



Report of: Dr Josephine Sauvage
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Summary following Health and Wellbeing Summit on Integrated Care 22nd May 2013

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	3 July 2013	Item	All
Delete as appropriate		Non-exempt	

SUBJECT:

1. Synopsis

A summit organised by the Health & Well-being board on Integrated Care and Long term conditions took place at Islington Town Hall, Upper Street on 22nd May 2013, from 2-4.30pm. The event was designed to bring together key stakeholders, including local providers, to discuss this key priority identified within the Health & Well-being Strategy.

Key stakeholders were represented at this event and worked in mixed groups to explore themes, develop ideas and identify priorities for on-going work for 2013 and beyond.

The groups were asked to identify important questions to stimulate discussion:

These highlighted the following themes:

- How do we promote a better understanding and communication of the meaning of 'integrated care', across organisations and to the people of Islington? How should we communicate the benefits and opportunities and promote real engagement?
- How do we develop systems that might yield incentives across organisations, to sustain and promote collaborative working? This might also include discussions around collaborative risk share.

- How should we explore and develop solutions to long term problems? For example, what is the best way to shift funding around the system, guaranteeing quality care and positive user experience?
- What is the best way to support the reinvestment of current savings to guarantee long term sustainability, with a strong focus on preventive strategies?
- How can we ensure that a focus on the wider social determinants affecting health and well-being, including alcohol, housing, education, can be embedded into the work we take forward, with a focus on the development of a community assets approach?
- How can we ensure we embed systems to develop a 'whole person' approach to care, recognising the impact of poor mental health, and social well-being; developing joined up practical steps to address welfare reform and employment opportunities into a 'whole person' approach to care?
- How can we support and empower individuals to make positive health choices and to engage in a self-management approaches that are aimed at identifying individual goals and are delivered with a view to personalisation?
- How can we ensure we always consider a 'cradle to grave ' approach, remembering that children and young people are also affected by long term conditions, with special attention required around the time of transition from childhood to adulthood?
- How can we best develop a set of unifying outcome measures that will capture information in a meaningful way, quantitative as well as qualitative, including user experience, measuring impact across the system in the short and longer term?

Key themes and sound bites raised during feedback and table discussions, grouped according to themes:

“Islington is further ahead than other places; 96% of resident are still in their own home. It's not how we do integration – it's about how we do it faster.”

Communication

- **The need for Champions** -System change is so big and cannot be tackled all at once so champions help with learning and facilitation of learning.
- **Communication** – to include staff, voluntary sector, patients as so much is changing. This is about really listening; developing an active dialogue, engaging and learning from them.
- **Language** - we need to be careful about the language we use, such as “burden of care”. It is should be understandable and sensitive to patients and communities.

Focus on self-care and patient empowerment

- **Citizens Role** A collective desire was expressed;
“We want to work with people, not clients or patients. We want to support people to be better

involved in their own care; many opportunities do not require additional investment, but a better collaborative way of working with people”

Resources to be developed

- **Navigators** – community navigators linking up social aspects of care, e.g. Social isolation, housing etc. Social support and supporting people to increase social capacity.
- **Problem solving** on a very practical level.
Someone taking responsibility for the patient and coordinating services for them.
- **Use of Voluntary Sector** to educate and raise awareness in communities and to promote health and well-being.

Focus on prevention

- **Prevention of LTC** – need to prevent people becoming patients – greater mental health resilience, public health interventions at crucial points along the pathway, health promotion, behaviour change.
- **Gaps analysis**– Children’s services and mental health needed to be brought under the umbrella of integrated care to ensure people with LTC get appropriate screening and support for mental health problems and equally those with mental health problems have equal opportunity to gain access to physical care. Also to ensure that children receive appropriate integrated care, including at the time of transition to adult services.
- **Health and Wellbeing Board**
“...Has a lot of power – we need to capitalise on that. We need to influence the agenda and the approach. We need to take the opportunities to tackle the wider determinants of inequality and poor health and well-being including housing, transport, employment etc. Unemployment in the long term is a big issue with special problems on the horizon for those with long term conditions and vulnerability. We need to plan for future need, NOW.”

Financial considerations

- **Is integration cheaper?** The focus of integrated care is not on developing cost effectiveness alternatives or making cuts. It about improving care, delivering care co-ordinated around the individual in the best place, at the right time. We need to be clear it is about the latter. It is a strategic and radical change. There was a sense that the opportunity for such transformational change was now; as sense of **“don’t waste a good crisis”** to implement an opportunity to achieve long term sustainability, with a focus on prevention.
- **Financial Levers** – The desire to develop risk share methodology was revisited. Organisational leadership was stressed as an important lever for whole system change. Inter-

agency collaboration was felt to be important to join up the narrative between respective stakeholders, to support success.

