

Integrated services and new care models



What this slide deck is for

The Department of Health brought together a small group of partner organisations including NHS Employers, LGA, Skills for Care, HEE, NHS England and ADASS to help build a national picture of the workforce implications of the integration of health and social care and to summarise how they are being addressed by various delivery models, initiatives and policies across England. The project was set in the context of the aims of the Five Year Forward View and worked towards the following aims:

- To identify and evaluate emerging models of workforce integration in pioneer and vanguard sites
- To consider how roles such as apprenticeships and nursing associates can be used in the integrated workforce
- To review the evidence on new roles and their impact
- To identify enablers and barriers to integration at local level and how national policy can help to support local service providers

Each of the models and initiatives identified was examined for achievements and challenges under headings described as the “four Cs”:

- **Capacity:** new roles, effective use of different roles working collaboratively, person-centred, programmes, recruitment
- **Capability:** skills, competencies, opportunities, apprenticeships
- **Co-ordination:** complementary services
- **Culture:** leadership, registered/locality managers, graduate scheme, behaviours, values

The outcomes of the analysis are summarised in this slide deck to help in local discussions and research.

The sources investigated were grouped into five distinct strands:

Locally based initiatives

- Vanguards
- Pioneers
- Integrated personalised commissioning sites

Policy Drivers

- Out of hospital and urgent care programme

Case studies

- Salford Together
- Brent & Harrow CEPN
- Dutch Buurtzorg
- East of England LGA case study of Buurtzorg

Operational/delivery

- Sustainability & transformation plans
- Better Care Fund

Reports/reviews

- King's Fund report
- One Year on for Pioneers
- Vanguards Update

The sources are summarised here and each one is analysed on a separate slide

Vanguard sites	<ul style="list-style-type: none">• Vanguard sites take a lead on the development of new care models which will act as the blue print for the NHS moving forward and the inspiration to the rest of the health and care system.
Integrated personalised commissioning sites	<ul style="list-style-type: none">• Delivered through enhanced multi-disciplinary teams within care co-ordination hubs, usually located in primary care and drawing together generalist, social, mental health and specialist care with the voluntary sector.
Pioneers	<ul style="list-style-type: none">• Pioneers are early implementers of integrated care delivery, utilising the expertise of the voluntary and community sector, with the aim to improve care, quality and effectiveness of services
Devolution	<ul style="list-style-type: none">• Areas across England explore 'deals' with the Government to devolve services and funding to a more local level
General practice forward view	<ul style="list-style-type: none">• Five Year Forward View to deliver better health, patient care and improved NHS efficiency.
Out of hospital and urgent care programme	<ul style="list-style-type: none">• Out of hospital is key in supporting urgent care and increasing awareness to avoid hospital admissions.
Dutch Buurtzorg	<ul style="list-style-type: none">• A unique nurse-led district nursing system in Holland.• A case study of the East of England LGA visit to the Netherlands
Salford Together	<ul style="list-style-type: none">• The Health and Social Care system in Salford transformed on 1 July with the introduction of a 'pioneering' new organisation which joins up adult social care services and health care across the city.
Brent & Harrow CEPN	<ul style="list-style-type: none">• A pilot scheme to address concerns around the difficulty of providing effective training to staff working in residential care home settings.
Better Care Fund	<ul style="list-style-type: none">• Around £4 billion for health and social care services shared between the NHS and local authorities to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.
Kings Fund Report	<ul style="list-style-type: none">• Supporting integration through new roles and working across boundaries June 2016.

Locally based initiatives:
Vanguards

Isle of Wight: My Life a Full Life

Delivers a co-ordinated approach to the delivery of health and social care services for older people and people with LTCs.

Aims

- Enhance care and improve quality outcomes
- Deliver more care in people's homes and the community
- Make health & wellbeing financially stable

Outline

- Prevention based
- Single point of contact for triage to maximise efficiency
- Integrated locality teams deliver person care and support the community

Examples

- Emergency hub
- Alzheimer's café
- Independent Living Centre
- Cafe clinics
- GPs able to offer some minor surgeries to prevent hospital admission

Workforce implications

- Extend crisis response services to 24/7
- Develop role of health trainers
- Greater role for residential and nursing care
- Increased use of voluntary and community services

Locally based initiatives :
Pioneers
Cornwall

Integrated care pioneer sites, developing and testing new and different ways of joining up health and social care.

