



Integration of Health & Social Care: Understanding the changes

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Purpose of the day:

- › To identify the **big challenges** facing the health & social care economy
- › To better **understand the integration and transformation agenda** for health, social care & public health
- › To consider the potential impact of the agenda on communities and individuals
- › To debate the role of the VCS and how organisations and sectors can **work together** to support whole system change and protect (enhance) outcomes for service users

What do we mean by integration and integrated care?

What is integrated Care?

Integrated care is an organising principle for care delivery with the aim of achieving improved patient care through better coordination of services provided

(Kodner and Spreeuwenberg, 2002)

What is Integration?

Integration is the combined set of methods, processes and models/tools that seek to bring about this improved condition of care

(Kodner & Spreeuwenberg, 2002 and Leutz 1999)

The national picture



Four burning platforms

- Changing needs & demography
- Organisational change
- Austerity
- Quality & safety

- *and why integrated care is a key response to these challenges*

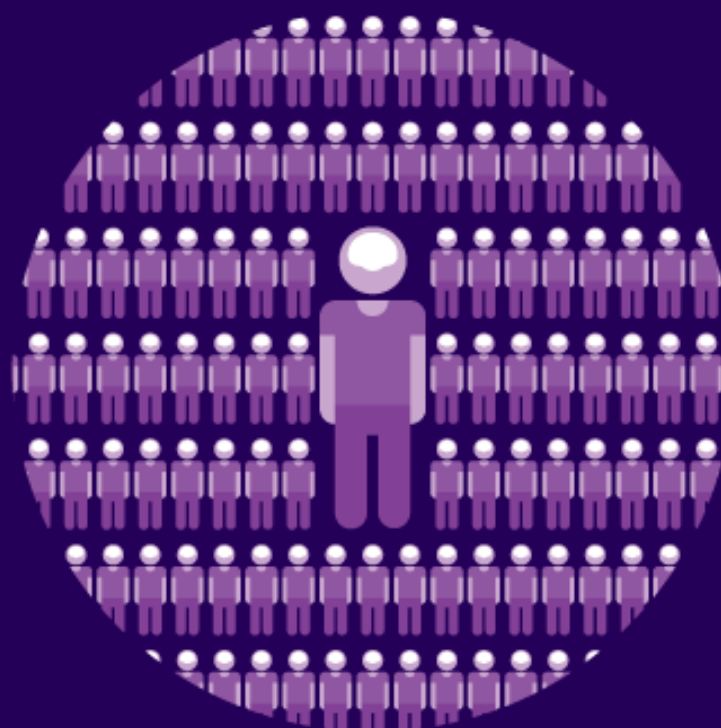
Over the next 20 years the number of people in England aged 65-84 will grow by over a third and those over 85 will more than double.

It is estimated that there are more than 570,000 people with dementia in England, and over the next 30 years that is expected to more than double to 1.4 million.



