What can we learn from others?

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"The future is already here, it's just not evenly distributed"

William Gibson

So where should we look to find the future?

The future close to home: Torbay

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Ideas that change health care

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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.

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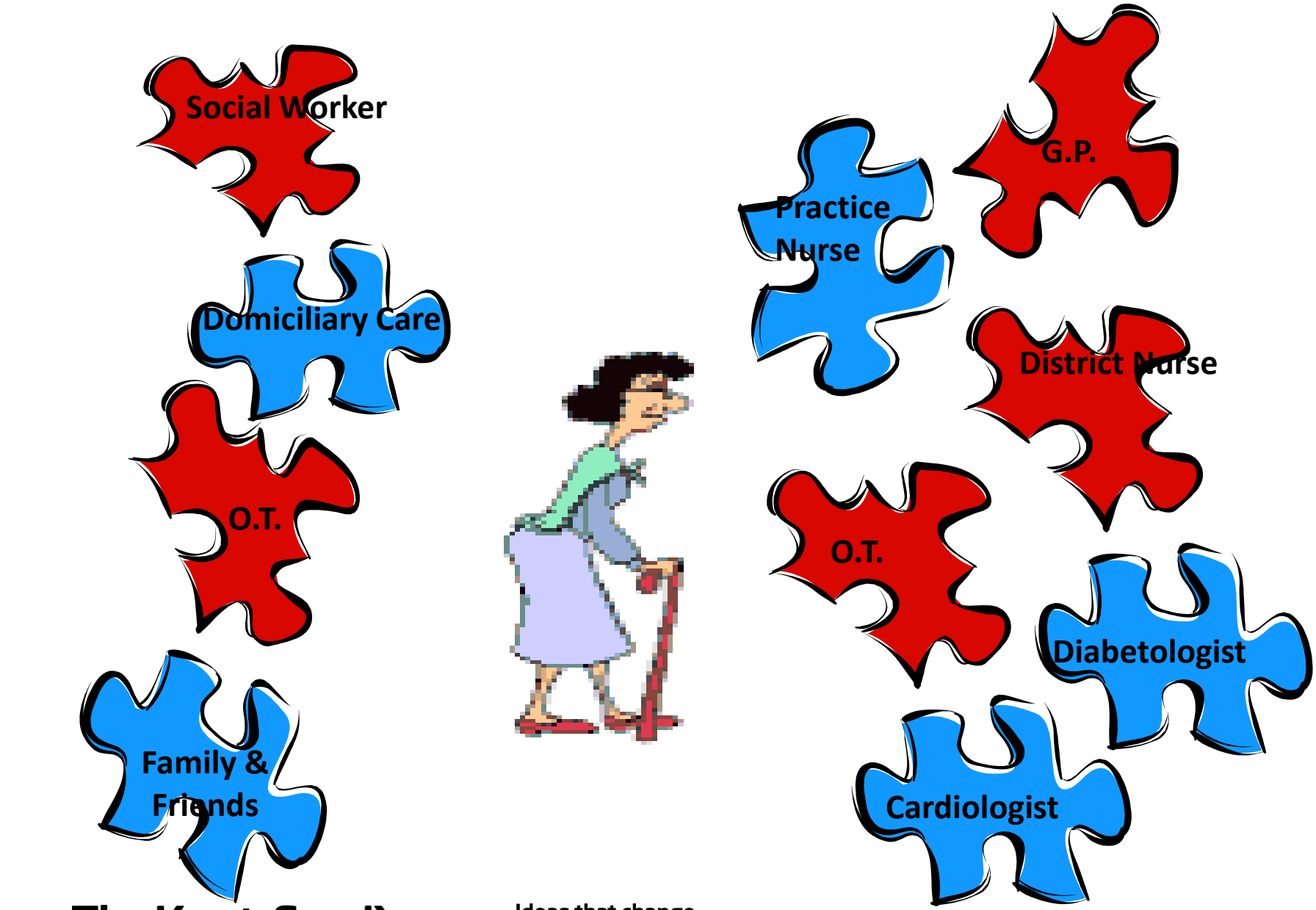
How has Torbay done it?

