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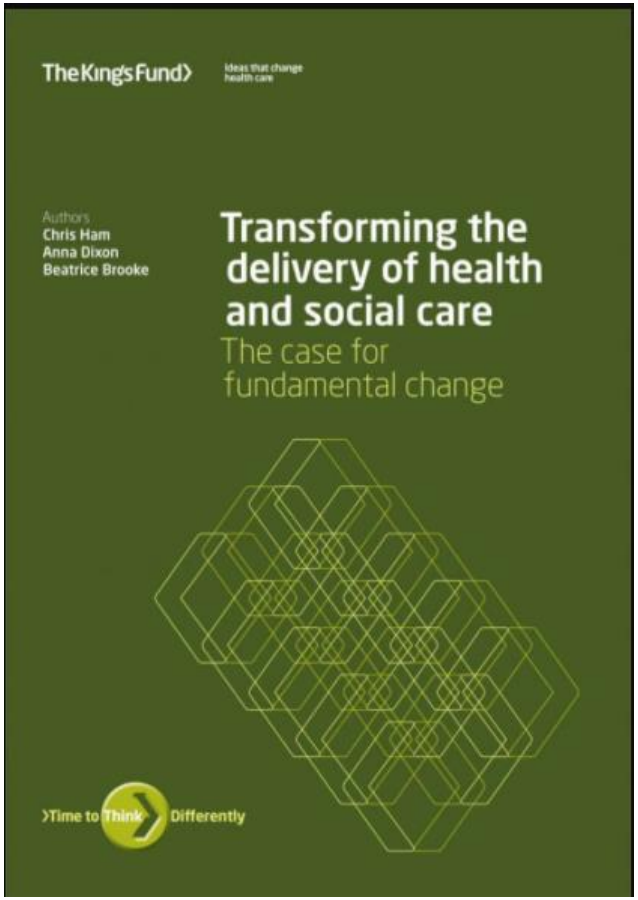
#EnhancedCommunityCare

Prof. Sir Chris Ham
Enhanced Community Care Conference 2022
Dublin Castle, Sep 1 2022

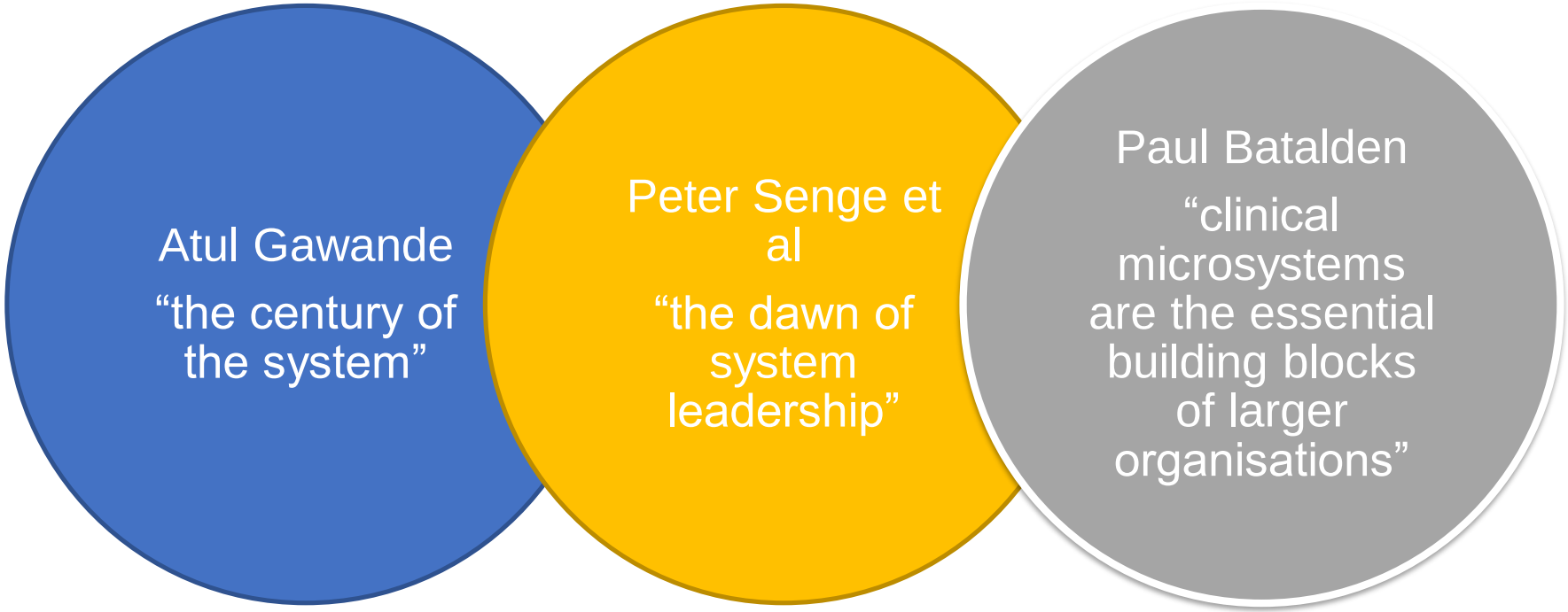
Integrating care: lessons from international experience

