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# Using action research for workforce development and planning in integrated care

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**By the end of the session you will:**

**Understand progress on new integrated care models in England and Sunderland**

**Have dedicated time to focus on the workforce challenges**

**Understand how action research can be an enabler for change**

**Learn about the progress to date in Sunderland in relation to workforce development and planning**



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## **NHS England New Care Models Programme**

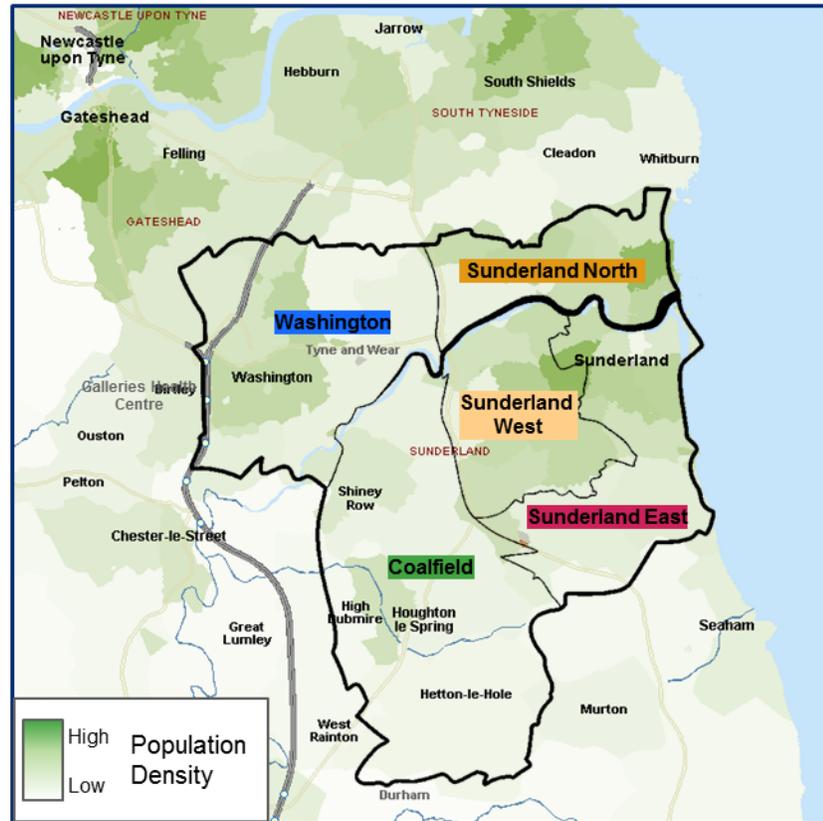
- **50 'vanguard' sites → transformation funding, national support**
- **There are 5 vanguard types:**
- integrated primary and acute care systems – joining up GP, hospital, community and mental health services
- multispecialty community providers – **moving specialist care out of hospitals into the community = Sunderland MCP**
- enhanced health in care homes – offering older people better, joined up health, care and rehabilitation services
- urgent and emergency care – new approaches to improve the coordination of services and reduce pressure on A&E departments
- acute care collaborations – linking local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency.

