

EIF National Conference 2017

Putting evidence into action



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Breakout 3

Is service integration the answer?



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Christine Davies CBE,
Trustee

Early Intervention
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Sara Tough,
Corporate Director

Dorset County Council



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Changing our collective mind-sets



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Towards an integrated 'system'

An emerging model

Fair



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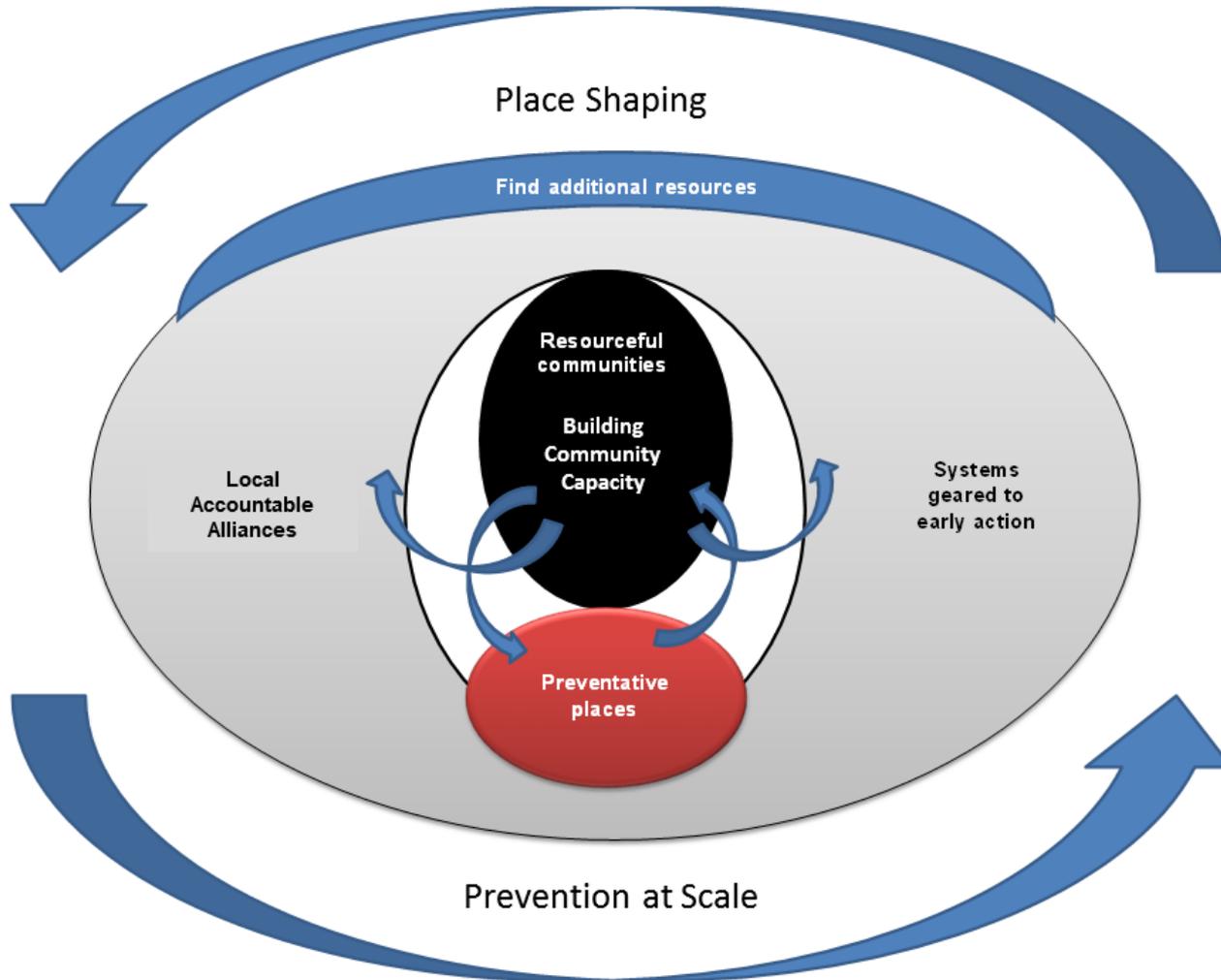
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Colin Williams Newcastle City Council



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Towards an asset based approach to integration in universal services – WHY?

