



TITLE: ACHIEVING SYSTEM AND WORKFORCE TRANSFORMATION THROUGH CO PRODUCTION

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Context: The health and care sectors are experiencing extreme demand and there are huge challenges with retaining and growing the vital workforce required to meet the needs of our populations in a way that is person and people centred, safe and effective, to provide continuity with a focus on what matters.

Integrated Care Systems (ICSs) have the legislative responsibility to commission an integrated approach to health and social care to meet population health needs and spend public money wisely¹. This means breaking down professional silos through establishing systems leaders with the integrated skill sets to lead and drive culture change, facilitate effectiveness and sustainable improvement - all these skills are required for sustainable person centred transformation² with impact³.

If a genuine collaborative, inclusive and participative approach is adopted by ICSs, then there is a real window of opportunity to begin a joined-up approach to transform health and care so that it meets changing population needs into the future. However, this can only be achieved by:

- ***Putting the person at the heart of what is driving health and social care improvement;*** along a care journey to keep them living well, close to or in their own homes is critical.
- ***Co-production with people to understand what matters to them in the context of where they live;*** particularly true of deprivation, (as health means different things to different people) and tackling the causes of poor health, to enable people to start well, live well and to die well.
- ***Skilled systems leaders for different care groups with the expertise and credibility required to;*** break down silos across boundaries⁴; support pathways nearer to people's homes; transform the workforce and culture of care, develop and value collective leaders; as well as evaluate and focus on what matters to people through place-based learning⁵ and embedded research⁶. These capabilities and the impact expected across systems are specified in Health Education England's Multi- Professional Consultant Capability and Impact Framework⁷ and include developing the workforce, so capabilities are wrapped around the citizen rather than the profession, drawing on everyone's talents and expertise through co-production.

Within this blog, I provide two examples that modelled a co-production approach with multiple stakeholders along specialist care pathways across Integrate Care Systems:

1. Developing the care pathway for people following Traumatic Brain Injury (TBI) across one ICS, shared in a recent multi-professional publication from the South-East of England⁸;
2. A project undertaken by the ImpACT Research Group at UEA¹ that focuses on the Eyecare workforce across Eastern region embracing 6 ICSs⁹.

Case Study 1: People who have experienced Traumatic Brain Injury⁸

With multi-professional colleagues across Kent and Medway ICS early steps in a journey of system transformation with people who had experienced Traumatic Brain Injury (TBI) have been co-created. Building on a ten-year history of partnership working (between people with TBI, carers, families, charities and professionals with expertise to help them), an integrated implementation and impact framework was developed through a co-production workshop. The framework resulting focussed on a) the care pathway across the ICS at the micro-level, and b) the macro -level, at the ICS itself.

The TBI pathway framework resulted in identifying the activities, enablers and outcomes in relation to what matters at the level at which service users and providers directly interact and interface with each other – the micro system level. Particular needs identified in the pathway included: (i) case managers who could provide continuity across all boundaries and partners to enable a joined up approach for the person and their family; (ii) the need for the workforce to explore, recognise and work with emotions as these related to what mattered to the person, carers and families; and, (iii) to measure what matters that informs learning and improvement rather than only what is mandated.

The macro system level at ICS level resulted in identifying the infrastructure and resources, workforce development and networks for developing place-based learning and improving cultures for optimal effect across communities to support and sustain micro systems. The macro level also embraced stakeholder commissioning, the development and evaluation of indicators of effectiveness based on what matters to people, communities and the workforce.

Systems leadership was identified as a pivotal lever and catalyst for achieving enablers and impacts, so key recommendations to ICSs identified the need to:

- appoint systems leaders with the prerequisite skill set to ensure a joined-up approach across ICS and pathways
- develop a multi-professional capabilities and career framework around the person's journey rather than around the profession
- create further opportunities for genuine engagement approaches with people and communities through co-production
- enable the co-evaluation of person centred, safe and effective resources and services through creating a learning culture across the system at every level inclusive of all

Other system wide enablers endorsed the need for people to be at the heart of the system; and workforce investment to meet these needs based on an integrated approach to learning and evaluation involving all in ongoing improvement and innovation.

Workforce activities cannot afford to be duplicated because of a lack of 'joined-up' thinking, especially when there is a dearth in the workforce. The need for capability frameworks wrapped around the person's journey, rather than the profession, is based on assumptions that professions can complement each other but have areas of overlap. It is easier to identify where there are gaps in capabilities to be addressed rather than the number of professions required, and population profiles guide public health and services with a focus on care as close to people's homes as possible to improve outcomes and reduce demand on expensive acute services.