Aims

- To integrate work
- To improve quality of life for older people
- To reduce hospital admissions

Outline

- Integrates: district nurses, community matrons, local social workers, case co-ordinators, voluntary sector staff and volunteers
- Uses a multi disciplinary team approach with all partners

Examples

- Penwith Pioneer Programme
- Age UK
- Volunteer Cornwall

Workforce implications

- Increased use of voluntary and community services
- Practitioners feel there are better step up and step down processes
- Skills for Care/Skills for Health career progression and development framework for the integrated workforce with role descriptors for roles across health and care in Cornwall

Locally based initiatives:
Integrated Personal
Commissioning sites

Join up health and social care at the level of the individual. People and carers commission care through personalised care planning and personal budgets.

Five key shifts of
the IPC
programme

- Proactive coordination of care
- Community capacity & peer support
- Personalised care and support planning
- Choice & control
- Personalised commissioning and payment

How delivered

- Multi disciplinary teams with...
- Care co-ordinator hubs
- Usually located in primary care
- Drawing together generalist, social, mental health and...
- ...specialist care within the voluntary sector

Beneficiaries

- Children & young people with complex needs including education, health & care plans
- Adults with LTCs
- Adults with learning disabilities including institutional settings
- Prevention of crises in people's lives
- Better integration of quality & care

Workforce implications

- Commissioners must know how to balance strategic workforce development decisions, have a good understanding of local labour markets and the impact that person level costs have on the labour market, including the skills required to support financial modelling to allocate them
- IPC will be the mainstream model for community based care for about 5% of the population
- Professionals must view volunteers and community groups as co-producers of care
- Workforce should support concept of seeing people as assets
- Roles may need to be redesigned or skills merged across roles to meet the changing needs of the population

Policy driver
Out of Hospital and urgent care
programme

Out of hospital is key in supporting
urgent care and increasing awareness to
avoid admission into hospital.

Objectives

- Supporting self-care, anticipatory and proactive care to keep people well and stable
- Out of hospital intervention when patients have an urgent care need in order to prevent hospital admissions
- Out of hospital services that support rapid discharge if an acute admission has been necessary, ensuring independent and voluntary care sector services are utilised fully
- Developing a clinical strategy and principles for successful clinical models of care for community services

King's Fund

- The NHS benchmarking data on community services is showing a reduction in resource spent on community nursing and other community services- report highlights available 11 November with a fuller report later in the year

Workforce implications

- Greater role for residential, nursing care to develop skills and competencies in preventing hospital admission
- Home carer skills and expertise to be developed and supported
- Challenge for recruitment in social care-particularly home care, care homes
- Recruitment issues in community nursing and need to develop flexible roles- capacity required needs to be established
- Moving the majority of CHC assessments from hospital to the community will impact on nursing assessors

Case Study Dutch Buurtzorg

A unique district nursing system which is entirely nurse led and cost effective. A key challenge is meeting the needs of an ageing population. Buurtzorg is the Dutch name for neighbourhood care.

Objectives

- To provide integrated home care with connections to social services, GPs and other providers
- To manage local demand through small self-managing teams of a maximum of 12 professionals for a specific catchment area of between 40-60 patients

Should it be adopted for the UK?

