

# Warwickshire Shadow Health and Wellbeing Board

Chris Ham  
The King's Fund  
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# The National Context

- › The performance of the NHS has improved greatly in the last decade
- › Comparative studies show the UK in a positive light on many indicators
- › Public financing, including for the NHS, will be very tight for 4-6 years
- › The challenge is to do more with the same – not more of the same

# Pressures for change

- › The ageing population
- › Changing disease burden
- › Rising public expectations
- › Nicholson challenge: £20bn of efficiency savings
- › Reducing variation in quality and patient safety
- › Medical advances and new technologies

# A new model of care

- › Prevention is better than cure
- › People should be supported to manage their own conditions
- › The home should become the hub of care, making use of telehealth and telecare
- › High quality primary care must be integrated with community services and social care

# The role of hospitals

- › Focus hospitals on provision of specialist care for people with acute needs
- › Concentrate specialist care where it will deliver better outcomes
- › Manage hospitals as part of a system of care
- › Move staff and resources out of hospitals where appropriate

# Service change is driven by several factors

- › Workforce shortages and pressures eg lack of consultants in some specialties
- › The need to improve quality and safety: not every local hospital can provide best care 24/7
- › Duplication, inefficiency and waste: the example of urgent care
- › Financial pressures

# Integrated care and systems working

- › Clinical networks for specialist services like cancer and stroke care
- › Acute hospitals working together eg on A&E, maternity, emergency surgery
- › Hospitals working with community services and GPs eg on care of frail older people and long term conditions.

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Ideas that change  
health care

Authors  
Natasha Curry  
Chris Ham

# Clinical and service integration

The route to improved  
outcomes



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Ideas that change  
health care



Author  
Peter Thistlethwaite

March 2011

# Integrating health and social care in Torbay

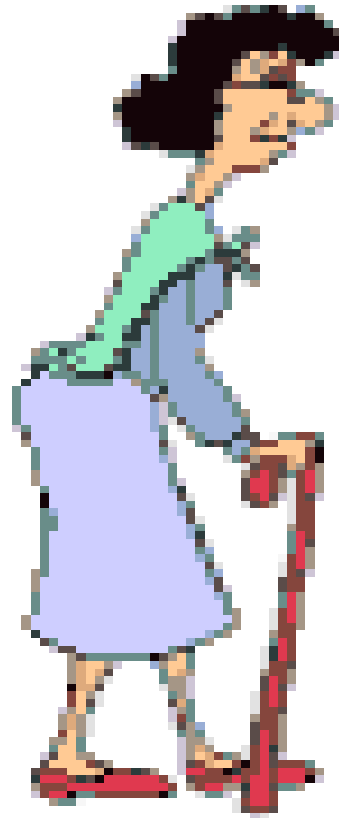
## Improving care for Mrs Smith



### Key messages

- This paper tells the story of health and social care integration for older people in Torbay, and how the known barriers to this were overcome. It shows how integration evolved from small-scale beginnings to system-wide change. Central to the work done in Torbay was how care could be improved for 'Mrs Smith', a fictitious user of health and social care services.
- The establishment of integrated health and social care teams and the pooling of budgets helped to facilitate the development of a wider range of intermediate care services. Teams worked closely with general practices to provide care to older people in need and to help them live independently in the community. The appointment of health and social care co-ordinators was an important innovation in harnessing the contribution of all team members in improving care.
- The results of integration include reduced use of hospital beds, low rates of emergency hospital admissions for those aged over 65, and minimal delayed transfers of care. Use of residential and nursing homes has fallen and at the same time there has been an increase in the use of home care services. There has been increasing uptake of direct payments in social care and favourable ratings from the Care Quality Commission.
- Torbay's story underlines the time needed to make changes in the NHS and the role of local leaders in this process, including those in local government who will have an important role in the future of health care. It also demonstrates the importance of organisational stability and continuity of leadership. The power of keeping patients and service users like Mrs Smith at the centre of the vision for improvement is another key message, and one whose importance is difficult to overestimate.