- Health and social care teams that serve localities of 25-40,000
- Teams are aligned with GP practices in these localities
- A single budget is used flexibly with NHS funds being used to increase social care support to help people remain at home
- A long term commitment to integration of care driven by a focus on the needs of 'Mrs Smith'

Introducing Mrs Smith.....



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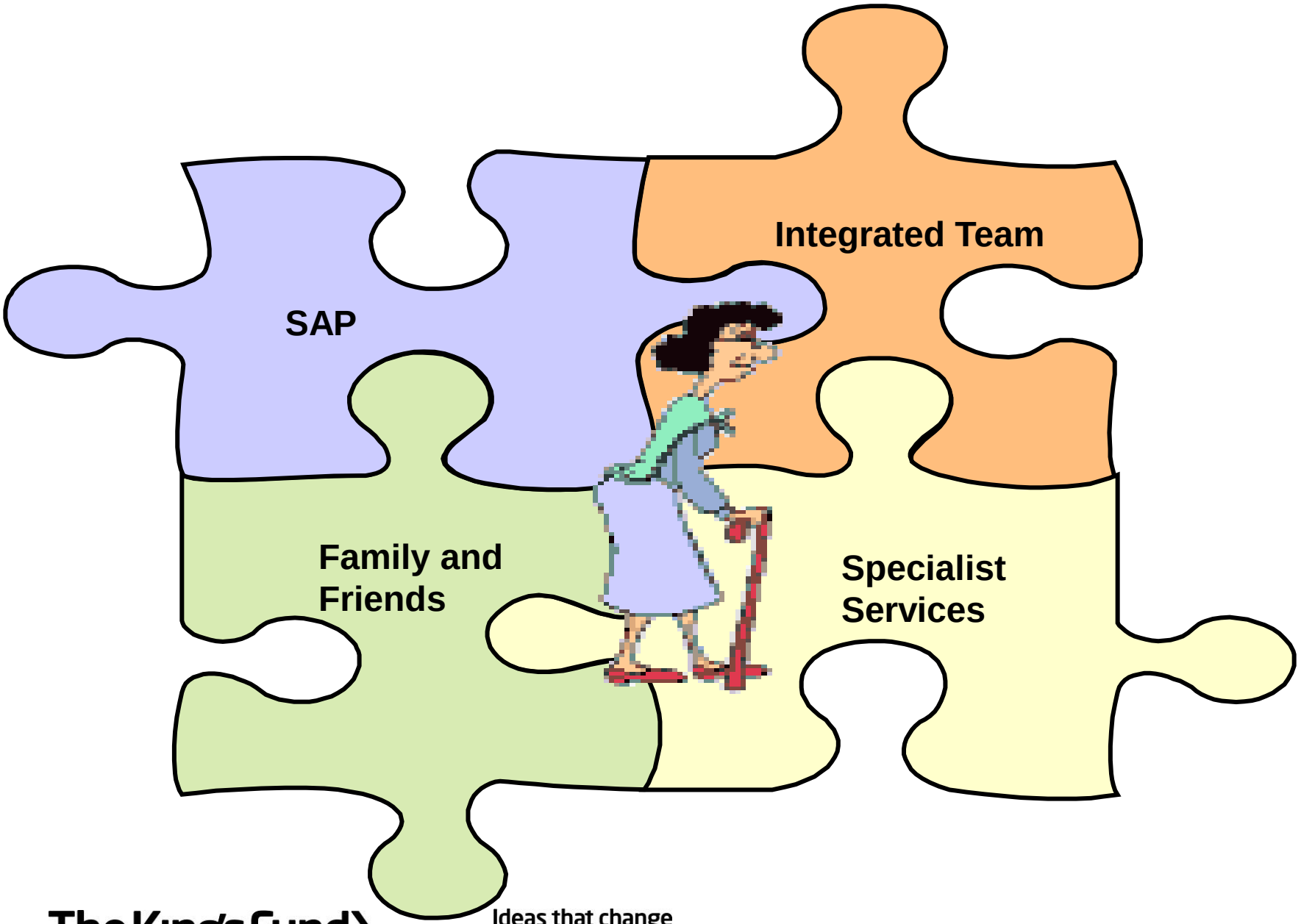

