The State of Education and Training in Integrated Care in England, UK

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Country context

The **population** of England was 60.2 million in mid-2022. Results of the 2021 Census showed that 18.6% or 11 million people were aged over 65 years. The age dependency ratio in the UK in 2022 was estimated as 58. In 2018, the ONS estimated that the old age dependency ratio which measures the number of people eligible for state pension per 1000 working age people in 2022 would be 285.7 rising to 366.4 in 2040. Between 2019/20 and 2021/22, the average poverty rates in England (22%), Wales (22%) and Scotland (21%) had converged to around the same level, although poverty rates were much lower in Northern Ireland (16%). There are huge variations in poverty rates across England with a distinct north-south division.

The Human Development Index for the whole of the UK in 2021 was 0.929, ranging from 0.973 in Greater London to 0.901 in the North East of England. **Life expectancy** at birth in 2018 to 2020 was estimated to be 79.3 years for males and 83.1 years for females in England, this compares with 74.1 years for males and 78.7 years for females in the most deprived areas of England. The Health Profile for England Report 2021 reported that the leading **causes of morbidity** based on years lived with disability (YLD) for men were musculoskeletal disorders, depression, and diabetes and for women musculoskeletal disorders, headache and gynaecological disorders. Their report highlighted the increasing burden of dementia and Alzheimer's disease and cancer as well as a plateauing in prevalence of high risk behaviours linked to ill-health such as smoking, drinking, obesity and hyper-tension. These are compounded by wider determinants including the rise in inequalities outlined above. A study of multi-morbidity (people living with more than one long-term condition) in England published in 2023, found that the overall prevalence of multiple long term conditions (MLTCs) was 14.8% in 2020 and 68.2% in those aged 80 year and over. Men and people living in the most deprived areas were more at risk of MLTCs.

The **National Health Service (NHS) in England**, is a taxation funded Beveridge system which provides comprehensive healthcare aimed at improving, preventing, diagnosing and treating both physical and mental health problems with equal regard to all based on clinical need not ability to pay and is free at the point of use, except in limited circumstances. It aims to work in partnership with other agencies and organisations such as those planning and providing social care. Total healthcare expenditure in the UK in 2021 accounted for 12.4% of gross domestic product (GDP). Social care is not universally covered in England in the same way as healthcare. It is means tested and an assessment of needs is conducted by local authority social care. The total expenditure on social care in England was £27 billion in 2020/21 with a shift over the last 5 years away from funding residential care to funding at-home care far all age groups. Increases in funding however have failed to keep up with increasing costs of provision leading to a widening funding gap.

Whilst responsibility for health and social care was devolved to the governments of Scotland, Wales and Northern Ireland in 1998, in the case of England, the UK Parliament retains oversight of health and social care through the Department of Health and Social Care (DHSC) with responsibility shared with NHS England, which is an arms length executive agency. Since 2014, policy in England has promoted population health and integrated care and since 2022, responsibility has been delegated to **Integrated Care Systems** for the planning and delivery of health and care services in 42 areas of England. Since 2023, these systems collaborate across nine statutory joint committees for the planning and delivery of specialised services.

Healthcare provision of hospital and community care is dominated by NHS provider trusts. Primary care is provided by general practitioners by means of contracts with NHS England. Private providers also provide some services to the NHS through contracts and service level agreements. All services are free at the point of use. Despite this, even healthcare provision can be fragmented as citizens move between hospital, community care and general practice, from mental to physical health services and from children's services to adult's services. Much of this fragmentation is due to structural and functional dis-integration including fragmented information.

The **NHS workforce** in England employs close to 1.4 million people, in the equivalent of around 1.2 million posts with nurses making up the largest group (26%). It accounts for two-thirds of all expenditure on healthcare. A number of shortfalls in workforce have been noted in England with particular gaps in general practitioners. England has about 7.8 GPs per 10,000 people compared to an OECD average of 10.8. In July 2023, NHS England published the NHS Long tern Workforce Plan aimed at addressing an expected shortfall of between 260,000 and 360,000 staff by 2036/37. It has three priority areas related to (1) training (2) retaining and (3) reforming the workforce in healthcare and models the workforce by setting (hospital, community, primary care, mental health).

Adult social care is provided by around 18,000 providers in England, 36% of which have only 1-4 employees and is dominated by private for-profit and voluntary sector provision (independent). Of the currently filled **posts in adult social care**, 79% are employed in the independent sector, 8% by local authorities and 8% by the NHS. Integration across health and social care in England, whilst a focus of current policy, remains limited and reliant on local relationships of collaboration.

Education and training focused on integrated care

Universities provide under-graduate and most post-graduate training for regulated and registered health and social care professionals in England. These institutions are accredited. Accreditation is the official certification that a school/college/ university or a course has met standards set by external regulators. Non-traditional routes such as apprenticeships are being developed and expanded under the current NHS Long Term Workforce Plan. NVQ (National Vocational Qualification) are work-based qualifications and are common in health and social care and awarded by organisations such as City and Guilds.

Through its Future Workforce funding stream Health Education England (HEE), recently subsumed into NHS England, directly commissions or financially supports the following education routes:

1. 'Volume' education to supply future registered professionals:
    b. Degree-level programmes (for example, paramedics and Healthcare Science practitioners)
    c. Higher level pre-registration programmes (for example NHS-based pharmacy, clinical psychology)
    d. Post-registration specialist training programmes which lead to qualifications recordable with regulatory bodies (for example Specialist Community Public Health Nurses)
5. 'Return to Practice' education programmes aimed at encouraging participation in the workforce from non-working and lapsed registrants to supply future registered professionals
6. Other 'formal' education required to develop those already in the workforce so that they can take on further identified roles, such as:
    a. Post-registration programmes which do not lead to recorded or registered qualifications or 'protected titles' but which support specialist practice and workforce role transformation (e.g., District Nursing, Advanced Practitioners)
    b. Specific programmes for new roles for which regulatory arrangements have yet to be clarified (e.g., Physician Associates).