There was a further exploration of how resources might move across a whole system, with spending incurred by one agency incurring savings to another. It was felt that this should not be a barrier, but a reality borne from the complexity of joint working. The real benefit was ultimately to be to the patient or service user. *'They have power as electorate'*. The opportunity was thus to explore the future of further collaborative working.

- **Measuring outcomes** -

"Hard numbers don't always tell the picture; we need more qualitative information, like the case study of an 88 year old woman who had a great experience because the right care was provided at the right time in the right place. It's about the whole system and timeliness. We need outcomes around that."

What requires our immediate attention?

(Themes identified have been expressed as 'we statement, sound bites' in keeping with 'Making it real; Think local, act personal')

- We need to map the current system to better know what is there and to identify duplication and gaps.
- We need better coordination of existing services.
- We need to better understand Geographical distribution of services or develop "Health Maps". These could be clouds coloured green, amber, or red with a real focus on what is working, informed through professional and user feedback.
- We need to collectively focus on solutions – everyone having responsibility to solve problems and remove barriers.
- We must be aware that our professional narratives can act as a barriers to challenging existing practice or finding new solutions.
- We must work to develop a unified approach to good customer service ethics across our service interfaces.
- We need to better identify the 'skill set' that patients and citizens require and be able to provide this effectively, with a strong focus on personalisation.
- We need to support people to take 'self-care and responsibilities for health' to the next level.
- We will maximise opportunities for adoption of personal budgets and telecare/health in support of self-management.

- We need to develop the role of the voluntary sector - Training to raise health issues and supporting signposting.
- We need to support GPs to work with the new systems to sign-post people into a broader range of services.
- We need to build networks in the community and develop community assets that are self-sustaining and mutually beneficial to the individual and society as a whole.
- We need to develop a greater reciprocity across health and social care; to develop a mutual role in the assessment of an individual's holistic need and to be able to refer on to other services e.g. housing, employment support.
- We need to have a greater focus on the holistic meaning of prevention, including a systematic process to anticipate deterioration in social or healthcare needs eg: anticipating changing housing needs or anticipating a change in physical wellbeing with the onset of frailty.
- We need to develop alignment across organisations; an alignment of leadership narrative, alignment of financial incentives and an appetite to engage and better understanding those relationships or issues that are obstructing the longer term goals, felt to be beneficial to person centred care.
- We need to better understand the role of technology and innovation in delivering health and social care in the future.
- We need to ensure we understand what people want, with a particular attention to hard to reach groups.
- We need to develop a wide dashboard of metrics against which to measure success, measuring impact across the system and through time, to really understand outcomes.
- We need to ensure that we have developed champions in the system to drive the cultural change.
- We should undertake joint audits on case studies by multi-disciplinary staff.
- We should undertake large scale listening events across organisations to better understand their ideas about integration, "*giving power locally / close to patients*"

2. Recommendations

- That the summarised output from the event be used to inform the strategic development of better Integrated Care for patients with Long term conditions.

- That the output of the Integrated Care summit and the 'We Statements' be used to inform strategy development at the 'Integrated Care Away Day', scheduled to take place 1st July 09.30-13.00 at Laycock Street Educational Centre.
- That the output from the event be discussed at the next HWBB meeting 3rd July 2013, in a formative way to ensure that board members are appraised of the summary and thus able to inform future strategic development
- To ensure that the output from the event is condensed and included in the development of the 'Integrated Care Pioneer Proposal', deadline for submission 28th June 2013.
- That the health and Wellbeing board received a copy of the Pioneer proposal, as an addendum to this summary

3. **Background**

Improving care for long term conditions and the development of better integrated care constitutes one of the key priorities identified by the Health & Wellbeing Strategy 2012

4. **Implications**

4.1. **Financial implications :** Not considered as part of this summary

4.2. **Legal Implications:** Not considered as part of this summary

4.3. **Equalities Impact Assessment**

Not undertaken as part of this summary. To be an integral part of any recommendations taken forward for service developments or improvements.

4.4. **Environmental Implications**

5. **Conclusion and reasons for recommendations**

The summit on Integrated Care was organised by the Health and Wellbeing Board to support and stimulate broad stakeholder engagement, informing the strategic imperatives for development of better integrated care for the people of Islington. The outputs of the event will inform future discussion and work-streams, including the Integrated Care Away day, (designed to co-produce Phase 2 of Integrated Care in Islington) the development of a Collaborative application to become a Pioneer for Integrated Care by Islington CCG and London Borough of Islington and local stakeholders and further formative debate at the next Health and Wellbeing board on 3rd July 2013.

Overall, the aim is to use the outputs to develop the next stages of a collaborative narrative underpinning this key priority of the Health & Wellbeing Being Strategy.

Background papers: None attached

Attachments: Pioneer proposal to be tabled when complete for information

Final Report Clearance

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