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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

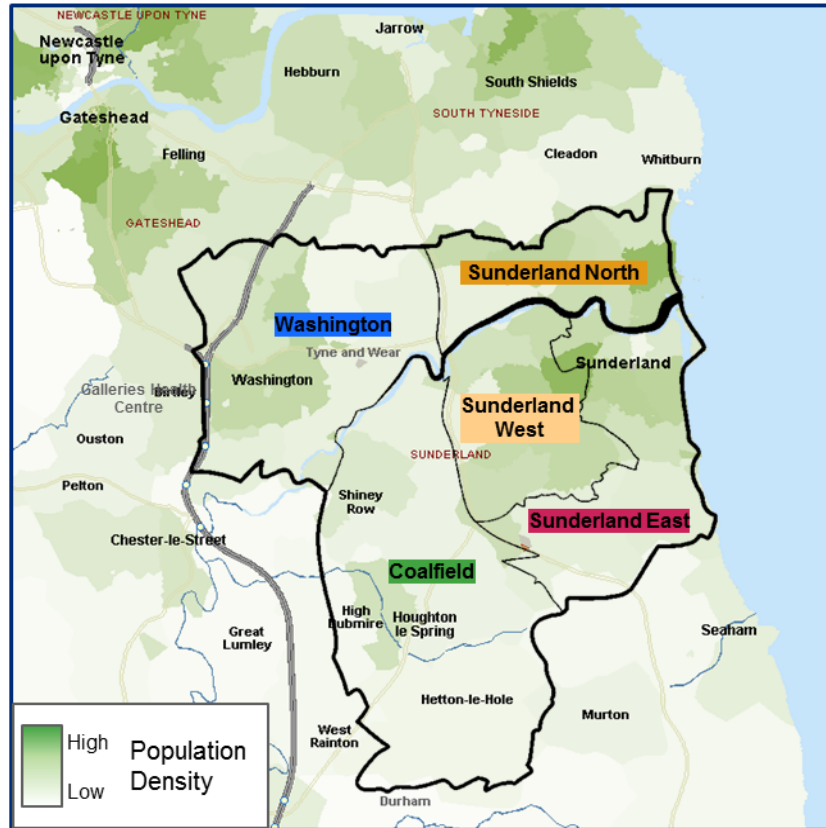
- 50 'vanguard' sites → transformation funding, national support
- There are 5 vanguard types:
- integrated primary and acute care systems – joining up GP, hospital, community and mental health services
- multispecialty community providers – moving specialist care out of hospitals into the community = 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

