



# Delivering Integrated Care Masterclass

Introduction to Masterclass – Better Care Support Team  
**and**  
Integrated care: the journey – Prof Paul Corrigan



# Delivering Integrated Care Masterclass

Better Care Support Team welcome



# Introduction

This series of Thematic Masterclasses aims to support local areas through the development and delivery of their Better Care Fund plans by:

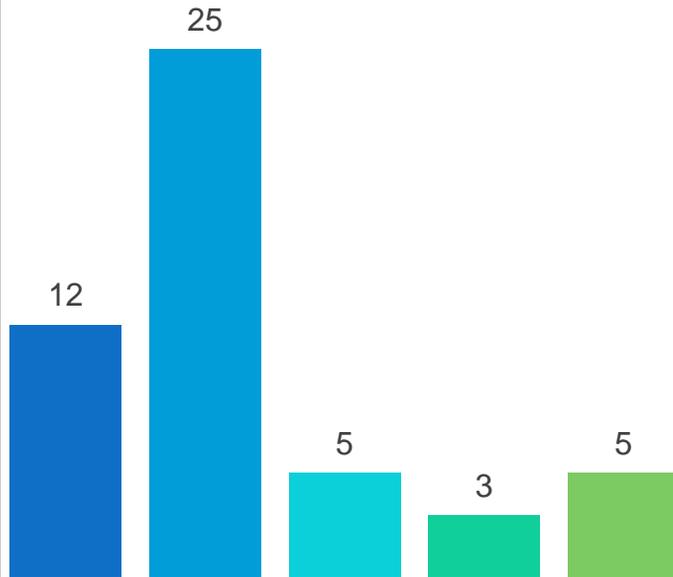
- Sharing learning and insight with local areas about how to overcome some of the challenges associated with integrated care.
- Enabling professionals from one area to share ideas and solutions with those from another.

Delivering integration is not easy. However, local areas are driving forward and implementing schemes that are making a change.

# Sharing learning

## SUMMARY OF ATTENDEES

■ CCG ■ LA ■ CCG/LA ■ NHSE ■ Other



## LEARNING OUTCOMES

Practical tips, tools and ideas

Insight into what other areas are doing and how they make progress

Step back to reflect on why, what and how

Networking and practice exchange

Understanding of the big picture and how it all links together

Preparation for the future

# Speakers and workshop leads

**Professor Paul Corrigan CBE** is one of the UK's leading opinion formers on integrated care. Paul has held senior posts within central and local government, and is currently a board member at the Care Quality Commission and a strategic advisor on New Models of Care. Paul has also been a Better Care Advisor on the national BCF support programmes over the past three years.

**Hannah Miller OBE** is a qualified social worker with a long and varied career in social services management including as Executive Director Adult Services, Health and Housing and Deputy Chief Executive at London Borough of Croydon. Assignments since her retirement at the end of 2014 include the National Helping People Home Team at the Department of Health and Better Care Advisor. Hannah is also a senior SCIE associate.

**Lisa Larsen** is Chief Operating Officer at PPL and has delivered a wide range of better care support both nationally and locally. She has over 15 years of experience supporting and promoting public value creation in the UK and beyond, working with leaders to shape policy and practice in ways which improve social outcomes in a sustainable way.

**Joe Nguyen** has extensive experience delivering better care support, both as part of previous phases of the national support programme and directly for local areas across England. Joe is leading PPL's work on Section 75 and DTOC and is programme director for a large hospital discharge transformational programme across North West London.



# Delivering Integrated Care Masterclass

**Integrated care – the journey**

**Prof Paul Corrigan**

Health, local government and social care consultant

# Summary

**The hard work of integrating health and social care can be characterised by three main issues.**

**First, for a decade now there has been a variety of different policy drivers trying to provide the framework for integrated care.**

The fact that these have differed tactically over the decade does not signify the fact that governments cannot "make up their mind". Rather it designates the strategic importance of the agenda. Every major health care system in the world is struggling to better integrate health and social care. None are finding it simple and all will be working on it as an issue for many years to come.

