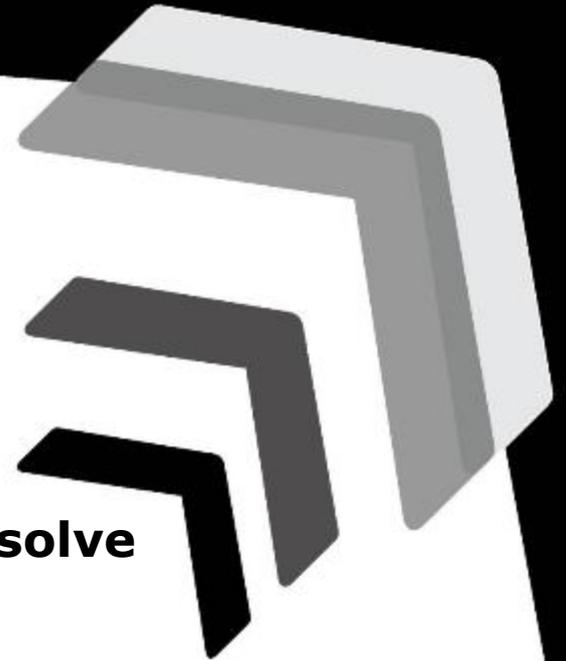


Will the integration of health and social care solve the problems of provision of long term care ?

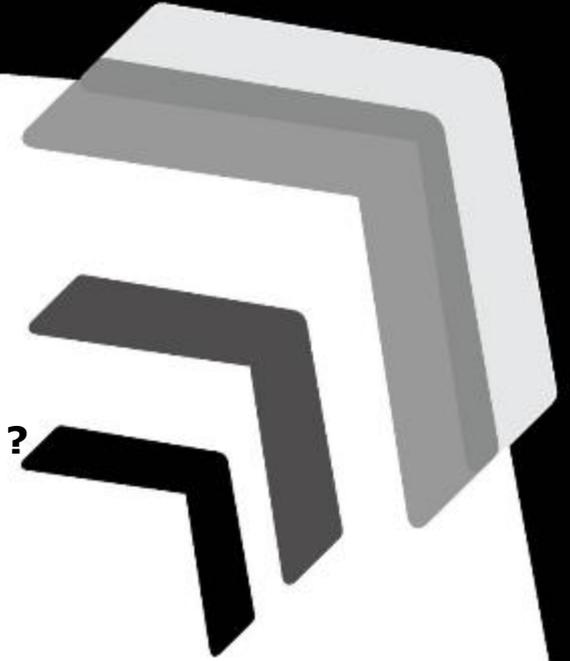
Seminar, City University,
14 April 2016

Richard Humphries
Assistant Director Policy,



Overview

- **If integrated care is the answer, what is the question ?**
- What is integrated care ?
- The current policy framework
- What the evidence tells us
- New thinking & lessons from abroad –
 - from individuals to populations and place-based care



Our work on integrated care:

- Policy & research
- Support to individuals and organisations
 - Board development
 - Leadership development
 - Learning sets
 - Bespoke help & advice
- Information
 - Integrated Care bulletin
 - Health & Wellbeing Board bulletin
- Conferences & Events

<http://www.kingsfund.org.uk/topics/integrated-care>

The screenshot displays the 'Integrated care' page on The King's Fund website. The page features a purple header with the title 'Integrated care' and a sub-header 'Our work focuses on the widespread adoption of integrated care and new models of care to meet the needs of the changing population.' Below the header, there are several sections: 'The Forward View' with a graphic of an orange arrow pointing right, 'Integrated care map' showing a map of the UK with red dots, 'Leadership development' with a purple box containing text, 'Animations' with a video thumbnail, 'Essential reading' with a list of articles, 'Blogs on integrated care' with a list of blog posts, 'Related audio/video' with a list of videos, and 'Related events' with a list of events. The page also includes a navigation menu at the top, a search bar, and a sidebar with social media links and a 'Don't miss out' section for email updates.

...”at the earliest moment possible, I intend to call on local health and welfare authorities, through the bodies which represent them, to take a hand in mapping the joint future of the hospital and the local authority services”

“Our proposals for the new NHS offer a great, and indeed a new, opportunity for a partnership with local authorities.”

“We are determined to bring down the "Berlin wall" that separates NHS and local authority services so that, in every part of the country, the system is moulded to the needs of the patients—the needs of the people—and not the other way around.”

“If patients are to receive the best care, then the old divisions between health and social care need to be overcome. The NHS and social services do not always work effectively together as partners in care, so denying patients access to seamless services that are tailored to their particular needs. The division between health and social services can often be a source of confusion for people. Fundamental reforms are needed to tackle these problems.”

“In the next two years I expect to see health and social services in every part of the country pooling resources and skills to deliver a seamless service for older people – either through a Care Trust or through use of the existing Health Act flexibilities.”

“For years, successive governments and NHS leaders have talked about joining up our health and care services so people get better care at the right time and in the right place. The time for talk is over – our plans will make this vision a reality for patients and help deliver a sustainable future for the NHS.”

1961 **Enoch Powell, Minister of Health**

1971 **Sir Keith Joseph
Secretary of State for Health**

1998 **Frank Dobson
Secretary of State for Health**

2000 **NHS Plan**

2002 **Alan Milburn
Secretary of State for Health**

2014 **Jeremy Hunt
Secretary of State for Health**

Why integrated care ? Introducing Mrs Smith.....



