



# **The London Health & Care Partnership Integrating inPLACE**

Supporting Integration in Local Places

Embracing our differences

September 2022




Office for Health  
Improvement  
& Disparities

**NHS**

**PPL**

GREATER**LONDON**AUTHORITY

**LONDON  
COUNCILS**



The future is **here**,  
it is just unevenly  
distributed

Help is **here**  
Help is **inPLACE**



# Approaching integration inPLACE

inPlace is a resource which has been jointly developed by the London Health & Care Partnership to support acceleration of better co-ordinated, person and community-centred care across London.



If you look at only **1 page** please look at **page 29**



If you are **short of time** look at **pages 8, 10, 14**

**inPlace is currently in Beta testing. We appreciate all feedback to:  
[inPlace@ppl.org.uk](mailto:inPlace@ppl.org.uk)**

Right click on the Page Number and "Open Link" to be navigated to the relevant pages.





# Contents Page

Right click on the Page Number and “Open Link” to be navigated to the relevant pages.

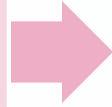


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# How to use inPLACE

Read about inPLACE and London's 5Ps for integration ([p6-9](#))



Identify who needs to be involved locally



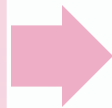
Convene and review findings



Set up the Shared Awareness Tool for your partnership



Agree priorities and next steps



Share outcomes and progress

**What is inPLACE for?** The concept of “inPLACE” builds on the London 5Ps Framework for Integration and helps us to reflect on what partnership working and integration looks like in our local areas.

**inPLACE is designed to help us to think about our local partnerships:** reflect on how well we are working together as partners, build connections where they didn't exist before... and to find a common purpose and meaning to our partnerships for benefit of our local communities.





## What is inPLACE?

In 2022, we have focused on how, as systems and places in London, we can support each other to put the framework into action – starting from the perspective that we are all working towards similar goals, but also that we all have further to go.

Two key questions raised in the development of the 5Ps were “Why can’t we?” – for example, make tackling inequalities the Purpose of all of our integration work – and, as importantly, “If not now, then when?” in relation to our shared Priorities.

This is about reflecting on how we work, what we have achieved, what we can share and what we can learn. It is about taking the lead in each of our local journeys to better integration.

inPLACE is supported by our developing Directory of case studies in London. The Directory showcases positive examples of partnership working and provides a gateway to learning together. Where inPLACE highlights areas of focus, the Directory provides a link to peers who have faced and overcome similar challenges or had success in building on related opportunities.





# What do we mean by Place?

## Who we are inPLACE:

London is a Region made up of 32 Boroughs and the City of London.

**Our “Places” are borough-based local partnerships** built around the footprints of our Boroughs and the City and are grouped into five statutory Integrated Care Systems (ICSs).

### North West London (NWL) ICS

Bi-Borough  
(Kensington & Chelsea and Westminster)  
Brent | Ealing | Hammersmith & Fulham | Harrow | Hillingdon | Hounslow |

### North Central London (NCL) ICS

Barnet | Camden | Enfield | Haringey | Islington

### North East London (NEL) ICS

Barking & Dagenham | City & Hackney | Havering | Newham | Redbridge | Tower Hamlets | Waltham Forest

### South West London (SWL) ICS

Croydon | Kingston Upon Thames | Merton | Richmond Upon Thames | Sutton | Wandsworth

### South East London (SEL) ICS

Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark



# London's 5Ps Framework

**inPLACE builds on the London 5Ps Framework for Integration and supports people to reflect on what partnership working and integration looks like in their area.**

inPLACE is designed for partnerships to reflect on their progress and build a shared sense of where to focus next: confirming their shared Purpose and Priorities and ensuring that these are aligned with the needs of the local Place and the Pounds and Providers that support them.

## The London 5Ps Framework for Integration

London's Five Ps (Purpose, Priorities, Place, Pounds and Providers) Framework for Integration has been co-developed in partnership with key stakeholders and communities across London to explain and understand what good looks like in the integration of services.

**The Five Ps provides the organising principles** that help to set out what our partnerships need to do, and where partnerships need to focus, in order to find ways of working together more effectively. At the heart of the 5Ps sits the sixth P of People.

**Frontline professionals, patients and service users**, families and carers, elected members, organisational and system leaders, and London's diverse communities are critical to the success of integration and critical to each of the Five Ps.