Professor Sir Chris Ham

1 September 2022


The King's Fund
Ideas that change health care
Authors
Chris Ham
Anna Dixon
Beatrice Brooke
Transforming the delivery of health and social care
The case for fundamental change
Time to Think Differently

The intellectual underpinnings



Intended for healthcare professionals

Papers

Hospital bed utilisation in the NHS, Kaiser Permanente, and the US Medicare programme: analysis of routine data

BMJ 2003; 327 doi: https://doi.org/10.1136/bmj.327.7426.1257 (Published 27 November 2003) Cite this as: BMJ 2003;327:1257

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- Accepted 26 September 2003

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Ideas that change health care

Author
Peter Thistlethwaite

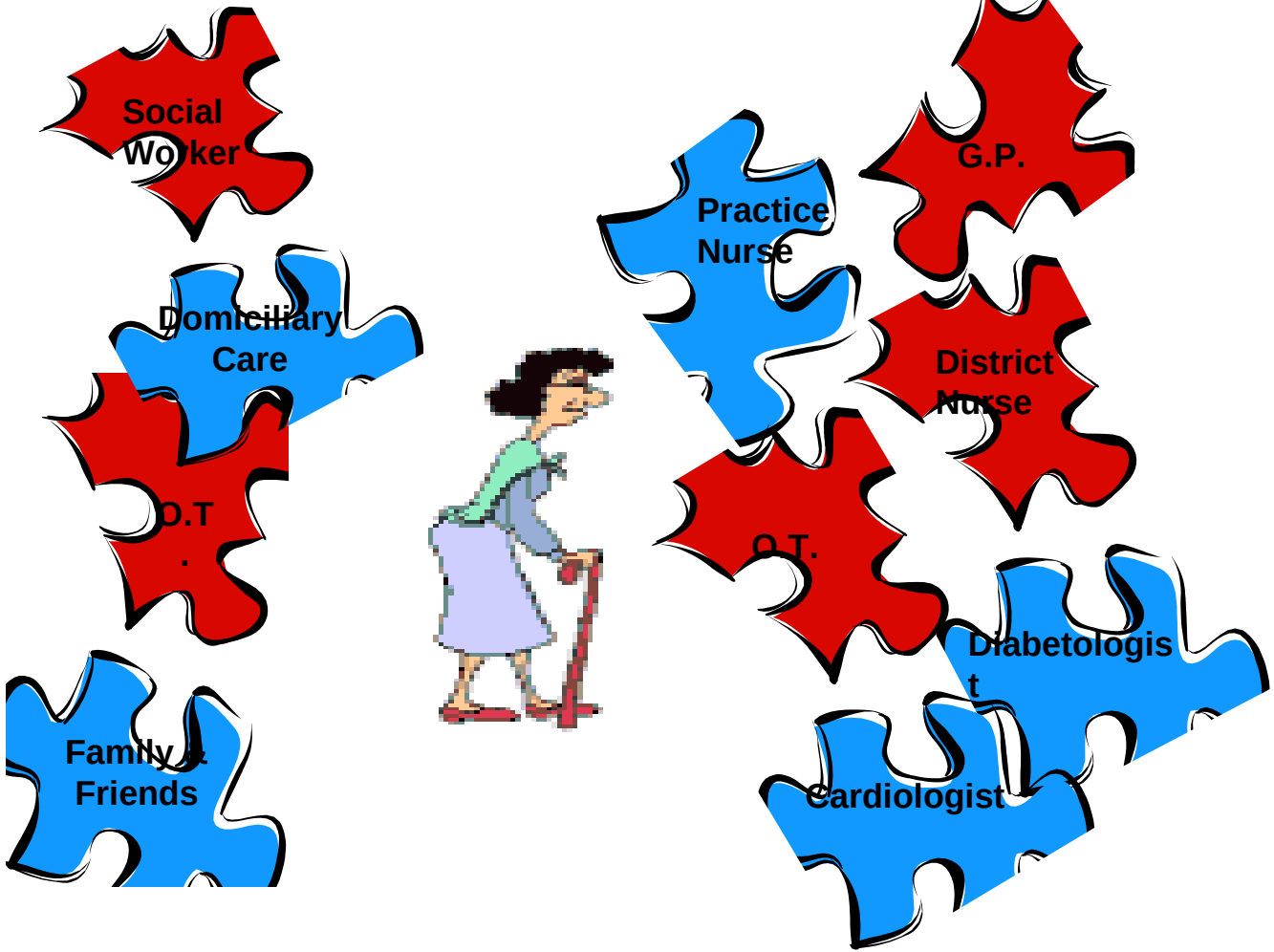
March 2011