NHS England also funds education aimed at enabling new or existing staff to continue their professional development through its Workforce Development funding stream. In agreed cases, NHS England covers tuition fees for some programmes. However, in most cases, tuition fees are self-funded by the student, usually through a student loan. Work is currently underway within NHS England to ensure consistency in determining the eligibility and levels of funding available from NHS England for tuition. Clinical placement costs incurred as part of training are reimbursed to providers through an annual tariff arrangement. In the financial year 2022-23, HEE had a budget of £5bn for health workforce education and training. Until 2016, bursaries were provided to support students studying for a healthcare professional degree.

There are 10,000 undergraduate medical school places available each year across the UK with nearly 27,000 applicants in 2023. The Medical Schools Council (MSC) recommended in a report in 2021 that the number of available places expands to 14,500 to ensure a sustainable workforce in the UK. In 2023, 24,000 students were accepted onto nursing degree programmes according to UKAS from 56,000 applicants. A draft of the analysis underpinning the NHS Long Term Workforce Plan leaked in 2023 showed that the NHS in England needed an additional 20% of student places for allied health professionals to keep up with population health demand.

Responding to the shift to population health and Integrated care in planning and provision in England, there has been some slow change in education and training of health and social care professionals. This is specifically mentioned under the Reform section of the NHS Long term Workforce Plan (2023):-

> "We will need to reform how we educate and train our staff, to support the ambitious level of expansion set out in this Plan, and ensure that we train the healthcare professionals of the future – professionals with generalist skills, who can work effectively in multidisciplinary teams. The future will also see more staff in new and enhanced roles, who will both be able to maximise their own skillset and free up the time of staff in traditional roles to maximise theirs. We will work with clinical leaders to ensure the impact of these new roles on ways of working is used to best effect."

Manchester Metropolitan University offer an Integrated Health and Social Care BA (Hons). The General Medical Council (GMC) Outcomes for Graduates (2018) includes reference to (1) leadership and team working – students will explore how doctors contribute to the management and leadership of the health service, and (2) communication and interpersonal skills – students will discover how to communicate openly, honestly and effectively with patients and their relatives, carers and other advocates, as well as with colleagues. The medical degree at Edgehill University focuses on how doctors work with other disciplines in health and social care to deliver high quality, person-centred care in year 3. Team working and person-centred care are explicitly referenced in most nursing degree curricula. Many universities now offer 4-year MSc nursing degrees. Some offer modules that are taught with other disciplines, mainly Allied Health Professionals. Most social work degrees include modules on interprofessional working and collaboration. Increasing number of medical degree courses talk about "integrated clinical practice" referring to inter-disciplinary learning across medical disciplines.

At post-graduate level, the University of Suffolk have a MA/PgC/PgD Professional Practice: Integrated Care which can be taken by module. City University have an MSc aimed at any professional working in health and care in Leading Integrated Care although it is not clear if this course is being continued in 2023-24.

Continuing Professional Development for professionals employed in the NHS is funded and is significant proportion provided through NHS England (formerly HEE). Education and training for social care professionals is more fragmented with some centralisation under the British Association for Social Workers. eLearning for Healthcare (NHSE) run courses such as Introduction to Integrated Care Systems for Pharmacy Professionals programme for single professional groups.

The London School of Paediatrics has developed the Programme for Integrated Child Health (PICH) for paediatric and GP trainees in the UK. Interprofessional courses run by NHSE include the Population Health Fellowship Programme.

The Personalised Care Institute is a virtual organisation that includes royal colleges, medical institutions and healthcare professional membership associations and provides CPD training to emerging and new roles (termed Additional Roles by NHSE) in the context of integrated care such as social prescribers, link worker and care coordinators. This learning is mainly elearning provided by PCI accredited providers. Training requirements for these roles are usually set out in service level agreements.

Moderators of education and training evolution in England

National and ICS level

There has been a policy commitment for integrated care systems in England since 2014. This has been reinforced by widespread restructuring of the health system (NHS) and partnership with social care through the new Integrated Care Boards. The ICB's are legally accountable for the promotion of integrated care in their localities. These ICBs are, through their Joint Forward Plan, accountable for describing "how the ICB will apply education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term. The plan should articulate the role of education and training in securing healthcare staff supply and responding to changing service models, as well as the role of trainees in service delivery". Centralized planning and funding of education and training creates opportunities for Integrated care education and training at scale but there are reports that workforce shortages and variations between ICSs are effecting the take up of available education and training at post-graduate and CPD levels. Professional regulators are only beginning to explore the impact of new care models on training and ongoing development for their respective professions.

Organisation level

In England, models of integrated care have been pioneered at some scale since 2013 and are now rolled out through the Integrated Care Partnerships in 42 ICSs. The link to higher education institutions (HEIs) as the providers of under-graduate and post-graduate training remains largely unchanged and works through NHS provider trusts for health and local authorities and individual care providers for social care. This fragmentation presents a challenge when planning workforce transformation across the integrated care system. There is also a scarcity of expertise in integrated care in HEIs across England with some notable exceptions. There are still few opportunities provided by HEIs for inter-disciplinary education and training.

Individual practitioner level

One of the most cited barriers to inter-disciplinary education and training on integrated care is that of professional identities. Whilst this is a key barrier, others include a lack of protected time for education and training that is not mandated by an employer or a core requirement of professional registration. Lack of funding of integrated care education and training is also a challenge particularly for those in non-professional and unregulated roles in health and social care.

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