INTEGRATED CARE

17 October 2013

Ruth Holt
Director of Nursing & Quality Assurance
• What is integrated care?
• Why integrate?
• Barriers to integration
• “House of Care”
• Examples in practice
• Implications for education providers
Integrated Care System

“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
The Evidence Base

South Tees Hospitals
NHS Foundation Trust

Clinical and service integration

Integration

Where next for integrated care organisations in the English NHS?

Richard Q Lewis, Rebecca Ross, Nick Goodwin and Jennifer Dolecek

Clinical and service integration
The route to improved outcomes

Authors: Natasha Curry, Chris Ham

ACROSS THE POND – LESSONS FROM THE US ON INTEGRATED HEALTHCARE
Richard Gleave

The Nuffield Trust
NHS Foundation Trust

NHS
Key Ingredients

- Defined Population
- Aligned Financial Incentives
- Common Standards
- Integrated Governance
- Shared Accountability for Performance
- Information Technology
- Medical-Management Partnership
- Effective leadership
- Collaborative Culture
- Multi-Specialty Groups
- Patient Engagement

Clinical and fiscal accountability for the entire continuum of care for a given population
“Without integration, all aspects of care can suffer. Patients can get lost in the system, needed services fail to be delivered or are delayed or duplicated, the quality of the care experience declines, and the potential for cost effectiveness diminishes”

(Koder ad Spreeuwenburg 2002 quoted in Kings Fund and Nuffield Trust 2013)”
# Policy Tensions

<table>
<thead>
<tr>
<th>Issue</th>
<th>Implications</th>
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<tbody>
<tr>
<td>Plurality &amp; Competition</td>
<td>Capitation funding likely to restrict the number of providers which may been seen as anti-competitive</td>
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<tr>
<td>Patient Choice</td>
<td>Patient choice likely to be restricted to providers that are within the system</td>
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<tr>
<td>Commissioning &amp; Provision</td>
<td>Some systems combine responsibility for purchasing and delivery</td>
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<td></td>
<td>Government policy has emphasised formal separation</td>
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Who benefits the most

- Frail older people
- Children and adults with disabilities
- People with addictions
- People with multiple chronic and mental health illnesses – care quality often poor, large amount of resource used
- Those requiring urgent care (stroke, cancer) – fast well co-ordinated response can significantly improve health outcomes

ref. Kings Fund, Nuffield
Statistics…..

• 15 million people in England have a long term condition
  ➢ hypertension, asthma, diabetes, CHD…

• Long term conditions rise with age affecting
  ➢ 50% of those over 50yrs
  ➢ 80% of those over 85yrs

• 42% of the population have at least one long term condition, 23% have 2 or more
Graph re ageing population

The ageing UK
Percentage of population aged 65 and above

Source: ONS
Integrated Care System

• Delivery of holistic, integrated care for an entire population

• Rationale for integration
  • Removing fragmentation and organisational barriers
  • Reducing duplication and costs
  • Shift from episodic to population care
  • Investment in prevention incentivised

• Most examples are from the USA, which typically combine at least two of the following:-
  • General Practice
  • Hospital
  • The commissioner / payer

• ‘Real’ versus ‘virtual’ Integration
Case Studies

- Kaiser Permanente
- Veterans Health Administration
- Geisinger Health System
- Mayo Clinic
- Virginia Mason Medical Centre
- HealthPartners
- Jönköping County Council
- Alzira Model

- Some of the top performing health systems
- Lower bed usage
- Reduced length of stay
- Statistically significant improvements in quality
- Effective management of long term conditions
- Lower cost base than comparable systems
The house of care

Organisational processes

Engaged, informed patients

Personalised care planning

Responsive commissioning

Health care professionals committed to partnership working

Source: “Delivering better services for people with long term conditions – Kings Fund"
• “Small scale pilots focussed on the needs of people with single diseases and conditions are unlikely to deliver benefits of the scale needed at the present time” - *Kings Fund*

• “physical or virtual integration via networks/alliances” - *Kings Fund*

• Laws of integration – “it costs before it pays” - *Kings Fund*
St Mary’s Hospital
Salford’s Approach

Promote independence for older people, delivering:

1. Better health and social care outcomes
2. Improved experience for services users and carers
3. Reduced health and social care costs
The “Ford” Family of Swinton, Eccles & Worsley