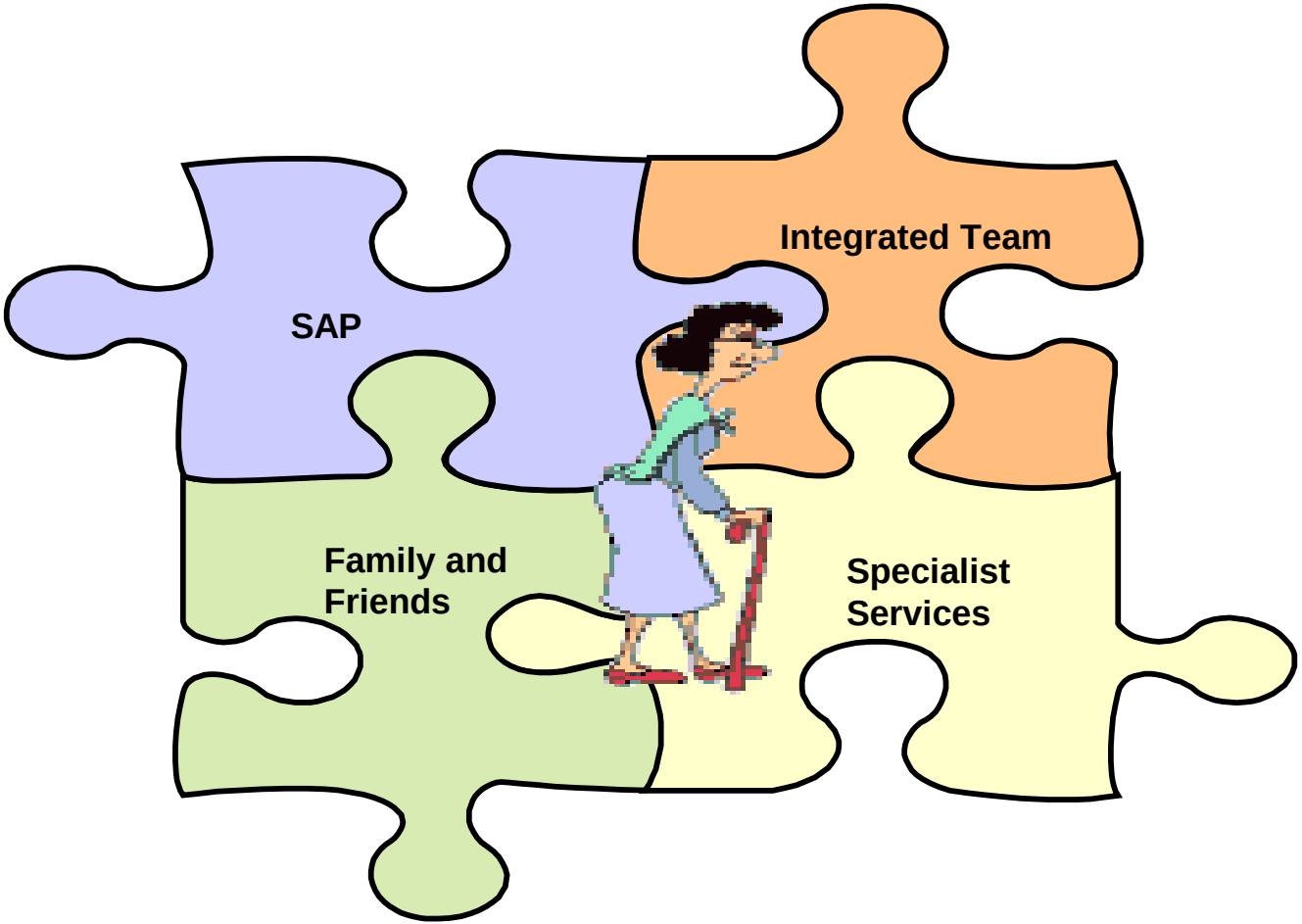
Integrating health and social care in Torbay

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.


Social Worker
Domiciliary Care
O.T.
Family & Friends
Practice Nurse
G.P.
District Nurse
O.T.
Diabetologist
Cardiologist


Integrated Team
SAP
Family and
Friends
Specialist
Services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Authors
Nicholas Timmins
Chris Ham
The quest for integrated health and social care
A case study in Canterbury, New Zealand

Canterbury's Integrated Care System

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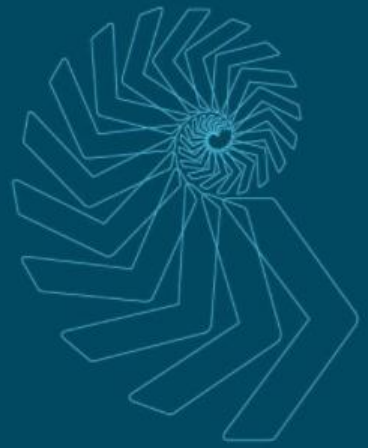
Authors
David Oliver
Catherine Foot
Richard Humphries

Making our health and care systems fit for an ageing population



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South Warwickshire NHS Foundation Trust

NHS

Putting the principles into practice:

Principle 3 – Establish systems and processes for frail people and their families

Challenge

Like all Trusts, we need to avoid inappropriate admissions and ensure that admitted patients spend the minimum time in the hospital.

At South Warwickshire NHS Foundation Trust we had already introduced several new processes and approaches to help improve patient flow. These included extended working hours (including weekend working) and focusing on 'today's work today'. Our latest project focused on frailty.

Insight

We recognised that once patients living with frailty arrived at the hospital, they can all too easily end up staying there longer than beneficial to their wellbeing. Our frailty process needed to resolve this.

