



Towards Integrated Care

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Overview

- › Integrated care - what, and why?
- › NHS reforms – opportunities & challenges
- › The health/social care interface
- › What can be done

NHS faces bed-blocking crisis

Hospitals will be filled with elderly patients denied local authority care by the cuts, warn health chiefs

By J and F

PATIL beds the e

Loss of grants to charities threatens services

Local government loses £1.6bn

These cuts are the deepest. The Department for Communities and Local Government says a 51 per cent cut in the budget that means

affordable homes, it is about to get worse.

Separately, a 26 per cent cut in the local government grant to £24.2bn will leave councils gasping. Local authorities will have to slash "discretionary" services such as parks, leisure centres, swimming pools and libraries, with many likely to be shut down.

the charge will not be available." Calling for a greater co-ordination of council care services and NHS

Yes, for a lot of people it is going to be very difficult

Danny Alexander on the cuts p12



facilities, he says: "When it comes to the care of the most vulnerable in our society, it really is essential that the NHS and local authorities are in it together."

His warning coincides with the most explicit admission yet from a Cabinet minister that

cuts in public spending will cause genuine distress. Danny Alexander, the Chief Secretary to the Treasury,

funding is the largest part of council budgets not legally ring-fenced, leaving it vulnerable to cuts.

says in an *Telegraph* interview, "I mean real lot of people difficult index. Mr Edw response, review, what to address finances. port for a reduced four year deep cuts

MPs warned of savage cuts to care for old and disabled

- 'Hundreds of thousands' affected
- Vulnerable could lose home support

was currently classified as "substantial" it would mean no one living in their own home would be able to access such help. "[Care] would only be for those so fragile they are in a residential home."

He said that many elderly people valued seeing a care worker because helped alleviate loneliness: "For many older people it is a health and safety service helping them to get up in the morning, making sure they are OK in the evening," he added.

Small rise for health honours pledge

In addition, NHS care by 2013, choose to use the private sector. Local authorities to commission. Private providers will have, in effect, faced a four-year pay freeze and NHS consultants a three-year one. John Appleby, chief economist at the King's Fund health think-tank, said: "That may lead to big pressure on the end of the year."

NHS spending

By Nicholas Public Policy

The National Insurance is to rise in a coalition long predicted that could be of £5.1 billion received

NHS boost likely to go on social care

Budget increase

By Nicholas Timmins, Public Policy Editor

A significant part of the NHS's promised budget increase will end up being spent on social care. Overall NHS spending in England will rise by 0.4 per

pressures", he said. A small increase would be insufficient to meet rising demand as up to £20bn of efficiency savings were being sought and the government was proposing "one of the biggest reorganisations in NHS history".

Adult Social Services has warned that "achieving savings on the scale of 25 to 40 per cent" - the cuts it has in effect been asked to plan for - "is simply not feasible" without higher charges and changes to statutory responsibilities.

"It is clear that NHS money will go into social care, either deliberately or not," Mr Edwards said. Without social care support, the NHS would not be able to discharge people ready to leave hospital, he said. "There will be strong

the elderly and disabled withdrawn from hundreds of vulnerable people as a result of cuts to council budgets. Government Association in a written submission, *Observer*, of a looming crisis in social care, claiming that an

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Social care funding and the NHS

An impending crisis?

Key points

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Integrating health and social care

Where next?



People want services that feel joined up, and it can be a source of great frustration when that does not happen. Integration means different things to different people but at its heart is building services around individuals, not institutions. The Government is clear that joint, integrated working is vital to developing a personalised health and care system that reflects people's health and care needs.

(Department of Health/Department of Communities and Local Government 2010)

Key points

- Integrated health and social care offers three benefits: better outcomes for service users and patients, making limited resources go further; improving people's experience of health, care and support. These have been policy aspirations for more than 40 years, but patchy progress and a transformed policy and financial climate demand new ways of achieving them.
- The coalition government's proposals for National Health Service (NHS) reform will recast the relationship between the NHS, local government and social care and offer significant opportunities to improve how these services work together to achieve better outcomes.
- However, some aspects of the reform could undermine existing achievements and make it harder to integrate services in the future. There is uncertainty over the impact of the reforms, and a number of different scenarios are possible. The government's pathfinder CIP consortia and early implementer health and wellbeing boards should be used to test out these issues before the reforms are rolled out nationally.
- Future integration will be driven through clinical engagement and local action, with less reliance on national policy initiatives and prescriptive guidance. Fundamentally this is the right approach, but it is unclear whether the proposed national outcomes frameworks and regulatory approaches will be sufficient to avoid unacceptable local variations in services, or whether sector-led methods such as peer review will address poor local performance. There are other tensions, for example the 'any willing provider' proposal, which could make integration harder.

