

ID: 430

Theme 4 Enabling Integrated Health and Care: Removing Barriers, Encouraging Adoption

Parallel session oral presentation

Topics: Integrated Care in Practice (example Local Case Studies)

Keywords: Integration, Collaboration, Consortium, Co-production

Improving integrated working within and across organisations - An NGO Perspective

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Introduction

The paper examines the role and experience of a local voluntary sector provider (NGO) in meeting the challenge of enhancing levels of integration across their wide range of services. The aim has been to provide patients with continuity of their care so they experience a seamless transition between services as their needs change.

At the same time the NGO has become a member of a new consortium of local public sector organisations providing health and social care (including a district acute hospital trust, mental health trust, community trust and councils) which has been formed to redesign care pathways collaboratively on a whole system basis.

This paper records the opportunities and challenges of improving integrated working both within the organisation and across organisations.

Practice Change

All Hallows Healthcare Trust was established as a charity 150 years ago. The Trust has expanded to meet local needs and is unique in offering a particularly wide range of health and social care to its local community. The Trust provides health and social care through their community hospital, nursing home, respite care, day care, home care, health promotion services, meals on wheels and many other community services. A particular focus of care is rehabilitation and promoting independence, health and wellbeing. The Trust offers specialist palliative care and end of life care by working jointly with the local hospice.

In order to improve the service, a new culture within the Trust has been fostered to increase transparency and promote team working. This culture has been embedded by redesigned systems and procedures to improve clinical and care practice and working arrangements. Joint training and development for staff, volunteers and patient relatives has furthered integration with wider community resources, and fostered a culture of co-production with patients and their families. Joint training also means that staff are now able to work across all services, which has also increased flexibility and responsiveness. Patients appreciate the continuity of care and ease of movement between services.

The Trust is now applying this learning to the new challenge of integrating with other providers across the locality within the new joint venture company of providers. The Trust has undertaken audits of its services, in order to make an informed contribution to the collaborative re-design of the service and determine its role.

Key Findings

The progress towards integrating across sectors, staff and services is demonstrated in the records of the performance of the Trust. There are high levels of satisfaction recorded by staff and patients. The Trust has also been successful in receiving a national award in recognition of its achievements in integrating care. The Trust has met specific national standards such as the Gold Standards Framework for end of life care, which requires a demonstration of integrated working.

The progress within the Consortium has been rapid, accelerated by the timescale required by commissioners. Commissioners have used the scope within NHS England's Strategy, "Five Year Forward View" to make this shift from procurement by competition to one of collaboration. This has enabled providers to join up to create one "Most Capable Provider," with explicit shared objectives reflecting national policy. This commission and contracting lever has transformed relationships and attitudes across providers, and engendered a strong spirit of joint working, characterised by "provider-led design" of services.

Highlights

The Trust is continuing to improve its knowledge management on local resources and services and develop relationships across organisations and within the community. The Trust recognises that its sustainability requires a demonstration of integrated working across sectors, staff, patients and back office services, as it is a clear requirement by those funding and regulating the services. Commissioners also require reassurance that there is close working with patients, families, community groups, volunteers, and others. There is a long tradition of community support, and this continues to be evident.

Conclusion

The Trust is well placed to share learning with its partners in the multi-provider consortium from its own systems approach to integrated working. The Trust is now participating in integration between commissioner and provider functions, between secondary and community care, between the public and the voluntary sector, and between health and social care. This paper identifies progress made in implementing and sustaining multiple types of integration.