

**Integrated Care Partnerships
- Partnership Environment Survey -
Follow Up Report – May 2015**

EXECUTIVE SUMMARY

- 1.1 A key outcome for Integrated Care Partnerships (ICPs) is improved joint working and patient-centred collaboration between primary, community and secondary care¹.
- 1.2 In order to facilitate analysis of the extent to which ICPs achieve this outcome, a baseline survey of ICP committee members was carried out in March/April 2014. The baseline survey asked participants to reflect on their experiences before the implementation of ICPs, their expectations for ICPs and any barriers which they perceived that ICPs may face. A summary of the findings of this baseline survey is provided at Annex B of this report.
- 1.3 A follow up survey was carried out in March 2015. The follow up survey invited participants to reflect on their experiences *since* the establishment of ICPs, to comment on the extent to which ICP development to date has matched their initial expectations, and any barriers that have affected their development.
- 1.4 Eighty-one completed questionnaires were received in response to the 2015 survey. This represents a response rate of 47% based on the overall register of ICP committee membership². This compares with a response rate of 33% to the 2014 baseline survey.
- 1.5 The findings from the 2015 survey are set out in detail in this report. In summary the findings were as follows:

Quantitative Data

- 1.6 In general, responses to section A of the survey were more positive than those offered in respect to the corresponding questions at the baseline survey. Responses to section B, suggest that service users and carers generally perceived either no change or some positive change since the establishment of ICPs. Full details of the findings in respect of the quantitative information is presented in section A of this report; a summary is provided below:

Section A – Health and Social Care Providers and Voluntary/Community sector Groups

- There was a range of views about how effectively health and social care providers have worked together across disciplinary, organisational and

¹ Section 4.4 (vii) *Integrated Care Partnerships: Policy Implementation Framework* (DHSSPS 2013)

² Total number of ICP committee members has been calculated from the membership lists provided at: <http://www.transformingyourcare.hscni.net/integrated-care-partnerships/icp-areas/>
Please note where someone sits on more than one ICP committee, they have only been counted once for the purposes of this calculation.

geographical boundaries. However, overall, responses to these questions were notably more positive than those provided in the baseline survey;

- There was a view that it has become somewhat easier to provide a coordinated approach to patient/client care since the establishment of ICPs - although there remains a spread of responses to this question;
- There was a view that the care pathways designed by ICPs have, by and large, enabled all disciplines and organisations to contribute appropriately to the delivery of positive outcomes for patients. The baseline survey results suggested that previous care pathways were less likely to facilitate this;
- There was a range of views about the level of communication between disciplines and between organisations – although overall responses suggested that communication is clearly rated more positively since the establishment of ICPs;
- There were mixed views about the level of networking between disciplines and between organisations – although overall responses suggested that networking is viewed more positively post-ICP establishment.

Section B – Service User and Carer Representatives

- Whilst few service users and carer representatives considered that co-ordination of care had worsened since the establishment of ICPs, just under 50% regarded it as unchanged and just over 50% as better;
- A majority of service user and carer representatives considered that the timeliness of information about support services is unchanged since the establishment of ICPs;
- Similarly, a majority of respondents considered that knowing who to contact (and how to contact them) in the event of becoming unwell was neither easier nor more difficult since the establishment of ICPs;
- The level of communication between the different people providing treatment and support for service users was generally regarded as either unchanged or better post-ICP establishment.

Qualitative Data

1.7A thematic analysis was carried out in respect of the qualitative data received via the survey. This analysis identified three overarching themes in respect of the information provided:

- System/Process Themes
- Stakeholder Themes
- Looking forward

- 1.8 Within these themes, a range of sub-themes were identified including, for example: speed of implementation; challenges facing ICP partners; resourcing and suggestions for improvement. The report presents a range of extracts from the survey responses under these headings.
- 1.9 Whilst respondents highlighted the positive impact of ICPs in respect to the development of collaborative relationships and communication, a range of significant and recurring concerns were raised in respect of the systems/processes within which ICPs have been working – particularly with respect to the commissioning and investment proposal template (business case) processes.
- 1.10 Whilst some respondents indicated that their experience to date had been better than their initial expectations, others suggested that the implementation of ICPs had fallen short of their expectations – often due to the pace at which change on the ground has proceeded.
- 1.11 Overall it is evident from the qualitative survey responses that there remains considerable work to do to ensure that full ICP implementation is achieved so that ICPs are able to deliver the improvements for service user care envisaged under Transforming Your Care.

Next Steps

- 1.10 The findings of this survey will be shared with the Regional ICP Project Board, the ICP Business & Clinical Support Teams and the ICPs in order to inform the continued implementation of Integrated Care Partnerships across Northern Ireland.
- 1.11 In order to address the strategic issues identified by respondents in respect of the commissioning and investment proposal template process, the survey report will also be shared with the HSCB Senior Management Team, and officials working on the Review of Commissioning.

2.0 Survey Overview

- 2.1 The 'Integrated Care Partnerships – Partnership Environment Survey – Follow Up – March 2015' was developed by the Department of Health, Social Services and Public Safety and distributed by the Health and Social Care Board.
- 2.2 The survey was initially planned for a 3 week period from 2nd-20th March 2015. This timescale was subsequently extended to 31st March 2015 to encourage maximum participation.
- 2.3 The survey was made available to Integrated Care Partnership (ICP) committee members via the 'Smart Survey' website with hard copies of the survey also available for distribution on request. The decision to make the survey available on-line was taken in response to difficulties experienced with the baseline survey format where a number of respondents highlighted that they were unable to access the 'Word document' format. The significant increase in the number of returns may, in part, be due to this decision.
- 2.3 The survey provided ICP committee members with an opportunity to reflect on their experiences **since the establishment** of ICPs. The survey was divided into four sections (A-D) – mirroring the format utilised in the baseline survey. As far as possible, similar wording and response scales were utilised for the follow up survey as per the baseline survey.
- 2.4 Revised scales were, however, utilised in section B (for service user and carer representatives) with three options replacing the earlier 10 point scale. This approach was judged to be clearer than the original scale and also as providing respondents with an opportunity to reflect directly on whether they perceived positive/negative/no change since the establishment of ICPs.
- 2.5 To facilitate comparison between the 2014 and 2015 surveys, the graphs provide figures in percentage rather than numeric terms (both the percentage and the numeric detail is provided in accompanying tables where appropriate).
- 2.6 It should be noted that a higher number of respondents self-reported as a health and social care provider or a voluntary/community sector representative than responded to Section A of the survey whilst a lower number of respondents self-reported as a service user or carer representative than responded to Section B of the survey. However, since the focus of the survey does not seek to compare views between these groups but rather to understand the impact and workings of ICPs since their establishment, this was not judged to be detrimental to undertaking an analysis of the survey results.

2.7 A summary of the responses provided to each section of the survey is provided below. A copy of the full survey questionnaire is attached at Annex A of this report.

2.8 **Section A** of the survey asked a series of questions for Health and Social Care providers and Voluntary & Community sector representatives on the ICP committee. In each instance the focus was on experiences *since* the establishment of ICPs. Topics covered were:

- Effectiveness of joint working across disciplinary/ geographical/ organisational boundaries;
- Extent of a co-ordinated approach and appropriate input from the range of professionals to patient/ client care;
- Extent of input of all organisations and disciplines into the new care pathways for patients/ clients;
- Level of communication between disciplines and between organisations; and
- Level of formal and informal networking between disciplines and between organisations.

2.2 **Section B** of the survey asked a series of questions for Service User and Carer representatives on the ICP committee. In each instance the focus was on experiences *since* the establishment of ICPs:

- Whether the provision of coordinated care was unchanged/ better/ worse;
- Whether the timeliness of information about available support services was unchanged/ better/ worse;
- Whether knowing who to contact and how to make contact was neither easier nor more difficult/ easier/more difficult;
- Whether communication between the different people providing treatment and support was unchanged/ better/ worse.

2.3 **Section C** of the survey asked all ICP committee members to give their views on the following aspects:

- The extent to which the development of ICPs to date has matched their initial expectations;
- Whether barriers have emerged in the development of ICPs which may limit their effectiveness; and
- Additional comments (free text).

2.4 **Section D** of the survey asked each respondent to indicate which group they represented within the ICP Committee (eg: Nurse; Voluntary & Community Sector; Service User).

3.0 Overview of Findings

3.1 81 completed questionnaires were received. This represents a response rate of 47% based on the overall register of ICP committee membership.

3.2 The breakdown of respondents was as follows:

HSC Trust				Ambulance NI Service	GP	Pharmacist	Voluntary & Community	Service User	Carer	Not Stated	TOTAL
Medical Specialist	Nurse	AHP	Social Worker								
4	4	7	5	1	21	14	12	9	4	0	81
4.9%	4.9%	8.6%	6.2%	1.2%	25.9%	17.3%	14.8%	11.1%	4.9%	0	100%

Quantitative Analysis of Survey Findings

Health and Social Care providers and voluntary/ community sector groups were asked to respond to Section A of the questionnaire. Details of the questions asked in this section together with the responses received are provided below.

SECTION A

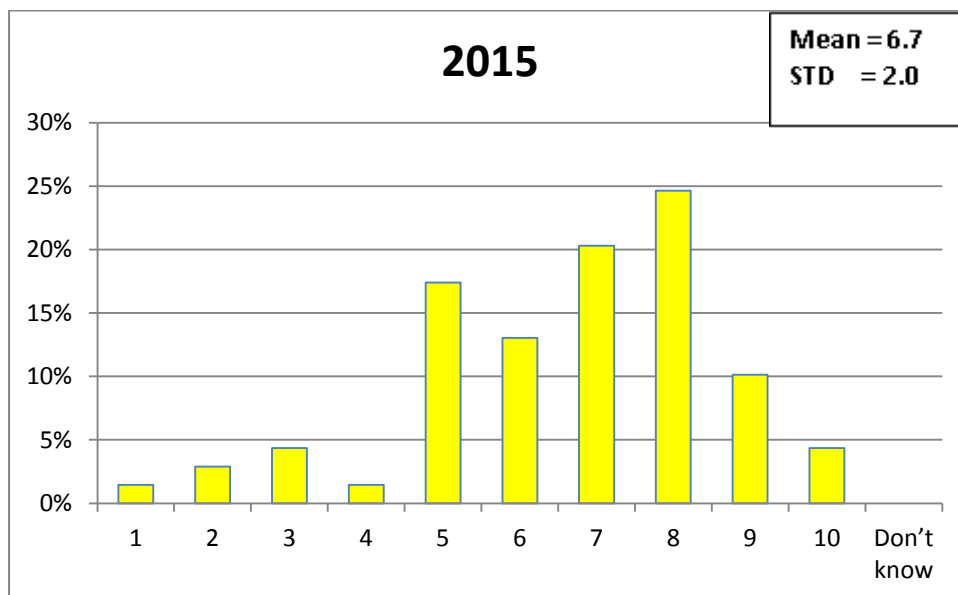
Q 1:

In your experience, how effectively have health and social care providers been working together **across disciplinary (eg: pharmacist; nurse; social worker) boundaries** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=not effectively at all; 10 = extremely effectively. A don't know option was also provided.

Of the 81 completed questionnaire responses, 69 answered this question. The breakdown of responses was as follows:

Figure 1: Q1 - Effectiveness of working together across disciplinary boundaries

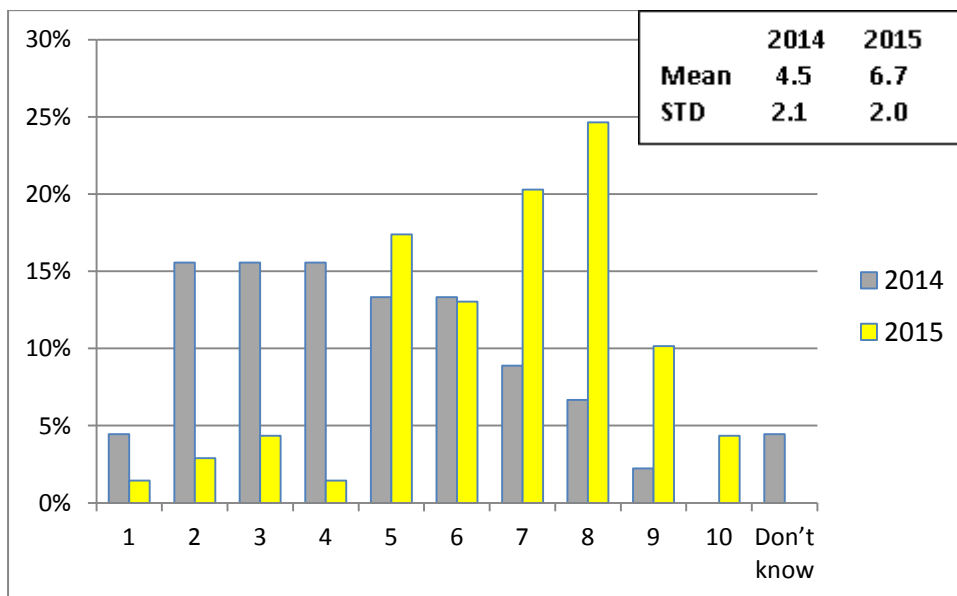


Whilst there is a spread of responses, 45% of responses provided either a '7' or '8' rating, suggesting that respondents consider that health and social care providers have been working effectively across disciplinary boundaries since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	2	4.4%	1	1.5%
2	7	15.6%	2	2.9%
3	7	15.6%	3	4.4%
4	7	15.6%	1	1.5%
5	6	13.3%	12	17.4%
6	6	13.3%	9	13.0%
7	4	8.9%	14	20.3%
8	3	6.7%	17	24.6%
9	1	2.2%	7	10.1%
10	0	0.0%	3	4.4%
Don't know	2	4.4%	0	0.0%
TOTAL	45	100%	69	100%

Figure 2: Q1 – Comparison of responses for 2014 and 2015



The results from the 2014 baseline survey suggests a much broader spread of responses with 73% of respondents attributing a rating between ‘2’ and ‘6’ to the effectiveness of working across disciplinary boundaries. By comparison, 75% of respondents to the 2015 survey provided a rating between ‘5’ and ‘8’ in response to this question suggesting a general shift in the distribution of responses towards the

higher end of the graph. This indicates that respondents are experiencing clear improvement in working together across disciplinary boundaries since the establishment of ICPs.

