



Royal College  
of Nursing

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# RCN Policy Unit

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## Policy Briefing 02/09

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# Integrated Care Pilots

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Royal College of Nursing  
Policy Unit – Room 209  
20 Cavendish Square  
London  
W1G 0RN

Telephone 020 7647 3754  
Fax 020 7647 3498  
Email [policycontacts@rcn.org.uk](mailto:policycontacts@rcn.org.uk)

## Summary:

- Integration is being pursued by the Government as part of its strategy to improve public services.
- There are a number of ways that agencies can improve integration.
- There is evidence of improved outcomes (including improved patient outcomes, reduced length of stay in hospital) where agencies are successfully integrated.
- The integrated care pilots offer an opportunity to learn from the experience of clinically-led integrated care models.
- If you are part of a pilot scheme please do contact the RCN Policy Unit to share your experience with us at [policycontacts@rcn.org.uk](mailto:policycontacts@rcn.org.uk)

## Introduction and background

Promoting better public services through integration has been an aspiration of recent government legislation, policy and initiatives. All services, including health, social care, housing, transport and education, need to work in partnership in order to provide the opportunity for individuals to have an improved quality of life.<sup>1</sup> The fundamental purpose of integrated practice should be to improve the quality of services and support received by patients/clients - integration is not an end in itself, but a vehicle for achieving improvement.

There is no single model of integrated care. Integration can be at an organisational level i.e. where organisations are brought together by mergers or structural change. For instance Care Trusts in 2002 combined both NHS responsibilities and Local Authority health responsibilities under a single management structure. Integration can be a partnership approach whereby patient care is integrated across a single process both within and across professions and organisations, such as an integrated care patient pathway. In this instance different parts of the care pathway may be delivered by an array of providers such as an acute trust, a PCT, an independent sector provider and a GP surgery. The important aspect of integration is that the patient is at the centre of services and the services they receive are appropriate to their needs.

The Government regards integration as one remedy for the fragmentation of services, which has been identified as a barrier to providing more effective and personalised care. It would like to see a simpler, more user-friendly system which will ensure greater continuity of services for individuals with a single point of access wherever possible.<sup>2</sup> The purpose of this briefing is to outline how the Government is taking forward its' integrated care agenda through the development of a number of integrated care pilots and to obtain feedback from members on the development of these pilots.

## Evidence for integrated care

There is evidence to suggest that integration can improve the quality of care delivered to individuals and that it breaks down barriers between organisations. This evidence is discussed in more detail below.

### ***International experience***

The UK Government has examined different forms of integrated care models. One example is Kaiser Permanente in the USA which is a Health

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<sup>1</sup> *Policy Framework for Integrated Care for Older People*, Kings Fund, August 2004.

<sup>2</sup> *The evidence base for integrated care*, DoH, 16<sup>th</sup> October 2008.

Maintenance Organisation (HMO). HMO's provide healthcare to a group of voluntary subscribers.

Kaiser Permanente combines the role of insurer and provider of care, delivering care to inpatients and outpatients using a multidisciplinary approach. There is evidence that this system reduces acute bed use.<sup>3</sup> Other research suggests that integrated services are more responsive to clients'/patients' needs, reduce length of hospital stay and readmission rates, and improve patients' health and wellbeing.

### **English Care Trusts**

In England, Care Trusts were introduced by the *NHS Plan* (2000) and were implemented in 2002. The aim of these organisations was to improve service delivery by combining NHS responsibilities with Local Authority health responsibilities under a single management structure. Eight Care Trusts were developed, five originated from mental health provider organisations and three from PCTs.<sup>4</sup> At the time, concerns were raised that Care Trusts would become dominated by NHS targets. Frustration was also expressed by the need for these Trusts to have their performance assessed separately by both health and local government management regimes, neither of which addressed the integration agenda.<sup>5</sup>

It is thought that Care Trusts have contributed to the development of more integrated teams which are co-located within them, which in turn has resulted in a more flexible holistic response to patients/service users.<sup>6</sup> However, to date, there is no strong evidence to indicate that they are any more successful at delivering integrated services than any other models of partnership working.

