Towards Integrated Community Care

Improving Health & Wellbeing by Strengthening Communities

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

NSW GOVERNMENT Health Central Coast Local Health District

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Paper to the Rural Health and Research Congress: Connecting Communities, Lismore, NSW, 17 October 2019

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Leading the way in integrated care

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This new facility will transform the ways in which we look at, develop and deliver healthcare, including integrated care which is a priority for our District and the focus of the Research Institute for Integrated Care and Population Health.

With the far-reaching impact and remit of the health system and increasing complexity of the community in which we work, ensuring an integrated care approach is becoming more important to overcoming service fragmentation, delivering value-based healthcare, and ensuring improved outcomes for Central Coast residents.

This was the focus of the paper recently published in the International Journal of Integrated Care entitled: Formative Evaluation of the Central Coast Integrated Care Program (CCICP), NSW Australia. CCLHD authors included Prof Nick Goodwin, Dr Peter Lewis, Michael Bishop, Rachael Sheather-Reid, Sarah Bradfield, Taryn Gazzard, Anthony Critchley and Sarah Wilcox.

You can read the full paper here: https://www.ijic.org/articles/10.5334/ijic.4631/

The article is an in-depth look at the first three years of the Central Coast Integrated Care Program (CCICP). The Program was a complex, multi-component intervention addressing three target populations and more than 40 sub-projects of different scale, priority and maturity. One of the projects, which continues today, is the Family Referral Service in Schools project which targets vulnerable youth and involves multiple partners.

The CCICP was developed in partnership with public and private primary care health agencies after CCLHD became one of three NSW demonstrator sites in 2014 tasked to develop and progress integrated care. The paper provides insights into implementation of the CCICP, key lessons from evaluations, and further supports the need for consistent collaboration and a more integrated approach to health.

As a result of this work, the strong relationship between CCLHD and the Hunter New England Central Coast Primary Health Network (HNECCPHN) has since been formalised under the Central Coast Alliance agreement.

New projects have also emerged, with a NSW Health-funded integrated care scaled initiative on the Central Coast to occur this financial year (2019/2020). It looks to provide additional support to Residential Aged Care Facilities (RACFs) and aims to demonstrate that with assistance, training and access to services, residents can receive care in RACFs where appropriate, leading to reduced unnecessary ambulance transfers and unplanned hospital admissions. Residents, in turn, will also have less risk of infection in hospital and reduced stress burden associated with relocation to a hospital setting.

This important integrated care work continues and will be expanded when the Research Institute for Integrated Care and Population Health opens.

www.cchd.health.nsw.gov.au PAGE 5

Central Coast Research Institute

Prof. Nicholas Goodwin

Director

The CCRI is a joint venture between the University of Newcastle and the Central Coast Local Health District. It aims to build capacity for pioneering translational research in integrated care and population health relevant to improving the health and wellbeing of the Central Coast community, and to act as a trusted collaborative partner to promote world-class research and innovation across Australia and the Asia-Pacific.

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What is Integrated Community Care?

A European Perspective

TransForm Integrated Community Care

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What is Integrated Care?

There are three distinct dimensions to what integrated care means in practice:

1. Integrated care is necessary where fragmentations in care delivery mean that care has become so poorly co-ordinated around people's needs that there is an adverse, or sub-optimal, impact on care experiences and outcomes.
2. Integrated care therefore seeks to improve the quality and cost-effectiveness of care for people and populations by ensuring that services are well coordinated around their needs. It is by definition, therefore, both 'people-centred' and 'population-oriented'.
3. The people's perspective thus becomes the organising principle of service delivery, whether this be related to the individual patient, their carers/family, or the wider community to which they belong.

