NHS CONFEDERATION

Integrating healthcare across the devolved nations

Key learning

About the NHS Forum

The NHS Confederation's NHS Forum aims to create an environment in which senior leaders can share experiences of policy development and different strategic approaches, and learn from each other.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS in England, Wales and Northern Ireland. We represent over 500 members across health and social care, including
hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge and empowerment.

To find out more, visit **www.nhsconfed.org**

Foreword

Niall Dickson CBE
Chief Executive

Across the UK, the nature of the challenge facing health and care services is the same – all are unsustainable without radical reform. Demography, expectations, technical advances and a mammoth workforce crisis mean more of the same is not an option.

The challenges are at least well understood. They are shared across the British Isles and, one suspects, across developed healthcare economies the world over. The good news is that there is a direction of travel within all four systems in the UK that offers at least the prospect of mitigating the inexorable rise in demand.

The starting points in most systems include building trust and relationships, changing leadership behaviours, engaging clinicians and communities, and learning to work as one system, preferably with one budget focused on the health of the population, including wider determinants.

All this is easier said than done. Changing the culture and dynamics across a system takes time, and many who have embarked on this describe it as among the hardest journeys of their career. It is made even harder when new accountabilities are simply added to the old ones.

It also requires new mindsets throughout the system. Even within the NHS, we are still plagued with fissures between primary and secondary care, between physical and mental health, and between different professional groups. To that must be added the artificial and counterproductive divisions between local government and the community, voluntary and independent sectors.

None of this will mean anything without new delivery vehicles at the sharp end. We need multidisciplinary teams using interoperable IT and data to segment populations, and to provide bespoke interventions in order to target resources and reduce duplication.

To support systems with this journey, this report captures the key learning from the inaugural meeting of the NHS Forum in Cardiff, which brought together senior leaders involved in facilitating integration across the UK. The gathering explored integrated care approaches across the devolved nations and featured insights from New Zealand, Sweden and the United States.

The NHS Forum aims to create an environment in which senior leaders can share experiences of policy development and different strategic approaches, supporting systems to learn from each other and systems across the globe. We hope that the insights covered in this report support you on your journey and provide useful food for thought.

Key points

- Fragmented care can have a negative impact on patient experience, lead to poorer outcomes and create duplication and inefficiency within health and care systems.
- While integration has been an objective of national policy across all four nations of the UK for decades, progress towards delivering these ambitions has been slow and barriers still exist.
- Across the UK, national and local leaders are committed to working together to overcome these barriers to support local integration.
- In many cases, NHS leaders in all four jurisdictions are exploring similar solutions, through service integration, new models of care and greater use of data and technology.
- This report illuminates how the four nations are approaching integrated care. Based on presentations at the inaugural gathering of the NHS Confederation's NHS Forum, which convenes health and care leaders from across the country, the report captures key learning from each jurisdictions as well as insights from international examples.
- The NHS in all parts of the UK is facing similar challenges and pressures. NHS Forum members pointed to ten key levers to tackle these challenges, including effective leadership, shared data and outcomes measures, public involvement, and clear legislation and governance.

Introduction

The common aim of health systems across the UK is to create a sustainable health and care service that meets the needs of their populations.

In many cases, NHS leaders in all four UK nations are exploring similar solutions through service integration, new models of care and greater use of data and technology. While health and social care are delivered within different legislative frameworks and structures – and often use different terminology – across the UK, challenges are being met in similar ways.

Through the NHS Forum, the NHS Confederation has brought together UK health and care leaders for the first time. The aim of the forum is to create an environment in which senior leaders can share experiences of policy development and different strategic approaches, and learn from each other. The inaugural event in October 2019 featured representatives of health systems in England, Wales, Scotland and Northern Ireland. It offered an opportunity to share good practice around integration and service transformation.

This report provides a summary of the key lessons and recommendations put forward at the gathering.

Direction and similarities

Across the UK, health is a devolved matter, with all four UK countries having the powers to develop legislation and policy relating to health. The NHS in all parts of the UK is facing similar challenges and pressures.

For the different NHS systems to tackle these challenges, we need:

Effective leadership across the system, including clinical system leadership – plus the resources to ensure future leaders have the skills required to transform the health and care system further and deliver effective partnership working.

Elected members to be involved (whether at local or national level) and assume responsibility for transformational approaches.

Third sector to be around the table as equal partners – we need to redefine the relationship between public sector and third sector to ensure better outcomes for the population.