2012

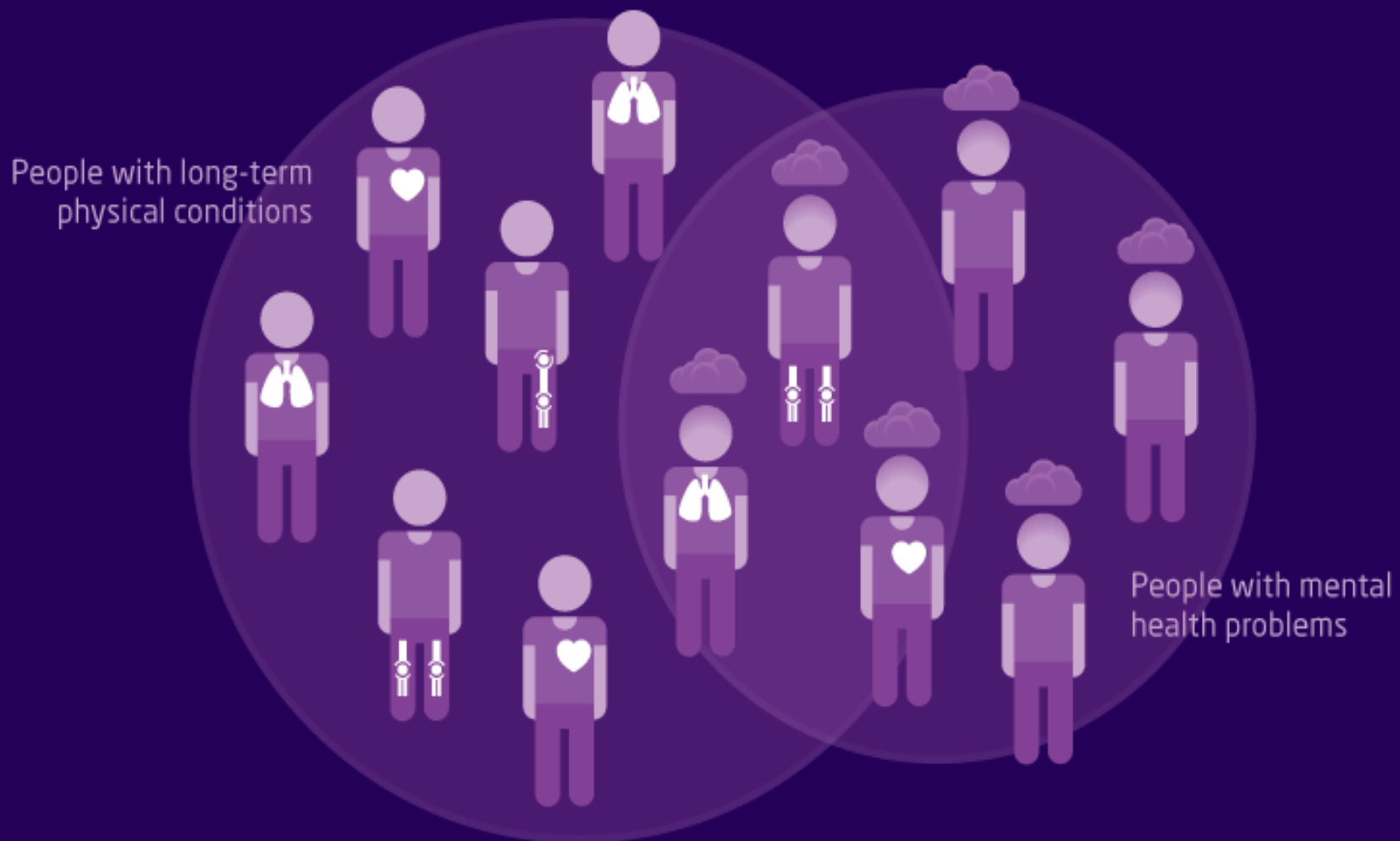
570,000 people with dementia

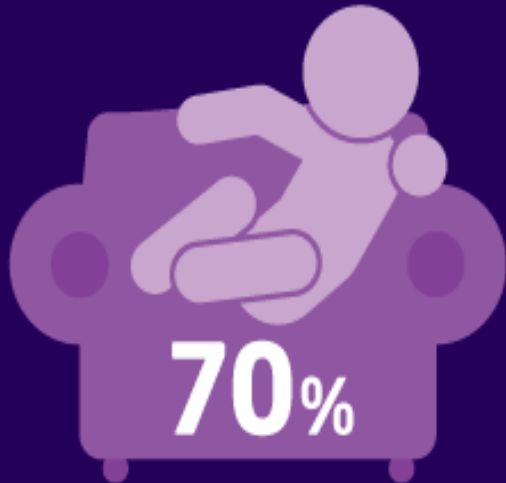


2042

1.4 million people with dementia

Around 30% of all people with a long-term physical condition in England also have a mental health problem, most commonly depression/anxiety. Mental health problems exacerbate physical illness.