ROUTES FOR SOCIAL AND HEALTH CARE

A simulation exercise

Sarah Harvey, Laurie McMahon, Richard Humphries



health care



Social care and clinical commissioning for people with long-term conditions

Key messages

- Working for an ageing population, with rising numbers of people living with long-term conditions (LTC), more integrated working between the NHS and social care is crucial to achieve a good outcome and make best use of resources.
- Working collaboratively with local centres of clinical commissioning can help commissioning to ensure public and their families get the care that will improve their health outcomes, will be more efficient and effective and may save money.
- Commissioning health and social care makes little sense to people using services if they expect joined-up services that give them choice and control.
- Users of social care services increasingly plan, purchase and control their own care and support through formal budgets, personal health budgets or community living pilots.
- Although working well, services for local government commissioning authorities are being replaced by local social care commissioning, it is important for health and social care to work closely with people using support and their families, to get the most out of all the available resources.

Introduction

How can clinical commissioning secure best use of social care commissioning outcomes and improve patient, support user, while ensuring efficiency, affordable care into the future for an ageing population and rising numbers of individuals with long-term conditions (LTC), more integrated working between the NHS and social care is crucial to achieve a good outcome for people and making best use of scarce resources.

This short guide briefing is a summary of some of the ways in which working with local social care can help clinical commissioning groups manage their new responsibilities, including the role of future reform options, the health and social care pilots will support to plan commissioning, clinical commissioning groups, health and wellbeing boards and patient or service user groups or living on all levels (September 2011). This guide will also cover some of the content of a second phase of the new future framework, launched August 2011.

By 2015, the NHS is expected to fund 60% of the efficiency savings to maintain quality and service levels and about 40% of the provision of care required that so far has been funded by local government. Some of the key commissioning groups will be responsible (October 2011), which will be partly based on the assumed transfer from clinical commissioning working collaboratively with social care.

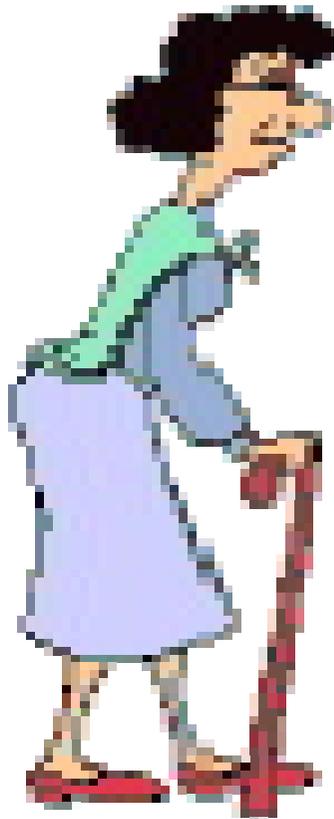
The new care system will be a mix of quality, integration, productivity and efficiency (CIP). The aim is to place the patient at the heart of the system, with local commissioning groups and primary care and working closely and effectively with social care to help commissioning outcomes for patients and their families (see also). This new framework will improve the quality of patient care and the importance of better coordination and engagement with social care (October 2011).

'we need to move beyond arguing for integration ... to making it happen' – NHS Future Forum

- › What do we mean by integrated care?
- › What problem does integrated care seek to address?
- › Examples of integrated care
- › Why is integrated care such a challenge?
- › What can be done to support integrated care?
- › What does this experience tell us about adopting and mainstreaming integrated care 'at scale'?
- › How can success be defined and measured?

http://www.kingsfund.org.uk/current_projects/integrated_care/integrated_care_work.html

The Mrs Smith test...