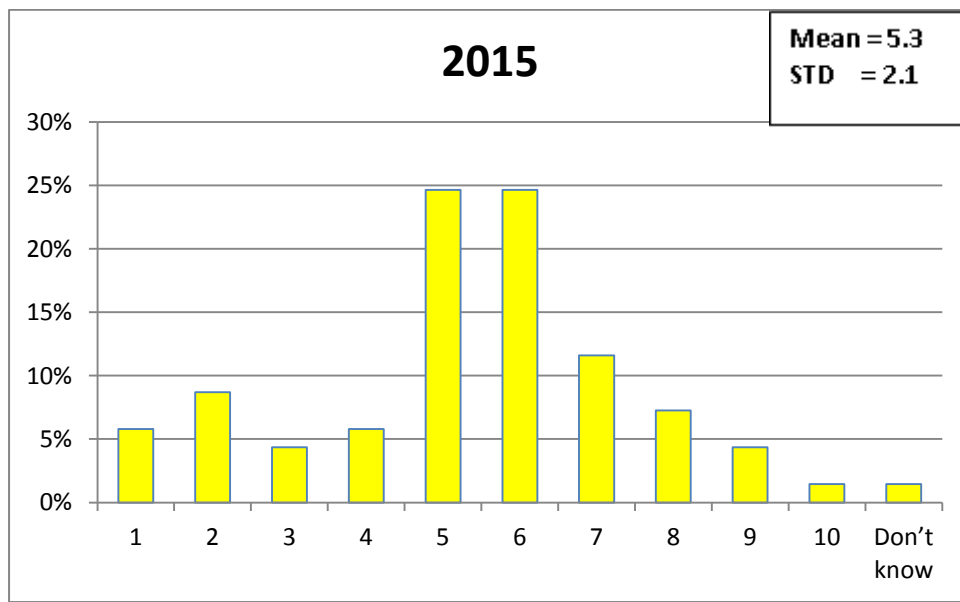
Q 2:

In your experience, how effectively have health and social care providers been working together **across geographical boundaries** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=not effectively at all; 10 = extremely effectively. A don't know option was also provided.

Of the 81 completed questionnaire responses, 69 answered this question. The breakdown of responses was as follows:

Figure 3: Q 2 – Effectiveness of working together across geographical boundaries



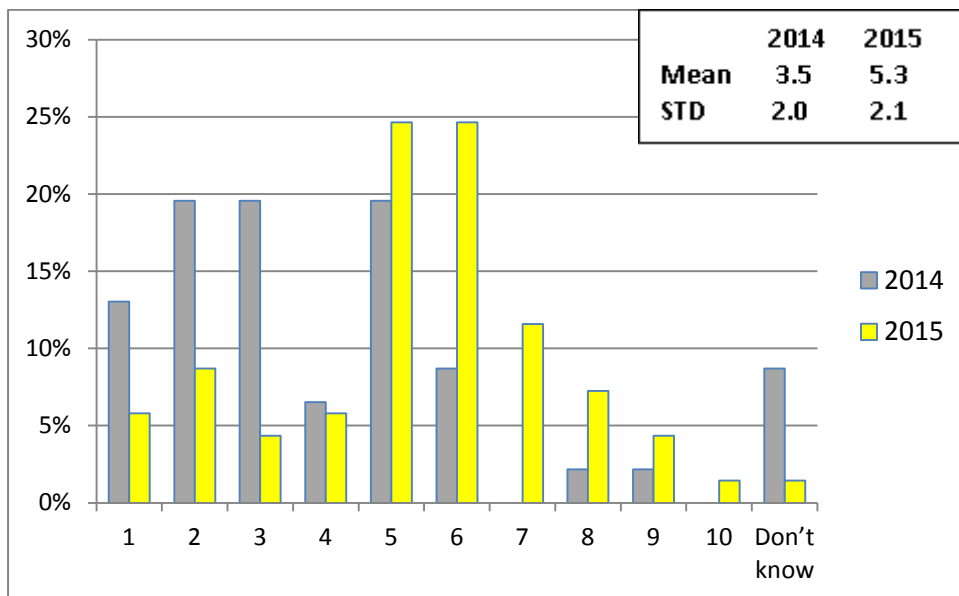
Whilst there is a spread of responses, nearly 50% of responses (49%) of responses provided either a '5' or '6' rating, suggesting that respondents consider that working across geographical boundaries has been at an average level of effectiveness since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	6	13.0%	4	5.8%
2	9	19.6%	6	8.7%
3	9	19.6%	3	4.4%
4	3	6.5%	4	5.8%

5	9	19.6%	17	24.6%
6	4	8.7%	17	24.6%
7	0	0.0%	8	11.6%
8	1	2.2%	5	7.3%
9	1	2.2%	3	4.4%
10	0	0.0%	1	1.5%
Don't know	4	8.7%	1	1.5%
TOTAL	46	100%	69	100%

Figure 4: Q2 – Comparison of responses for 2014/15



Nearly 50% of responses to the 2015 survey are clustered in the '5' or '6' rating categories whereas in 2014, nearly 40% of respondents provided a '2' or '3' rating with less than 30% providing a '5' or '6' rating. This suggests that, whilst working together across boundaries is generally viewed by respondents as average in its effectiveness, overall the clustering of responses to the 2015 survey is more mid-range than low-range highlighting a notable improvement in respondents' experience.

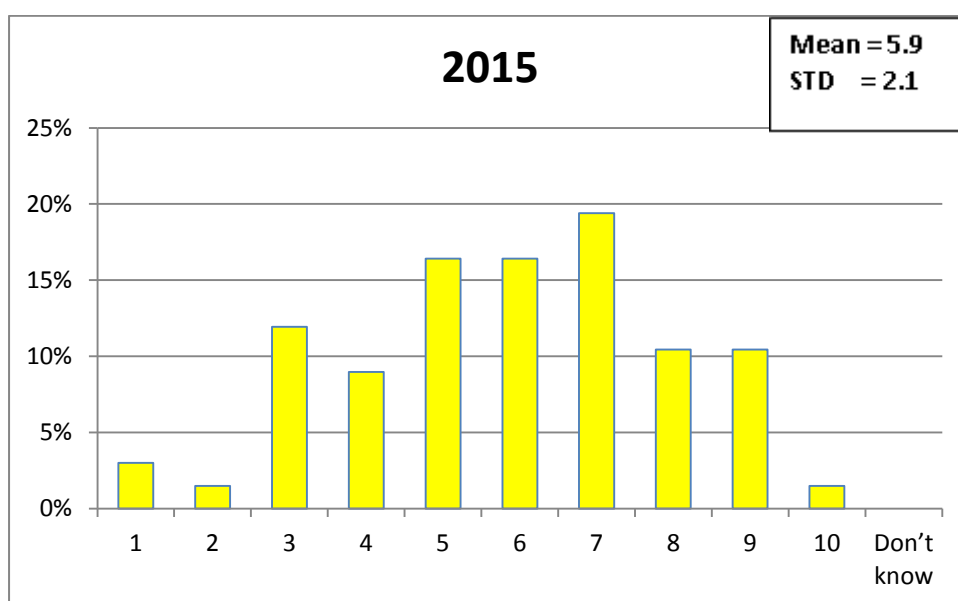
Q 3:

In your experience, how effectively have health and social care providers been working together **across organisational (eg: HSC Trust; voluntary or community sector; independent contractor) boundaries** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=not effectively at all; 10 = extremely effectively. A don't know option was also provided.

Of the 81 completed questionnaire responses, 67 answered this question. The breakdown of responses was as follows:

Figure 5: Q3 – Effectiveness of working together across organisational boundaries



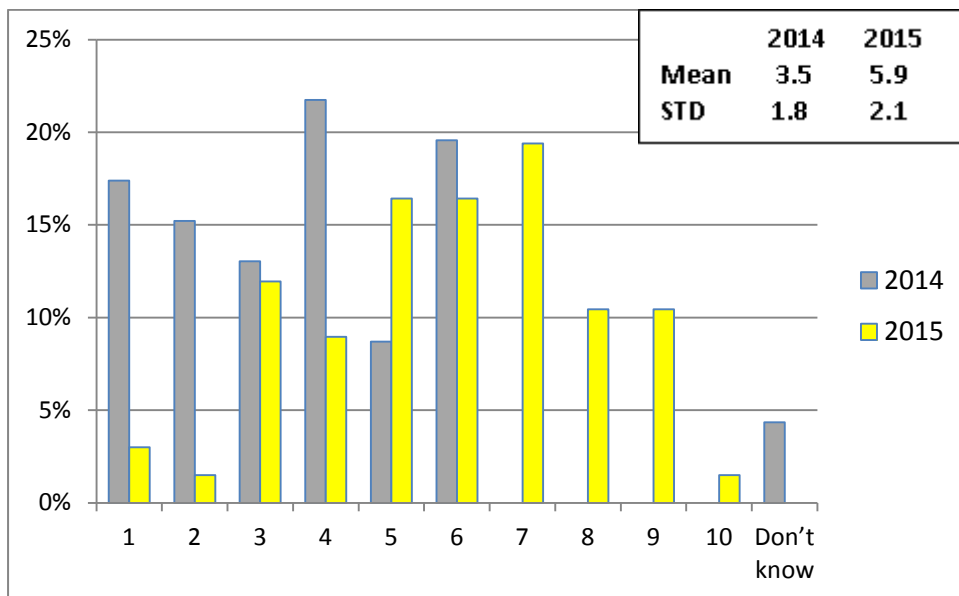
There is a wide spread of responses to this question with comparable levels of response at both the lower and higher end of the rating scale. This suggests a mixed view of how effectively health and social care providers have been working together across organisational boundaries since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	8	17.4%	2	3.0%
2	7	15.2%	1	1.5%
3	6	13.0%	8	11.9%
4	10	21.7%	6	9.0%

5	4	8.7%	11	16.4%
6	9	19.6%	11	16.4%
7	0	0.0%	13	19.4%
8	0	0.0%	7	10.5%
9	0	0.0%	7	10.5%
10	0	0.0%	1	1.5%
Don't know	2	4.4%	0	0.0%
TOTAL	46	100%	67	100%

Figure 6: Q3 – Comparison of responses for 2014 and 2015



The 2014 survey drew a wide spread of responses to this question, with 17% of respondents providing a '1' rating and a further 20% of respondents a '6' rating suggesting mixed views of how effectively health and social care providers were working together across organisational boundaries before the implementation of ICPs. There is a similarly marked spread of responses to the current survey with 12% providing a '3' rating and 11% a '9' rating. However, a majority of responses (57%) now offer a '6-9' rating, compared to 20% in 2014, suggesting a positive improvement in this area.

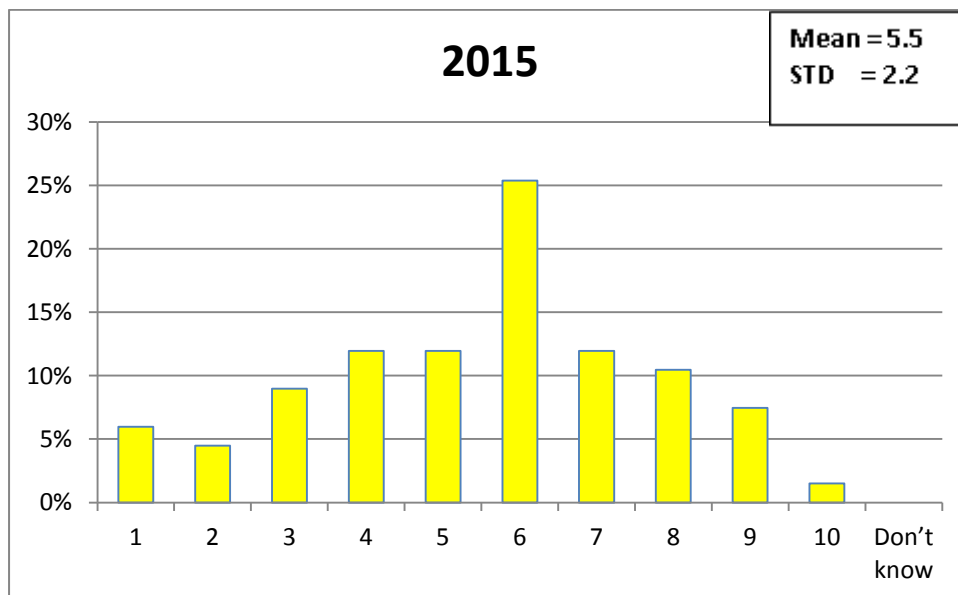
Q4:

In your experience, how easy has it been to provide a **coordinated approach to patient/client care** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=extremely difficult; 10 = extremely easy. A don't know option was also provided.