# Introducing Mrs Smith.....

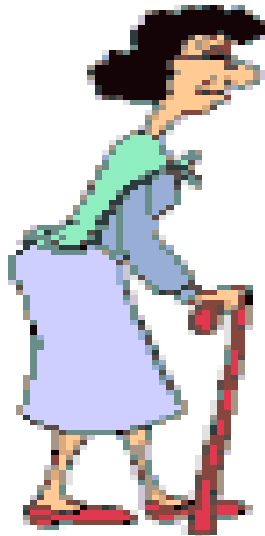


**Social  
Worker**

**Domiciliary  
Care**

**O.T.**

**Family &  
Friends**



**Practice  
Nurse**

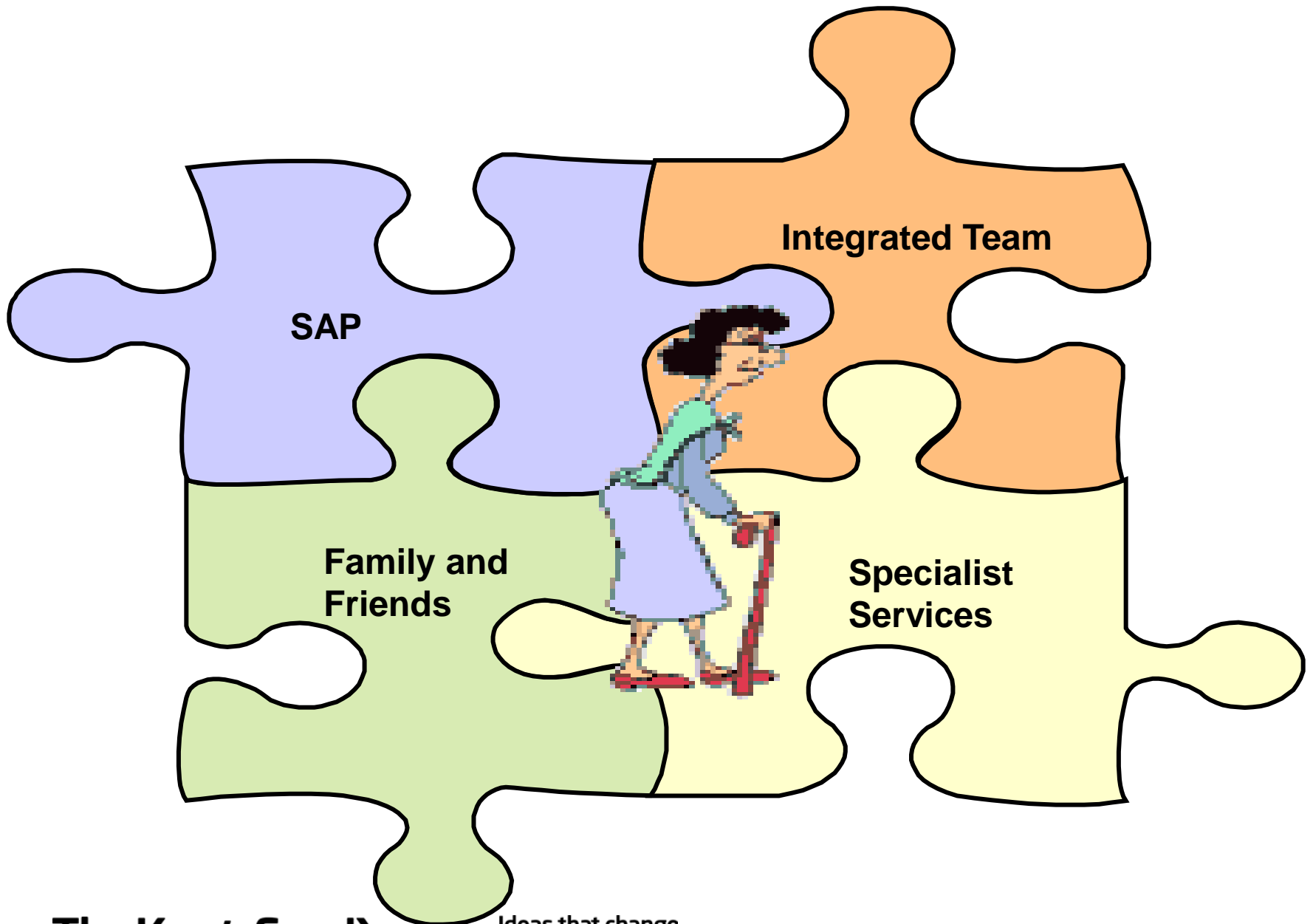
**G.P.**

**District  
Nurse**

**O.T.**

**Diabetologist**

**Cardiologist**



# Torbay's results

- › The daily average number of occupied beds fell from 750 in 1998/99 to 502 in 2009/10
- › Emergency bed day use in the population aged 65 and over is the lowest in the region at 1920 per 1000 population
- › Emergency bed day use for people aged 75 and over fell by 24 per cent between 2003 and 2008 and by 32 per cent for people aged 85 and over
- › Delayed transfers of care from hospital have been reduced to a negligible number

