

Whole System Integrated Care Workshop

18th July 2013



Thursday 18th July, St George's Centre
Great George Street, Leeds, LS1 3BR

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|-------------------------|---|
| 09.30 – 10.00 am | Registration and refreshments |
| 10.00 – 10.20 am | Welcome, introduction and aims <i>Sandie Keene, President, Association of Directors of Adult Social Services</i> <i>Professor Paul Corrigan CBE, Senior Advisor, Integrated Care</i> <i>Simon Morioka, Director, Integrating Care</i> |
| 10.20 – 10.45 am | Initial discussion <i>Survey findings / where are we now</i> |
| 10.45 – 11.15 am | “Making integrated care a reality” <i>Sir John Oldham, Chair, Independent Commission on Whole Person Care</i> |
| 11.15 – 12.15 pm | Round-table discussions |
| 12.15 – 12.55 pm | Feedback and Q&A with expert panel |
| 12.55 – 1.00 pm | Wrap up and next steps |
| 1.00 – 2.00 pm | Lunch and networking |

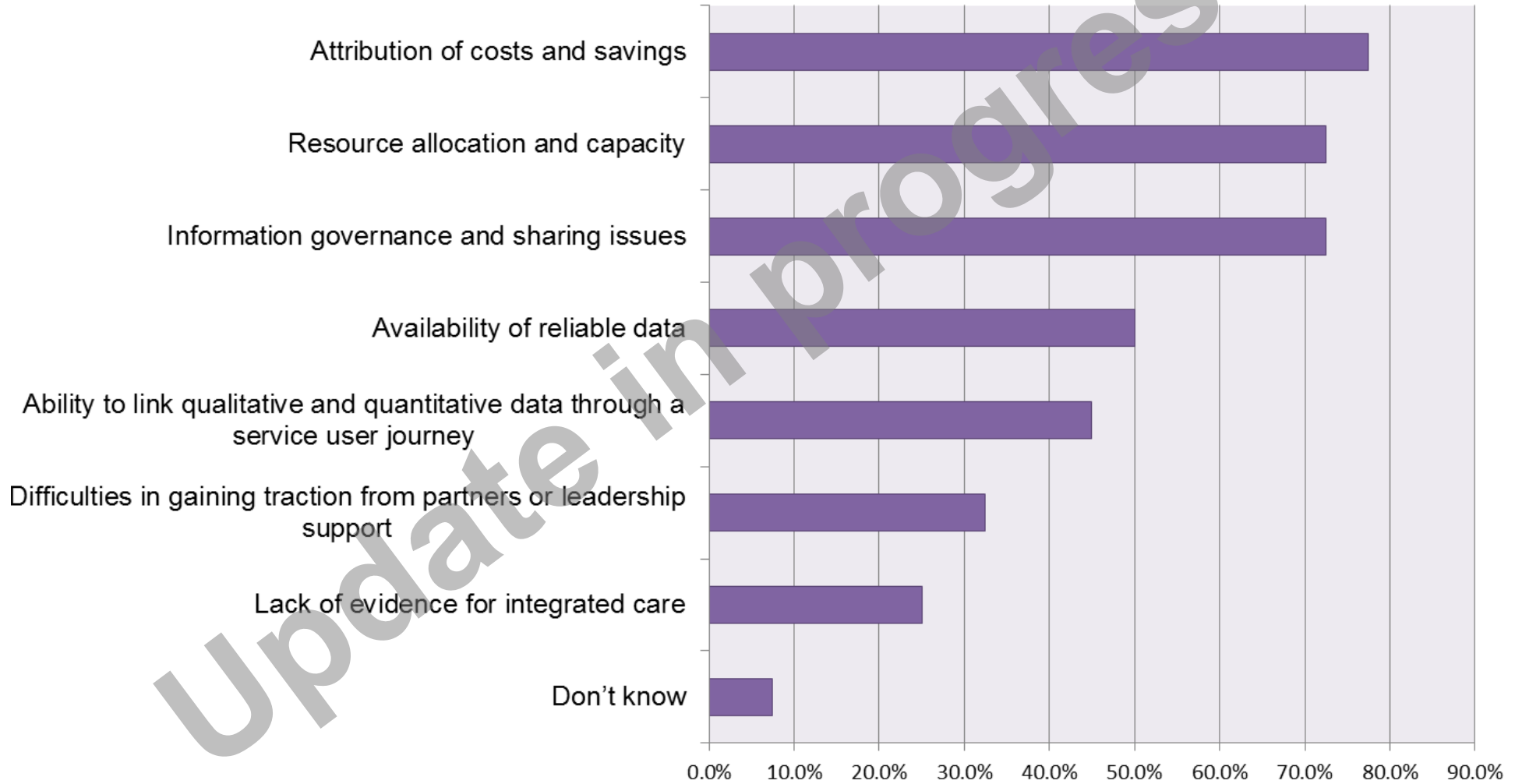
Welcome, introduction and aims

Sandie Keene, President, Association of Directors of Adult Social Services
Professor Paul Corrigan CBE, Senior Advisor, Integrated Care
Simon Morioka, Director, Integrating Care

