

Better Care Fund – Integration Executive

Integration Resources - November 2017

A. NICE Guidance: Intermediate Care including Reablement

This guideline covers referral and assessment for intermediate care and how to deliver the service. Intermediate care is a multidisciplinary service that helps people to be as independent as possible. It provides support and rehabilitation to people at risk of hospital admission or who have been in hospital. It aims to ensure people transfer from hospital to the community in a timely way and to prevent unnecessary admissions to hospitals and residential care.

For more information, please visit

https://www.nice.org.uk/guidance/NG74?dm_i=4O5,56ESY,84RYTQ,JX3RK,1&utm_role=Commissioner&utm_sfid=003G0000014eJG4IAM

B. How to use metrics, measures and insights to commission person centred coordinated care

A Commissioners' guide on this topic area has been produced in three different formats. To see the guides, please visit:

Short guide: http://p3c.org.uk/P3C_CommissionersGuide_Navigation.pdf

Medium guide: http://p3c.org.uk/Commissioners_guide_med.pdf

Big guide: http://p3c.org.uk/P3C_CommissionersGuide.pdf

C. Integration 2020 workshops: how do we measure and support progress towards integrated health and care?

The Social Care Institute for Excellence (SCIE) will produce a report from these workshops for the Department of Health to consider. Next steps will be publicised on the SCIE website <https://www.scie.org.uk/integrated-health-social-care/integration-2020>. It is also possible to register for the SCIEline ebulletin via <https://www.scie.org.uk/myscie/register>

D. Avoidable attendance and admissions in long term conditions

The National Institute for Health Research is undertaking a big data study piloting the Yorkshire and Humber region's first emergency and urgent care routine dataset linking pre-hospital and hospital data, which has the agreement of all 13 acute hospital NHS trusts in Yorkshire and Humber and Yorkshire Ambulance Service NHS Trust to participate. The theme will continue to collaborate with partners to develop high quality evidence to answer key local NHS and user priorities in emergency and urgent care.

For more information please visit <http://clahrc-yh.nihr.ac.uk/our-themes/avoiding-attendance-and-admissions-in-long-term-conditions>

E. Glossary for NHS and local government finance and governance

Financial regimes, cultures and terminology differ between health and local government and can lead to confusion. This publication, produced by the HFMA and CIPFA, provides a glossary of terms used frequently in relation to finance and governance in the NHS and local government.

To view the glossary, please visit <http://www.cipfa.org/policy-and-guidance/reports/glossary-for-nhs-and-local-government-finance-and-governance>

F. New care models: harnessing technology

Rising demand for services, constrained funding and a multitude of workforce challenges require us to think differently about the way we deliver health and care services to meet people's needs and expectations.

Digital tools are key part of the answer to this set of challenges, and the NHS Five Year Forward View outlined ambitious plans to deliver a step-change in how health and care services use technology.

This publication explores how five vanguards are implementing innovative digital technology solutions at the heart of a new approach to care.

The report describes how the starting point for any project introducing new technology should be the perspective of the end users. Technological solutions should be co-produced with people who use services and clinicians to ensure that the solutions are anchored in their needs and experiences.

Read more at: <http://www.nhsconfed.org/resources/2017/09/new-care-models-harnessing-technology>

G. Government outcomes lab

This is a new programme, jointly funded by HM Government, researching innovative public sector commissioning to achieve better social outcomes.

For more information please visit <http://golab.bsg.ox.ac.uk/>

H. Recommended book: Integrated care is better, cheaper and difficult to realise

Integrated care improves health, increases quality of care and lowers costs. These three goals, this Triple Aim in other words, are achieved in many

examples from all over the world: from Alaska to New Zealand, from Western Europe to South Africa. However, disseminating all these good examples is easier said than done, as nationwide implementation means the simultaneous realisation of the following six components of integrated care:

1. Multidisciplinary care pathways and decision trees
2. Patient self-management and shared decision-making by patients and professionals
3. Guaranteeing professional and patient- perceived quality
4. Population-based funding and shared savings
5. An Electronic Health Record and e-health
6. Servant leadership and a strategy for change management.

These are the conclusions Guus Schrijvers draws in his book *Integrated Care: better and cheaper*. His conclusions are based on more than 500 studies from the 1960s until mid-2016. In addition, he also draws on his own 45 years of experience with research into integrated care. Examples hail from the Netherlands and other countries with social health insurances, from countries with free-market healthcare and from countries that pay healthcare with tax money.

The book counts 291 pages, twenty chapters and an electronic attachment with hundreds of good, and also less good, examples. The chapters have been organised into six parts: one for each of the abovementioned components.

This book is a must-read for everyone who wants cooperation in healthcare: professionals, patient representatives, leaders, innovators, policy makers, students and their teachers.

Guus Schrijvers is a health economist and emeritus professor at the Julius Center of the UMC Utrecht. He is Founder and former Chair (until 2017) of the International Foundation of Integrated Care. For many years, he was chief editor of the *International Journal of Integrated Care*. He has published hundreds of articles and numerous books.

