Integrated Care Research Project
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Project Synopsis

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| Study Title	An Analysis of the Implementation of Integrated Care Teams In Cambridgeshire
Sample size	10 Executive and Senior Staff 9 Team Managers 124 NT Staff 22 Patients and three carers 2 Social workers
Study Objectives	To analyse the process of establishing and implementing integrated care via the newly formed integrated care teams within Cambridgeshire.
Outcome Measures	Identification of strategic and operational enablers and/or barriers for system integration.

Data Collection

Findings

Key Enablers of Service and System Level Integration Emerging from Study
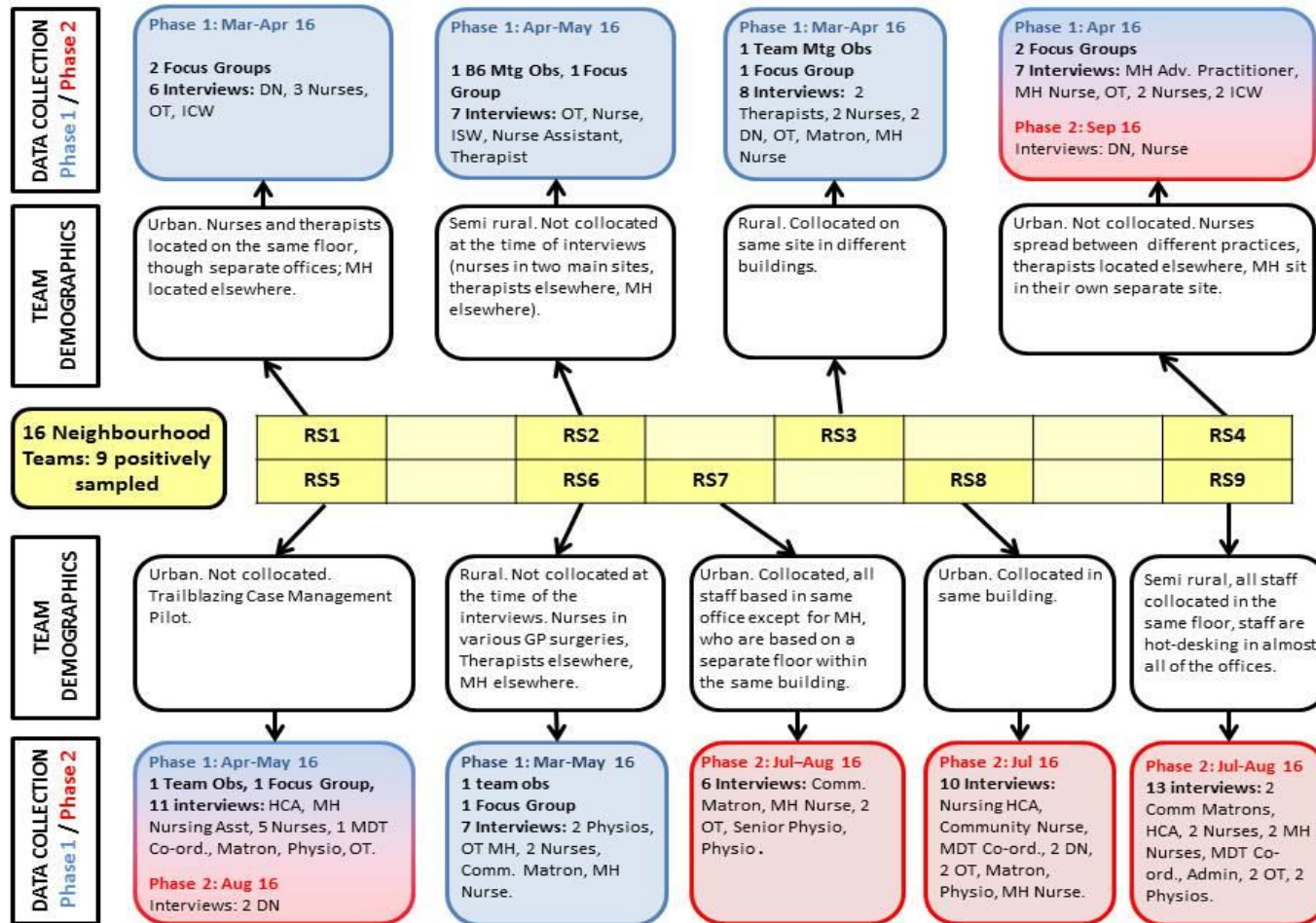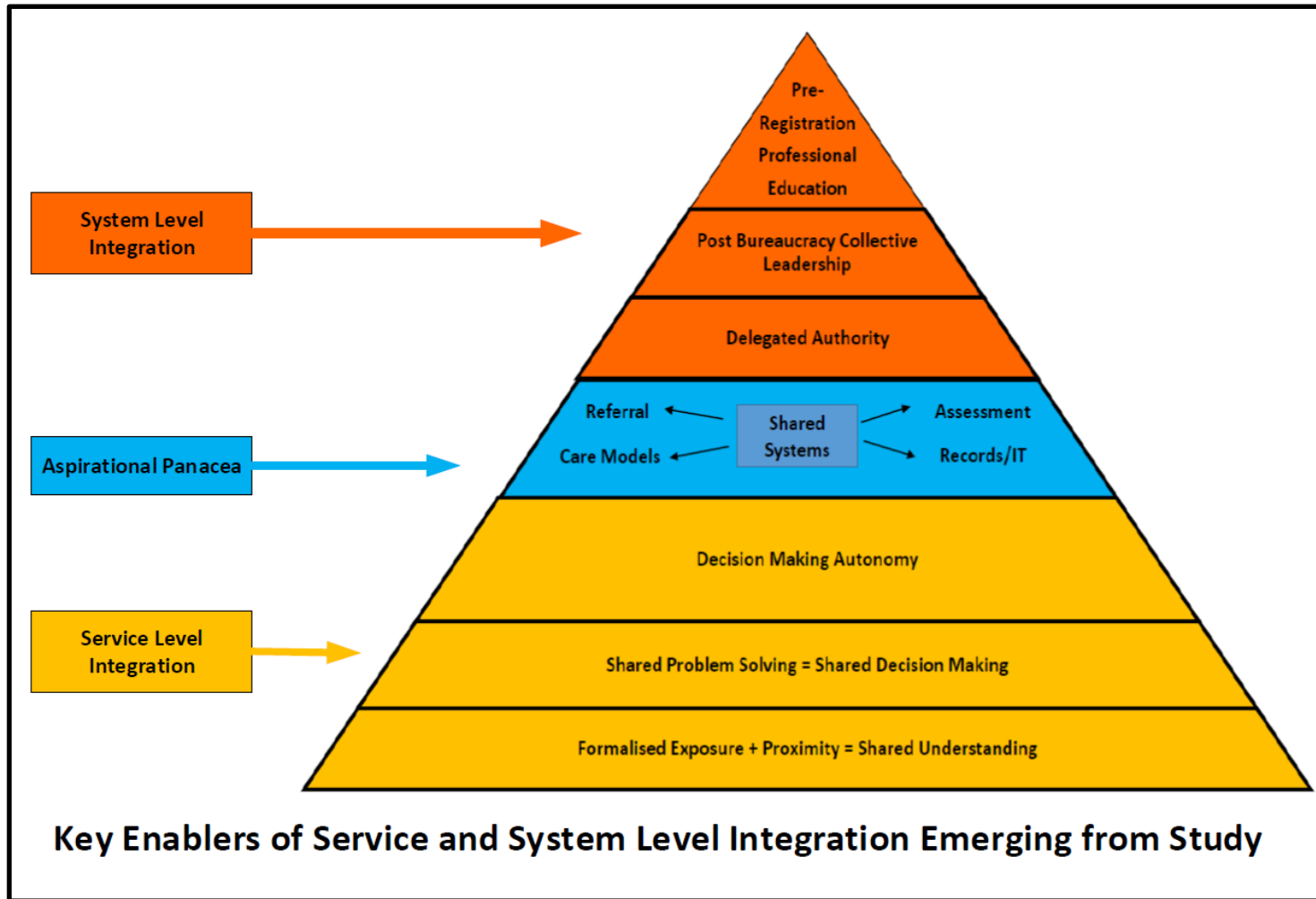
Findings
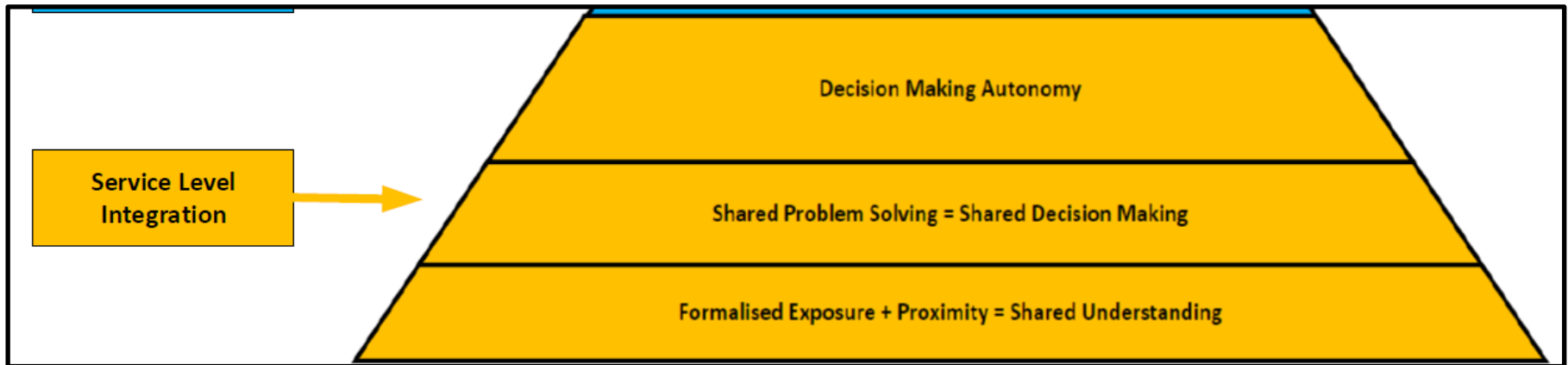
Comments