70%

of the adult
population are
inactive



70%

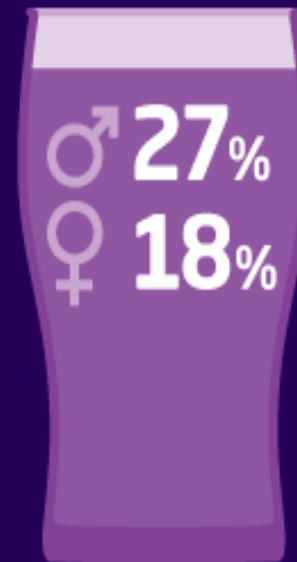
do not eat the
recommended amounts
of fruit & vegetables

21%
smoke



26%

are obese



♂ **27%**

♀ **18%**

drink more than
recommended safe
limits of alcohol

About 15 million people in England have a long-term condition. By 2025, the number of people with at least one long-term condition will rise to 18 million.

People with long-term conditions now account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days.

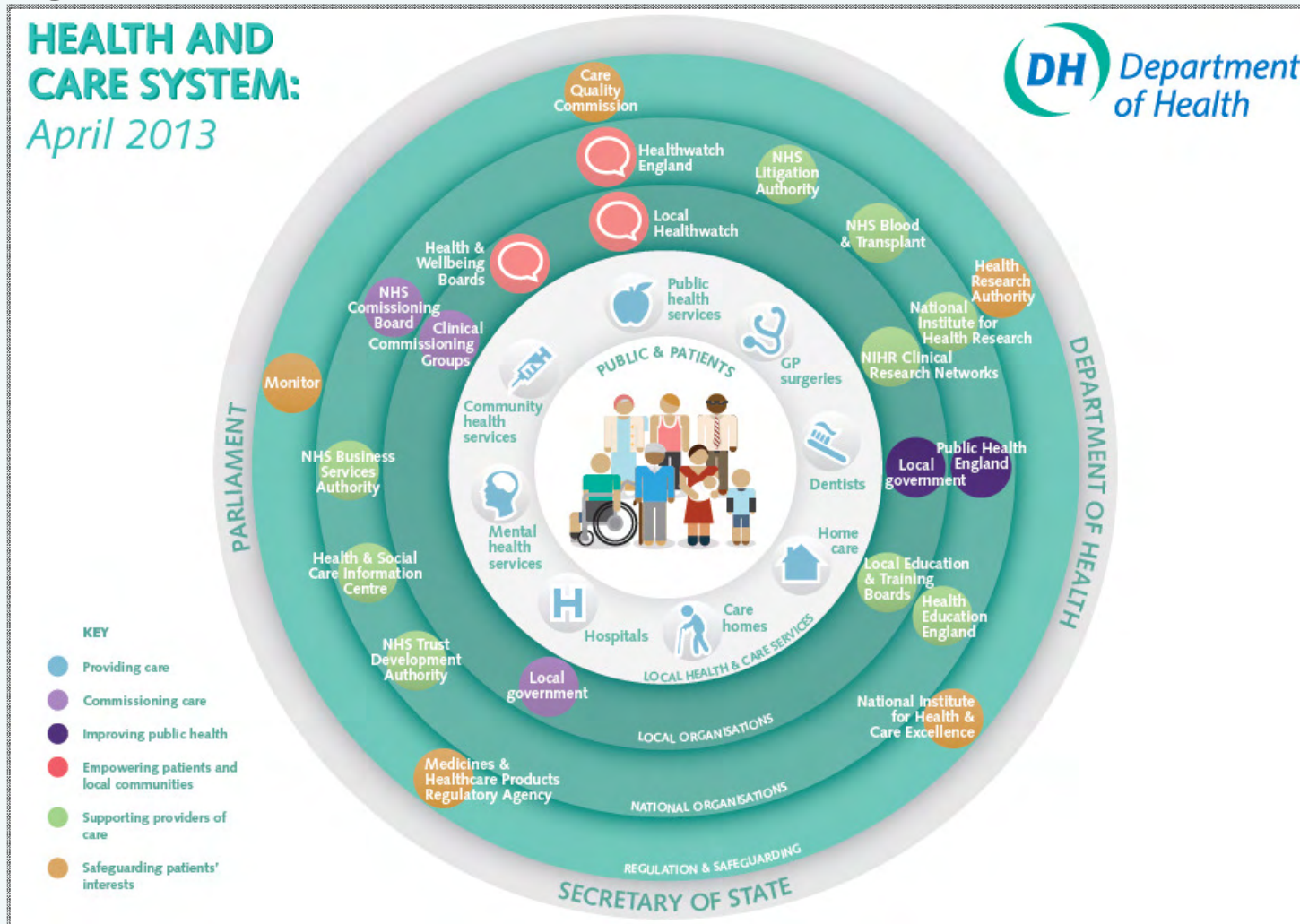
The NHS spends £1.42 billion each year on emergency admissions to hospital for people with long-term conditions. This figure could be reduced by 8-18% by investing in better primary and community-based services.