# Torbay's results (2)

- › Since 2007/08, Torbay Care Trust has been financially responsible for 144 fewer people aged over 65 in residential and nursing homes
- › There has been a corresponding increase in the use of home-care services, some of which are now being targeted on preventive low-level support
- › The use of Direct Payments is one of the best in the region
- › In 2010, the Care Quality Commission judged Torbay to be 'performing well'

# Lessons from experience

- › Make the clinical case for change based on evidence and data
- › Put clinicians in leadership roles to explain and make the case
- › Engage the public and stakeholders early and on an ongoing basis
- › Set out a clear vision in simple language about the future and how it can be better
- › Communicate, communicate, communicate

# Lessons from London

- › Be wary of merging trusts/hospitals that all have a history of financial and clinical challenges
- › The market will not deliver the changes needed
- › Strong and strategic commissioning is essential
- › Clinical leaders need to be fully involved in implementation and engagement



# Hospital closures

- › No hospital will remain the same
- › Few if any hospitals will close
- › All hospitals need to work as part of a system
- › Some will work much more closely with out of hospital services

# Emerging examples

- › Whittington Health in North London
- › Heart of England FT in Birmingham (Solihull)
- › Academic Health Sciences Centres in London
- › Wye Valley NHS Trust: Hereford

# Finally .....

- › If we fail to reconfigure services, we condone the continued provision of services that may not be safe or of an acceptable quality
- › Increasing NHS funding would not obviate the need for reconfiguration: workforce shortages and the need to concentrate specialists to provide high quality 24/7 care are critical
- › There is also huge potential to implement a new model of integrated care appropriate to future population needs

## A report to the Department of Health and the NHS Future Forum

### Integrated care for patients and populations: Improving outcomes by working together

Authors: Nick Goodwin, Judith Smith, Alaha Davies, Claire Perry, Rebecca Rosen, Anna Dixon, Jennifer Dixon, Chris Ham

#### Key messages

This paper has been written as a contribution to the work of the NHS Future Forum and in support of the government's espoused aim of placing integrated care at the heart of the programme of NHS reform. Integrated care is essential to meet the needs of the ageing population, transform the way that care is provided for people with long-term conditions and enable people with complex needs to live healthy, fulfilling, independent lives. It can be delivered without further legislative change or structural upheaval. The aims of integrated care are widely supported by NHS staff as well as patient groups, and taking forward the proposals set out in this paper would therefore be welcomed by key stakeholders.

In the view of The King's Fund and the Nuffield Trust, these are the main priorities for the future.

➤ **Setting a clear, ambitious and measurable goal to improve the experience of patients and service users**

Developing integrated care for people with complex needs must assume the same priority over the next decade as reducing waiting times had during the last. Government policy should be founded on a clear, ambitious and measurable goal to improve the experience of patients and service users and to be delivered by a defined date. This goal would serve a similar purpose to the aim of delivering a maximum waiting time of 18 weeks for patients receiving hospital care. To be effective, it needs to set a specific objective around which the NHS and local government co-ordinate their activities to improve outcomes for populations. Improving integrated care should be seen as a 'must do' priority to ensure it receives the attention needed.

➤ **Offering guarantees to patients with complex needs**

Setting an ambitious goal to improve patient experience should be reinforced by guarantees to patients with complex needs. These guarantees would include an entitlement to an agreed care plan, a named case manager responsible for co-ordinating care, and access to telehealth and telecare and a personal health budget where appropriate. Many of these measures are already an established part of health and social care policy but they have not been implemented consistently. Making them happen is therefore less to do with extra spending and more related to variations in local policy and practice that need to be tackled as a matter of urgency.