¹ ImpACT Research Group has now merged within NICHE Anchor Institute project workstreams

Case Study 2: People requiring support with Eye care needs⁹

A region-wide project in East of England aimed to address population's eyecare needs. This is a high area of demand on health and care services in relation to an aging population. Supported by Health Education England and facilitated by the ImpACT Research Group at UEA, the project aimed to address the integration of eyecare workforce development within wider initiatives (across population groups/specialties) and strengthen workforce capability and capacity to deliver eyecare on a whole-system basis across the region. The first phase used co-production approaches with all stakeholders across three workshops to achieve key outputs, namely:

- a shared purpose for eye care services across Eastern region and three identified priorities to achieve the purpose,
- a development framework to guide implementation and evaluation of the shared purpose,
- key relationships and approaches for providing person centred eye care across Integrated Care Systems (ICSs);
- the relationship between the people with actual or potential eyecare needs, their journey, the providers and the workforce capabilities required;
- a detailed single multi-professional capability framework wrapped around the needs of people rather than the profession, with the aim of growing and using the capabilities near to peoples' homes as a driver for transformation;
- the capabilities required for priority development;
- the priorities for both upskilling and working differently;
- recommendations for key stakeholders including Health Education England, Universities and ICS's.

Two of the immediate recommendations for ICSs to enable this transformation again emphasised systems leadership as a catalyst for change:

1. Recruit or sponsor (from either inside/outside) the region OR grow aspiring multi-professional systems leaders in collaboration with HEE (EoE) through appointment of a multi-professional consultant practitioner or aspiring consultant. The practitioner would have the capabilities required for systems leadership, embedded research skills and the proven ability to facilitate workforce transformation or be on a development programme to achieve them.

2. Support systems leaders to work with all partners and other ICSs to:

- Identify gaps to include:
 - gaps in capabilities required to meet community needs;
 - capability development in the community and general practice;
 - first contact, Triage as close to home as possible, based on continuity of care, knowledge of person, and person as expert in own condition;
 - Signposting, screening, gatekeeper and future role of Telemedicine.
- Develop community hubs across boundaries in accessible centres near to where people live.
- Agree key data bases to focus on what matters and evaluate progress and impact.

A single impact framework for evaluating progress across ICSs

Both projects were achieved through co-production using practice development methodology with its focus on the lived values of collaboration, inclusion, participation and being person centred¹⁰. The impacts expected of transformation at different levels were identified to enable ongoing evaluation embedded in health and care practice with a strong focus on what matters to people. This inclusive approach to transformation has led us to identifying the need for a single impact/outcome framework,

at ICS level, to reflect the health and care needs of local populations and what matters to people to guide on-going evaluation and progress of transformation coherently. Collating other funded evaluations from different sources also have the potential to enhance insights for learning and improvement with communities if guided by and further contributing to a single impact framework.

Whilst we all aspire to achieve longer term and larger scale health population outcomes, it is important to acknowledge how successfully implementing key building blocks, when initiating a journey of system transformation (e.g. developing effective person centred cultures¹¹, building person centred leaders¹² and relationships^{12,12.}), can act as a proxy¹³ for these much harder to achieve outcomes. For example developing effective workplace cultures at every level of the system (and across it), can act as a powerful proxy for achieving high level population outcomes through the mechanism of enabling everyone to thrive and flourish, which in turn enables the development of high performing teams, the retention and development of staff, innovation and continuing 'true' co-production¹³.

Over the past 15 years, members of the ImpACT Research Group, as national and international practice developers, have been tracking the impact of strategic pillars of leadership, culture change, facilitating person centred, safe and effective care, based on the collaborative, inclusive and participative approaches that underpins all its work¹⁴. We have distilled a preliminary impact framework¹⁵ based on these insights to identify a single impact framework that identifies the building blocks, process outcomes, sustainability features and longer-term outcomes across different levels of the health and social care system and society. Whilst this prototype framework requires further scrutiny, through exposure to constructive stakeholder challenge as co-production cycles with citizens, staff groups and evaluators, it has potential for guiding ICSs with establishing some of what we believe to be essential building blocks for effective systems and pathways. The framework also offers a process for capturing evidence and evaluating progress towards 'joined up' people centred health and care.

Broad impact themes (identified below) can guide evaluation of system level transformation, captured by ICSs, through relevant indicators and measures:

- Strategic alignment and integration across system
- Whole pathway commissioning – workforce transformation linked to peoples' needs, population mapping and changing contexts
- Co-production in service design, reviewing and measuring what matters
- Systems leadership and leadership at every level for effective workplace cultures
- System wide learning & improving support and governance

Both the recent TBI publication and eyecare project case studies endorse the importance of these themes when transforming systems and workforce to provide people centred health and care. The themes are also reflective of all our collaborative projects based on working with others to inform greater insight, understanding and evidence.

