Whole System Integrated Care and Support Toolkit

Project summary

Background

This programme of work was commissioned in July 2013 by the Local Government Association (LGA) as part of the National Collaborative, which includes NHS England, the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Children's Services (ADCS), Monitor, Public Health England (PHE), the NHS Confederation and the Department of Health (DH). The aim of the work has been to develop a practical support package for local authority and health leaders working on "whole system" integrated care, under the auspices of the Health & Wellbeing Boards. The hope is that this support will enable local areas to bring health and social care services together, around service users and patients, making better co-ordinated, person-centred care a reality at scale and at pace. The programme has been a key part of the National Collaborative's work plan to support the development of integrated care systems in each and every locality in England.

Integrated care has become a key priority for all parts of the health and social care sectors, focussed on improving outcomes, improving the user experience, and improving the use of local resources. There are many localities across the country that have made real progress in developing integrated health and social care services. This programme of work has sought to leverage these achievements to help other localities develop systems that are led collaboratively, and are both scalable and sustainable.

In responding to the demands of local areas, the national partners agreed to build on and learn from existing integrated care and support models (including long term conditions year of care sites, community budgets, personal health budgets, existing Health & Wellbeing Boards, Care Trusts, and the emergent "Pioneer" sites), as well as existing literature and case study evidence. The purpose of these efforts has been to support localities to:

- Overcome identified barriers to integration, including in relation to key enablers such as information sharing, workforce development and commissioning of joined up care;

- Access and make best use of existing local and national information and evidence to understand which interventions or models of integrated care make the biggest difference locally to individual health and wellbeing outcomes, cost, activity and the experience of care;

- Understand the implications of these different interventions or models of integrated care in terms of commissioning decisions and resource allocation across a local health and care economy; and

- Support Health & Wellbeing Boards in tailoring and replicating successful models within their own localities.

Toolkit design

Three half-day engagement workshops were held in London, Leeds and Bristol from 17th to 19th July 2013, and were attended by representatives of health, local government and third sector from across the country. The events were used as a platform for communication, engagement and co-design, drawing on local experiences to help prioritise and develop support options for whole-systems integration. The workshops also gave attendees the opportunity to share learning around different ways that they had managed to overcome barriers to integrated care already. The outputs from the workshops were used to develop the contents of the toolkit.

Overall it was felt that the toolkit could help with:

- Providing simple guidance and rules to help navigate the integration process
- Spotlighting ways of jointly managing budgets / shared resources
- Supporting effective risk stratification
- Providing examples of successful integration
- A template plan for delivering integrated care that could be shared between all organisations
- Assistance in modelling the financial implications of integrated care
- Providing relevant examples of international models and comparators
- Ensuring that patients and service users are at the centre of future models of care

Toolkit contents

Based on the feedback from the workshops, six key elements to the toolkit were established:

1. An **overarching 'value case**' for integrated care
2. '**Value case'** summaries from 8-12 local areas demonstrating whole system integrated care
3. A **model** showing the impact of different interventions or whole system models of integrated care
4. An **evidence review** of existing knowledge on outcomes of integrated care
5. A **signposting tool** which will point to existing useful sources around the planning and implementation of integrated care
6. A **searchable database** of integrated care initiatives throughout the country
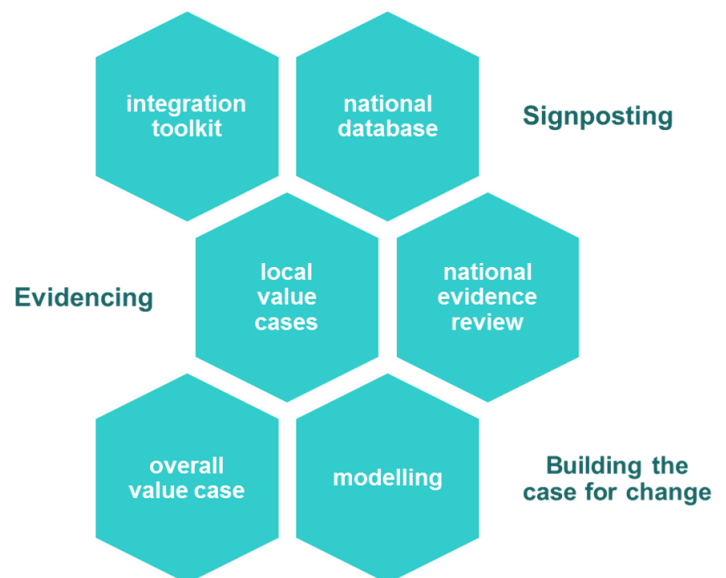
The six elements were developed between July and December 2013, and were tested on an iterative basis with the project's Community of Practice, consisting of over 350 members from 200 different organisations across the country, to ensure they were meeting needs in a practical and functional way.

Overarching value case

The overarching value case brings together the best available local and national narratives and evidence in order to describe the outcomes of better co-ordinated, person-centred care for organisations, individuals, frontline professionals and communities alike. The purpose of the document is to support those making the value case for person-centred, co-ordinated health and social care at scale.