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Torbay's results

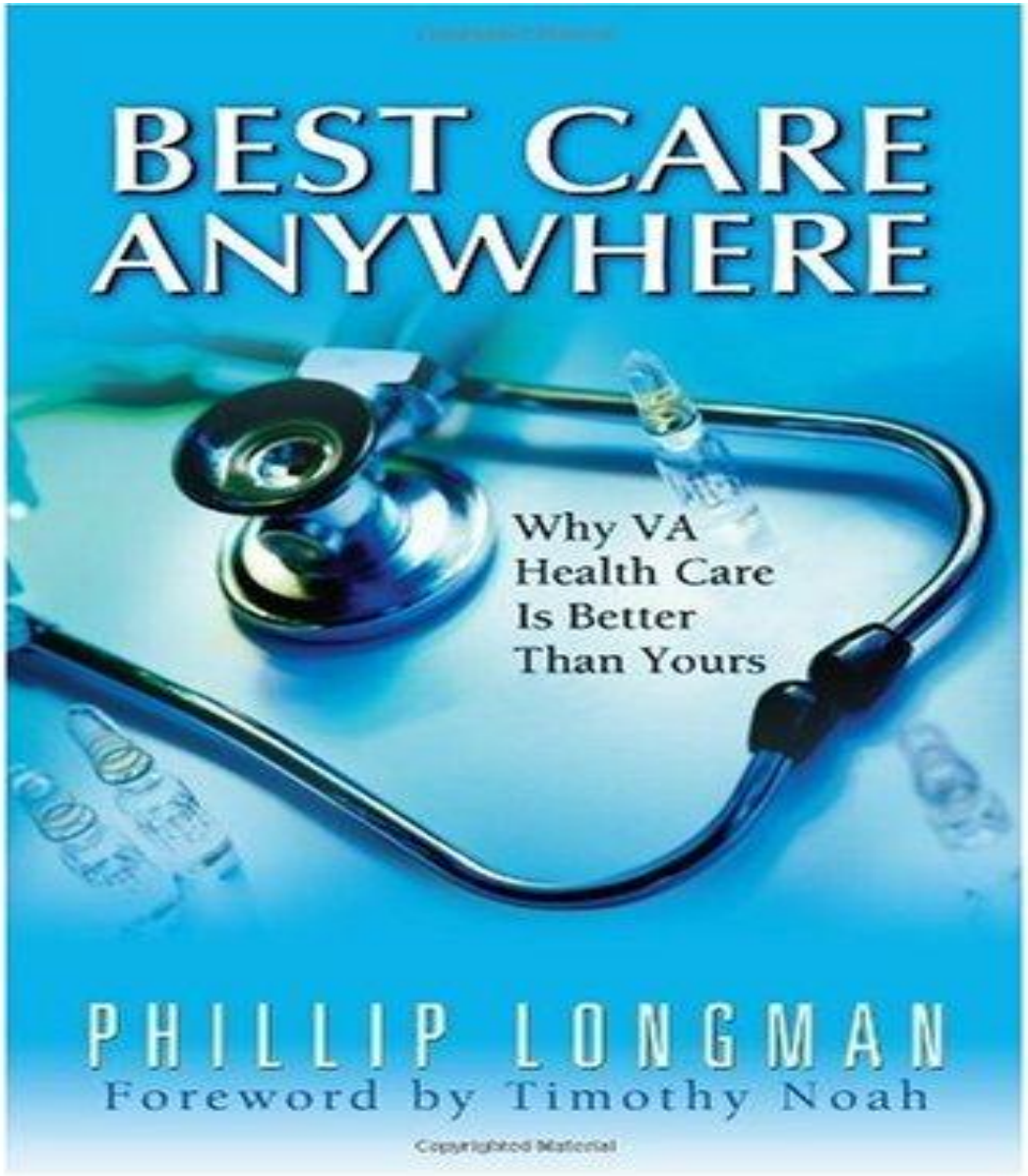
- The daily average number of occupied beds fell from 750 in 1998/99 to 502 in 2009/10
- Emergency bed day use in the population aged 65 and over is the lowest in the region at 1920 per 1000 population
- Emergency bed day use for people aged 75 and over fell by 24 per cent between 2003 and 2008 and by 32 per cent for people aged 85 and over
- Delayed transfers of care from hospital have been reduced to a negligible number

