



Integration of Health & Social Care: Understanding the changes

Rachel Quinn
One East Midlands

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*

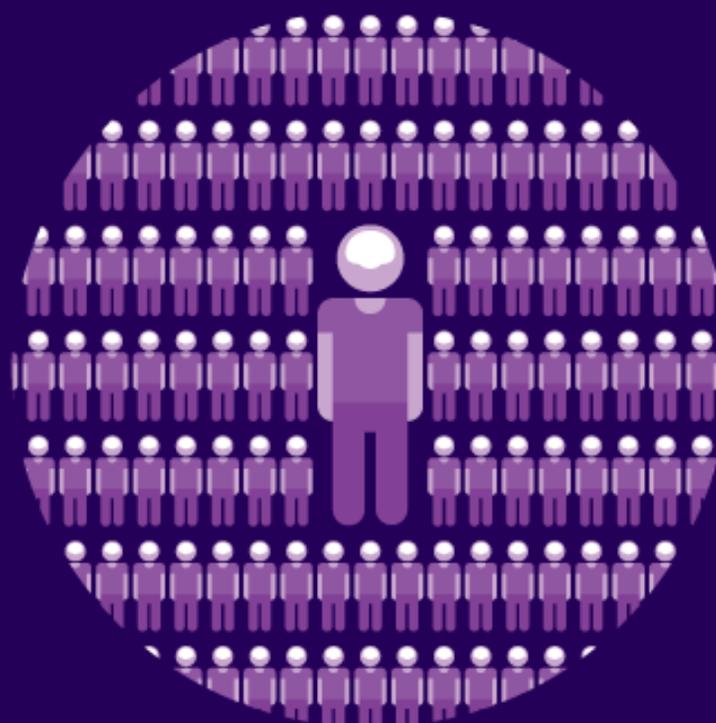
Over the next 20 years the number of people in England aged 65-84 will grow by over a third and those over 85 will more than double.

