An investigation to understand and evaluate the best ways to educate for and promote integrated working across the health and care sectors.

Final Report

14th June 2017

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Executive Summary

This report sets out the current state of education and training for the promotion of workforce competencies and development required to deliver integrated care across the West Midlands region. The investigation provides insight that incorporates formal and informal, pre-registration and post-registration/CPD education and training that spans the future and existing health and social care workforce. The report begins by briefly describing integrated care only in as much as its principles and key features provide a necessary backdrop to the investigation. Primary research findings relating to how integrated working is incorporated into curricula in higher education institutions (HEIs) and their associated placements, and is inculcated in a small number of service settings across the region, are set against the international literature.

Findings suggest that all West Midlands HEIs are making efforts to foster the skills, attributes and capabilities in their students to prepare them for working in integrated care settings, usually through interprofessional education initiatives. However, in some instances, the language of integrated care has yet to permeate curricula to any great extent, and generally links to social work colleagues could be stronger. Where access to a wide range of professions is limited there is reliance on students meeting those professionals and learning more about them on placement. However, placements are predominantly profession-specific, indicating a need to rethink placement strategies to offer a wider experience and possibly considering the scoping of third sector organisations.

Insight from the nine practice settings accessed shows that education and training of the existing workforce is treated with importance, although in places funding can be limited. In general, staff display a strong commitment to lifelong learning. New staff are inducted and receive ongoing training in post. External training is at times necessary but in-service training provides the backbone of this continuing training. However, there is also wide acknowledgment of the informal learning which occurs as part of the daily routine due to the richness of expertise in integrated teams. Those that are well established are more likely to have progressed to a high degree of integration through cross training, which allows staff to cover for one another to provide a basic, fast and efficient service. Team training is highlighted as being crucial to promoting change, much as it is considered important to educating the future workforce through IPE initiatives. Aside from advocating that service and HEIs would benefit from working more closely together to train both the future and existing workforce, a range of recommendations are made for integrated care services, HEIs, professional and statutory review bodies and Health Education England:

Recommendations for Integrated Care Services

- Co-location allows for informal learning and exchange of ideas, as well as appearing to be an effective, timely and efficient way of problem solving. Therefore efforts to provide a base or at least a common location for breaks etc. would be beneficial.

- Where an agile working approach is adopted ensure regular meetings for contact between team members occurs and importantly available rooms for this to take place.

- Train the whole team together where possible, as this is more likely to result in change and to cement relationships.

- The focus for training needs to be of common concern to all to encourage full engagement. The impact of training may be greater where it has immediate application in meeting the needs of a specific client.

- Cross training results in a more efficient and effective service but also means that staff have greater insight into the role and responsibilities of others.

- Cascade training where possible.

- Support staff in maintaining profession-specific expertise to ensure that they do not feel deskilled – this may be crucial in keeping good staff.

- Offering placement for students and badging them specifically as integrated care placements could energise teams and provide a means of identifying future recruits.

- Continue to foster clinical supervision and team supervision as part of CPD and as a means of promoting change.

- Rotate staff into integrated care teams to promote the integrated care approach.

- Explore potential links for integrated working with third sector organisations.

- Work with HEIs to identify placements with a specific integrated care focus.

- Consider offering interprofessional placements that involve interprofessional supervision and placing students from different professions to work together. Understanding different professional roles, skills and responsibilities was identified by teams as an important element of integrated care.

- Explore potential to work more closely with HEIs to swap training opportunities between service and students in a mutually beneficial exchange.
- Consider the importance of adequate funding and the impact that the lack of long term funding for training has on project development and implementation, and more importantly staff morale and motivation.

Recommendations for HEIs

Based on good practice identified from the survey of all HEIs in the West Midlands, several recommendations are proposed to facilitate the embedding of integrated care as a desirable outcome of interprofessional education:

- The language of integrated care has yet to filter into undergraduate curricula, although it is evident in a minority of postgraduate programmes. Revalidation could be used as an opportunity to update curricula so that students can readily identify continuities in discourse between their university modules and placement experience. A subtle shift in the use of language could move students' perceptions of IPE concerning their own development, to a means of shifting focus to integrated care. Simultaneous revalidation of programmes, if it can be achieved, provides a prime opportunity to align professional programmes and negotiate space for shared learning.

- A strategic approach is necessary to embed IPE that leads to enhanced integrated working. Formal and integrated structures, such as IPE steering groups and frameworks provide a structured approach to interprofessional education that potentially gives it greater formal recognition and provides a focus for aligning activities.

- The relative pros and cons for integrating IPE into individual modules or developing a bespoke IPE/collaborative curriculum must be judged according to situation. Independent curricula can feel 'bolted on' and reduce the imperative to embed IPE across the whole curricula, but give scope for innovation. Embedding IPE in modules make it part of the norm but it may also become less visible.