The 5Ps present a challenge to all of us who are focused on the future of health and care integration in London. Despite our best efforts, many people in London still experience health inequalities and poor outcomes. We are being asked to think deeply about “Why can’t we?” address the often long-standing challenges and opportunities that exist around how health and care is delivered in London, and to think about what we can do differently as partnerships that we could not do alone.



# London's 5Ps in practice

## What do the 5Ps mean in practice?

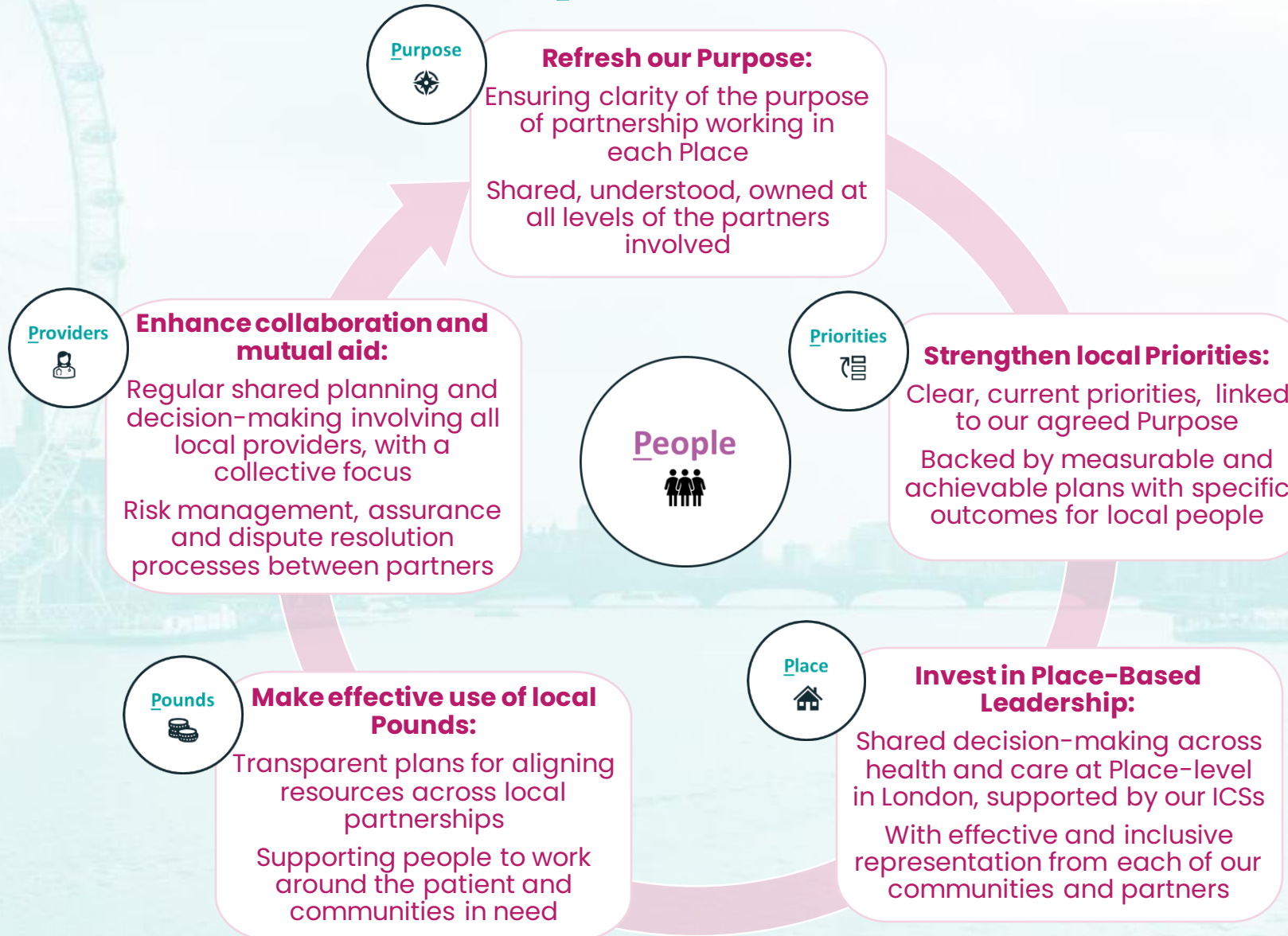
What does this look like in practice?		
5 Ps	Why can't we...	In practice this will mean...
<b>Purpose</b> 	...make addressing inequalities the central purpose of London's five ICSs?	<ol style="list-style-type: none"> <li><b>Addressing inequalities is at the heart of how we fund, plan, deliver and assure services</b> and reflected in how we measure the overall success of our ICSs and Borough-based partnerships.</li> <li><b>Our focus on inequalities is not seen as in conflict with other national and local priorities</b>, including reducing waiting lists and improving financial sustainability, but is instead viewed as our starting-point and endpoint for tackling these.</li> <li><b>We reflect the communities we serve</b> with visible community representation at all tiers of Regional, ICS and Borough-based decision-making.</li> </ol>
<b>Priorities</b> 	...agree in each borough-based partnership a small number of priority outcomes linked to this purpose which we will deliver in the next 12 months?	<ol style="list-style-type: none"> <li><b>Priorities are set at a borough-level from a list of outcomes</b> that can only be achieved by partners working together based on the needs and priorities of all of our communities. Wherever possible, priority-setting builds on existing analysis, engagement and learning.</li> <li><b>Priorities are person-centred, measurable, and backed by local 12-month action plans</b> leveraging our collective assets with shared local accountability for delivery.</li> <li><b>In selecting priorities, we are explicit in what we are going to de-prioritise</b> for the next year in order to ensure these are deliverable.</li> </ol>
<b>Place</b> 	...recognise the many definitions of place, but agree that in London it is our 32 Boroughs that will be the heart of our local health and care systems?	<ol style="list-style-type: none"> <li><b>Ongoing planning, commissioning and assurance functions are vested in joint borough-based teams wherever possible within legal and statutory boundaries</b>, hosted where appropriate within the local authority.</li> <li><b>Borough-based partnerships are enabled by a Region and ICSs who support them to have financial and decision-making autonomy</b>, whilst enabling collective efforts on shared priorities and best-practice.</li> <li><b>Health &amp; Wellbeing Boards, Healthwatch, patient groups and voluntary and community sector partners are appropriately equipped</b> to support our communities, so their voices are both heard and acted upon.</li> </ol>