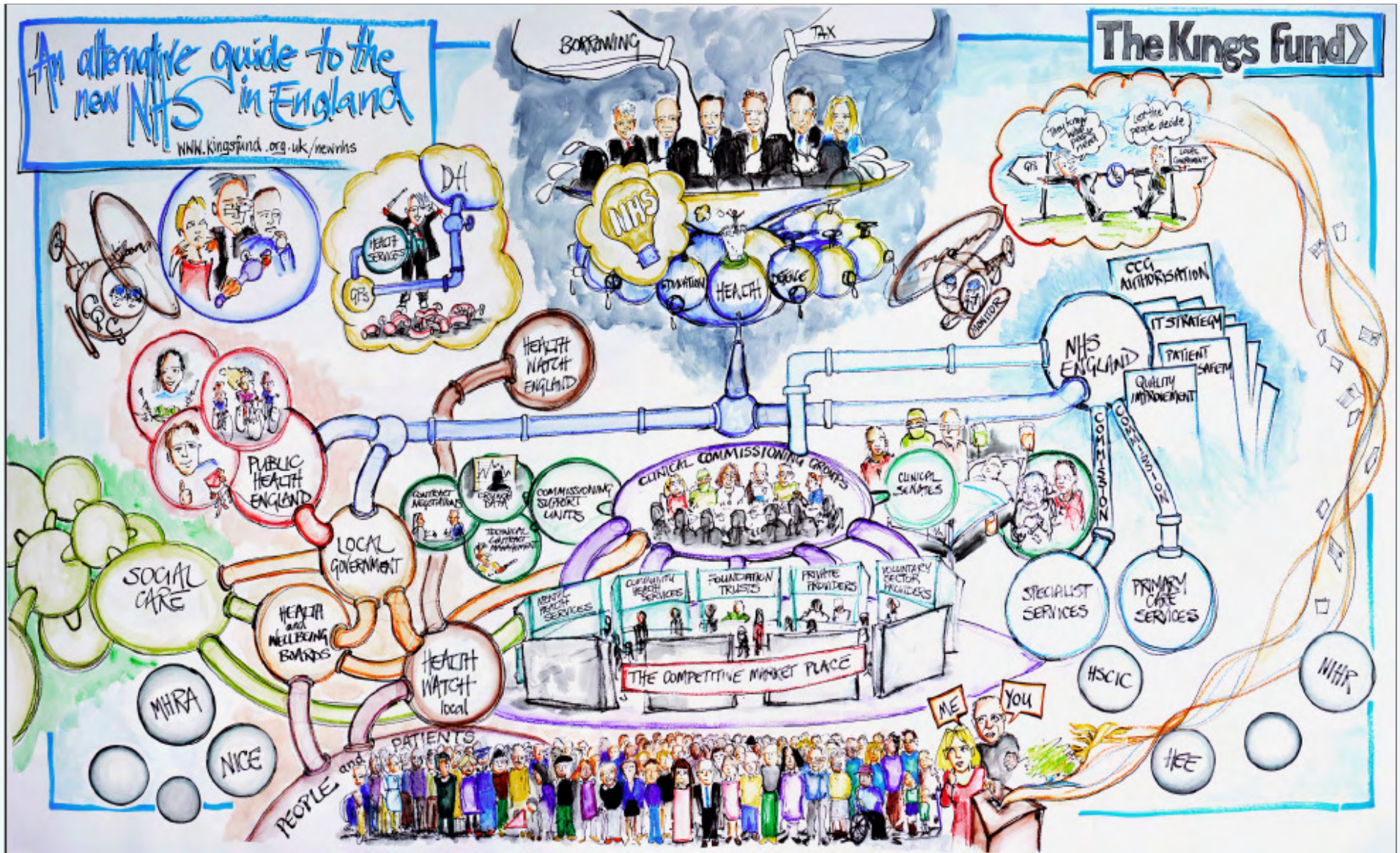


In the future, the increasing numbers of frail older people and more patients with long-term conditions will mean we need to rethink where and how care is delivered.