- **The LGA Whole System Integrated Care and Support Project** involves developing a package of support for health and local authority system leaders:
 - **8-12 short ‘value case’** summaries of the different whole system models and interventions of integrated care and support based on existing evidence and literature
 - **An integrated care toolkit** to help local areas understand the impact of best practice models of integrated care and support on outcomes, cost and individual patient journey through the system
- This is an opportunity for you to be as specific as you can about what will help you with the challenges you may have faced in your integration work so far
- We want to keep working with you to refine the toolkit

We sent out a short survey to gain an understanding of where different localities are up to in their current progress with integrated care initiatives across the country.

- **56%** of respondents feel that there is a **clear and shared understanding** of how integration will deliver better quality outcomes
- **40%** feel that they are **not** able to quantify either the **financial costs or the savings** of integration
- **40%** of respondents working on an integrated care initiative felt that they have a **clear process in place to engage local people and service users in co-design** and delivery



Update in progress

We asked what would be most useful to obtain from an integrated care value case study?

- **61%** felt a **persuasive case** for integrated care in terms of **financials / outcomes / service user experience** would be most important
- **35%** wanted to gain an understanding of what the value case study site is measuring in terms of value and impact
- **30%** would look for **evidence of adding value through new services**

We asked **what would be most useful to have in an integrated care toolkit?**

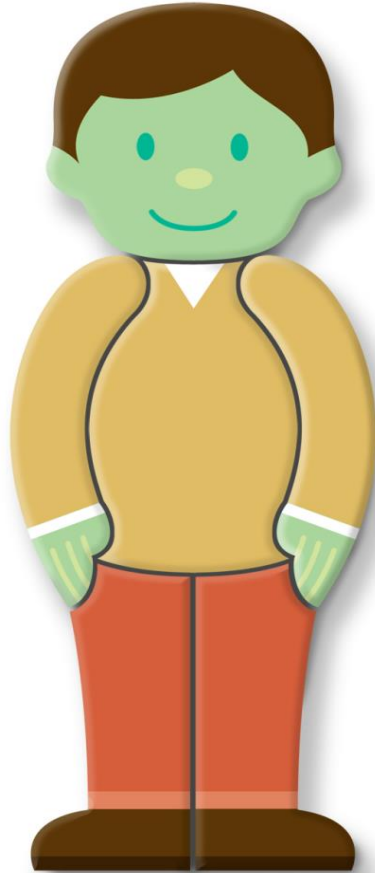
- **50%** felt the most useful thing would be a **review of the financial implications** of integrating services and how to understand whether this represents **a sustainable business model**
- **36%** felt that some **defined measures** for understanding cost, outcomes, activity and individual flow through the health and social care system would be important
- **26%** wanted to see a **“roadmap”** for overall development of integrated care