**Second, in practice this is a very difficult issue to achieve.**

Over 70 years we have set up a resolutely fragmented system which is now out of synch with the co morbidity that is normal for most older people. Those involved in creating integrated care find it difficult because they are challenging 70 years on institutional, professional and cultural fragmentation

# Summary (cont)

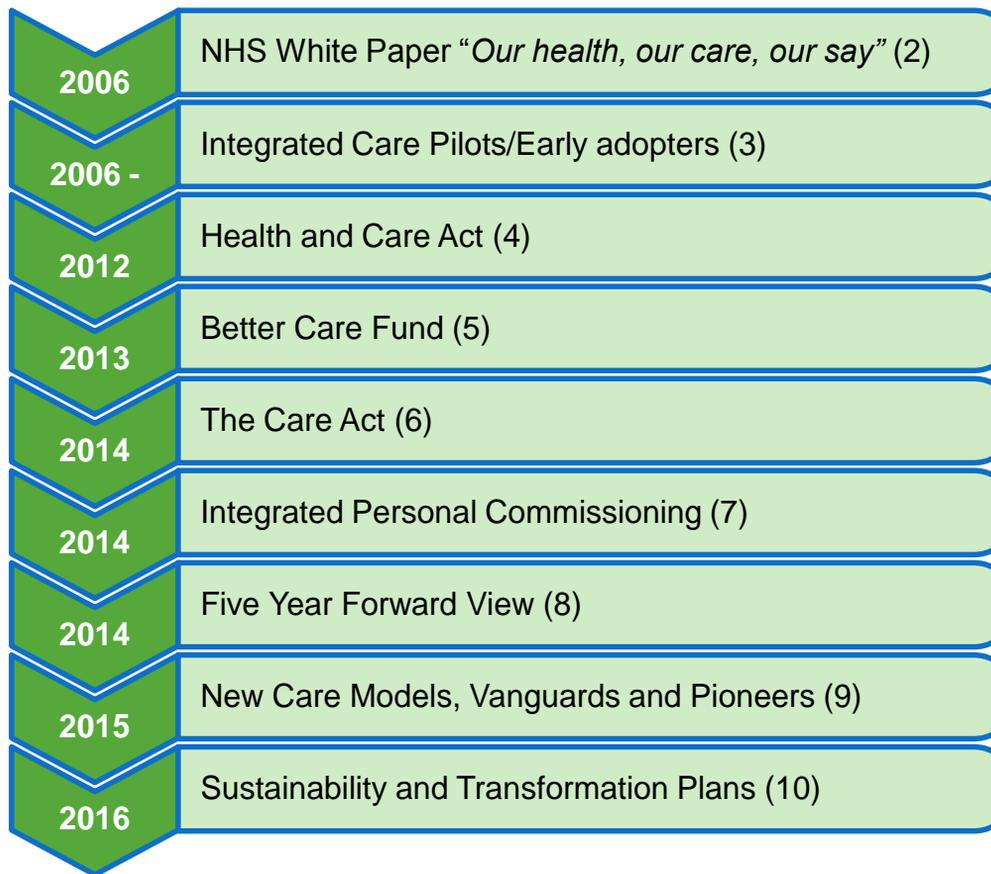
**Third, however over the decade of policy we have learnt four sets of clear lessons**

1. Leaders of organisations who want practice to be integrated need to daily demonstrate their commitment to integration
2. Real integrated practice needs to involve the public their carers and communities as a set of assets that can be used to much better self manage care
3. Front line staff have a very clear experience of the failure of fragmented care and therefore have a vital role to play in the drive for coordinated care
4. Operational managers need to understand and agree with the moral imperative for integration

Prof Paul Corrigan

Health, local government and social care consultant

# A decade of driving health and social care integration



## Integrated Care

Individuals and organisations working together to create joined-up, integrated care that is centred around patients' needs

**Kings Fund (1)**

# It's hard, but worthwhile

Disjointed care • Fire-fighting  
Silo-working • Un-met needs  
Wrong place, wrong time



Improved patient experience  
Better outcomes, higher quality and lower cost of care  
Consistent and compelling narrative:  
*What is best for Mary?*

*“Integrating the health and social care sectors is a significant challenge in normal times, let alone times when both sectors are under such severe pressure. So far, benefits have fallen far short of plans, despite much effort.”*

# The goal? The National Voices Narrative for Integration <sup>(11)</sup>

## **My goals / outcomes**

*All my needs as a person are assessed*

## **Care Planning**

*I can decide the kind of support I need and how to receive it*

## **Communication**

*I am listened to about what works for me, in my life*

## **Person centred coordinated care**

*“I can plan my care with people who work together to understand me and my carers, allow me control, and bring together services to achieve the outcomes important to me.”*

## **Decision making including budgets**

*I am as involved in discussions and decisions about my care, support and treatment as I want to be*

## **Information**

*I have the information, and support to use it, that I need to make decisions and choices about my care and support*

