Integrated Health & Social Care
The Holy Grail

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Integration

- A Government Imperative
- Interdependence of health and social care.
- Attractive to NHS:- control over domiciliary care – end to delayed discharges
- Attractive to LAs – NHS resources protected
- Possible economies in Delivery Costs

The ‘Buts’

- NI integrated for 45 years. Limited impact
- Joint Care planning (1974)
- Health Act Flexibilities (1999)
- Care Trusts (2000)
- Better Care Fund (2014)
- Different Funding streams and pressures.
- NHS Bureaucracy

Different Cultures

NHS

- The KCMG stereotype
- Individual Autonomy of Consultants and Nurses
- Risk Averse culture

LA Social care

- Empowerment
- Shared decisions in teams
- Democratic control
- LA as corporate parent
- Risk taking and Normalisation

But the NHS is Changing fast

- Partnerships with Patients
- Self management
- Co production
- Patient held records
- Holistic care
- Emphasis on measurable outcomes

What worked in NZ

- GPs & Hospitals: one system, one budget
- Agreed evidence based clinical pathways

Outcomes:

- Lower rates of admission
- Reduced length of stays
- Fewer readmissions
- Reduced waiting times
- Measurable gains from integrating primary and secondary care

What works: Preconditions

- Cultural change: Patients First
- Commitment from the top
- Communication on project, purpose and pathways
- Clarity about roles and responsibilities

The Grail can be a mirage

- NW London Pilot Projects
- Evidence of impact
- Are the 4 ‘C’s in place
- Where do we want to be?