Implementation Guide

Translating the Strengthening Prevention in Integrated Care Systems Framework into practice

health + wellbeing Queensland

Queensland Government

Introduction

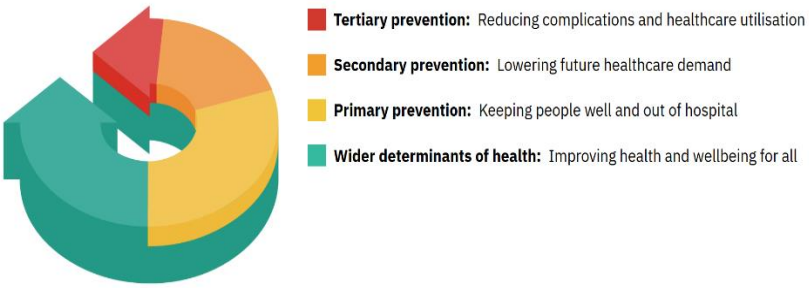
Strengthening Prevention in Integrated Care Systems Framework

Strengthening Prevention in Integrated Care Systems (The Framework) aspires to create a world-leading integrated prevention ecosystem for Queensland by enabling a coordinated, cross-sector approach to sustainable chronic disease prevention at the system, service and community level.

The Framework details evidence-based building blocks and guiding principles to reduce the burden of chronic disease with consideration of the spectrum of prevention (Figure 1).

Figure 1: Key Components of Strengthening Prevention in Integrated Care Systems Framework

Spectrum of Prevention



Supporting Implementation of the Framework in Regions

The Implementation Guide provides a practical, step-by-step roadmap to apply The Framework and strengthen prevention in your region. It is intended for system and service level leaders from across the prevention spectrum, such as health, education, industry, private sector, government, and social services. Working through the guide will support cross-sector organisations coordinate sustainable chronic disease prevention by implementing The Framework through a Learning Health System approach adapted to the Queensland context (Figure 2).

Figure 2. Framework implementation process

1 Power in Partnerships
Secure executive support and establish cross-sector governance at three connected levels: system leadership level, service level, and people and community level.

2 Knowledge to Practice
Develop a shared understanding of the chronic disease priority area and how prevention is addressed in your region. Agree on top priority(ies) and plan your intervention(s) and data collection.

3 Practice to Data
Plan for implementation, drive change and measure impact.

4 Data to Knowledge
Analyse impact and consider next steps for the intervention. Return to Phase 2 (Knowledge to Practice) to:

- Adopt the intervention: Plan for sustainability
- Adapt the intervention: Plan for improvements and/or scalability
- Archive the intervention: Plan for an alternative intervention.

The Implementation Guide steps through four key phases aligned with a Learning Health System approach, supporting continuous improvement in your region's chronic disease response through an evidence-based cycle of data collection, knowledge generation and practice improvement.

Each phase of the Implementation Guide provides a checklist of activities, meeting agendas and templated support resources. Checklists and agendas are intended as a guide and can be adapted to suit the needs and pace of your region.

The Framework's guiding principles should be considered throughout the implementation activities. The following questions are intended to prompt initial reflection.

Strengths-based and person-centered

- Have you consulted with the community, including Aboriginal and Torres Strait Islander community members, culturally and linguistically diverse people, and other priority populations, to identify what strengths, assets and relationships can be built upon?
- Does the activity promote and enable individual's autonomy and active ownership over their health and wellbeing journey?

Equity and cultural safety

- Does the activity acknowledge and respect the diverse cultural backgrounds and identities of your region?
- Are barriers related to language, access, or discrimination actively identified and addressed to ensure equitable participation?

Evidence-informed and evidence-generating

- Is the activity based on current best practices and supported by relevant research or data?
- Is monitoring, evaluation and/or research embedded in planning and implementation to inform continuous improvement and contribute to the evidence-base?

Collaborative partnerships

- Does the activity leverage the strengths, organisations and resources across the region to enhance the prevention ecosystem?

Community involvement

- Are community members, including priority populations, involved in the activities' design, delivery, and evaluation (including consideration of data sovereignty) in a meaningful way?
- Does the activity reflect the community's needs, values, and priorities?

Case studies and further information on the Framework is available on the HWQld website.

For questions or further support regarding the Framework or Implementation Guide, contact us at healthimpact@hw.qld.gov.au.

PHASE 1: Power in Partnerships

Phase 1 guides establishing cross-sector partnerships through a coordinated governance structure, termed an Integrated Care System (ICS).

An ICS brings together organisations from across sectors with a shared commitment to advancing chronic disease prevention and aligned strategic or organisational priorities. This governance structure provides system level leadership, oversight and decision-making, enabling a service level group to drive sustainable, community informed prevention interventions through local system transformation within and beyond the health system.