TheKingsFund > Ideas that change health care

Author
Peter Thistlethwaite
March 2013

Integrating health and social care in Torbay

Improving care for Mrs Smith

Key messages

- This paper tells the story of health and social care integration for older people in Torbay, and how it overcame barriers to this sector's success. It shows how integration evolved from small-scale beginnings to system-wide change. Central to the work done in Torbay was how care could be improved for Mrs Smith, a fictional user of health and social care services.
- The establishment of integrated health and social care teams and the pooling of budgets helped to facilitate the development of a wider range of intermediate care services. Teams worked closely with general practices to provide care to older people in need and to help them live independently in the community. The appointment of health and social care co-ordinators was an important innovation in harnessing the contribution of all care providers in improving care.
- The results of integration include reduced use of hospital beds, low rates of emergency hospital admissions for those aged over 65, and minimal delayed transfers of care. Use of residential and nursing homes has fallen and at the same time there has been an increase in the use of home care services. There has been increasing uptake of direct payments in social care and favourable ratings from the Care Quality Commission.
- Torbay's story underlines the time needed to make changes in the NHS and the role of local leaders in this process, including those in local government who will have an important role in the future of health care. It also demonstrates the importance of organisational stability and continuity of leadership. The power of having patients and service users like Mrs Smith at the centre of the vision for improvement is another key message, and one whose importance is difficult to overestimate.

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**Social
Worker**

**Domiciliary
Care**

O.T.

**Family &
Friends**

**Practice
Nurse**

G.P.

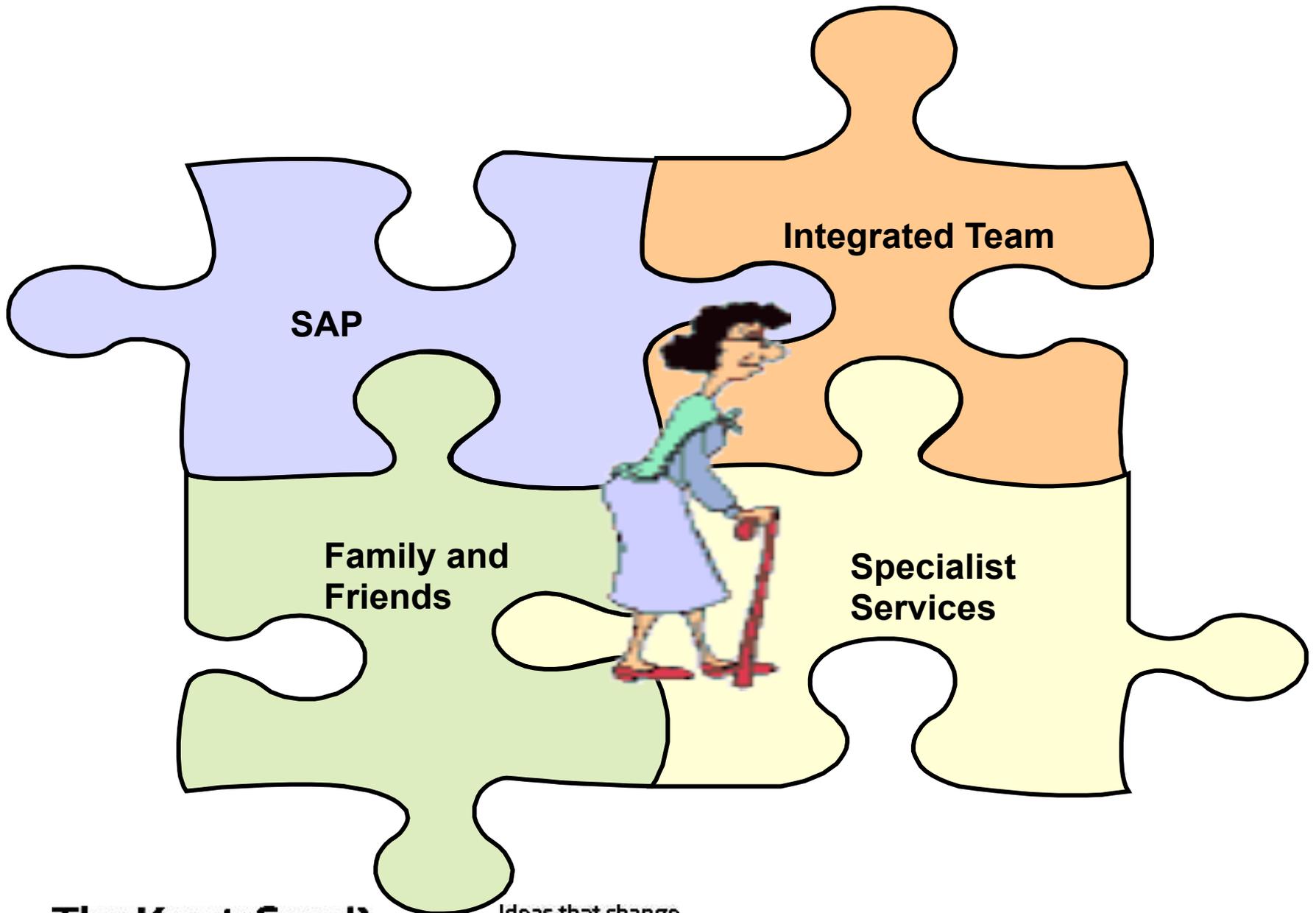
**District
Nurse**

O.T.