The overarching value case is based around four key strands:

1. **Uniting the core products from the work of the National Collaborative**

a. Toolkit: amalgamating relevant resources such as those from National Voices
b. Value cases: direct user and professional feedback from existing systems
c. Evidence review: key findings around the scope of the opportunity
d. Modelling: projected numbers on a local and national level

2. **Developing a coherent narrative of what better co-ordinated care would deliver**
   a. Starting with an individual GP – patient relationship
   b. Building up through increasingly large population groups to a national level
   c. Understanding the investments required at each stage
   d. Explaining how benefits accumulate and scale in language for key audiences

3. **Describing the common, core enablers of integrated systems**
   a. e.g. better care planning, care co-ordination, co-produced interventions

4. **Describing potential benefits on both an individual and population-wide level**
   a. From improved individual user experience to the projected numbers of people currently in hospital or long-term residential care who would be enabled to live healthy, independent lives in the future

Value cases

'Value cases' (similar to a business case 'plus') of projects / initiatives that demonstrate different models of integrated care that have evidenced successful outcomes have been developed. These are primarily aimed at Health & Wellbeing Boards, and incorporate:

- Service user stories, capturing changes to the service user's journey

- Features of the model, including enablers

- Costs of the model

- Evidence of benefit, including to activity, spend and outcomes

The value case template is a concise document and includes details of the project / initiative outcomes, practical detail on what they did and how they did it, and contact details for the project / initiative lead so that further information requests can be followed up easily.

We have chosen sites that provide quality evidence of:

- Improvement in one or more health and care outcomes

- Improvements to service user experience

- Financial savings

Each value case also includes lessons learned on:

- Commissioning integrated services

- Resource allocation and incentive structures across the system

- Evidential base and outcomes

- Other information relevant to making integrated care successful

The value cases currently represent work in: Cumbria, Greenwich, Isle of Wight, Greater Manchester, North Devon, North West London, Northamptonshire, Torbay, Waltham Forest, East London and City (WELC). There are two international examples from the USA (PACE) and South West Germany (Gesundes Kinzigtal). An 'applicability' section has been added for the international examples to aid local areas in understanding the pre-existing conditions and context that facilitated the implementation of the model which may differ from those in the UK.

Model

The purpose of the model is to help commissioners understand the financial benefits of implementing integrated care. The model consists of two linked tools: a value case calculator and a benefits map. Each tool addresses a specific commissioning question.

The value case calculator summarises the impact that implementing a particular model of integrated care (namely, those described in the value cases) may have on your local area. It illustrates the financial benefits of integrated care across the local health economy and the relative contribution to total financial benefit of different elements of integrated care. This can be used to prioritise the elements of integrated care that deliver the biggest benefits, contribute to robust, properly costed integrated care business cases, and communicate the financial value of integrated care in a way that is easy to understand.

The benefits map illustrates which interventions are needed to deliver agreed financial and non-financial benefits; how these interventions needed to deliver integrated care relate to each other; and the proportion of the benefit attributable to each intervention. This can be used to check the extent to which existing services deliver the intended benefits, identify potential areas of overlap or duplication and address gaps in support and provision.

The model is pre-populated with data for all boroughs in England, however there is also the option to override this and enter in data specifically related to your area, including local investment costs, health and care activity, health and care unit costs and local population. There are various caveats that should be taken into consideration when using the model, and a user guide has been produced with further detail on these and a step-by-step breakdown of how to use the model.

Evidence review

The review question we set out to answer through this tool was 'what is the evidence for improved outcomes from whole system integrated care'? We wanted to support local areas with understanding where there is a clear case for integrated care, and help them learn from the implications of different approaches to whole system integrated care and supporting models.

There were two main purposes to this evidence review: the first being to provide a short document with evidence pertaining to specific aspects of integrated care. The review also serves to provide details of the evidence base used in the model which aims to demonstrate the financial benefits of integrated care.

This was a rapid search taking place between August and November 2013. As integrated care encompasses many different studies across the health, social care and other services, an iterative research strategy was used. The approach included grey literature review, collation of information using a respondent-driven process, consultation with senior stakeholders, and on and offline search.

The evidence review contains evidence from over 70 sources and is searchable by key terms to allow users to identify evidence that is most useful to them. Findings have been broken down into the following categories:

- Overarching / systematic review of integrated care
- Cost savings
- Care planning
- Helping people share decision making
- Length of stay in care homes
- Care navigation
- Transitions (e.g. acute reablement and intermediate care)

- Prevention (e.g. public health and prevention services)

- Support (e.g. home care, personal budgets, direct payments, telehealth and telecare)

- Miscellaneous (e.g. information management)

- Workforce (e.g. multi-disciplinary teams

- Systems / technology

Signposting tool

At the design workshops, it was agreed that there is already a plethora of useful information in existence with regards to integrated care, and that the toolkit should not look to reinvent the wheel but rather to gather these sources together in one place. The purpose of the signposting document is to signpost individuals to useful resources around different ways to overcome barriers to integrated care and to provide answers to the questions outlined below:

1. What are good examples of difference models of integrated care?

2. How do you commission integrated care?

3. What are the service provision options for delivering integrated care?

4. What information is there on the strategy behind integrated care?

5. How can policy help of hinder integration?

6. What are the financial implications of integrated care?

7. What are the information system requirements / options to support integrated care?

8. What does the evaluation of integrated care show?

It is also possible to search the sources by the elements that they include information on such as technology, commissioning, service provision, financial modelling etc.

