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Step by step guide to using the Integrated Care Framework

A two year programme of work has fed into the development of the Integrated Care Framework.

It is part of an Integrated Care Toolkit which will be helpful and supportive for any organisation moving toward integrated care.

Introduction to this guide.

The content of this step by step guide is written in the form of questions, prompts and suggestions that should be considered in designing and developing integrated care services. It has been created by synthesising guidance from a range of sources, including NHS England, the Local Government Association, and the Kings Fund. There are also links to the Integrated Care Framework.

Among the key messages from experience and reflection so far are:

1) Integration will entail thinking differently. There are many challenges facing the NHS and to effectively address them, we need to find different ways of working. Simply tweaking old models and ways of working will not suffice. Integration will provide opportunities to refresh, adapt and evolve long established working patterns and role descriptions, and to use technology to improve efficiency.

2) Integration has to be local – there is no 'one size fits all'. Vanguards and Pioneers have blazed trails in developing and delivering integrated care, so it makes sense to learn from them. You can find out more here: New Care Models.

Colleagues in local government have extensive experience in reshaping their organisations to facilitate integrated care LGA - The journey to integration

While it's important to learn about what has worked elsewhere, you will need to define a version of integration that works locally.

Co-production (with staff and public/patients) of new integrated ways of working is the best way to do this . It will take time and effort but investment in engagement will help to ensure that you design sustainable ways of delivering integrated care. You do not need to start conversations/consultations with a blank sheet of paper, but any proposed new ways of working should be shared for comment as early as possible.

3) Think about what expert help/support you may need, to manage the process of change/innovations – programme and project management, organisational development, communications and engagement, workforce planning and development (see outline project plan). Use existing local resources where possible, to give opportunities for skilled staff from across local organisations to learn and grow as part of the transformative changes.

4) Service Design decisions should be based on data – Vanguards have undertaken stratified risk approaches to prioritise their work, making the biggest impact for highest risk patients.

5) Engaging with staff at all levels is essential. Learn from them and get their help in defining new ways of working. They know where the systems could be better. Get them on board from the outset and work hard to keep them actively involved.

6) New ways of working can involve new roles, but evolving existing roles is also a choice. Some Vanguards have designed new roles as part of the new models of care. Others have reinforced existing professional roles to demonstrate that they are valued, and then innovated by developing collaborative overlaps with other roles. (see more in ‘Engage and communicate’ below).

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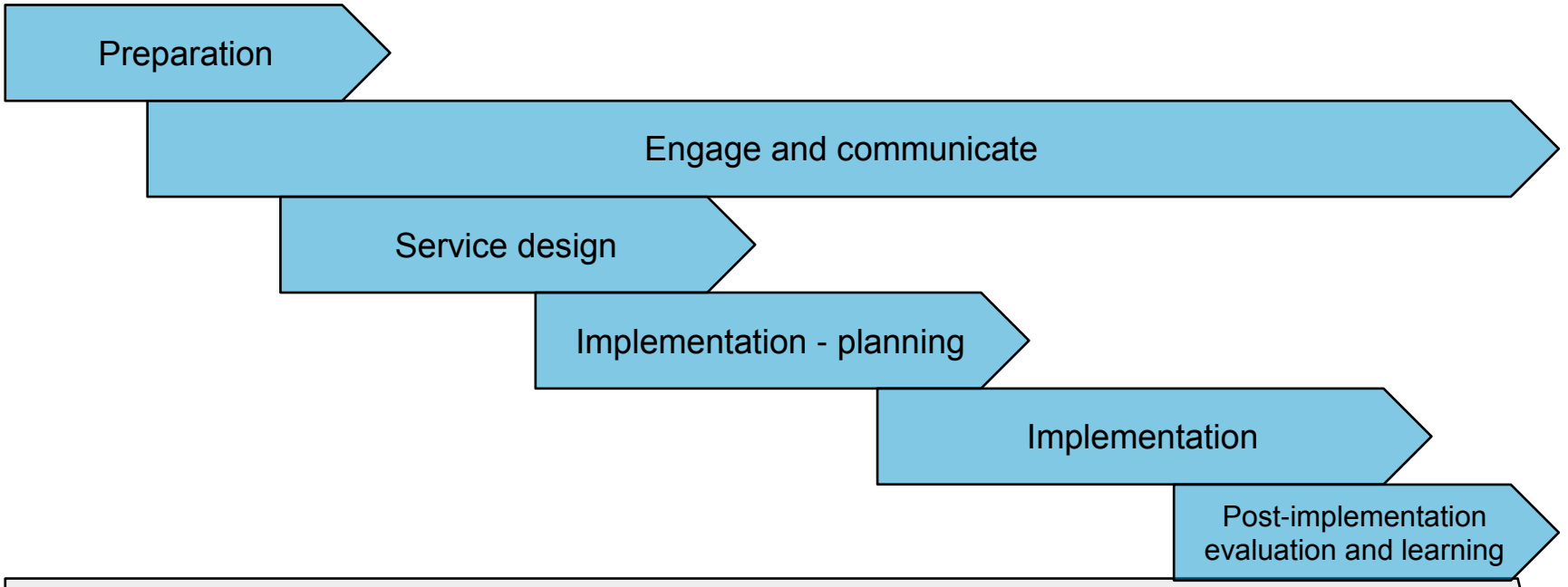
Outline ‘step by step’ project plan