Of the 81 completed questionnaire responses, 67 answered this question. The breakdown of responses was as follows:

Figure 7: Q4 – ease of providing a coordinated approach to patient/client care



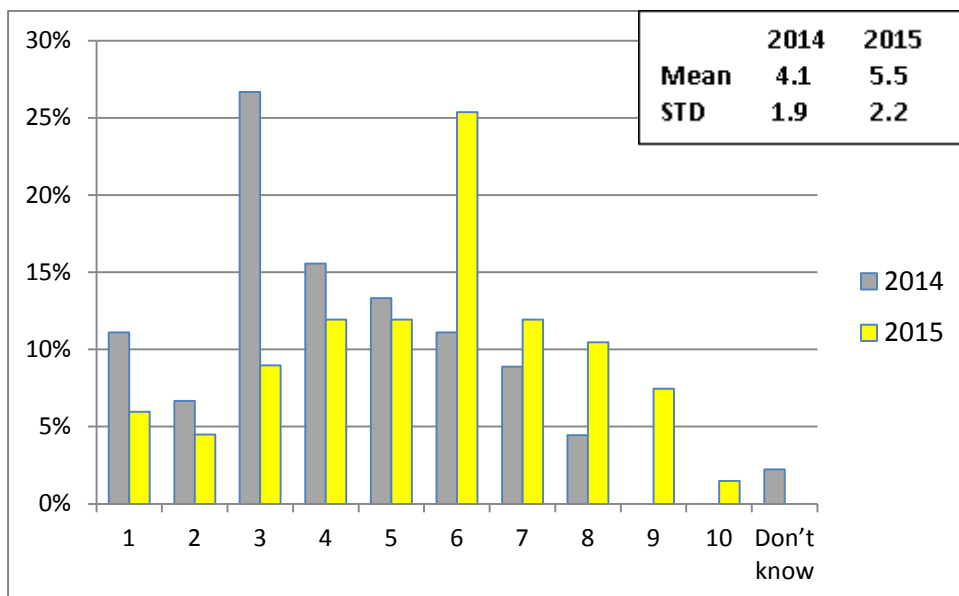
Whilst just over a quarter of respondents provided a '6' rating in response to this question, overall there is a wide spread of responses ranging from 6% of responses who provided a '1' rating to 2% of respondents who provided a '10' rating. This suggests that there is no distinct view about the ease with which a co-ordinated approach to patient/client care can be provided since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	5	11.1%	4	6.0%
2	3	6.7%	3	4.5%

3	12	26.7%	6	9.0%
4	7	15.6%	8	11.9%
5	6	13.3%	8	11.9%
6	5	11.1%	17	25.4%
7	4	8.9%	8	11.9%
8	2	4.4%	7	10.5%
9	0	0.0%	5	7.5%
10	0	0.0%	1	1.5%
Don't know	1	2.2%	0	0.0%
TOTAL	45	100%	67	100%

Figure 8: Q4 – Comparison of responses for 2014 and 2015



Whilst there was a spread of responses to the 2014 survey, 73% of respondents provided a rating between '1-5', suggesting that there was a view that it had been relatively difficult to provide a co-ordinated approach to patient/client care before the implementation of ICPs. By comparison, in the 2015 survey, only 43% of respondents provided a rating of between '1-5'. This suggests that generally there was a more positive view of the ease with which a co-ordinated approach to patient/client care can be achieved since the establishment of ICPs – although the wide spread of responses suggests that this is not a uniform experience.

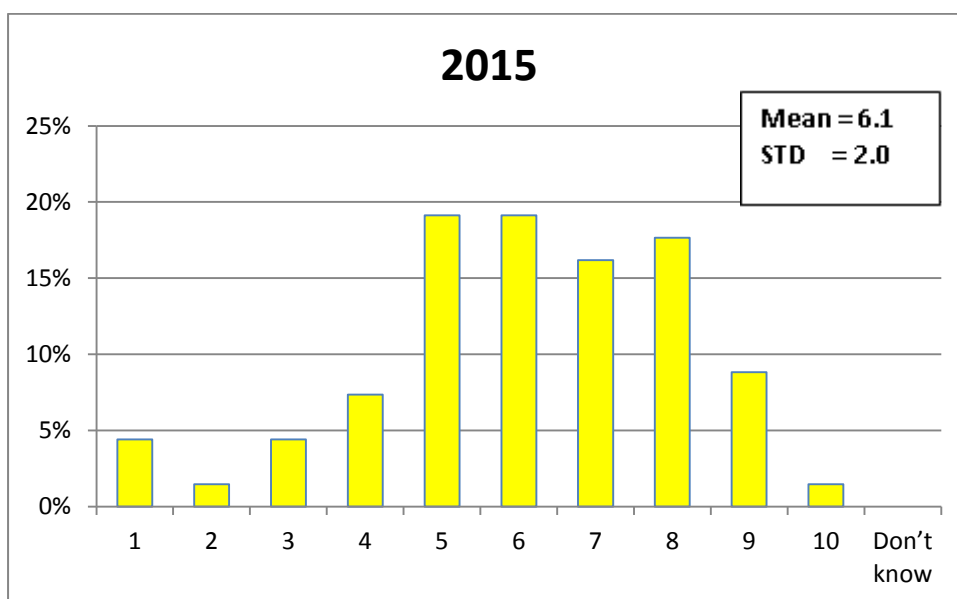
Q5:

In your experience, how easy has it been to secure the **appropriate input of a range of health and social care professionals** to a patient's/client's care since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=extremely difficult; 10 = extremely easy. A don't know option was also provided.

Of the 81 completed questionnaire responses, 68 answered this question. The breakdown of responses was as follows:

Figure 9: Q5 – Ease of securing appropriate input of a range of HSC professionals



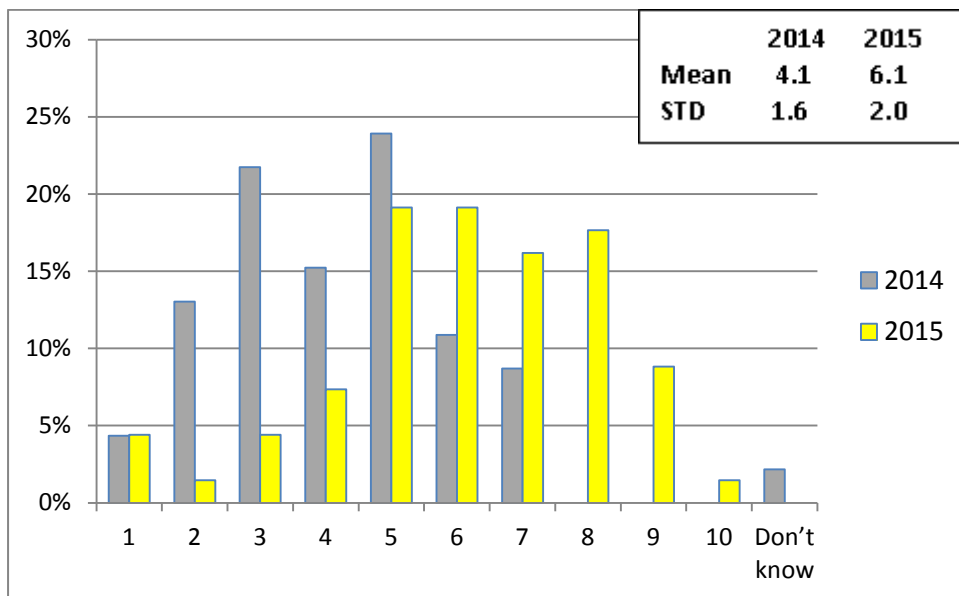
Whilst there is a spread of responses to this question, 72% of respondents provided a rating between '5-8'. This suggests that respondents considered that it was relatively easy to secure the appropriate input of a range of health and social care professionals to a patient's/client's care since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	2	4.3%	3	4.4%
2	6	13.0%	1	1.5%
3	10	21.7%	3	4.4%
4	7	15.2%	5	7.4%

5	11	23.9%	13	19.1%
6	5	10.9%	13	19.1%
7	4	8.7%	11	16.2%
8	0	0.0%	12	17.7%
9	0	0.0%	6	8.8%
10	0	0.0%	1	1.5%
Don't know	1	2.2%	0	0.0%
TOTAL	46	100%	68	100%

Figure 10: Q5 – Comparison of responses for 2014 and 2015



Whilst, in 2014, there was a spread of responses to this question, 78% of responses provided a rating between '1-5', suggesting that there was a view that it had been relatively difficult to secure the appropriate range of health and social care professionals to a patient's/client's care. By comparison, whilst a spread of responses is reflected in the 2015 survey, 72% of respondents provided a rating between '5-8'. This suggests that, overall, respondents perceive that it has been easier to secure appropriate input since the establishment of ICPs.









Q6 (follow on):

Please indicate if there are particular professional groups from which, in your experience, it has been difficult to secure appropriate input.

A multiple choice tick box format was provided for respondents. 38 respondents answered this question.

Collated responses were as follows:

Figure 11: Q 6 (follow on) – ease of securing input from particular professional groups

			Response Percent	Response Total
1	HSC Trust - Medical Specialist		71.1%	27
2	HSC Trust - Nurse		21.1%	8
3	HSC Trust - Allied Health Professional		29.0%	11
4	HSC Trust - Social Worker		26.3%	10
5	NI Ambulance Service		10.5%	4
6	Primary Care - General Practitioner		13.2%	5
7	Pharmacist		7.9%	3
8	Voluntary & Community sector		18.4%	7
			TOTAL	38

The breakdown above suggests that respondents found it most difficult to secure input from medical specialists and least difficult from pharmacists. This finding mirrors that reported in the 2014 survey; however a more detailed comparison is not included as there may have been some misunderstanding about this question in the 2014 survey.³

³ It should be noted that nine respondents to the 2014 survey named their own professional group by way of response to this question. It is not clear whether this reflects a perception among these respondents that it is difficult to secure appropriate input from their own professional group or whether this reflects a misunderstanding of this question. It is therefore difficult to draw any firm conclusions from the responses provided.

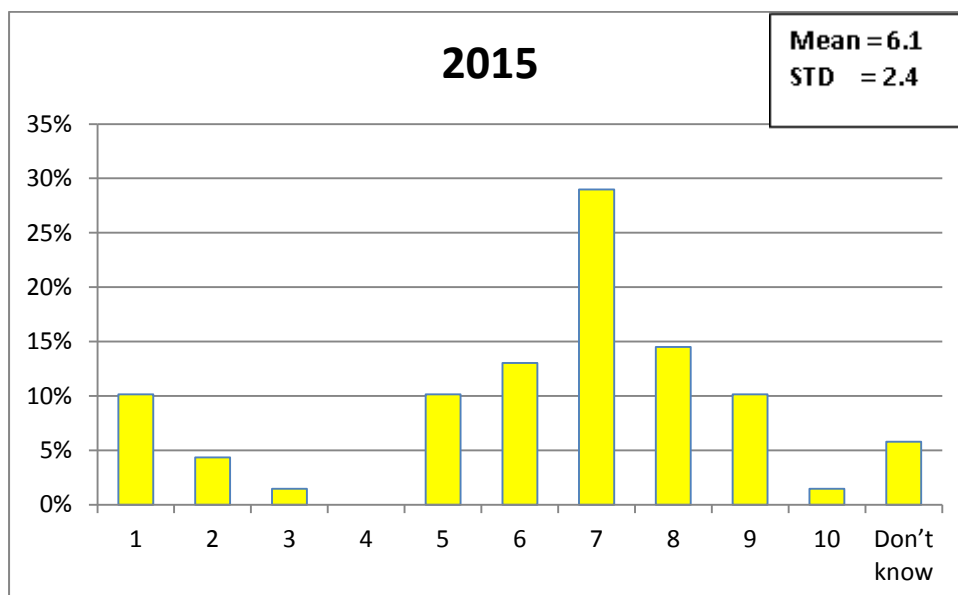
Q7:

In your experience, to what extent have the **care pathways** designed by Integrated Care Partnerships enabled **all disciplines (eg: nurse; pharmacist; social worker)** to contribute fully and appropriately to the delivery of positive outcomes for patients?

A rating scale of 1-10 was provided for response with 1=not at all; 10 = fully. A don't know option was also provided.

Of the 81 completed questionnaire responses, 69 answered this question. The breakdown of responses was as follows:

Figure 12: Q7 – Extent of contribution of all disciplines to ICP care pathways

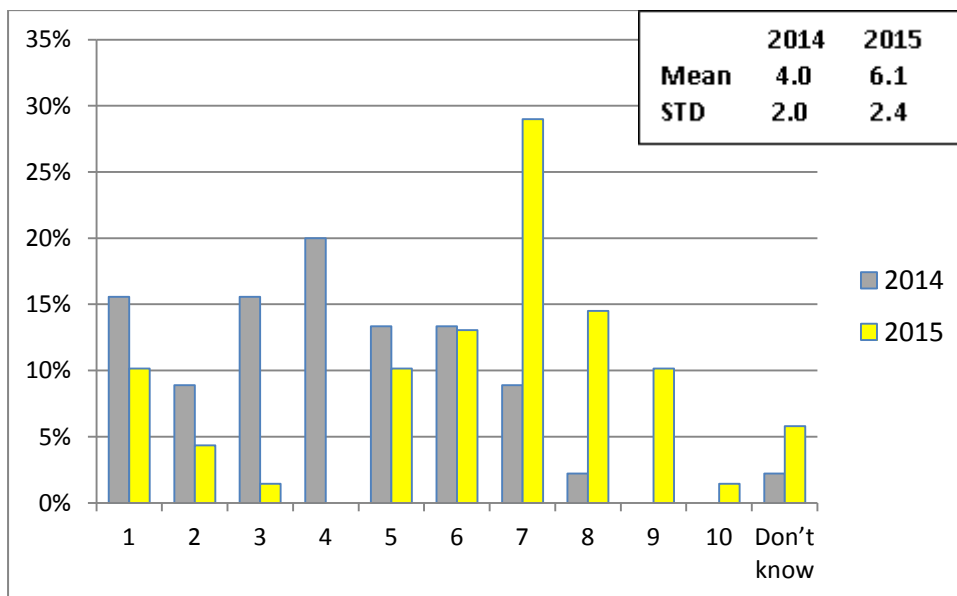


Whilst there is a spread of responses to this question, 77% of respondents provided a rating between '5-9'. This suggests that, overall, respondents considered that the care pathways designed by ICPs have enabled all disciplines to contribute appropriately to the delivery of positive outcomes for patients. However, the outlier responses at rating '1' may merit further consideration.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	7	15.6%	7	10.1%
2	4	8.9%	3	4.4%
3	7	15.6%	1	1.5%
4	9	20.0%	0	0.0%
5	6	13.3%	7	10.1%
6	6	13.3%	9	13.0%
7	4	8.9%	20	29.0%
8	1	2.2%	10	14.5%
9	0	0.0%	7	10.1%
10	0	0.0%	1	1.5%
Don't know	1	2.2%	4	5.8%
TOTAL	45	100%	69	100%

Figure 13: Q7 – Comparison of responses for 2014/15



In the 2014 survey, the spread of responses suggested a mixed view of the extent to which previous care pathways enabled all disciplines to contribute fully and appropriately to the delivery of positive outcomes for patients. However, only 38% of respondents provided a rating between ‘5-9’ in response to this question; this compares with 77% of respondents to the 2015 survey suggesting that, by comparison, there is a view that the care pathways designed by the ICPs have enabled better contribution of all disciplines.