We also identified that although our data showed that peak attendance for over 75s at the hospital was between 8am and 8pm each day, our frailty team were only working until 5pm, therefore missing a good chunk of the evening peak.

where best next?

Solution

We put in place a process where patients suitable for same day emergency care and short (1-5 days) stays are identified immediately following ambulance drop off. Instead of being assessed in the Emergency Department (ED), they are transferred seamlessly to our specialist Frailty Assessment Unit (FAU). This frees up ED cubicles and releases the nurses to concentrate on other emergencies.

Once patients are in the FAU, we use a 'pit stop' approach where several multidisciplinary specialists assess them at the same time. This helps to speed up the time it takes to assess their needs, makes communication between the teams easier and encourages teamwork.. Everything possible is done to facilitate same-day discharge.

For those needing admission, the paperwork is then completed, and a comprehensive management plan is put in place at the FAU before admission. The same team cares for them in the short stay ward until discharge, allowing for continuity of care. We give patients and their families leaflets to set expectations and encourage a home first mindset. Patients are also encouraged to stay in their own clothes and remain mobile. Following discharge, we have introduced follow-up calls from the community team for up to six visits.

We also ran a two-week pilot to see whether frailty staff working until 8pm (covered by staff goodwill for the duration of the pilot) would give a better outcome for patients.

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Specialists in out-of-hospital settings

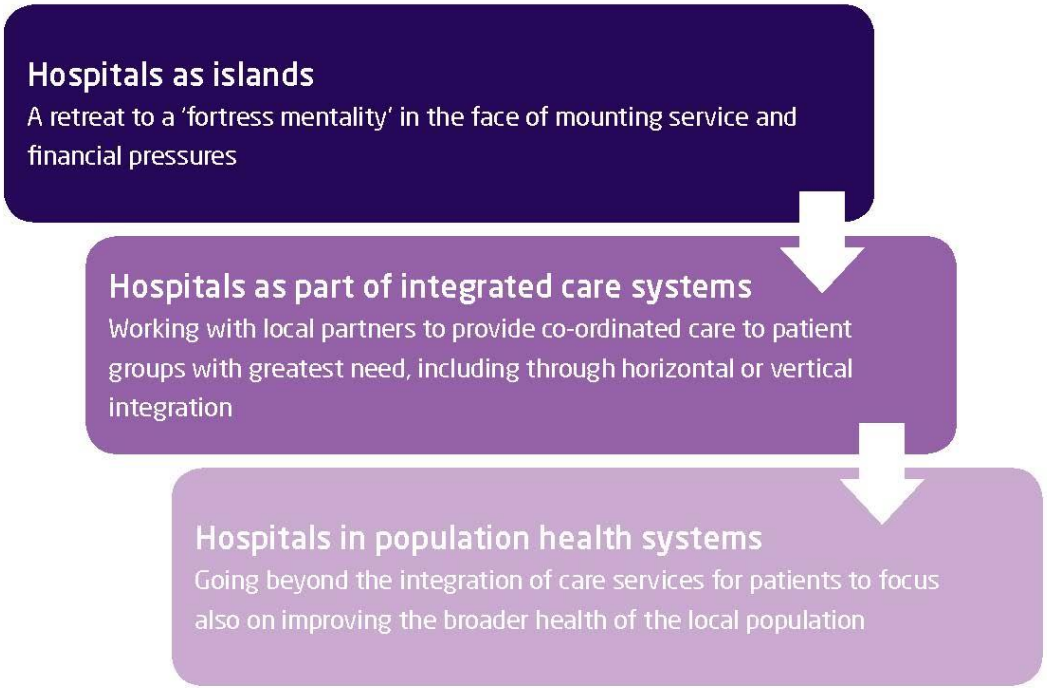
Findings from six case studies

Authors

Ruth Robertson
Lara Sonola
Matthew Honeyman
Beatrice Brooke
Suruchi Kothari

October 2014

Figure 1 Scenarios for the future of acute hospitals



Population health in action: Wigan in Greater Manchester

Impact and Achievements

Women's Healthy Life expectancy= 62.6yrs now at Eng average range. Since 2012-14 Wigan's ↑**17 months** (NW ↑7 months, Eng reduced↓1month).

