Integrated Care Value Case

Torbay, England




October 2013

This Value Case has been commissioned by the Local Government Association with support from the national partners on the integrated care and support collaborative

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Produced by integrating care

About this Value Case

- The LGA, with support from the national integrated care partners, has commissioned the development of a toolkit to provide practical support for members of Health and Wellbeing Boards to highlight and promote the evidence of what makes the biggest difference to patient and service user experience as well as making better use of resources across the system.
- There are six key elements to the toolkit:
  1. An overarching ‘Value Case' for integrated care
  2. ‘Value case' summaries
  3. An evidence review of existing knowledge on outcomes of integrated care
  4. A model for local areas to map the impact of integrated care on outcomes, cost, activity and individual journey through the system
  5. A searchable database of integrated care initiatives throughout the country
  6. A signposting tool which will point to existing useful sources around the planning and implementation of integrated care
- This Value Case is part of a set of value cases which will show how local areas are delivering whole system integrated care, and the resulting impact this has had
- We are inviting all innovative areas who have delivered integrated care to come forward and develop their own Value Case to share with other local areas. For more information or to get involved please visit http://bit.ly/19ofToY

Guiding principles for the value case

The overall goal of this work is to develop value cases which are:

- Aimed at Health & Wellbeing Boards

And may incorporate:

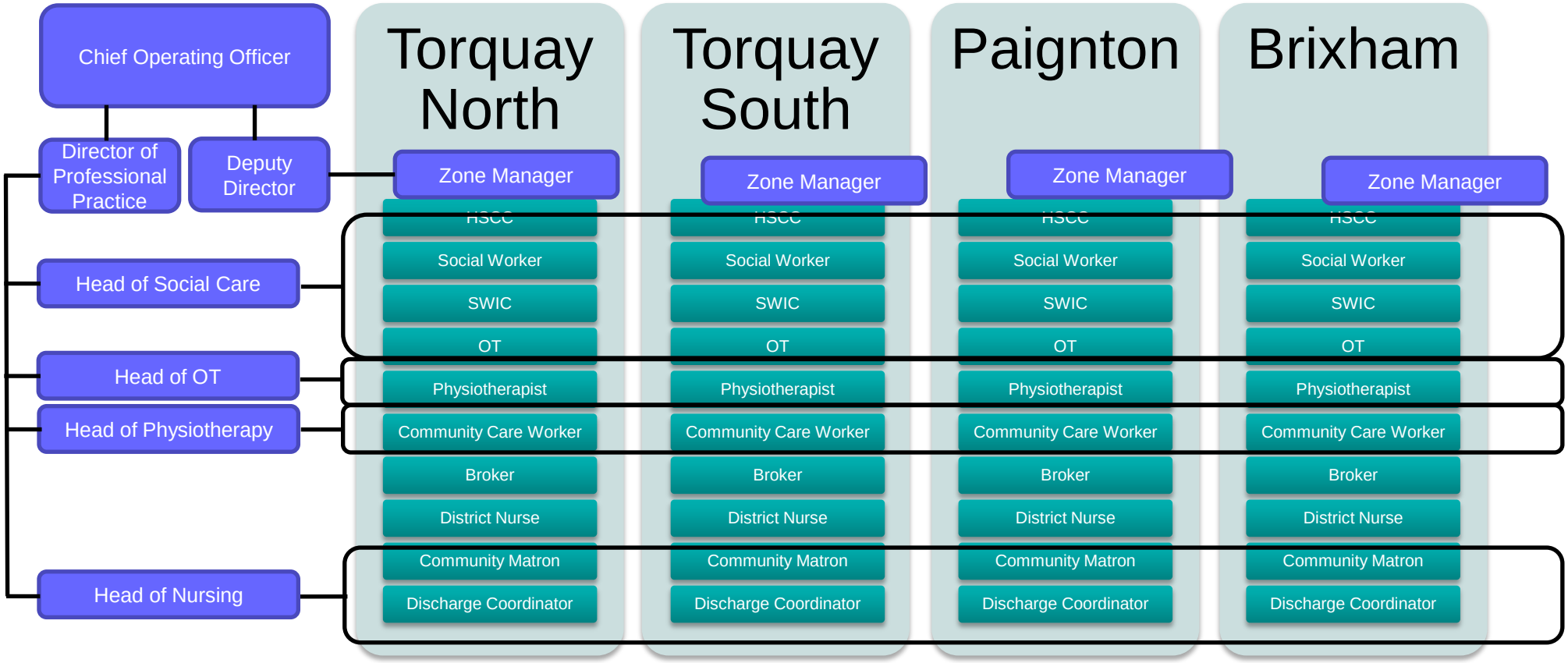
- Service user stories, capturing changes to the service user's journey
- Features of the model, including enablers
- Costs of the model
- Evidence of benefit, including to activity, spend and outcomes

We recognise that the information contained in the value case may prompt further questions, in which case we recommend you use the contact details at the end of the value case to follow up with a direct contact.