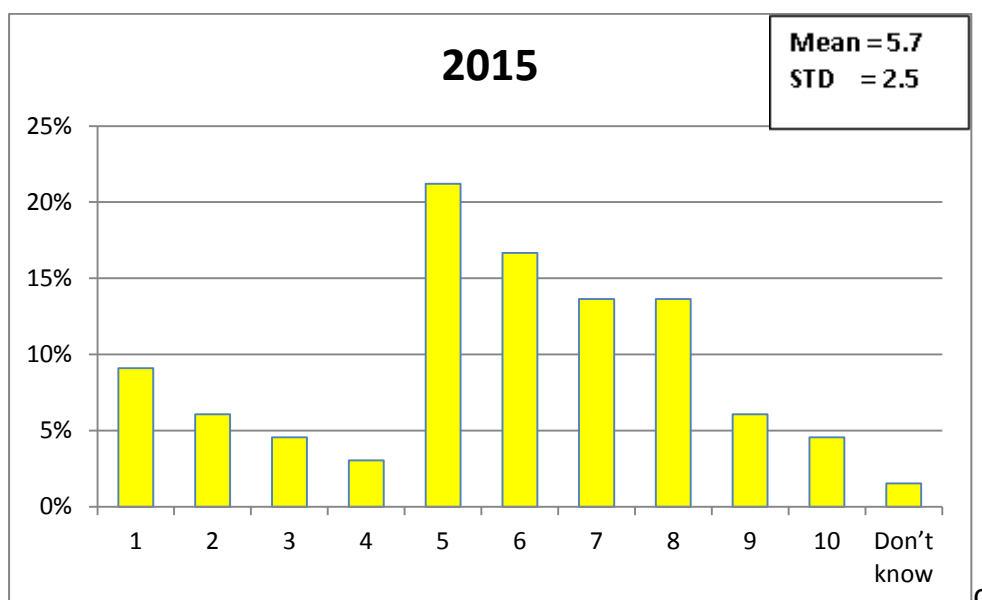
Q8:

In your experience, to what extent have the **care pathways** designed by Integrated Care Partnerships enabled **all organisations (eg: HSC Trust; Voluntary or Community sector; independent contractor)** to contribute fully and appropriately to the delivery of positive outcomes for patients?

A rating scale of 1-10 was provided for response with 1=not at all; 10 = fully. A don't know option was also provided.

Of the 81 completed questionnaire responses, 66 answered this question. The breakdown of responses was as follows:

Figure 14: Q 8 – Extent of contribution of all organisations to ICP care pathways



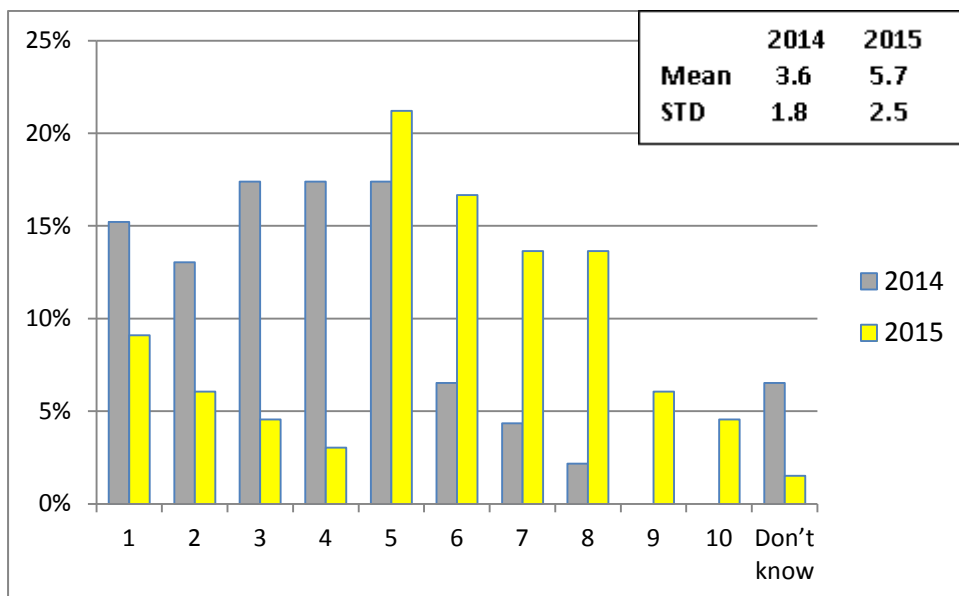
Whilst there is a spread of responses, 65% of responses assigned a rating of between '5-8'. This suggests that a majority of respondents considered that it has been possible for all organisations to contribute appropriately to the care pathways designed by ICPs. However, the outlier responses at rating '1' may merit further consideration.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	7	15.2%	6	9.1%
2	6	13.0%	4	6.1%

3	8	17.4%	3	4.6%
4	8	17.4%	2	3.0%
5	8	17.4%	14	21.2%
6	3	6.5%	11	16.7%
7	2	4.3%	9	13.6%
8	1	2.2%	9	13.6%
9	0	0.0%	4	6.1%
10	0	0.0%	3	4.6%
Don't know	3	6.5%	1	1.5%
TOTAL	46	100%	66	100%

Figure 15: Q8 – Comparison of responses for 2014 and 2015



A significant majority of responses (80%) to the 2014 survey provided a rating of between '1-5' in response to this question suggesting a view that there were some difficulties in securing the contribution of all organisations to previous care pathways. By contrast, only 44% of respondents to the 2015 survey provided a '1-5' rating, with 55% providing a '6-10' rating. This clearly suggests that respondents have found that the care pathways designed by ICPs have enabled all organisations to contribute more fully and appropriately to the delivery of positive outcomes for patients.

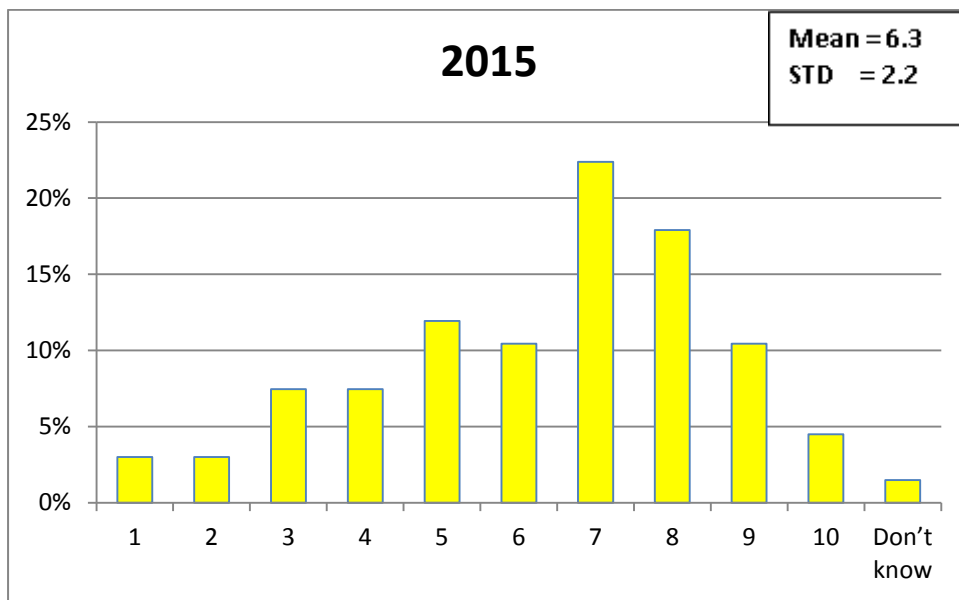
Q9:

In your experience, how would you describe the **level of communication** between **disciplines (eg: nurse; pharmacist; social worker)** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=extremely poor; 10 = extremely good. A don't know option was also provided.

Of the 81 completed questionnaire responses, 67 answered this question. The breakdown of responses was as follows:

Figure 16: Q 9 – Level of communication between disciplines



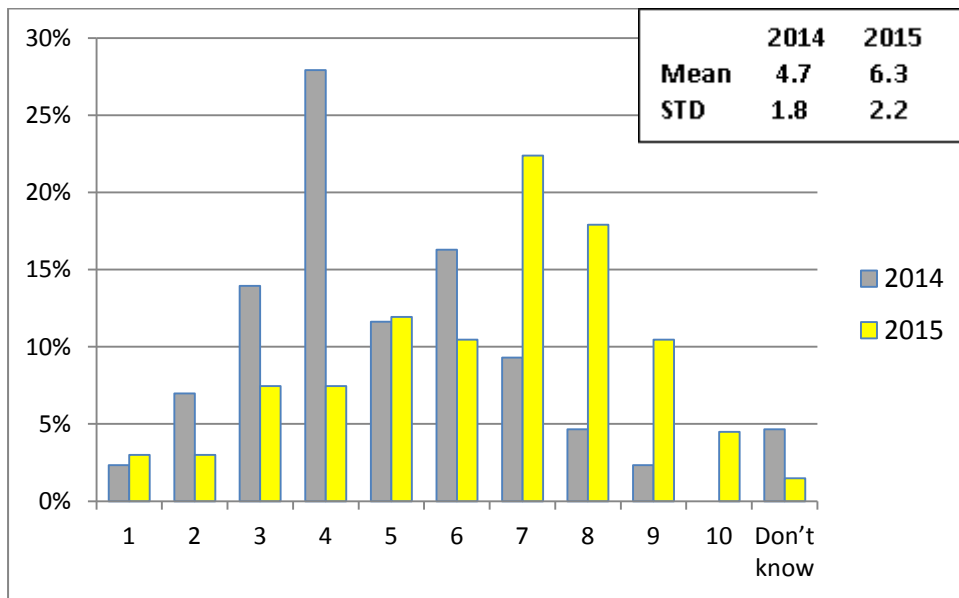
Whilst there is a spread of responses, 63% of responses assigned a rating of between '5-8'. This suggests that a majority of respondents considered that communication between organisations since the establishment of ICPs has been good to very good.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	1	2.3%	2	3.0%

2	3	7.0%	2	3.0%
3	6	14.0%	5	7.5%
4	12	27.9%	5	7.5%
5	5	11.6%	8	11.9%
6	7	16.3%	7	10.5%
7	4	9.3%	15	22.4%
8	2	4.7%	12	17.9%
9	1	2.3%	7	10.5%
10	0	0.0%	3	4.5%
Don't know	2	4.7%	1	1.5%
TOTAL	43	100%	67	100%

Figure 17: Q9 – Comparison of responses for 2014 and 2015



In the 2014 survey, the spread of responses suggested a mixed view of the level of communication between disciplines, varying from fair-good across the spectrum. There is a similar spread of responses in the 2015 survey, however, the most common rating has changed from '4' to '7' in the current survey return, suggesting that respondents view the level of communication between disciplines is relatively much more positive.

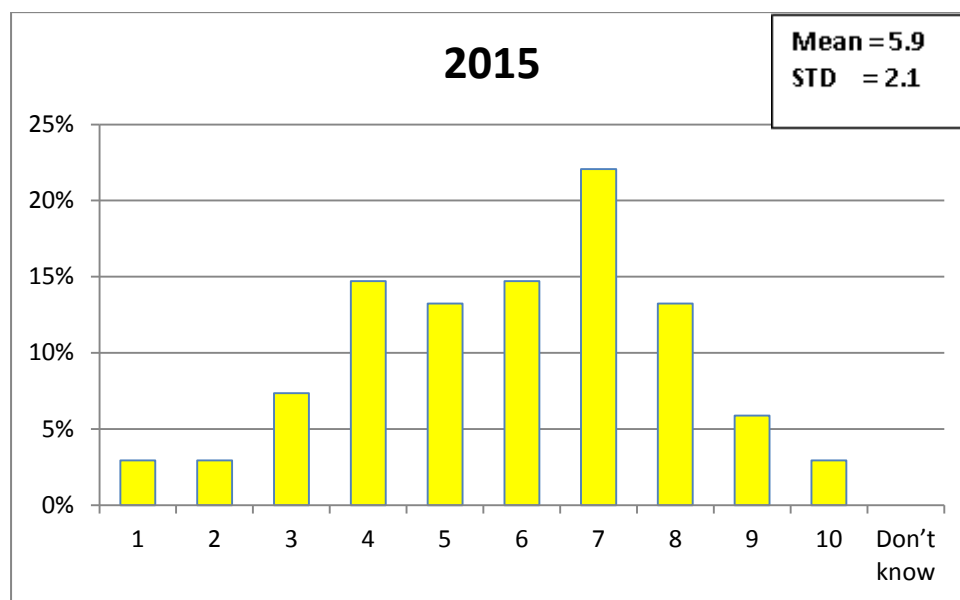
Q10:

In your experience, how would you describe the **level of communication** between **organisations (eg: HSC Trust; Voluntary or Community sector; independent contractor)** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=extremely poor; 10 = extremely good. A don't know option was also provided.

