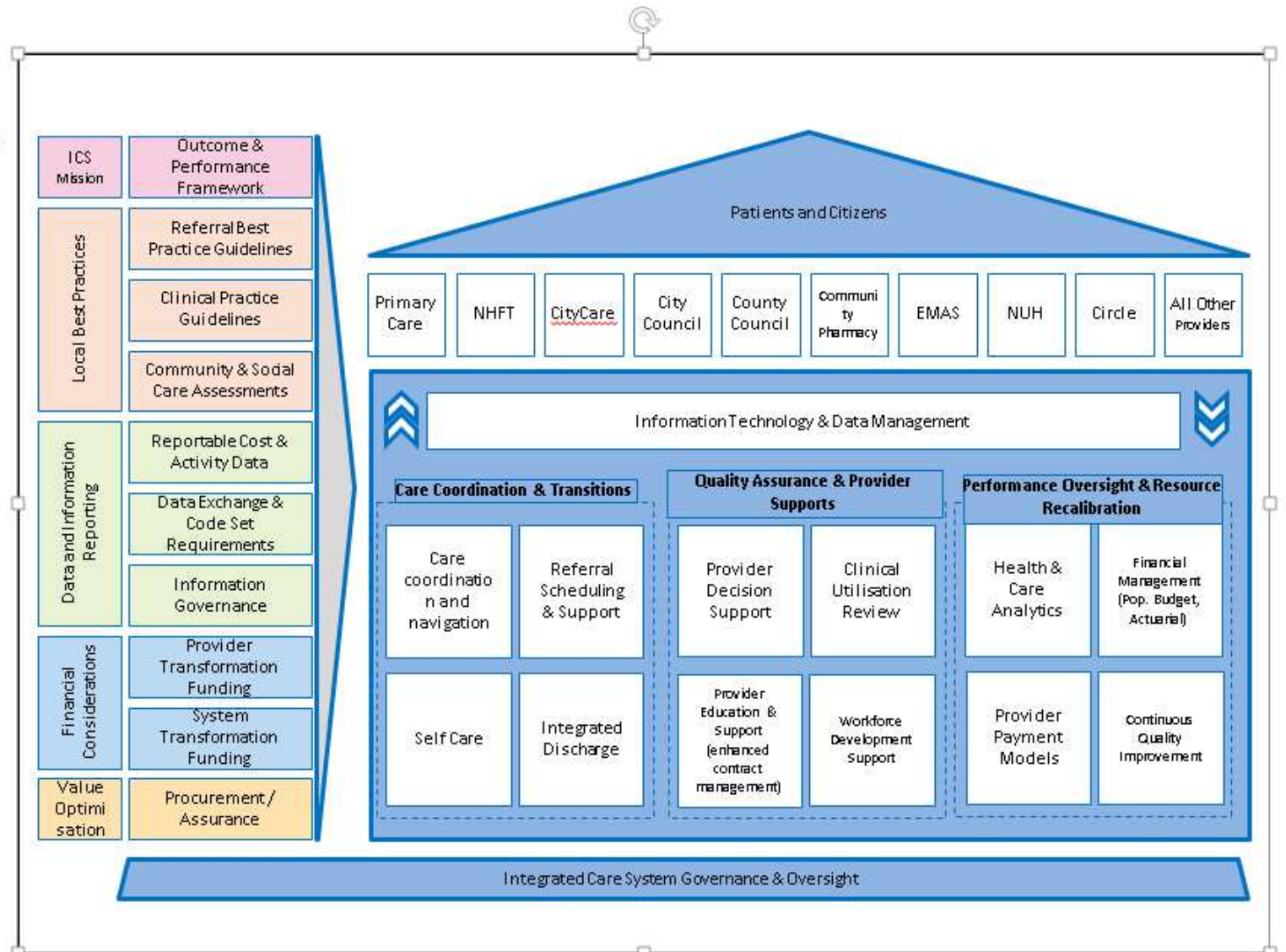


# The Integration Framework

- **Enablers:**  
The conditions (one-off investments and regulatory/legal actions) that need to be in place
- **Integration Functions:**  
Functions and activities that must be performed continuously



