across the care sector over the next 2 years[2]. NHS providers[3] responded to the social care workforce funding announcements, also stressed that there remain significant vacancies in the social care workforce, and whilst the digitalisation for better data was a positive move, this would still need the right staff with the expertise to achieve this ambition and make it work, as a beneficial investment process for improved person-centred care provision.

Significant evidence exists to indicate a direct correlation between the qualification level staff have, and their contribution to positive patient outcomes (Twigg et al, 2019, Aiken et al, 2018; Griffiths et al, 2014; Blegen et al, 2011; Park et al, 2012). The potential impact on quality care and productivity being seen from any workforce plan that has a focused on replacing registered practitioners with support worker roles, goes against this substantial evidence base. In our recent work to explore the introduction of associate worker roles, in specialist care settings our conclusion was that it is still too early to fully indicate direct links to quality and safety aspects of care outcomes with newly introduced level of roles. However, roles such as this were found to provide an important opportunity to support new care delivery models, based on integrated, 'generic' care practices. It also provided the opportunity to 'free' up registrant's time to work with more advanced aspects of care provision, through focusing their attention on more clinically complex care and skilled therapeutic interventions, whilst also having an expectation of overseeing, and supervising the Associate when on shift. The second element of our report considered aspects of workforce strategy and planning in terms of offering a widening participation agenda to routes into health and social care careers. Providing both a funded (employer supported) and direct entry (self-funded) training route to become a registered practitioner, the associate roles into health and social care were a career potential and retention strategy for organisations seeking to employ and retain their local people (Hardy et al, 2023).

Anecdotally, during the recent months of public sector workforce industrial action, where patients were exposed to consultant practitioners early on in their assessment process, these people were less likely to be held up and hospitalised, but were efficiently referred on, or diagnosed promptly to achieve and access treatment pathways in a timely manner.

There has been emphasis on achieving the UK Governments target for 50,000 nursing recruits, through a targeted international recruitment drive, yet much of this achievement is being

[2] https://www.gov.uk/government/news/government-sets-out-next-steps-to-support-social-care (accessed 11.5.2023)

[3] https://nhsproviders.org/news-blogs/news/nhs-providers-responds-to-social-care-workforce-funding-cut

offset by a high level of sickness, absence, staff turnover, and a mass of resignations, as health and care staff are choosing to work outside of their chosen professional career.

What can be done?

What is required therefore, is a more robust means of capturing and sharing data on the health and care workforce, one that can incorporate not just local variations, but address workforce trends on an international scale. By looking at workforce migratory patterns, where we see how many of our UK trained personnel often take some time to gather work experience overseas, but do inevitably return to home shores, and take up lengthy careers in our region, as their families grow and settle into their chosen locality. This level of longer-term strategic planning has, to date, been largely overlooked and under-estimated.

Any opportunity for aligning workforce data, exposing this to critical peer review and moving to a more co-ordinated approach has the potential for improved understanding around the complexity of trends occurring over time. Plus, the potential for improving data accuracy importantly across both health and care settings and therefore scope to achieve horizon scanning and predictions, associated with workforce requirements and inbuilt flexibility to address and respond to changing global health trends and crisis (as seen with the COVID-19 pandemic).

According to Bourgeault et al, (2023) the pandemic has also exposed the need to explore details in terms of our workforce patterns, including a requirement to consider the value placed on many of our care worker across the continuum. For example, through exploring who counts as health and care workers, when in many countries care work is identified as domestic, and is being deskilled, and de-professionalised, therefore falling below some of the reporting mechanisms being established in international labour agreements and visa processing.

Another important element of working from an international workforce perspective is the ethical and moral codes applied to staff migration, particularly when high numbers of international recruits are being sought, sometimes from countries that themselves require investment in their own health and care workforce requirements, and associated impact on population health and economic status. What we aim to achieve then is highly ambitious in achieving an integrated approach to both health and care datasets we capture across Integrated Care Systems, pooling this data, and exploring it in more detail. Active participation in achieving this is underway, and we hope soon to bring news of establishing our new Workforce Intelligence Network.

Work is already underway exploring mental health and midwifery curriculums in other coastal communities around the world, exploring where and how mutual exchange can be achieved to maximise the skills and knowledge requirements to really effect an improved patient experience. We are examining effective retention strategies, and evaluating wellbeing initiatives locally, to further evidence what works, for whom, and how these activities can then be used at scale across different organisations and settings.

In Summary

Whilst NICHE is funded for a period to initiate work to achieve fully integrated care and sustainable systems of effectiveness, our intention is always to identify priorities that can make a real difference to our workforce, people, and the communities we serve. Aligning our work to the Norfolk and Waveney ICS goals of living and working well in our region, is something we can all do when working in collaboration.