- Five Year Forward View has earmarked vanguards to plot the way ahead.
- Guy's & St Thomas NHS FT collaborating with local authorities and communities to co-produce new neighbourhood services including the possibility of a Buurtzorg model.
- Components similar to other team based approaches such as assertive community treatment teams in mental health

Strengths/weaknesses

- Potential to deliver holistic care moving away from 'tasks'
- Strengthen the utilisation of community capacity and self-care
- Governance and outcomes need to be established to maintain clinical standards
- Financial governance needs to be established with social care as different funding models

Workforce implications

- Nurses rotate leadership roles within the team- need to develop self management skills as there are not any managers to defer to
- It is encouraging that nurses left traditional roles to join Buurtzorg; the approach could stimulate growth in the community nursing workforce
- Potential perceived risk of deskilling as nurses provide all care
- Impact on home care services needs to be established-potential to aid recruitment

Case Study Salford Together

In September 2014, Salford City Council, Salford CCG, Salford Royal NHS FT and Greater Manchester West Mental Health NHS FT formed a partnership to deliver health and social care for older people. In 2016, Salford Together became an Integrated Care Organisation (ICO) bringing together service delivery and commissions.

Salford Together (ICO)

- Salford Royal is prime provider and accountable body
- Nearly 450 adult social care staff transferred to ICO from Salford City Council
- Salford's 450 GP practices in new grouping: 'Salford Primary Care Together'
- Responsibility for sub-contracting domiciliary and nursing home care
- Greater Manchester investing £36 million to bring hospitals, social services and community healthcare closer together

Aims

- To support prevention and person centred-care
- To shift care into the community
- To use staff and resources more effectively
- From 2016, to extend integrated services from older people to wider population

Workforce implications

- Salford Royal responsible for commissioning local non-specialist adult mental health services and...
- Procuring a range of residential, domiciliary and social care support services
- ADS staff transferred to ICO from Salford City Council to pool expertise, skills and knowledge, leading to more personalised services for residents

Case Study Brent & Harrow CEPN (Community Education Provider Network)

Created as a pilot to address the difficulties in providing effective training to staff working in residential care home settings. The pilot brought together professionals across different care home disciplines, using narrative reflection to explore concerns and educational needs.

Narratives in Care Home Education

- Narrative based groups for carers in four care homes in Brent and Harrow with high ambulance service call-out
- Participants shared challenging experiences; discussions highlighted where further training would be beneficial
- Provided an emotional outlet for anxieties and frustrations generated by work
- Opened minds to alternative ways of managing patients

Aims

- To introduce narrative reflective learning into care homes to improve the understanding of the care home setting in Brent and Harrow
- To strengthen networks between different providers and to extend the narrative groups to include care home managers and relatives of residents
- To increase the education and confidence of care home workers

Workforce implications

- An increase in the education and confidence of care home workers
- 100% of participants reported that they felt more prepared to carry out their duties

Operational/delivery Better Care Fund

The BCF is a collaboration between DH, DCLG, NHS England, LGA and ADASS. It is the first national, mandatory integration policy. It was launched as part of the 2013 Spending Review, and was first implemented in 2015/16. In 2015/16, the BCF totalled £5.3 billion, and in 2016/17 the total is approaching £6 billion.

Aims

- The BCF consists of a mandatory pooled budget between local authorities and clinical commissioning groups in every area in England.
- In each area, local council leaders and clinical experts have to agree joint plans on how to spend these pooled budgets.
- Its overarching aims are to keep people living independently at home and prevent them from needing more support.

Better Care Exchange

- Collaborative online space for sharing information on delivering better care
- Works as a learning hub to pool knowledge and skills of leading organisations

Workforce implications

- Containing numbers of non-emergency admissions and delayed transfers of care; and
- Improved patient experience.

King's Fund Report Key findings

'Supporting integration through new roles and working across boundaries',
June 2016

New roles/skills

- Many skills requirements already exist in the workforce.
- The ability to span boundaries is dependent on the needs of the service users in question and the objectives of the stakeholders involved
- Pre-judging what new roles look like can undermine their success

Engaging the workforce

- Boundary spanning activities are more successful when staff are engaged in developing relationships, networks and activities or roles
- This requires time and active engagement from the organisations involved
- Without this investment, activities developed to support integration are unlikely to be effective

Training and development

- Lack of training is a consistent theme in studies of skill mix changes and new boundary spanning roles to support integrated care.
- This has led to staff being asked to undertake roles they are not trained to do.

