Health Education England

Integrated Care Framework - Integrated Care Competences

Background
In developing the Integrated Care Framework, it is recognised that the transition to an integrated workforce may take several forms. In some cases, new models of care will require completely new roles. However in many more cases, existing roles will **evolve and adapt** to support new ways of working.

In creating the ICF an assumption has been made that **most** roles will retain any existing formal descriptions in the short term, to be reviewed when new models of care and new roles are fully established.

Note – it is acknowledged that references below are predominantly relevant to NHS legacy roles. When considering social care roles or other roles which follow different guidelines, any equivalent structures should be retained and considered in parallel to the approach suggested.

It is also acknowledged that many roles require formal professional qualifications, this requirement is unaffected by the framework.

The ICF aims to clearly identify 'integrated care competences' as distinct from all existing competences, and for simplicity considers the latter as 'role-specific'.

Role specific competences
These can be defined in two connected groups.
Firstly – general competences. These are the broad ranging competences that underpin all roles. In NHS legacy, these were defined in the 'Key Skills Framework' KSF within six dimensions which were/are common to each role:

- Communication
- People and personal development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

These are defined in some detail to indicate the expectations of individuals at all levels of NHS organisations.

Secondly – specialised competences.
These were/are a range of specific KSF dimensions which were used to define expectations of defined specialised skills and abilities, and which augment professional qualifications.

Included in this category are competences relating to specific clinical duties and tasks.
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Integrated care competences
The grid below outlines some essential requirements for all those with responsibility in each care setting to work together successfully as an integrated team.
Many elements will be familiar – the key differentiator is the requirement to demonstrate these competences across different organisational settings, working in integrated teams and pathways.
These are **examples** of capability at each level – further localised development of this competence grid may be appropriate.
The shaded areas will predominantly be relevant to clinician/practitioner roles only

	Level 1 (Basic)	Level 2 (intermediate)	Level 3 (advanced)
Care co-ordination	Giving advice and information Signposting to a range of services	Supporting and empowering choice Knowledge of relevant care pathways Advice and information about housing / benefits	Promoting/facilitating learning from each other Lead/outreach/develop range of co-ordinated care
Health and wellbeing in integrated care	MECC - (participation in national initiative) Privacy and dignity Promoting healthy lifestyles – individual conversations Promote individual responsibility	Appropriate immediate interventions Carer support Social interaction Safety and accommodation Facilitate independence	Promote psychological wellbeing Community responsibility – promoting healthy lifestyles Enhance independence

Integrated planning of assessment and care	Administration support for MDT/case management Understanding person-centred care	Participate in MDTs Respect for / engagement with other professionals Enhance independence re self-care / personal care Risk assessment Self-management / case management	Medicines management / optimisation Utilisation of assistive/digital technologies Risk management
Safeguarding in integrated care	Understanding of wide remit of safeguarding responsibilities Exercise judgement Escalate/report as appropriate	Proactive in promoting holistic vs transactional safeguarding agenda Share relevant information in MDT	Actively promote holistic safeguarding agenda Lead discussions in MDT
Service improvement in integrated care	Record keeping using appropriate technology Data quality assurance	Audit and evaluation Utilise SI tools to highlight opportunities to improve Recommend changes to process based on data	Create / maintain learning environment Champion use of Service Improvement methodology to advance integrated care models Lead /champion implementation of change