Conclusion: System and workforce transformation are integrated but the crucial success factor is the role of expert credible multi-professional systems leaders. The urgency for supporting development of these roles is currently being taken forward nationally by NHS England with priority care groups being identified as people with learning disabilities and autistic people; people with cancer and people with muscular-skeletal conditions. I am optimistic that these posts can make a difference, but only with timely support from ICS's. Hopefully we will soon see enough system leaders to inspire the workforce, so pivotal to transforming health and care sustainably.

References

1. Department of Health and Social Care. *Health and social care integration: joining up care for people, places and populations*. Department of Health and Social Care; 2022 (www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations).
2. Manley, K. & Jackson C. (2020) The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system. *Journal of Evaluation in Clinical Practice- International Journal of Public Health Policy and Health Services Research*, 20 January, <https://doi.org/10.1111/jep.13377>
3. Manley K., Crouch R., Ward R., Clift E., Jackson C., Christien, J., Williams H., & Harden B. (2022). The role of the multi-professional consultant practitioner in supporting workforce transformation in the UK. *Advanced Journal of Professional Practice*, 3(2), 1 - 26. <https://doi.org/10.22024/UniKent/03/ajpp.1057>
4. Manley, K; Martin, A; Jackson, C; Wright, T. (2016) Using Systems Thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: A multiple case study *BMC Health Services Research* 16:368 <https://doi.org/10.1186/s12913-016-1616-y>
5. Germaine, R.; Manley, K, Stillman, K and Nicholls, PJ (2022) Growing the interprofessional workforce for integrated people-centred care through developing place-based learning cultures across the system *International Practice Development Journal* Volume 12, Issue 1, Article 4 May <https://doi.org/10.19043/ipdj.121.004>
6. Manley, K (2022) Embedded research: working with the swampy lowlands and its inhabitants. *The Epistemic Insight Digest* Issue 5, 58-62 Autumn, Faculty of Arts, Humanities and Education, Canterbury Christ Church University.
7. Health Education England (HEE) (2020) Multi-professional consultant practice capability and impact framework <https://www.hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf>
8. Manley K, Saunders K, Wilkinson D, Faruqi R, Sakel M. (2023) Co-creating system-wide improvement for people with traumatic brain injury across one integrated care system in the United Kingdom to initiate a transformation journey through co-production. *Health Expect.* 2023;1-13. <https://doi.org/10.1111/hex.13712>
9. Manley K and Jackson C (2022) East of England Eyecare Workforce Transformation through increasing capacity and capability, integrating advancing practice initiatives and the Ophthalmic Practitioner Training programme (OPT) Phase 1: Final Report. ImpACT Research Group, School of Health Sciences. University of East Anglia Unpublished 26th October 2022
10. Hardy, S., Clarke, S., Frei, I.A., Morley, C., Odell, J., White, C., and Wilson, V. A Global Manifesto for practice Development: Revisiting Core Principles (Chapter 8). In Manley K; Wilson, V; Oye Christine (eds) (2021) *International Practice Development in Health and Social Care*. Wiley, Chichester ISBN: 978-1-119-69835-7 pp99-117
11. Cardiff, S; Sanders, K; Webster, J; Manley, K (2020) Guiding lights for effective workplace cultures that are also good places to work. *International Practice Development Journal*, November <https://www.fons.org/library/journal/volume10-issue2/article2v2>
12. Jackson, C., McBride, T., Manley, K., Dewar, B., Young, B., Ryan, A. and Roberts, D. (2021), "Strengthening nursing, midwifery and allied health professional leadership in the UK – a realist evaluation", *Leadership in Health Services*, Vol. 34 No. 4, pp. 392-453. <https://doi.org/10.1108/LHS-11-2020-0097>
13. Manley, K., Crisp, J., Moss, C. (2011) Advancing the practice development outcomes agenda within multiple contexts. *International Practice Development Journal*. Vol. 1. No. 1. Article 4. https://www.fons.org/Resources/Documents/Journal/Vol1No1/IPDJ_0101_04.pdf

14. Manley K; Wilson, V; Oye Christine (2021) International practice Development in Health and Social Care. Wiley, Chichester ISBN: 978-1-119-69835-7
15. Manley, K; et al. (2023) A Preliminary Impact Framework for Integrated System Transformation across East of England Region, ImpACT Research Group, UEA, March. Unpublished

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