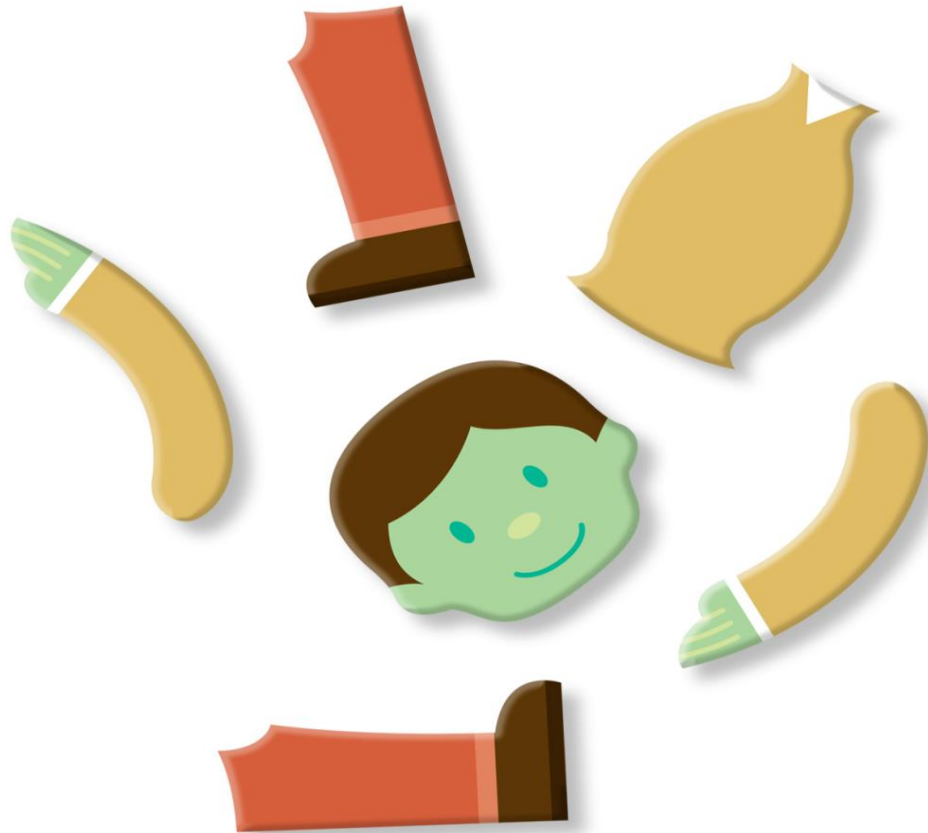
This workshop will explore

- Progress made and challenges faced when implementing integrated care
- Explore what information would enable change
- Explore the principles, functions and features of a toolkit

