

Institute of Public Care

Outcome-focused Integrated Care: lessons from experience

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1 Introduction

The [IPC Partnership Programme](#) supports local authorities and NHS organisations as they move through significant periods of transformation. This paper, published by the Institute of Public Care (IPC) at Oxford Brookes University, aims to capture some of our learning and experience from our work on integration with IPC Partners.

Integrated care has been a key issue for health and social care for a number of years. However, people's understanding of what it takes to implement integration successfully has evolved over time. There has been a shift of focus from co-location and getting the right organisational structures in place, towards working with teams to clarify and consolidate the professional roles and relationships required to make integration really work.

Increasingly, we have been asked to support Partners not just with operational design, but to help make the cultural and organisational changes needed to deliver outcome-focused care. We have supported Partners both from the very earliest point in the start of the design process through to the implementation and evaluation stage of integration.

This paper provides an update to our original work in this area '[From the Ground Up](#)' (2010) which looked at the structural and process requirements for delivering good integrated care. It explores 'what works' and what managers embarking on a significant period of change and integration need to consider, drawing on IPC's practice-based experience of integration across a range of different organisational set-ups and cultures, with the aim of sharing our learning with you.

2 Context and Challenges

Historically, integrated models of care have focused on the organisational structures and processes that enable teams to join up the delivery of care so that people who use services experience seamless service provision.

This, in itself, is sufficient enough motivation for pursuing an integrated and collaborative agenda and the structures and processes underpinning integrated models of care are critical. Strong project management skills, combined with an eye for technical detail, are essential in designing pathways and the support systems that surround them. IT systems and data sharing are frequently cited as being one of the biggest barriers to successful joint working. Yet, in practice, we are often asked to work with organisations where a focus on the systems and processes of integration has failed in the past, with people ultimately still operating in professional silos. In fact, we find that focussing on systems alone often leads to frustration and tension between managers and their integrated teams who may see changes in the system as a barrier to them being able to deliver the quantity and quality of care they want to.

Increasingly, we are seeing a shift in the way services are designed across the sector. From one where models of integration focus on the operational structures between two or more organisations, to one where services are planned on the basis of achieving individuals' clinical and well-being outcomes, but also take into consideration people's experience as they move through their care pathway, considering the outcomes of each stage of their care.

2.1 Outcome-focused integrated care

What do we mean by this? There is little doubt that when people enter health and care services, the aim of most services is to either prevent or reduce further deterioration of people's needs, or manage their condition in the most effective way. Commissioners and providers work together to design services based on the clinical and well-being outcomes that individuals and groups want to achieve, and explore different contracting models in order to encourage this.

However, research and guidance shows that, whilst an important component of all health and care service delivery a clinical diagnosis, or a specific type of treatment, is not the only thing people want from their care. The [National Voices](#) 'I statements' articulate what people describe as the key elements of person-centred co-ordinated care. They talk about professionals working together with the person to plan their care, where all their needs are assessed, and they only have to tell their story 'once'. They describe regular reviews, where people know who is co-ordinating their care, and where information is given at the right time to help people make informed choices.

Our experience shows that where organisations tend to focus on the clinical or well-being outcomes, often driven by commissioning agendas and contracts, they can fail to understand or review how people engage with services, or how professionals work together to deliver care (see case study 1).

The impact of this is two-fold. The first is that services continue to be based around systems of care rather than the people who use them. The second is that professionals continue to do as they have always done, rather than understanding how better integration can offer opportunities for innovation, efficiency and the *seamless* care required by policy and legislation.

Case study 1

What: IPC were asked to support the development of an integrated health and social care community learning disability service to provide streamlined services for people with learning disabilities.

The issues: Previous attempts at integration had been unsuccessful and the relationships between the commissioners and the provider were sometimes fraught. This meant the changes had not delivered the service people had hoped for, resulting in low levels of engagement from staff and meaning that the efficiencies within the system – particularly around triage and assessment – were not being realised. Rather than continuing to deliver ‘top down change’ IPC were brought into help the teams design their own solutions and work through the barriers to integration collaboratively.

How: IPC worked closely with the commissioners and provider organisation to engage staff to design and develop an integrated care pathway across the health and social care elements of the service. Our work included extensive design workshops and consultation, programme management support, establishing good governance arrangements and coaching and mentoring staff undergoing the change process.

Impact: An outcomes-focused service specification, an outcomes focused target operating model, piloting and testing the proposed approach and improved buy-in from the staff group who actively contributed to the design and delivery of the new care pathway.