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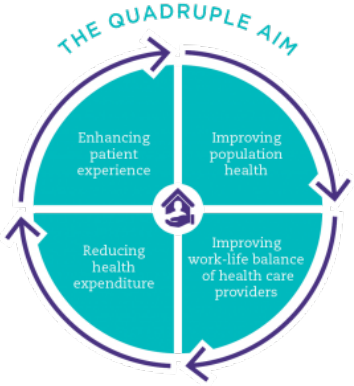
Integrated Care's Hypothesis

The hypothesis for integrated care is that it can contribute to meeting the **"Quadruple Aim"** goal in health systems

1. Improving the user's care experience (e.g. satisfaction, confidence, trust)
2. Improving the health of people and populations (e.g. morbidity, mortality, quality of life, reduced hospitalisations)
3. Improving the cost-effectiveness of care systems (e.g. functional and technical efficiency)
4. Improving the work-life balance of care providers and professionals



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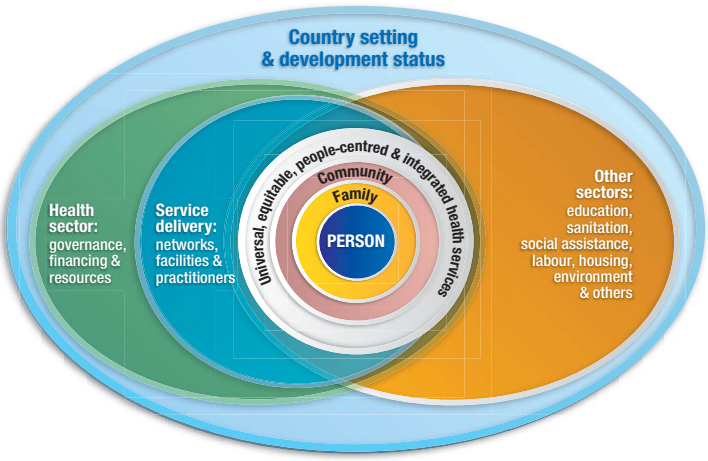
WHO Global Framework



WHO Global Strategy on People-Centred and Integrated Health Services. Interim Report. WHO Geneva 2015

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Five Key Strategies

- Seeing people and communities as assets
- Empowerment, engagement and co-production
- Self-management
- Health education
- Focusing on the most disadvantaged

- New regulatory frameworks
- Aligning finances and resources
- Strengthening public reporting and involvement

- Rebalancing health services towards primary and community-based care
- Creating new methods of coordination and cooperation
- Defining team roles and responsibilities

- Active care co-ordination required, especially to those with highly intense needs
- Formal ('real') organizational integration not required
- Internal silos must be addressed
- Coordination at clinical and service level matters most

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Integrated "Community" Care

- "Integrated community care" is an emerging concept
- Core purpose to improve quality of care and quality of life to vulnerable individuals, families & communities.
- Grounded in community health – that ability to maintain, protect and improve the health of all members of local communities through sustained community efforts
- Supported by effective coordination of care through inter-sectoral collaborations underpinned by co-productive partnerships

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Integrated Community Care

Key Features:

- Assets-based & people-driven – engaging and empowering people in local communities as co-producers of their health
- Place-based to a specific neighbourhood or community
- Delivered through cross-sectoral and inter-professional partnerships which bring together both formal and informal care actors;
- Supports people in the home environment through primary/community care-based activities – i.e. in non-institutional settings
- Focuses on people's health & wellbeing
- Helps to combat social exclusion and social isolation

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The Need for Integrated Community Care in Australia

A Compelling Case?

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Some Recent Reports

Productivity Commission report ***Shifting the Dial*** (August 2017)

- Proportion of years people living in ill-health as a percentage of life expectancy comparatively high
- Care is episodic and driven by medical treatment in institutions
- Care is not person-centred or co-ordinated – its fragmented, particularly between hospitals and primary/ community care
- Data collection 'haphazard'
- Significant scope to improve efficiencies – invest in health promotion and ill-health prevention
- Funding siloes prevent collaborative action
- Pilots rather than continuous service improvement
- Activity-based funding does not encourage prevention/integration – need new funding arrangements e.g. blended payments / pooled budgets in primary care; regionally-based commissioning

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Some Recent Reports

CSIRO (2018) report ***Future of Health****: from illness treatment to health and wellbeing management*

"Value should be rewarded over volume"

1. Empowering consumers
2. Addressing health inequality
3. Unlocking the value of digitised data
4. Integrated care, underpinned by predictive analytics & new workforce skills

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The Evidence for Integrated Community Care

A compelling case for change?

