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**Integrated Social care  
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# Whole System Demonstrator Programme (WSD)

- ❖ In Kent, Health and Social care have worked in partnership for many years.
- ❖ The strength of this partnership was one of the key factors in securing our success as a WSD site.
- ❖ One objective of WSD was integrated working supported by advanced assistive technologies such as telehealth and telecare.

# What did we have before WSD?

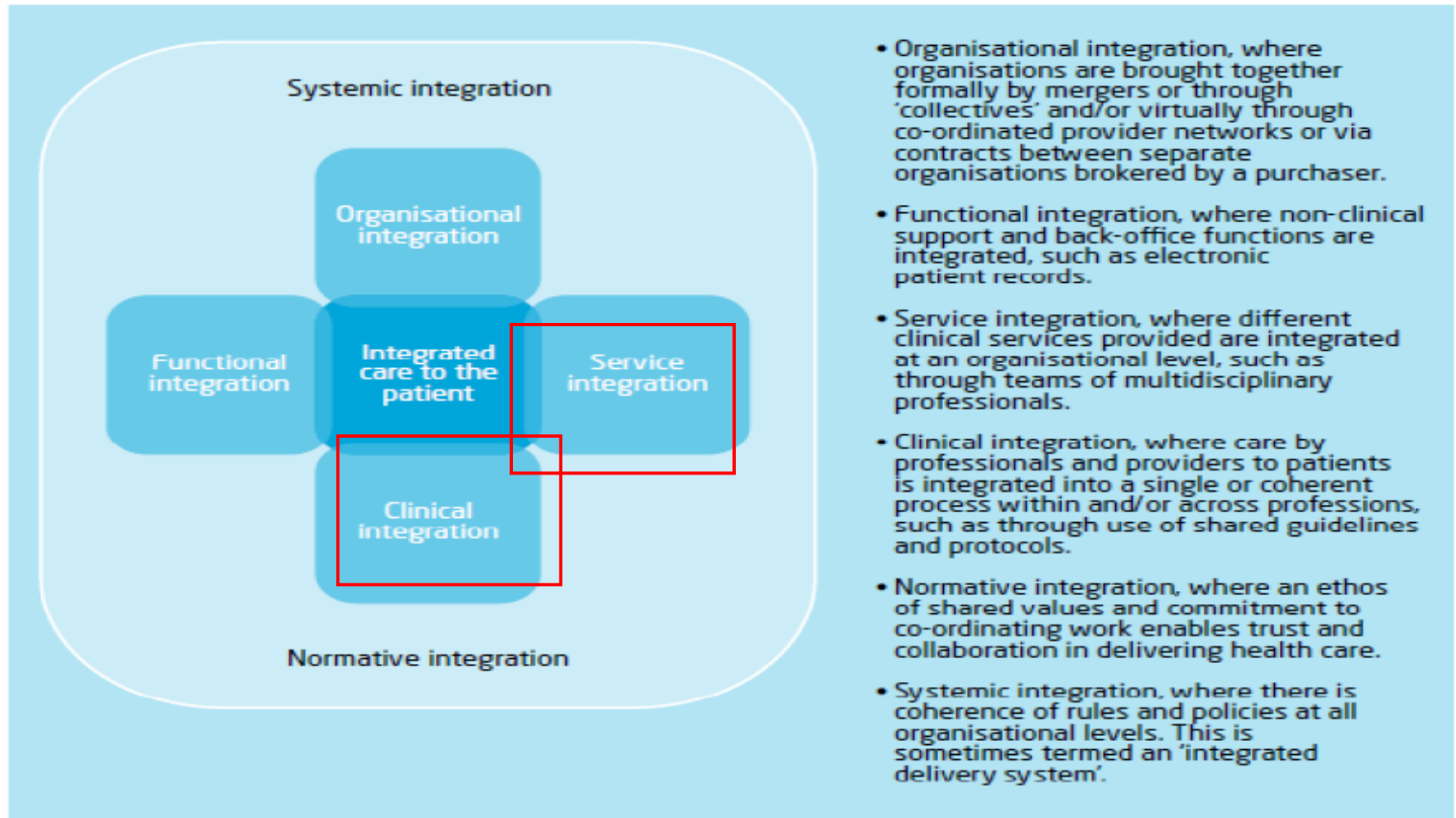
- ❖ Care managers co-located in GP practices
- ❖ Intermediate care teams. Health and social care professionals working in the same location and teams.
- ❖ Telehealth project delivered by KCC working in partnership with health.
- ❖ Work had started on a single assessment tool.

