Understanding Integrated Care: What can Denmark learn from experience in England?

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Danes impressing the British...
To integrate, or not to integrate? That is the question.

(A good question for Danes! Apologies to William Shakespeare)
To help with your answer....

- There is a body of evidence to encourage you
- Important for you to have a way of thinking about integrated care (definition) ....
- ...but it is best understood as one end of a continuum of approaches to care
- Good people may well resist change, so you MUST anticipate barriers and plan how to overcome them
- There is no standard model to recommend
- This is a rare instance where it will be best to “reinvent the wheel”
Personal Introduction
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 fictional 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 practitioners to provide care to older people in need and to help them live independently in the community. The appointment of health and social care coordinators 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.
Focus of my work – and now yours?

- research
- policy
- applied research and development
- local management
- practice
Some broad perspectives on integrated care
12 years of the International Network of Integrated Care: Common patterns of fragmented care

• **Hospitals** – separately managed, often by a regional, charitable or private body

• **Primary Care** - often independent, but sometimes a municipal service

• **Community Health** – variety of models

• **Social Care** – almost always a municipal function

Other variables:

* State systems or mixed economies?
* Funded by Tax or by Insurance?
Whole System Working

- Services are organised around the user
- All the players recognise that they are interdependent and understand that action in one part of the system has an impact elsewhere
- The following are all shared: vision; objectives; action, including redesigning services; and risk
- Users experience services as seamless and the boundaries between organisations are not apparent to them

(Audit Commission, 2002)
Key concepts of Integrated Care

Grone & Garcia-Barbero (WHO) *IJIC (2001)*

- Aspects of integrated care: horizontal integration; vertical integration; and continuity of care
- Continuum: autonomy; coordination; integration
- Service improvement: access, quality, user satisfaction, efficiency
- A means to an end, not an end in itself
Are these the ends...for service users?

- Easier to access help
- Faster responses
- Simpler to get decisions (& no buck-passing)
- Better informed decisions
- Fewer errors
- Increased potential for flexible, innovative, tailored, safer care at home, with more scope for user control
Implementing Change

“All integration is local”

Classic studies exemplify the general difficulties of policy implementation

Pressman & Wildavsky, 1973

*Implementation: How Great Expectations in Washington are Dashed in Oakland; or Why It’s Amazing that Federal Programs Work At All’.*

Lipsky, 1980

*Street Level Bureaucracy: Dilemmas of the individual in public services*
Evidence of likely obstacles to collaboration and integration

The early literature in the UK exposed problems of implementation and practice, and which kept coming up, e.g.

- **Organisational**... *uncertain objectives and accountabilities; poor leadership, communication, IT support and training; resource difficulties, etc*

- **Cultural and professional**... *language, tribalism, protectionism*

- **Contextual**... *political differences; no monitoring/evaluation*

*Cameron et al (2000) Factors promoting and obstacles hindering joint working: a systematic review*
Lessons from England
Why integration of health and social care is difficult in England

Diagram:
- Department of Health
  - National Health Service (NHS)
    - Local Primary Care Trusts
      (Commissioner) [= "insurer"]
        - Community Healthcare Providers
          [becoming mixed economy]
    - Hospitals
      [limited mixed economy]
- Department of Communities and Local Government
  - Social Care Policy (£?)
    - Local Authorities
      - Social Care Assessment
        - Social Care Providers
          [Mixed economy]
  - £ (Council Tax 25%)
- Primary Health Care
  [mainly independent contractors]
Synergy between levels & functions is needed to sustain Integration

<table>
<thead>
<tr>
<th>Level or Function</th>
<th>Key Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>How will Partners work together? What Shared Vision, Boards, Agreements?</td>
</tr>
<tr>
<td>Strategy</td>
<td>Can resources be aligned or pooled (budgets, buildings, people) to achieve planned outcomes?</td>
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<tr>
<td>Provider Management</td>
<td>How can service providers be coordinated and jointly led?</td>
</tr>
<tr>
<td>Professional Practice</td>
<td>How to streamline local access by the public, share information, and respond?</td>
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What are we trying to achieve in NWL?

