Building a sustainable healthcare workforce through innovative social partnerships

On 30 June 2023, NHS England (2023) published the first comprehensive, long-term NHS workforce plan. There is an urgent need for a sustainable, strategic action to address the current workforce vacancies seen across all healthcare providers in England. Educational heads in local universities are integral to supporting this, via social partnerships brokered between key leaders. Integrated care boards and healthcare providers can collaborate to enable a resilient response to this crisis, but this requires flexible and creative direction across all stakeholders, with a civic and societal approach to improving the health and social care of the local population.

**Vacancies in the workforce**

There are considerably high vacancy rates across all health and social care professions in the UK, with the largest deficit being in nursing. In 2021–22, England saw the highest number and proportion of nurses leaving the NHS ever recorded (Devereux, 2022). These workforce shortages are already having a direct impact on patient care and staff satisfaction. Beech et al (2019) identified that the NHS could have a shortfall of 108 000 full-time equivalent nurses within 10 years. Half of this gap could be bridged by increasing the number of nurses joining the NHS from their undergraduate courses; however, achieving this would require 5000 more places on nursing courses every year and a key strategy to reduce the drop-out rate (Beech et al, 2019). There has been some development in meeting these numbers, with new nurse education schools and faculties being set up in higher education institutes and further education colleges across England.

There is evidence to support keeping nurse education in universities. For example, the RN4CAST study collected data from across 12 European countries and found that, with every 10% increase in the number of degree-educated nurses in a clinical area, there was a 7% associated decrease in the likelihood of patient mortality (Aiken et al, 2014). A steady supply of graduate registered nurses is vital for sustained patient safety, enhanced patient care and positive staff experiences both within the NHS and across other care areas.

**A new vision for the NHS workforce**

Universities must continue to work collaboratively with healthcare providers, and deepen these partnerships, to support the professional learning and clinical experience of students. These relationships need to be carefully developed, as universities play a key role in preparing newly qualified nursing and allied health care professionals into health and social care services. Cultivating these relationships is part of integrated care boards’ responsibility for strategic planning to meet their population’s health needs. This can be achieved through integrated care partnerships—statutory committees that are jointly formed between the NHS integrated care board and local stakeholders, aiming to improve care, health and wellbeing for the population. Membership of these partnerships is decided locally and is increasingly including local universities as partners (NHS, 2023).

The author believes that enhanced reciprocal partnerships could assist with workforce planning and potentially lead to a shift from the narrow focus on students in the pipeline, to co-production between educators and workforce planners to develop flexible clinical practice. This will require new clinical knowledge and skills, along with recognition of the evolving nature of healthcare roles (Fraher and Brandt, 2019). Healthcare systems in New Zealand are already engaging with higher education in this manner, focusing on redesigning professional roles, regulation, education and practice to meet place-based healthcare needs (Gorman, 2013). A refashioning of the professional skills, attitudes and knowledge attained by healthcare professionals is needed to enable new models of care.

**Sustainable social partnerships**

Workforce planners and inter-professional educators are two groups that traditionally do not work with each other. Yet, this collaboration is essential for a coordinated approach to expanding the healthcare workforce. This requires the development of social partnerships, which arise from local community concerns. To achieve sustainable success, these social partnerships require the following:

* Co-production of shared goals
* Development of relationships between partners
* Ability for partnership work
* Governance and leadership
* Trust and trustworthiness (Billet et al, 2007).

When developing such partnerships, the vision or goals are often not transparent and may be difficult to articulate, particularly when partners may be experiencing different external pressures. This is why strong leadership and active building of trust are so important (Muir and Byrne, 2020). In the early days of a social partnership, trust may be fragile and based on legal structures; it takes time to develop the regular communication that leads to joint working, with all participants becoming committed to the shared goal. Participants may value the commitment they see from others, which can build trust. Leaders from across all levels—including students, teachers, partners and administrators—can facilitate successful social partnerships, leading to improvements in the quality of both the education and healthcare systems.

**Transformational leadership**

Transformational education requires transformational leadership. Educational leaders have influence over all staff involved in workforce development, organisations and their outcomes. Educational leaders are often registered healthcare professionals; therefore, leadership practices may be framed within set values relating to behaviours and approaches that embrace student development, allowing them to become resilient, curious and compassionate professionals. Therefore, embedding transformational leadership requires development across every level of the educational institution. The author believes that leadership practice in university healthcare education settings needs to move from a traditional maintenance of status quo, to a more creative, flexible and innovative approach. This would allow educational leaders to engage in wider partnership working across health and social care organisations.

Leaders need to have a wider vision of the integration of healthcare and education, and the impact on local social issues. Educational leaders are instrumental to enabling this collaborative process between their own organisation and local healthcare workforce planners. For the success of social partnerships, non-traditional leadership approaches require organisational recognition and resources to enable a co-created vision and collaborative workforce development.

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