Diabetologist

Cardiologist



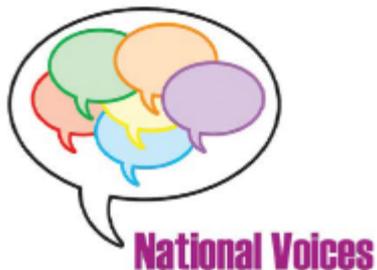
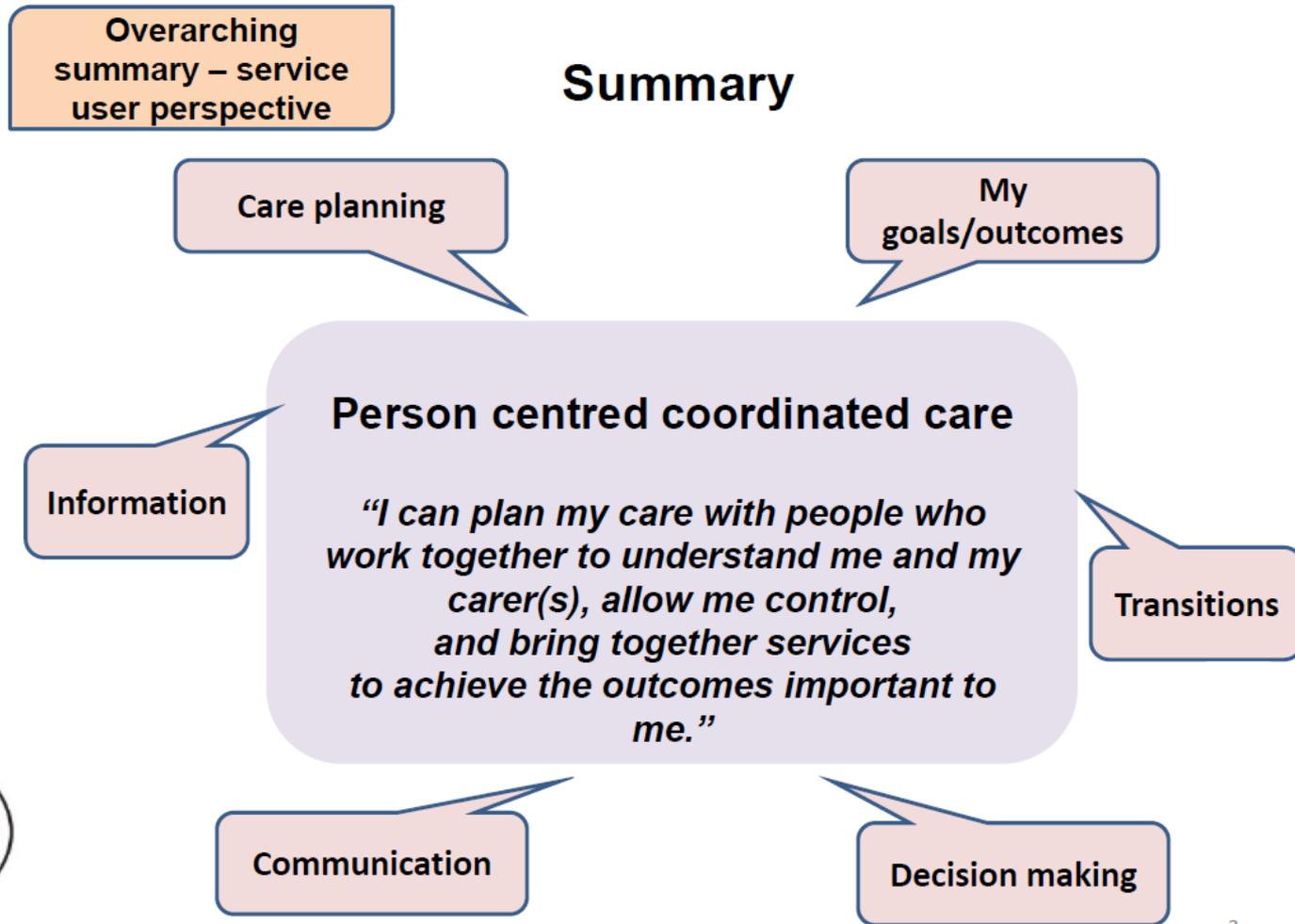


Key characteristics

- The starting point was Mrs Smith
- Health and social care teams were created aligned with general practices
- Teams used pooled budgets flexibly to respond rapidly to Mrs Smith's needs
- Care coordinators were a simple but critical innovation
- The results: reduced used of hospital and care home beds, and more care in people's homes



A new narrative for integrated care



What kind of integration ?

- › Organisational:
 - Care Trusts
 - Integrated provider organisations based on acute/FT (Northumbria)
 - Integrated provider organisations based on community trusts or social enterprises e.g Staffordshire, Bath & North East Somerset

- › **Clinical and/or service integration:**
 - **Multidisciplinary teams**
 - **Single assessment & care coordination processes**
 - **Casefinding/risk stratification**
 - **Shared information including single patient records**
 - **Single care pathways**
 - **Pooled or aligned budgets**
 - **Risk-sharing agreements**

- › Functional
 - Integration of specific services eg mental health, learning disability
 - Integrated commissioning eg North East Lincolnshire

- › Place-based or population systems of health

Integration in England -

- Nationally agreed framework for collaboration
- Definition - coordination of care around individual needs
- Four separate initiatives:
 - Pioneer programme
 - Better Care Fund
 - Personal health commissioning programme
 - NHS Five Year Forward View & 'Vanguards'



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Press release

Integration pioneers leading the way for health and care reform

From: Department of Health
First published: 1 November 2013
Part of: Making sure health and social care services work together, National Health Service and Social care

Care Minister announces details of fourteen areas leading the way in delivering better joined up care.



Fourteen pioneering initiatives are transforming the way health and being delivered to patients by bringing services closer together than before.

The pioneers are showcasing innovative ways of creating change in the health service, which the Government and national partners want to spread across the country. Care and Support Minister Norman Lamb announced today.

