Integrated Health and Social Care: “pie in the sky or dish of the day”

Key drivers, developments and aspirations, and your views on 'the art of the possible' in primary care and public health.

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Areas for exploration

• Definitions
• Key drivers
• Developments
• Aspirations
• Your views on 'the art of the possible'
Definitions – 1

Like a Rorschach inkblot it means different things to different people:

• **UK** people tend to associate it with **shared care**

• **USA** often described as **managed care** – ‘social mission’ is the closest to NHS that you get in USA (Obama healthcare)

• **Netherlands** described as **transmural care** (TM care) – a patient in need of specific care, gets that care whether it is in the setting of the general physician or in the hospital or in a nursing home or in all three, without the need for the patient to be confronted with the problem of crossing borders in the health care system.
Definitions – 2

**Integrated healthcare** is…

• “the organisation and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.”

*World Health Organisation*
Technical Brief No.1 May 2008

Everyone seems to agree it is a good idea – so why is it so slow in coming?
Key drivers

Drivers for change: demand, ageing population & workforce, technology, disease, expectation, value for money and affordability. Led to call for action e.g. more nurses in the community setting.
Key drivers – shift to home and community

> 25% of patients in hospital beds don’t need to be there and could be looked after by NHS/care staff at home


2000 – 2010
Hospital admissions up by 38% and for over 75s by 66%

Compare this with Sweden 1.6% & 0.6% respectively
Prof Nick Bosanquet Imperial College, FT Feb 2012
### Key drivers

### Workforce implications – improving integrated care

<table>
<thead>
<tr>
<th>Community based</th>
<th>1</th>
<th>... support people as close to their own homes as possible, particularly those with long-term conditions</th>
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</thead>
<tbody>
<tr>
<td>Health promotion</td>
<td>2</td>
<td>... develop health promotion and health improvement strategies with individuals, carers, families and communities</td>
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<tr>
<td>Supporting self-care</td>
<td>3</td>
<td>... enable and develop individuals’, families’ and communities’ self-care skills</td>
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<tr>
<td>Supporting carers</td>
<td>4</td>
<td>... support unpaid and paid carers e.g. care plans, information, hands-on</td>
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<tr>
<td>Safeguarding</td>
<td>5</td>
<td>... identify and protect adults, young people and children from harm</td>
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Developments – opposing or promoting

- Restrictive practices
- Professional jealousies
- Structural divides
- Budgetary constraints
- Professionals before patients/service users
- ‘Expertosis’
- Austerity
- NHS/Care divide
- Outputs & Targets

- People at the heart of all that we do
- Right thing for right reason
- Quality of life vs longevity
- ‘Patient as physician’ (Prof Michael Farthing)
- Personal autonomy
- Grey pound
- Why I actually became a ……
- Making every £ count
- Outcomes and Quality

Peter Sharp
Developments – opposing or promoting

The system we’ve got in England – fit for purpose?

A model we could use?

After Mirella Minkman

http://www.ijic.org/index.php/ijic/article/view/URN%3ANBN%3ANL%3AUI%3A10-1-113824/1906
Developments

• **Dish of the day** will take massive teamwork sustained over a long period....

• **Essential ingredients**
  7 Non-negotiables
  o Respect
  o Belief
  o Trust
  o Loyalty
  o Commitment
  o Courage
  o Gratitude

[http://www.7nns.com/]
Developments

Pie in the sky people:
• Focus on ‘why not’
• ‘If only’ thinkers
• ‘Here and now’ planners
• Best for us
• Shortfall of cash
• We lead

Dish of the day people:
• Focus on ‘how to’
• Solution-focussed thinkers
• ‘Vision’ and strategic planners
• Best for people
• Better use of resources
• Patient or service user leads
Aspirations

No shortage of advice and guidance… so what is needed for a step change?
Aspirations

“People will see health and social care fully joined-up by 2018”

NHS England and LGA


http://www.institute.nhs.uk/qipp/joined_up_care/joined_up_care_homepage.html
Aspirations

“An ambition to make joined-up and coordinated health and care the norm by 2018 – with projects in every part of the country by 2015”

Care and Support Minister Norman Lamb said:

“People don’t want health care or social care, they just want the best care.”


20 May 2013
Aspirations - toolkit

Whole System Integrated Care Outline contents – Value Case

- Models of integration
  - Pathway / patient focus
  - Evidence base
  - Interventions and targeted outcomes
  - Commissioning frameworks
  - Provider networks

- Evidence of impact
  - Patient experience
  - Professional experience
  - Quality and safeguarding
  - Clinical outcomes
  - Public value
  - Costs
  - Timescales

- Key enablers
  - Governance
  - Workforce development
  - Information Technology
  - Performance Management
  - Service User Engagement
  - Change Management

http://www.local.gov.uk/home/-/journal_content/56/10180/4096799/ARTICLE
Aspirations

- DMIC can be used as a steering instrument for integrated care coordinators, managers, insurers/purchasers, and policy makers
- DMIC based on a literature study, a Delphi and Concept Mapping study and multiple questionnaire studies: model developed and validated in practice in 84 integrated care services in the Netherlands
- In 2012 the model used in palliative care networks, in diabetes care, youth care, a network for vulnerable elderly people and in 44 stroke services
- An insurance company has adapted the model as a basis for integrated care monitoring.

Development Model for Integrated Care (DMIC)

Towards a Development Model for Integrated Care - Developing Integrated Care

http://www.vilans.nl/docs/vilans/over_vilans/pdf/Proefschrift_Mirella_Minkman_Developing_Integrated_Care.pdf
Aspirations – Integrated care has one single purpose…

Improving wellbeing for patients and service users

Integrated health and social care goes wider than NHS and Social Care…
Your views on 'the art of the possible'

Think integration, think workforce: Three steps to workforce integration

1. Step 1: Be clear about the local integration agenda
2. Step 2: Address the integrated workforce management challenge
3. Step 3: Implement successful workforce change

4 Routes – Pathways, Teams, Management & Governance, Commissioning & Planning

Clear leadership, common vision, shared purpose, focus on service users not pay, pensions, conditions of service; need multi-professional teams & supportive culture

Vision and scope, Change management, Engagement (staff, carers, volunteers), Systems

Your views on 'the art of the possible'

Prompts or simply skip to the last bullet point…

• What are you already doing that is good and useful?

• What can you do without additional resources?

• What is needed locally, regionally, nationally?

• What changes do you think need to be made?

• Comments, views, ideas, and questions?
A call to action?

- A strategic programme 2014 – 2020 with evaluation
- Change in behaviours
- Rethink on priorities
- New Government in 2015… Local Authority/NHS roles?
- ‘Art of the possible’ – doing more at local, regional and national level
- Senior practitioners in all caring professions to coach others and work collaboratively
- Strategic decisions made with the most uncommon commodity – ‘common sense’
- Evidence and evaluation built-in to all initiatives - Data
- Patient, service user, and people power at the centre of any model – e.g. Development Model of Integrated Care