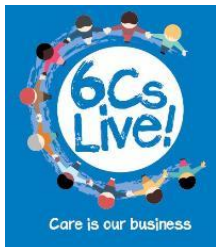


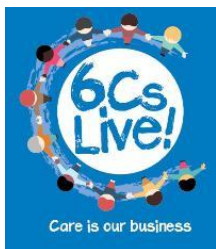
Getting Commissioning right for integrated services

Hilary Garratt

Director of Nursing – Commissioning
and Health Improvement, NHS
England



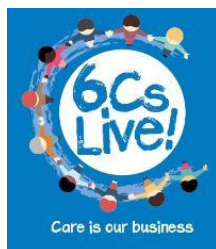
Our Lives, Our Gran



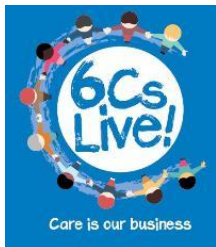
“Our hospitals are struggling to cope with the challenges of an ageing population and rising hospital admissions” - RCP 2012 *(Hospitals on the edge? The time for action)*



**Royal College
of Physicians**



Why we can't





What needs to change?

You said:

- continuity of care between different services within and between organisations
- stop organisation boundaries and agendas preventing change
- we need to know what the patient wants before a crisis happens...
- there needs to be a change in culture with providers, to put the patient first rather than the providers' needs coming first
- change the culture to say YES
- improved involvement of community stakeholders in finding solutions and understanding the issues



The ambition

You said:

- An excellent relationship between professionals nurtured through working in a multi disciplinary way across all settings focused around the patient.
- To ensure the patient/carer has full knowledge of their condition and the care available and to work together to form a care plan with clear, agreed goals for the episode of care which is accessible to all professionals/services involved (with appropriate consent).
- Liberating the efficient flow of finances to provide the best value for money care for patient

Making this a reality



Evidence-Based Approach

Establish the right environment to allow co-ordinated care to flourish (culture, leadership, systems, processes, incentives, information systems, governance)



SUCCESS!



Build on the approach of the Independent Living Teams to develop integrated care model across primary, community, acute, social care and wider

Key Components

1. Patient-focussed data set - evidence
2. Shared outcomes
3. A new way of contracting and a shared budget
4. Care model
5. Pioneer bid



Outcomes

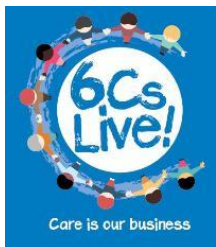
- Central to care model and contract
- Developed by patients, carers and staff
- Facilitated process culminating in workshop
- Care model designed to deliver them
- Contract tied to them



Alliance contract

For a defined group of patients:

- One contract binding all organisations
- Based on delivering outcomes not processes
- One set of incentives to make the system work
- 3-5 year contract term
- Capitated budget for all care for that group of patients
- Gainshare/painshare



Making integrated care happen at scale and pace

Kings Fund – March 2013

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



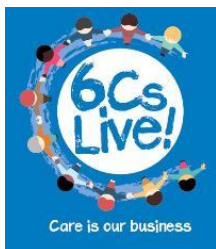
6. Identify services and user groups where the potential benefits from integrated care are greatest
7. Build integrated care from the bottom up as well as the top down
8. Pool resources to enable commissioners and integrated teams to use resources flexibly
9. Innovate in the use of commissioning, contracting 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 skillmix and staff substitution



14. Set specific objectives and measures 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





Seeing differentlyThe difference between ordinary and extraordinary is just a question of recognition

