Local Government Association

Health, adult social care and ageing

Integrated care and support resource sheet

Purpose of resource sheet

This short resource sheet is aimed at local health and care system leaders and professionals with an interest, or potential interest, in integrated care and support. The purpose is to signpost people to information and resources on how best to achieve this successfully within their local health and care economies.

It has been supported and developed by a number of key national partners who are working together to align their work on integrated care and support, including the Local Government Association, NHS Commissioning Board, Monitor, Department of Health and the Association of Directors of Adult Social Services. As national partners, we aim to ensure local areas are equipped with a consistent set of tools and the support they need to deliver real improvements in outcomes for local people. This resource sheet is the first of a number of tools and support that we aim to produce over the coming months.

This resource sheet has been supported by the I**ntegrated Care and Support Working Group**, which includes: NHS Commissioning Board, Local Government Association, Association of Directors of Public Health, Monitor and Department of Health.

Background

The ageing population and increasing prevalence of people with multiple and long-term conditions means we have to change the way health and care is commissioned and provided. Meeting their needs requires more coordination between commissioners and providers in the health, social care, public health and wider local government sectors.

Financial resources are limited across both the NHS and local government. Fragmented services not only lead to poor use of limited resources, but also to unsatisfactory outcomes for individuals, their carers or families. Integrated care and support offers the opportunity for local areas to deliver better outcomes for both public services and the public in general.

To make significant progress, central and local government, the NHS and other partners need to work together as never before. The reforms set out in the Health and Social Care Act 2012, in particular for Health and Wellbeing Boards, provide a real opportunity for localities to integrate care and support services for their communities more effectively.

Why is integrated care and support important?

National Voices has said that "achieving integrated care would be the biggest contribution that health and social care services could make to improving quality and safety". It is easy to understand why.

Fragmentation does not promote value (defined as quality over cost) for patients or service users. Individuals can get lost in the system, access to services can be blocked or get delayed or duplicated, and the quality of care can decline.

Long-term conditions, such as diabetes, heart disease and asthma, are on the rise. Patients and service users with such conditions need to be carefully supported to ensure they stay as healthy and independent as possible, avoid unnecessary and expensive hospital admissions, and, where possible, receive interventions early enough to prevent or stem the further development of their illness and a decline into dependency.

Integrated care and support offers an opportunity for services to be provided more effectively and, in some cases, at lower cost – a pressing need given the squeeze on both NHS and local government budgets. While the Quality, Innovation, Productivity and Prevention (QIPP) programme explores the potential for greater efficiency in the NHS, the Local Government Association, among others, has made it clear that efficiency savings will not in themselves be enough to close the funding gap between affordable levels of supply and actual levels of demand.

Delivering and evidencing the savings and improvements made through better integrated care and support will be increasingly important in the future as the combination of an ageing population and competing demands on public finances place ever greater emphasis on ensuring the best use of public resources.

Bodies such as the King's Fund and NHS Future Forum have argued that if the NHS, local government and their partners are going to manage these demographic and financial pressures, it will require a much greater focus on issues such as preventing ill health, supporting self-care, providing support in people's homes and community, while increasing coordination between primary care, hospitals, housing and social care. In a nutshell delivering integrated care and support.

Key facts

The King's Fund [2] has said:

- there are now 15 million people with chronic conditions that limit their independence, health, wellbeing and opportunities
- these people account for half of all GP visits, two thirds of outpatient appointments and over 70 per cent of hospital bed days
- within 20 years the 65 to 84 age group is expected to rise by 39 per cent, while the over 85 group is predicted to more than double
- by 2018 the number of people with three or more long-term conditions is predicted to rise from 1.9 million to 2.9 million
- by 2030 the number of older people with care needs is expected to rise by 61 per cent.

The policy context

The Health and Social Care Act 2012 emphasises the importance of integrated care and support for the NHS and its partners.

Commissioners and providers are expected to develop integrated care to meet the needs of their local populations, including Clinical Commissioning Groups (CCGs) – and in turn providers of NHS funded services – which have a specific duty under the Act to promote integration. The NHS Commissioning Board has a parallel duty to "secure health services that are provided in an integrated way" and ensure the provision of health services is integrated with the provision of social care services. They will be supported by Monitor, the health sector regulator, which is tasked with enabling integrated care, alongside other key national and local partners.

Health and Wellbeing Boards will play a key role. They are the local system leaders for improving health and wellbeing for their communities, and have a statutory duty to encourage the development of more integrated commissioning of services. This will require Health and Wellbeing Board members to develop close relationships and partnerships with other parts of their local system.