Children's Trusts are another example of integrated services. They were introduced as a response to Lord Laming's inquiry into the death of Victoria Climbié and the need to improve safeguarding and the health and wellbeing outcomes for all children and young people.

Children's Trusts include agencies such as health, social services, education and other partners, their purpose being to improve the protection and wellbeing of children. They function at all levels from the development of the overall strategic plan to the delivery of frontline services. It is important to note that although these partner organisations work together in an integrated way, the different organisations maintain their separate identities.

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<sup>3</sup> *The evidence base for integrated care*, DoH, 16<sup>th</sup> October 2008.

<sup>4</sup> *Partnership Working Between Health & Social Care: the impact of Care Trusts*, Glasby, J & Peck, E, University of Birmingham, 2005.

<sup>5</sup> *Initial briefing on the relationship between health and local government with localities possessing care trusts*, Integrated Care Network, 2003.

<sup>6</sup> *Initial briefing on the relationship between health and local government within localities possessing care trusts*, HSMC University of Birmingham, 2004.

Initially there were thirty five Children's Trust pathfinder sites established in 2004. The evaluation of these organisations found that generally Children's Trusts had a positive impact on outcomes for children and young people. It also found that they acted as a catalyst for more integrated approaches to the diagnosis and provision of services for children and enabled a joined up approach to workforce development and training.<sup>7</sup> However, a study by the Audit Commission in 2007 suggests that Children's Trusts need to develop substantially if they are to achieve all intended benefits.

The role of Children's Trusts has recently been strengthened in the *Childrens Plan* (2008) to ensure that they continue to deliver long lasting improvements for children and young people.

## Integrated Care Pilots

Improved integration is a key principle within the NHS Next Stage Review (NSR) recommendations. The Primary and Community Care Strategy which accompanied the NSR announced that the Department of Health (DH) would pilot new clinically-led models of integrated care.<sup>8</sup>

### The core features are as follows:

- Initially the DH aimed to develop approximately 20 pilots ranging from large integrated care organisations covering a range of services to small pilots covering a specialist area. These pilots will test diverse models of integration;
- The Commissioning PCT will continue to be responsible for the pilots;
- DH funding will support the implementation and evaluation.

### The desired outcomes of the pilots are:

- Improved health outcomes, improved equity of services and better use of resources;
- Improved patient experience, satisfaction and quality of life;
- Adding to the evidence base about improvements in quality outcomes that can be achieved through integration.

### Process of selecting pilot sites:

- There were over 100 applications to become an integrated care pilot received by the DH. From these applications, 36 schemes were selected to go to the next stage.
- From December - March site visits were undertaken.

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<sup>7</sup> *Children's Trust Pathfinders: Findings from the national evaluation of the children's Trust pathfinders*, March 2007.

<sup>8</sup> *Integrated Care Pilot Programme - Prospectus for pilots*, DoH, 16<sup>th</sup> October 2008.

- In April 2009 the final stage of the selection process was undertaken and the DOH announced that 16 pilot organisations had been selected to put their proposed care models into practice over the next two years.
- These pilots will be evaluated by Ernst & Young and Rand Europe.<sup>9</sup> They propose to examine all sixteen of the pilots from a number of perspectives, including: the background of the pilots, the processes used to develop them, sustainability, patient outcomes and patient experience. The views of staff will be explored using staff questionnaires. Additionally 6-8 of the pilots will be examined in depth, this will include cost modelling. Some aspects of the nature of the evaluation will evolve as the pilots progress.

The pilots will all be clinician led, which is an opportunity for nurses. There are good examples of nurses working with a number of other agencies and disciplines in order to benefit patient care. Putting patients at the centre of care is core to nursing practice, therefore these pilots represent a good opportunity for nurses to demonstrate leadership and develop high quality integrated patient centred services.