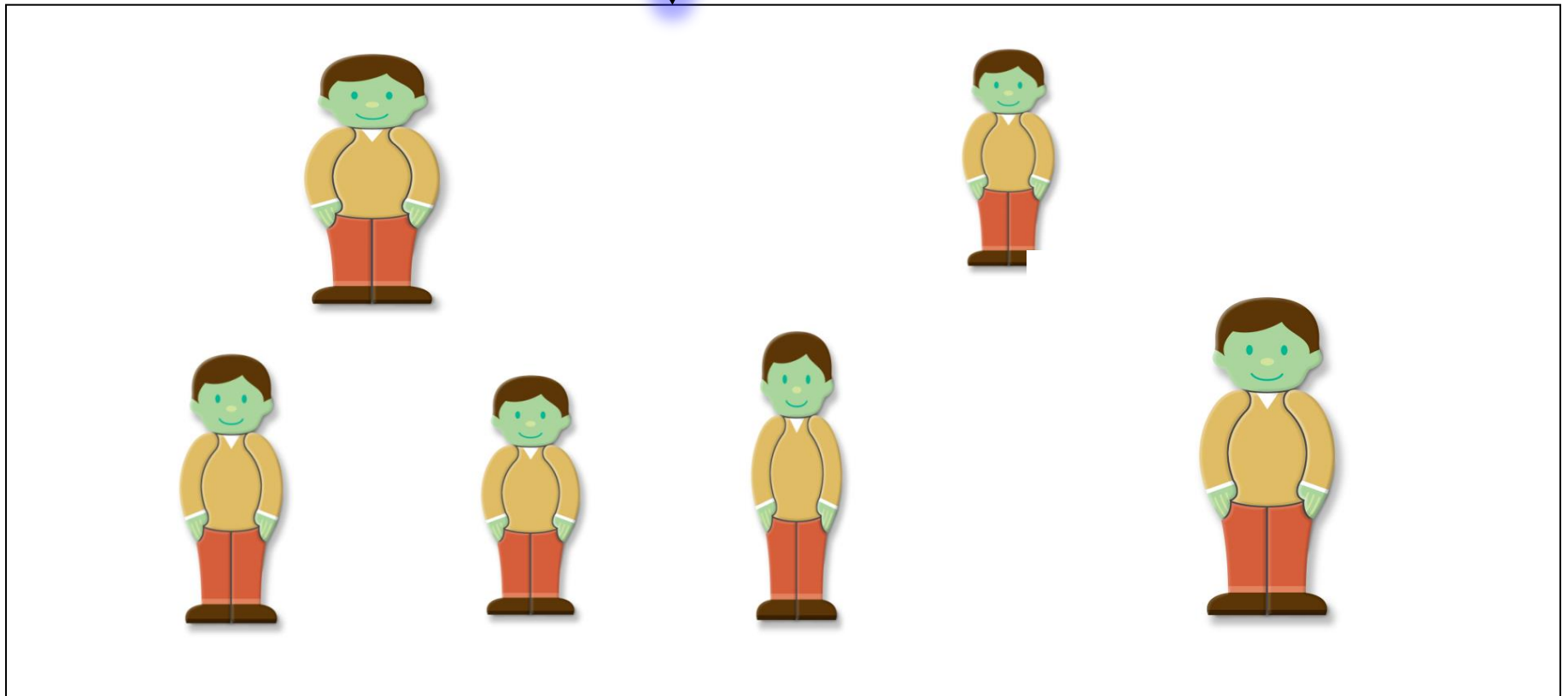
Making integrated care a reality

Sir John Oldham, Chair, Independent Commission on Whole Person Care





Integrated neighbourhood Care Team

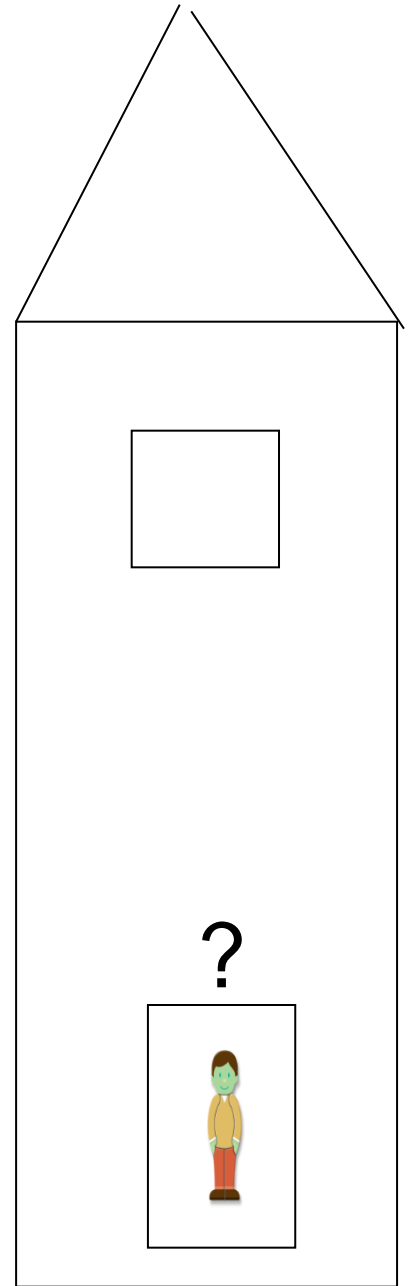
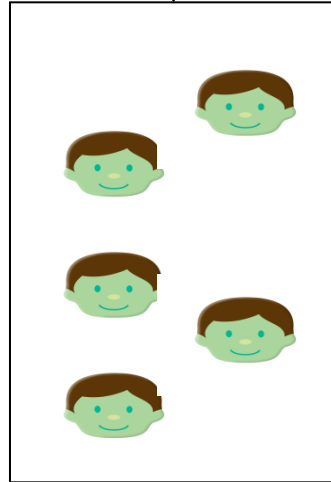
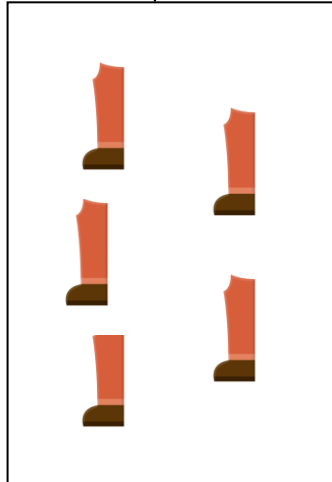
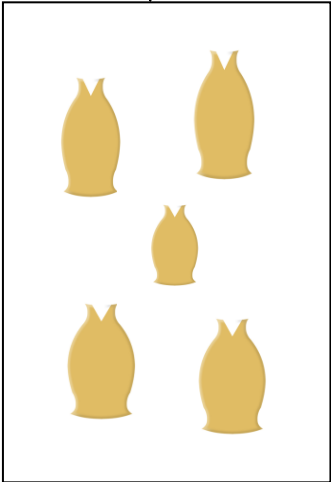
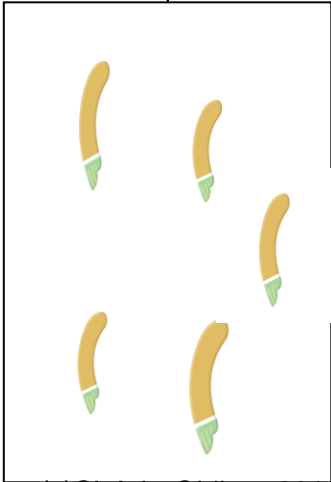