# What are we doing post WSD?

- ❖ Mainstreamed telehealth and telecare in to every day business activity
- ❖ Defining tools and protocols and pathways for integrated teams
- ❖ Developed integrated teams around GP practices
- ❖ Developed generic job descriptions for the non- specialist roles within those teams
- ❖ telehealth and telecare are key tools on all pathways

# Types of Integration

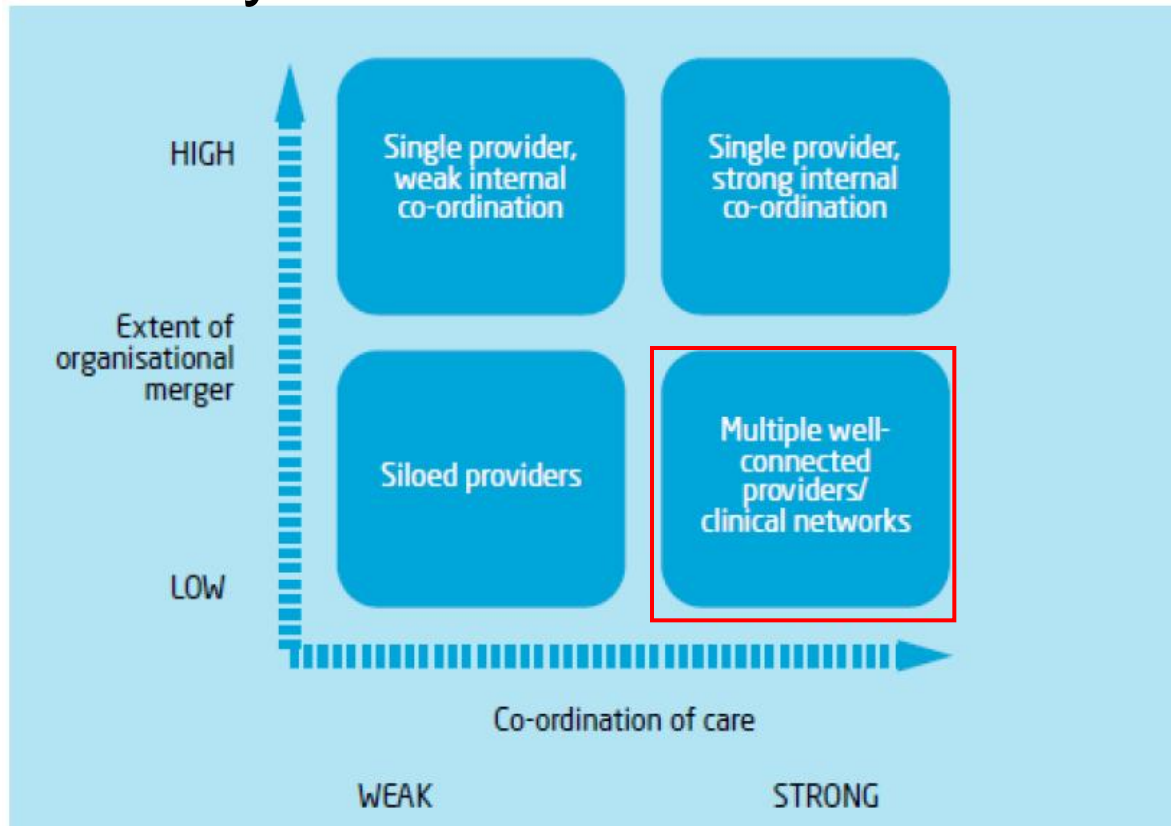
Figure 1 Fulop's typologies of integrated care (from Lewis *et al* 2010)



Source: Adapted from Fulop *et al* (2005)

# Integration without care co-ordination cannot lead to integrated care

Clinical and service integration matters most in delivery of effective care co-ordination



Source: Kings Fund / Nuffield Trust, 2011

# Health and Social Care Integration Programme

- A countywide programme of work to integrate community health and social care provision across Kent. We will:-
  - Deliver better co-ordination of care
  - Provide better experiences and improved outcomes for individuals and their families
  - Enable people to have more choice and control through underpinning integrated services by a personalisation ethos
- Includes services like primary care nursing, community matrons, older people's mental health services, intermediate care and social care enablement, social care case management

# What do we mean by integrated care?

- Concerns about fractures in systems and delivery that allow people to “fall through the gaps” e.g. primary/secondary care, health/social care, mental/physical health
- As people live longer and with more complex co-morbidities this fragmentation needs to be addressed

# Kent People said.....

- **Services feel disjointed and inefficient** because there are separate organisations with different systems, processes, agendas, budgets and targets
- **Lack of joined up communication.** This has an **impact on continuity of care and can cause delays**