Men's Healthy life expectancy worse than England 60.5 years currently but since 2012-14 has ↑ **13 months (NW ↑ 2 months,** Eng ↔

3rd fastest improvement in care home quality nationally

100% of directly delivered services rated 'good' or 'outstanding' by CQC

Wigan is the happiest place to live in Greater Manchester

72% of residents strongly believe that they belong to their local area

A balanced budget with growth earmarked 18/19 . **£26m** of cashable efficiencies simultaneous to improving services & outcomes

Getting people home from hospital: Wigan best in North West and 5th in country

Admissions to nursing residential care have reduced **15%** and at a faster rate than the England average

75% of residents supported by our CQC rated (twice) outstanding re-ablement service require no further on-going social care support

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The practice of system leadership

Being comfortable with chaos

Author

Nicholas Timmins

May 2015

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In association with National Voices

National Voices
People shaping health and social care

People in control of their own health and care

The state of involvement

Authors

Catherine Foot
Helen Gilburt
Phoebe Dunn
Joni Jabbal
Becky Seale
Joanna Goodrich
David Buck
Jeremy Taylor

November 2014

1 Engaging people in keeping healthy

2 Shared decision-making

3 Supported self-management

8 Evaluating services through feedback

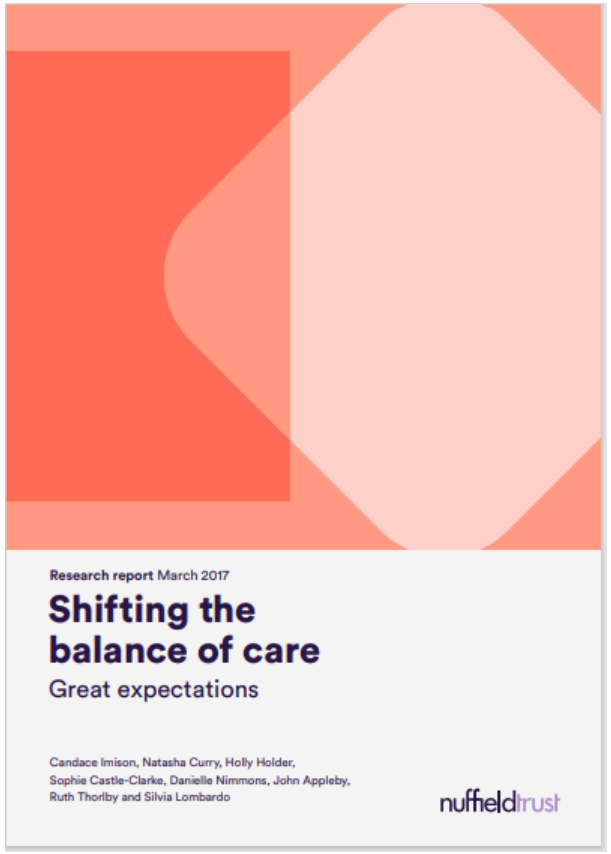
Eight priorities to transform individual involvement in health and care

4 Personal health and social care budgets

7 Participation in research

6 Choice of provider

5 Involving families and carers


Research report March 2017
Shifting the balance of care
Great expectations
Candace Imison, Natasha Curry, Holly Holder, Sophie Castle-Clarke, Danielle Nimmons, John Appleby, Ruth Thorlby and Silvia Lombardo
nuffieldtrust

Lessons in summary

Keep the person and the patient at the forefront of this work

Focus on the continuum of care and patient flow

Avoid polarised thinking

Support clinicians and other staff to take the lead

Use an improvement methodology to implement change

Keep systems at the forefront and invest in system leaders