## System Integration Framework Assessment

### Individual assessment chart

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<th>Domain</th>
<th>Your Score</th>
<th>1 Commitment</th>
<th>2 Enabling</th>
<th>3 Implementation</th>
<th>4 Embedding</th>
<th>5 Sustainable Delivery</th>
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<td>Leadership</td>
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<td>Service and Care Model Design</td>
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### Leadership
- **Senior leaders have agreed to work system integration and be personally engaged in leading integration activity.**
- **Senior leaders have highly visible and act as positive role models, meeting service users, carers and front line staff and giving a single consistent message about the purpose and aims of integration in order to win hearts and minds.**
- **Senior leaders continuously build networks based on relationships with partners and wider stakeholders and build clinical and managerial capability to work effectively within organisations and across pathways.**
- **Senior leaders address gaps or major problems relating to integration, together, celebrate shared success and drive continuous quality improvement to achieve a shared purpose, vision and narrative, design a new system architecture and role model and coach desired behaviours.**

### Governance
- **All partners have agreed about how to establish an infrastructure to integrate teams, structures and processes to achieve a shared purpose.**
- **All partners are clear about, and committed to, what they will jointly achieve through integration, programme governance and programme governance has been agreed. System governance structures are still embryonic.**
- **Shared accountability for performance and joint governance structure is in place between organisations including a programme management structure accountable to a shared board.**
- **Choice, competition and contestability in the context of integration have been considered and addressed and governance arrangements allow for this.**
- **Joint governance has proved effective in accounting to stakeholders for improvements in quality and in resolving or averting major problems that could compromise one or more integration partner(s).**

### Culture
- **There is agreement to work together across partner organisations, including commissioners, all health and social care providers and the voluntary sector to create an enabling culture to support the delivery of integrated care.**
- **All organisations are starting to describe common goals and see the need to work together and support cultural change through organisational development.**
- **All partners are clear about, and committed to, what they will jointly achieve through integration and joint communications.**
- **Integration partners are building trust and commitment in the local community and the voice of all partners has equal weight and value.**
- **All staff are familiar with, and demonstrate, the shared values, and commitment to the vision across the organisations participating in system integration. The concept of “Our Service User” e.g. Mrs Smith is embedded in the culture.**

### Service user and carer engagement
- **All partners agree to actively engage service users in co-designing services to meet their needs.**
- **Service user and carer needs and values have been sought and built into integration plans.**
- **Service users and carers are partners in redesign and central to redesign.**
- **Feedback mechanisms for service users and carers are built into integrated services, with appropriate changes being made as a result of this feedback.**
- **Feedback mechanisms indicate significant, sustained improvement in care coordination and experience.**

### Financial and contractual mechanisms
- **There is agreement to develop joint financial and contractual mechanisms to support the delivery of integrated care.**
- **Integration partners agree the integrated investment costs, including dedicated programme management.**
- **Financial levers and incentives are developed to address barriers to large scale integration. Shared outcomes and joint performance measures are developed and being implemented across partner organisations.**
- **New contractual models, financial levers and incentives to deliver system integration and care closer to home are in place. Structures are in place to support financial governance across partner organisations.**
- **Budgets and finance processes have been aligned across integrated services by all partners in a way that continually promotes the benefits of integrated working. Return on investment benefits are realised.**

### Information & IT
- **All partners agree to share information to support integrated care, planning, delivery and evaluation.**
- **Risk stratified has been undertaken and information about who would most benefit from care co-ordination is shared and acted upon. Analysis has taken a population focus to enable a 100% population focus.**
- **IT workarounds have been developed to support integrated working e.g. shared records and clinical decision support, performance and outcome measures. Information sharing is informal and Caldicott 2 compliant.**
- **Information and IT backroom functions are fully integrated between all partner organisations and provide information to continuously assess quality and outcomes.**
- **Fully integrated health and social records are accessible by service users, carers and all staff involved. There is a “full disclosure” culture between partners enabled by innovative IT solutions.**

### Workforce
- **All partners agree to develop their workforce to support new models of integrated care.**
- **Workforce planning is developed to support new models of care. Education and training is planned to develop a workforce with the skills and values to deliver integrated care, organised around the needs of service users.**
- **Workforce planning is a single team ethos and values to deliver integration.**
- **New roles and integrated service structures are being developed. Staff share records and are being co-located, making the best use of the combined real estate across partners.**
- **The integrated workforce accesses and uses guidelines to standardise, coordinate, deliver best practice and reduce unwarranted variations in gaps in care. Workforce redesign supports integration with new roles/ responsibilities.**
- **Multi-specialty generalist and specialist groups of health and social care professionals are accountable for delivering integrated care and demonstrate improved outcomes for their defined population. Shared values create a single team ethos and continuity of care.**

### Service and Care Model Design
- **There is agreement to improve care co-ordination as part of a system level plan to develop new services and models of care.**
- **There is agreement about the scale, scope and pace of the integration work, including mapping all community assets, including the estate. The target service user population is clearly identified and risk stratified, and integrated service specifications state the aims and outcomes of clinical redesign of each strata.**
- **New service models are being designed and tested which make the best use of all available resources and community assets to deliver improved quality and costs. The consequence of integration on other parts of the system has been assessed and a contingency plan developed to avoid unintended consequences.**
- **Incentives and mechanisms are in place across integration partners. Clinical practices are aligned and guidelines/ pathways have been implemented and embedded.**
- **A systematic programme of economy level system service redesign is well established and resourced by integration partners through the shared governance process.**

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