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

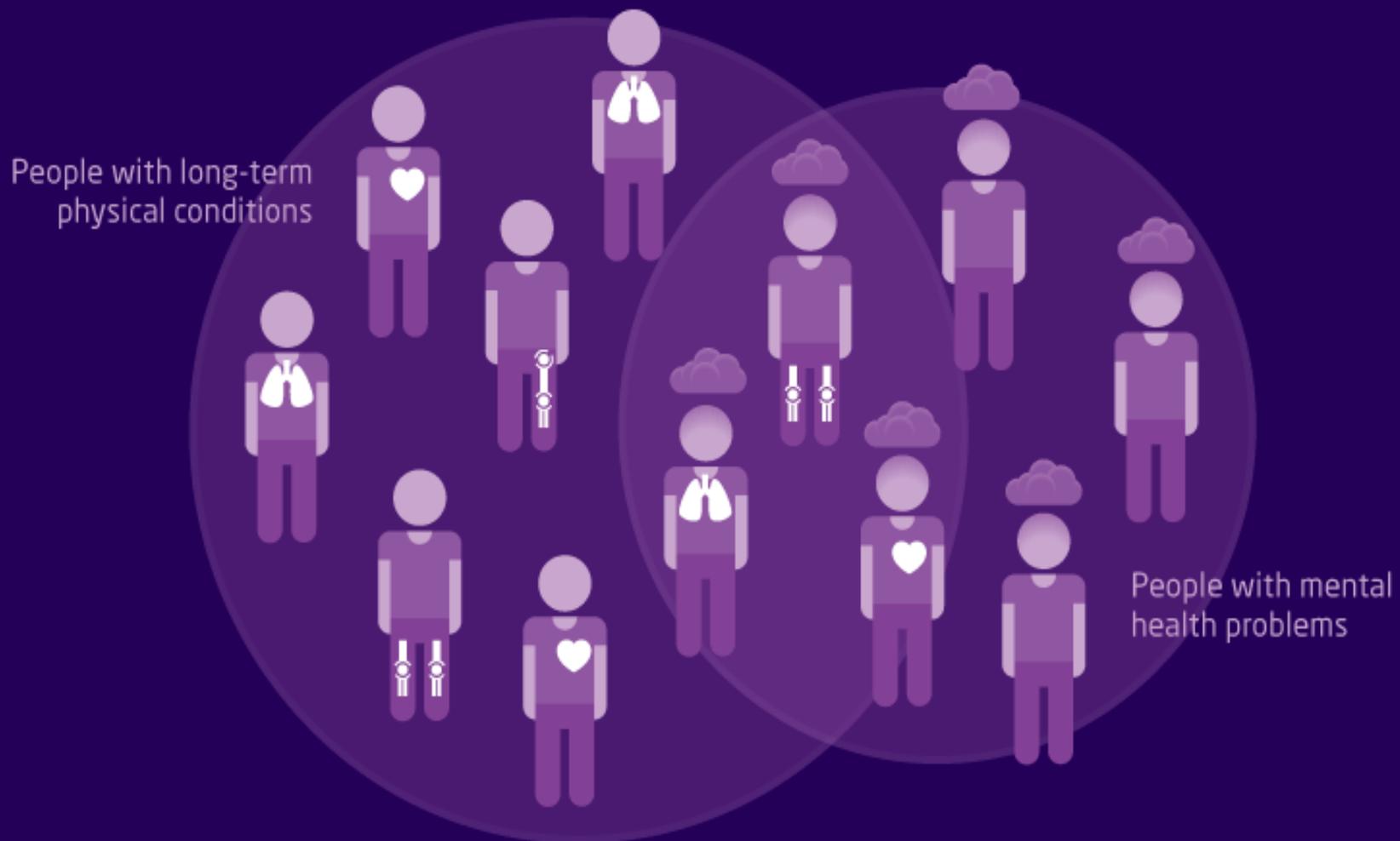
570,000 people with dementia



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%

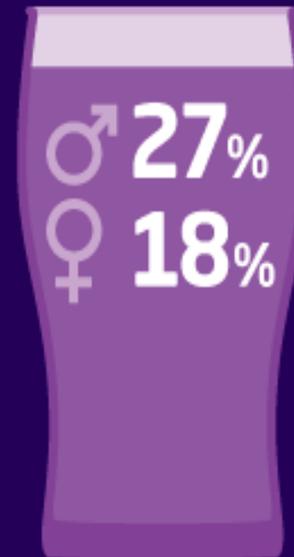
do not eat the
recommended amounts
of fruit & vegetables

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.

