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Health and Social Care Integration

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Content

What we are seeing across the country

Challenges and Opportunities

What makes a successful new integrated care model?

What we are seeing

- Better Care Fund being used to increase joint working and coordinate commissioning activities, but not everywhere
- Integrated Care & Support Pioneers - Established and delivering a range of integrated services based on local priorities
- Vanguards – 50 vanguard projects set up using a variety of structures and organisational formats, but still awaiting formal evaluation
- Health and Social Care Devolution – Manchester, Surrey Heartlands.

Integrated Care in Salford

- Integrated Care Organisation set up 1 July 2016
- Nearly 450 adult social care staff transferred from Salford City Council to the ICO
- Delivered by Salford Royal in the role of 'prime provider' for all adult health and social care
- The ICO commissions for mental health services and has some responsibility for domiciliary and nursing home care
- Primary aim is to improve services to people and deliver around £27m of recurrent savings by 2021, through reducing hospital admissions
- Eliminate duplications across the health and social care

Integration in Plymouth – Livewell Southwest

- Independent social enterprise providing integrated health and social care services for people in Plymouth, South Hams and West Devon
- In April 2015, adult social care staff transferred to Livewell Southwest from Plymouth City Council
- Number of innovative new services to efficiently deliver ‘person centred’ coordinated care
 - Community Crisis Response Team
 - Acute Care at Home
 - Robin Community Assessment Hub
 - Integrated Hospital Discharge Service
- Integrated services work under a new ‘multidisciplinary’ team structure including health and social care professionals.

Challenges and Opportunities

Although organisations are committed to making change happen, the pace of that change is currently not sufficient to drive the improvement needed to deliver sustainable services. So what are the key challenges and opportunities across the health and social care system and how can these be resolved and/or exploited?

WHAT?

Financial and quality sustainability

Professional human resource shortages in the number of GPs in primary care, nurses and junior doctors and the social care workforces.

Current funding and regulation on an organisational basis is driving sovereignty and creating cultural tensions.

HOW?

Increased collaboration and pooling of human, physical and financial resources.

National and overseas recruitment and retention campaigns, agency spend caps, establishment of nurse banks and countering the removal of bursaries with specialist medical school and nursing degree programmes.

Sustainability and Transformation Plans, delivering agreed control totals and regulators moving to more system-based assessments.

Challenges and Opportunities

WHAT?

Demand-led pressures in health and social care driven by co-morbidities, winter pressures and people not entering the optimal pathway point.

The pace of change on emerging new models of care to secure sustainable provision is slow, which is driven in part by ineffective stakeholder engagement and empowerment.

Potential shared governance issues and cultural barriers.

HOW?

More pooled resources targeted into prevention, public health and pathway management.

Embracing upfront engagement and empowerment strategies that are community cross sector driven with a greater focus on prevention, self-care management and innovation.

Underpinning integration is simple and agile shared governance arrangements with agreed common purpose breaking down cultural barriers between organisations.

What makes a successful new integrated care model?

Q1: Our Thoughts

- Willingness from all partners
- Trust (is the oil of the future)
- Prepared to give up sovereignty
- Look to having the right culture
- Think different and embrace prevention
- Technology and innovation
- Agile governance and risk

Question 2

How are we ensuring that adequate governance arrangements, resources and capacity are designated to new models of care?

**ANY
QUESTIONS?**

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