Department of Health
Department for Communities and Local Government

Better Care Fund

Policy Framework



THE CONSERVATIVE PARTY MANIFESTO 2015

**STRONG LEADERSHIP
A CLEAR ECONOMIC PLAN
A BRIGHTER, MORE SECURE FUTURE**

Conservatives

“We will continue to integrate the health and social care systems, joining-up services between homes, clinics and hospitals, including through piloting new approaches like the pooling of around £6 billion of health and social care funding in Greater Manchester and the £5.3 billion Better Care Fund.”

The King's Fund

Ideas that change health care



NHS

FIVE YEAR FORWARD VIEW

October 2014



NHS England

INTEGRATED PERSONAL COMMISSIONING PROSPECTUS

Making a Reality of Health & Social Care Integration for Individuals

Local Government
think local act personal
adass
September 2014

New care models - the vanguards

Integrated primary and acute care systems - joining up GP, hospital, community and mental health services

- 1 Wirral Partners
- 2 Mid Nottinghamshire Better Together
- 3 South Somerset Symphony Programme
- 4 Northumberland Accountable Care Organisation
- 5 Salford Together
- 6 Better Care Together (Morecambe Bay Health Community)
- 7 North East Hampshire and Farnham
- 8 Harrogate and Rural District Clinical Commissioning Group
- 9 My Life a Full Life (Isle of Wight)

Multispecialty community providers - moving specialist care out of hospitals into the community

- 10 Calderdale Health and Social Care Economy
- 11 Wellbeing Erewash
- 12 Fylde Coast Local Health Economy
- 13 Modality Birmingham and Sandwell
- 14 West Wakefield Health and Wellbeing Ltd
- 15 All Together Better Sunderland
- 16 Dudley Multispecialty Community Provider
- 17 Encompass (Whitstable, Faversham and Canterbury)
- 18 Stockport Together
- 19 Tower Hamlets Integrated Provider Partnership
- 20 Better Local Care (Southern Hampshire)
- 21 West Cheshire Way
- 22 Lakeside Healthcare (Northamptonshire)
- 23 Principia Partners in Health (Southern Nottinghamshire)

Enhanced health in care homes - offering older people better, joined up health, care and rehabilitation services

- 24 Connecting Care - Wakefield District
- 25 Gateshead Care Home Project
- 26 East and North Hertfordshire Clinical Commissioning Group
- 27 Nottingham City Clinical Commissioning Group
- 28 Sutton Homes of Care
- 29 Airedale & Partners

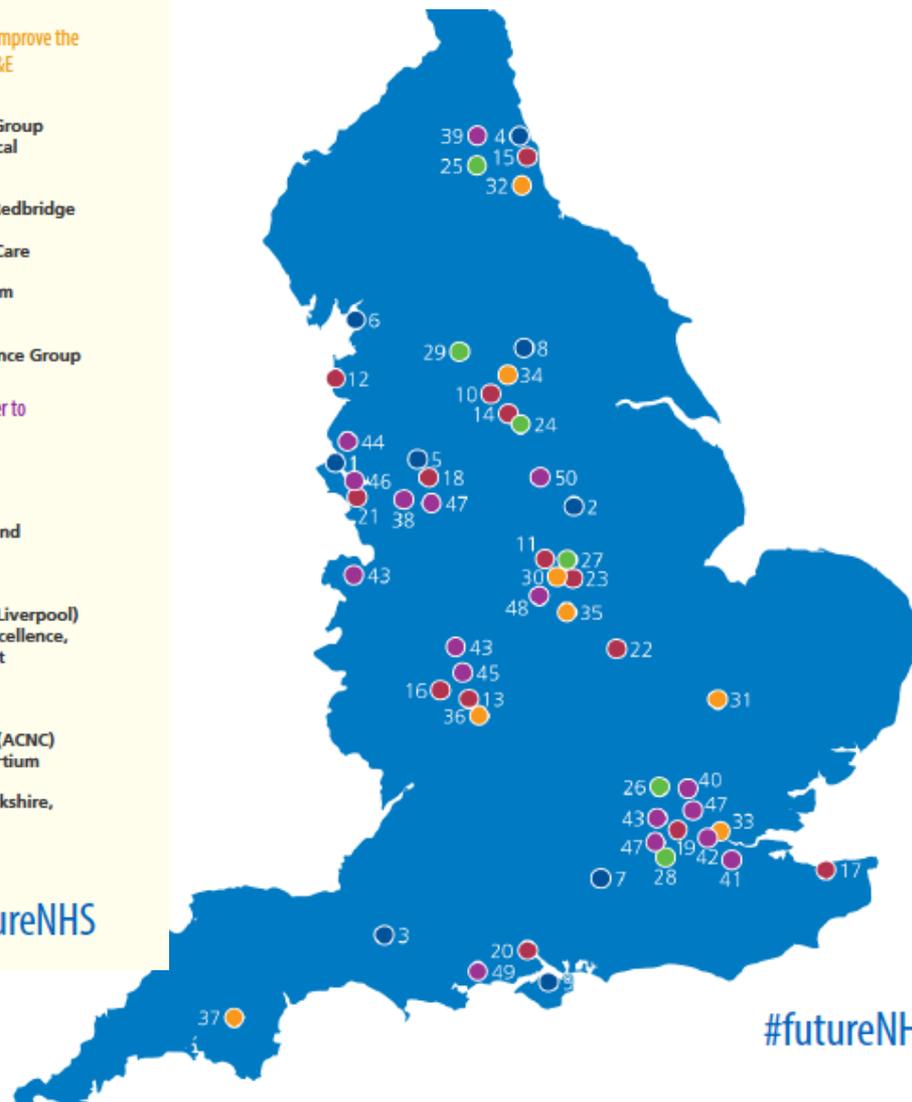
Urgent and emergency care - new approaches to improve the coordination of services and reduce pressure on A&E departments