Workforce implications from the report

- New roles: care-co-ordinators and case managers
- Expansion of support worker roles and personal assistants
- New innovative roles: care navigators, community facilitators, enablers or link workers

Some common enablers to new ways of working were identified in each of the sources and have been grouped under the “four Cs”

Culture

- Support of senior leaders
- Nursing and midwifery leadership empowering nurses to make professional decisions
- Valuing and respecting professional and organisational role boundaries
- Review of education standards

Capacity

- Innovative approaches towards new and existing roles

Capability

- Shared training across health and social care

Co-ordination

- Co-location of staff
- Potential for resources to shift into the community
- Engaging staff in developing relationships, activities and networks from the outset
- Strong communication: shared systems, tools and discrete resources

Some common potential barriers to new ways of working have been identified as well:

Culture

- Culture of protecting professional and organisational identities
- Poor accountability and oversight of staff that do not fit into established structures
- Boundaries /differences between staff in diverse services, organisations and sectors of care
- Differences in pay, terms and conditions
- Lack of evidence base to demonstrate the benefits of workforce integration in delivery of care

Capacity

- Overestimating individual roles to deliver integrated care
- Disparity between different professional roles and the focus of different care settings
- Lack of clear objectives
- Supply challenges of workforce

Capability

- Sustainability of roles over time
- Lack of training
- Changes in government policy on apprenticeship

Co-ordination

- Lack of shared information, including data

Practical support to implement workforce integration

The Principles of Workforce Integration

Developed by Skills for Care, LGA, ADASS, NHS Employers and Skills for Health

Tested with large and small employers across England

Resources that sit behind the principles give practical advice and examples about each of the principles

<http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-integration/The-principles-of-workforce-integration.pdf>

Organisations have use the principles to

Analyse - what they need to do to implement workforce integration.

Plan - the workforce integration changes they need to make.

Do – workforce integration in action.

Review – progress towards workforce integration objectives and decide what needs to happen next.

Workforce integration



Principle 1	<ul style="list-style-type: none">▪ Successful workforce integration focuses on better outcomes for people with care and support needs
Principle 2	<ul style="list-style-type: none">▪ Workforce integration involves the whole system
Principle 3	<ul style="list-style-type: none">▪ To achieve genuine workforce integration, people need to acknowledge and overcome resistance to change and transition. There needs to be an acknowledgement of how integration will affect people's roles and professional identities
Principle 4	<ul style="list-style-type: none">▪ A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of workforce integration
Principle 5	<ul style="list-style-type: none">▪ Process matters—it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued
Principle 6	<ul style="list-style-type: none">▪ Successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies give each of these attention, creating the circumstances in which all can thrive.

Source documents

People, Place, Purpose - Shaping services around people and communities through the Newquay pathfinder

<http://www.cornwall.gov.uk/media/6162062/Newquay-pathfinder-Evaluation-proof3.pdf>

My Life a Full Life – Isle of Wight, IoW NHS Trust

<http://www.iow.nhs.uk/about-us/Partnership-working/my-life-a-full-life.htm>

Integrated Personal Commissioning (IPC) Programme NHS England, April 2015

<https://www.england.nhs.uk/commissioning/ipc/>

Jos de Blok Buurtzorg: better care for lower cost, November 2013

<http://www.kingsfund.org.uk/sites/files/kf/media/jos-de-blok-buurtzorg-home-healthcare-nov13.pdf>

General Practice Forward View NHS England, April 2013

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Better Care Fund, NHS England, 2016-17

<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

Salford Together

<http://www.salfordtogether.com/>

Supporting integration through new roles and working across boundaries, The King's Fund June, 2016

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Supporting_integration_web.pdf

New Care Models, The King's Fund, October 2016

<http://www.kingsfund.org.uk/publications/new-care-models>

Understanding quality in district nursing services, The King's Fund, September 2016

<https://kingsfund.org.uk/publications/quality-district-nursing>

Leading Change, Adding Value: a framework for nursing, midwifery and care staff

www.england.nhs.uk/leadingchange

Skills for Care, The Principles of Workforce Integration

<http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-integration/The-principles-of-workforce-integration.pdf>

Policy Innovation and research unit

www.piru.ac.uk/projects/current-projects/integrated-care-pioneers-evaluation.html