The Challenge of Health and Social Care Integration

Local and National Perspectives

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Current challenges and potential national levers

Peter Howitt, Deputy Director for Commissioning, Integration and Transformation, DHSC
**Enablers**

- Strong, system-wide governance and systems leadership
- Integrated electronic records and sharing across the system and with service users
- Empowering users to have choice and control through asset based approach, shared decision making and coproduction
- Integrated workforce: joint approach to training and upskilling of workforce
- Good quality and sustainable provider market that can meet demand
- Joined-up regulatory approach
- Pooled or aligned resources
- Joint commissioning of health and social care
- Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)

**Components of integrated care**

- Early identification of people who are at higher risk of developing health and care needs and provision of proactive care
- Emphasis on prevention through supported self-care, and building personal strengths and community assets
- Holistic, cross-sector approach to care and support (social care, health (and mental health) care, housing, community resources and non-clinical support)
- Care coordination: joint needs assessment, joint care planning, joint care management and joint discharge planning
- Seamless access to community based health and care services, available when needed (e.g. reablement, specialist services, home care, care homes)
- Joint approach to crisis management: 24/7 single point of access, especially to urgent care, rapid response services, ambulance interface
- Multi agency and multi-disciplinary teams ensure that people receive coordinated care wherever they are being supported
- Safe and timely transfers of care across the health and social care system
- Care assessment, planning and delivery are personalised and, where appropriate, are supportive of personal budgets and IPC
- Care teams have ready access to resources, through joint budgets and contracts, to provide packages of integrated care and support
- High-quality, responsive carer support

**Outputs**

- Taken together, my care and support help me live the life I want to the best of my ability
- I have the information, and support to use it, that I need to make decisions and choices about my care and support
- I am as involved in discussions and decisions about my care, support and treatment as I want to be
- When I move between services or care settings, there is a plan in place for what happens next
- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
- Carers report they feel supported and have a good quality of life
- The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place
- The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings
- Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways
- Transfers of care between care settings are readily managed without delays
- Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
- Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
- The system enables personalisation by supporting personal budgets and IPC, where appropriate

**Outcome**

**Value and Sustainability**

- Cost-effective service model
- Care is provided in the right place at the right time
- Demand is well managed
- Sustainable fit between needs and resources

**Impact**

**Improved Health and Wellbeing**

- Improved health of population
- Improved quality of life
- Reduction in health inequalities

**Enhanced Quality of Care**

- Improved experience of care
- People feel more empowered
- Care is personal and joined up
- People receive better quality care

**People’s Experience**

- I have the information, and support to use it, that I need to make decisions and choices about my care and support
- I am as involved in discussions and decisions about my care, support and treatment as I want to be
- When I move between services or care settings, there is a plan in place for what happens next
- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
- Carers report they feel supported and have a good quality of life

**Services**

- Joint commissioning of health and social care
- High-quality, responsive carer support
- Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users
- Transfers of care between care settings are readily managed without delays
- The system enables personalisation by supporting personal budgets and IPC, where appropriate

**System**

- Safe and timely transfers of care across the health and social care system
- Care assessment, planning and delivery are personalised and, where appropriate, are supportive of personal budgets and IPC
- Joint commissioning of health and social care
- Integrated care shifts service capacity and resources from higher cost hospital settings to community settings

**Outputs to be determined locally**

- Outputs to be determined locally

**Social Care Institute for Excellence Integrated Care Logic Model**
With SCIE, we have produced a logic model for integrated care – a tool to assess and promote ‘what works.’ Proactive, person-centred, co-ordinated care involves

**Enablers in the system**
- Strong leadership and system-wide governance
- Pooled or aligned resources

**Components of services**
- Care coordination – joint needs assessment
- Multi-disciplinary teams

**Outputs**
- To be determined locally

**Outcomes**
- Seamless transition between care settings
- Manage demand for hospital services

**Impact**
- Improved health and wellbeing for the public
- Enhanced quality of care from providers
- Value and sustainability for the system
Findings from 20 local health and care ‘whole system reviews’ and how CQC can help drive integration

Andrea Sutcliffe, Chief Inspector of Adult Social Care, Care Quality Commission

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Key findings from our local system reviews – Beyond Barriers
A ‘soft-systems’ analysis of integration – applying national levers at a local level and emergent good practice

Glen Garrod, President, Association of Directors of Adult Social Services
How SCIE are supporting person-centred integration

Dr. Ossie Stuart, Board Member, Academic and Specialist Adviser, Social Care Institute for Excellence
1. Integration: Who is it for?
2. It can and does work
3. Democratised relationships
Workforce strategy and future needs

Vic Rayner, Executive Director, National Care Forum
Social Care Workforce
Vic Rayner, Executive Director
National Care Forum

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Size and Scope

- 1.58 million jobs
- 19% increase in workforce since 2009
- 90K vacancy rate at any time
- 82% female workforce
- 18% of workforce from overseas
- 27.8% left their jobs in the last year
- 25% staff on zero hour contracts
Future needs

- Estimates range from additional 350K to 700K more staff by 2030
- Changing roles – and delivery models
- Recruitment and Retention revolution
- Technology – digital maturity, AI, Robots and more..
- Stronger interface – health, care AND housing
- Integrated localised responses
- Enhanced professional standing for all
Less of this….

- “Relative low pay, resulting from industry structure, low productivity and funding issues, is associated with low levels of learning and development, and high turnover.” (Joint Workforce Strategy 2017)

More of this….

- “I’ve been overwhelmed and blown away by the kindness, the thoughtfulness, and the fact that people are really thinking about ‘how do I care really kindly and compassionately?’ for these residents……I would like to applaud all the staff that work here and tell them they must continue what they’re doing.” (Chief Nurse visiting Royal Star and Gartar Home, 2018)
Keep in touch!

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Understanding and spreading best practice: the Integrating Better Project

Emily Hough, Director, Strategy Group, NHS England
Questions for the Panel?