Reforming the NHS from within by integrating care

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Chief Executive
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The context

- Populations are ageing
- The burden of disease is changing
- Premature deaths from major causes – cardiovascular and cancer – are declining
- Prevalence of diabetes and other chronic diseases is increasing
- Risk factors like overweight/obesity are a growing concern
Multimorbidity is critical

- Some of the biggest challenges relate to people with more than one chronic condition
- Multimorbidity increases with age and deprivation but in Scotland *most people with more than one chronic condition are under 65*
- Disease management for people with single diseases is important
- But high quality care for people with multimorbidity is even more important
Transforming the delivery of health and social care
The case for fundamental change
Integrated care

- Ageing populations and the changing disease burden require a much more integrated approach to care
- Collaboration between different organisations and professionals is needed to overcome fragmentation
- Integration and collaboration do not come easily, and cannot be mandated
- Reforming the NHS ‘from within’ offers the best opportunities to develop new care models
Reforming the NHS from within
Beyond hierarchy, inspection and markets

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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.....
Integrating Team SAP, Family and Friends, and Specialist Services for SAP Family and Friends Specialist Services.

The King's Fund: Ideas that change health care.
Key characteristics

▶ The starting point was Mrs Smith
▶ Health and social care teams were created aligned with general practices
▶ Teams used pooled budgets flexibly to respond rapidly to Mrs Smith’s needs
▶ Care coordinators were a simple but critical innovation
▶ The results: reduced used of hospital and care home beds, and more care in people’s homes
Clinical and service integration
The route to improved outcomes
What are the different forms of integration?

› Vertical integration between hospitals, community services and social care
› Horizontal integration between hospitals, or between GP practices in networks
› Real integration: mergers
› Virtual integration: networks and alliances
Different levels of ambition

- Integration for whole populations: Kaiser Permanente, the VA and Canterbury DHB
- Integration for specific populations: Torbay Care Trust’s work with older people, and mental health
- Integration around the needs of patients, users and carers
Integration for whole populations

- Kaiser Permanente as a leading example: an integrated commissioner and provider
- Strong focus on prevention and primary care
- Much lower use of hospitals than in the NHS
- Quality of care among best in class using national standards
The example of the VA

- Transformation from 1995-2000
- Ken Kizer changed VA from hospital-centred to integrated system
  - Bed day use fell by 55%
  - Outcomes and quality improved
- Kizer replaced a fragmented system with a series of regionally based integrated service networks
- Each network operated as a system of care within a capitated budget
Key characteristics of KP and the VA

- IT and the electronic medical record
- Specialists working alongside family doctors
- Doctors in leadership roles
- A culture of collaboration
- Aligned incentives: the hospital as a cost centre
- ‘It’s more sociological than technological’
The quest for integrated health and social care
A case study in Canterbury, New Zealand
Integration for people with mental health needs

- Mental health needs to be integrated with other health and social care services
- Mental health and primary care
- Mental health and long term conditions
- Mental health and acute care (RAID service in Birmingham)
- Mental health and social care
Bringing together physical and mental health
A new frontier for integrated care

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Matthew Honeyman
James Thompson
Helen Gilburt

March 2016
Making our health and care systems fit for an ageing population

Authors
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Catherine Foot
Richard Humphries
Shift to prevention and pro-active care

1. Age well and stay well
2. Live well with one or more long-term conditions
3. Support for complex co-morbidities/frailty
4. Accessible, effective support in crisis
5. High-quality, person-centred acute care
6. Good discharge planning and post-discharge support
7. Effective rehabilitation and re-ablement
8. Person-centred, dignified long-term care
9. Support, control and choice at end of life

10 integrated services to provide person-centred care
Integration around the needs of patients, users and carers

Co-ordinated care for people with complex chronic conditions

Key lessons and markers for success
The way forward?

- Focus on clinical and service integration
- Keep coming back to Mrs Smith: care integrated around the patient or user
- Develop a shared and inspiring vision for the future
- Pool budgets and share information about the people who need care
- Create the leadership to transform care
- Design ways of paying for care that support integration such as capitated or global budgets
Specialists in out-of-hospital settings
Findings from six case studies

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October 2014
Acting on the evidence

› Much hinges on skills in acting on the evidence and using the ingredients to deliver better outcomes

› This means having skilled chefs and equipment able to use the ingredients to produce the desired results

› Leadership must be in place capable of working across organisational and service boundaries

› Specialists and GPs need to work more closely with their teams
The practice of system leadership
Being comfortable with chaos

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May 2015
Is there a bigger picture?

- From fragmented care to integrated care to population health improvement?
- Health care organisations need to work with local government and third sector partners
- We need to ‘join up the dots’ to realise the potential
The focus of population health systems

- **Integrated care models**: Co-ordination of care services for defined groups of people (e.g., older people and those with complex needs).
- **Population health (systems)**: Improving health outcomes across whole populations, including the distribution of health outcomes.
- **Individual care management**: Care for patients presenting with illness or for those at high risk of requiring care services.
- **‘Making every contact count’**: Active health promotion when individuals come into contact with health and care services.

**Focus of intervention**

- Care services
- Health improvement

*The King's Fund* - Ideas that change health care
In summary

- Integration takes different forms and there is no evidence that one form works best.
- Clinical and service integration – not organisational integration – is what works.
- Integration does not come easily – successful examples are relatively rare.
- Integration is especially important for older people and people with multimorbidity.
- It's more sociological than technological.
Integrated care in Northern Ireland, Scotland and Wales
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