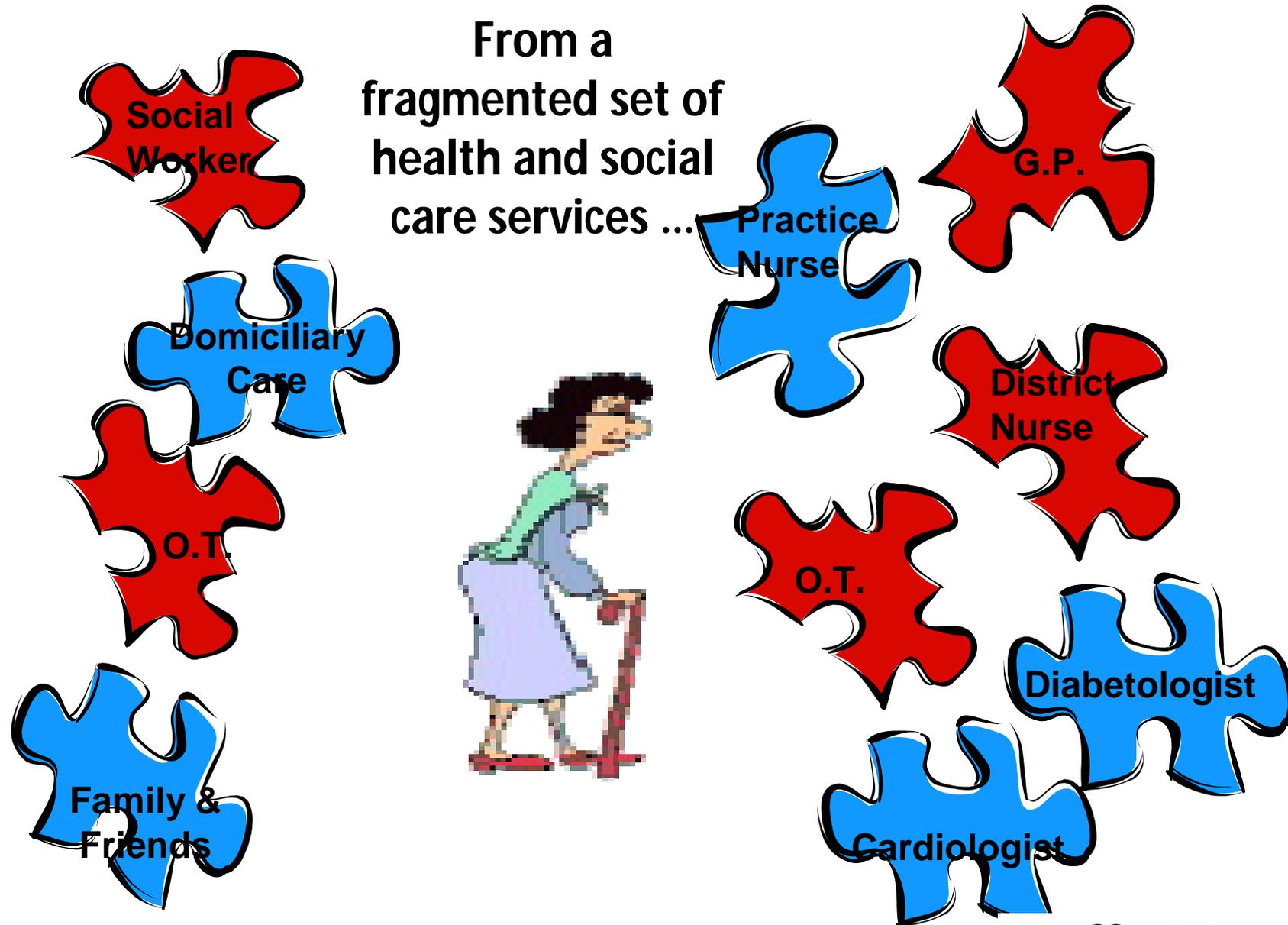
Many people with mental, physical and/or medical conditions are at risk of long hospital stays and/or commitment to long-term care in a nursing home.

Mrs. Smith is a fictitious women in her 80s with a range of long-term health and social care problems for which she needs care and support.