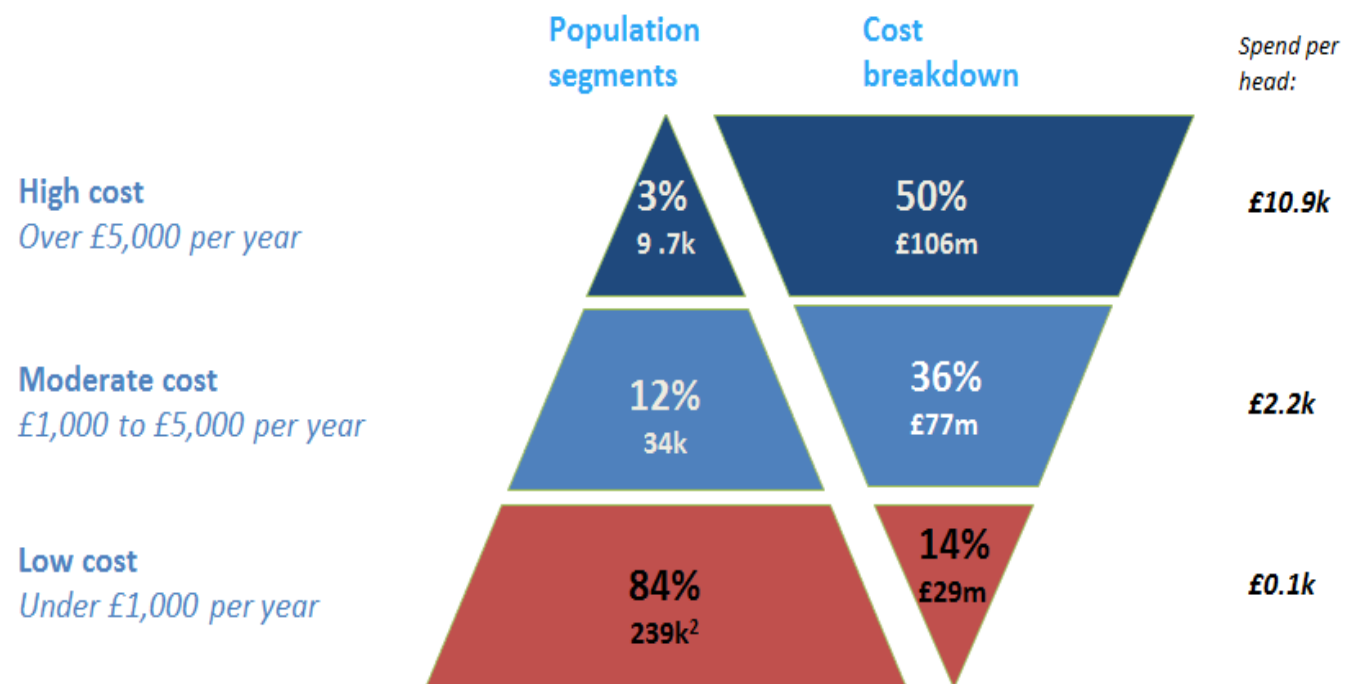
Population characteristics

- 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

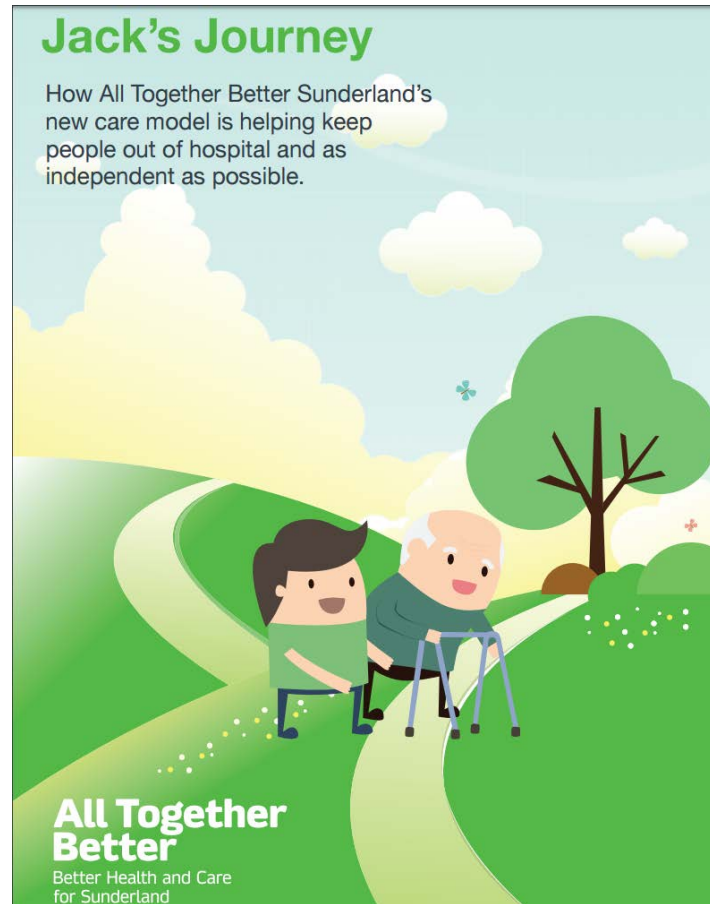
- **Community Integrated Teams** – Proactive, person-centred individualised care (health, social and voluntary care)
- **Recovery At Home** – Responsive Care (Intermediate Care / Urgent Care / Social care support / OPAL service)
- **Enhanced Primary Care** – Focus on patients with morbidity who would 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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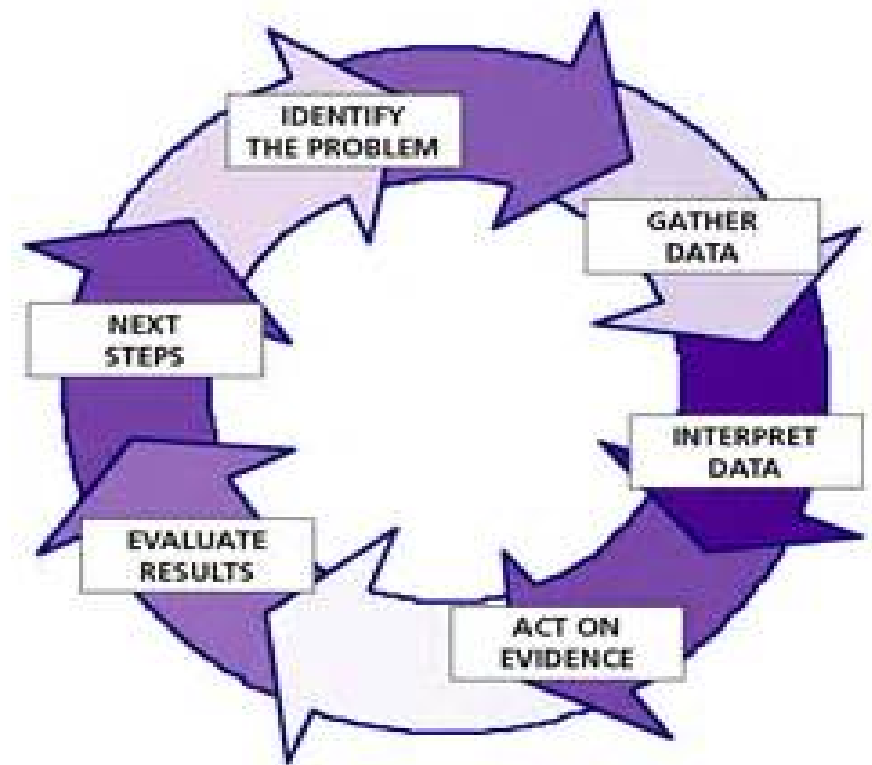
Why action research? (Lewin 1944;
Meyer 2001)

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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