- 30 Greater Nottingham System Resilience Group
- 31 Cambridgeshire and Peterborough Clinical Commissioning Group
- 32 North East Urgent Care Network
- 33 Barking and Dagenham, Havering and Redbridge System Resilience Group
- 34 West Yorkshire Urgent and Emergency Care Network
- 35 Leicester, Leicestershire & Rutland System Resilience Group
- 36 Solihull Together for Better Lives
- 37 South Devon and Torbay System Resilience Group

Acute care collaborations - linking hospitals together to improve their clinical and financial viability

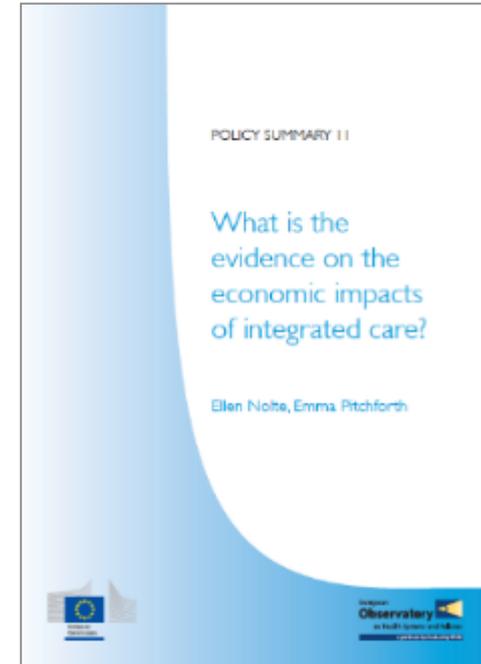
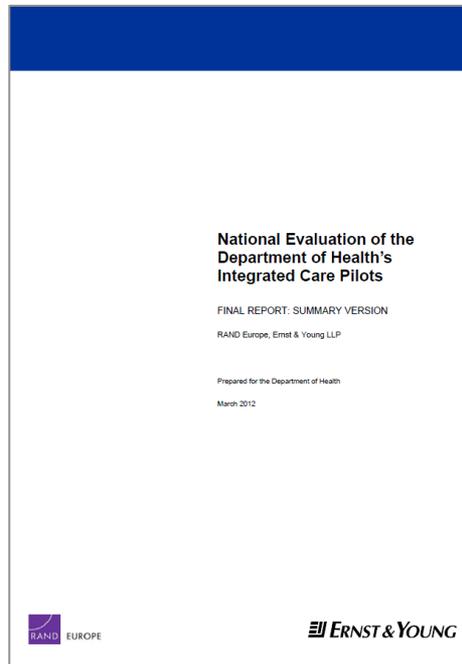
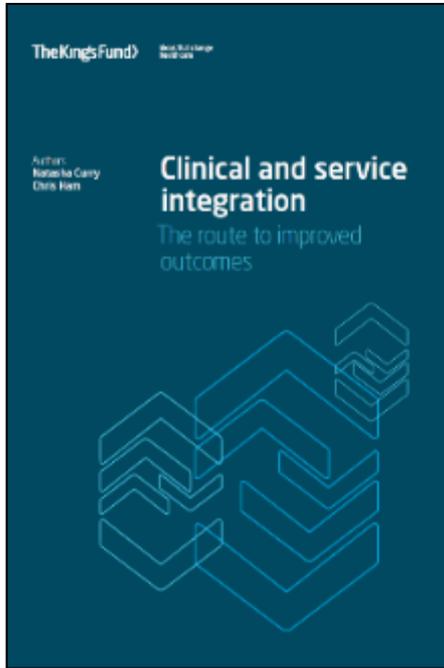
- 38 Salford and Wigan Foundation Chain
- 39 Northumbria Foundation Group
- 40 Royal Free London
- 41 Foundation Healthcare Group (Dartford and Gravesham)
- 42 Moorfields
- 43 National Orthopaedic Alliance
- 44 The Neuro Network (The Walton Centre, Liverpool)
- 45 MERIT (The Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
- 46 Cheshire and Merseyside Women's and Children's Services
- 47 Accountable Clinical Network for Cancer (ACNC)
- 48 EMRAD - East Midlands Radiology Consortium
- 49 Developing One NHS in Dorset
- 50 Working Together Partnership (South Yorkshire, Mid Yorkshire, North Derbyshire)

#futureNHS



#futureNHS

The evidence is mixed.....



The Kings Fund

Ideas that change health care

But the case for integrated care is overwhelming.....

Potential benefits:

- › Better outcomes for people
- › Better use of limited resources
- › Reduce use of hospitals & long term care
- › More care closer to home
- › Avoids the consequences of fragmented & uncoordinated care

(But.....)

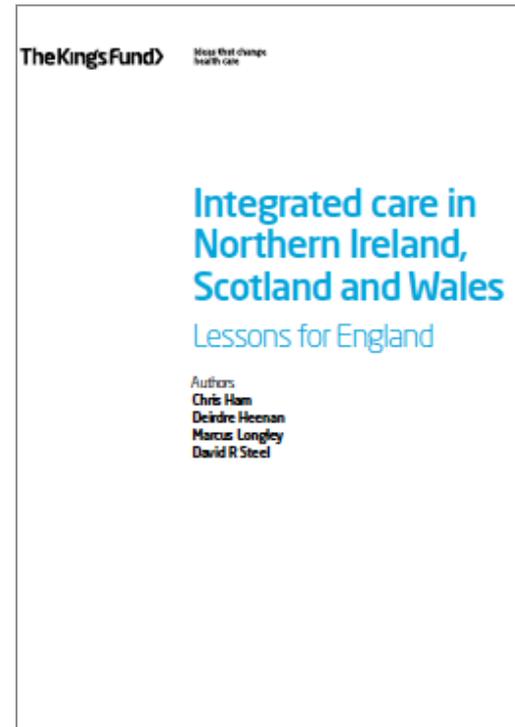
- › It is hard to do
- › It takes time
- › In the short term it may cost more ?
- › It demands different leadership skills and styles
- › Relationships are the key currency

There are some clear pointers from the evidence.....