Multidisciplinary teams to be a continued priority across the four nations – the future of multidisciplinary teams will require professional bodies and regulators to ensure all staff can maximise contributions.

Shared data and outcome measures across the health and care system to track outcomes and to diagnose system issues – we need to define what good looks like, compare new initiatives with current structures and build approaches that are local and tailored around community leadership and local assets.

Continuous learning to be shared and we must learn from previous experiences to create a positive learning system.

Public involvement and having difficult conversations – local people need to be able to shape the system and be proud of their community and the services provided. Engagement with the public must look at the wider determinants of health and what is needed to support population health. We should be open about the barriers so we can overcome them and ensure progress.

Prioritising to target key parts of the population where there is the greatest need.

Clear legislation and governance – legislation is a helpful way to support the integration agenda, but cultural change and clear governance structures are also key. The governance structures across the UK are different, which can be a barrier to integrated working.

Time is needed in relation to capacity within the system, but also enough time to evidence change.

Integrated care across the UK

During the first NHS Forum meeting, presenters from across the UK had the opportunity to discuss the key challenges that each country faces. The discussion focused on integration and presenters had the chance to highlight the frameworks and structures that have been put in place to meet the needs of their populations.

Following the presentations, participants were asked to reflect on what they had learned from the different and/or shared approaches each country has been implementing. Participants were then asked to share the key lessons they took away from each presentation. What follows is an overview of each approach and the key takeaways.

Northern Ireland: The Northern Area prototype

Presented by Dr Tony Stevens, chair of the Northern Ireland Confederation for Health and Social Care (NICON) and chief executive of the Northern Health and Social Care Trust; and Jennifer Welsh, deputy chief executive, Northern Health and Social Care Trust.

There are six health and social care (HSC) trusts in Northern Ireland – the NI Ambulance Service and five HSC trusts providing integrated health and social care services across Northern Ireland. These are Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. Primary care services are provided across the region and the strengthening of these has been supported by the development of GP federations and expanding capacity in GP practices through primary care multidisciplinary teams (MDTs).

The further integration of the health and social care system in Northern Ireland is identified as a key part of strategic change, important in switching the focus of the system from reactive care to population health. The approach being adopted encourages organisations within health and social care to work together to tackle changing demographics and better support patients with more complex needs.

The Northern HSC Trust and primary care services in the Northern Area are leading on trialling a prototype integrated care system based on:

- planning and commissioning care through partnerships
- shared objectives based on improving local population health outcomes
- shared responsibility and accountability between the trust and general practice
- a collaborative approach involving all who have a stake in population health
- a new approach to area and local planning and commissioning that is participative
- building integrated care partnerships across health, care and other public sector bodies and the third sector
- empowering communities.

Key lessons

- **Relationships** and trust can take years to build and moments to break.
- **A community-based** assets approach is used to galvanise people within their area.
- **A new service model** enables GPs to take a medical leadership role.
- **There are opportunities** for shared learning across the system which delivers improved service models.
- **Separate budgets** encourage old ways of working and new thinking around funding mechanisms are required.
- **A focus on general practice and wider primary care** as well as diminishing boundaries between NHS and local government.
- **Project Echo: The ECHO model** brings together clinical specialist teams and primary care clinicians and provides opportunity to discuss cases they have found challenging, to determine the best course of treatment and share learning.

Scotland: Integrated governance arrangements

Presented by Alison Taylor, deputy director for integration, health and social care, in the Scottish government, Jim Savege, chief executive of Aberdeenshire Council and Adam Coldwells, chief officer of Aberdeenshire Integration Joint Board.

NHS Scotland works across 14 territorial NHS boards, seven special NHS boards and one public health body. Territorial NHS boards are responsible for population health and the delivery of frontline healthcare services. Special NHS boards support the regional NHS boards by providing a range of important specialist and national services.

A legislative framework through the Public Bodies (Joint Working) (Scotland) Act 2014 supports national agreed outcomes. Each of the 31 integration joint boards has a single health and social care budget which is derived from a contribution from the health board and local authority.

Key lessons

- **Provide opportunity for system redesign** with an emphasis on developing new relationships with communities and localism. Transform experiences of care and outcomes.
- **Ensure public bodies work collaboratively** for the population they serve, from criminal justice to general practice. There is also the need to respect different professions.
- **Build trust and improve leadership** between public bodies and elected officials, maintaining full transparency and awareness.
- **A culture** that encourages staff to learn about what different professionals do. Legislation on its own is not enough.
- **Devolve power** and budgets at a local level and place emphasis on 'doing the right thing'.
- **Empower small teams** made up of GPs, community nurses, care managers and others to design how they should work in order to meet the needs of people in their communities.
- **Freedom** to do the right thing. Being open and honest with the public leads to a space for people to want to do things differently. If you share the right information with the public, there is the space for people to want to change.
- **A legislative framework** is key because it allows for the social determinants of health. Government arrangements have strengthened, not replaced, structures.