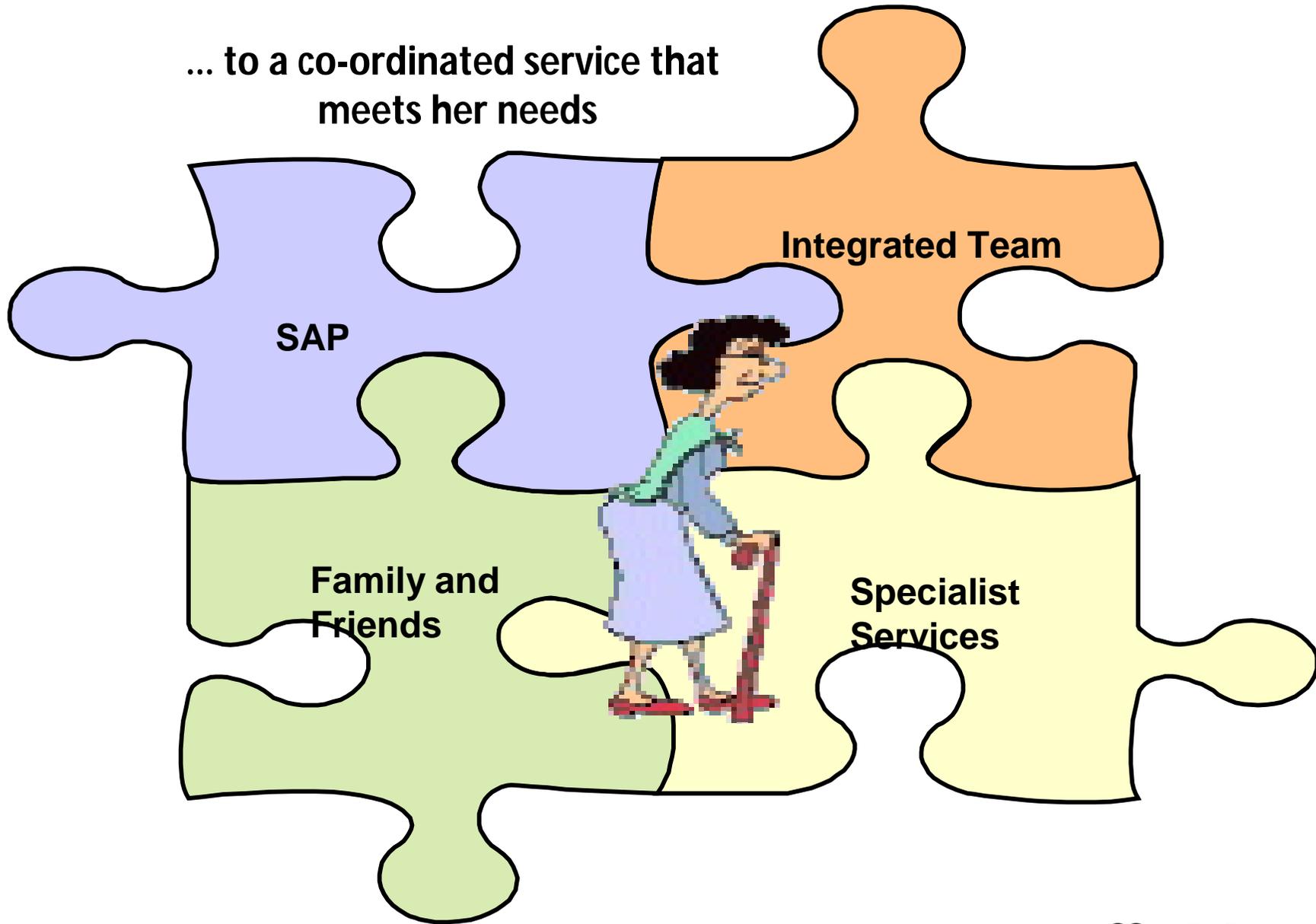
Mrs. Smith encounters daily difficulties and frustrations in navigating the health and social care system.

Problems include her many separate assessments, having to repeat her story to many people, delays in care due to the poor transmission of information, and bewilderment at the sheer complexity of the system.

From a fragmented set of health and social care services ...