Torbay's results (2)

- Since 2007/08, Torbay Care Trust has been financially responsible for 144 fewer people aged over 65 in residential and nursing homes
- There has been a corresponding increase in the use of home-care services, some of which are now being targeted on preventive low-level support
- The use of Direct Payments is one of the best in the region
- In 2010, the Care Quality Commission judged Torbay to be 'performing well'

The future further afield: the Veterans Health Administration

- The transformation of the Veterans Health Administration (VA) in the 1990s
- A new Chief Executive turned around a failing public health care system
- He took five years and made many enemies along the way
- The VA has become widely admired for its results: high quality care at reasonable cost


BEST CARE ANYWHERE
Why VA Health Care Is Better Than Yours
PHILLIP LONGMAN
Foreword by Timothy Noah
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The transformation of the VA

- A fragmented hospital-centred system became a series of regionally based integrated service networks
- Each network comprises hospitals, primary care, community and home care, and skilled nursing facilities
- VA headquarters sets challenging goals, holds network directors to account, and publicises results
- Health IT with an electric patient record was implemented early in the process
- Incentives are aligned to support change

The VA's results

- Hospital bed day use fell by 55% over five years
- Clinical outcomes and quality of care improved
- The VA attracted more veterans to use its services as its reputation improved
- Budgets increased but at a slower rate than the number of people served

What are the implications?