Examples of professional support needed throughout project:

Organisational development /design

- managing system-wide human factors, culture evolution, resourcing, morale, staff engagement

Programme/project/financial management

- overall governance, management and monitoring of progress

Communications/engagement

- clarity of messages, contact with stakeholders, arranging public meetings

Workforce planning and development

- defining roles, planned training and education programmes

Developing your local 'step by step' project plan.

The questions below are intended to prompt discussion and further local questions, rather than provide a comprehensive checklist.

Involvement of colleagues from professional support teams will be vital in shaping the local plan.

Preparation

What relationships do you have with other organisations (NHS / Local Authority / Third sector / others) who have a role in the service/pathway for which you are aiming to provide integrated care? How have they been involved and consulted?

When and how will you conduct a stakeholder mapping exercise (to include alignment with values and principles from Integrated Care Framework)?

What cultural changes may be needed for people in your system to embrace working differently? How and when will this be addressed?

How will you identify the expert help which is available within your local system to define and then support the programme of work needed to create an integrated approach? (Programme/Project Management, Communications and Engagement, Organisational Development/Design, Workforce Development etc.)

How will you ensure that fresh and different thinking is brought into your plans? Who will you involve? How will you engage with local communities? How will you involve colleagues from all staff groups?

How will programme of work be configured (workstreams / milestones / pilots etc) ? What evaluation strategy / success criteria (soft and hard measures) will be agreed, and how will they be monitored throughout implementation?

Which of the national drivers and priorities are particularly relevant to the locality? What are the local commissioning intentions/priorities?

What are the services and/or pathway(s) that you want to prioritise for integration? How will you define these in terms of person-centred outcomes?

What data is available to a) validate prioritisation of this pathway and b) identify and segment the people within it?

What learning can be brought in from Vanguards/Pioneers or other local organisations which have experience of integrated care?

Engage and communicate

What message about change / integration will be promoted? When will promotion of the message start?

Who will articulate it and who will communicate it? Who will be the visible local leaders?

Who are the people you need to involve in the process of integration? How will you involve individuals/experts by experience/the public?

What do patients / service users / carers want and need from the service/pathway? How do you define this using 'I Statements'/ person-centred outcomes ?

How will you engage with staff across your local system whose roles may be affected by integration? How will you ensure that they all receive the same messages at the same time?

How will the development of integrated working affect each individual role ? How will you assuage any concerns/insecurities that individuals may have? How do you ensure our own people are engaged/inspired about working in an integrated service?

How will you engage with other stakeholders? How will you effectively publish your calendar of engagement events to maximise attendance and participation?

Which channels will you use? How will social media be used within the communication strategy?

How will you incentivise attendance and participation in engagement events?