### **RCN view and tell us more**

Integration is an important issue in terms of the delivery of high quality patient care. The RCN is committed to patients being at the centre of care and ensuring that care is delivered by the most appropriate person, with the necessary skills. One way to ensure that this occurs is through the integration of services and ensuring patient care is delivered in a seamless way across an integrated care pathway.

As discussed earlier there have been many previous attempts to improve the integration of services, with varying degrees of success. Therefore the RCN is keen to monitor the progress of these pilots and support members who are working within them.

If you are working in one of the potential sites integrated care pilots we would like to hear from you. Please contact the policy unit at [policycontacts@rcn.org.uk](mailto:policycontacts@rcn.org.uk).

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<sup>9</sup> *Introduction to the evaluation approach-proposal*, DoH, 2009.

## Appendix 1

### The 16 Successful integrated Care pilots<sup>10</sup>

#### *East Midlands*

- **Nene Commissioning Community Interest Company** – will develop new models of long term condition management. create personalised care plans for high risk end of life care and aim to reduce hospital admissions.
- **Principia – Partners in Health** – will involve partners working together through two projects looking at COPD. At risk patients will be identified, and teams in community wards and other partners will integrate care along a clinical pathway.

#### *East of England*

- **Assura Cambridge LLP** – will look at how different organisations across health & social care and the third sector can communicate and improve co-ordination across end of life care. Patient & Public involvement will also form part of this pilot.
- **NHS Norfolk/Norfolk County Council** – the focus of this pilot will be on joint working between the County Council and the PCT integrating care for the elderly.

#### *London*

- **Tower Hamlets Primary Care Trust** – this pilot will help patients with long term conditions to manage their own care with support from a range of diverse services locally.

#### *North East*

- **Church View Medical Practice** – the local acute trust and GP practice will work together as an integrated care organisation, they will also work in partnership with the provider arm of the PCT, social services and the patient practice group to improve care for older people.
- **Durham Dales Cluster Integrated Care Organisation** – involves seven partner organisations working together to meet the needs of a local rural population.
- **Newcastle Hospitals NHS Foundation Trust** – will establish a network of community centred training services led by clinicians in partnership with the third sector and other agencies, looking at falls prevention.
- **Northumbria Healthcare NHS Foundation Trust** – will explore a new approach to helping patients with COPD. Providers will work together to co-ordinate care and help patients manage their own care.

<sup>10</sup> www.dh.gov.uk DoH, 2009.

### ***North West***

- **NHS Cumbria** – this pilot will explore a new approach to helping patients with chronic disease manage their own care; it will focus on increasing collaboration between GPs and patients.
- **Tameside & Glossop PCT** – will involve seeking to change individual's behaviour who are at risk of developing CVD. This will include developing partnerships to identify individuals who are at risk and support them with diagnosis and treatment and help individuals change unhealthy behaviours.

### ***South West***

- **Bournemouth and Poole Teaching Primary Care Trust** – the pilot will be exploring delivering care for older people with dementia, collaboration between GPs, statutory organisations and the voluntary sector will be the focus of this pilot.
- **Cornwall and Isles of Scilly Primary Care Trust** – this will integrate primary care, secondary care and social care services by setting up a GP- led memory clinic.
- **North Cornwall Practice Based Commissioning Group** – ten GP practices in North Cornwall working together to integrate Mental Health community teams. It will integrate Mental Health acute services and social services.
- **Torbay Care Trust** – will involve organisations across primary care, secondary care, social care and mental health services working in partnership, focusing on care pathways for older people.

### ***Yorkshire & the Humber***

- **Wakefield Integrated Substance Misuse Services** – involves a partnership of the NHS, third sector and wider stakeholders to improve the care experience of substance misusers.

Three strategic health authority areas; NHS South central, NHS South East Coast and NHS West Midlands, have been left without a pilot scheme.