Of the 81 completed questionnaire responses, 68 answered this question. The breakdown of responses was as follows:

Figure 18: Q10 – Level of communication between organisations



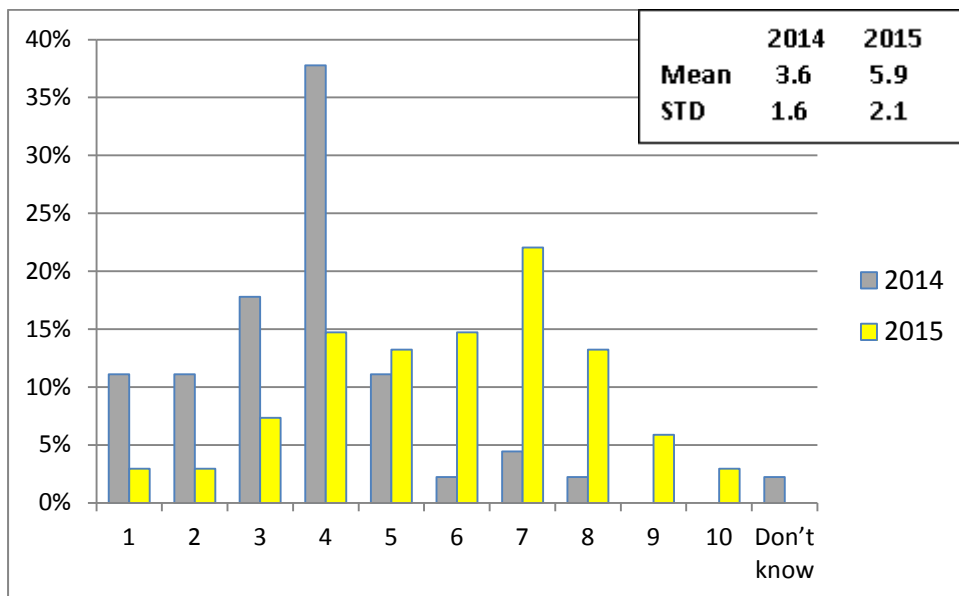
Whilst there is a spread of responses, 78% of responses provided a rating between '4-8', suggesting that there was a view that communication between organisations since the establishment of ICPs has been fair to very good.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	5	11.1%	2	2.9%
2	5	11.1%	2	2.9%
3	8	17.8%	5	7.4%
4	17	37.8%	10	14.7%

5	5	11.1%	9	13.2%
6	1	2.2%	10	14.7%
7	2	4.4%	15	22.1%
8	1	2.2%	9	13.2%
9	0	0.0%	4	5.9%
10	0	0.0%	2	2.9%
Don't know	1	2.2%	0	0.0%
TOTAL	45	100%	68	100%

Figure 19: Q10 – Comparison of responses for 2014 and 2015



In the 2014 survey, 89% of responses provided a rating of between '1-5' in response to this question with the most frequent rating being a '4'. By comparison, 41% of respondents to this question provided a '1-5' rating in the 2015 survey with the most frequent rating being a '7'. This suggests that, whilst there is still a notable spread of responses, overall, communication between organisations is clearly rated more positively since the establishment of ICPs.

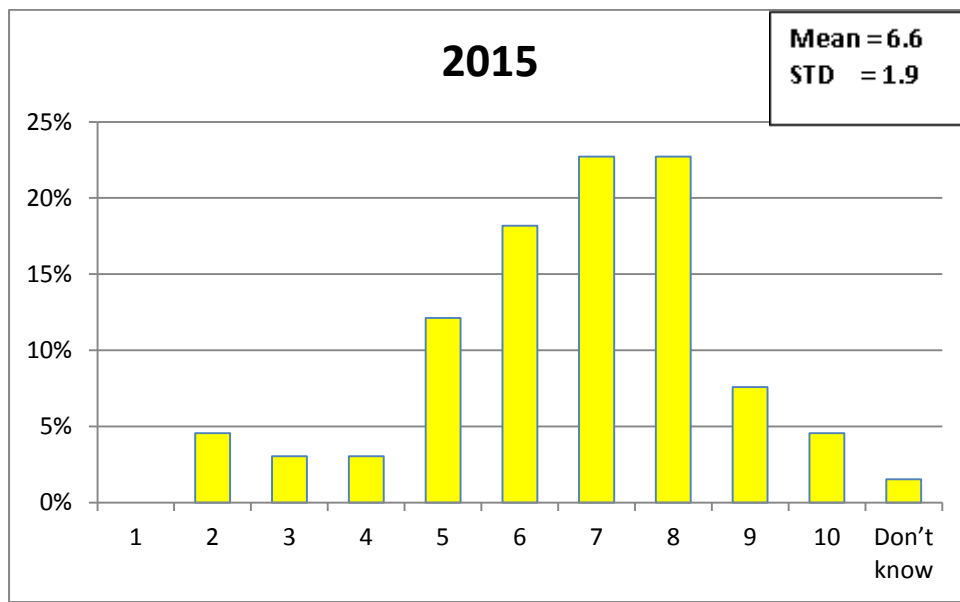
Q11:

In your experience, how would you describe the **level of formal and informal networking** between **disciplines (eg: nurse; pharmacist; social worker)** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=extremely poor; 10 = extremely good. A don't know option was also provided.

Of the 81 completed questionnaire responses, 66 answered this question. The breakdown of responses was as follows:

Figure 20: Q11 – Level of formal and informal networking between disciplines



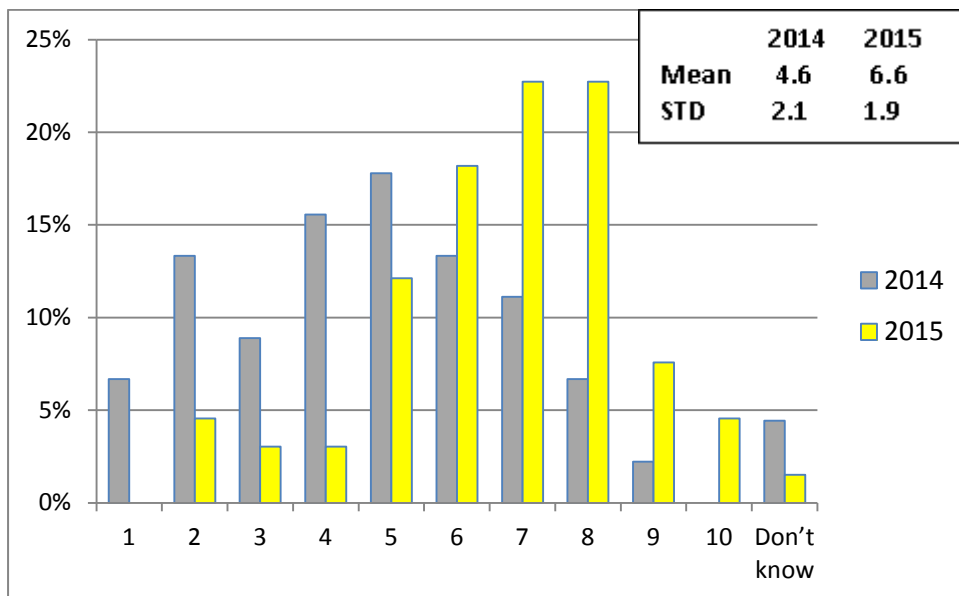
76% of respondents to this question provided a rating of between '5-8' in response to this question with 45% providing a rating of either '7' or '8'. This suggests that, overall, respondents have a positive view of the level of formal and informal networking between disciplines since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	3	6.7%	0	0.0%
2	6	13.3%	3	4.6%
3	4	8.9%	2	3.0%
4	7	15.6%	2	3.0%

5	8	17.8%	8	12.1%
6	6	13.3%	12	18.2%
7	5	11.1%	15	22.7%
8	3	6.7%	15	22.7%
9	1	2.2%	5	7.6%
10	0	0.0%	3	4.6%
Don't know	2	4.4%	1	1.5%
TOTAL	45	100%	66	100%

Figure 21: Q11 – Comparison of responses for 2014 and 2015



In the 2014 survey, there were significantly mixed views in respect of the level of formal and informal networking between disciplines prior to the implementation of ICPs. Only a relatively low percentage of respondents (9%) provided a rating of '8' or above in response to this question. By comparison, whilst the 2015 survey indicates a range of views in response to this question, 35% of respondents provided a rating of '8' or above therefore suggesting a more positive view of networking between disciplines post-establishment of ICPs.

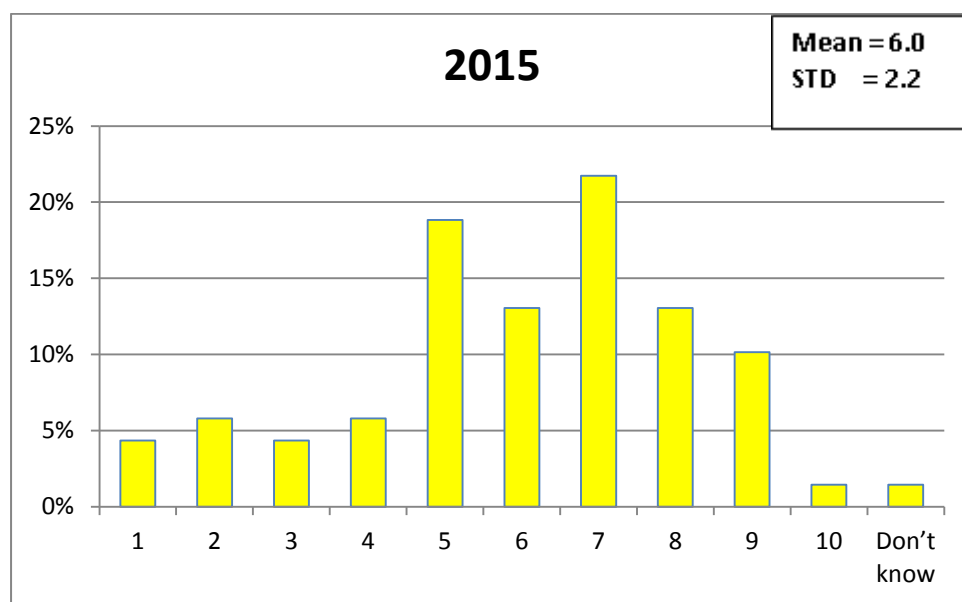
Q12:

In your experience, how would you describe the **level of formal and informal networking** between **organisations (eg: HSC Trust; Voluntary or Community sector; independent contractor)** since the establishment of Integrated Care Partnerships?

A rating scale of 1-10 was provided for response with 1=extremely poor; 10 = extremely good. A don't know option was also provided.

Of the 81 completed questionnaire responses, 69 answered this question. The breakdown of responses was as follows:

Figure 22: Q12 – Level of formal and informal networking between organisations



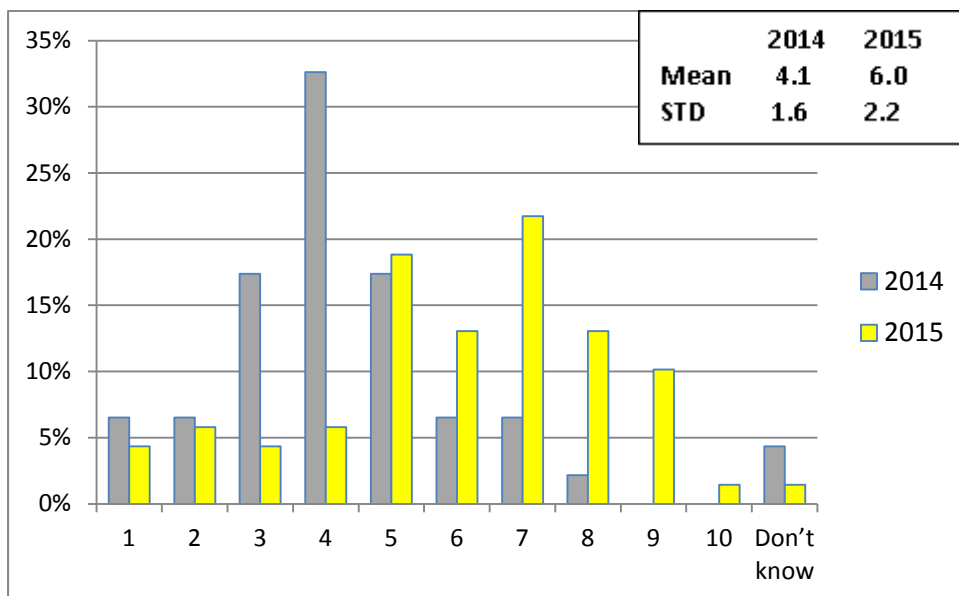
A large majority (78%) of responses to this question provide a rating of '5-10' with nearly 50% (46%) providing a rating of '7' or above. This suggests that, whilst there is a spread of responses to this question, a significant majority of respondents consider that the level of formal/informal networking between organisations has been good or very good since the establishment of ICPs.

When compared with the baseline report from 2014, the percentage and numeric breakdown across the 1-10 rating categories is as follows:

Rating	2014		2015	
	Response total	Response rate	Response total	Response rate
1	3	6.5%	3	4.4%
2	3	6.5%	4	5.8%

3	8	17.4%	3	4.4%
4	15	32.6%	4	5.8%
5	8	17.4%	13	18.8%
6	3	6.5%	9	13.0%
7	3	6.5%	15	21.7%
8	1	2.2%	9	13.0%
9	0	0.0%	7	10.1%
10	0	0.0%	1	1.5%
Don't know	2	4.4%	1	1.5%
TOTAL	46	100%	69	100%

Figure 23: Q12 – Comparison of responses for 2014 and 2015



In the 2014 survey, the majority (67%) of responses to this question were clustered around a '3-5' rating suggesting that the level of networking between organisations was viewed as fair to average. By contrast, 29% of responses to this question in the 2015 survey provided a '3-5' rating with a majority of responses (77%) clustered around the '5-9' rating. This suggests that respondents have a more positive view of the level of networking between organisations since the establishment of ICPs.

CONCLUSION

The quantitative information provided by this section of the survey illustrates that there are a range of views in respect of the level of joined up working and patient centred collaboration since the establishment of ICPs.

The analysis set out in respect of section A illustrates that, whilst respondents are not uniformly positive about key ICP elements such as working together, communication, networking and pathway collaboration, overall ratings tend to cluster in the 'average to above average' end of the spectrum.

A comparison with the responses provided to the baseline survey, suggests that respondents generally feel that the position in respect of these areas is notably more positive since the establishment of ICPs.

SECTION B

We asked Service User and Carer Representatives to respond to Section B of the questionnaire. Details of the questions asked in this section, together with the responses received, are provided below.

Q13:




In your experience, is the way in which different people work together to provide **co-ordinated care** for you or the person for whom you are caring:

- Unchanged since the establishment of ICPs
- Worse since the establishment of ICPs
- Better since the establishment of ICPs

Of the 81 completed questionnaire responses, 25 answered this question.