<b>Pounds</b> 	...commit to pooling all local health and care budgets by default, except where there is a compelling reason not to?	<ol style="list-style-type: none"> <li><b>We openly share how money is budgeted and spent</b> across health, local government and voluntary and community sector partners in each borough, providing for the first time a single view of the 'local pound'.</li> <li><b>We can show how investment is growing in community-based prevention and early intervention</b>, improving outcomes and reducing long-term costs.</li> <li><b>Resources are demonstrably being distributed to where they are needed, using granular population health data and evidence</b> to focus our efforts on addressing long-standing and new inequalities.</li> </ol>
<b>Providers</b> 	...support provider collaboratives and primary care networks to deliver better outcomes both "At Scale" and within places?	<ol style="list-style-type: none"> <li><b>Provider collaboratives are empowered to plan, deliver and assure the care they provide</b>, enabling "mutual-aid" across organisational and geographic boundaries, and supported by ICSs that help align their work together and with our place-based partnerships.</li> <li><b>The voice of primary care is reflected in decision-making at all levels</b>, with PCNs providing the "hub" for local care networks that focus on the holistic needs of individuals and communities.</li> <li><b>We invest jointly in the health, wellbeing and professional development of our workforces</b>, with specific and measurable goals around integrated training, professional development and resourcing across traditional specialisms and boundaries.</li> </ol>
<b>People</b> 	...think the best of each other?	<ol style="list-style-type: none"> <li><b>We nurture and develop relationships between individuals at all levels</b> coming together regularly, as places and systems, to co-ordinate our efforts and resources with our local communities.</li> <li><b>We share openly with our partners the information they need in an honest, secure and timely way</b> in order to achieve the best possible health and care outcomes.</li> <li><b>We mean what we say and we hold ourselves accountable</b>, in willing better outcomes for Londoners, to ensuring the means are in place to deliver those outcomes.</li> </ol>



# inPLACE: From “Why can’t we?” to “How will we?”

## The inPLACE Shared Awareness Tool

is designed to support people working in and for Place-based Partnerships in London to...



...aligning with the key enablers that have emerged from successful integration in London and nationally



# The Purpose of inPLACE

**inPLACE is designed to support partnerships to share thinking, align priorities, and accelerate integration.**

It is designed to help us to reflect and agree on how we can align our work to the maximum benefit to the communities and people we serve.