Team
A

Team
B

Team
C

Team
D



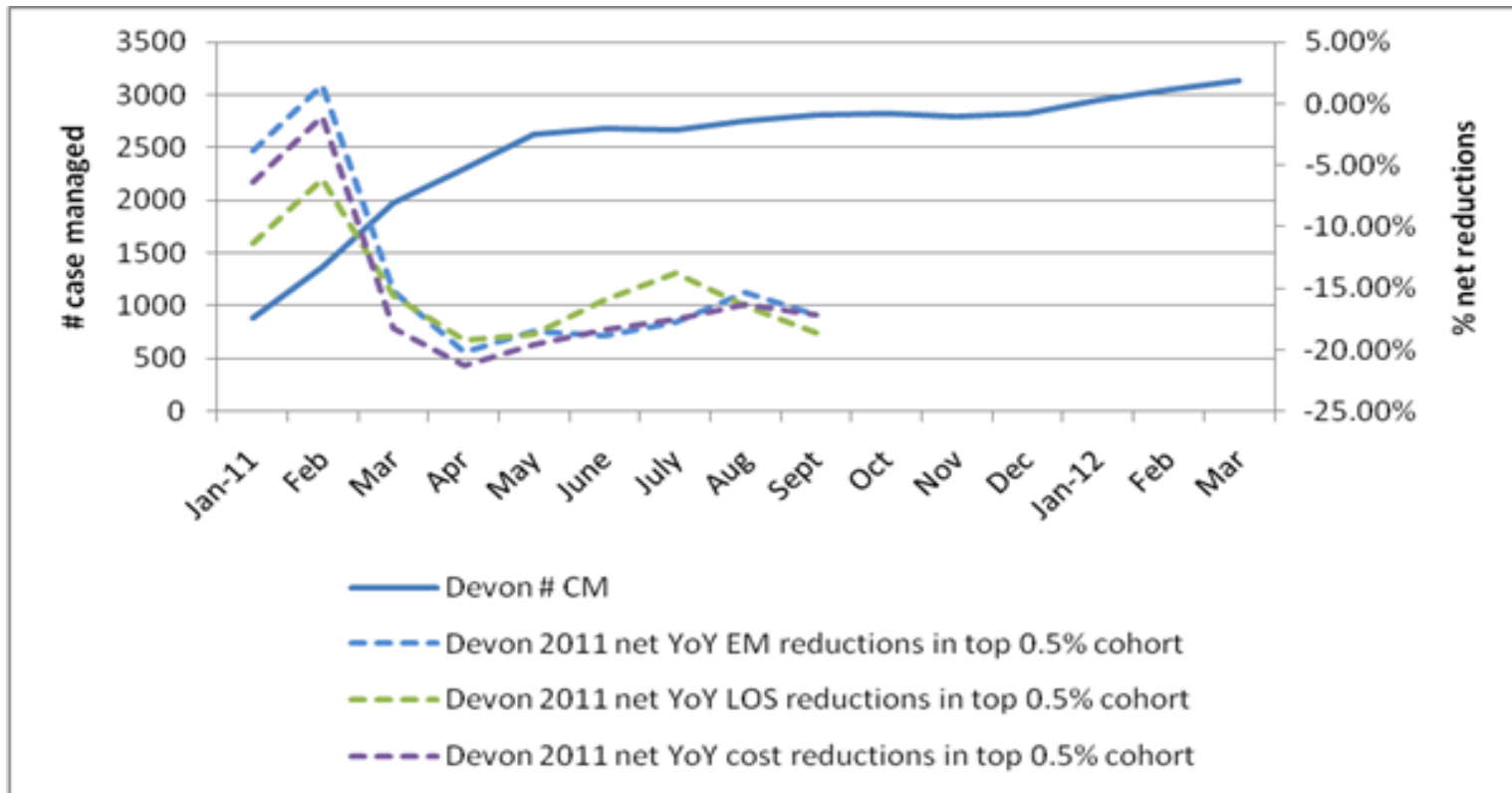
Primary drivers

- Systematic risk profiling of population
- Integrated locality care teams including social care, community services, allied health professionals and general practice
- Maximising number of patients who can self manage through systematic transfer of knowledge, and care planning

LTC Development Programme

- 30 million coverage
- Earlier results than expected; Liverpool, Leeds, Warwickshire, Solihull, Isle of Wight, (Greenwich) etc
- Milestone markers indicating significant wave of further achievement within 6 months ... If