1. “integration” can mean different things
 - clarity about purpose – what is the question to which integration is the answer ?
 - Integration of primary care & secondary care
 - Integration of physical health & mental health
 - Integration of health and social care
 - Integration at population health as well as individual level
2. No ‘one-size fits all’ – doing the right things locally
3. Organisational integration alone will not deliver benefits
4. Clinical & service integration matters most
5. Integration can produce better outcomes but not big savings
6. Focus on individual – coordination of care & support
7. Role of clinicians and frontline staff in driving integration
8. Importance of culture and relationships

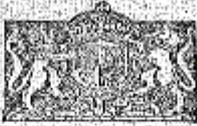
Comparing UK approaches

- › Structural integration brings few benefits unless accompanied by many other changes
- › NI has not realised the potential benefits of integrated health and social care
- › **Scotland has made most progress**
- › Wales has only moved to an integrated health system recently and it is too soon to make a proper judgement



<http://www.kingsfund.org.uk/publications/integrated-care-northern-ireland-scotland-and-wales>

Systemic obstacles to integration remain -



THE NEW NATIONAL HEALTH SERVICE

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.



11 & 12 GEO. 6.

*National Assistance
Act, 1948.*

CH. 29.



CHAPTER 29.

An Act to terminate the existing poor law and to provide in lieu thereof for the assistance of persons in need by the National Assistance Board and by local authorities; to make further provision for the welfare of disabled, sick, aged and other persons and for regulating homes for disabled and aged persons and charities for disabled



Problem 1: the system is unfair
Most health care (major and minor) is free at the point of use. Social care is heavily rationed and means tested.

This leads to situations where people with dementia have to pay for their own care while people with cancer don't. Both cases involve significant care needs but they get very different levels of assistance from the state. There is not equal treatment of equal needs.

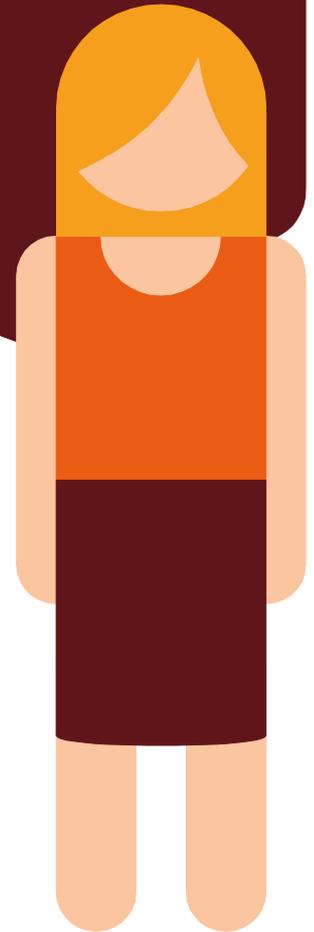
'I know how the system is supposed to work, but **I was powerless** to influence mam's care. **Nothing was joined up**, with each part of the system only interested in their part of the problem.'

Marie, social care planning manager

Problem 2: the funding is separate

The NHS budget is ring-fenced, comes mostly from national taxation and must be spent on health. Publicly funded social care is paid for by local authorities through a mixture of central government grant, council tax and user charges. Levels of spending vary across the country.

Deciding who pays for what is a constant source of friction which can impact on people who are caught between the two systems.





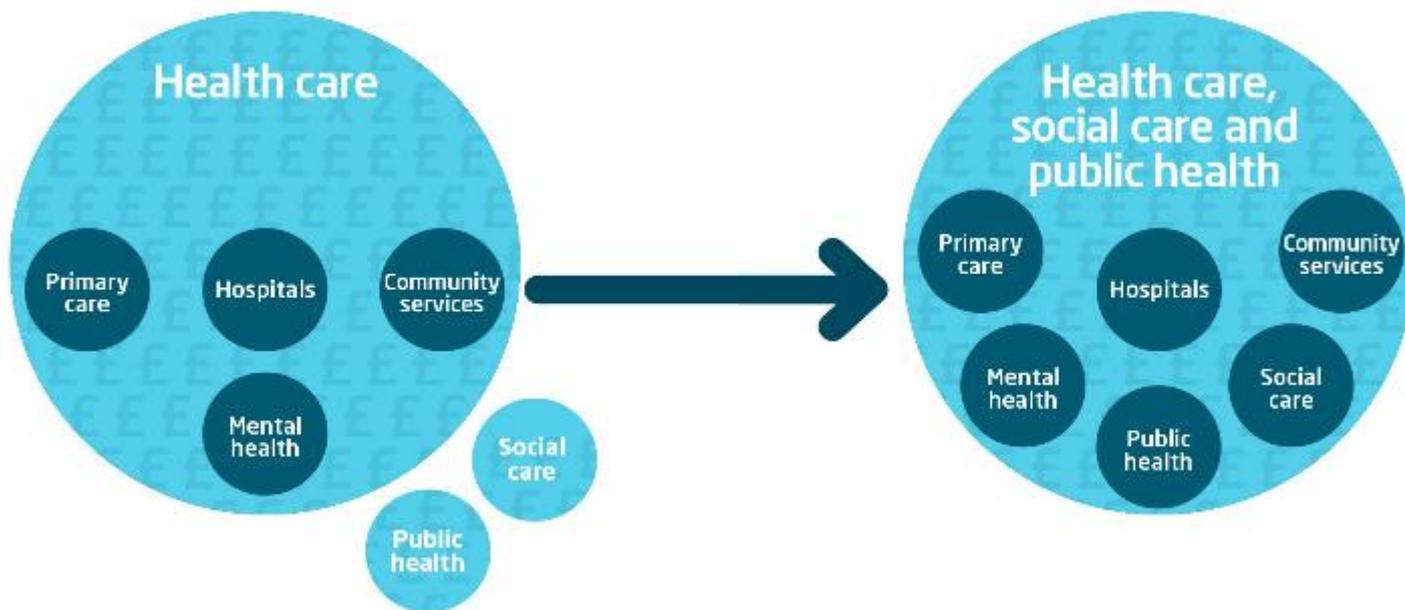
Problem 3: the system is not co-ordinated