England: The Greater Manchester Health and Social Care Partnership

Presented by Anthony Hassall, chief accountable officer of NHS Salford Commissioning Group.

The Greater Manchester Health and Social Care Partnership oversees the devolution of health and social care services in the Manchester area. Its aim is to achieve the biggest, fastest improvement to the health and wellbeing of its region.

The partnership is made up of local NHS organisations and councils, as well as partners from NHS England and NHS Improvement, the voluntary sector, Healthwatch and others including the Mayor of Greater Manchester.

The partnership responds to what people need across the ten boroughs in Greater Manchester, finding the best use of resources and making sure big decisions are being made locally.

Key lessons

- **The social determinants** of health. The scope is wider than in other areas through looking at population health. "If we mean what we say, it is all public services".
- **Resources** have been used to invest in all areas which will impact on health and wellbeing.
- **Partnership and political support** are key because they lead to engagement with the population through elected officials. Cross-sector ownership is key.
- **Important to reinvest in the third sector.** Investment needs to be longer term and commission services for a number of years, not annual. This will support the third sector to organise itself and partner with local community groups.
- **Give all professionals leadership roles across** the system.
- **A clear vision** which you can communicate with people and the local population supports.
- **The challenge** is if performance declines, how do you keep investing?
- **Not your traditional workforce structure**, with the acute employing social workers, which has led to a shift in culture.

Wales: Prudent healthcare

Presented by Sue Morgan, national director and strategic programme lead for primary care of NHS Wales/Welsh government.

There are seven local health boards (LHBs) in Wales which plan, secure and deliver healthcare services in their areas.

There are currently three NHS trusts in Wales with an all-Wales focus. These are the Welsh Ambulance Services Trust for emergency services, Velindre NHS Trust and Public Health Wales.

The legislative agenda in Wales is focused on partnership working and collaborations across health, social care and the public sector. The Wellbeing and Future Generations Act (2015) and the long-term plan for health and social care in Wales, A Healthier Wales, provides the strategic direction to move the health service away from hospital-based care and treatment to health, wellbeing and prevention.

A Healthier Wales stated that the primary care model for Wales should be implemented at pace and scale. The Strategic Programme for Primary Care seeks to put in place a programme of work at national level for use locally to support the implementation of the model.

At the heart of the primary care model for Wales are primary care clusters that focus on wellbeing of the population and place-based care. The clusters bring together all local services involved in health and care across a geographical area. Working as a cluster ensures care is better coordinated to promote the wellbeing of individuals and communities.

Key lessons

- **The wellbeing of the individual** means we need to work with our wider stakeholders.
- **Clear communications and purpose** with public and professionals will make progress easier.
- **The traditional GP model is no longer** the most effective way of improving health and wellbeing for the population.
- **Place-based care** is the driver where population outcomes is the focus and remove traditional organisational and professional barriers.
- **Primary care clusters** vary across Wales in terms of their maturity.
- **Sharing information and data** is a challenge.
- **Focus on outcomes** and not on delivery models.
- **Unnecessary complexity** due to two complementary but confusing legislation in Wales (the Social Services and Wellbeing Act 2014 and the Wellbeing of Future Generations Act 2015).

Integrated care across the globe

In addition to showcasing best practice from across the UK, the forum also seeks to highlight international health systems that are leading the way. Participants heard from Nicola Walsh, assistant director of leadership and organisational development at the think tank, The King's Fund. Nicola provided an overview of different ways three countries are implementing integrated care. This was an opportunity for NHS leaders in the UK to gain a better understanding of integrated care.

Canterbury, New Zealand

To deliver Canterbury's integration of health and social services, the region has a transformation board with an independent chair who holds organisations to account for ways of working. Funding and resources are being shifted to support patients' needs. Integration is focused on health outcomes with shared accountability and responsibility for all decisions. As a result, people in Canterbury are 25 per cent less likely than the average New Zealander to end up in the emergency department. The population is 20 per cent less likely to be acutely admitted for a medical condition. And the people of Canterbury have the same rate of acute surgical admissions as the rest[1] of New Zealand.