## **Transitions**

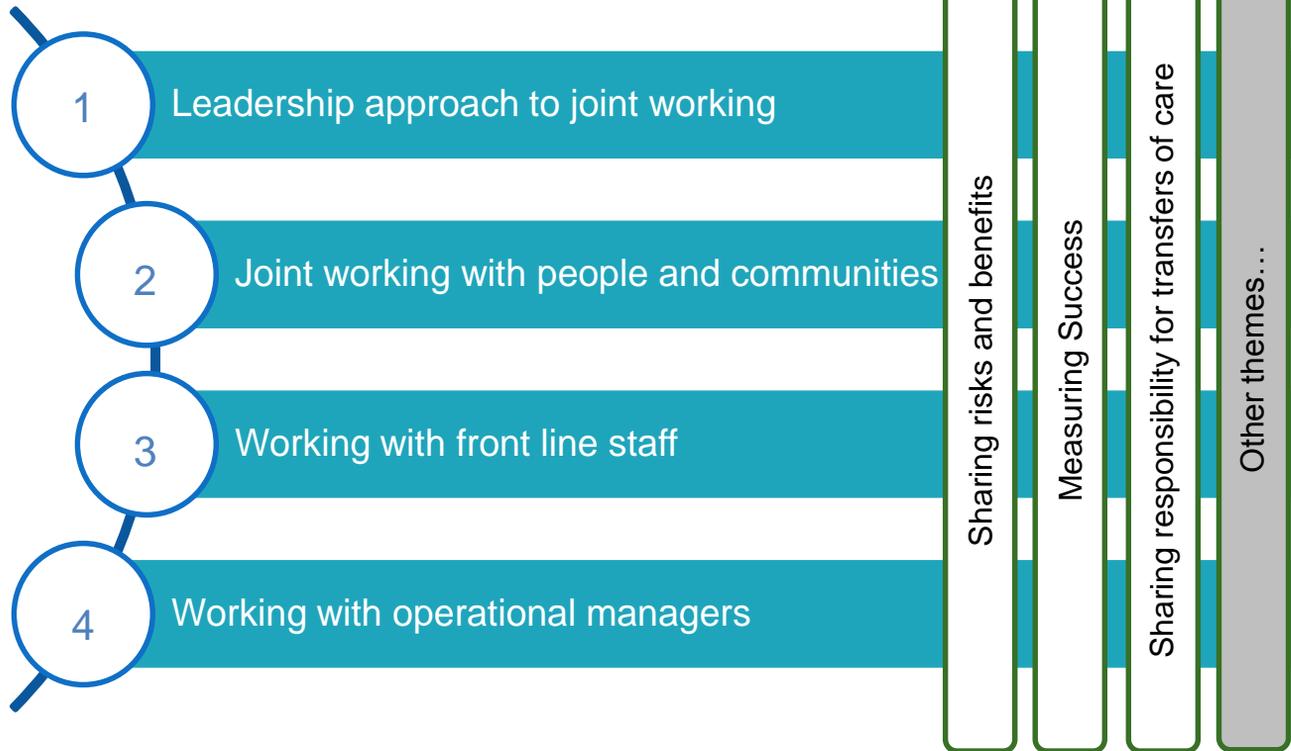
*When I move between services or settings, there is a plan in place for what happens next*

# Why is it so hard?

- **Culture** (“*the way we do things round here*”) has been built up within very separate organisations in different parts of the NHS and social care
- **The separate organisations** have been underpinned by **separate professions**
  - Within each separate areas individuals are working well
  - But it is not joined up and organised around the broad range of needs of the person they serve
  - As a result, a person who expects a joined up service experiences deep fragmentation that may make sense for each individual organisations but not for people who expect a pathway
- **The aging population** often with more than one chronic condition – and it is much more of an issue in 2017 than it was in 1987!



# The four main lessons from the past 10 years



# 1. You need... strong leadership

**Behaving as one group** and choosing not to be constrained by organisational governance and bureaucracy etc.

**Modelling integrated relationships** strong leadership in practice

**Working culture across organisational** boundaries, creative, innovative, taking risks together

**Interest in each others' KPIs** e.g. shared few (AA avoidance, reduced care home admissions or domiciliary care packages, increased reablement access)



Independent support to facilitate **culture change management** engaging front line staff

National Voices '**1 statements**' underpin the process

**Long term vision** – there are no quick fixes and the challenge is sustaining the change when individual leaders leave

## 2. You need... joint working with people and communities

Citizens, service users, patients the same individuals are called different things and treated very differently. **MUST** have a **common language for people**

Too many have become used to having to **tell their story many times** and being treated as body parts rather than people

People usually treated kindly but as deficits with **little attention paid to the different cultural and experiential assets** that they have



Too often the crucial asset of their **independence is squandered**

Too often **voluntary organisations are ignored**

Communities are **not seen as a repository of assets** that can co-produce outcomes

### 3. You need... committed and empowered frontline staff

The only way to change people's experience is by **engaging front line practice**