The ICS governance structure includes three key membership groups, which together influence the prevention ecosystem at the system, service, and people and community levels. The service level Implementation Group is the main driver of implementation, seeking strategic decision-making from the executive system level Strategic Oversight Group, and gathering local context and insights through involving Community Prevention Champions (Figure 3).

Leverage any existing community advisory groups in your region and consider including 2–3 community members on the ICS Implementation Group to represent the consumer voice. These members can help communicate with the wider community, identify when further community consultation is required, and ensure local perspectives continue to inform implementation.

Figure 3: ICS Governance Structure

Prevention Ecosystem	ICS Governance Group	Responsibility
System Level	ICS Strategic Oversight Group	Shift the region towards prevention through influencing organisational priorities, funding mechanisms, partnership approaches and allocation of resources. Provide leadership to enable the Implementation Group.
Service Level	ICS Implementation Group	Drive change through data driven planning, implementation and evaluation, seeking approvals from the Strategic Oversight Group, and input from Community Prevention Champions.
People and Community Level	Community Prevention Champions	Provide community leadership by connecting local knowledge with the Implementation Group to align community priorities and co-design prevention interventions.

The below resources support regions to establish an effective governance structure for sustainable chronic disease prevention. Membership should be representative of cross sector partners within and beyond healthcare settings, reflect regional priorities, and consider the spectrum of prevention (Figure 1). Membership may expand and diversify over time in line with the readiness of stakeholders.

Your support resources

Before you Begin

An important early step is to recognise that a lead organisation, or two co-lead organisations, will be needed to coordinate governance. Use a consultation process to inform the initial membership of each governance group. When determining membership invitations, consider the suggested membership outlined in the Strategic Oversight Group (SOG) and the Implementation Group (IG) Terms of Reference templates alongside local consultation. Existing governance groups may fulfil these functions, or new groups may need to be established.

Phase 1 Checklist

Activity	Responsibility	Resources Linked HERE	Complete
1. Leverage existing governance groups, or stand-up new governance groups, aiming for representation across the prevention spectrum.	Lead Organisation	1. SOG Terms of Reference Template 2. IG Terms of Reference Template	☐
2. Whole of Governance Workshop 1: Prepare and hold Workshop 1 bringing governance groups together to create a shared vision, agreed ways of working, and priority setting.	SOG Chair and IG Chair	1. Workshop 1 Agenda 2. Workshop 1 Activity	☐
3. Strategic Oversight Group Meeting 1: Prepare and hold Meeting 1 to discuss strategic alignment and identify shared contributions.	SOG Chair	1. SOG Meeting 1 Agenda 2. Contribution Mapping Template	☐
4. Finalise Strategic Oversight Group Terms of Reference	SOG Members		☐
5. Implementation Group Meeting 1: Prepare and hold Meeting 1 to discuss alignment of priorities and resources and commence planning for the Needs Gap Analysis (Workshop 2).	IG Chair	1. IG Meeting 1 Agenda 2. Needs Gap Analysis	☐
6. Finalise Implementation Group Terms of Reference, with SOG support.	IG Members		☐

PHASE 2: Knowledge to Practice

Phase 2 focuses on building a comprehensive understanding of your region's chronic disease needs, how these needs are currently being addressed, and where opportunities exist for collaboration and action across the ICS membership. This process will help your region identify gaps and opportunities to inform the prioritisation and planning of chronic disease prevention interventions.

During the intervention planning process you will be prompted to consider whether to leverage existing evidence-based programs that could be implemented in your region, adapt an existing program, or develop a new program or service. The template provides guidance to ensure your intervention remains grounded in evidence and meets all six of the Framework building blocks.

Your support resources

Phase 2 Checklist

Activity	Responsibility	Resources Linked HERE	Complete
1. Out of session collation of data to commence populating the Needs Gap Analysis template.	Assigned IG Members and others as required		☐
2. Governance Workshop 2: Prepare and hold Workshop 2 bringing the Implementation Group together with Community Prevention Champions to complete the Needs Gap Analysis and identify the intervention priority(ies).	IG Chair	1. Workshop 2 Agenda 2. Needs Gap Analysis	☐
3. Seek and collate broader stakeholder engagement to validate the intervention priority. Communicate systems level gaps and seek feedback and approval from the Strategic Oversight Group.	IG Members		☐
4. Implementation Group Meeting 2: Prepare and hold Meeting 2 to confirm the agreed intervention priority(ies) and commence planning the intervention/s, including evaluation.	IG Chair	1. IG Meeting 2 Agenda 2. Design your Intervention Template	☐
5. Continue planning the intervention out of session by seeking feedback and validation from stakeholders and the Strategic Oversight Group. Ensure the Strategic Oversight Group considers the barriers and strengths they can influence at a system level.	IG Members		☐
6. Implementation Group Meeting 3: Prepare and hold Meeting 3 to consolidate any feedback and finalise the intervention plan.	IG Members	IG Meeting 3 Agenda	☐

PHASE 3: Practice to Data

Phase 3 progresses implementation planning for your intervention, followed by mobilising the team and resources to support implementation and monitoring. Evidence-generation through regular data monitoring and reflections enables timely responses to emerging challenges and iterative improvements.