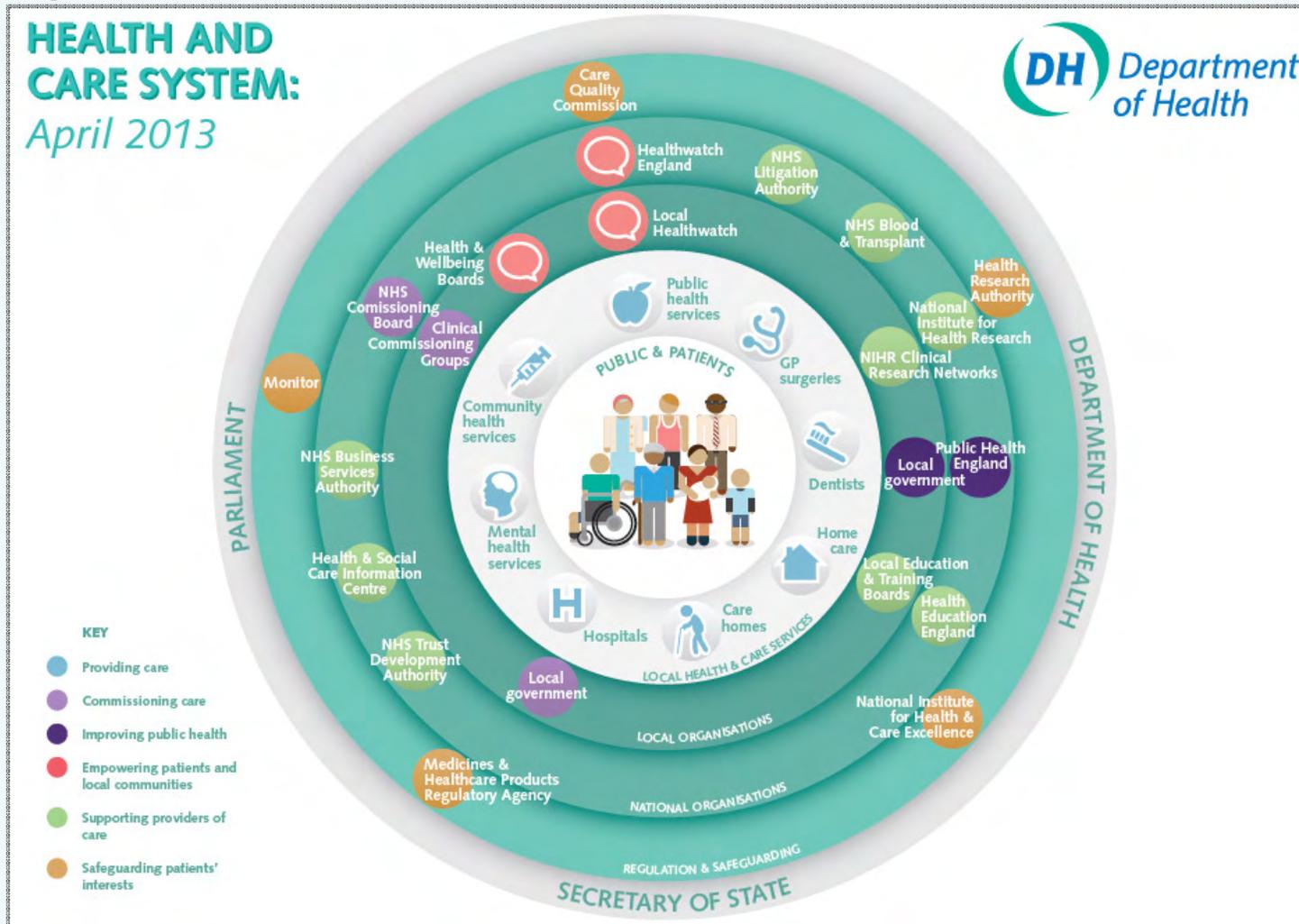
The NHS spends £1.42 billion each year on emergency admissions to hospital for people with long-term conditions. This figure could be reduced by 8-18% by investing in better primary and community-based services.