- 77 comments from 36 staff across the nine NTs indicated a positive impact from the new NT on enhanced inter-professional contact. About one-third of these respondents worked in teams that had already colocated at the time of the interview.

- 52 comments from 50 staff indicated there was little or no change in their professional practices or inter-professional work since moving to the NTs.

Comments

"Yes I think it has, I think since we have actually relocated to these buildings, rooms above, and we are now with the nurses, with the adult care teams, JET and the like whatever, we are now beginning to talk to each other and more face to face shall we say." –

"I must say is much better because everyone is here now, OTs, physios, mental health team, actually they usually sit in this office, they are all here, actually I can talk to them rather than call them … sometimes it is very difficult to actually get hold of them ... It is very handy to have somebody sitting here you can ask for advice, a lot of the times I don't actually need a referral at all, I just need to speak to OT or physio to see their input and then I can actually I don't actually need them. " -
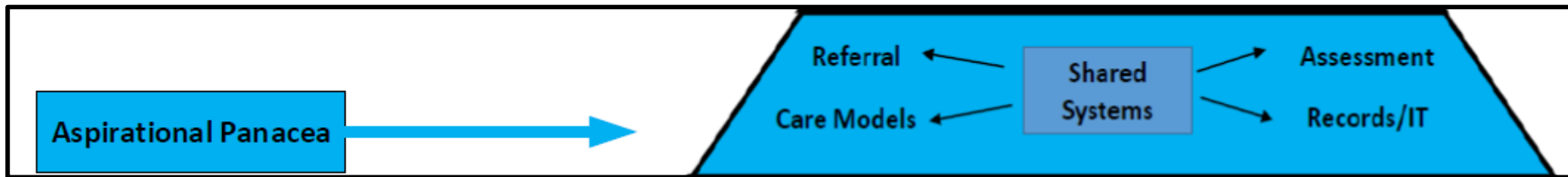
Comments

"Apprehensive I think is probably the biggest feeling people have. You know when they meet individual team members everybody is very nice and we are all you know good communicators and welcoming etc. …, we have a lot of concerns because from mental health we had a lot of really good clinical governance structures that have existed and we have worked to keep .…, I think we are generally very good at supporting each other and working together so one of people's biggest fear is that we lose that that gets diluted and so for us its quite a challenge to integrate but maintain mental health as a speciality to the quality that I think we have had previously." - MH staff member