NHS structures have become more complex...and new roles for local government-





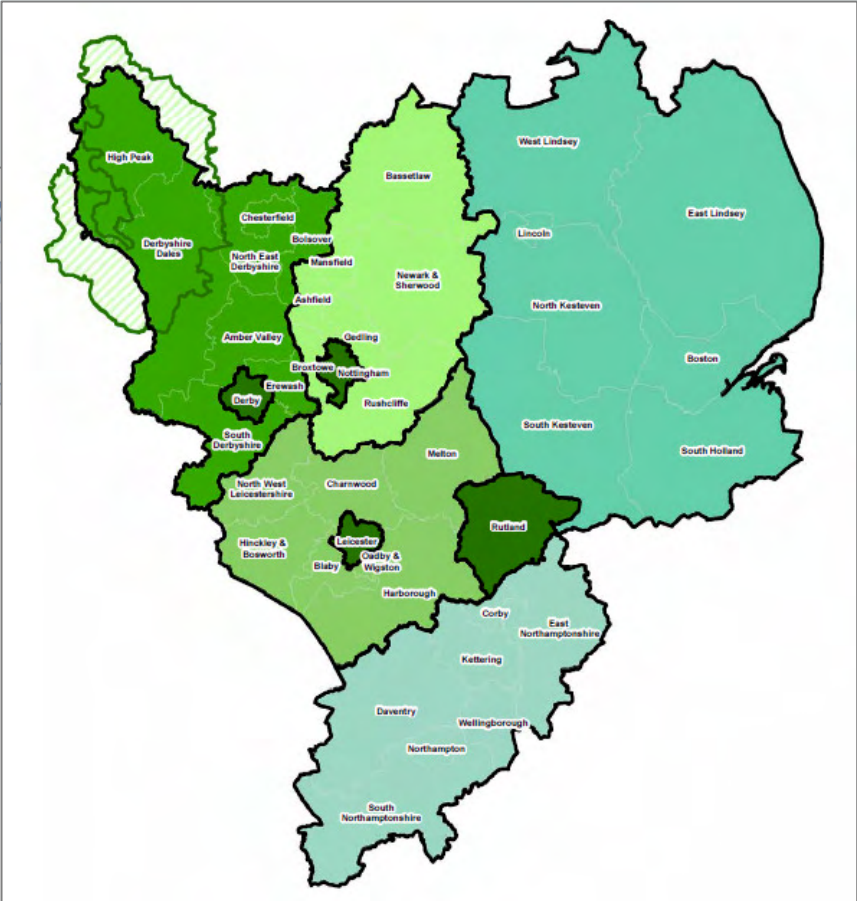
<http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england>

