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CONFERECE ABSTRACT

Building workforce capacity and capability for integrated working

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Introduction: Context – The NHS England (NHSE) Five Year Forward View (2015) aims to improve health, the quality of care and the predicted financial gap of 30 billion pounds by 2021. Strategic initiatives include prevention and self-care; enhancing primary care; efficiency measures; technology and innovation; workforce development; ‘local’, ‘joined up’ services delivered ‘out of hospital’.

In 2015, 29 ‘vanguard’ sites were chosen as part of the NHS New Care Models Programme to develop and test different, innovative, local models of integrated care. These models include ‘multispecialty community provider’, ‘enhanced health in care homes’, ‘acute care collaborations’, ‘urgent and emergency care collaborations’ and ‘primary and acute care’ systems. The Sunderland ‘multispecialty community provider’ site is in the northeast of England (high deprivation). Risk stratification shows that 3% of the population account for 50% of the health/social care spend (frail elderly with 2 or more co-morbidities with high risk of hospital admission).

Three models have been developed in Sunderland – Enhanced primary care; Community integrated teams (one in each of the 5 areas of the city); a Recovery at home service to facilitate early discharge and prevent re-admission.

The problem – Workforce planning ‘across the system’ had not been addressed. Key issues - Historic recruitment challenges, workforce engagement, change management and governance.

Practice change implemented: The University of Sunderland was commissioned to carry out action research to support the development of an integrated workforce strategy and planning process

Aim and theory of change:

Research questions:

What are the skills, knowledge and behaviours which staff need to work in integrated care to deliver high quality effective care for patients?

How can current workforce development and planning approaches be improved and delivered?

Action research includes phases of action and evaluation, with findings fed back into the service developmental process. It is useful when there is little evidence of best practice, where
new roles/services are being developed, or there is potential for tension across services. It can also support behavioural change. The research includes documentary analysis, semi-structured interviews and focus groups.

**Targeted population/stakeholders:** System leaders, frontline health/social care staff, patients/carers

**Timeline:** January 2016 - April 2017 (3 phases)

**Highlights:** This final phase is focussing on the patient and carer perspective of the new workforce for integrated care. Early themes about skills required for integrated care are linked to developing 'teamness', managing increasing demand and need, and the challenges of developing holistic care (including psychological support) across the system. Workforce planning to address these challenges is still not evident within the integrated care system. The skills to support workforce planning are in short supply.

**Sustainability:** The outputs of the research are being built into the strategic, operational, and workforce planning processes to enable integrated workforce planning and development.

**Transferability:** Research findings are fed back to the national NHS New Care Models workstream to share learning across vanguard sites and to develop the evidence base.

**Conclusions:**

- Overall themes: The need to develop impact measures for new roles in integrated care to ensure there are no unintended consequences in the ‘system’
- Governance and accountability across the system - setup a ‘system wide workforce group’
- The need to develop an organisational development strategy to ensure staff engagement and leadership skills
- A plan for ‘upskilling’ staff
- The development of a dataset for the ‘system’ workforce
- To develop a compact to support the development of future workforce planning approaches
- The workforce group to commence modelling of the future workforce using evidence based tools provided by NHS England
- A system wide training needs analysis
- Workshops to be held with locality leads to support future workforce modelling
- To pilot ‘care co-ordination’ and to agree a local definition

**Lessons learned:** Action research to support integrated workforce development and planning is an approach which can raise awareness of the challenges across a range of sectors

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**Keywords:** action research; workforce development; workforce planning