The analysis of the responses to this question show that of those who responded to this question:

Figure 24: Q13 – Service user/carers experience of co-ordination of care since ICP establishment

			Response Percent	Response Total
1	Unchanged since the establishment of Integrated Care Partnerships		44.0%	11
2	Worse since the establishment of Integrated Care Partnerships		4.0%	1
3	Better since the establishment of Integrated Care Partnerships		52.0%	13
			answered	25

It is evident that whilst only a small percentage of respondents to this question judged that care was less co-ordinated since the implementation of ICPs, nearly half of all respondents considered that the co-ordination of care was unchanged. Just over half of respondents to this question suggested that co-ordination of care has improved. This suggests that respondents view the impact of ICPs on care co-ordination as either neutral or positive.

Q14:




In your experience, is the **timeliness of information about the services available** to support you or the person you are caring for:

- Unchanged since the establishment of ICPs
- Worse since the establishment of ICPs
- Better since the establishment of ICPs

Of the 81 completed questionnaire responses, 25 answered this question.

The analysis of the responses to this question show that of those who responded to this question:

Figure 25: Q14 -Service user/carer experience of timeliness of information about support services since ICP establishment

			Response Percent	Response Total
1	Unchanged since the establishment of Integrated Care Partnerships		64.0%	16
2	Worse since the establishment of Integrated Care Partnerships		12.0%	3
3	Better since the establishment of Integrated Care Partnerships		24.0%	6
			answered	25

It is evident from the responses above that a majority (64%) of respondents to this question consider that the timeliness of information about support services is unchanged since the establishment of ICPs whilst around a quarter of respondents consider that it has improved.

Q15:




In your experience, is **knowing who to contact (and how to contact them)** in the event that you or the person you were caring for becomes unwell:

- Neither easier nor more difficult since the establishment of ICPs
- More difficult since the establishment of ICPs
- Easier since the establishment of ICPs

Of the 81 completed questionnaire responses, 24 answered this question.

The analysis of the responses to this question show that of those who responded to this question:

Figure 26: Q15 - Service user/carer experience of knowing who to contact (and how to contact them) since ICP establishment

			Response Percent	Response Total
1	Neither easier nor more difficult since the establishment of Integrated Care Partnerships		58.3%	14
2	More difficult since the establishment of Integrated Care Partnerships		12.5%	3
3	Easier since the establishment of Integrated Care Partnerships		29.2%	7
			answered	24

Whilst a majority (58%) of respondents to this question considered that it was neither easier nor more difficult to know who to contact (and how to contact them) in the event of becoming ill, more than a quarter of respondents (29%) considered that it has been easier since the implementation of ICPs. This suggests that most respondents view the impact of ICPs on this aspect of care provision as largely neutral.

Q16:




In your experience, do you feel that **communication** between the different people providing treatment and support for you or the person for whom you were caring is:

- Unchanged since the establishment of ICPs
- Worse since the establishment of ICPs
- Better since the establishment of ICPs

Of the 81 completed questionnaire responses, 25 answered this question.

The analysis of the responses to this question show that of those who responded to this question:

Figure 27: Q16 - Service user/carer experience of communication between care providers since ICP establishment

			Response Percent	Response Total
1	Unchanged since the establishment of Integrated Care Partnerships		56.0%	14
2	Worse since the establishment of Integrated Care Partnerships		8.0%	2
3	Better since the establishment of Integrated Care Partnerships		36.0%	9
			answered	25

It is evident that whilst only a small percentage of respondents to this question judged that communication between the different people providing treatment and support has become worse since the implementation of ICPs, 36% of respondents considered that communication was better. However, a majority of respondents (56%) considered that the level of communication was, in fact, unchanged.

CONCLUSION

A direct comparison between the baseline report and the current report in respect of Section B is more difficult as the rating scale has changed between the two surveys.

In terms of the current survey, a low level of respondents suggested that co-ordination of care, timeliness of information, knowing who to contact or communication had worsened since the establishment of ICPs. However, those who considered that these elements were 'better' (35% across the four questions in this section) were outweighed – by those who considered them 'unchanged' (56% across the same questions).

This suggests that, in the experience of this small number of respondents, ICPs have some way to go in terms of making a substantive, practical impact on the ground.

SECTION C

Qualitative Analysis of Survey Findings

1. We asked all respondents to the survey to respond to three further questions. Responses to these questions were via free text boxes. The questions were as follows:

- Q17: To what extent has the development of Integrated Care Partnerships to date matched your initial expectations?
- Q18: Have barriers emerged in the development of Integrated Care Partnerships which may limit their effectiveness?
- Q19: Please use the space below to provide any additional comments which you would like to make (you may wish to comment in more detail on some of your responses to this survey).

2. A thematic analysis of the survey responses was undertaken. These themes are illustrated in the following pages with short comment extracts from the survey returns.

Qualitative Data Themes⁴

System/Process Themes

- Commissioning
- Investment Proposal Template (IPT) (funding) process
- Speed of implementation
- Resourcing
- HSC structures
- System integration

Stakeholder themes

- Participation
- Challenges facing ICP partners
- Relationships
- Communication
- Other stakeholder issues

Looking forward

- Suggestions for improvement

⁴ A few respondents raised issues in respect of the survey itself.

- One respondent suggested that:
 - Section A should include questions, not just about relationships/communication/working between organisations and disciplines, but also between service user and carer representatives and other ICP partners.
 - Section B should not include question 16 as they felt that reflection on personal experience of care provision is not appropriate.
- Two respondents suggested that it was difficult to answer some questions (eg: in respect of outcomes) because of the delay in processing the IPT bids.

System/Process Themes

- Commissioning
- Investment Proposal Template (IPT) (funding) process
- Speed of implementation
- Resourcing
- HSC structures
- System integration

Many respondents identified both the commissioning system and the investment proposal template (funding) system as significant barriers to ICP progress.

Commissioning

In respect of commissioning, comments from respondents included:

“The HSC system in general, and the commissioning system in particular, seems totally at odds with the developments put forward, and have placed such restrictions on the proposals that nothing has been implemented after a year.”

“The commissioning process has been extremely frustrating and was worse than my most pessimistic expectations [...]”

Many respondents considered that, whilst much had been achieved within the ICPs themselves, the subsequent process to gain approval for proposed projects and pathways had undermined progress:

“[...] The committee has worked together well to produced agreed multi-disciplinary and innovative pathways but these have not been accepted at LCG [Local Commissioning Group] or SMT [Senior Management Team – HSCB] level and have been modified without good reason, deferred or blocked. Without a budget at LCG level and a demonstration of a will to commission more of the plans produced then there will be no future for ICPs [...]”

“The barriers have not been within the ICPs where the members have usually had unanimous agreement on care pathways etc. The barriers are with our commissioning colleagues who have approved very few of the pathways and continually ask for further clarification, further finance information etc. [...]”

Some respondents reflected on how they considered that commissioning could change in order to support ICP implementation:

“[...] If LCG does not agree with an area of a plan then they should be required to clearly indicate the issue and why they do not agree to commission. They should offer alternatives or make clear what would be acceptable. It is not satisfactory to just demand that ICPs rework their plans.”

“[...] Need for much more patient centred and integrated commissioning to achieve change.”

“Commissioning must adapt to this approach and find a way to fund integrated services rather than the traditional mechanisms which are now becoming irrelevant.”

Investment Proposal Template (IPT) process

Associated with the commissioning process, a wide range of respondents also identified the investment proposal template (IPT) process – essentially the process by which funding for ICP initiatives is approved – as a significant barrier to progress.

The following sample of comments reflects many of the opinions expressed:

“[...] The IPT process is impossible due to the total lack of clarity as to who approves or rejects an ICP proposal. It appears that multiple groups within the HSCB have to agree with a proposal before anything can be implemented and effectively means there are multiple vetoes. Hence the frustration of many ICP board members.”

“Funding for IPTs has been a tortuous learning curve and has been responsible for delay in implementation of care.”

“The process for IPT approval has been extremely labour intensive and tedious, with long delays in the decision/approval.”

As with commissioning, respondents made a number of suggestions about how this process could be improved:

“[...] The ICP needs more control over funding streams to truly make a difference to the local population.”

“Financial pathways need to be aligned to care pathways – until this happens – changing how we deliver care is impossible.”

Speed of Implementation

A common theme emerging from survey respondents was a sense of frustration at the speed with which it has been possible to achieve change.

For example:

“Expectations were low initially. They have improved slightly but progress has been snail like.”

“I didn’t know what to expect overall, but I did expect progress to be quicker.”

Respondents raised concerns about the extent to which change on the ground has been able to be achieved to date:

“The work done by the ICPs and multi-disciplinary groups in developing pathways by Spring 2014 has been excellent. Nevertheless nothing has been implemented. Someone needs to ask the question of how much money has been spent to produce no result on the ground.”

“The idea and concept is excellent but, unfortunately, in practice our expectations have not been met in any regard.”

“Frustrations kick in with lack of pace and numerous hurdles in place in order to get to the end point. I believe we are letting patients down with lack of change.”

Some respondents articulated concern that, if delays continued to impact on ICPs, that buy-in would be undermined:

“The momentum is still there and a great desire to see the new ideas put into action – I just hope the prolonged timeframe doesn’t discourage some very far-sighted people from leaving the process and moving on to something new [...].”

“Main barriers have been related to time delays in any action being seen. Debates have arisen within ICPs regarding length of time taken to see the various pathways progress [...].”

However, a number of respondents indicated that, despite these challenges, they continued to hope that ICPs can make a positive difference:

“They may slow the effectiveness but I get a sense that the ICPs have a will to challenge barriers and find other ways of working.”

“I feel, although initially slow to achieve results, ICPs are starting to make change and I feel more positive about their future in helping chronically ill patients. In my opinion, meetings with all ICP groups together has helped teamwork and emphasised we are aiming for the same goal – improved patient care.”

Resourcing

Related to the IPT process, many respondents also commented more widely on resourcing – including participant resourcing - as an issue for ICPs. For example:

“Clinicians being able to get protected time to attend meetings sometimes is a barrier to progress.”

“[...] Not having a contract means that [...] I do not have an HSCNI email address or a computer login. This means I cannot access my email when I am with my business team and cannot access the primary care intranet except from my practice

computer [...] I feel that [this] issue will probably force me to resign as I cannot see continuing in this post as sustainable.”

“Financial pressures [are] deflecting resource to acute care with the [Trust] disinvesting and reducing district nursing provision while increasing demand on the service.”

“The lack of any substantial investment to date in staff to deliver TYC in the community.”

“[...] I had thought that there would have been better business infrastructure/support from the centre to support the development of proposals than there has been [...].”

A number of respondents raised the issue of recurrent funding in respect of ICPs, identifying non-availability of recurrent funding as a barrier to full implementation:

“[...] GPs are exhausted and stretched to levels that threaten patient safety and every time we approach them to consider another initiative we are offering another enhanced service which is time bound to the end of the current financial year – how can a practice take on new staff for these new initiatives if they cannot promise that they will be able to keep these staff on beyond the end of the financial year [...].”

“[There is] a lack of clarity in relation to what recurrent funds are available to support developments.”

HSC Structures

A number of respondents also reflected on the role of HSC structures in relation to the ICPs. One topic which recurred among survey responses was a concern about the level of central control exercised in respect of ICPs. For example:

“The barriers that have emerged in the development of ICPs are at the strategic level – namely among the Independent Commissioning Groups and Senior Management Team. The role of the Public Health Authority and its relationship with the Transforming Your Care/ ICP process is also unclear; the PHA has served as a barrier to date.”

“The Department of Health still seems to want to be in total control and decisions are top down rather than bottom up.”

“As with most public sector programmes, and it seems especially those under the umbrella of DHSSPS, ICPs have become an overcomplicated, bloated, inefficient and expensive project. They represent poor value for money from dwindling funds, and are the result of handing a relatively simple idea to red tape obsessed civil

servants without the first idea of how to be accountable for either their decision making or their spending [...]

“[...]The Board is very slow to react and fund. The Board is very reluctant to take significant decisions and therefore hampers the actions of the ICPs.”

System Integration

On a more positive note, a range of respondents reflected that system integration has been a positive feature of ICP experience:

“The positive aspect of ICPs has been linking with GPs and voluntary agencies to try to bring about changes which link all sections of the health service together, thus avoiding fragmentation in the system.”

“The networking, assessing pathways, designing new pathways and planning has been excellent and matched expectations.”

However, a number of respondents reflected that, whilst this integrated working had been a positive experience, it has been more difficult to translate the integrated working within the ICP to integrated working on the ground:

“[The] integrated approach to care pathways has matched expectations – the progress required to realise the changes identified as necessary has not[...].”

“Integration is not an easy process and will take time to develop. The system as it stands does not encourage an integrated approach and this will need to change over time.”

Stakeholder themes

- Participation
- Challenges facing ICP partners
- Relationships
- Communication
- Other stakeholder issues

Participation

Among the stakeholder themes raised by survey respondents, a number highlighted the issue of securing appropriate participation from all representative groups. A number of respondents mentioned issues with securing HSC Trust participation:

“Although some progress has been made barriers between Trust staff and other agencies still appear to exist [...].”

“Limited Trust involvement at Committee level.”

Other respondents highlighted a *“disconnect from the PHA regarding the public health approach”*, a *“lack of GP federations hindering true progress”* and difficulty in securing commitment from all ICP partners *“eg: secondary care physicians within some of our pathways.”*

However, other respondents suggested that engagement overall has made some positive steps forward:

“Initially representation on the group [was a barrier] but this has improved.”

“Uncertainty as to the commitment of the HSCB to the ICPs. This has receded.”

“All participants want this to work.”

Challenges facing ICP partners

A range of respondents reflected on the challenges facing particular ICP partners – particularly those voluntary and community sector representatives and pharmacists.

For example:

“I still believe there is more work to do to enhance the partnership between the Trust staff and the Voluntary and community sector [...].”