Key lessons

- **Clear shared purpose** for working together – to reduce the time people are waiting for services, for provision to be less fragmented and to benefit patients.
- **Trust** has been built over time but is a core value from the outset.
- **Adaptable systems** can change course quickly before mistakes happen.
- **Sharing data** between professionals is important but needs to be meaningful.
- **Mutual agreement** on objectives to benefit patients.
- **Tensions** between organisations initially and it has been a challenge to get the right people in the room.
- **Mistake to focus just on the money** and not the health outcomes.

CareMore, United States

CareMore identifies high-risk patients who have the likelihood of developing problems as they age, and surrounds them with coordinated services. It started in California and now operates in Arizona, Atlanta, Memphis, Nevada and Iowa. There is a focus on the sickest 15 per cent of its membership that accounts for 75 per of cost. Its strategy is to spend more preventing and slowing down progression of disease. To do this, it invests the capitation payments it receives from Medicare in prevention and early intervention programmes, including patient education programmes and transportation to their community care centres.

At the centres, multidisciplinary teams deliver and coordinate primary care, behavioural care and specialist services. As a result, the reported per capita spend is 15 per cent less than traditional providers, with 20 per cent fewer hospital admissions and readmissions alongside 23 per cent fewer bed days.

[1] Data drawn from national minimum data set 2017/18.

CareMore partners with independent primary care doctors and it is the doctors who identify patients at high risk. To encourage and support the primary care doctors to make referrals, they are offered financial incentives for the delivery of comprehensive health assessments and preventative tests, as well as performance on other measures such as patient satisfaction. CareMore teams also focus on engaging patients and addressing non-medical needs such as unstable housing and social isolation, among others.

As they have spread into other states, they have found the model needs to be tailored to suit the local context.

Key lessons and outcomes

- **Reduced visits to emergency room.**
- **Fewer hospital re-admissions.**
- **Fewer hospital and nursing home bed days.**
- **Higher medication adherence.**
- **Higher patient satisfaction.**
- **A proactive approach** to healthcare means we can prevent conditions worsening.

Skaraborg, Sweden

Established in 2008, Skaraborg's objective is to bring providers and services to the homes of frail elderly people and their caregivers. The programme features planned visits and access to services through a 24/7 hotline.

The system involves hospitals and primary care agencies, which have regional responsibility, as well as home health services and social care services, which have responsibility in municipalities. Patients are admitted to the programme through referrals from hospitals, primary physicians and social care agencies. Admission is based on assessments of multimorbidity and functional decline.

A key feature is assessment of social factors and living conditions. Within the teams, healthcare professionals work together with patients and their caregivers to develop an individual care plan covering a wide range of health and social care services.

Key lessons and outcomes

- **Simple payment model** where professionals are paid by their employer, such as the hospital, primary care centre or the municipality has good results.
- **Strict criterion** to access services.
- **Quality and safety** for both patients and relatives as well as for the professionals has improved.
- **Reduced time in care** With a reduction of days in healthcare services from 75 per cent and up to 90 per cent. There has been reduced emergency visits by 80 per cent and reduced visits to specialist clinics by 89 per cent.
- **New integrated care models** involve a wide range of initiatives and in terms of financial impact, it is perceived differently by different stakeholders, with some losing money.

Conclusion

As highlighted by all presenters, there is the need for health and care systems to become more integrated and better coordinated, so they can meet people's needs and improve service users' experience of care.

Fragmented care can have a negative impact on their experiences, lead to poorer outcomes, and create duplication and inefficiency within the system. Better integrated health, social care and other public services has three potential benefits:

- better outcomes for people, such as living independently at home with maximum choice and control
- more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time
- improved access to, experience of, and satisfaction with, health and social care services.

While integration has been an objective of national policy across the nations of the UK for decades, progress towards delivering these ambitions has been slow and barriers still exist. The key lesson that NHS leaders put forward during the first forum included the need for:

- cultural shift
- time
- trust across organisations
- clear purpose
- having joint budgets
- public and political engagement
- developing local measures of performance and outcome measures to understand local needs
- multidisciplinary teams; sharing data across organisations
- sharing learning and experiences.