About Torbay

- Torbay and Southern Devon Health and Care NHS Trust serves a population of 250,000 on the south coast of Devon
- Joint work between health and social care began in earnest in 2002, covering the population of Torbay (135,000) and led to the legal establishment of a Care Trust in December 2005
- Torbay has a significantly higher than average number of residents over retirement age, and it was clear a decade ago that the major service question was how best to meet the needs of the rapidly growing number of people with a complex mix of health and social care needs
- The Care Trust is an NHS body, from which Torbay Council commissions its adult social care services
- The service model is based on integrated multi-disciplinary teams, which work closely with primary care, and specialist health services to manage the care of the populations they serve
- There is a strong emphasis on speed of response, the promotion of independence, and providing services in people's own homes

Visual model: an operational structure for integrated general management



Outcomes evidenced by Torbay: what difference does it make?

User experience

- Use of Direct Payments is one of the best in the region
- 95% of care packages available within 28 days & 99% of equipment available within 7 days

Frontline staff experience

- Annual staff survey showed an increase in staff satisfaction, with 28 of 36 indicators above the national average satisfaction
- Reduction in staff sickness and absenteeism
- Reduction in staff reporting abuse

Impact on institutional care

- Average number of occupied beds fell from 750 in 1998/99 to 502 in 2009/10
- Emergency bed day use in in the 65+ population was 1,920 per 1,000 population in 2009/10 (compared with an average of 2,698 nationally)
- Lowest non-elective LOS in the South West and 4th lowest in the country

Impact on cost

- The creation of the Torbay Care Trust saved approximately £250,000 in management costs in its first year
- Significant additional savings were made to the system as a whole (e.g. through reduced hospital admissions)

Productivity

- Delayed transfers of care have been reduced to a negligible number

"Torbay stands out as the site that is able to demonstrate most progress ... Torbay can claim with some justification to be showing a measureable return on its investment in integrated care"

How we did it: key enablers

Governance

- A formal agreement was reached between Torbay Council and Torbay PCT to establish Torbay Care Trust, a fully integrated NHS organisation responsible for commissioning and providing community health and social care services
- The local authority retains its statutory accountability for adult social care. An annual agreement allows the Council to outline the resources available for social care and the performance monitoring arrangements

Workforce development & OD

- NHS funding was used for social worker posts, assuaging some concerns from council staff about integration threatening investment in social care
- Investment in local leadership programmes and ongoing collaboration with Kaiser Permanente in America

Users & carer co-design

- Empowering users & carers using focus groups, journey mapping & interviews
- Increasing use of personal budgets & direct payments

Finance

- Capitated budget for health services, and an annual agreement with Torbay Council for Social care spend. Local teams manage integrated budgets.
- Aligned budgets while building towards section 75 agreements

Management

- General management across integrated, co-located health and social care teams, with a strong emphasis on multi-professional leadership and development

"I am able to ensure access, support & care for my patients"

"I am able to have time to care for my patients"

What we did: integrated care design

Focus on Mrs Smith

- The experiences of a fictitious Mrs Smith, an 80-year old user of fragmented service, was used to focus energies around integration, and to explain the approach from a users perspective

Crisis Assessment & Rapid Response for the Elderly

- In place before the Torbay Care Trust, CARRIE was a key multi-disciplinary service
- The identification of a need for stronger social care support was a driver for integration

Aligned social services

- Staff teams were aligned to clusters of GP practices based on GP registration rather than home address These 'zones' became facilitators of integration
- Health and social care coordinator role introduced

Risk stratification and case management

- The 'Kaiser Triangle' was used to focus services on patients with the most complex needs
- Case management was used with these patients to maximise impact