“There is no allowance for the fact that the third sector does not have the same resources, expertise or operational infrastructure as clinical delegates who are mainly driving the work of ICPs. Third sector delegates have been matched to ICPs, which may not relate to their area of expertise and yet they are expected to represent the whole of the charity sector for their ICP, which can include a wide range of diverse organisations [...].”

A number of respondents reflected on how it might be possible to maximise the value of the voluntary and community sector input to ICPs:

“[...] I would like to see the development of a full menu of services available within the voluntary and community sector with published pathways of how service users and other stakeholders can access services.”

“I feel that the relationships have developed well – although more needs to be done to develop these further into the community and voluntary sector in order to take forward a more public health approach as appropriate as this will be more sustainable and hopefully transformative for the future.”

With respect to pharmacy representatives, a number of respondents expressed frustration that difficulties – external to the ICPs – were potentially undermining progress:

“The impasse over contractual negotiations with community pharmacy and the de facto blocking of any services that ICPs may have investigated community pharmacy delivering is a barrier [...].”

A range of respondents also questioned whether service user/carer input was sufficiently central to the implementation of ICPs:

“There is an imbalance on the ICPs between professionals and carers/service users [...].”

“[...] 17 patients cannot represent the views/experience of 1.8 million people. The ICPs are very heavily populated by service provider professionals. As a patient, whose voice do I represent? With what authority does my experience speak up for anyone else? How many ICPs are chaired either by a patient or carer?”

A number of respondents made suggestions about how the input of service user and carer representatives could be facilitated:

“It is hard to get service user and carer reps – [someone] was interested but while [they] could get a carer to look after their [relative], [they] were unable to get reimbursed for someone to stand in [their] shop.”

“The separate meetings for the service users and carers have been beneficial, to bridge the knowledge gaps between ourselves and the health professional members of the ICP committees. I wish this element to continue.”

“[...] I am reluctant to intervene in discussions and break the flow if I don't understand something as agendas are usually so full, so quite often I find that I'm not fully up to speed on discussions. Our ICP has recently started briefing meetings for service users/carers with the Chair/Business Manager and I have found that an excellent help.”

“[...] Several of us, with invaluable clerical/administrative support have met, i.e.: all those who are service users/carers plus voluntary/community. The first meeting was ably facilitated and a second meeting will [...] [involve] a discussion with senior HSCB professionals. The group from all of the 17 ICPs will, I hope get into their stride in a constructive manner.”

Relationships

A key positive element emerging from ICPs was the extent to which supportive and collaborative relationships have resulted from the implementation of the ICP model.

A number of respondents noted that relationships have moved on positively from uncertain beginnings:

“At the start, I wasn’t sure how this would work out but, as we got to know each other [and] developed relationships, things improved greatly. I feel there is respect for everyone’s views and opinions round the table.”

“[...] It took a while to establish and build relationships and trust. Working well now and inclusive. Still many barriers in the system but, after leadership training, ICP leads are starting to find ways around the barriers.”

Respondents reflected that there is a common sense of purpose amongst participants:

“Good working between different professionals and clear vision of development and what is required.”

“Excellent relationships have been established across disciplines and organisations and there has been little difficulty agreeing what good care looks like.”

Communication

Aligned with the largely positive feedback in respect of the relationships which have developed via ICPs, a number of respondents have also highlighted the opportunities which ICPs have offered to improve communication. For example:

“They [ICPs] have strengthened the communication processes already well established within the locality. I feel that at last we now have joined up thinking in planning services now and into the future.”

“They have enabled better communication between primary care professionals, and C&V and patient reps within ICPs.”

“ICPs have definitely improved and transitioned within the last 6 months in terms of improving communication, networking and collaboration opportunities across disciplines, organisations and sectors of the city.”

However, a number of respondents suggested that whilst communication within ICPs has been largely positive, this has not always been mirrored by effective communication *about* ICPs:

“No public engagement process yet. No communication strategy for ICP re: region [...].”

“[There is a need for] communication of ICPs to a wider audience within each of our ICP stakeholder groups [and] communication of ICPs to the general public and other statutory bodies outside of the Health sector.”

Other Stakeholder Issues

Some respondents raised concerns which, whilst not reiterated by a range of respondents, nevertheless reflected other stakeholder issues which they felt had proved difficult or off-putting in respect of ICPs.

For example, several respondents expressed frustration about the limitations of the ICP committee representative role and the availability of appropriate training:

“The exclusion of those healthcare professionals ‘nominated’ by their professional bodies, from all of the training, the working groups and all meetings other than the quarterly committee meeting is a disgrace. This improper selection of single professional ‘leads’ is to the detriment of the ICPs’ ability to deliver change and excludes highly capable professionals from innovating and delivering progress. It is also an affront to those professionals who were motivated enough to volunteer their time and energy only to be cast aside and ignored.”

“The whole ICP project has been a debacle from the very start, swallowing vast sums of money spent on unjustified and exclusive training programmes for a small number of the participants [...].”

A number of respondents highlighted that the use of ‘jargon’ and a lack of familiarity with HSC structures has, at times, also proved a barrier:

“There would be a certain amount of technical language which can be off putting to the C&V sector representatives.”

“I had a lot to learn about the complexity of the health care system and that was an initial challenge for me.”

“very much hit the ground running. If you haven’t been part of a process like this, it can be difficult to understand what’s going on.”

However, some respondents reflected that, over time, they felt they had gained understanding and that they now felt more confident about their ability to contribute positively to the ICP:

“Have ICPs matched my initial expectations? Probably not. Didn’t realise it would be as difficult nor appreciate the complexity and size of the task. Am I disillusioned?”

Definitely not, can see real improvements in collaborative working and have a supportive network of colleagues who are committed to the ICPs. Now have a much better understanding of the healthcare environment.”

“I feel I’m better informed generally about how things currently work and also how things could be improved.”

Looking forward

- Suggestions for improvement

Suggestions for Improvement

Reflecting on progress to date, a number of respondents made suggestions for improvement. These included:

“It would be beneficial if the ICP committees met more frequently especially in the early stages of development like now.”

“Stop the nonsense of queries being raised and then taking ages to be resolved. Require where a number of queries are raised a meeting will be called within 4 weeks at the latest and the queries put to bed.”

“The centralisation of district nursing with the development of differing social work teams has created several barriers to effective communication which need urgently reviewed.”

“Preventative health care needs to be front loaded with resources.”

“A Gantt type chart setting out for 15/16 deadlines for certain milestones to be met.”

“Have an audit carried out of progress so far with recommendations for change for the get together expected in May 2015. Include a clear statement of what worked, what didn’t work. Set out good ideas generated that worked somewhere and might usefully be considered elsewhere.”

“[...] I would like to have regional report back days when projects are presented and critiqued by those from other areas so that tweaks can be made and the 90% of what is common and necessary is agreed regionally and the 10% is how this fits into [an] individual area[...].”

“It is important to learn from other ICPs, especially in the same Trust, so that don’t reinvent the wheel.”

CONCLUSION

Overall, the picture emerging from the qualitative data highlights significant commonality in terms of the themes raised by ICP committee participants.

Many respondents have identified a sense of frustration that the current system does not readily support the delivery of change on the ground – despite the efforts of ICP committee participants to agree pathways and propose initiatives to improve services and outcomes for patients. In particular, a wide range of respondents identified the commissioning system, and specifically the Investment Proposal Template process, as key barriers to delivery.

On a more positive note, a range of respondents have highlighted that the ICPs have helped to foster strong joined up working and collaborative relationships between ICP partners. Likewise, respondents have indicated that ICPs have enabled better communications between the range of partners represented on ICPs – although they have also highlighted that there are opportunities to improve communications about ICPs to a wider audience.











A number of respondents have made specific suggestions for improvement in how ICPs are taken forward and these will be shared with the regional implementation team for further consideration.

It is evident, overall, that the coming 2015/16 year will be critical for ICPs. Given the delays in implementation of the care pathways and related initiatives in 2014/15, the focus for 2015/16 will need to be firmly on delivery in order to be able to achieve improved outcomes for patients, service users and carers on the ground.

SECTION D

1. We asked all respondents to the survey to provide information about which group they represented.
2. The following groups are represented on ICP partnership committees:
 - HSC Trust – Medical Specialist
 - HSC Trust – Nurse
 - HSC Trust – Allied Health Professional
 - HSC Trust – Social Worker
 - NI Ambulance Service
 - Primary Care – General Practitioner
 - Pharmacist
 - Voluntary and Community Sector
 - Service User
 - Carer
3. Of the 81 completed questionnaires, all 81 respondents answered this question. The breakdown of their responses is provided below:

Figure 28: Q20 – survey respondents by group

			Response Percent	Response Total
1	HSC Trust - Medical Specialist		4.9%	4
2	HSC Trust - Nurse		4.9%	4
3	HSC Trust - Allied Health Professional		8.6%	7
4	HSC Trust - Social Worker		6.2%	5
5	NI Ambulance Service		1.2%	1
6	Primary Care - General Practitioner		25.9%	21
7	Pharmacist		17.3%	14
8	Voluntary or Community Sector		14.8%	12
9	Service User		11.1%	9
10	Carer		4.9%	4
			TOTAL	81

OVERALL CONCLUSION

1. The survey provides a snap shot of ICP committee members' views of the extent of joined up working and patient-centred collaboration since the establishment of ICPs.
2. Overall it suggests that whilst good work has been undertaken to date by ICPs, particularly with regard to securing collaborative relationships, building positive communication and supporting joined up working, the outputs from this work has been somewhat undermined by delays in the commissioning and investment proposal template processes.
3. Whilst the purpose of this survey is primarily to feed into the planned evaluation of ICPs, it also provides helpful information which can be used to inform the continued implementation of ICPs across Northern Ireland. It will therefore be important that this information is shared with the Regional ICP Project Board, the Business and Clinical Support Teams and the ICPs as well as the HSCB Senior Management Team, and those undertaking the Review of Commissioning, in order to support and inform the implementation process and to facilitate opportunities to address the challenges identified via this survey.

Integrated Care Partnerships - Partnership Environment Survey - Follow Up - March 2015

INTRODUCTION

As a member of an Integrated Care Partnership Committee, you were invited to complete a survey in March/April 2014. That survey sought your views on the arrangements for joint working and patient-centred collaboration across healthcare sectors **before** Integrated Care Partnerships (ICPs) were put in place.

You are now invited to complete a short follow up survey, reflecting on arrangements for joint working and patient-centred collaboration across healthcare sectors **since ICPs have been put in place.**

In order to provide a meaningful comparison, the questions asked in this survey are broadly similar to those asked in the initial survey. However, you are now asked to reflect specifically on how things may or may not have changed since ICPs have been established.

This survey should take less than 10 minutes to complete. Please respond to the survey by 20 March 2015.

Whilst we would encourage you to provide as much relevant information as possible, in order to preserve your anonymity, we would ask that you avoid including any personal identifying information.

If you have any queries about this survey, or if you would like to receive it in an alternative format, please contact DHSSPS Transforming Your Care Unit on 028 905 20244 or by email at tyc@dhsspsni.gov.uk

SURVEY INSTRUCTIONS

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THE SURVEY:

- **If you a Health and Social Care Provider or a Voluntary/ Community Sector group representative**, please respond to Sections A, C and D only.
- **If you a Service User or Carer representative**, please respond to Sections B, C and D only.

Please note that, in responding to this survey, you are asked throughout to reflect on your experience since the establishment of Integrated Care Partnerships.

SECTION A

Please only complete Section A if you are a health and social care provider or a voluntary/community sector group representative

1) In your experience, how effectively have health and social care providers been working together across disciplinary (eg: pharmacist; nurse; social worker) boundaries since the establishment of Integrated Care Partnerships?

1 = not effectively at all; 10 = extremely effectively

1 2 3 4 5 6 7 8 9 10 Don't know

2) In your experience, how effectively have health and social care providers been working together across geographical boundaries since the establishment of Integrated Care Partnerships?

1 = not effectively at all; 10 = extremely effectively

1 2 3 4 5 6 7 8 9 10 Don't know

3) In your experience, how effectively have health and social care providers been working together **across organisational (eg: HSC Trust; voluntary or community sector; independent contractor) boundaries** since the establishment of Integrated Care Partnerships?

1 = not effectively at all; 10 = extremely effectively

1 2 3 4 5 6 7 8 9 10 Don't know

4) In your experience, how easy has it been to provide a **co-ordinated approach to patient/client care** since the establishment of Integrated Care Partnerships?

1 = extremely difficult; 10 = extremely easy

1 2 3 4 5 6 7 8 9 10 Don't know

5) In your experience, how easy has it been to secure the **appropriate input of a range of health and social care professionals** to a patient's/client's care since the establishment of Integrated Care Partnerships?

1=extremely difficult; 10 = extremely easy

1 2 3 4 5 6 7 8 9 10 Don't know

6) Please indicate if there are particular professional groups from which, in your experience, it has been difficult to secure appropriate input:

- HSC Trust - Medical Specialist
- HSC Trust - Nurse
- HSC Trust - Allied Health Professional
- HSC Trust - Social Worker
- NI Ambulance Service
- Primary Care - General Practitioner
- Pharmacist
- Voluntary & Community sector

7) In your experience, to what extent have the **care pathways** designed by Integrated Care Partnerships enabled **all disciplines (eg: nurse; pharmacist; social worker)** to contribute fully and appropriately to the delivery of positive outcomes for patients?

1 = not at all; 10 = fully

1 2 3 4 5 6 7 8 9 10 Don't know

8) In your experience, to what extent have the **care pathways designed by Integrated Care Partnerships enabled all organisations (eg: HSC Trust; Voluntary or Community sector; independent contractor)** to contribute fully and appropriately to the delivery of positive outcomes for patients?

1 = not at all; 10 = fully

1 2 3 4 5 6 7 8 9 10 Don't know

9) In your experience, how would you describe the **level of communication between disciplines (eg: nurse; pharmacist; social worker) since the establishment** of Integrated Care Partnerships?

1=extremely poor; 10 = extremely good

1 2 3 4 5 6 7 8 9 10 Don't know

10) In your experience, how would you describe the **level of communication between organisations (eg: HSC Trust; Voluntary or Community sector; independent contractor) since the establishment** of Integrated Care Partnerships?