## Appendix 1: Outputs of Phase 3

| Enablers & Integration Functions  | Outputs Delivered   |
|---|---|
| <p><b>Outcomes &amp; Performance Framework Enabler:</b> this provides key metrics for which the ICP will be held accountable for commissioned services in relation to the outcomes the system aims to achieve at a population level. Operational and performance metrics required will be required. The Outcomes and Performance Framework informs accountability arrangements and should be defined by population cohorts and commissioned services.</p>   | <p>A detailed assessment of the measures in five Outcomes Frameworks has been completed. The Outcomes Frameworks assessed include the NHS Outcomes Framework and the Social Care Outcomes Framework. This assessment has confirmed only 18% of the measures are of a high integrity. (i.e. the extent to which they can be measured, reported and impacted by integrated care). The measures have also been mapped to a population health cohort framework.</p> <p>It is now for the local system to determine how it wants to reflect this work in finalising an Outcomes and Performance Framework.</p>   |
| <p><b>Community and Social Care Data &amp; Assessment Enabler:</b> this is the data and tool(s) to enable consistency of key decision making across key points along a service pathway (e.g. access to services, assessments, care planning, discharge). This enables patient needs to be identified in a standard manner and the plan of care / services needed to be allocated with precision and accuracy.</p>   | <p>Proof of concept Minimum Data Sets have been developed for community nursing, community mental health services and community mental health services for older people.</p> <p>Additionally, a Minimum Data Set has been recommended for Social Care.</p> <p>It is now for the local system to agree to adopt these Data Sets in support of service improvement, with further developing Data Sets (e.g. for community therapy services) as required based on the learning gained for developing the proof of concepts.</p>  |
| <p><b>Reportable Data; Data Exchange and Code Set Requirements; Information Governance Enablers:</b> these relate to the system having:</p> <ul style="list-style-type: none"> <li>• Reportable data for defined populations, scope of services and outcome measures;</li> <li>• Capability to electronically exchange data using agreed upon frequencies, formats etc to have a full picture of how the system is performing;</li> <li>• Compliance with GDPR and best practice requirements re: data use, exchange and storage.</li> </ul> <p>Integrated Care is reliant on high quality data to monitor provider and system-wide performance ensuring the delivery of the right care, at the right time, in the right setting.</p> | <p>A 'Logical Information Model' has been developed. This Information Model forms the foundations for system improvement and management.</p> <p>The Information Model will enable:</p> <ul style="list-style-type: none"> <li>• Understanding of progress against the Outcomes and Performance Framework at system and provider level</li> <li>• Insights into the achievement of the Integration Functions in improving outcomes and performance.</li> </ul> <p>The Model has been developed to meet Information Governance requirements. It is now for the local system to implement the recommendations relating to the next steps in operationalising this Information Model.</p> |

## Appendix 1: Outputs of Phase 3

| Enablers & Integration Functions  | Outputs Delivered  |
|---|--|
| <p><b>Information Technology and Data Management Integration Function:</b> this is the ongoing processes, systems and infrastructure and team that ensure the efficient flow of information through the system.</p> <p>An infrastructure must be in place to pull together information that sits in disparate systems and organisations currently.</p>  | <p>A report has been provided on the current IT and Data Management processes, systems and infrastructure, with the recommendation that existing systems be utilised where relevant.</p> <p>The report provides detail on the gaps, which need to be addressed and makes a series of recommendations of how the IT &amp; Data Management function could be taken forward, including the recommendation for an agnostic team to deliver this Integration Function on behalf of the system going forward.</p> <p>It is now for the local system to determine how it progresses the recommendations.</p>  |
| <p><b>Health and Care Analytics Integration Function:</b> this is the ongoing generation and production of actionable intelligence using system-wide data to inform system-level planning, performance, and financial management</p> <p>It enables the ICP to evaluate, moderate and influence the right information, for the right patient, at the right time; ensuring it achieves the best outcome at the best value for each patient and the population.</p>  | <p>Analytics was not included in Phase 3, recognising the requirement to develop the other component requirements relating to data, data exchange, IT and data management etc before determining the requirements of the analytics function to produce the actionable intelligence reports. This work will need to be taken forward locally.</p>   |
| <p><b>Care Management and Self Care Integration Function (also known as Population Health and Wellbeing Management):</b> this is:</p> <ul style="list-style-type: none"> <li>• The utilisation of a range of resources depending on patient needs that support the co-ordination of care and 'patient compliance'</li> <li>• The deployment of tools (including population segmentation) to effectively identify, stratify and manage the patient's needs</li> <li>• Draws on different levels of skills and expertise ranging from health promotion and support for self-care through to disease management and intensive case management</li> </ul> <p>Care Management and Self Care identifies and captures patients that require more help or guidance to make sure they receive the right care. This Function works across the continuum of care and providers to ensure patients have the most appropriate levels of support, including to self-care.</p> | <p>A report has been provided detailing the baseline assessment on processes, workforce, key performance indicators, data and systems for Care Management and Self Care. The report also specifies the requirements of a well-managed system and highlights the gaps and nature of change required.</p> <p>The report confirms that the local system does not have a comprehensive and integrated approach to Care Management and Self-Care for the whole population across health and social care.</p> <p>The report provides a detailed framework to identify and assess the population needs. It also makes recommendations as to how care management is significantly strengthened as a dedicated function going forward.</p> <p>It is now for the local system to determine how it takes forward the recommendations.</p> |