# Vision – 2012 and beyond

**An integrated health and social care service that is:**

- *Easy to access and navigate*
- *Delivered locally around GP Practices*
- *Based on the principle of “one assessment”*
- *Focussed on preventing admission to hospital and dependency on long term care*
- *Based around the needs and choices of the individual*
- *Responsive and accountable to local people*
- *Efficient, effective and good value for money*

# Phase 1 - integration



SPA –  
April  
2012  
MDTs –  
June  
2012

SPA –  
January  
2012  
MDTs –  
April 2012

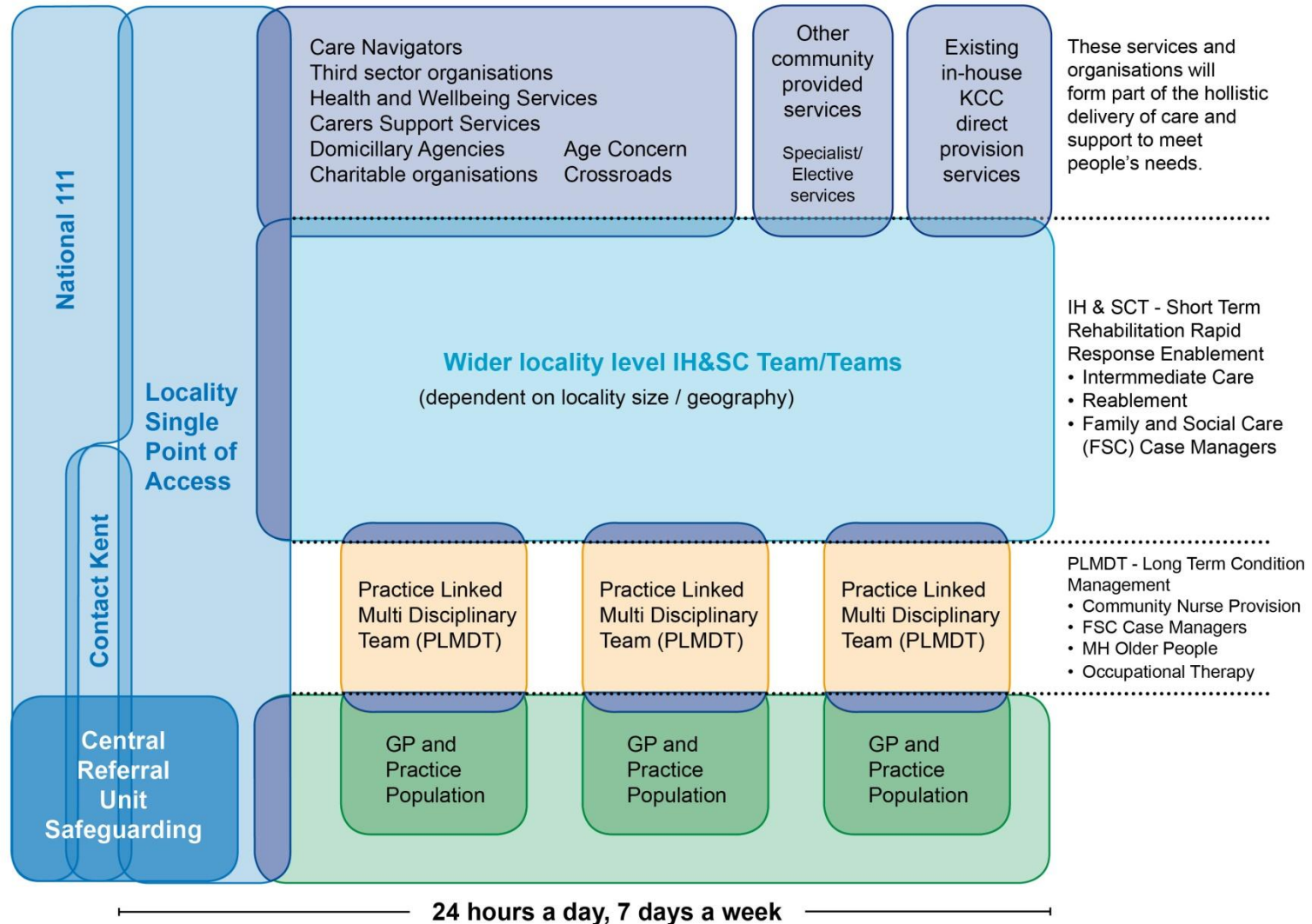
SPA – January 2012  
MDTs – April 2012

# **Operational Model - 4 Building Blocks focussed around GP practices**

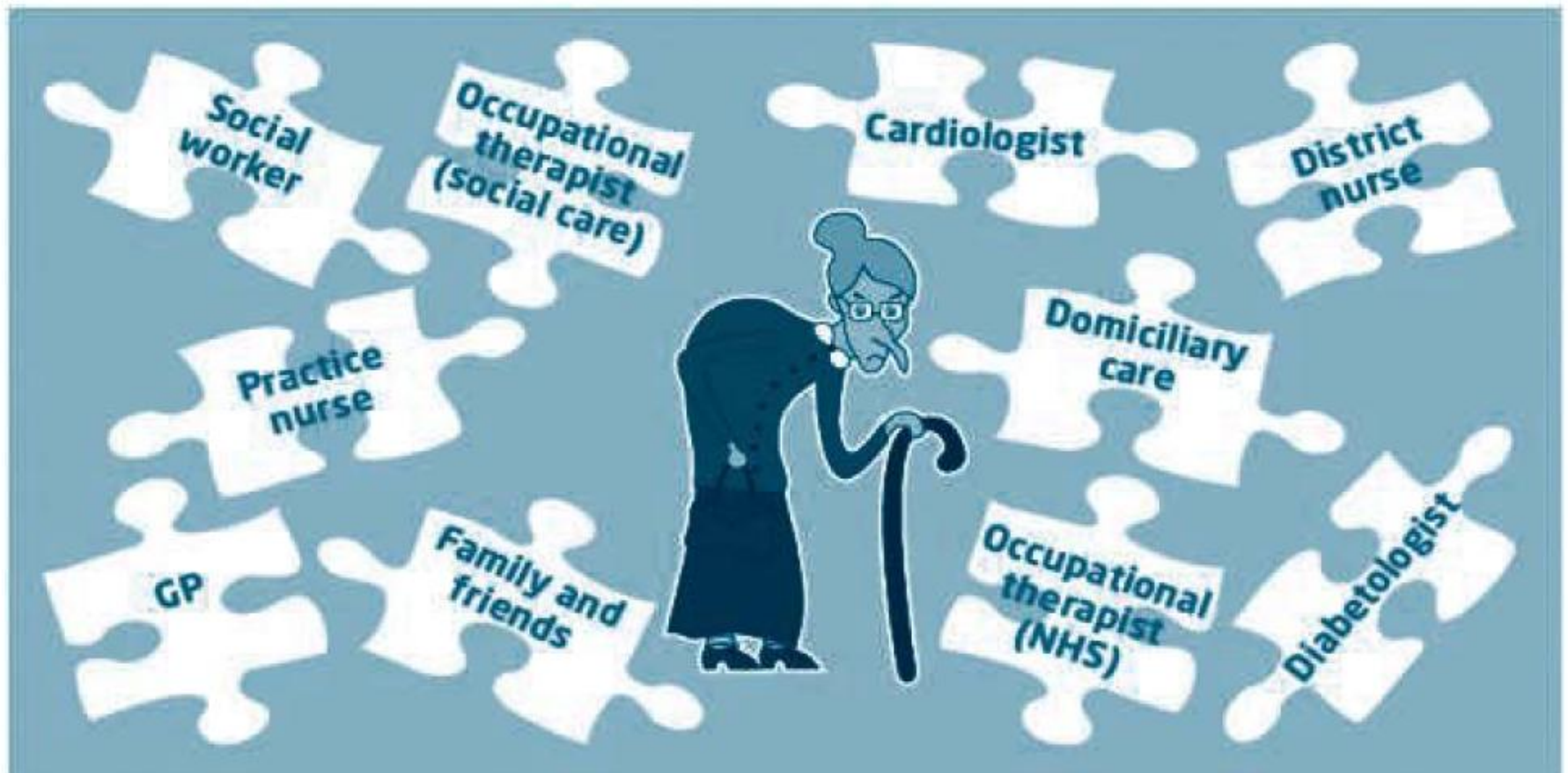
- 1. Single Point of Access**
- 2. Integrated locality team** – covering intermediate care and enablement, rapid response, health and social care assessment
- 3. Practice Linked Multidisciplinary Teams** – a focus on managing long term conditions
- 4. Other health, social care, private and voluntary sector provision**

# The operational model

## Locality Level Integrated Health and Social Care Team (IH&SCT)



# From a fragmented set of health and social care services...



**.... to a co-ordinated service that meets Mrs Smith's needs**



# Take home messages

- Integrated care is not an end in itself – this is a way to improve care
- The service user is the organising principle of integrated care
- Clinical or service integration matters most
- We're starting by integrating from the bottom up
- Better care experiences, improved care outcomes, delivered more cost-effectively are the keys by which integrated care should be judged