The organisations that commission health and social care – 211 clinical commissioning groups for hospital care, emergency care, community care and mental health; 152 local authorities for social care; and NHS England for primary and specialist care – are not aligned.

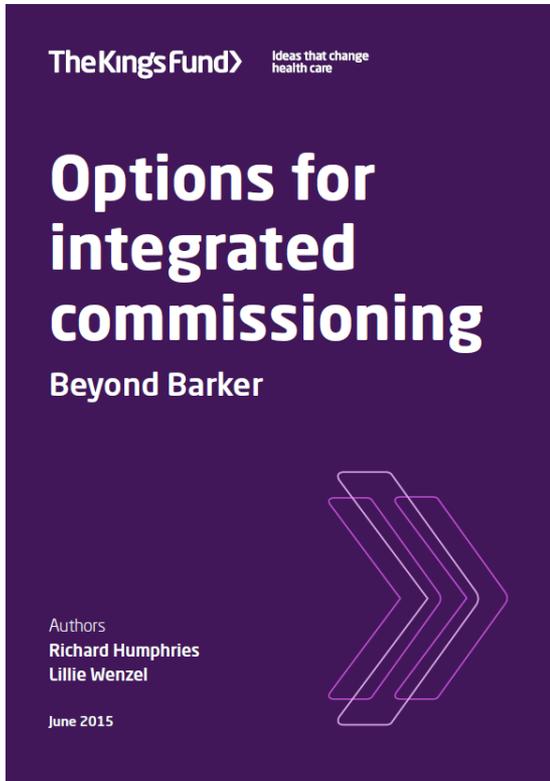
This creates inefficiencies with financial and human costs. For example, 3,000 beds a day are occupied by people who are fit to leave but are stuck in hospital while funding or assessment is resolved.



The Barker Commission recommended a new settlement based on a single ring-fenced budget for health and social care, with a single local commissioner