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# Sunderland Context

## Map showing population density of Sunderland



Source: ONS Statistics, Sunderland CCG Prospectus and Business Plan

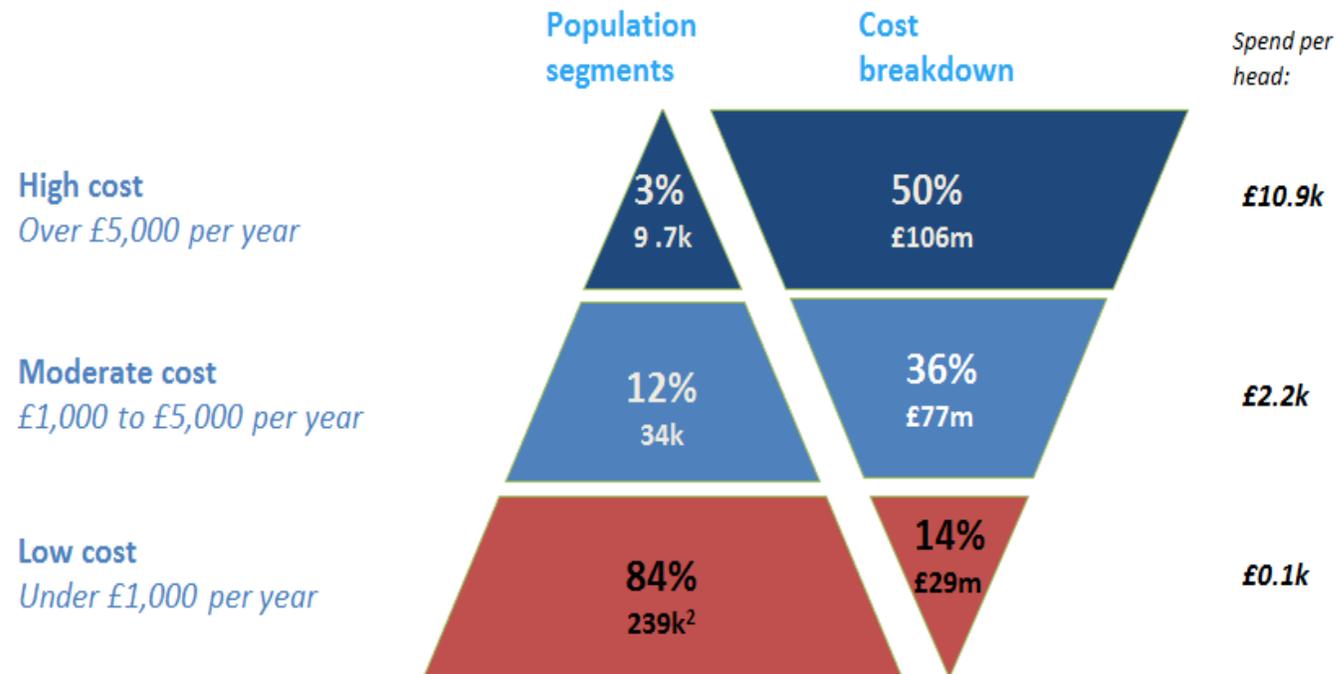
## Population characteristics

- Currently a population of around 283,000 in Sunderland
- A population increase of 8,100 (3%) forecast over next 20 years
  - 37% increase amongst those aged 65-84
  - 105% increase amongst those aged 85+
- Life expectancy in Sunderland is 78 for males and 82 for females (approx. 2% lower than the England average)

# Population Segmentation

**Population cost pyramid:** Top 3% of patients drive 50% of cost in Sunderland

## Population cost segmentation, secondary care, community and mental health spend



Source: Sunderland CCG secondary, community care and mental health data, Oliver Wyman analysis  
1 – 2013 for secondary care and MH, March 2013 to Feb 2014 for community care  
2 – 127k registered patients with no secondary, community or mental health interactions

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# Out of Hospital Model/ Integrated Care

**Sunderland's response to challenges is an evidence based - Whole System Approach**

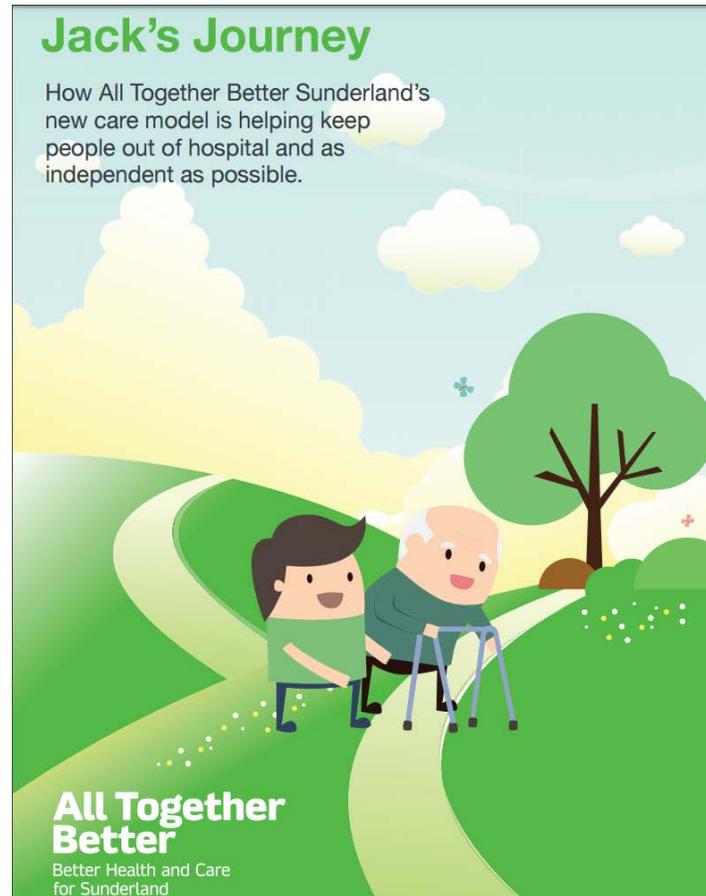
- **Community Integrated Teams** – Proactive, person-centred individualised care (health, social and voluntary care)
- **Recovery At Home** – Responsive Care (Intermediate Care / Urgent Care / Social care support / OPAL service )
- **Enhanced Primary Care** – Focus on patients with morbidity who would benefit from a more streamlined care in the community eg community geriatrician
- **Digital Solutions / Digital Roadmap** – eg integrated records, telehealth
- **And more latterly - Workforce development and planning**

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# All Together Better - better health and care for Sunderland...communicating the vision

## Meet Jack





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**So why focus on workforce?**