Searchable database

Based on the feedback received at the workshops, and in recognition of the excellent work that is already ongoing across the country, we have developed a database with information on 90 integrated care initiatives throughout the UK along with 20 international initiatives. A fully searchable and user-maintainable version will be available using NHSIQ's ICASE (integrated care and support exchange) system as the host platform.

The purpose of the database is to provide those looking for examples of other areas undertaking integrated care work that is similar to their own with a directory to enable them to do so. Each entry includes contact details to facilitate future sharing and learning between system leaders at the forefront of integrated care. This is a living tool which can be updated and further developed on an ongoing basis to ensure that its functionality remains relevant and sustainable.
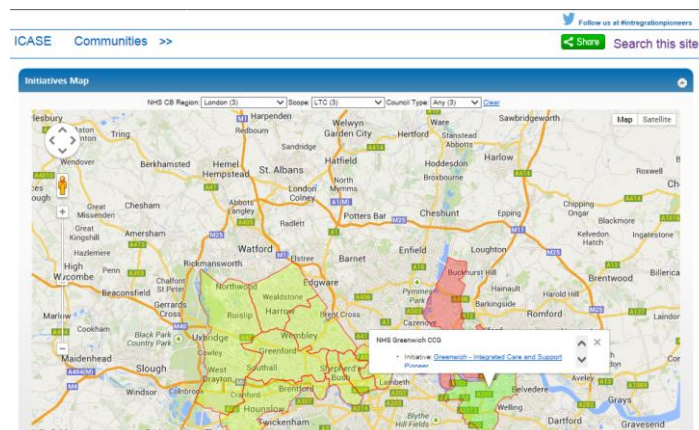
Next steps

The products developed as part of the toolkit are now being used by local system leaders to support their response to the Better Care Fund (BCF), and a number of regional workshops are planned to assist people with getting the most out of the tools in relation to the BCF. This work includes a support product in the form of a 'model BCF', that articulates local priorities to deliver a vision of integration that meets the needs of individuals and communities.
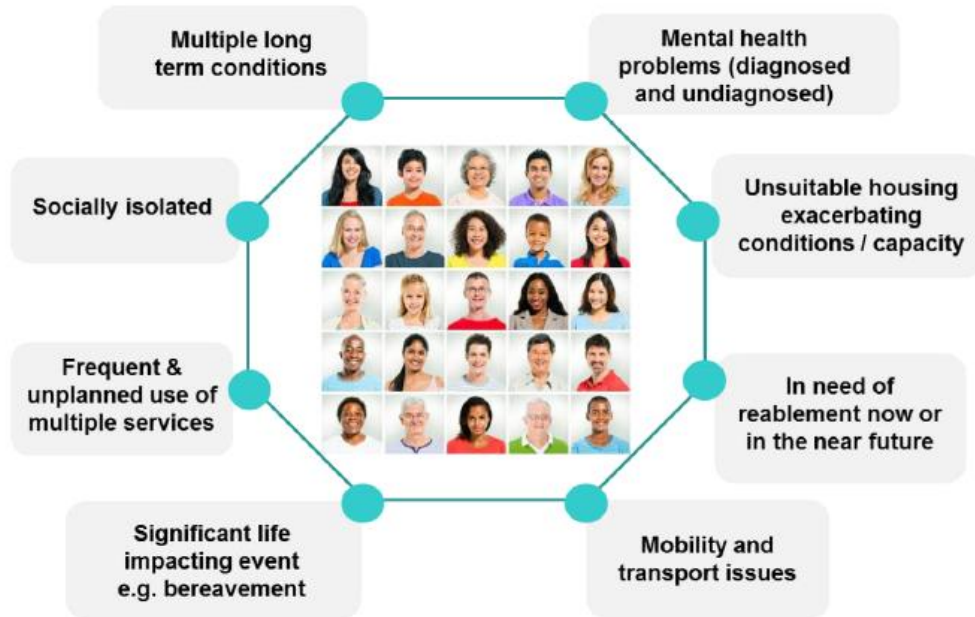
A formal launch of the toolkit is planned for January 2014, and the products will be available on NHSIQ's ICASE for people to use, share, comment on and contribute towards. Local areas are encouraged to submit their own self-populated value cases, or add to the national database to further enhance the richness of the toolkit content.

Currently products can be found on the LGA website: http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4060433/ARTICLE. Feedback by those using the toolkit is vital to its longevity and ICASE provides a social platform through which this dialogue can be facilitated beyond the lifespan of this programme of work.