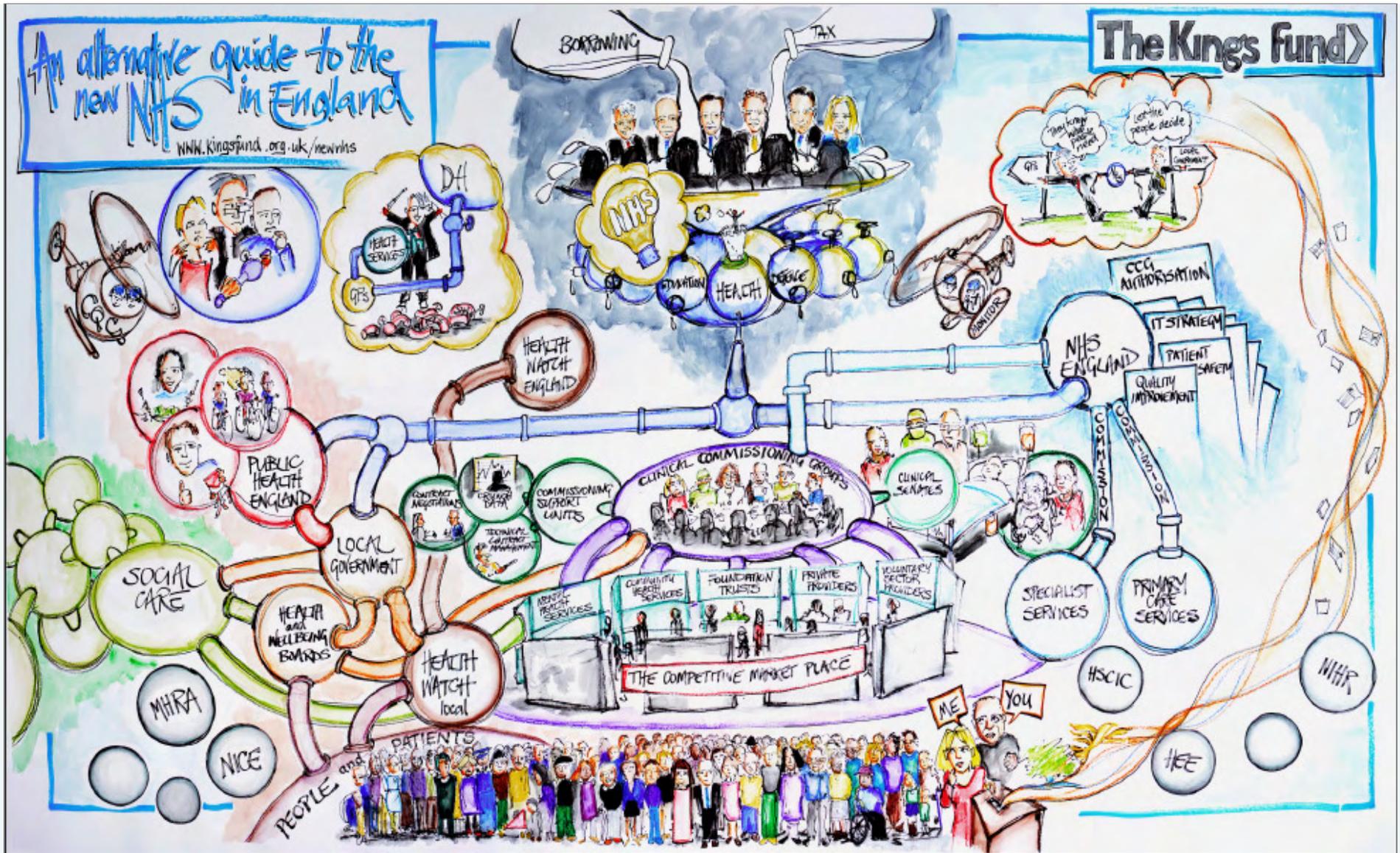


In the future, the increasing numbers of frail older people and more patients with long-term conditions will mean we need to rethink where and how care is delivered.