The following resources support a simple, data-driven approach to implementation.

Your support resources

Phase 3 Checklist			
Activity	**Responsibility**	**Resources Linked HERE**	**Complete**
1. Implementation Group Meeting 4: Prepare and hold Meeting 4 to commence implementation planning for the intervention, including roles and responsibilities, and data collection and monitoring.	IG Chair	1. IG Meeting 4 Agenda 2. Implementation Plan Template	☐
2. Plan for additional Implementation Group meetings and/or Strategic Oversight Group endorsement, as required.	IG Members		☐
3. Commence implementation (consider small-scale test) of the intervention.	IG Members		☐
4. Host regular (e.g. monthly) Implementation Group meetings (Meeting 5+) to monitor interim data, learnings, strengths, challenges, risks. Engage the group in data informed decision making and brief the Strategic Oversight Group, as required.	IG Chair	IG Meeting 5+ Agenda (standing agenda for adaption as required and use during implementation)	☐

PHASE 4: Data to Knowledge

Phase 4 guides evaluation of the intervention, drawing on data and observations to identify learnings and inform next steps.

The support resources below guide the development of a simple, effective evaluation report. They also support decisions about how you will best take this work forward. The Learning Health System approach in action results in returning to Phase 2 (Knowledge to Practice) to:

- Adopt the intervention and plan for sustainability,
- Adapt components of the intervention and plan for improvements and/or scalability, or
- Archive the intervention and plan an alternative intervention.

It is important to recognise that interventions may take time to demonstrate outcomes, especially those targeting the wider determinants of health and primary prevention. In the short-term, emphasis can be placed on process-related measures that indicate feasibility and acceptability, alongside outcome measures to demonstrate impact over the medium to long term.

Your support resources

Phase 4 Checklist			
Activity	**Responsibility**	**Resources Linked HERE**	**Complete**
1. Commence collating and analysing data and observations from the implementation period in the Evaluation Report.	Assigned IG Members	Evaluation Report Template	☐
1. Implementation Group Meeting 6: Prepare and hold Meeting 6 to reflect on implementation data collectively and support finalisation of the Evaluation Report.	IG Chair	IG Meeting 6 Agenda	☐
2. Finalise the Evaluation Report out of session. Plan for additional Implementation Group meetings, as required.	IG Members		☐
3. Strategic Oversight Group Evaluation Meeting: Prepare and hold Meeting 2 to endorse evaluation findings and next steps.	SOG Chair	SOG Meeting 2 Agenda	☐
4. Disseminate evaluation findings through appropriate channels.	SOG Members		

Once interventions addressing the chronic disease priority identified in Phase 1 are embedded, ICS governance groups can recommence the implementation process from the beginning. This enables the ICS to consider other regional chronic disease priorities continuing to build upon momentum and learnings.

Glossary

Glossary of Terms and Abbreviations	
Spectrum of Prevention	Refers to the various levels of prevention aimed at reducing chronic disease and improving health outcomes. It includes wider determinants of health, primary prevention, secondary prevention and tertiary prevention.
Wider Determinants of Health	Social, cultural, economic and environmental factors that influence an individual's health outcomes are foundational to delivery of prevention – improving health and wellbeing for all.
Primary Prevention	Universal access to health information, tools and programs that support positive health behaviours, preventing the onset of chronic disease – keeping people well in the community, and out of hospital.
Secondary Prevention	Targeted approaches that reach those at increased risk of developing chronic disease for timely identification and early intervention – lowering future healthcare demand.
Tertiary Prevention	Proactive, personalised care for those already living with chronic disease to slow progression and maintain quality of life – reducing complications and healthcare utilisation.
Learning Health System	An evidence-based approach to quality improvement where health and healthcare systems continuously learn by doing – using evidence and implementation data and experience to inform, adapt and improve practice over time.
ICS	Integrated Care System. The cross-sector governance structure responsible for implementing The Framework.
SOG	Strategic Oversight Group. Refers to the executive governance group of the Integrated Care System, responsible for driving change at a systems level.
IG	Implementation Group. Refers to the mid-level governance group of the Integrated Care System, responsible for driving change at a service level.
JRNA	Joint Regional Needs Assessment Reports. A collaborative process to identify the priority health and service needs of a region. Reports are available from the Hospital and Health Service, or Primary Health Network within your region.