Top 0.5% Cohort -Rolling impact

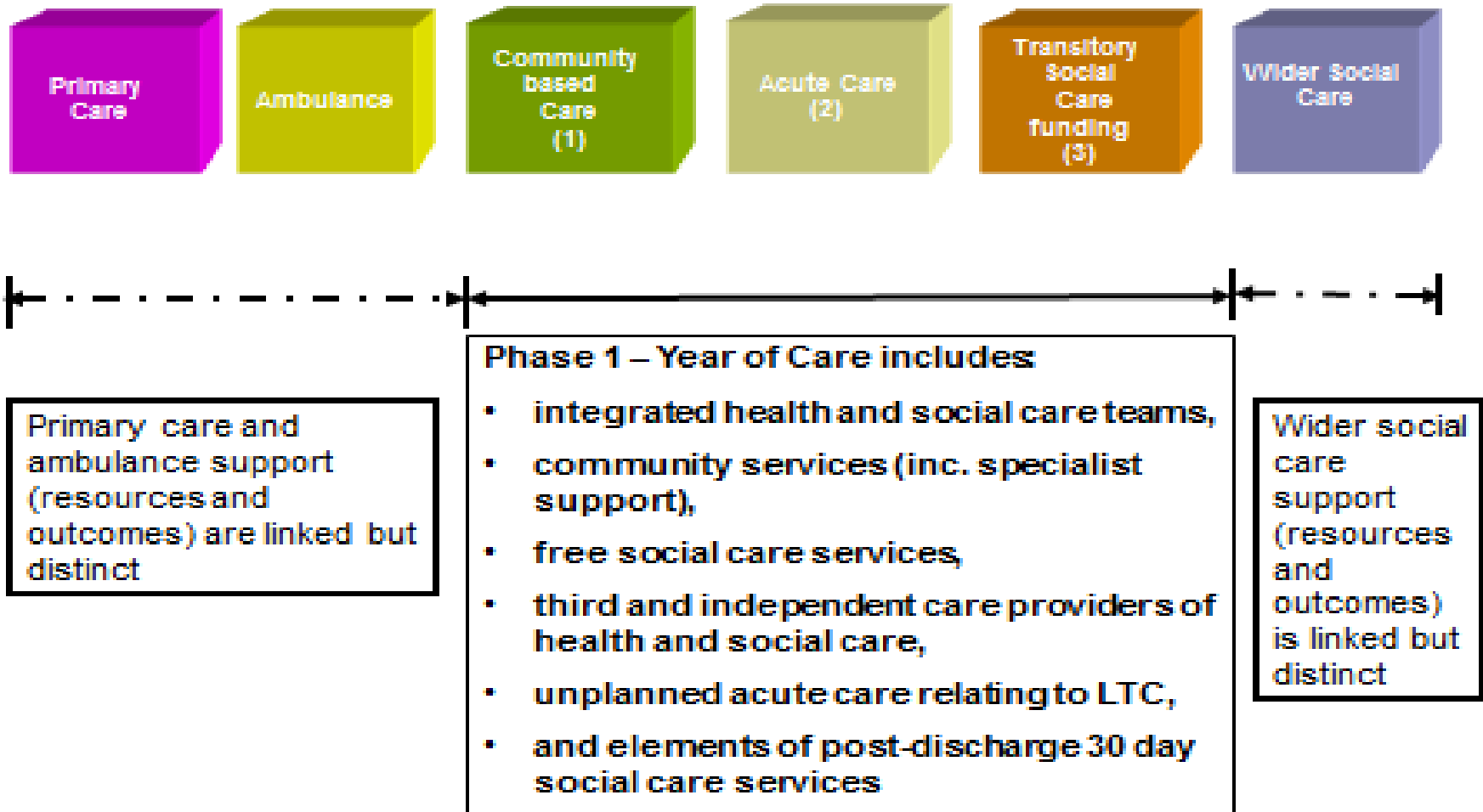


Early results

- Reduced unplanned admissions by **25.8%** and length of stay by **25.6%** - Liverpool
- Reduced unplanned admissions by **15.7%** and length of stay by **12.1%** Sheffield
- Reduced unplanned admissions by **9.5%** and length of stay by **1.2%** Solihull
- Reduced unplanned admissions by **13.9%** and length of stay by **13.6%** Devon
- Reduced admissions to nursing homes by **36%** and saved 900k on social care budget.
Greenwich