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





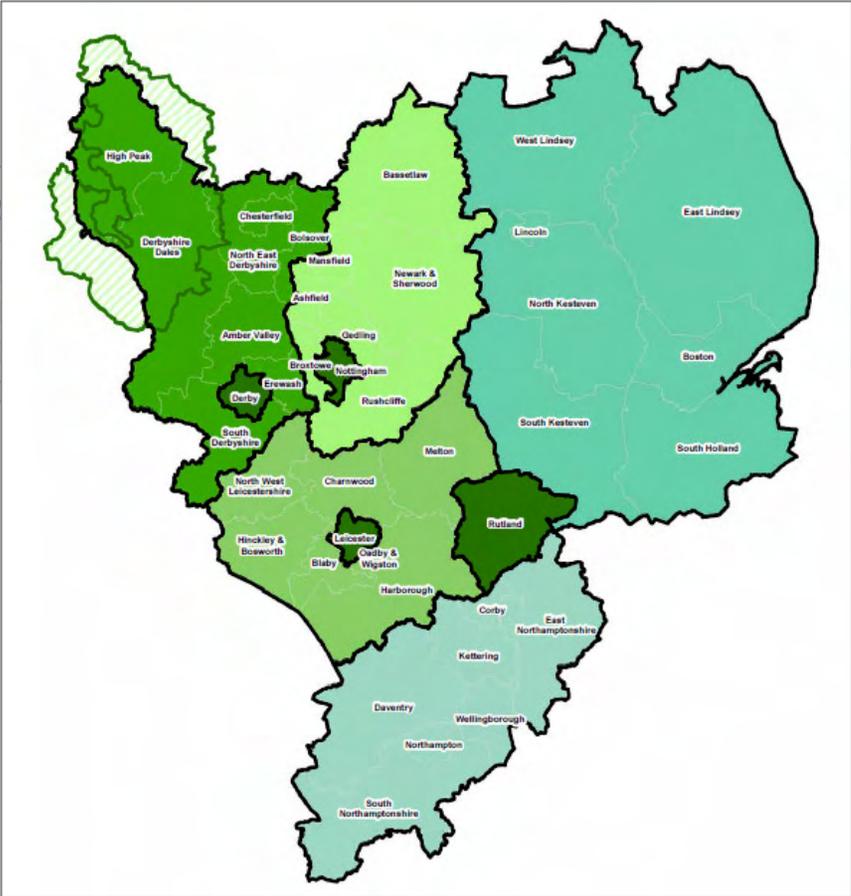
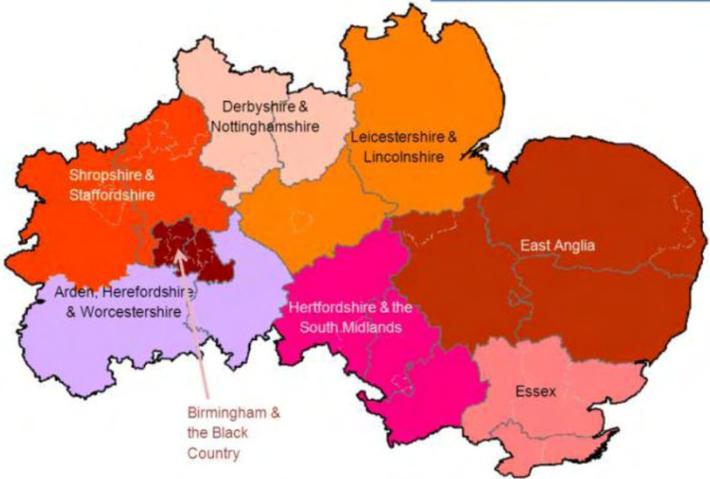
<http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england>