**Strong leadership** – really making sure people really understand where we are going and behave in a way to show people the journey not telling people

**Working with GPs** to change the way they have worked for many years.

**Investment** – Visiting surgeries to explain how we want to change practice for the benefits of service users, how the system may work differently



**Inter-professional practice** – moving beyond fragmented working, use of one shared care plan (now called an Iplan) building on the concept of I statements

Health and social care managers at all levels in the teams **working in partnership** has been a significant enabler

Shared access to training and development opportunities – **joint learning** sessions

**Staff engaged and feeling confident** to be creative and continue to develop ideas, support to implement change, share good practice and encourage others to do so

## 4. You need... operational managers that work across boundaries

**Co-location and integrated management structure** for all integrated teams

**Joint learning** – being reflective/reflexive

**Well designed team meetings** to encompass of both health and social care agenda

**Encourage/empower people** to be confident to articulate challenges and difficulties, in a solution focussed way. On balance notice and celebrate successes



**Understand health and social care** business, culture, priorities, duties etc. as much as possible, but model that its OK not to know everything and that learning will evolve and develop

Take time to **understand the individuals**, use annual appraisal to develop a wider perspective of learning

**Build confidence in the staff** to be able to approach either the health or social care manager to ask core questions about service users

Use case studies which were led by staff to **showcase innovative integrated practice** to help share with the rest of the team and spread the word/demonstrate the value

# Better Care Fund – 2017-19 update

Better Care Fund policy framework will be published soon (not on the 24 March).

The fund will include new money for social care announced in the budget – paid to local government, but with conditions to include in the fund. This will be added to the Improved Better Care Fund

IBCF grant should be spent on

- providing stability and capacity in the social care market and relieving pressure on the NHS
- Implementing the high impact change model on managing transfers of care.

The CCG contribution to social care remains and the NHS Mandate published recently confirms that it will increase with inflation from the 2016/17 baseline

There will be four national conditions –

- Joint agreement of plans
- Maintenance of social care (from CCG minimum)
- Ring-fenced amount for spending on out of hospital services (£1 billion nationally)
- Managing transfers of Care (through implementing the high impact change model for managing transfers if care).

# Policy Framework



## Big picture

- More on integration
- Two year planning cycle 2017-19
- Invitation to join first wave of graduating areas
- New grant to LAs for social care - IBCF



## Changes to conditions

- Reduction in number of national conditions
  - Jointly agreed plan
  - Social care maintenance
  - NHS commissioned out of hospital services
  - Managing transfers of care



## Metrics

- Remain the same as 2016 /17

# What does the future hold?

**National and international change is all in this direction**

**Barriers wont go away and this remains very hard**

**Transformation needs to happen at pace and scale**

**50% of everyone in the country should experience a new model of care by 2020**

**Integration  
2020**

# Where next? Step up to your place

The Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA), NHS Clinical Commissioners and NHS Confederation have come together to describe what a fully integrated, transformed system should look like.

## Two core modules

- **Do you have the essentials for the integration journey?** broad characteristics of systems capable of turning shared ambitions for integration into reality for local people
- **How ready for delivering integration is your health and care system?** practical arrangements required across a health and care system for securing sustainable and transformed services.

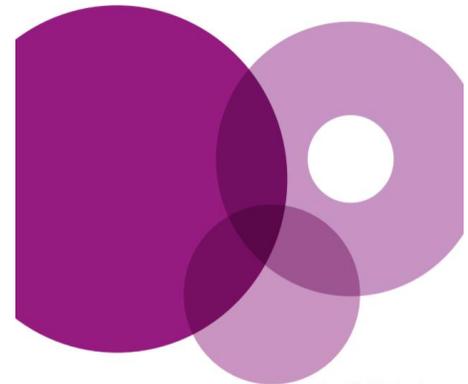
## Two optional modules

- **Effective governance for delivering integration**
- **Effective programme management for delivering integration**

...and a simple **action planning template** to capture actions whilst working through the tool (12).



**Stepping up to the place:**  
Integration self-assessment tool



# Useful links

1. [King's Fund, Integrated Care Site](#)
2. ["Our health, our care, our say"](#)
3. [Integrated Care Pilots](#)
4. [Health and Care Act 2012](#)
5. [Better Care Fund](#)
6. [The Care Act 2014](#)
7. [Integrated Personal Commissioning](#)
8. [NHS Five Year Forward View](#)
9. [New Care Models, Vanguards and Pioneers](#)
10. [Sustainability and Transformation Plans](#)
11. [The National Voices Narrative for Integration](#)
12. [LGA: Stepping Up to the Place](#)
13. [Integrated care and Better Care Fund Policy Framework 2017-19](#)