The nature of partnership working is such that it will need to change and evolve over time to meet the changing needs of the population.

inPLACE is structured to be iterative, with the potential to repeat over time in response to ongoing developments and changing local needs.

## Enabling success

At the heart of inPLACE is the Shared Awareness Tool. This is designed to enable Place-based partnerships to reflect on where they are currently, and where they want or need to be in.

It is drawn from extensive engagement with and learning from existing place-based partnerships across London and in other areas of the UK, and shaped by the Department of Health and Social Care's White Paper on 'Joining up care for people, places

and populations' (February 2022). The key enablers of partnership working in London that have been highlighted throughout this development process, building on the 5Ps and our commitment to better outcomes for all, include:

- Clear leadership and accountability
- Shared decision making
- A common language
- Open and transparent communication
- Shared priorities and outcomes
- Empowered people
- A focus on prevention & early intervention
- Reducing barriers to accessing care
- Aligning workforce and finances
- Making effective use of data and technology

Click below to access the Department of Health and Social Care's White Paper on '**Joining up care for people, places and populations**' (February 2022)





# inPLACE in Practice

## How to get started with inPLACE







### Preparation

- **Schedule a workshop** of key local partners and associated individuals and groups, using either an existing meeting or a “neutral” forum established for this purpose.
- **Confirm the list of potential survey respondents** with input from all those who will be involved in the workshop.
- **Share the inPLACE Survey** in advance of the workshop and invite responses.

### Delivery

- **The outcomes of the survey** are used to populate the template inPLACE summary. The survey findings are then shared on advance with all workshop attendees.
- **Hold the workshop**, and use the initial survey results as a basis for discussing and agreeing priorities and next steps.
- **Capture resulting actions** in the inPLACE tool to share and review in future.

### Outline timeline

Week 1							Week 2						
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
 Place Lead/Steering Group confirm workshop scheduling and logistics and survey invitees.	 Place Lead/Steering Group shares inPLACE partnership survey with whole partnership						 The survey results are used to populate the inPLACE analysis template.		 Analysis is shared with the group.		 Workshop to review and update the findings. Actions are defined for next 6 months and added to the inPLACE tool.		
 The whole partnership have a short period in which to complete the inPLACE Shared Awareness Tool Partnership Survey													

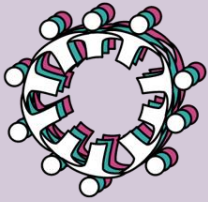




# inPLACE in Practice



- **inPLACE Shared Awareness Tool Partnership Survey link** (click link to access)
- **inPLACE Shared Awareness Tool Capture Platform link** (click link to access)



# Introducing the inPLACE Shared Awareness Tool

**A enabler to inPLACE – it can be used in the context of the whole framework or as a standalone tool for supporting partnership working.**

**There is no one size fits all approach to integration.**

This tool is not designed to be a “maturity matrix”, performance management tool or rating system. It is also not designed to be a test.

This tool is an aide to help reflect on where we are in our partnerships and where we want to get to. Whatever level, as defined through the Tool, results may well be right for current local needs and priorities. That’s okay.

Nonetheless, we want to challenge ourselves to think critically about each aspect of integration in our local areas, what it means for partners and for local people.



# The Shared Awareness Tool: Introduction

**The inPLACE Shared Awareness Tool is designed to help build a common understanding of where a partnership is in its journey to integrate services and deliver better outcomes.**

It is designed to help partnerships identify next steps, where you want to do more or to try something different, or where there are immediate priorities for one or more of the organisations and communities involved.

It sits under the inPLACE Framework for Integration as an enabler to make change happen, and alongside the Directory of learning from partnerships across London.

**Every place is different**, with its own local ambitions, needs and assets. This tool is designed to be used in the context of local population needs, as these vary between boroughs and places.

**What is right for one place may not be right for another.**

The Tool and associated Levels are intended as an aide to understanding ambitions and achievements for integration. It is not an absolute measure of where a partnership is either locally or in comparison with partnerships elsewhere.

Level 0	Level 1	Level 2	Level 3
Not Yet Started	Being Planned/ Developed	Partially In Place	Fully In Place

Levels 0-3 on the tool provide a structure that reflects the different opportunities and challenges against the principles for effective partnership working which have been collaboratively developed across London.