**Recruitment and retention**

**Engagement = improved quality of care,  
safety and efficiency**

**Workforce planning – fragmented, silo  
planning (organisation v ‘system’ needs)**

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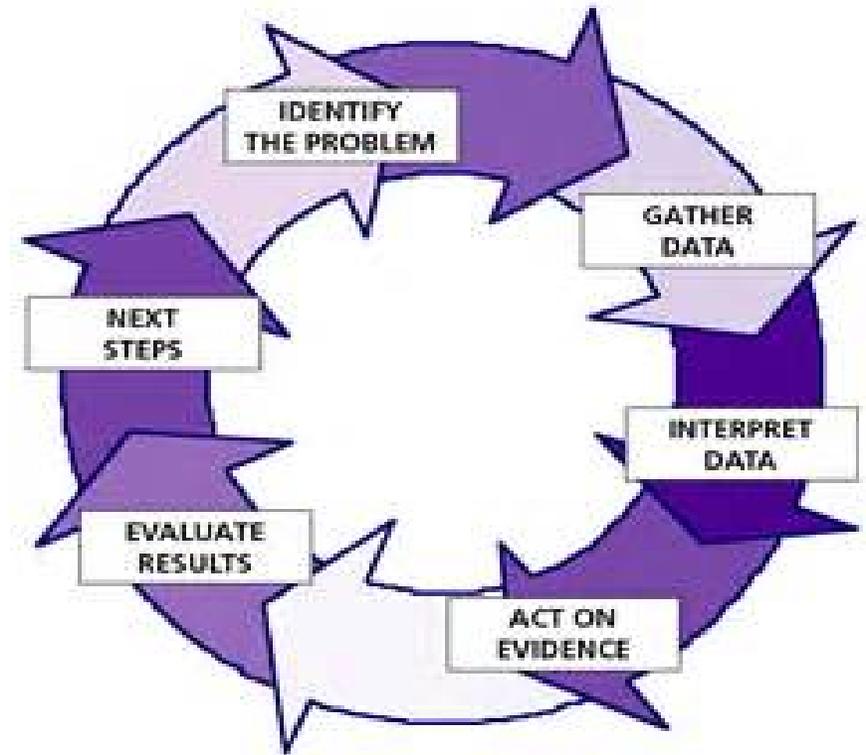
**Why action research?** (Lewin 1944;  
Meyer 2001)

**Participatory** – increases behavioural  
change

**Engagement** - improves quality of care

**Action and evaluation** – rapid process of  
change and learning

**Developmental** – supports  
service/organisational development



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## **Research questions:**

- What are the skills, knowledge and behaviours which staff working in integrated care need, to deliver high quality effective care for patients?
- How can current workforce development and planning approaches be improved and delivered to ensure the availability of a workforce able to deliver integrated care?



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### **3 phases – each building on findings of the previous**

- **Phase 1** – Jan-Mar – literature review/documentary analysis; scoping semi-structured interviews with system leaders, frontline staff; thematic analysis and recommendations for action
- **Phase 2** – Apr – September – further documentary analysis; semi-structured interviews with frontline health, social and voluntary care staff; focus groups/workshops on workforce planning; recommendations for action
- **Phase 3** – October – March 2017 – semi-structured interviews and focus groups with staff, patients and carers; final recommendations, dissemination



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- **Phase 1 themes and actions**
- **Integrated workforce skills are generic - Multidisciplinary team working, technology skills, co-production, care co-ordination, prevention, self-care**
- **Innovations in skill mix and staff substitution eg use of pharmacists**
- **Consideration of new roles/skills such as careco-ordinators who have no professional training**
- **there is little evidence of mental health skills in the generalist workforce**
- **clinical engagement and system leadership are key drivers for success**
- **the challenge of availability of workforce data for the 'system'**
- **the need to address competences and skills (upskilling – especially non-professional staff) rather than just new 'roles' or posts**
- **the need for a national approach to some human resource issues eg transfer of staff to new provider organisations; pensions etc**
- **'permission' to change/work differently**

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- **Phase 2 themes and actions**
- identify impact measures for new roles to prevent unintended consequences of changes in workforce
- A new 'system' workforce group to support the further development of the Workforce and OD strategy and plan for the 'system'
- The workforce group to oversee the collation of a dataset for the system workforce
- To develop a compact between organisations and staff to support the development of future innovative workforce development and planning approaches
- The workforce group to commence modelling of the future workforce using evidence based tools
- To develop and rollout a 'system wide' training needs analysis including system leaders as well as frontline staff
- Workshops to be held with locality leads etc to support future workforce modelling
- To pilot 'care co-ordination' and to agree a local definition
- To evaluate progress with the self-care strategy 'Making Every Contact Counts' in relation to the workforce

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**Learning so far about using action research  
in the rapid transformation of the  
workforce...**

**Engagement – staff and patients know they are  
part of service development – ‘Productive struggle’**

**Challenges of sharing data, trust takes time**

**What system leaders think is important is not  
necessarily important to patients or staff**



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**Any questions?**

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