1) Improve patient outcomes and experience through collaboration and coordination care across providers (4 hospitals, 3 community providers, 93 GP practices, 5 social care organisations) with shared clinical practices and information

2) Over 5 years decrease hospital usage including emergency admissions by 30% and nursing home admissions by 10% for diabetics and frail elderly through better more proactive care

3) Reduce the cost of care for these groups by 24% over 5 years
Our business case addressed 5 key areas

1. Joint Governance
   Integrated Management Board with a shared performance and evaluation framework

2. Aligned Incentives
   through an innovative financial model

3. Information sharing
   to access and analyse data in a timely fashion

4. Patient, user and carer engagement and involvement

5. Organisation and culture development
## Synergy between levels & functions in Torbay

<table>
<thead>
<tr>
<th>Level or Function</th>
<th>Example from Torbay</th>
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<tbody>
<tr>
<td>Governance</td>
<td>Partnership Agreement, Single Board</td>
</tr>
<tr>
<td>Strategy</td>
<td>Single Commissioning Process</td>
</tr>
<tr>
<td>Provider Management</td>
<td>Single Organisational structure</td>
</tr>
<tr>
<td>Professional Practice</td>
<td>Single Point of Contact, triage, Integrated Local Teams</td>
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Where is Torbay?
Torquay’s Most Famous Citizen?
The champion of change in health and social care in Torbay – from late 2004
Single Assessment Process

Family and Friends

Specialist Services

Integrated Team
Key Changes Proposed

• General Management, with professional leadership
• Co-location, in 5 “zones” linked to local GPs
• Single point of contact
• Sharing IT

• To be piloted in Brixham/independently evaluated
• Learning together....
Stable and efficient local hospital: key partner
Torbay’s solution – by end of 2005

- South Devon Health Care (hospital)
- Torbay Care Trust (Commissioner) [= “Insurer”]
- Torbay Care Trust (Integrated Health and Social Care Services Provider)
- Social Care Assessment
- Social Care Providers [Mixed economy]
- Primary Health Care Grouped into 5 Zones
“My knowledge and experience of change in health and social services over the last 25 years or more is that it has always been difficult for fieldworkers, clinicians or practitioners to accept change because of their fear of a reduction in their ability to assist a client or patient. Generally, it feels that this is not how people see it now”

(Senior OT, questionnaire March 2005)
“I have to do two of everything” (2005)
<table>
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<tr>
<th></th>
<th>Autonomous</th>
<th>Coordinated</th>
<th>Integrated</th>
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<tr>
<td><strong>Vision &amp; values</strong></td>
<td>Individually determined</td>
<td>Shared commitment to improve the system</td>
<td>Common values, all accountable. User-oriented</td>
</tr>
<tr>
<td><strong>Objectives &amp; plans</strong></td>
<td>Individually determined</td>
<td>Complementary approaches; informal or time-limited agreements</td>
<td>Agreed mission statement; long-term united planning process using legislative framework and similar opportunities</td>
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<tr>
<td><strong>Access by public</strong></td>
<td>Each agency has gateway</td>
<td>Formal links and liaison between gateways</td>
<td>Single gateway, triage</td>
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<tr>
<td><strong>Assessment of needs</strong></td>
<td>Individual agency process</td>
<td>Clear shared understanding of each other’s process; ability to share information</td>
<td>Principles and roles agreed by all agencies, with single system used by one professional on behalf of others; shared process for selected patients</td>
</tr>
<tr>
<td><strong>Case management</strong></td>
<td>Individual agency process and system; cross-referral</td>
<td>Key workers and liaison; policy for information sharing</td>
<td>Shared caseload, with designated key workers able to act for others. Transitions easy</td>
</tr>
<tr>
<td>Decision making</td>
<td>Independent</td>
<td>Prior consultation, case conferences</td>
<td>Common process, shared delegated authority. Agreed conflict resolution process</td>
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<tr>
<td>Organisation and practice</td>
<td>Independent operation and development</td>
<td>Enhanced opportunity for communication and collaboration</td>
<td>Co-location; face-to-face encounters; formal team working. Planned development</td>
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<td>Resources</td>
<td>Used to meet self-determined objectives</td>
<td>Used complementarily, mutually reinforcing</td>
<td>Pooling; used according to agreed common framework, with management united; innovation</td>
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<tr>
<td>Records</td>
<td>Own system</td>
<td>User-held records, or similar agreed arrangements for access to each other’s records</td>
<td>Collective input to shared record system, IT based</td>
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<tr>
<td>Information</td>
<td>Used independently</td>
<td>Circulates among partners</td>
<td>Orient partners’ work towards agreed needs</td>
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Impact 5 years later?
Finally
“To integrate, or not to integrate? That is no longer the question”