A lower level suggests the partnership has the opportunity to go further in terms of enabling effective partnership working, and a higher level highlights the progress already made.

Space is provided for explanation of scores and to allow for reflection on where you would like to be in the immediate future.

For maximum impact, it is recommended that this process is re-completed every 6 months, to be able to monitor progress and review ambitions over time.



# The inPLACE Shared Awareness Tool


**A. For each of the statements that follow, circle which level your partnership is at currently, record any thoughts around why you feel that is the case, and thoughts about where you would like to be in 6 months' time**





# The inPLACE Shared Awareness Tool


Purpose

5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level for now?	Where do we want to get to in 6 months' time?
 Purpose	1	Those working at the frontline can describe our vision, purpose and objectives as a partnership and how it is supporting their work.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	2	We are able to capture and evidence the benefits of integration for the individuals and diverse communities we serve.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	3	Our focus on inequalities is central to our work in addressing national, regional and local priorities.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	4	Our partnership vision and purpose are understood across all local partners, with a shared commitment to enabling joint working.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	5	Our partnership has agreed a shared vision and purpose incorporating our explicit commitment to addressing inequalities.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		



# The inPLACE Shared Awareness Tool


Priorities

5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level <u>for now</u> ?	Where do we want to get to <u>in 6 months' time</u> ?
 <p>Priorities</p>	6	Our partnership is having a measurable impact on related outcomes and performance indicators.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	7	Patients, service users, carers and residents consistently feedback that their priorities and objectives are fully incorporated into the planning, delivery and assurance of their care.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	8	We are clear on what we are de-prioritising, in order to ensure we are delivering on our priorities.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	9	Our partnership vision and purpose are understood across our communities, supported by a clear narrative around outcomes for local people.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	10	We have a clear and shared view of the information and data we need to ensure we are delivering on our local objectives.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	11	Our delivery priorities are understood by our partners and communities.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	12	We have a jointly-agreed list of local priorities based on the needs of our local communities.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		



# The inPLACE Shared Awareness Tool


Place

5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level <u>for now</u> ?	Where do we want to get to <u>in 6 months' time</u> ?
 Place	13	Integrated neighbourhood teams are established and delivering on our shared commitments.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	14	We are working to joint care plans for all who need them, across age groups, mental and physical health and care services.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	15	We have agreed, shared and resourced plans in place for delivering on our priorities and they inform all of our work.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	16	Our place-based partnership includes a representative, decision-making body which is overseeing the development of local health and care services.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	17	There are clear individual responsibilities and accountability for delivering local plans and the associated outcomes.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	18	Our place-based partnership includes active leadership and engagement from all parts of the NHS, local authority and voluntary & community sector.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	19	The priorities of our local communities are being heard and acted upon, working in partnership with Healthwatch and our Health & Wellbeing Board.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		



# The inPLACE Shared Awareness Tool

Pounds


5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level <u>for now</u> ?	Where do we want to get to <u>in 6 months' time</u> ?
 Pounds	20	Resources move seamlessly to the teams, organisations and communities where they are needed most, addressing inequalities and supporting their priorities.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	21	We have put in place the necessary local infrastructure, including around shared ICT, workforce and estates, to enable effective joint-working.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	22	We have policies and processes in place for the alignment, pooling and management of finances and budgets across partner organisations wherever appropriate.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	23	We openly share how money is budgeted and spent across health, local government and voluntary & community sector partners, providing a single view of our 'local pound'.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	24	We are committed to pooling resources and budgets across our health, care and VCSE partners except where there is a compelling reason not to.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		





# The inPLACE Shared Awareness Tool


Providers (1)

5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level <u>for now</u> ?	Where do we want to get to <u>in 6 months' time</u> ?
 Providers	25	Frontline teams are routinely accessing help and support for their patients and service users from across the partnership.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	26	Staff feel confident and valued in their roles and have opportunities for shared professional development, training, and progression.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	27	We have a shared care record which is accessible and updated with all relevant information across health, local authority and VCSE teams.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	28	We provide year-round "mutual-aid" to each other in response to local pressures, across organisational, sectoral and geographic boundaries.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	29	We can evidence how funding has been released to support increased local work on prevention and early intervention, at scale.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		



# The inPLACE Shared Awareness Tool

Providers (2)