Recommendations

Implement **Formalised Exposure and Proximity,** for integrated team members to **foster shared understanding across professional boundaries.**

Develop **networks, opportunities and proximity to facilitate focused shared problem solving and shared decision making across professional groupings,** e.g. this could incorporate staff development and team engagement strategies.
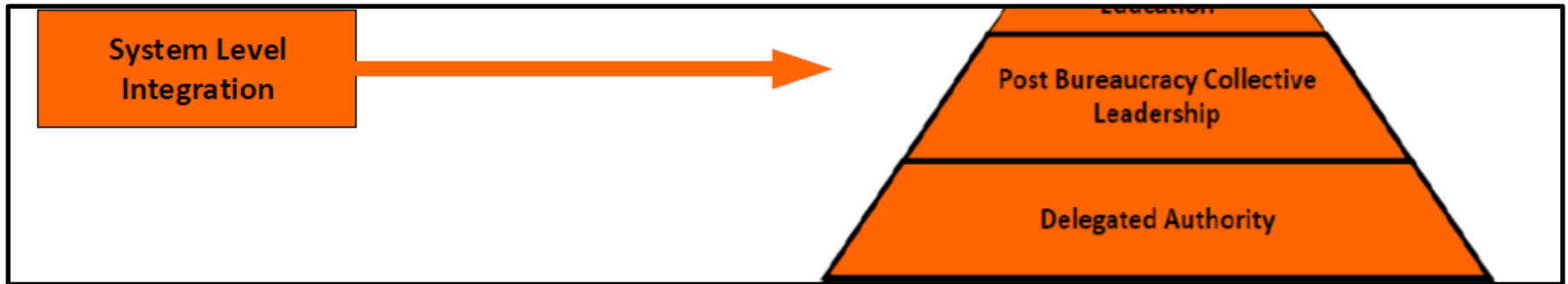
Findings

Comments

" …. I can't wait to get the iPads so that I don't have to do six continuation sheets and then repeat it on SystemOne … you know to have it all in one place would be fantastic and also to have the time then and you not having to come back to the office to do it but then that is the whole thing, you are not going to come back to the office, …. because we are not actually going to come back to the office so it's a catch 22. Yes it's great because it's going to help us and free up some time and you are not having to repeat yourself with paperwork but with the same breath you are then not working with other people." - S21

Recommendations

Consideration should be given to how **infrastructure supports integrated teams** and the delivery of integrated services.

Pre-qualifying professional education should seek to embed **an appreciation of professional roles within an integrated/multi-faceted system focused on outcomes related to patient/client well-being** and mitigate an historic over-emphasis on professional role identity.

Findings

System Level Integration

Education

Post Bureaucracy Collective Leadership

Delegated Authority

Comments

Autonomous Decision Making

"I no longer know what I am allowed to do and what I am not allowed to do"

Delegated Authority

"Often they (the team) will come to me and say 'why cant we do this' and I have to take it up the chain and get told 'no' and then it comes back to me to take it down"

" so every time I bounce it back there will be somebody above them and its almost like how high can this thing go? ….and they cant get an answer and then it comes back to me and I am thinking well this lot of people in between but all their hands are tied"

Recommendations

Build **resilience into the professional groups/teams within the workforce** and encourage shared problem solving focused on a **common purpose, issues, mission or patient scenario/pathway.**

Culture and Organisation Development Plans should be redesigned to enable a system shift towards a **culture of delegated authority.** This will need to demonstrate a commitment to develop **the skills, values and behaviours which enable, encourage and role model autonomous decision making.**

Comments

Collective Decision Making and Delegated Authority

"We still have a hand off I'm done culture rather than a 'I am sticking to this person and I need you, you, you and you to help me', we have got a long way to go on that" (Senior Manager)

"One of the issues in the structure of the system is that we are all doing different things. Social Care do their thing, broadly speaking Health do their thing, the GPs do their thing and we are all nicely disintegrated" (Senior Manager)

Findings

Recommendations

The national and international literature indicates that the conceptualisation, implementation and impact of integrated services are not empirically well researched. Empirical analysis of process or impact should form an integral part at the planning stage of service level or system level integrative initiatives and/or new models of care at the planning stage.

Findings

Key Enablers of Service and System Level Integration Emerging from Study