The need for integration is also stressed in the NHS Act 2006 and the Draft Care and Support Bill. The former, through sections 75, 76 and 256, allows the pooling of funds, lead commissioning arrangements, merging of staff and management and transfer of resources. The latter stresses the need for local authorities to pursue integration to encouraging cooperation, integration and independence in the community and through supporting wellbeing.

What do we mean by integrated care and support?

There has been a commitment to integrated care and support in the NHS and local government sectors for several decades, but there is still much debate about what it means or a preferred format for delivery.

However, integrated care and support can and should take many different forms if it is to be responsive to individuals' needs. It can focus on joining up primary, community and hospital services (vertical integration) or involve multi-disciplinary teamwork between health and social care professionals and other key support services such as housing, benefits advice, access to leisure and cultural services and training and employment advice (horizontal integration). Integrated care and support may involve "real" (merging different organisations into a single organisation) or "virtual" (involving a network of separate providers, often linked contractually) integration among providers. Commissioning can also be integrated, with partnership working and pooled budgets.

With integrated care and support covering such a spectrum of arrangements, the confusion over its definition is understandable.

To help describe integrated care and support in a meaningful way for the public, professionals and service users, National Voices, the national coalition of health and social care charities in England, is developing a common, agreed definition from the perspective of the patient and service user, building on the insight from the NHS Future Forum [1] that: "Integrated care is not about structures, organisations or pathways – it is about better outcomes and experiences for service users".

The purpose of this work is to help ensure a shared understanding across local and national organisations of what good person-centred, integrated care and support looks like for an individual, using language with which everyone can identify. It focuses on the individual's viewpoint: "My care is planned with people who work together to understand me and my carer(s), to put me in control, and to coordinate and deliver services that achieve my best outcomes". It also looks at the views of care providers: "Coordinated care means… partnering with the person to plan, pick and pull together care, support and treatment".

What evidence is there that integrated care and support works?

Evidence of the benefits of integrated care and support is still emerging, but there is already a wealth of research which illustrates that it can make a real difference.

A review of the evidence into the issue by Professor Gawaine Powell Davies of the University of New South Wales in Australia, found that coordination between providers, such as co-location and multi-disciplinary working, improved health outcomes in two thirds of cases [3].

The evaluation of the Department of Health's integrated care pilots by Ernst and Young and RAND Europe, an independent not-for-profit research institute, found evidence of reduced planned admissions and outpatients' attendances [4].

Meanwhile, a review of domestic and international evidence by the King's Fund [5] has found that integration can promote well-being and independence for older people in particular.

Many other local health economies have demonstrated the positive impact integration can have on everything from hospital bed use to encouraging independent living. The case studies below are just a few examples of how integrated care and support has improved outcomes, services and efficiency.

This evidence explains why experts believe integrated care and support should be a top priority in the coming years. The King's Fund and Nuffield Trust have even called for integration to be given the "same priority over the next decade as reducing waiting times had during the last".

Case studies of integrated care and support

Moving care out of hospitals (Oldham)

The Pennine Musculoskeletal Partnership is commissioned by the NHS in Oldham to provide an integrated service for rheumatology and orthopaedics.

Following four years of collaborative working, the formal partnership was set up in 2006 with the aim of "simplifying" the patient pathway and moving care closer to people's homes.

The partnership is led by two GPs and provides a fully integrated service involving consultants, physiotherapists, podiatrists and occupational therapy for patients with conditions such as inflammatory arthritis.

The service, which receives 10,000 GP referrals a year, has proved so successful that rheumatology services have now been decommissioned from the local hospital, while all outpatient orthopaedic activity, from physiotherapy to pain management, is provided at the clinic.

One of the other benefits people have seen is quick access to support with average referral waiting times of two weeks.

Further information: http://www.pmskp.org/

Making the most of technology (US)

The Veterans Health Administration (VHA) has now become the largest integrated health system in the US. It employs more than 50,000 health staff, providing care to 8 million veterans. The organisation dates back more than seventy years, but only began laying the foundations for its current integrated system in 1990.

Over the past 20 years, the VHA has transformed a fragmented hospital system into regionally-based integrated service networks responsible for all the health and long-term care needs of veterans. The networks have focussed on prevention and long-term care and have been underpinned by an electronic health record that can be accessed in any setting.