Box 1 highlights some of the challenges our clients have faced over the years in making integrated models of care work well.

Box 1: Challenges in delivering outcomes-focused integrated care pathways

- **Operational policies not reflecting how they might work in reality.** All too often integrated care pathways are designed in isolation of the teams of staff that will be working with the new care model, based on the analysis of performance metrics and work flows. When this happens there is no opportunity to test and roll-out the new pathway to identify potential bottle-necks and work through how the parts of the system come together in practice. Staff often feel that the pathway belongs to someone else, taking little responsibility for the ongoing development and improvement of the service and – in some cases – actively resisting the change.
- **Differing expectations.** Health and social care professionals bring with them a huge amount of experience and knowledge, often spending many years developing, refining and perfecting specialist skills. For them, their commitment to delivering good quality care is frequently from the perspective of their professional practice and integrated models of care can often feel as if it is a ‘de-professionalisation’ of their skills and expertise. This, combined with differences in how readily people can access care between the NHS and local authority funded packages of care, can often increase anxiety and resistance to change where models have not brought together the range of different professional voices in their design phase.
- **Increasing demand on services.** Services are often integrated as a means to

use resources more efficiently, although the evidence base for it achieving these aims remains mixed. For staff this often means new ways of working (e.g. integrated health and social care assessments) or reconfiguration into new teams and organisations. The potential threat of losing valuable staff resources and taking on increased responsibilities, on teams who are already feeling overwhelmed by *change fatigue* or caseloads, is daunting and can lead to active opposition of integrated approaches.

- **Different legislative frameworks and professional guidelines.** Too frequently a lack of understanding of what the different professional roles bring to an integrated team prevents good integrated care and support from happening. With a multitude of profession specific guidance and different legislative frameworks for health and social care, the opportunities for confusion to arise on what professionals can – or can't do – within their remit causes delays and blockages and undermines how the professional team work together.

3 Lessons from Experience

IPC has developed a model for designing outcome-focused integrated care, one which takes the principles of good service redesign and focusses relentlessly on the outcomes that the service needs to deliver. It is based on good practice, evidence and research, and works with professionals and the people who use services to design care around people's needs rather than systems.

Our approach (see Box 2) is focused on working with teams to align the detailed operational design of integrated care pathways with the cultural and behavioural changes needed to concentrate teams on what matters – *getting the right care, in the right place at the right time*.

Box 2: The IPC Approach to developing outcomes-focused integrated care

- **A strong case for change.** Any integrated care pathway needs to be developed on the back of a strong, evidence based case for change. This must look at how an integrated care pathway will improve outcomes for people who use services as well as how it might help develop a more efficient service model. We work with senior leadership teams, managers and operational teams to develop the case for change, ensuring that the design takes into consideration policy, best practice and legislative requirements from day one.
- **Focus on outcomes for the people who use services.** The outcomes you want to achieve for people who use services must be at the heart of your design process. In the case of pathway design outcomes fall into two categories – the clinical and well-being outcomes for the individual, and the outcomes you want to achieve for the service user experience. Using evidence and research, and local consultation where needed, we support teams to understand what it is people want from their services. We work with staff to design pathways which build in better outcomes for people from the start and build these firmly into the design principles underpinning it development.
- **Be clear about the benefits.** Along with developing the case for change – what are the benefits of the new care pathway? We test, re-test and evaluate what the

benefits of integration are for people who use services and staff at every step in the process. We work with teams to make sure these are well understood and shared across health and social care professionals.