20 CCGs

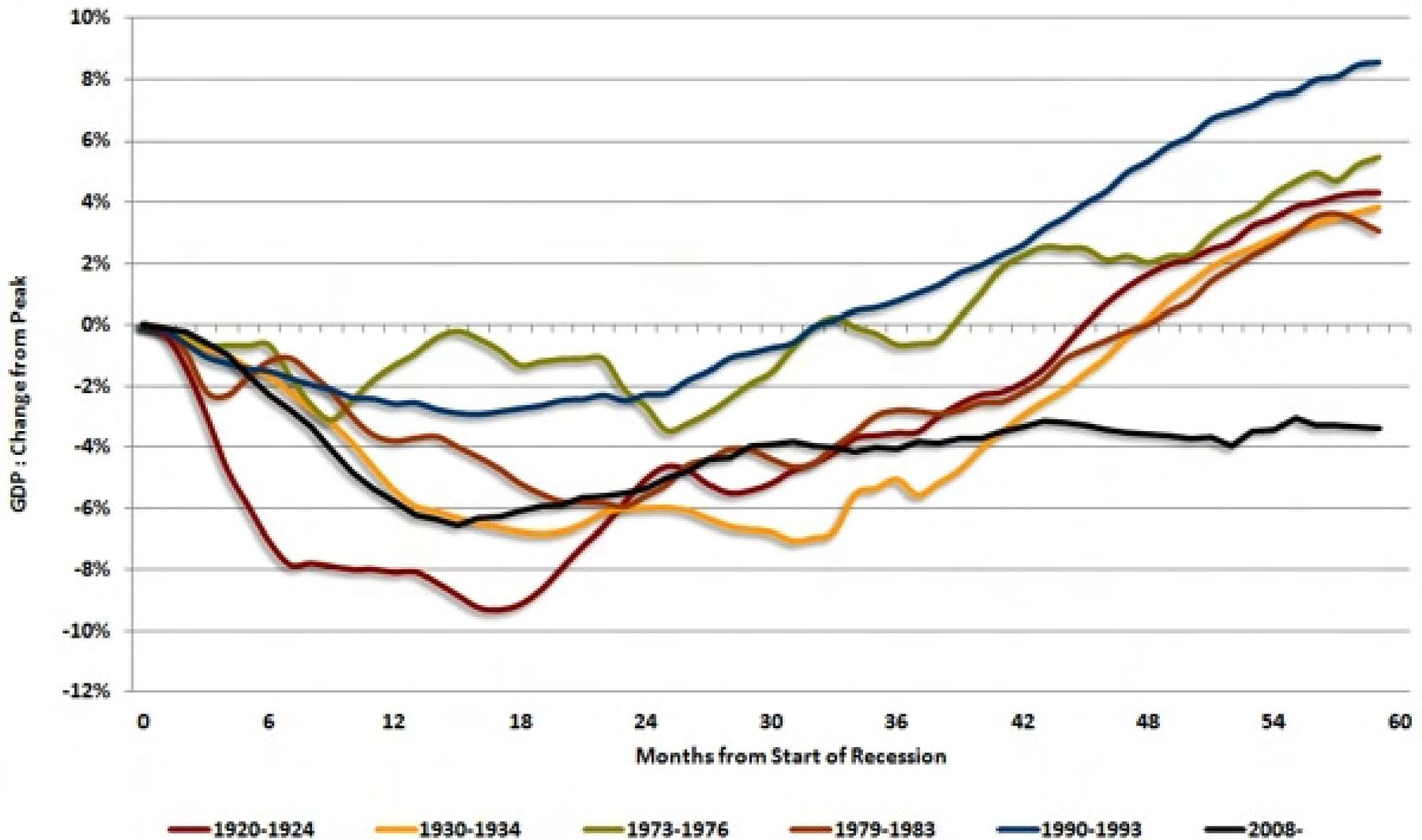
9 upper tier Councils & 36 districts

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.

Sam's Story.....