Zone working

- A single point of contact in each zone, co-ordinating health and social care.
- Multidisciplinary working across zones
- A whole system approach, with hospitals, primary care and community services encouraged to be in partnerships with the zones

"Central to the vision was the concept of improving access to services for Mrs Smith"

Who we did it for and why

Users and carers

- There was a strong focus on the needs of the most complex, vulnerable older people
- Wanted to ensure the user experience was a smooth and co-ordinated with provision of responsive services

Clinical Commissioners

- Reduce the number of patients staying in hospital unnecessarily
- Fulfil need to achieve low rates of unplanned admissions, shorter lengths of stay, and no delayed discharges

Social Services

- Improve performance of adult social care in Torbay Council
- Increase provision of domiciliary care, and significantly reduce the use of residential and nursing home care

Community

- Improve the provision and quality of services within the community

National politicians

- An early and sustained example of the service user and economic benefits of the full integration of health and social care

Acute providers

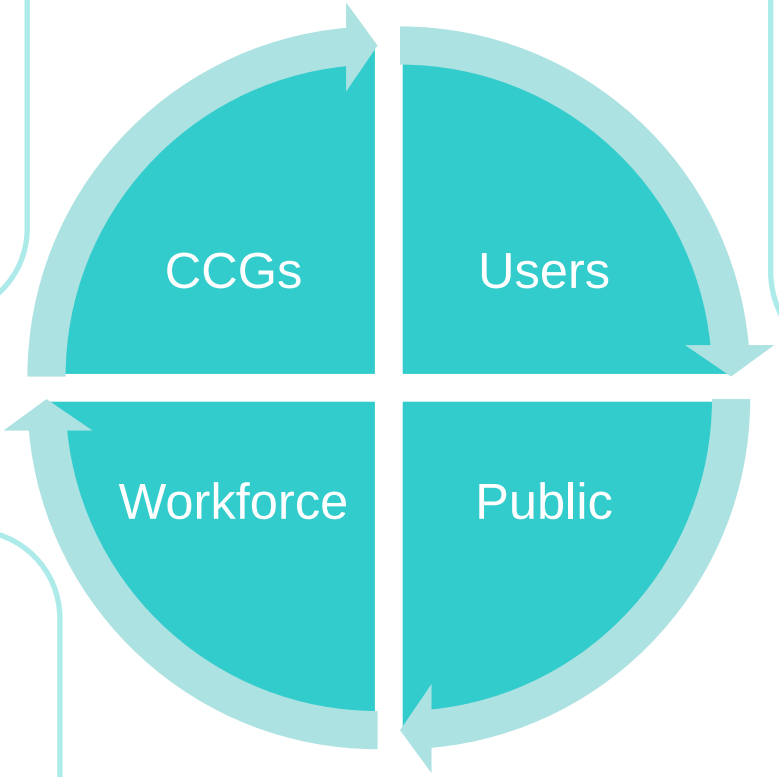
- Giving the ability to work closely with a single provider of community services, creating reduction in avoidable admissions, significant improvements to discharge processes, and fewer readmissions

"The current system was unsustainable, Integrated care will allow us to provide a sustainable person-centred future"

Benefits

Benefits
- Financial risk share
- Single management structure
- Co-location

Benefits
- Improving access
- Simplified decision-making
- Shortened time from need identification to delivery
- Increased efficiency
- Communication failures reduced



Benefits
- Greater job satisfaction
- Better communication across workforce
- Simplified communication across workforce

Benefits
- Help to facilitate the development of a wider range of intermediate care services

Lessons learned

User-centred services

- Continue to base any strategy on the vision for and benefits being sought for service users/patients (Mrs Smith) to create a compelling narrative
- Specify these in advance, communicate them constantly, invest in improving them, and monitor improvement

GP registration

- Integrate support services from the bottom up around GP registration to simplify access and make co-ordination easier

Organisational development

- With the right change management, cultural, political, organisational and financial risks do not need to be deal breakers – they can be overcome. The evidence base is useful.

Integrated management

- Engage senior and middle management from the start, and avoid separate management arrangements for different professions (including social care)

Care at home

- Prioritise continuity of care at home, with immediate care provision and hospital discharge processes in place to support it

Leadership

- Change relied on leadership across health and social care providers, with commissioners having a lesser role
- Need committed leadership team and political commitment

"What could we do better… sharing of information with GPs…and sharing accountability during the good and bad times"

Contact details

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