... to a co-ordinated service that meets her needs



Key forms of integrated care

- › Integrated care between health services, social services and other care providers (horizontal integration);
- › Integrated care across primary, community, hospital and tertiary care services (vertical integration);
- › Integrated care within one sector (e.g. within mental health services through multi-professional teams or networks);
- › Integrated care between preventive and curative services;
- › Integrated care between providers and patients to support shared decision making and self-management;
- › Integrated care between public health, population-based and patient-centred approaches to health care. This is integrated care at its most ambitious since it focuses on the multiple needs of whole populations, not just to care groups or diseases

Source: adapted from International Journal

Integration & local government – many interfaces:

- › Adult social care
- › Children's services
- › Health improvement e.g. Leisure
- › Housing, planning and environment
- › Public health
- › Healthy communities & wellbeing
- › Overview and scrutiny

N.B. A mixture of functions and services with different foci on individuals, communities and whole populations

Integration & local government:

› NHS reforms will strengthen local government role

- lead role on health improvement
- (part) transfer of public health
- LA's to commission HealthWatch
- Health & Wellbeing Boards
- Enhanced JSNA and health and wellbeing strategy (new)
- ".....the overarching framework within which commissioning plans for the NHS, social care, public health and other services which the health and wellbeing board agrees are relevant, are developed."
- Enhanced overview and scrutiny role

Integration & social care – a changing sector:

- › DH sets policy but 152 Councils deliver
- › Workforce is bigger than NHS
 - 1.5m paid workforce
 - 6m unpaid carers
- › 1.7m people use publicly funded services
- › Growing private economy of care
 - 170,000 self funders in care homes
 - 168,000-274,000 funding own home care
- › 75% of services delivered by 40,000+ independent providers

Opportunities from reforms:

- › Health and Wellbeing Boards
- › CCG/local authority co-terminosity
- › CCG/social care joint or integrated commissioning
- › Some commissioning outsourced by CCGs to local authority e.g. Learning disability
- › Pan-local authority/CCG commissioning
- › Merger of community health with adult social care
- ›and/or mental health & learning disability services
- › Vertical integration with acute providers

But social care resources under pressure

- › Substantial real terms in growth in adult social care (ASC) over last 15 years, but since 2004:
 - Spending on older people is flat
 - Fewer people using services
 - over 85 population up by 24%
- › SR settlement for ASC better than expected – **including £1b through NHS**
- › But local government settlement worst
- › £1b less in councils' ASC budgets this year
 - Can councils deliver £688m efficiencies?
- › 82% of Councils meeting substantial and critical needs only

The health & social care interface – three areas to consider

Investment in services

- Prevention
- Care at home
- Telecare
- Community health services
- Reablement
- Intermediate care
- Hospital discharge

Collaborative processes

- Shared information
- Common assessment
- Integrated health and social care teams
- Care coordination
- Integrated care pathways
- Optimal care modelling

Organisational arrangements

- Pooled budgets
- Place-based budgeting
- Integrated commissioning
- Joint appointments
- Shared back-office functions
- Integrated management
- Full organisational integration e.g. care trusts

What can be done ?

- › **Managing pressures**
 - Delayed transfers
 - Emergency & urgent care
 - Continuing care & special placements
 - Capacity across whole system
- › **Understanding local needs**
 - Shared metrics
 - Focus on over 85s, LTCs – intensive users
 - Benchmarking local outcomes, costs, performance
 - Guiding service investment decisions
- › **Aligning local resources**
 - Pooled budgets
 - Place-based budgeting
 - Integrated commissioning
- › **Wider role of local government** – health and wellbeing

NHS reform – immediate impacts

- ✓ GPs in the driving seat of commissioning
- ✓ More emphasis on integrated care
- ✓ Health and wellbeing boards welcomed
- ? NCB/CCG balance of power ?
- ✗ Structures now more complex
- ✗ Instability and change threaten partnerships
- ✗ Biggest challenge for NHS is productivity gap of £20b
- ! Massive pressure both on social care and NHS
 - collaboration.... or conflict ?

“The NHS needs leadership and management, not just ‘from the board to the ward’ – essential and central though that is – but across NHS boundaries into social care, local government, the voluntary sector and the wide variety of other agencies with which it interacts and without whose co-operation it will not achieve its primary objectives.”

The future of leadership and management in the NHS – no more heroes
Report from The King’s Fund Commission on Leadership and Management in the NHS

Some useful links -

http://www.kingsfund.org.uk/current_projects/integrated_care/integrated_care_work.html

http://www.kingsfund.org.uk/current_projects/health_and_wellbeing_boards_making_them_work/health_and_wellbeing.html

http://www.kingsfund.org.uk/current_projects/the_dilnot_commission_social_care_funding/index.html

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