Scope of the Year of Care Funding Model

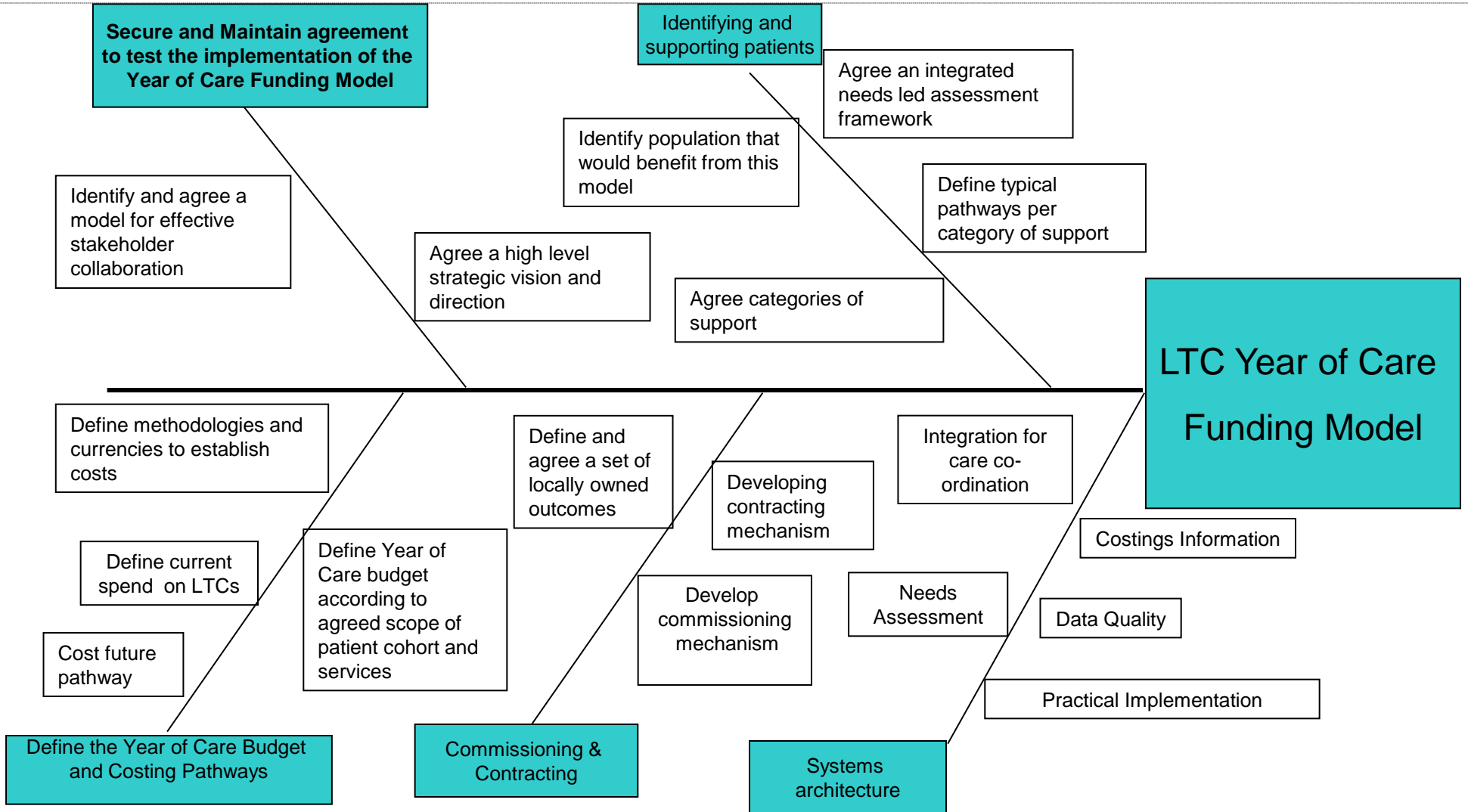
Illustration of initial scope



3 key elements

- Identifying people with multiple LTCs and defining support system
- Developing costed pathways of need
- Commissioning and contracting of the model

Achieving the future state – Primary Drivers







**"The future
isn't what
it used to be"**

- ‘Business case +’
- Aims to provide quality evidence of:
 - ✓ Improvement in one or more health and care outcomes
 - ✓ Improvements to service user experience
 - ✓ Financial savings
- Includes lessons learned on:
 - ✓ Commissioning integrated services
 - ✓ Resource allocation and incentive structures across the system
 - ✓ Evidential base and outcomes
 - ✓ Other information relevant to making integrated care successful