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The evidence: a summary

The evidence base is mostly contained in emerging case experiences where integrated community care has been able to demonstrate that it can have a positive impact in a number of areas:

- Strengthening communities and targeting the social determinants of ill-health by reducing social exclusion, tackling inequalities and addressing social isolation
- Improving individual and community wellbeing
- Building sustainable and cost-effective collaborative partnerships within communities such as between the health and social care sector, primary care professionals and neighbourhood actors to address public health problems
- Encouraging people's health seeking behaviours

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The evidence: a summary

- Where integrated care better co-ordinates care around the needs of people at a personal, clinical and service-level it can improve quality of care, care outcomes and care experiences
- Uncertainty remains on the relative effectiveness of different system-level (organisational) approaches to integrated care as new structural solutions are often observed to be costly
- Getting the design and implementation of integrated care programmes right is important, and requires time to innovate and mature
- Research studies mostly look at integration, not integrated community care!!!
- There is a lack of robust evidence overall on the economic impacts of integrated care approaches, but a significant amount of positive context-specific case experiences

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Implementation science is weak

- Programme evaluations have shown limited ability to explain their results, so making it problematic to judge impact and costs
- Process evaluations provide explanation of key variables that influence the design and delivery of integrated care programmes, but don't give an understanding of what works, when and where?
- There is a need for a more intimate relationship between research and practice in order to understand its complexities and the strategies that result for effective implementation

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Approaches to Integrated Community Care

What might work?

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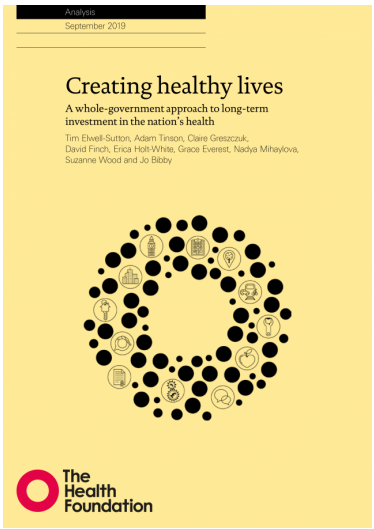
The importance of investing in 'place'



The strength of local communities profoundly shape people's experiences, expectations and opportunities and has implications for long-term health and wellbeing. Create health in communities by:

- Invest in health promotion and ill-health prevention, especially mental health;
- Focus on early years services for children;
- Accessible transport systems;
- Public services that promote health – e.g. places to learn, be safe & socialise (e.g. libraries)
- Financial support and advice for those in debt;
- Economic development through inclusive economies to help tackle health inequalities

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Taking An Assets-Based Approach

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Building strategies that empower and engage people

Health Literacy

Common strategies include mass media campaigns, the development of targeted educational packages and lifestyle programs, e-health, and providing lay, parental and family-led advice.

The evidence for positive benefits is strong and includes:

- ✓ enabling people to better manage their health conditions
- ✓ control of risk factors
- ✓ changes in lifestyle

Shared Decision-Making

Promotion of patient and family involvement in decision-making about care and treatment options remains under-developed but is becoming a common element of health care in many countries

The evidence for positive benefits is strong with shared decision-making being associated with:

- ✓ the development of more appropriate interventions that better match patient preferences and needs;
- ✓ reduced misdiagnosis;
- ✓ greater patient satisfaction and independence

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Building strategies that empower and engage people

Supported Self-Management

Support for self management is widely used in advanced economies for conditions such as asthma, diabetes mellitus and heart failure

Self-care requires pro-active patients, but there is often a lack of willingness or capability to engage – hence, effective self management often includes a focus on the patient's motivation and goals

