



Health and social care - Joining the dots

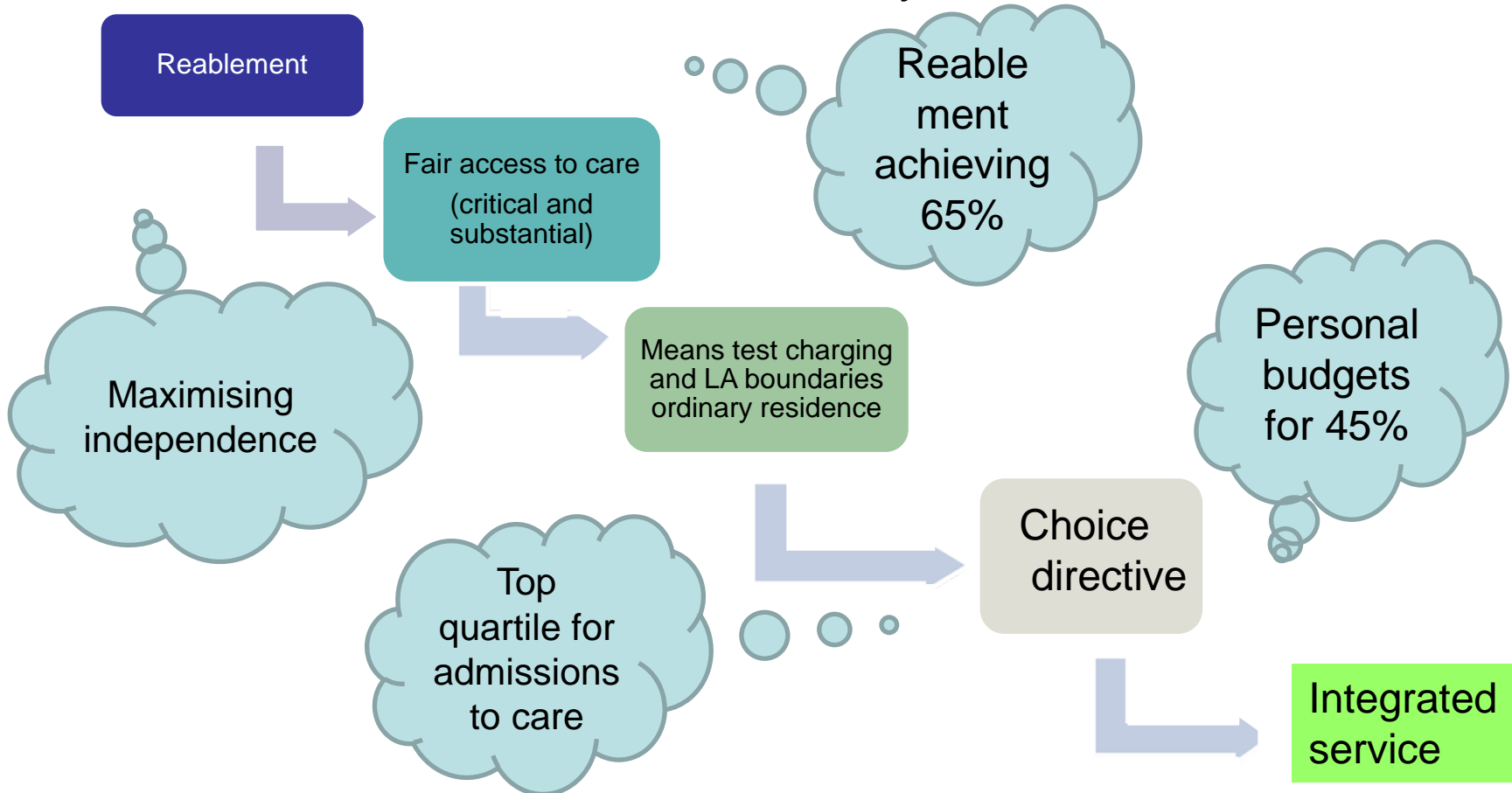
Wendy Fabbro, Strategic Director
Friday 16 March 2012

Integration - the new holy grail

- “the government fully accepts the need to orientate the whole health system around patients, so ..patient experience of integrated care will be measured as part of the outcomes framework”- NHS Future Forum
- ”we think we can best do this by integrating and co-ordinating services” - Local HWb aim to live longer in better health

What social care brings to the table..

Aim for the right service, to the right people, at right price and best efficiency



Potential for integrating

- 50% of all admissions to Care Homes are direct from hospital
- There are x3 more older people with life limiting long term conditions than the number receiving a ***funded*** social care service
- ~3% of older people discharged from hospital went to intermediate care/ reablement in 10/11

Factors common to successful integrators

Integrators

- Relatively impervious borders
- Community identity
- Relatively small- advantage in gaining critical mass
- Willingness to innovate
- Alignment of strategic aims
- Sense of urgency
- Strong existing relationship

Warwickshire

- Traffic across borders
- Different communities
- Relatively large
- Traditional county council
- Sub regional match
- Yes
- Yes, but...what does the future hold?



South Wye Principles

- A population based service provider
 - o Emphasis on prediction & prevention rather than
- simply diagnose and treat
 - o Care at or close to home (local where possible
- centralised where necessary)
 - o Protocol or pathway based delivery
- o Seamless, integrated, multi-disciplinary
- provision
 - o Choice, personalisation and independence

Warwickshire's integration aims

- **People** – reducing demand, improved lives, improved choice, equality of access, fairness
- **Partnering** - efficient and effective, an end to blame, information sharing, synergies, building trust
- **Professional** - satisfying the 'masters', preserving differences
- **Productivity** - leaner, savings, reduced red tape, risk management

Warwickshire models

- Vertical or horizontal?
- Commissioner or provider?
- Structure or function?

Questions addressed..

- Integration with which organisations?
- For which aims?
- Geography and boundaries?
- Incentives?

Integration on-going..

- CAF - integrating data
- Cutting the cost of Frailty - vertical integration options
- GEH - virtual wards/CERT
- CWPT - Section 75
- CSS - exploring collaborative
- Shipston and Alcester- new models

Looking forward..

- Making every contact count
- Healthcare into residential and extra care settings
- Brokerage models
- Intelligence and information sharing
- Care pathway approach
- Strengthening neighbourhood teams and Service extending into :
 - ❖ State and self funded personal care
 - ❖ Extended healthcare offering to reduce CHC
- spend