

## POSTER ABSTRACT

# Development and Implementation of Core Competencies for Integrated Care Community Health Teams: a UK experience

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Sarah Eales<sup>1</sup>, Teresa Marion Burdett<sup>1</sup>, Georgina Birch<sup>2</sup>

1: Bournemouth University, United Kingdom;

2: East London NHS Foundation Trust, United Kingdom

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**Introduction:** UK Integrated community care teams ICCT have been encouraged by policy initiatives and legislation 1, 2 to establish and provide better methods of integrating care IC across health and social care; reducing duplication of provision, improving efficiency and service experiences 3.

A UK IC partnership identified the need for a set of core competencies for ICCT. This team supports people in their community to develop independence and self-management skills, and offers diverse health and social care input to improved mental and physical health. An initial literature review indicated few UK publications about ICCT competencies.

**Practice Change Implemented:** Implementation of core professional competencies for ICCT.

**Aim and Theory of Change:** The project is based upon the quality improvement model of Plan Do Study Act 4.

**Targeted Population and Stakeholders:** The population served by the ICCT have complex multiple mental and physical health and social care needs.

Stakeholder within the project included service users, ICCT including care navigators, nurses, OT's, psychologists, physiotherapists, and social worker and the health and social care partnership organisations.

**Highlights:** Core competencies for ICCT were developed through review of the international literature, telephone interviews with the stakeholders, analysis of international competency guidance and job descriptions/ competencies for all professional groups within the ICCT.

The competencies were revised through focus groups and piloted with the ICCT. Feedback on the competencies was obtained.

Principles from the international competency documents on integrated care were combined to produce a UK ICCT core competency document.

ICCT found potential utilisation across the professionals and at all levels.

ICCT found them useful in considering their collective understanding of IC and in facilitating their understanding of other professionals' roles within the ICCT.

ICCT could see the value of them in assessing and developing their IC competence.

**Comments on Sustainability:** The development led to a document containing eight core competency themes. The PDSA model requires continued adoption and adaptation the ICCT core competencies.

**Comments on Transferability:** The competencies should be transferable and adaptable across the UK utilising the PDSA model.

Due to the incorporation of the published international competencies for integrated care the ICCT core competencies may have use internationally.

**Conclusion:** Identification of ICCT Core Competencies that were acceptable to a wide range of professionals was possible. A variety of practical usages were identified. The ICCT Core Competencies have national and international potential.

**Lessons Learned:** Wider evaluation of this primary care service improvement initiative is required.

Gaining a shared understanding of ICCT is key to efficient working.

#### **References:**

1- DH 2010 Equity and Excellence: Liberating the NHS. London: DH.

2- Care Act 2014, Available from:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

3- Shaw, S; et al An overview of integrated health care in the NHS. Evidence for better Health Care. What is integrated care? Nuffield Trust. 2011 Available from: <https://www.nuffieldtrust.org.uk/research/what-is-integrated-care> .

4- HQIP 2015 A guide to quality improvement methods. Available from: <https://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/>

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**Keywords:** core competencies; community integrated care

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