## Appendix 1: Outputs of Phase 3

| Enablers & Integration Functions   | Outputs Delivered   |
|--|---|
| <p><b>Referral Best Practice Guidelines</b><br/> <b>Enabler:</b> this is the guidelines used to determine appropriateness for referral to secondary care. They form the 'blueprint' on which the Referral Scheduling and Support Integration Function operates in a well-managed system. RBPGs aim to minimise clinical variation, ensuring patients receive the right care, which in many cases can be managed in the community when services are in place.</p>   | <p>A report that confirms the extent to which Greater Nottingham has a comprehensive single set of Referral Best Practice Guidelines (spanning multiple specialties and pathways of care) and associated governance arrangements to continually update and maintain. This report includes a gap analysis and detailed recommendations to address these gaps. The report also covers Referral Scheduling and Support services for elective care, mental health and social care. The report provides a detailed baseline assessment on processes, workforce, key performance indicators, data and systems. It also specifies the requirements of a well-managed system and highlights the gaps and nature of change required.</p> |
| <p><b>Referral Scheduling and Support (RSS)</b><br/> <b>Integration Function:</b> this is the single 'one-stop-shop' referral hub that provides a health system with the means to review and validate the appropriateness of a referral in accordance with Referral Best Practice Guidelines. RSS assists care providers to ensure patients receive care in the right place, right time, right setting while helping patients access the care they need in the most timely and effective manner for them and their treating providers.</p> | <p>The costs associated with the current system have been calculated relating to the twenty-one organisations/services currently involved in RSS for the local population. It is now for the local system to determine how it takes forward the recommendations.</p>  |
| <p><b>Provider Education &amp; Provider Decision Support Integration Functions:</b> work has focused on general practice and relates to the team of specialists that work closely with general practice on how to best use decision support tools and resources available thereby empowering professionals to achieve optimal performance. The support tools include the actionable intelligence to enable professionals to make cost-effective decisions for the patient and the overall system.</p>                                      | <p>A report covering Provider Education and Provider Decision Support relating to general practice. The report provides a detailed baseline assessment on processes, workforce, key performance indicators, data and systems showing significant variation across the four Clinical Commissioning Groups. It also specifies the requirements of a well-managed system and highlights the gaps and nature of change required. The costs associated with the current system have been calculated for these functions. It is now for the local system to determine how it takes forward the recommendations.</p>   |



## Appendix 1: Outputs of Phase 3

| Enablers & Integration Functions  | Outputs Delivered  |
|---|--|
| <p><b>Clinical Practice Guidelines (CPG)</b><br/> <b>Enabler:</b> this is the clinical protocols or medical guidelines (relating to inpatient care) outlining how healthcare professionals should care for people with specific conditions. CPGs form the 'blueprint' on which Clinical Utilisation Review Integration Function operates in a well-managed system. CPGs minimise clinical variation relating to patients receiving treatments at the right level and setting of inpatient care.</p> <p><b>Clinical Utilisation Review:</b> this is an impartial quality assurance process that a patient is receiving inpatient treatment at the right level of care in accordance with Clinical Practice Guidelines. CUR improves patient flow across the system and enables reductions in unwarranted clinical variation.</p> | <p>A report confirming the extent to which the system has a comprehensive set of Clinical Practice Guidelines and associated governance arrangements to continually update and maintain. This report includes a gap analysis and detailed recommendations to address these gaps.</p> <p>The report also covers Clinical Utilisation Review and confirms this function does not currently exist in the local system. The report includes a feasibility study to support implementation and specifies the requirements of a well-managed system. The costs associated with developing this function are provided.</p> <p>It is now for the local system to determine how it takes forward the recommendations.</p> |
| <p><b>Integrated Discharge Function:</b> this is the process to determine the next step in care for patients in inpatient settings, with a lead care co-ordinator model in place for patient with complex needs. When done well, IDF enables</p> <ul style="list-style-type: none"> <li>• A patient to progress toward the goals of his or her plan of care after discharge</li> <li>• Patients have a timely transition to the correct setting for recovery, management, and maintenance (reducing any delayed transfers of care)</li> <li>• Community Care, Social Care, and Primary Care have a single point of contact through Discharge Planning – and are notified of the patients that will require their services.</li> <li>•</li> </ul>  | <p>A report on Integrated Discharge recognising the recent improvements made in respect to this function but the opportunities for further benefit and impact. The report provides a detailed baseline assessment on processes, workforce, key performance indicators, data and systems. It also specifies the requirements of a well-managed system and highlights the gaps and nature of change required including interdependencies.</p> <p>The costs associated with the current system have been calculated for this function.</p> <p>It is now for the local system to determine how it takes forward the recommendations.</p>   |
| <p><b>Continuous Quality Improvement (CQI) Integration Function:</b> this is a systematic approach to value improvement using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of care.</p> <p>CQI ensures all Integration Functions are constantly aligned with the targeted Outcomes and Performance Framework and that each provider as well as individual patients have the supports (e.g. information, incentives, etc.) they need for</p>  | <p>A report on CQI which highlights that this function does not currently exist in relation to the requirements of a well-managed system. The report provides a detailed baseline assessment on processes, workforce, key performance indicators, data and systems. It also specifies the requirements of a well-managed system and highlights the gaps and nature of change required.</p> <p>The costs associated with activities that could align to this future function have been calculated.</p>  |