Telehealth has also been central to the VHA's success. As its patients are dispersed across the country, many in rural areas, VHA has embraced the concept of "care at distance".

Health information and disease management can be provided remotely. Individuals taking part, mainly those with conditions such as lung disease, heart failure, diabetes and hypertension, are given a care coordinator, usually a nurse, who organises their care. The reforms have helped drive bed use down by half.

Further information:
http://www.va.gov/health/default.asp

Getting the governance right (Nottinghamshire)

The NHS and local authorities in Nottinghamshire have pursued integration of care on a large scale.

'Productive Notts' involves hospital trusts, councils, the new clinical commissioning groups and a local social enterprise, covering a population of more than 1 million people. It was set up in 2009 on the premise that transformation can be delivered better by "working together than any one organisation could achieve alone".

Productive Notts currently has a number of workstreams looking at issues such as discharges from hospital, supporting older people in the community and assistive technologies. In the last year the partnership delivered £10 million of savings across these and other areas.

Such a large partnership needs careful governance arrangements. Productive Notts is governed by the Nottinghamshire Executive Team, which meets monthly. The Executive Team includes NHS chief executives, clinical commissioning group chief operating officers and clinical leads, directors of social care and the chief executive of the Nottingham City Care Partnership.

There is a sub-group of finance directors to keep an eye on the money, while support is provided by a programme management office. Board members and non-executive directors are encouraged to hold joint meetings and clinical engagement events are held to foster collaborative working on the front-line.

Further information:
http://www.productivenotts.nhs.uk/

The role of housing in providing integrated care and support (Tower Hamlets, London)

The NHS and local authority in the London Borough of Tower Hamlets recognised there was a need to improve options for people with mental health conditions who needed residential care. They worked with local housing provider Look Ahead Housing and Care and the East London NHS Foundation Trust to develop a new rehabilitation service.

The service works with people experiencing serious personality disorders, many of whom have been discharged from hospital. It is based at a fully self-contained complex of flats which is staffed 24 hours a day. The two organisations work together to provide assessments and deliver coordinated care.

Clients are encouraged to develop coping strategies as well as independence during their stay. The aim is to move people on to independent living within 12 months instead of spending years in residential care as they might have done in the past.

Savings can be as high as £240,000 per person over the lifetime of their treatment.

Further information:
http://www.lookahead.org.uk/

Pooling health and social care budgets (Torbay)

Torbay has been a popular destination for retired people for some time. A quarter of the local population is over the age of 65, which is 50 per cent higher than the national average.

Since many older residents have little local family support, Torbay Council and Health Trust has focussed on integrating health and social care services.

In 2004, health and social care teams began integrated working in Brixham in partnership with three local GP surgeries. The work was based on providing community health and social care support to older people. Underpinning this organisational change was the story of delivering better, coordinated care for Mrs Smith, a fictional local resident, with multiple long-term care needs.

The joint working progressed well with the people involved benefiting from greater independence and fewer hospital admissions. The pilot led to wider integration between the council social care team and local primary care trust. In 2005, the then Secretary of State for Health gave approval for the creation of the Torbay Care Trust with a joint management structure.

The organisation has now been renamed Torbay and Southern Devon Health and Care NHS Trust. To comply with current reforms of NHS health commissioning, it is being transferred to the local clinical commissioning group although the joint working will continue.

Individuals are given a care coordinator who manages a single assessment process to arrange everything from domiciliary care and district nurses to specialist cardiologist support. The integrated working has led to a fall in hospital bed use by a third over the past decade.

Further information:
http://www.torbaycaretrust.nhs.uk/Pages/home.aspx#&panel1-1

Key success factors

Research indicates a number of key success factors that are worth bearing in mind when considering approaches to developing and implementing integrated care and support:

- **Thinking about the individual.** This is the most important factor of all. National Voices, in its work on developing a common definition for integrated care and support, argues that individual needs should be at the heart of integrated care efforts. The Health Foundation, in its report Does clinical coordination improve quality and save money? [6], makes a similar point, saying the only way to achieve success is identifying what the individual needs. Meanwhile, a joint report by the King's Fund and Nuffield Trust, Integrated care for patients and populations: improving outcomes by working together [7], proposed making a formal commitment to patients, perhaps through setting guarantees, such as an entitlement to an agreed care plan or named case managers.
- **Information flow and technology**. Achieving good communication and compatible technology is a challenge for organisations from the same sector. So when it comes to sharing service user records across health and social care, IT incompatibility can be even more of a problem. Having shared information protocols, clear information governance arrangements and shared patient or service user identifiers can help. An electronic record was described as a "key ingredient" by the NHS Confederation team which reviewed the Alzira model in Valencia, Spain [8].
- **Funding and incentives**. There are two main success factors when it comes to money. First, the need for financial incentives to be aligned to encourage joint working. Clearly some arrangements, such as Payment by Results in the NHS, are set at the national level, but local flexibilities can help. For example, it is becoming increasingly common for hospital staff to work in the community, allowing integrated care to be delivered without hospitals being unable to recover their fixed costs. Some commissioning partners have found that pooled or aligned budgets can also help to align incentives. Second is the issue about how the transition to integrated care is funded. A guidance paper published jointly by the NHS Confederation and Royal College of GPs, Making integrated out-of-hospital care a reality [9], said it was often a key misconception that integrated care could always be delivered without upfront funding.
- **Getting it right at the top**. Any change requires leadership, vision and drive – and integration is no different. Key to this is the development of joint partnership agreements and the Joint Health and Wellbeing Strategy. The evaluation of the Department of Health's integrated care pilots concluded integration could improve the quality of care "if well-led and managed" [4]. Meanwhile, a Nuffield Trust report, Integration in action: four international case studies, published in July 2011 [10], also highlighted leadership, saying that good communication from the top was needed.

- **Breaking down cultural barriers**. Integrated care is all about relationships. But sometimes a "them and us" mentality can develop when organisations are forced to integrate. Variations in contractual arrangements, working practices and political pressures can create barriers. Monitor's report, Enablers and barriers to integrated care [11], said such issues can create "risk aversion". Joint management arrangements, staff secondments and co-location can help.

Key questions

The evidence, research and critical success factors raise a number of questions that you may want to ask of your own and other partner organisations:

1. Have you put the needs and experience of individuals at the heart of your joint plans?
2. Do you have a joint partnership agreement on integrated care and support?
3. Do you have a joint plan to align resources and incentives around the key priorities locally?
4. Do you have information-sharing protocols?
5. Do you have the technology to support integrated care and support?
6. Are you regularly measuring and monitoring integrated care and support outcomes locally?
7. Have you taken practical steps to promote a shared culture such as attending meetings together, co-locating staff, offering secondments and aligning back-office processes?
8. Have you thought about the value that housing, public health and other local services can add to improving outcomes and preventing ill-health?

Want to know more?

There is a wealth of research and evidence on the issue of integrated care and support. Much of this information can be found on the Knowledge Hub which is facilitated by a number of key national partners: https://knowledgehub.local.gov.uk/group/healthandcareintegrationgroup

Other key pieces of useful information can be accessed directly:

National Voices' work on developing a common, agreed definition for integrated care: http://www.nationalvoices.org.uk/defining-integrated-care-agreeing-narrative

Where next for the NHS reforms? The case for integrated care (discussion paper by the King's Fund) http://www.kingsfund.org.uk/publications/articles/where-next-nhs-reforms-case-integrated-care

Short guide to Health and Wellbeing Boards (Department of Health guidance) http://healthandcare.dh.gov.uk/hwb-guide/

Providing an alternative pathway (National Housing Federation report) http://www.housing.org.uk/publications/find_a_publication/care_and_support/care_pathways.aspx

References

[1] Future Forum
http://tinyurl.com/8q4wqnz

[2] King's Fund's Time to think differently programme
http://tinyurl.com/bjzfn7u

[3] International Journal of Integrated Care
http://tinyurl.com/a5bwbly

[4] National evaluation of Department of Health's integrated care pilots
http://tinyurl.com/3ce7qt

[5] King's Fund integrated care summary
http://tinyurl.com/bklvaxu

[6] Does clinical coordination improve quality and save money? (Health Foundation publication)
http://tinyurl.com/amx99lk

[7] Integrated care for patients and populations: improving outcomes by working together (Nuffield Trust and King's Fund review for government)
http://tinyurl.com/a2taxkk

[8] Report into the NHS Confederation study visit to Valencia
http://tinyurl.com/ar4ymah

[9] Making integrated out-of-hospital care a reality (NHS Confederation and Royal College of GPs publication)
http://tinyurl.com/9wkssoe

[10] Integration in action: four international case studies (research paper by the Nuffield Trust)
http://tinyurl.com/bhm89j5

[11] Enablers and barriers to integrated care (Monitor report)
http://tinyurl.com/b7lbbs2

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