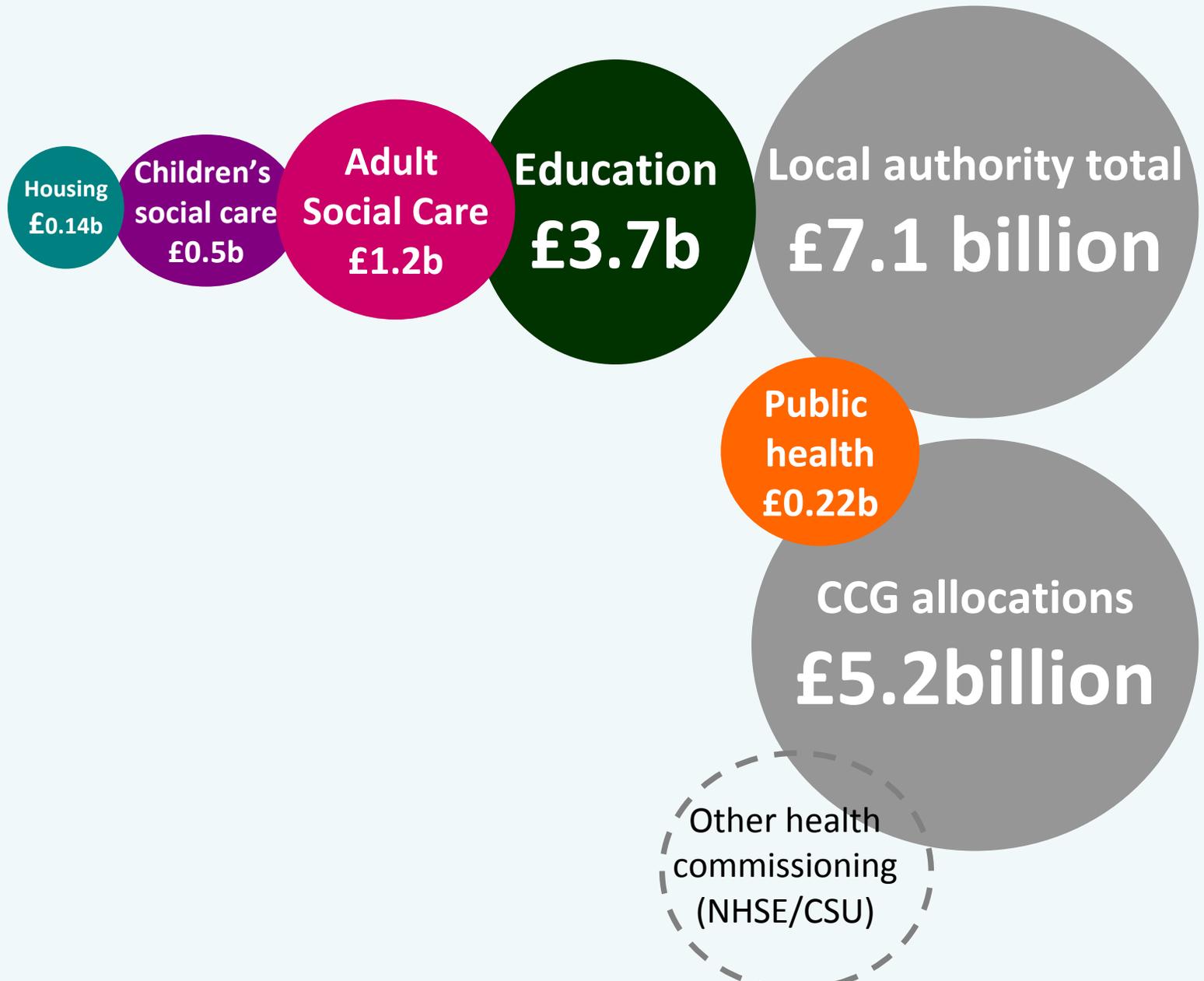
Integrated care – what's new



- 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*



Department
of Health

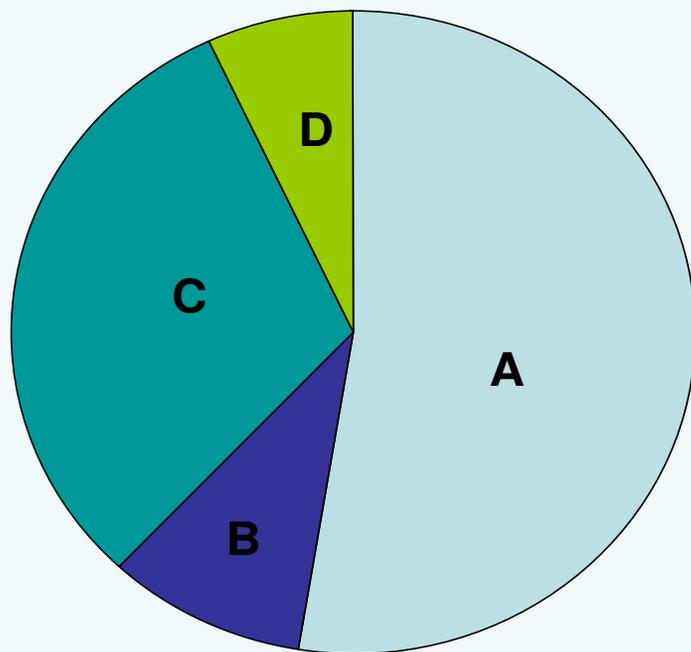


Department for
Communities and
Local Government

Better Care Fund

Understanding the problem - Context

Social care expenditure by type of user 2011-12 – chart 1



A - Older people (65 and over) £8.79 bn

B - Adults with physical disabilities (18-64)
£1.58bn

C - Adults with learning disabilities (18 - 64)
£5.19 billion

D - Adults with mental health needs (18-64)
£1.15 billion

Source: PSSEx1 England, 2011-12 Final Release

- Tight local government settlement in 2015/16 (RSG down 13.1% in cash terms; 2.3% reduction in overall local government spending). Looking ahead, the LGA estimates (2012) that spending on adult social care will pass 45% of council budgets by 2019-20.
- For the NHS, on assumptions of flat funding going forward and services continuing to be delivered in the same way as now, would result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.
- Financial imperative is clear – focus is to ensure we:
 1. understand the target population including by care expenditure (chart 1); build on real experience of people using services (including examples from MPs) to drive change;
 2. learn from best practice and early pioneers;
 3. apply relevant lessons from Troubled Families (hearts and minds; honesty and courage; drive and determination).

Details of the Better Care Fund

The June 2013 SR set out the following:

| 2014/15 | 2015/16 |
|---|--|
| An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned | £3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements |

In 2015/16 the ITF will be created from the following:

£1.9bn additional NHS funding

£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:

- £130m Carers' Breaks funding
- £300m CCG reablement funding
- £354m capital funding (including c.£220m of Disabled Facilities Grant)
- £1.1bn existing transfer from health to social care

Local areas free to add additional funds to the pooled budget

Integration Transformation Fund

Payment for performance and incentivisation

The £3.8bn pooled budget will only be released to local areas with agreed plans for how it will be used

Detail of plans locally agreed but some national elements

These will include:

- plans must be joint and must be signed off by Health and Wellbeing Boards locally and Ministers nationally;
- protection for social care services (not spending);
- 7 day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- Using NHS number to enable information sharing and jointed up assessment and plan;