The evidence is highly positive in terms:

- ✓ improving health status
- ✓ Improving quality of life
- ✓ reducing unnecessary hospital visits and/or hospital readmissions

Personalised Care Assessments

Comprehensive and holistic assessments of needs, including personalized care plans, have been associated with

- ✓ greater patient satisfaction,
- ✓ improved care co-ordination,
- ✓ reduced cost

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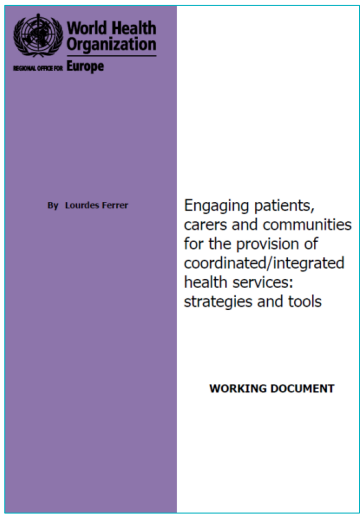
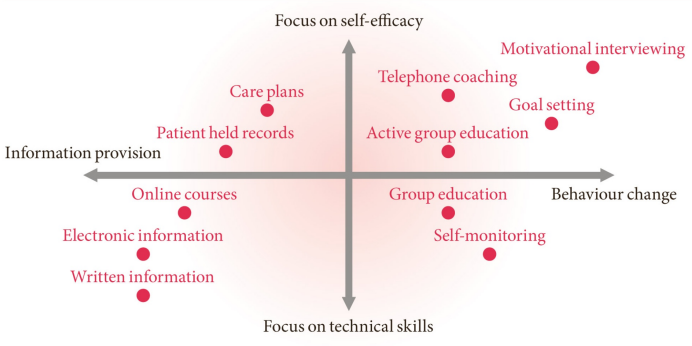
A Range of Strategies





Source: de Silva, D. *Helping people help themselves.* The Health Foundation, 2011. www.health.org.uk/publications/evidence-helping-people-help-themselves/

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Building community participation

Community Participation

Community participation in planning and goal setting is a widely used strategy .

The approach helps communities examine the underlying factors behind health problems, raise community awareness and support health improvements

Interventions that support education and awareness with participatory groups can improve health outcomes where this is culturally sensitive and targeted to specific health problems.

There is evidence for the need to supporting social networks and social integration since cultural and political characteristics in local communities may have unpredictable dynamics

Community Delivered Care

The development of community health workers and the role local people in being partners in care has good evidence in:

- ✓ supporting better access to care, promoting legitimacy and trust, and
- ✓ offering new opportunities for peer-to-peer learning and strengthened advocacy

The assets-based approach can be difficult to sustain since it requires a new type of partnership between health professionals and the community

The development of 'alliances'

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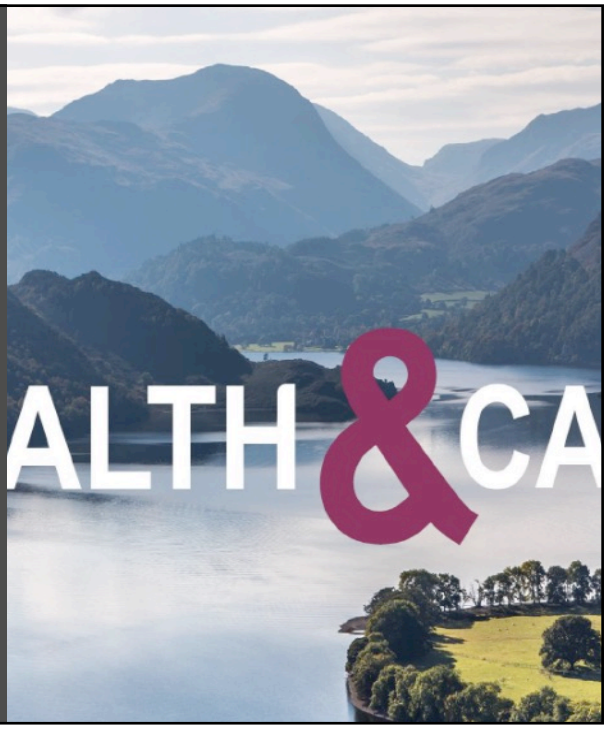
MILLOM ALLIANCE
Working Together for a Healthier Millom