20 CCGs

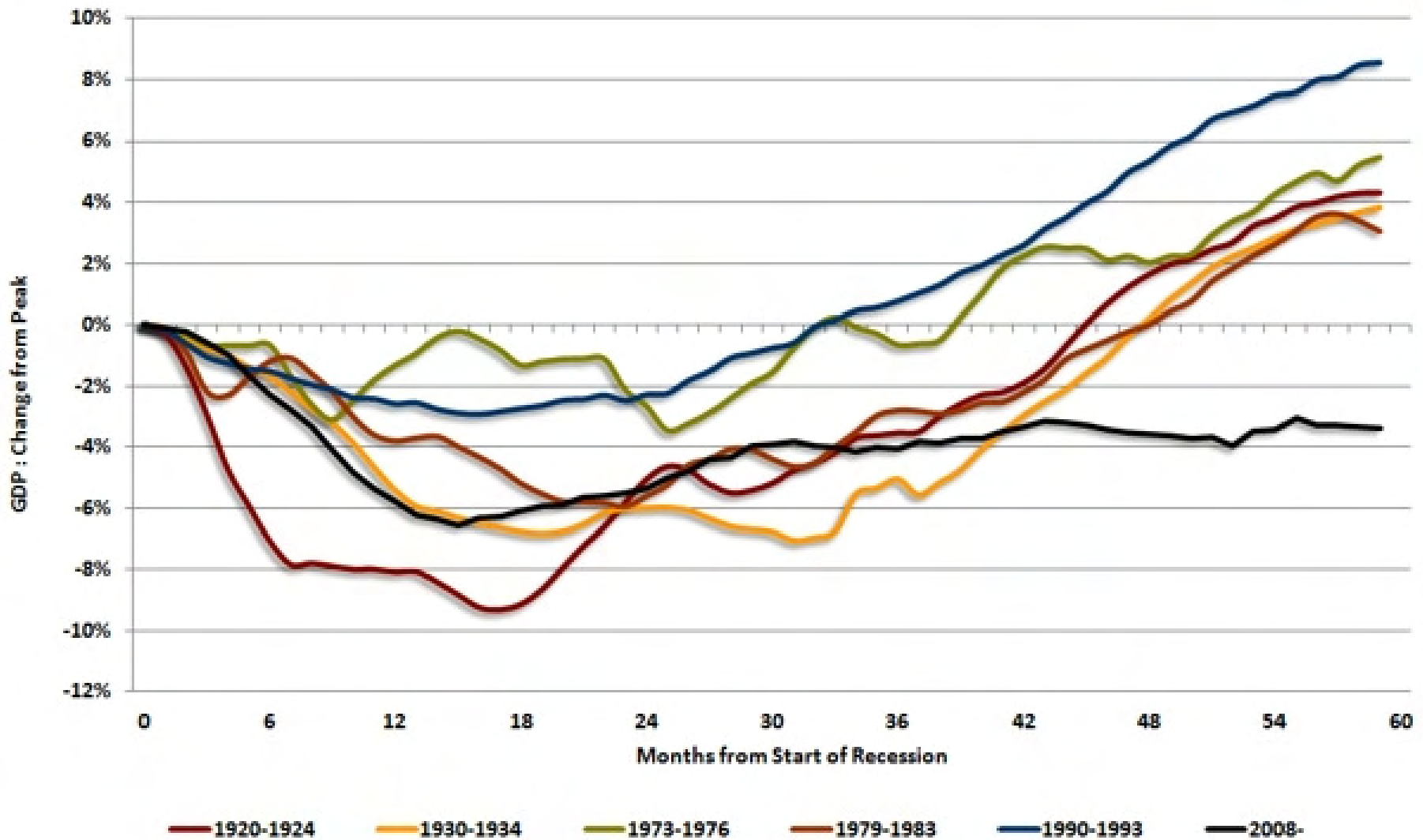
9 upper tier Councils & 36 districts

Midlands and East of England

Midlands and East of England	Popn (1,000s)	CCGs	H
Arden, Herefordshire and Worcestershire	1575	7	
Birmingham and the Black Country	2350	8	
Derbyshire and Nottinghamshire	1933	10	
East Anglia	2294	8	
Essex	1699	7	
Hertfordshire and the South Midlands	2628	7	
Leicestershire and Lincolnshire	1674	7	
Shropshire and Staffordshire	1496	8	
Total	15649	62	