1 = extremely poor; 10 = extremely good

1 2 3 4 5 6 7 8 9 10 Don't know

11) In your experience, how would you describe the **level of formal and informal**

networking between disciplines (eg: nurse; pharmacist; social worker)
since the establishment of Integrated Care Partnerships?

1 = extremely poor; 10 = extremely good

1 2 3 4 5 6 7 8 9 10 Don't know

12) In your experience, how would you describe the **level of formal and informal networking between organisations (e.g.: HSC Trust; Voluntary or Community sector; independent contractor)** since the establishment of Integrated Care Partnerships?

1 = extremely poor; 10 = extremely good

1 2 3 4 5 6 7 8 9 10 Don't know

SECTION B - Please only complete section B if you are a service user or a carer representative

PLEASE GO TO SECTION C

13) In your experience, is the way in which different people work together to provide **co-ordinated care** for you or the person for whom you are caring:

- Unchanged since the establishment of Integrated Care Partnerships
- Worse since the establishment of Integrated Care Partnerships
- Better since the establishment of Integrated Care Partnerships

14) In your experience is the **timeliness of information** about the services available to support you or the person you are caring for:

- Unchanged since the establishment of Integrated Care Partnerships
- Worse since the establishment of Integrated Care Partnerships
- Better since the establishment of Integrated Care Partnerships

15) In your experience, is **knowing who to contact (and how to contact them)** in the event that you or the person you are caring for becomes unwell:

- Neither easier nor more difficult since the establishment of Integrated Care Partnerships
- More difficult since the establishment of Integrated Care Partnerships
- Easier since the establishment of Integrated Care Partnerships

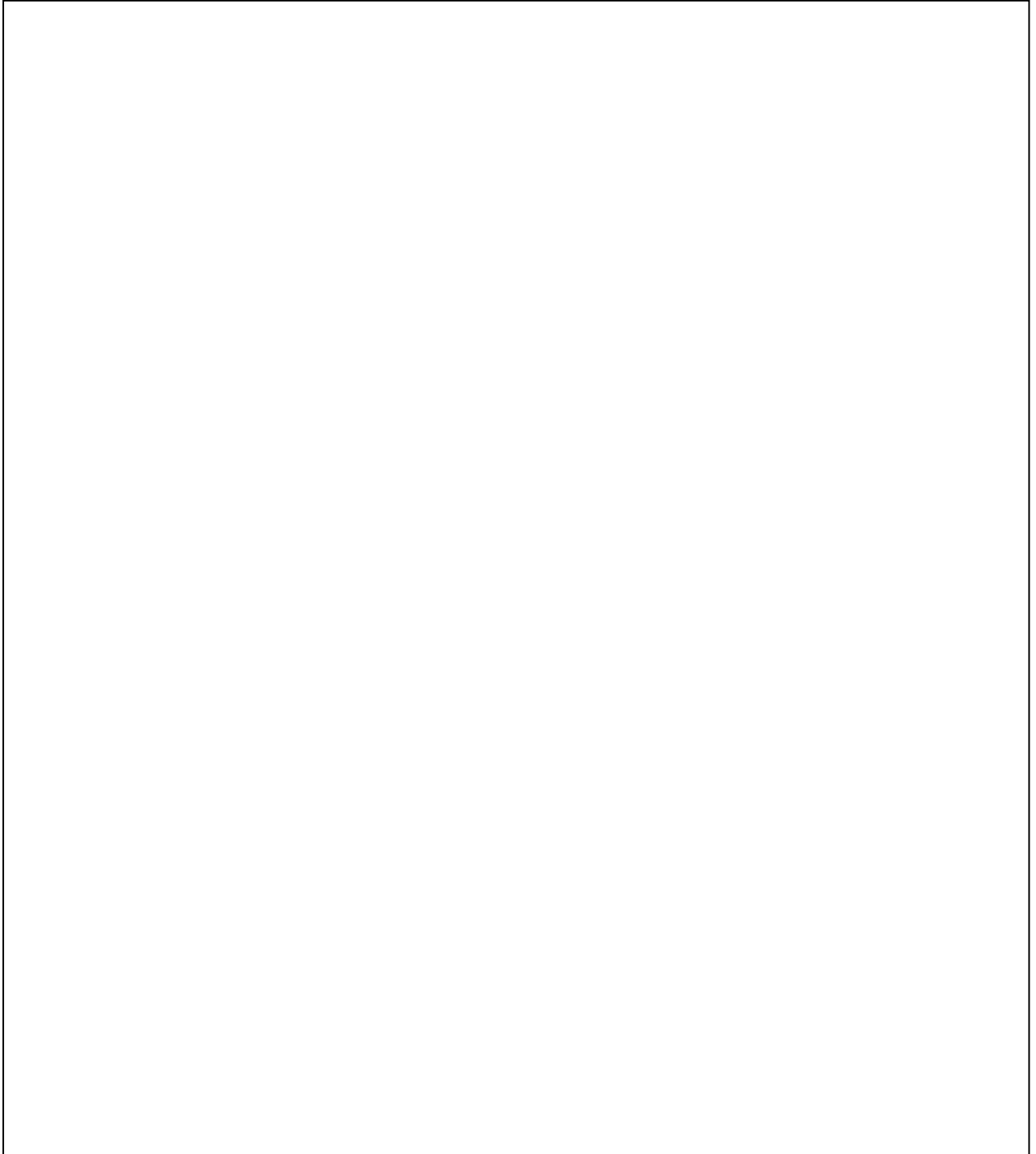
16) In your experience, do you feel that **communication** between the different people providing treatment and support for you or the person for whom you are caring is:

- Unchanged since the establishment of Integrated Care Partnerships
- Worse since the establishment of Integrated Care Partnerships
- Better since the establishment of Integrated Care Partnerships

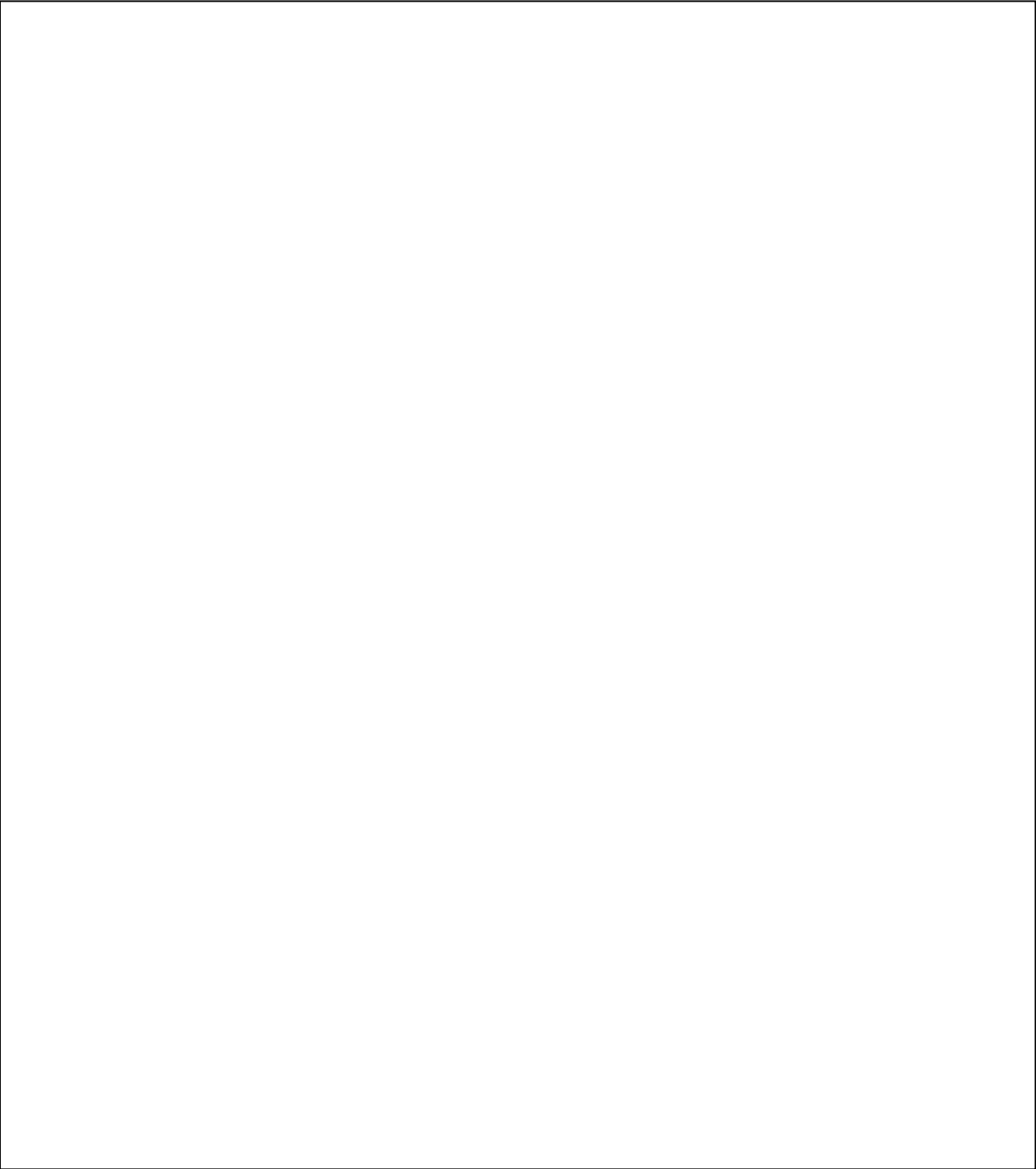
PLEASE GO TO SECTION C

SECTION C - Everyone please complete Section C

17) To what extent has the development of Integrated Care Partnerships to date matched your initial expectations?



18) Have **barriers** emerged in the development of Integrated Care Partnerships which may **limit their effectiveness**?



19) Please use the space below to provide any **additional comments** which you would like to make (you may wish to comment in more detail on some of your responses to this survey).

Please avoid including personal identifying information in order to preserve your anonymity.

PLEASE GO TO SECTION D

SECTION D

Everyone please complete Section D. This will enable us to ensure that we have responses from the full range of ICP Committee participants

20) About you - please indicate which group you represent:

- HSC Trust - Medical Specialist
- HSC Trust - Nurse
- HSC Trust - Allied Health Professional
- HSC Trust - Social Worker
- NI Ambulance Service
- Primary Care - General Practitioner
- Pharmacist
- Voluntary or Community Sector
- Service User
- Carer

THANK YOU FOR TAKING THE TIME TO ANSWER THIS SURVEY – YOUR
FEEDBACK IS VERY MUCH APPRECIATED.

Summary of ICP Partnership Environment Survey Baseline Report Findings – June 2014

1. A key outcome for Integrated Care Partnerships (ICPs) is improved joint working and patient-centred collaboration between primary, community and secondary care⁵.
2. In order to facilitate analysis of the extent to which ICPs achieve this outcome, a baseline survey of ICP committee members was carried out in March/April 2014. The survey sought both quantitative and qualitative information, asking members to outline their experience *before* the implementation of ICPs, their expectations for ICPs and any barriers which they perceived that ICPs may face.
3. Fifty seven completed survey questionnaires⁶ were received. This represents a response rate of 33% based on the ICP committee membership details provided at: <http://www.transformingyourcare.hscni.net/integrated-care-partnerships/icp-areas/>⁷.

Quantitative Data

4. The survey responses provided a range of views with no definitive position articulated. However, a broad overview of experiences *before the implementation of ICPs* emerged:
 - There were mixed views about how effectively health and social care providers have worked together across disciplinary, organisational and geographical boundaries;
 - There was a view that it has been relatively difficult to provide a coordinated approach to patient/client care;
 - There was a view that it has been relatively difficult to secure the appropriate input of a range of health and social care professionals to a patient's/client's care;
 - The extent to which previous care pathways for patients/clients enabled all disciplines and organisations to contribute fully and appropriately was viewed in mixed terms with a tendency towards a low-mid rating;

⁵ Section 4.4 (vii) *Integrated Care Partnerships: Policy Implementation Framework* (DHSSPS 2013)

⁶ One blank questionnaire was received and was discounted from the overall tally.

⁷ Please note, some members of ICP committees sit on more than one Committee and some posts are recorded as vacant. All members were only counted once and vacant posts were discounted from the total, producing a total of 166 ICP committee partnership members. The response rate was calculated on the basis of: $(57/174) \times 100 = 33\%$

- There were mixed views about the level of communication between disciplines and between organisations with communication between disciplines generally rated more positively;
- There were mixed views about the level of formal and informal networking between disciplines whilst, between organisations, this was seen as fair to average;
- A mixed picture emerged of the extent to which service user/carer representatives felt that the different people providing treatment and support had worked well together to provide co-ordinated care;
- A majority view was articulated that timely information about the range of appropriate support services was not readily made available;
- There were mixed opinions about whether there was clarity about who to contact/how to contact them in the event of medical exacerbation;
- The level of communication between the different people providing treatment and support for service users was generally regarded as fair to average.

Qualitative Data

5. A thematic analysis was carried out in respect of the qualitative data received via the survey. This analysis identified four overarching themes in respect of the information provided:
 - Care Pathway and Patient Outcomes themes
 - Stakeholder Themes
 - ICP Role and Vision Themes
 - Resources Themes
6. Within these themes, a range of sub-themes were identified including, for example: timespan for development; stakeholder commitment; care pathway development; financial and human resources.
7. Whilst respondents articulated their aspirations that ICPs would help to support the delivery of seamless care, improve communication between organisations/professions and help to meet the needs of local populations, a range of concerns were raised by respondents about the challenges facing ICPs. These included concern about the level of commitment to and awareness of ICPs, about the level of financial investment available, about the mandate and focus of ICPs, and about the challenges of developing inter-professional understanding and involvement.
8. Overall it was evident from the qualitative survey responses that there remained considerable work to do to ensure that ICP implementation would

be successful and that ICPs would be able to deliver the improvements for service user care envisaged under Transforming Your Care.