## Appendix 1: Outputs of Phase 3

| Enablers & Integration Functions  | Outputs Delivered  |
|---|--|
| <p>the system to achieve optimal performance.</p> <p>CQI objectively identifies where and why system breakdowns are occurring and the extent to which preventing or addressing a breakdown is within a partner's control. It therefore supports a fair process for holding system partners accountable for their performance.</p>   | <p>It is now for the local system to determine how it takes forward the recommendations.</p>   |
| <p><b>System Transformation Funding</b></p> <p><b>Enabler:</b> this is the "pump prime" and other short-term funding for</p> <p>Increased screening activity, preventative services, primary care, mental health and community care services</p> <p>The mobilisation of the Integration Functions, including training etc</p> <p>A successful transformation requires mobilisation investments and temporary incremental funding prior to the full realisation of future savings ("transition period").</p> | <p>Work on transformation funding was not included in Phase 3.</p> <p>An earlier phase of work confirmed estimates on system transformation funding and provider transformation funding needed.</p> <p>It is now for the local system to further develop and understand the funding requirements associated with this whole system transformation.</p>   |
| <p><b>Provider Transformation Funding</b></p> <p><b>Enabler:</b> this is the one-time or temporary funding allocated to specific provider(s) to enable a stable and responsible transition from the current system to the future state. Acute providers require transitional funding and/or one time investments to responsibly adapt to a well-managed system.</p>   |  |
| <p><b>Provider Payment Models Integration</b></p> <p><b>Function:</b> this covers population budgeting; supporting payment structures to providers; contracting and sub-contracting.</p> <p>Commissioning and payment structures should facilitate financial sustainability, innovation, collaborative working and patient centric care.</p>  | <p>A refreshed actuarial analysis has been undertaken during Phase 3 which has reconfirmed the value opportunity from integrated care.</p> <p>It is for the local system to now determine how it wants to use the outputs of this analysis to inform activity, financial and efficiency planning.</p> <p>Further work on Provider Payment Models was not included in Phase 3 however, building on an earlier phase of work, an approach to developing a risk based population contract has been provided with expert input from an Actuary.</p> <p>Advice on provider payment structures and contracting / sub-contracting has also been provided.</p> <p>It is for the local system to now determine how to take all this work forward.</p> |

## Appendix 1: Outputs of Phase 3

| Enablers & Integration Functions  | Outputs Delivered   |
|---|---|
| <p><b>Financial Management Integration Function:</b> this is the comprehensive financial management and oversight of the system including continuous monitoring of system performance by population and by service line (type of activities) relative to the forecasted demand for health and care services.</p> <p>This encompasses all the Enablers and Integration Functions constantly reviewing and when necessary re-aligning to the financial targets.</p>                                   | <p>Work on Financial Management was not included in Phase 3 however a Financial Management Model has been provided to support ongoing financial management from a population and system perspective. It is now for the local system to determine whether to adopt this approach.</p>  |
| <p><b>Procurement &amp; Assurance Enabler:</b> this is the rules governing commissioners and their ability to procure (contract) the necessary health and social care services, Integration Functions, financing, and administrative support (non-clinical) functions needed for a well-managed system.</p> <p>All future contracts must align with the Outcomes and Performance Framework and, where applicable, should incorporate the relevant inputs required to the Integration Functions.</p> | <p>Procurement and Assurance was not included in Phase 3 however a paper outlining a proposed contract and governance model has been provided, which has been developed with legal support and could be implemented within the current legal and operating frameworks. It is now for the local system to determine how to take this work forward.</p> |
| <p><b>Integrated Care Governance and Oversight Function:</b> this is the governing body / bodies which will ensure that the ICP is delivering on the outcomes, goals and objectives it was designed for</p> <p>Governance and oversight is required to ensure checks and balances so that no single provider can act in its own interests when such actions have a material and negative impact on patients and/or other providers.</p>   |   |