A Case Example

Millom, UK

NORTH CUMBRIA HEALTH & CARE



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Millom is a geographically isolated town in Cumbria

- Population 8500
- Generates 22,900 journeys out of the town every year for care
- Taking 59% of health budget
- 1 million miles of travel

45-50 minutes to get to the nearest hospital along poor roads
Poor public transport and low car ownership

Millom – May 2014

- Good general practice but unable to recruit after partners retired
- Poor premises in a terraced building
- Unable to continue to cover the community hospital which closed temporarily

Over 2000 people take to the streets in protest

How did the community respond?

- ✓ Community-led GP recruitment campaign via social media – helped recruit 6 GPs
- ✓ New town newspaper distributed to 5500 homes to provide health promotion messages
- ✓ Health promoting businesses – e.g. the local laundrette
- ✓ Health promoting events and festivals
- ✓ Engagement with school curriculum
- ✓ 'Donor' community scheme
- ✓ Autism friendly community approach

What did the health service do?

- ✓ A new model of multi-speciality primary care
- ✓ Creation of an alliance of partners to create integrated care communities
- ✓ Use of 'civic power'
- ✓ Third sector and volunteers
- ✓ Expand across Cumbria
- ✓ Health & wellbeing service

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Over the first 2 years?

- ✓ **23.3% reduction** in **non elective** admissions
- ✓ Reduced length of stay
- ✓ **16.3% reduction** in **elective** admissions
- ✓ **Minimal increase** in **A&E** attendance
- ✓ **10% reduction** in **non elective** admissions from **care homes**

Scaling Up

2014
Millom Alliance founded in rural community of 8500 people in response to closure of community hospital and crisis in GP recruitment – assets-based approach embraced

2018
Whole of Cumbria & Morecambe Bay (750k people) supported through 20 community-based alliances – fastest transforming integrated care system in the UK enabling 8-10% year on year financial savings & turnaround in population health outcomes

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Prof. John Howarth's Integrated Care Equation

Integrated health and social care teams

(building *real* teams around place and pathways)

+

Activated Individuals, carers and families

(activated individuals use services less and have better outcomes)

+

Communities mobilised <u>at scale</u> for health and well being

(the community as part of the local leadership *and* delivery team)

+

Changed drivers in the health system

(system leadership, system architecture, system culture, changed drivers, impacting on commissioning and provision)

=

A population health and wellbeing system

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Concluding thoughts

Lessons for Australia?

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Strong and resilient communities are the key to improving health and wellbeing

- Integrated community care (ICC) is about improving well-being, life satisfaction and enabling people to remain in control of their life
- ICC is not an intervention or model of care, it is an dynamic and ongoing process that seeks to build strong and resilient communities that improve people's health and wellbeing over time
- ICC requires action across sectors to develop a collaborative approach with shared cultural norms and values – this is the glue that holds ICC systems together
- The ICC methodology introduces a remedy for the multiple complex and unbalanced relations seen in how health and care systems operate

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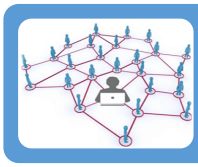
Enabling integrated community care in rural area: a multi-level strategy?

MICRO



Start with what people can do; independently or with small environmental adjustments. Verify the dependencies of people's wellbeing and accustom support accordingly

Life experiences are shared by many; listen to one and you hear the voice of many

MESO

Create a culture of sharing: accountability, risk, ambition and success

Make processes transparent and flexible; it will increase people's access to participate in co-creation and system improvement

MACRO

Audit what matters to people and the collective learning

Spend money differently and pay the ones who make a difference

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