Austerity - economic & fiscal prospects are dismal



Source: NIESR

Pattern of spending does not reflect changing needs

As a proportion of government expenditure, the NHS in England now consumes close to one-fifth of all departmental spending - the largest in government and the equivalent of central spending on defence and education combined. The NHS budget is six times larger than the social care budget.



Care Bill & Dilnot reforms – a big challenge for local government



In 1948, the NHS was established as a universal service, free at the point of use, while social care became a separately funded, means-tested service. Today, the NHS remains largely free for patients. In contrast 43% of people in independent care homes fund all their residential care costs.

Quality & safety

WHY ?

WHY ?

WHY ?

WHY HAS IT TAKEN SO LONG 400 DEATHS

FOUNDATION TRUST KILLED OUR LOVED ONES

WHERE NEXT

400 DEATHS

ELLEN Linstead
25-11-1998 - 15-12-2018
RIP

PA

This image shows a large wall display of a root cause analysis for a patient safety incident. The display is organized into several sections:

- WHY ?**: Three columns of white cards at the top, each containing a list of contributing factors. For example, the first column lists "Lack of Risk Assessments", "Staff not given fluids-food trays just left on the table out of reach", and "Patients not helped to the toilet, told to use a bed pan staff too busy".
- WHY HAS IT TAKEN SO LONG 400 DEATHS**: A central section with a large white card and several smaller photos of patients and staff.
- FOUNDATION TRUST KILLED OUR LOVED ONES**: A section with a large white card and photos of individuals, including a prominent photo of an elderly woman.
- WHERE NEXT**: A section with a large white card and photos of people, likely representing the future or the individuals affected.
- 400 DEATHS**: A section with a large white card and photos of people, including a prominent photo of a man.
- ELLEN Linstead**: A section with a large white card and a photo of an elderly woman, with her name and dates of birth and death.
- PA**: A logo in the bottom left corner.

Sam's Story.....