**Wendy’s dad Walter**
- 92
- Widowed, retired
- Sheltered accommodation in Worsley
- Relatively good health

**80’s**
Wendy is looking forward to living a long and healthy life like her dad

**Younger brother William and wife Wendy**
- 72
- Semi-retired
- Family business
- Own detached house in Worsley
- Very good health

Sally only sees William & Wendy occasionally such as Christmas, but they do write to each other a lot

**70’s**

**Sally Ford**
- 78
- Retired
- Divorced
- No children
- Rents council flat in Swinton
- Average health

Sally met Walter 10 years ago but hasn’t seen or heard from him since

Will I be living with Nora soon?

**Older sister Nora**
- 82
- Never married, retired
- Social care home in Swinton
- Very poor health

Nora went into care 5 years ago.
Sally used to visit daily but now finds it difficult.
Nora doesn’t recognise Sally’s voice on the phone

**Younger sister Eileen**
- 75
- Widowed, never worked
- 3 children
- Lives with youngest son in council semi in Eccles
- Poor health

Eileen has feared death for the last 5 years

Sally used to see Eileen a lot but now both find it increasingly difficult. They still talk on the phone every day.

**60’s**

Eileen’s husband David died from bowel cancer 5 years ago aged just 68

**Age structure of Swinton, Eccles & Worsley**
- 55+
- 20-34
- 35-54
- <20

Wendy is looking forward to living a long and healthy life like her dad

**70’s**

**Sally Ford**
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- Retired
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- Rents council flat in Swinton
- Average health

Sally can’t see past Nora’s age

Eileen has feared death for the last 5 years
## Overriding messages

<table>
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<tr>
<th>Current Services / Support</th>
<th>Keep and Build</th>
<th>Priorities</th>
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<tbody>
<tr>
<td>Deep, broad range of health, social care and other support</td>
<td>Commitment, trust and ‘can do’ attitude – strong relationships</td>
<td>Support better knowledge and easier access to components</td>
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<tr>
<td>Lack of knowledge about services and support – within the system!</td>
<td>Connections e.g. with Third Sector</td>
<td>Strengthen co-ordination roles, single point of contact</td>
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<tr>
<td>Co-location does not equal integration</td>
<td>Good elements across the system – many specific examples cited</td>
<td>Clarity on pathways</td>
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<td>Poor coordination leaves people baffled and potentially lost to follow up or lacking support</td>
<td>Range of services – general to specialist</td>
<td>Focus on older peoples’ experience – shift attention to prevention / avoid crisis</td>
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<td>Multiple IT issues and opportunities</td>
<td>Integrated health and social care teams – build upon, reach into how services are organised</td>
<td>Supporting staff – in large scale change</td>
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Priorities for Improvement through Integration

- **Systems and processes**
  - Supporting processes beneath integrated teams
  - Information systems
- **Sharing knowledge and streamlining access routes**
- **Co-ordinating care and support**
- **Focus on people’s experience – making it clearer and better for Sally Ford**
- **Enhancing self-assessment, support, control**
- **Improving out-of-hours, reducing variation**
## Improvement Measures

<table>
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<th>Indicator</th>
<th>Score</th>
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<tr>
<td>1  Emergency hospital admissions and readmissions</td>
<td>😞</td>
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<tr>
<td>2  Admissions to residential and nursing care</td>
<td>😞</td>
</tr>
<tr>
<td>3  Quality of Life for users and carers</td>
<td>🏆</td>
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<tr>
<td>4  Proportion of Older People that feel supported to manage own condition</td>
<td>🏆</td>
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<tr>
<td>5  Satisfaction with the care and support</td>
<td>🏆</td>
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<tr>
<td>6  Increasing flu vaccine uptake</td>
<td>😊</td>
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<tr>
<td>7  Proportion of Older People that die at home (or in their preferred place of dying)</td>
<td>🤔</td>
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Integrated Care Benefits

- An increased emphasis on prevention and self care
- Improved care coordination
- Higher quality and more consistent care
- Improved experience of, and satisfaction with, health and social care services
- Better outcomes with people living independently with maximum choice and control
- More efficient use of resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time
“Changing services can.... be like fixing an engine while the motor is running”

Source: “Changing Care Improving Quality”
Academy of Medical Royal Colleges,
National Voices, NHS Confederation 2012