Integrated care
London’s programme of change
The integrated care landscape in London is complex
Since 2010, NHS London has focused its support on developing three integrated care systems...

- The original Darzi Integrated Care pilot in London had limited vision and engagement
- NHS London and the three AHSCs decided to pilot Integrated Care in three geographies
- The aspiration was to focus on population health and work with all partners (ie. primary, secondary, social care, community and mental health).

<table>
<thead>
<tr>
<th>Catchment population</th>
<th>Operating model</th>
<th>Time-scales</th>
<th>Expected outcomes</th>
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| **Imperial AHSC NWL Integrated Care Pilot** | | | - ~550k catchment population  
- Initial focus: diabetes and frail elderly, c15k diabetics and 26k over 75s  
- Coordination of care across providers (acute, community, primary, social care) with shared clinical practices and information  
- In delivery stage  
- Pilot ends June 30, 2012  
- Avoid 1,753 admissions across pilot  
- Avoid 3,700 attendances across pilot  
- Saving of £12.3m from emergency admissions and £0.2m from A&E |
| **UCL Partners Whittington Health** | | | - 440k catchment population  
- Transfer of community services from Haringey and Islington into Whittington Hospital  
- Mobilisation and delivery phase  
- Improve outcomes for patients at the minimum necessary cost;  
- Reduce unnecessary hospital admissions and reduce utilisation of acute care |
| **KHP AHSC Lambeth and Southwark** | | | - 517k catchment population  
- Initial focus on older people, c49k over-65s  
- King’s College Hospital, Guy’s & St Thomas’ and SLAM NHS FTs working with NHS Lambeth, NHS Southwark and LBs  
- Full go-live of new pathway April 2012  
- Roll out through priority LTCs and broader population 2012/13  
- Better quality of care and patient experience with a reduction in system costs |

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Since 2010, NHS London has focused its support on developing three integrated care systems...
**Definition**

Integrated care systems address specific patient needs using case management. They enable improvements in the care provided to individuals with long term conditions or high users of services. Integrated care systems need to be supported by multidisciplinary groups working across health and social care. They focus on population health and use risk stratification to provide evidence-based care on a proactive and planned basis. Integrated care systems should deliver:

- Better patient experience
- Better clinical outcomes
- Lower cost, better productivity

**Seven core components of an integrated care systems**

- A patient registry
- Risk stratification
- Common clinical protocols and defined but tailored care packages
- Individual care plans
- Proactive and planned care delivery
- Case conferences by multidisciplinary teams for only the most complex patients
- Clinical audit and performance management by multidisciplinary teams of their performance and that of their peers

**Five enablers needed to make integrated care systems a success**

- Clear accountability and joint decision-making
- Patient, user and carer engagement and involvement
- Clinical leadership and cultural development
- Aligned incentives
- Information sharing

... on this basis, we can now define the key characteristics of an integrated care system
…which has the potential to deliver the aspects of coordinated care that are most important to patients and communities

24/7

- Out of hours care
- Named care coordinator
- Support for self management
- Participative care planning
- Access to tailored information and care record
Across London, integrated care systems could support the achievement of Commissioner QIPP savings

At least

1m

Londoners could benefit from case management¹

Up to

£474m

potential commissioner savings across London

¹ Total population with Long Term Conditions (LTC) from GP QOF registries, with age profile based upon national prevalence rates by age quintile (Decision Resources). Elderly (75+) estimated from PCT primary care populations by age quintile (Department of Health). The proportion of individuals with co-morbidities estimated from hospital admissions for patients aged 19-74 with one or more LTC diagnosis on any admission in that year (HES 2009/10 for all London). This figure excludes the children’s segment.
Implementing integrated care systems across London could save commissioners up to £474m

<table>
<thead>
<tr>
<th>Commissioner (all London PCTs)</th>
<th>Acute Providers (18 acute NHS Trusts plus FTs)</th>
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<tbody>
<tr>
<td><strong>Level of financial challenge to 2014 / 2015</strong></td>
<td><strong>£1.4bn to £1.6bn cost saving required to achieve financial viability (1% net surplus) for 18 acute NHS Trusts</strong></td>
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<td>▪ £0.9bn reduction in spend required to remain within budget</td>
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<tr>
<th>Financial impact of Integrate Care</th>
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<tr>
<td>▪ Gross saving in acute spend¹</td>
<td>£663m</td>
<td>-£643m</td>
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<tr>
<td>▪ Investment in new community proactive care</td>
<td>-£160m</td>
<td>+£40m</td>
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<tr>
<td>▪ Integrated care programme costs</td>
<td>-£29m</td>
<td>+£489m</td>
</tr>
<tr>
<td>▪ Reduction in acute income¹</td>
<td></td>
<td>-£115m</td>
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<tr>
<td>▪ Income from new community proactive care</td>
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<td></td>
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<tr>
<td>▪ Change in costs (includes £52m from LOS improvement²)</td>
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**SOURCE:** SaFE 2011, Sector 5-year strategic commissioning plans 2011

1 £20m difference in the reduction in acute spend by commissioners and the reduction in acute income for providers corresponds to a reduction in payments by the commissioner to NHS London for emergency activity above threshold.

2 Total potential saving from LOS reduction through integrated care is estimated at £52m; however, the potential reduction by 2014/15 shown in subsequent analysis is limited to £29m due to 20% cap on cost savings.
Integrated Care Systems are emerging across London…
But learning suggests setting up an integrated care system takes time and requires careful planning

Setting up a pilot requires up to 12 months of planning alongside considerable clinical and managerial engagement. Five steps have been identified as key to setting up an integrated care community.
**Electronic community of practice**
- Relevant policy documents
- Discussion forum
- Information on forthcoming events
- A toolkit on setting up integrated care systems


**A series of problem solving workshops**
- Finance modelling – health and social care
- Integrated IT
- KPIs for integrated care
- Patient experience and involvement
- Aligning incentives
- Integrated commissioning

**Monthly teleconferences**
- National and regional policy updates
- Cluster updates
- Joint problem solving opportunities, on key topics
... and is supporting establishment of whole-population integrated care systems

### Key questions being addressed

- Most appropriate operating/governance model
- Financial model that best delivers both quality and efficiency across the whole system
- Integration of health and social care
- Commissioning models for integrated care

### Inner North West London approach

- Procuring external consultancy support to extend the current pilot and design a framework for whole population integrated care
- Links to Inner NWL Community Budget pilot that is reviewing public sector spend and developing a business case for whole population re-design.

### North Central London approach

- Development of a long-term programme to develop a whole population integrated care system and address system-wide enablers:
  - Informatics solution
  - Year of Care funding/tariff model
  - Commissioning/contracting model
  - Workforce requirements