- accountable professional for integrated package of care;
- contingency plans if targets are not met; and
- agreement on implications in the acute sector.

£1bn of the funding will be linked to **outcomes achieved**

Payment for performance

Payment will be based on a combination of locally and nationally set outcome measures. Half of the funding will be paid at the beginning of 2015-16 (based on performance in the previous year) and the remainder in the second half of the year against performance in year. In order to access all of the funding, local areas will need to meet their planned outcomes.

Assurance of plans

Plans will be signed off by Health and Wellbeing Boards, and assured by Ministers

This is to ensure areas are setting the right levels of ambition

Impact – building the case

Community budgets and Troubled Families have demonstrated the potential for joining up transforming services, but there is little evidence specifically in the health and social care sector (although user experience shown to improve significantly). But need to demonstrate impact to ensure the Spending Review in 2015 continues the investment in integration.

| | |
|--|--|
| Pioneers | <ul style="list-style-type: none">•14 areas announced on 1 November who will act as exemplars for integrated care, with support from national partners.•Will involve real time evaluation and reporting. |
| Public Service Transformation Network | <ul style="list-style-type: none">•The evaluation systems are locally led, but benefit from central government support and buy-in. Evaluation will identify - in both the short and long term - the value of costs and benefits of public service transformation and where these fall. The PSTN is working to develop an evaluation support framework that will provide practical guidance and support to enable locally led evaluations. |
| Plans | <ul style="list-style-type: none">•Plans will be submitted in February 2014 and provide a rich source of information for process and system changes;•Plans will also set out ambitions and expected impact. |
| Payment for performance | <ul style="list-style-type: none">•Measures are still being agreed the four most likely are:<ol style="list-style-type: none">1. Emergency admissions;2. Effectiveness of re-ablement;3. User experience;4. Delayed transfers of care.•Some measures will be available for April 2015 for first payment of performance element but the plans relate mainly to 2015/16 and impact will not be known until towards the end of 15/16 at the earliest. |

What will success look like?

Better outcomes for the individuals



Sustainable services

Achieved by early learning from local areas