Our work on how to achieve this has drawn heavily on Scotland's approach

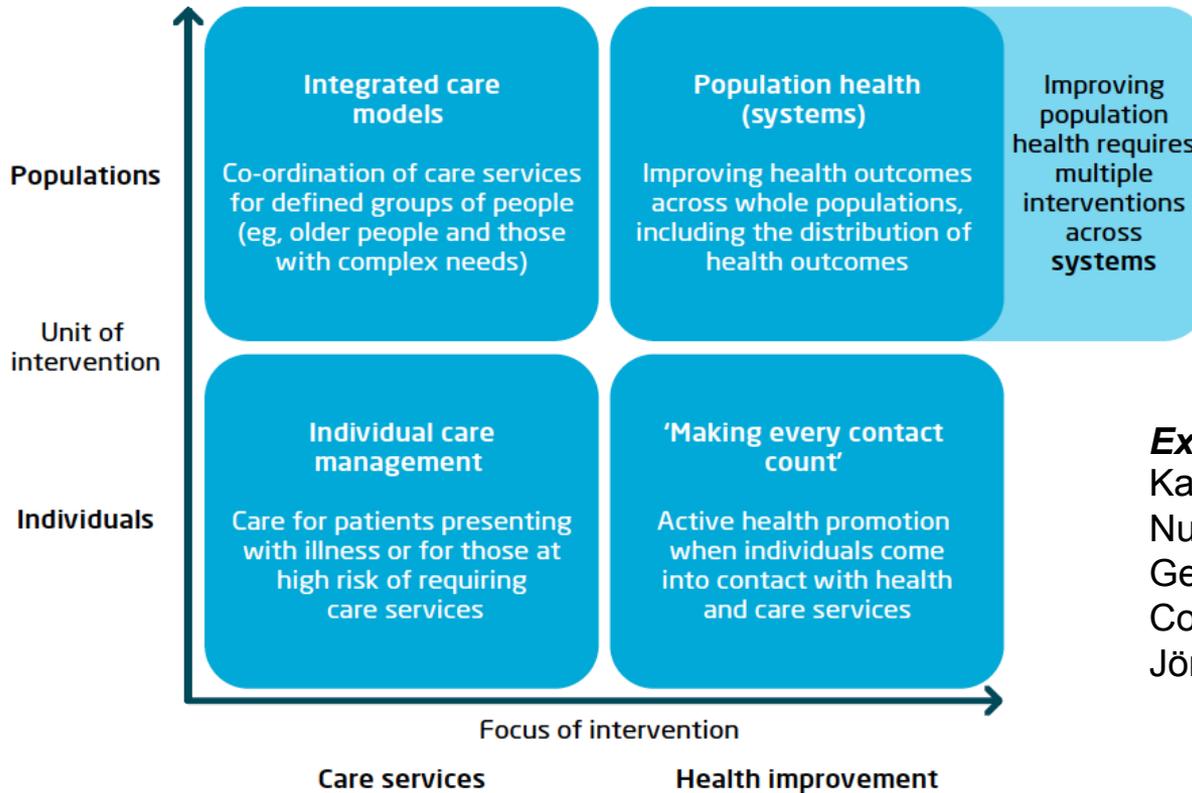


<http://www.kingsfund.org.uk/publications/options-integrated-commissioning>

The challenges

- › Political consensus in support of integrated care
- › But policy barriers/contradictions are real and don't help
- › Profound differences of culture & history
- › Leaders in some areas are finding a way of navigating these barriers/contradictions
- › Local leadership and vision are key ingredients

Integration for populations as well as individuals.....



Examples from abroad:
 Kaiser Permanente, United States
 Nuka System of Care, Alaska
 Gesundes Kinzigtal, Germany
 Counties Manukau, New Zealand
 Jönköping County Council, Sweden

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf

A new approach: from fortresses to systems

- › Place-based systems of care involve organisations working together to improve health and care for a geographically-defined population, managing common resources
- › The alternative is for NHS organisations to take a 'fortress mentality', fighting for their own survival. This is a rational response in the existing NHS environment
- › This risk is that organisations descend into a 'war of all against all', and the common pool of resources is used unsustainably ('the tragedy of the commons')
- › The challenges facing health systems and society require collective action across systems and local communities

Sustainability and Transformation Plans: purpose and scope



Planning by individual institutions will increasingly be supplemented with **planning by place** for local populations.



Every health and care system must come together to create its own ambitious **local blueprint** for accelerating its implementation of the Forward View. Local health and care systems should be **facilitating conversations about their footprints now**. Footprint proposals were submitted by end of January.



Plans will be place-based, multi-year, and show how local services should evolve and become sustainable over five years – providing clarity about how the locality will close all three gaps and deliver on national priorities between now and 2020/21. **STPs** will cover the period between **October 2016 and March 2021**, and will be subject to consideration in July 2016 following submission in **June 2016**.



The NHS must continue to **deliver core access, quality and financial standards** while **planning properly** for the next five years.

Northumberland

- › Long history of joint working between Northumbria Healthcare FT (responsible for acute, community and adult social care services) and primary care services to deliver more integrated care
- › The FT offers a range of support to GPs—from providing back office support to running GP practices. It also provides specialist services in some GP practices through joint ventures
- › High Risk Patient Programme running since 2012, integrating GP, community, specialist and social care services in primary care localities. Benefits have included reduced non-elective admissions
- › Efforts underway to establish an Accountable Care Organisation (ACO) as part of their work as a PACS vanguard. This includes developing a single health and wellbeing outcomes framework for the system

Isle of Wight

- › NHS organisations, the local authority and voluntary sector organisations are changing the way that they are organised as part of their work as a PACS vanguard ('my life a full life')
- › Working under the health and wellbeing board, a joint commissioning board and joint provider board have been established, as well as a board that provides overall leadership for the transformation programme
- › Emphasis has been placed on developing system leadership and a 'one island £', echoing the approach used in Canterbury, NZ
- › Partners are also working together to integrate the various 'support functions' of the system, including IT, performance reporting and workforce development

Morecambe Bay

- > Providers and commissioners are working with local authorities and GP federations to develop what they are calling an 'accountable care system'
- > Building on their work as a PACS vanguard, the aim is to commission and provide health services around the needs of the local population (of 365,000), with providers working together under a single capitated budget
- > Localities will be developed based on groups of general practices, and hospital specialists and other health and care professionals will work together across larger integrated clinical networks
- > The intention is for commissioning to become more strategic and integrated—based on setting the budget, defining population and care outcomes and monitoring system performance

Salford

- In 2012 / 2013, Salford CCG and City Council established a partnership board and pooled their annual £98 million budget for older people's care, with aim of creating an integrated system
- Commissioners entered alliance agreement with Salford Royal, LA Adult Social Services, Greater Manchester West Mental Health FT, GP consortium and hospice for an integrated older people's pathway
- Salford Royal delivers community services in the partnership and acts as coordinator of providers across the pathway. The partners have agreed to focus on improvements against seven outcomes inc. self care, emergency and care home admissions and patient satisfaction
- Salford Royal will take over social services in 2016. Next phase is to establish formal accountable care system through vanguard project. Health and care commissioners also considering further integration

Making integrated care happen at scale and pace:

1. Find common cause with partners and be prepared to share sovereignty
2. Develop a shared narrative to explain why integrated care matters
3. Develop a persuasive vision to describe what integrated care will achieve
- 4. Establish shared leadership**
5. Create time and space to develop understanding and new ways of working
6. Identify services and user groups where the potential benefits from integrated care are greatest
- 7. Build integrated care from the bottom up as well as the top down**
8. Pool resources to enable commissioners and integrated teams to use resources flexibly
9. Innovate in the use of commissioning, contracting and payment mechanisms and use of the independent sector
10. Recognise that there is no 'best way' of integrating care
11. Support and empower users to take more control over their health and wellbeing
12. Share information about users with the support of appropriate information governance
13. Use the workforce effectively and be open to innovations in skill-mix and staff substitution
14. Set specific objectives and measure and evaluate progress towards these objectives
15. Be realistic about the costs of integrated care
16. Act on all these lessons together as part of a coherent strategy

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