The recent Hewitt report, (published 4 April 2023), recommendations that focus on change, collaboration and autonomy for, 'unlocking the potential of our workforce' (pg 64). We need to consider what are the new roles required to achieve coordinated integrated neighbourhood care teams, who can really deliver on the right care, given at the right time, in the right place, fully wrapped around the person, in their local community, enabling them to live as independently, as possible. Hewitt (2023) recommends investment in the workforce development needs should be a long-term endeavour, based on a minimum 3 year rolling planning cycle.

How we achieve this integrated workforce planning process, to address the widening gap that has been further exposed due to COVID-19 pandemic, requires commitment and collaborative expertise from those with the vision, who can translate that vision into a reality underpinned by the creativity to contribute valuable insights in shaping our workforce planning activities. How this workforce intelligence is then adopted into policy making is another potential gap, that needs to close, rather than be fuelled by fiscal arguments that there is not any more funding or investment available (Amanatidou, et al, 2012).

What we haven't discussed yet, are the working conditions our health and care staff experience. We will aim to cover some of this in more detail in future blogs, as the work of NICHE continues to unfold.

REFERENCES

Aiken, L.H., Cerón, C., Simonetti, M., Lake, E.T., Galiano, A., Garbarini, A., Soto, P., Bravo, D. and Smith, H.L., (2018). Hospital nurse staffing and patient outcomes. *Revista Médica Clínica Las Condes*, *29*(3), pp.322-327.

Blegen, M.A., Goode, C.J., Spetz, J., Vaughn, T. and Park, S.H., (2011). Nurse staffing effects on patient outcomes: safety-net and non-safety-net hospitals. *Medical care*, pp.406-414.

Amanatidou, E., Butter, M., Carabias, V., Könnölä, T., Leis, M., Saritas, O., Schaper-Rinkel, P. and van Rij, V., (2012). On concepts and methods in horizon scanning: Lessons from initiating policy dialogues on emerging issues. *Science and Public Policy*, *39*(2), pp.208-221. Available at https://doc.rero.ch/record/297651/files/scs017.pdf)

Bourgeault, I.L., Spitzer, D.L. and Walton-Roberts, M., 2023. Complexities of health and care worker migration pathways and corresponding international reporting requirements. *Human Resources for Health*, *21*(1), pp.1-9. Available at https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00780-7)

House of Commons Library: The NHS workforce in England Research Briefing. Published (21 February 2023) . Available at https://researchbriefings.files.parliament.uk/documents/CBP-9731/CBP-9731.pdf)

House of Commons Health and Social Committee parliamentary report, focusing on Workforce (published 25 July 2022). Available via https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/1290/report.html

House of Commons, Health and Social Care Committee, Expert Panel Evaluation. (published 18 April, 2023). Available at https://committees.parliament.uk/publications/39122/documents/192303/default/

Gandhi, V., & Robison, J. (2021). *The 'Great Resignation' is really the 'Great Discontent'*. Gallup. (available at https://www.gallup.com/workplace/351545/great-resignation-really-great-discontent.aspx)

Galanis, P., Vraka, I., Fragkou, D., Bilali, A. and Kaitelidou, D., (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of advanced nursing*, *77*(8), pp.3286-3302. doi: 10.1111/jan.14839

Griffiths, P., Dall'Ora, C., Simon, M., Ball, J., Lindqvist, R., Rafferty, A.M., Schoonhoven, L., Tishelman, C. and Aiken, L.H., (2014). Nurses' shift length and overtime working in 12 European countries: the association with perceived quality of care and patient safety. *Medical care*, *52*(11), p.975.

Hardy S, & Hubbard, J, (2023) Evaluating the introduction of nursing associates into critical care settings in the East of England. An evaluation report for Health Education England. 14 March 2023

Marmot, M. (2020). Health equity in England: the Marmot review 10 years on. *BMJ 368*. (available at https://discovery.ucl.ac.uk/id/eprint/10106434/3/Bockenhauer_BMJ%20Ten%20years%20essay2pg3.pdf)

Hewitt P. The Hewitt Review: An independent review of integrated care systems. Gov.uk. (4 April2023). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf

Park, S. H., Blegen, M. A., Spetz, J., Chapman, S. A., & De Groot, H. (2012). Patient turnover and the relationship between nurse staffing and patient outcomes. *Research in nursing & health*, *35*(3), 277-288.

Twigg, D.E., Kutzer, Y., Jacob, E. and Seaman, K., (2019.) A quantitative systematic review of the association between nurse skill mix and nursing-sensitive patient outcomes in the acute care setting. *Journal of advanced nursing*, *75*(12), pp.3404-3423.

World Health Organisation, (2016): Global strategy on human resources for health: workforce 2030: Available at https://apps.who.int/iris/bitstream/handle/10665/250368/?sequence=1

Other useful resources on workforce

https://www.health.org.uk/publications/reports/falling-short-the-nhs-workforce-challenge

https://www.kingsfund.org.uk/publications/health-care-workforce-england