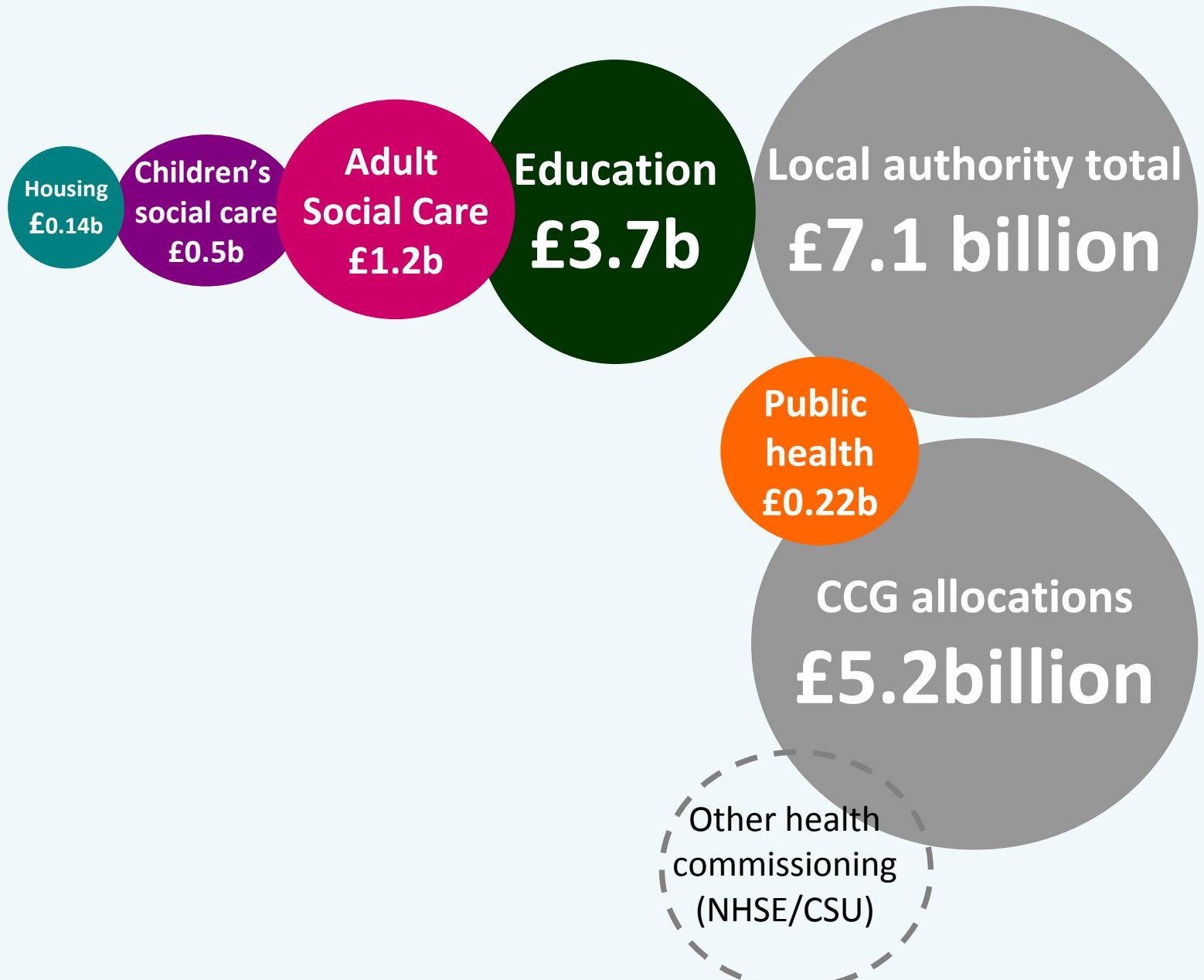
Integrated care – what's new



- Focus on coordination of care around individual needs
- Pioneer programme
- Transformation fund - £3.7b
 - (£1b performance related)
- Two year plan (for 2014/15 & 2015/16) must be in place by March 2014
- Plans to be developed jointly by CCGs & Las, signed off by each other & HWBs

2. NATIONAL: *Given the importance of leadership in any programme of transformational change, national leaders commit to back local leaders in their efforts to integrate care and support.*
- LOCAL: *In return, we expect local leaders to come together in all localities to support the development of innovative models of integrated care and support that are better at meeting local needs.*

East Midlands spend on health, care & wellbeing



Local Example: Derbyshire

What?: Health & Social Care Data Sharing Pilot

Who?: All Derbyshire NHS providers and commissioners; city and county social services, PI Benchmark.

How?: Use of Care & Healthtrak
Tracking patient interventions across all partners
Focus on frequent users (frail elderly)

Why?: Understand where else services are accessed to inform better care planning
focus on alleviating system (winter) pressures
Inform integration of health & care
More effective and efficient use of resources (future demand)
Develop whole system focus – preparation for 7-day services

What are the benefits:

For all organisations:-

- *Data linked across the whole health & social care system*
- *Better understand need / demand / provision / outcomes / flow*

For providers

- *identify pressure points in the system*
- *flex resources and capacity to meet demand*
- *compare capacity with utilisation*
- *ability to anticipate peaks*
- *develop forecasting capability*
- *understand which services are oversubscribed*
- *clinical modelling for future*
- *plan clinical capacity to meet demand*

For commissioners

- *develop forecasting capability*
- *forecast future spend / capacity / demand*
- *improve care pathways*
- *support risk stratification*
- *spatial (geographical) understanding of service use*