- Incorporating IPE into the curriculum at stages throughout the programme allows it to be revisited and acknowledges that not all students are ready to engage with it in their early professional programme. This iterative approach also allows the IPE activities to be interspersed with integrated care placement experience that may help to enhance recognition of its importance for effective patient-centred care. IPE interventions can vary dramatically in length – combining sustained input with short bursts of interaction may enliven IPE.

- Where IPE is a mandatory part of the curriculum it should be assessed on the basis that this sends messages to students about its importance.

- Authenticity is crucial to optimising student engagement in IPL activities. A strong focus for activities around broad common interests is required to make interprofessional learning a positive by-product rather than the focus of activities. Service improvement projects may provide a real-life focus.

- Complex health and social care issues that demand an integrated approach require a suitable pedagogical approach such as case-based, problem-based or scenario-based learning that encourages students to think about the issues holistically.

- Encourage as broad face-to-face interaction with other professional groups as possible. Even brief contact is positive and can be followed up with online activity. Bilateral interaction may prove most beneficial in terms of gaining buy-in for some groups but one-off major IPE events have potential for significant learning and can possibly be more innovative. Explore the potential for inter-

university initiatives to enrich IPE especially where on-site interaction is limited and use technology where contact is problematic.

- Actively promote links with social work colleagues with whom links tend to be more tenuous. Be aware of structural barriers and ensure that social work is included in IPE committees, steering groups, revalidation working groups etc.

- Encourage students to form their own IPE groups, to become involved in designing events and evaluating initiatives.

- Finding and naming integrated care placements as such is essential to help students to translate their learning into practice. Ideas of what constitutes a satisfactory placement need to be revisited and updated. Openness to non-traditional, role-emerging placements can offer contemporary experience of integrated working and whilst these should be balanced with traditional placements they offer students a wider perspective on where they might fit into practice.

- Training of practice educators/mentors should incorporate emphasis on exposing students to integrated working where feasible and interprofessional supervision.

- Explore potential to work more closely with service to swap training opportunities between service and students in a mutually beneficial exchange.

- Explore opportunities for cross-university IPE.

- Explore the training requirements of mentors in order to enable them to optimise exposure, experience and learning of students and qualified staff around the integrated care agenda.

- Explore potential learning opportunities available with Community Education Provider Networks. For example, Aston University had arranged professional experience sessions in primary care through links with their local Community Education Provider Network (CEPN) which provided access to GP surgeries and primary care emergency services including virtual pharmacy and virtual doctor services.

- It is not uncommon for staff to be allocated to IPE teaching and this can be problematic if they do not understand the need for 'learning with from and about' (CAIPE 2002) other professionals. Facilitators and teachers who are initially students' main point of professional reference can be highly influential in encouraging positive interprofessional attitudes and values which should result in a focus on the value of integrated care.

- There is wide recognition that integrated care must feature in future provision. Physicians' Associate programmes, such as those offered by the University of Warwick, University of Worcester and University of Wolverhampton, are seen as, offering a means of promoting new roles within integrated care, and are

arguably suited to professionals wishing to expand their scope of practice. The learning from delivering these programmes could be used to inform how integration could be fostered in other programmes.

- Promote the development and use of integrated care placements via the targeted use of nursing, midwifery and allied health professional placement tariff.

- Based on the literature there is a need for more longitudinal studies on integrated care.

Recommendations for Professional and Statutory Regulatory Bodies

- Continue to reinforce IPE as well as updating the language to reflect contemporary practice and to highlight the association between IPE and working within integrated care teams.

- Ensure that revalidation processes pay sufficient attention to the place of IPE and integrated care in the curricula and that this is also reflected in placement provision.

- Review professional regulations with regards to mentorship arrangements to allow for interprofessional mentorship.

- Work with other bodies to ensure consistency of approach to facilitating integrated care, including 'Social Work England', the intended independent body for the regulation of the Social Work profession, from 2018.

- Ensure professional education standards reinforce the importance of IPE within curricula.

Recommendations for Health Education England in the West Midlands

- Continue to promote the need for integrated care as an efficient, effective and when managed well, a satisfying mode of delivering care to both service user and professional.

- Encourage statutory and professional bodies to work across boundaries making greater effort to integrate social work.

- Promote the provision of integrated care placements to ensure that the new workforce is fit for practice.

- Ensure involvement of front-line workers in the design of integrated care projects.

- Encourage mentorship across professions – to align with the recommendation that PSB review professional regulations with regards to mentorship arrangements to allow for interprofessional mentorship.

- Based on the literature there is a need for more longitudinal studies on integrated care.