5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level for now?	Where do we want to get to in 6 months' time?
 Providers	30	Joint recruitment and workforce development programmes are established and running across our provider organisations.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	31	Primary Care Networks are fully engaged in our work with clear roles and responsibilities including developing integrated neighbourhood working.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	32	We have joined-up clinical and professional leadership which is directly involved in the development of our services and outcomes.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	33	Our local providers have developed joint plans in response to agreed priorities and local needs.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		
	34	We have agreed plans for jointly investing in our workforce, estates and infrastructure across our partnership.	Not Yet Started	Being Planned / Developed	Partially In Place	Fully In Place		



# **The inPLACE Shared Awareness Tool**

## **B. Coming together to agree on next steps**



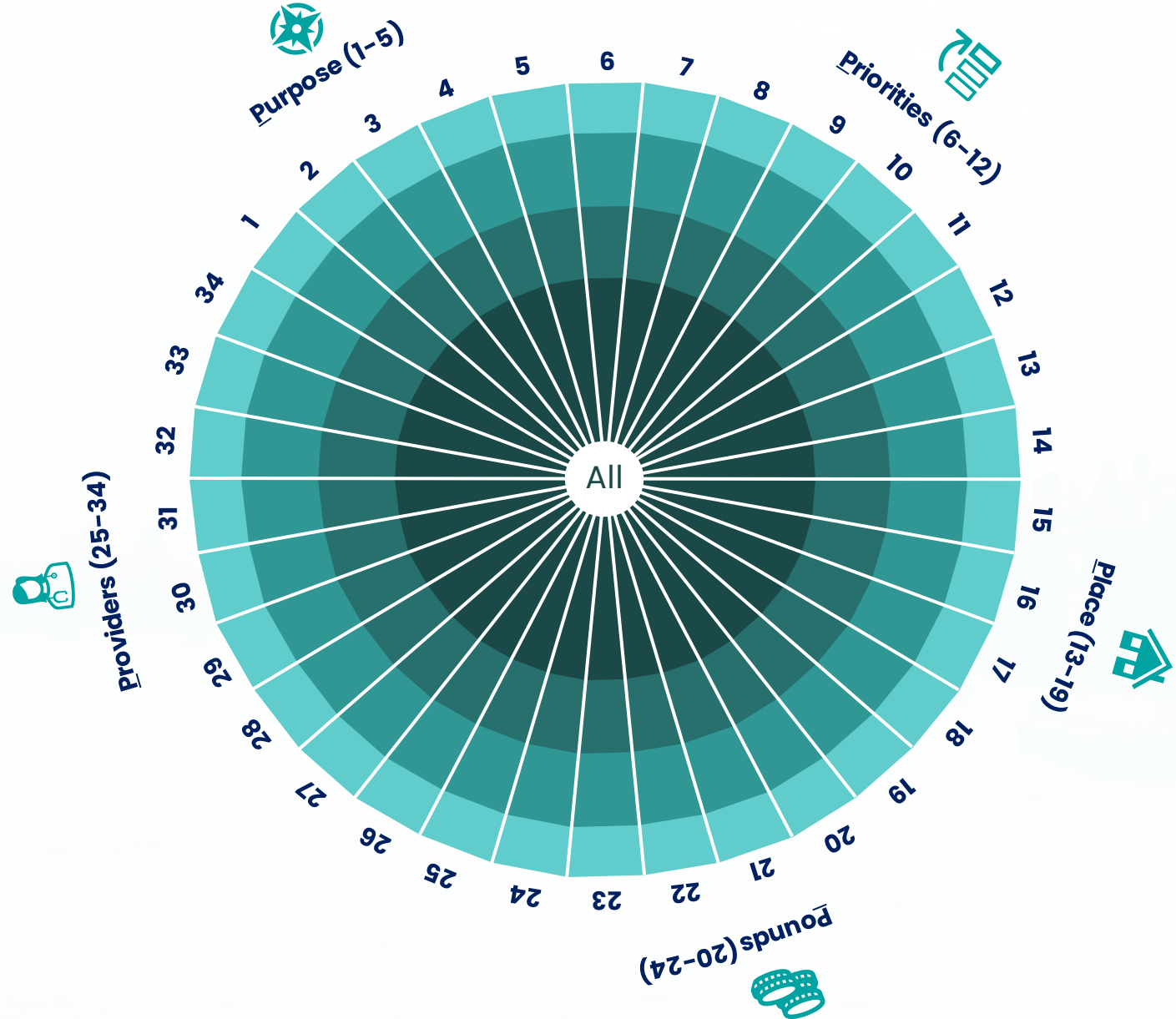
# Visualising Results

Level 0	Level 1	Level 2	Level 3
Not Yet Started	Being Planned/ Developed	Partially In Place	Fully In Place

**Plot your results onto the Star Chart** by question and level (putting "X"s in relevant places).

**Remember there are no right or wrong answers** – look at differences both between your own scores and with others in your partnership.