How do you make communication available to all (tailored solutions, embedding principles of health literacy)?

How will you demonstrate progress/success of integrated care?

How are partners/stakeholders involved in evaluation and communication of success?

How will you manage stakeholder expectations of the timescales involved in delivering integrated care?

Service Design

How will you ensure that fresh/different thinking is brought into your plans? Who will you involve?

What lessons can be learned from Vanguards/Pioneers, both in design of pathway and technology-enabled opportunities?

What opportunities are there to work with AHSNs in building innovative technology solutions into person-centred care pathways?

How does your service design demonstrate collaboration with commissioners and with other local providers to deliver the most effective person-centred care?

Who will create the first draft of pathway/service to be shared with stakeholders? Does the first draft utilise available data? Which other stakeholders will be involved in creating the first draft?

What testing/modelling can be done to verify pragmatism and financial balance in design, to ensure credibility with all stakeholders?

What opportunities are there for co-production of subsequent drafts across organisational boundaries, and involving all stakeholders?

How will you design services to deliver person-centred outcomes?

How will you factor in preventative interventions?

How will you ensure that the pathway design is not constrained by existing workforce configurations? What competences (existing and new/different) do you need to be available from the workforce to deliver the services? (including integrated care competences)

What learning and development / other support will be available for colleagues who may be required to ‘think differently’ about their role and contribution to the delivery of person-centred care?

What recruitment may be needed to fill gaps in skills/capacity to deliver the new service design?

Who will conduct impact analysis / mitigation planning / stakeholder resource impact (for example, potential over- and under-utilisation of current resources)?

Implementation planning

What programme management resource/governance is in place to optimise effective implementation?

How will you collaborate with stakeholders within our local system to provide the most effective integrated care?

How will relationships between stakeholder organisations be monitored/managed?

What is the strategy for managing risks? What mitigation and contingency planning is needed?

How will you mitigate the impact of transitions on people (colleagues, patients / service users, carers etc.) and stakeholder organisations affected by the move to integrated care

What workforce planning/strategy is in place – what gaps have you identified between current and aspirational skill sets? How will you ensure that you retain within our local system all of the skilled people that you need?

What are the options for closing any gaps (grow our own, buy in from elsewhere, transfer from within other local organisations) and which are most realistic?

What relevant training and development resources are available locally/regionally?

What plans do you have for learning and development of new skills/new ways of working/ new integrated care competences? What timetable is proposed for this system-wide development activity? What ranges of learning methodologies are proposed? What examples of successful deployment in similar circumstances can you learn from?

How will we help our people to transition from working in separate organisations to thinking system-wide? What are the human factors that should be considered?

How will you manage expectations about the timescales for the preparation and implementation phases?

Implementation

Have preparation and engagement/communication plans been sufficiently developed and completed to optimise successful implementation?

How will responsibility for implementation be allocated in each organisation within the integrated pathway or service?

Who will be responsible for co-ordinating implementation across organisational boundaries?

What governance systems will be in place?

How will progress against the implementation plan be measured and monitored? How frequently?

What feedback loops will be in place to give early notice of successes and/or difficulties?

What structures will be in place to enable rapid responses to unplanned events relating to implementation?

What contingencies can be enacted? Who makes the decision to execute contingency plans?

If implementation experience shows it to be necessary, how will any revision to service design be managed?

What indicators will show that implementation phase is complete?

Post-implementation evaluation and learning

What success criteria/measures were agreed in ‘preparation’ phase? To what extent have you achieved these?

What outcomes have changed as a result of introducing integrated care services?

What has gone well in developing and implementing local integrated care? Why was this so? What were the key factors (internal and external to the local team)? How can you ensure these factors are embedded and capitalised upon in future?

What has not gone well? Why was this so? What were the key factors (internal and external to the local team)? How can you ensure that these factors are minimised in future?

What can you do even better when integrating the next pathway/service?

What will be the next service/pathway to be integrated?

What system-wide forum can you use to ensure that you learn from each other and continue to improve?

How will you continue to communicate with our stakeholders (including colleagues patients / service users / carers etc)?

Integrated Care Framework