



Care coordination functions scoping research

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Background

Skills for Care is working in partnership with the following national and local agencies to understand more about the functions associated with coordinating care in practice:

- Better Care Fund
- Department of Health
- Health Education England
- Local Government Association
- Luton CC
- NHS England
- SCIE
- Skills for Health
- UK Home Care Association.

In order to find out more, research was undertaken through various routes including desk based synthesis of recent policy, publications and guidance, examination of existing job descriptions in this area, interviews with key informants and online surveys (one from the staff perspective and the other from an organisational perspective).

In total, 243 eligible questionnaire were received from employers/managers and 144 from staff.

Key messages

- Current policy and guidelines have outlined the significance of coordinating care within an integrated systems approach to delivery of personalised care.
- There are a number of examples in practice of the development of both functions and care coordination roles to delivery the policy vision.
- Evaluation of approaches is limited although increasing support does exist for some formal coordination of care.
- Employers can see that this role will increase in the future and there is support on the ground for further investment in this area.
- Benefits to care coordination include improved communication, greater information sharing, improved local relationships and a reduction in duplication.
- For individuals benefits include improved choice and control, greater systems understanding and access to a range of services as well as an increase in the care delivered in their 'home'.
- Key functions have been identified through the survey with both employers and staff.
- There is reliance on in house and on the job training for staff involved in care coordination.
- Employers and staff involved in the survey agreed there was a lack of a framework or document outlining core functions and associated competencies for staff coordinating care.
- There was support from all aspects of the research for the development of such a framework or document at a national level for use and adaptation at local level.
- This research is a step toward further understanding of the functions associated with care coordination and should add to the debate around learning and development for staff involved.

Reasons for coordinating care

There are clear policy drivers for an increased focus on coordination of care.

- Focus on independence, choice and control supported by personal budgets and personal health budgets to build a care package around the individual.
- Move to integrated systems which requires greater understanding of systems and coordination to provide a 'seamless' service.
- Policy directives including the Care Act 2014, Transforming Primary Care 2014, Integration policy, NICE guidelines.

These reasons were echoed in the discussions with key informants but in addition, there was a sense from both interviews and the survey that a major reasons for focusing on coordinating care was to improve the quality of care experience for those in need of care and support.

From the organisational and staff survey, experienced benefits of proactively coordinating care include an improvement in communication between organisations, greater information sharing, a reduction in duplication of effort and an improvement in relationships locally. For individuals using care and support services, perceived benefits included better choice and control, reduction in confusion and greater understanding of the system, an increase in the care delivered in their 'home' and better access to services.

However, there are still unanswered questions regarding care coordination, as there is no consistent approach, common understanding of good practice or sound UK based evaluation. However, there are emerging messages from local pilots, which positively support care coordination, which could be built on in future.

Current approaches to coordinating care

As expected, there are a range of approaches to coordinating care: full time care coordinators or navigators, a mix of full time staff and others who have care coordination as part of their role, only staff who focus on care coordination for part of their time and some organisations where care coordination is part of everyone's job.

Functions associated with care coordination

From the synthesis of the job descriptions, existing frameworks and discussions with key informants, five key areas were highlighted as functions of care coordination.

1. Manage information and the flow of information between individuals using your service and other organisations in your area
2. Develop knowledge about organisations in your local area and share this with others
3. Support individual assessment and draw up care plans involving local organisations, including your own organisation
4. Reflect on and evaluate the experiences of individuals using services and community facilities
5. Act as a catalyst to organisations working more closely together.

From the organisational survey, it was clear that staff with responsibility for coordinating care were heavily involved in all five areas, but so were all staff to varying degrees. Tasks most associated with specific care coordination included developing multi faceted care plans, acting as a catalyst for closer working and managing the flow of information.

From the staff survey, we can examine these areas in more detail and indeed, staff with a specific (full or partial) remit for care coordination were more involved in areas outlined in the table below. Please note, this information should be treated with caution given the sample size and next steps should continue to work with employers across health and social care to ensure relevance.

Learning and development

From the survey there was a sense that coordination of care was increasing and a number of respondents had plans to extend work in this area over the next 12 months. For the vast majority, this was going to be funded internally, giving some support to the view that focusing on care coordination is a business decision rather than enforced.

Learning and development priorities from an employer perspective include:

- increased understanding of the local market, what it can offer and how it can meet needs
- skills to match need with available services and support
- skills to improve joint working and build networks.

Staff echoed these needs and added that the ability to understand local professions and protocols was also important.

There were mixed views on accessing learning and development, with some finding it easier than others. More detail would be required on this but in part, this might be linked to the reliance on in house and on the job training that many staff and employers reported.

Existing organisational support

Around three quarters of responding organisations report having in place a clear job description for staff involved in care coordination. However, fewer organisations and staff report training plans (52%-organisation, 34%-staff), individual development plans (48%-organisation, 33%-staff), written activities (43%-organisation, 39%-staff), or a broader organisational workforce development plan (33%-organisation).

For staff, most were unaware or unsure of any existing documentation that might outline activities involved in care coordination and associated competencies, although many felt this would be a useful addition. Similarly they were unaware or unsure of any care development guidance, plan or framework for staff involved in care coordination and the vast majority who responded felt this would be helpful.

The majority of those who responded from an organisational perspective also supported the notion of a document outlining core functions and associated competencies associated with care coordination (79%). A view supported by key informants in the survey.

Conclusions

There would appear to be interest in care coordination and a view that things will move in this direction from the responses we have had to the research. It is clear that organisations are approaching this in various ways and any future work would have to be flexible enough to retain relevance and reflect local contexts. There does seem to be support for developing a framework which could outline core functions and associated competencies in order to help reduce duplication of current effort, offer consistency, potential for career pathways and/or support for learning and development. However, future work should continue to engage with employers as this survey goes some way to providing evidence for next steps, but is only part of the picture.

Skills for Care and Health Education England are working in partnership to identify routes for taking this work forward.