- **Partners in Newcastle have long-standing aspiration to reduce inequalities, based on which there is a:**
 - **commitment to early intervention across the life course with particular focus on early years.**
 - **commitment to integration across the life course**
- **Until recently our focus has primarily been on:**
 - **Adult services**
 - **Specialist services**
- **But this will not get us where we want to be**
- **We are therefore exploring the potential of a universal model**

Towards an asset based approach to integration in universal services – HOW?

- **Defining impact we want to achieve based first and foremost on Holistic understanding of development processes in early childhood and family eco-system**
- **Reviewing evidence of what works**
- **Creating asset-based partnerships to deliver new integrated models – not the usual suspects**
- **An asset-based design methodology**
- **Council acting as strategic leader/capacity builder rather than commissioner or provider of services**

Towards an asset based approach to integration in universal services – WHAT?

- **Integrated offer to families expecting or with a baby or infant up to age of 2 years (1001 days)**
- **Integrated ante-natal and post-natal pathway that brings together GPs, Midwives, Health Visitors and Community organisations into single offer**
- **Aligned to GP Practices, not delivered there**
- **An end to referral culture**
- **Comprehensive peer support offer for all families in 1001 days period based on *Nesta* review**
- **Parent and baby wellbeing surgeries in places where parents would choose to go**



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Ben Lewing,
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EIF MULTI-AGENCY SYSTEMS PROJECT

Summary Findings



Little evidence in published literature, and weak generation of evidence through evaluation at local level.



‘Integration’ used to describe anything multi-agency, including separate and fragmented arrangements. Measurement of integration needs more sophisticated tools.



Readiness for change is critical to the success of innovation and service transformation. Outcome failures are often implementation failures.



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Dr Anand Chitnis FRCGP,
Chair

NHS Solihull CCG



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Is service integration the answer?



- **Sometimes!**

So **WHY** do it? ...View it from the public's perspective...

- **Quality of care improves** – people get better outcomes and a better experience (*e.g. SIAS; Fire Service*)
- Silo services aren't working for patients or tax-payer – collectively **professionals and the public can come up with answers** – new ways of working in an integrated way (*e.g. SOLAR; Street Triage; Urgent Care*)
- Focus efforts and resources on interventions with **the biggest impact on those most in need**
 - this is not about activity or organisational integration per se
- Commissioners, providers, regulators and policy makers have different agendas – **integrated care brings alignment**
 - it should encourage perhaps enforce alignment
- Financial barriers and perverse incentives can be overcome more easily with integration (*e.g. SIAS; SOLAR*) – e.g **jointly commissioned pooled budgets**
- **Incentivises everyone to think 'upstream'** – to consider how to **embrace early intervention more effectively** at all levels
 - Helps focus on which early interventions will show results quickly, and those that are long term investments.
- *It may be the **only** credible answer for the NHS and social care*
 - *What we currently have is unsustainable – so something must change*

(but start with the smaller, focussed programmes – don't let yourself run away with whole system integration... yet)



HOW to achieve service integration



- **A shared narrative with shared outcome measures**
 - meaningful to all stakeholders with **quality improvement** at its core (don't make the message about money or a political whim)
 - **must be about the patient / person**
 - must be compelling and **engaging to the public, politicians AND the providers** – change will be inevitable so they must all believe in it.
- **Grassroots ownership**
 - Ensure frontline staff/professionals and public make it is **their** programme (let them be creative and let them make mistakes)
 - **Get the public involved early** – trust them
 - Ensure **evidence based pathways** and measure key outcomes/outputs
 - Ensure **everyone shares accountability** for each other's (and the programme's) outcomes/performance – that common shared outcome
 - Develop a **multidisciplinary approach** for service delivery (don't direct from the board room!)
- **Political sponsorship**
 - Agree a common set of values and high level direction – **everyone has to be on board** and will stand by the programme when it hits trouble
 - This is about large scale **cultural** change (not organisational mergers or filling in a form)
- **Leadership**
 - Small group of **committed, passionate leaders** from each of the key stakeholder organisations (these leaders have to keep talking it up and supporting the team)
 - The leaders have to have **influence**, respect for each other and responsibility for implementation
 - Welcome feedback, and **address teething issues quickly** and robustly (don't let the sceptics undermine the key message)



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