## The inPLACE Star Chart







# Collaborating inPLACE

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**Central to London's 5Ps  
Framework and of inPLACE is  
the most, important, sixth P of  
People.**

**Want to understand more about other's perspectives on  
integration in your local area? Why not ask if you can shadow  
them for a day or ask them to do the same with you?**



# Five steps to build consensus and enable action

- 1. Ensure people have sufficient time both to respond to the survey and to reflect on the overall results.** Consider who will collate these and how best to share them. It is important to recognise that responses will reflect how people felt on that day. It is not an absolute measure of progress and people will respond in a way which is personal to them and reflective of their individual experiences.
- 2. Consider how you will support and structure discussion.** It is important to provide a space where people feel comfortable discussing the initial outputs. It may be that working in smaller groups first, and then coming together in plenary, allows for the best conversations but it is important to ensure that those groups are reflective of the diversity of your partnership as a whole.
- 3. At the end of the workshop try to produce a single Star Chart for the partnership.** Where people have shifted their views or consensus has been achieved, then this should be noted. Where disagreements remain, these should also be recorded and not “papered over”.
- 4. Agree on what needs to happen next, and who is responsible for each action.** Where there are areas identified which may be holding the partnership back, how will these be addressed? Where opportunities exist, who will be accountable for addressing these?
- 5. Communicate.** Nothing has been agreed and little will change if the outcomes of the discussions stay inside of the room. Be clear collectively on what needs to be shared, with and by whom. Consider how those who have not been a direct part of the discussion will be engaged as a key next step.



# The inPLACE Shared Awareness Tool: Top Tips

## When applying this approach, please remember to:

- **Try to establish consensus** for each of the key areas as to where you are aiming at as a partnership and write down why you came to this decision in the spaces provided in the tables.
- **Set up regular opportunities** with representatives from across the partnership and place to review progress and, if necessary, to update objectives and goals.
- **Think about how choices impact** the potential level of ambition and priorities in all the others. Be realistic around what can be achieved.
- **Make sure to give a voice to everyone in the room** and make sure every person has a chance to speak, input and action what is discussed.
- **End each discussion with a key set of actions** every member of the partnership takes away and how these will be communicated to wider teams and communities.
- **Identify any new high priority areas** for immediate action and what the specific outcomes would be.
- **Write down key actions needed** to address these priority areas, who will be responsible and accountable for these, and how progress will be monitored.

- **But don't wait another six months...** keep talking openly and honestly, supporting each other and holding each other accountable, and confirming that actions are being completed in a meaningful way.

Priority areas for next 6 months	Actions to address priority area	Timescale for completion	Action owner/s	How will we know it's done	Completed [Yes or No]



# The inPLACE Shared Awareness Tool: Our Results

Priority areas for next 6 months	Actions to address priority area	Timescale for completion	Owner/s	How will we know it's done	Completed [Yes or No]





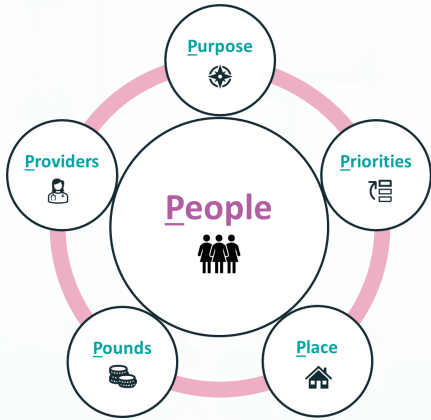
# inPLACE on a Page

## inPLACE Shared Awareness Tool: Levels

Level 0	Level 1	Level 2	Level 3
Not Yet Started	Being Planned/ Developed	Partially In Place	Fully In Place