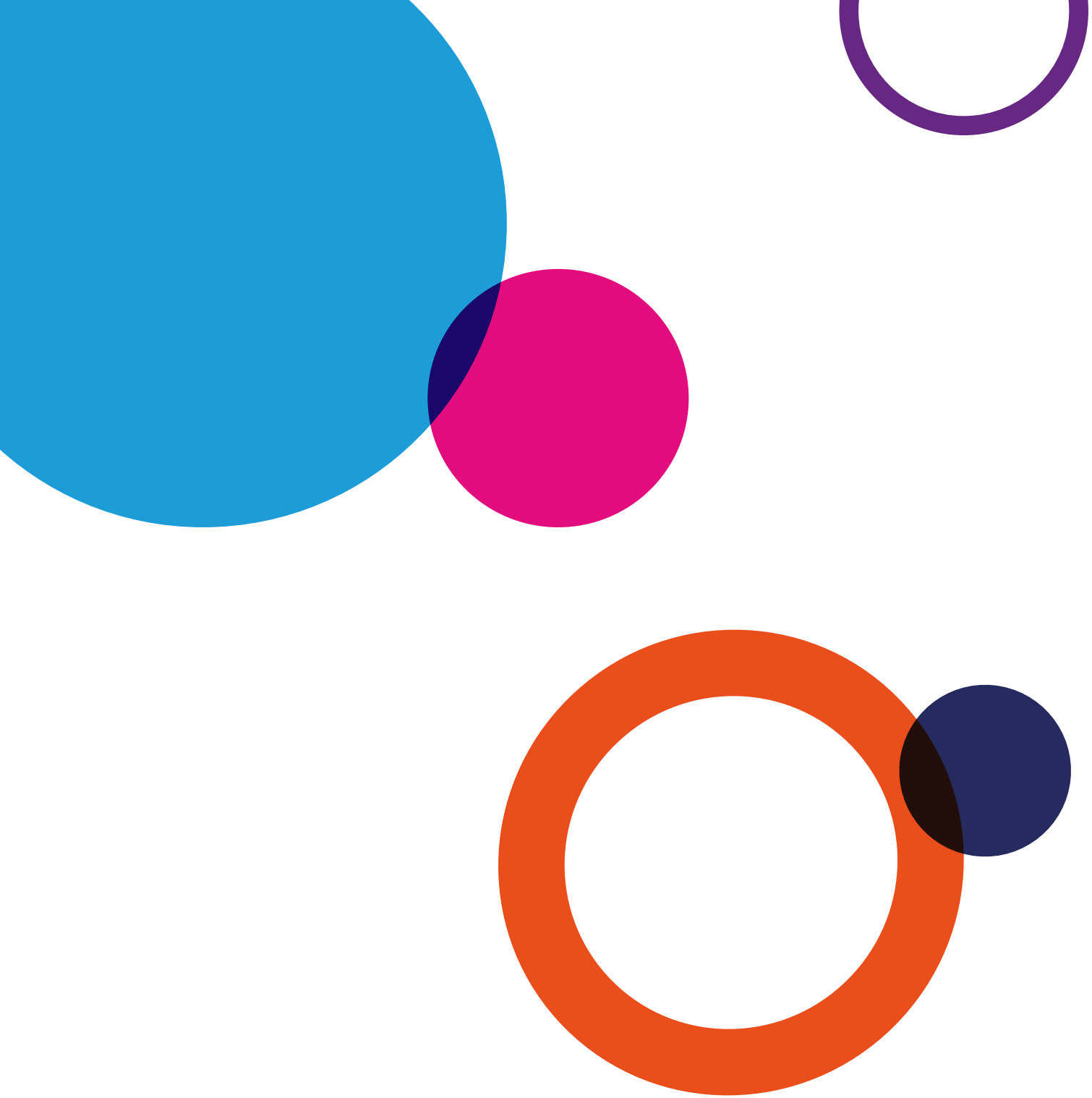
Across the UK, national and local leaders are committed to working together to overcome these barriers to support local integration. It is important that the optimism and energy that was evident at the first forum is harnessed. The mechanisms and levers that are being developed across the UK need to be built on, allowing the greatest opportunities for integration to be grasped at a local level.

The NHS Confederation looks forward to working with NHS leaders from across the UK to develop the NHS Forum further and to share good practice, experiences and learn from each other through considering other key strategic areas.

Future potential topics could include:

- reducing demand – exploring new models of care
- building safer healthcare
- using data to drive efficiency and effectiveness
- making clinical engagement work
- shaping the workforce for the future
- making quality improvement work
- learning from patient experience
- changing culture
- building citizen inclusion in the co-design of future health and care
- tackling health inequalities
- health and care funding
- strategies to spread innovation.

If you are interested in being part of any further forum events, or have any views about future areas to consider, please get in touch membership@nhsconfed.org



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