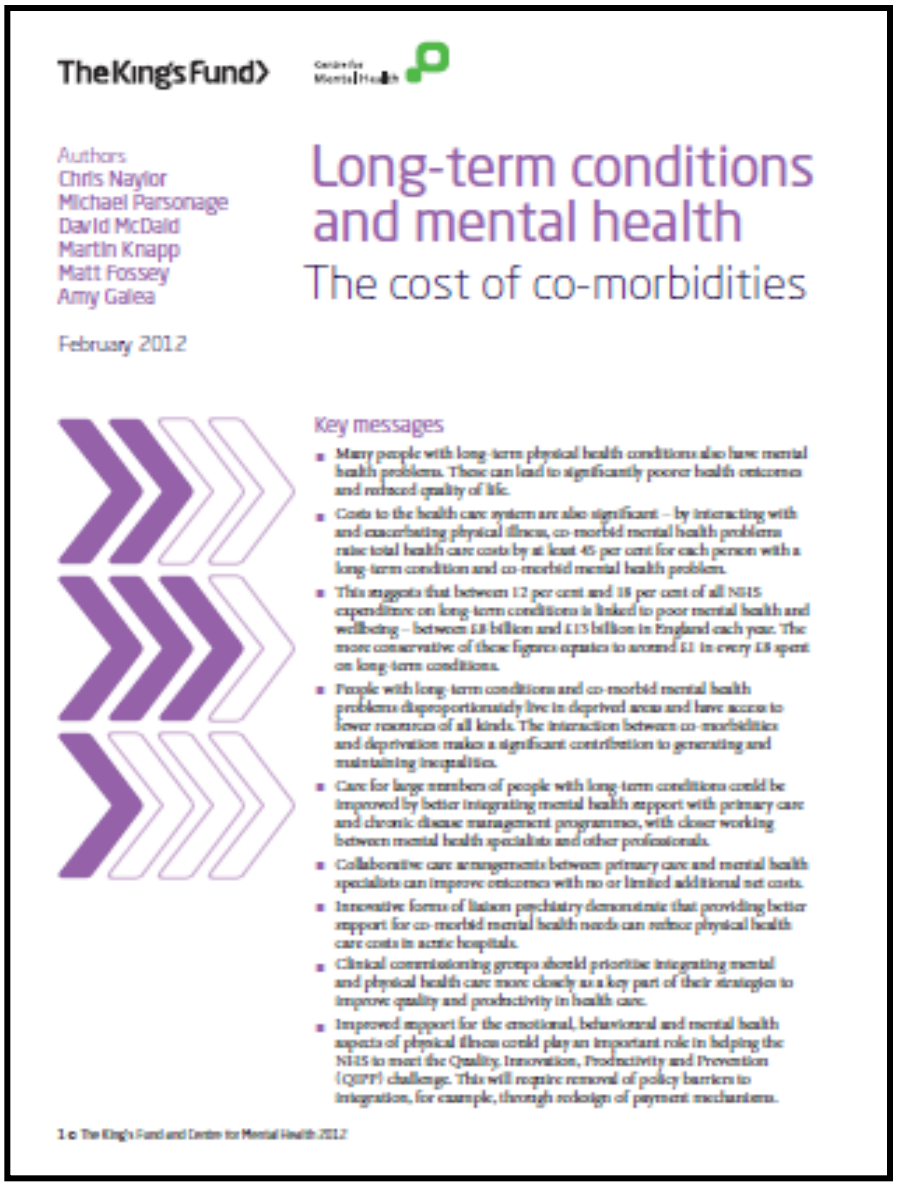
- Put people and patients first (Mrs Smith)
- See the 'home as the hub' of care, using telehealth and telecare
- Deliver high quality primary care integrated with community services and social care
- Align specialists with integrated out of hospital services
- Don't give up on health IT

The role of hospitals

- Focus hospitals on provision of specialist care for people with acute needs
- Concentrate specialist care where it will deliver better outcomes
- Manage hospitals as part of a system of care
- Move staff and resources out of hospitals where appropriate

Mental Health

- Mental health needs to be integrated with other health and social care services
- Mental health and primary care
- Mental health and long term conditions
- Mental health and acute care (RAID service in Birmingham)
- Mental health and social care



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Long-term conditions and mental health

The cost of co-morbidities

February 2012

Key messages

- Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life.
- Costs to the health care system are also significant – by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem.
- This suggests that between 12 per cent and 18 per cent of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year. The more conservative of these figures equates to around £1 in every £8 spent on long-term conditions.
- People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities.
- Care for large numbers of people with long-term conditions could be improved by better integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals.
- Collaborative care arrangements between primary care and mental health specialists can improve outcomes with no or limited additional net costs.
- Innovative forms of liaison psychiatry demonstrate that providing better support for co-morbid mental health needs can reduce physical health care costs in acute hospitals.
- Clinical commissioning groups should prioritise integrating mental and physical health care more closely as a key part of their strategies to improve quality and productivity in health care.
- Improved support for the emotional, behavioural and mental health aspects of physical illness could play an important role in helping the NHS to meet the Quality, Innovation, Productivity and Prevention (QIPP) challenge. This will require removal of policy barriers to integration, for example, through redesign of payment mechanisms.

Is there a burning platform?

- Funding will be tight for 4-6 years at least
- Quality and safety of patient care can be improved
- The choice is between patching up a broken system or building a system fit for the future
- The new system must focus on health not illness, and integration not fragmentation