- **Governance structures and accountability.** We work with leadership teams to ensure that key strategic stakeholders are on board and support the changes. Integrated care pathways cannot be done well in isolation of one or other of the key partners, be they commissioners or provider organisations. We support organisations to establish the timescales for integration, resourcing and finance up front. We help them establish project governance structures where everyone understands their role and the level of commitment required.
- **Use your staff and people who use services to co-design and test the care pathway.** Your resident experts on how well the care pathway will work are your staff and the people who use your services. Don't underestimate the amount of consultation which will be needed to ensure the integrated model works as well as it can. We work with your staff group to test and refine your care pathway, establish practice-based working groups to develop the detail and find mechanisms of taking back draft pathways to the wider staff group to refine.
- **Be prepared for drift.** In any major reconfiguration of services there is likely to be some 'mission-creep' over time. In some cases this will be a necessary part of developing your model of care; in others it can distract from the main purpose of the integration. We help leadership teams to stay on track, by returning to your case for change, the 'design principles' and service user outcomes and challenge any potential changes to see how well they align to ensure you stay on the right course.
- **Deal with resistance, don't ignore it.** Inevitably there will be resistance from people to the change. Don't expect people to come on board straight away – keep reiterating the outcomes and the benefits and be positive. Acknowledge the potential weaknesses and how – as a service – you will aim to address any issues as they arise. Try and understand the motivations behind the resistance and respect their concerns, but also hang on to the outcomes you are trying to achieve for people. We have a number of models for supporting organisations experiencing resistance to change from co-designing the pathways, developing 'change champion' roles and working with clinical and care leads to help embed the changes and work with staff to generate support for new care models (case study 2).
- **Be really clear on what the changes mean for staff.** Develop a target operating model articulating the whole care pathway and how it fits together. Develop a practice based working group to test, review and refine the approach with staff as the pathway develops and get them on board ready for piloting. We work with teams to design the pathway from first principles keeping a focus on the outcomes it needs to achieve and pushing them to articulate the benefits, identify the resources required, understand the training needs of teams, and develop the standards, systems and processes which sit behind it.
- **Pilot, evaluate and refine.** No pathway will be perfect from day one. Build in time for piloting, rolling it out, evaluating it in the first 3-6 months; refining it, and re-evaluating it 6-12 months later. We work with teams and commissioners to look at evaluation criteria, and provide independent input into how outcomes can be measures over time.

Fundamentally, integration is a challenging task where differing organisational structures, policy and legislative frameworks often get in the way of success. But it's not impossible. Organisations that want to work together, who are prepared to sit down can make integration happen, but it won't happen overnight. In our estimation, to get teams up and running properly and address the cultural aspects of integrated care, integration as a change programme needs approximately two years from start to finish.

In some cases it may even take longer depending on the size of the teams undergoing reconfiguration, the issues it is trying to address and the complexities of the pathways being implemented. It is heavily reliant on commissioners and providers working closely together, collaborating on the difficult bits and looking at ways in which systems can be aligned. And it needs the governance approaches in place to support it happening.

Case study 2

What: IPC were asked to support the development of integrated locality teams in a London Borough, which would bring together primary and community care with social care teams.

The issues: The model was designed to improve the quality of health and social care services in the Borough, and prevent emergency hospital admissions from residential and care home settings. It focused on the top 2% of older people most likely to be admitted in the first instance with the intention of rolling out the approach in the longer term.

How: IPC worked closely with the CCG and local authority to design and deliver a programme of workshops, action learning sets and training sessions to support the development of an integrated care 'culture'. Staff were asked to develop a joint statement describing what the service offered residents, how it would deliver these and what they could expect from the integrated teams and other health and social care staff. Change champions, who were passionate about the model were recruited to provide local leadership and build momentum for the new way of working.

Impact: The programme has encouraged better multi-disciplinary working, exploring what it took to make whole scale change as well as the 'little things' they could do differently to work more collaboratively. It built relationships across primary and community care and social care and has encouraged people to work collaboratively to plan care more effectively. Staff are committed to the ethos of the new integrated care model and are actively looking at ways in which they can support new members of the team to contribute.

4 How Can We Help?

We support organisations, services and teams to deliver integrated care models, through:

- Helping them to define what it is they need from the model, diagnosing the issues and designing and delivering the results
- Structured service redesign, working co-productively with teams and people who use services

- The development of operating models and policies that are thoroughly tested and piloted
- Business development activities and performance management and evaluation
- Staff engagement and team coaching
- Working with senior leadership teams to establish good governance arrangements, facilitate partnership working and support evidence based decision making

We know what it takes to implement integrated models of care successfully and combine hands-on experience with a strong evidence and policy base to support good decision making.

5 IPC Partnership Programme

As a university organisation we are committed to sharing learning. The IPC Partnership Programme helps local authorities and NHS organisations benefit from our support over the longer term, as well as learn from each other, to help deliver improvements in public care.

Through our work IPC Partners get intensive support from dedicated, experienced IPC consultants with specialist knowledge in public care. We work closely alongside Partners to address complex redesign and change agendas, including integration, over a period of several years. The benefits of membership include:

- An intensive programme of support for your organisation from senior IPC staff
- Free places at our twice yearly IPC Partnership conference and places at our workshops to share information and develop best practice
- A discount on the cost of our short courses

For more information please contact IPC on ipc@brookes.ac.uk, or call for an informal chat on (01865) 790 312.

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