For more information please visit

<http://mailchi.mp/integratedcarefoundation/integrated-care-better-and-cheaper-by-professor-guus-schrijvers?e=dc493dad4b>

I. What happens when people leave hospital and other care settings?

A new briefing launched on 5 October 2017 by Healthwatch England, 'What happens when people leave hospital and other care settings?' outlines where important steps have been made towards improving the discharge process for patients. The 2,083 stories taken from people across the country and used to compile the findings continue to show significant variation. This highlights the need for good practice to be spread and properly evaluated, to ensure it is having the right impact.

In 2015 Healthwatch England's 'Safely Home' inquiry (which also had contribution from Healthwatch Leicestershire) helped to galvanize system-wide

leadership to tackle the underlying problems of transferring patients between services. Yet it is clear, from NHS statistics such as the numbers of delayed transfers of care hitting record levels, that the challenge is still growing.

This new briefing by Healthwatch England looks at what 46 local Healthwatches heard about people's experiences of the discharge process since 2015, including research taken from Healthwatch Leicestershire.

Key findings include:

- People still don't feel involved in decisions or that they have been given the information they need, including advice on possible side effects of new medications or who to call for advice out of hours
- People continue to experience delays and a lack of co-ordination between services, highlighting specific problems with hospital pharmacy services, patient transport, and care homes or family members not being notified when people are about to be discharged
- People feel left without the services and support they need after leaving hospital, with discharge plans not considering patients' other clinical needs or home environment, including whether or not patients have carer responsibilities

Healthwatch is calling for a fuller understanding of what's happening in local areas, with local leaders urged to use the experiences of the people behind the delayed transfers of care statistics to identify where improvements can be made.

Healthwatch Leicestershire has received two formal responses to their recommendations from University Hospitals of Leicester NHS Trust. One related directly to staff training and the other related to medication, delays and cultural change.

The experience of a 75 year old lady, highlighted in 'The Lived Experience of Hospital Discharge' report was very typical of what Healthwatch Leicestershire, and indeed many other local Healthwatch organisations, has heard about problems of coordination of services and communication with patients during the discharge process.

"I was asked to vacate my bed space by 11.00am for a new admission, so I stayed in a day room for 6 hours, only to be told that my medication and discharge letter was not complete.

"I had to prompt the staff to give me antibiotics, whilst waiting in a day room, so that no doses of medication were missed, but they had nothing for me.

"I felt very unwell in the day room on chair for 6 hours and by the time I got home I felt more poorly than before I was admitted."

"My son took me home and had to pick up my medication at 6.00am the next morning from the hospital."

The new Healthwatch briefing highlights a number of approaches that are already helping to reduce delays getting people out of hospital, such as 'Discharge to Assess' and 'Red2Green'. However, wherever they are introduced, new programmes must be evaluated to ensure they are having the right impact, and that people are getting home safely and efficiently.

Imelda Redmond, National Director of Healthwatch England, said:

“Getting people out of hospital and safely home is not about a single point in time. It is an ongoing process that requires thought, planning and support before, during and after the moment someone is actually discharged. Things work best when staff in all services work together to provide a seamless experience.

“Whilst we heard plenty of positive stories from people moving between hospitals, care homes and their own homes, the number of people stuck in hospital waiting to leave has increased significantly. From what people tell us, it is clear many of the common problems around communication and coordination are still ongoing. Healthwatch will continue to play our part, working with hospitals, community services and the public to improve people’s experiences.”

To view the report please visit:

http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20171004_what_happens_when_people_leave_care.pdf

J. Have your say about adult social work in England

The Adult Social Work Priority Setting Partnership wants to find out what research needs to happen in future to make social work with adults even better. To do that, we have made a survey that we would like people to complete.

For more information please visit <http://www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/>

K. Westminster Health Forum keynote seminar: next steps for health and social care in Greater Manchester: collaboration, innovation and the future for devolved services

The agenda for this event, which is taking place on Wednesday 22 November, is available via <http://www.westminsterforumprojects.co.uk/forums/agenda/health-and-social-care-in-Manchester-2017-agenda.pdf>

Booking information is available via <http://www.westminsterforumprojects.co.uk/book/health-and-social-care-in-Manchester-2017>

L. Bright Futures: getting the best for children, young people and families

Making sure all children and young people can have the bright future they deserve is a key ambition of every council. But our children’s services are under increasing pressure - facing a £2 billion funding gap by 2020.

This paper published by the Local Government Association sets out seven clear priorities for coordinated action across the public, community and voluntary sectors, which we believe will help drive the improvement necessary to consistently offer the brightest future for children and families.

If we want to make sure every child and young person can look forward to a bright future, local and national government must be united in their determination to get the best.

To view the report please visit <https://www.local.gov.uk/bright-futures-getting-best-children-young-people-and-families>