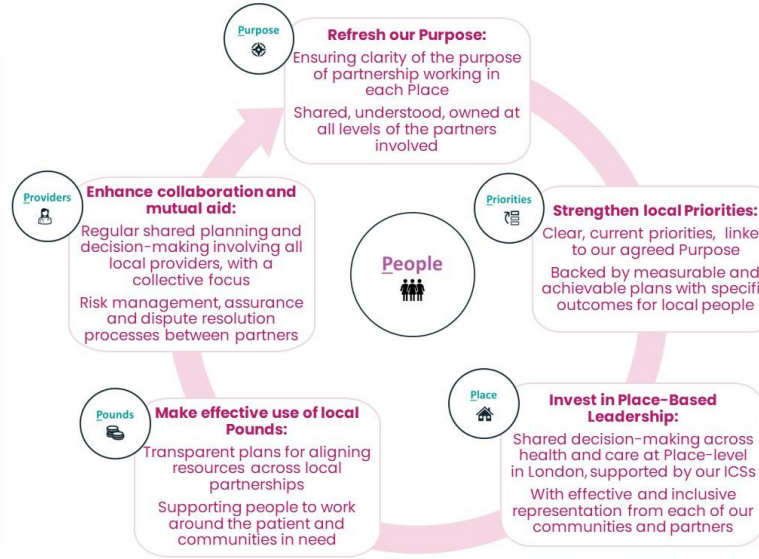
## London 5Ps Framework for Integration



## The inPLACE Framework for Integration

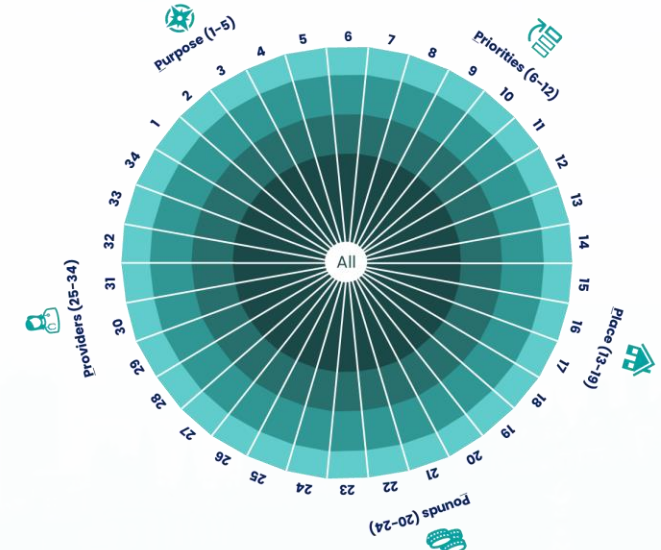
### The inPLACE Shared Awareness Tool

is designed to support people working in and for Place-based Partnerships in London to...



...aligning with the key enablers that have emerged from successful integration in London and nationally

## inPLACE Shared Awareness Tool: Star Chart



Cut out and keep

## Enablers for success

- Clear leadership and accountability
- Shared decision making
- A common language
- Open and transparent communication
- Shared priorities and outcomes
- Empowered people
- A focus on prevention & early intervention
- Reducing barriers to accessing care
- Aligning workforce and finances
- Making effective use of data and technology




## inPLACE Shared Awareness Tool: Our Results

Priority areas for next 6 months	Actions to address priority areas	Timescale for completion	Owner/s	How will we know it's done	Completed (Yes or No)




Cut out and keep

## inPLACE Shared Awareness Tool: Example showing principles related to Purpose



# The inPLACE Shared Awareness Tool

Purpose

SPs	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level for now?	Where do we want to get to in 6 months' time?
 <div>Purpose</div>	1	Those working at the frontline can describe our vision, purpose and objectives as a partnership and how it is supporting their work.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully In Place		
	2	We are able to capture and evidence the benefits of integration for the individuals and diverse communities we serve.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully In Place		
	3	Our focus on inequalities is central to our work in addressing national, regional and local priorities.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully In Place		
	4	Our partnership vision and purpose are understood across all local partners, with a shared commitment to enabling joint working.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully In Place		
	5	Our partnership has agreed a shared vision and purpose incorporating our explicit commitment to addressing inequalities.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully In Place		

Please visit [healthyloondon.org](http://healthyloondon.org) for the latest version of the inPLACE toolkits



For any questions or  
queries, please contact:  
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Thank you!

Help is **here**  
Help is **inPLACE**