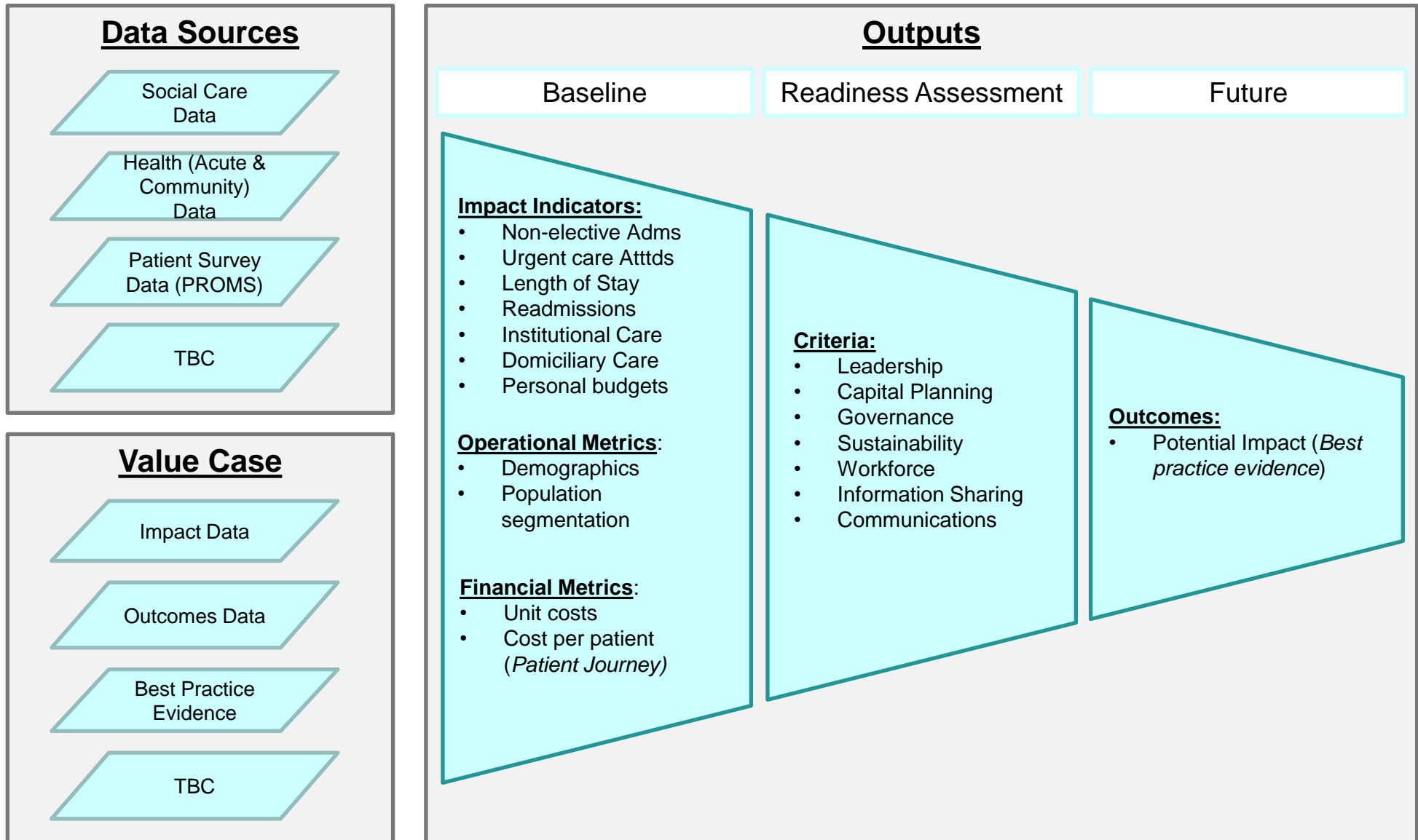
- **Models of integration**
 - ✓ Pathway / patient focus
 - ✓ Evidence base
 - ✓ Interventions and targeted outcomes
 - ✓ Commissioning frameworks
 - ✓ Provider networks
- **Key enablers**
 - ✓ Governance
 - ✓ Workforce development
 - ✓ Information Technology
 - ✓ Performance Management
 - ✓ Service User Engagement
 - ✓ Change Management
- **Evidence of impact**
 - ✓ Patient experience
 - ✓ Professional experience
 - ✓ Quality and safeguarding
 - ✓ Clinical outcomes
 - ✓ Public value
 - ✓ Costs
 - ✓ Timescales

Principles

- User-friendly & accessible
- Evidence-based
- Facilitates engagement
- Builds understanding & knowledge
- Informs decision making

Features

- Pre-populated datasets
- Cross-organisational capture of potential inputs and outputs
- Qualitative and quantitative measures
- Ability to generate local scenarios
- Ability to update dynamically as initiatives are progressed



Today we will be thinking about 3 questions:

1. What will make a good value case?
 - a. Who are the audiences?
 - b. What do they need to see?

2. What outcomes from this project would help you to take forward integration?
 - a. What are the barriers you need to overcome?
 - b. What kind of tools do you need to systemise integration?

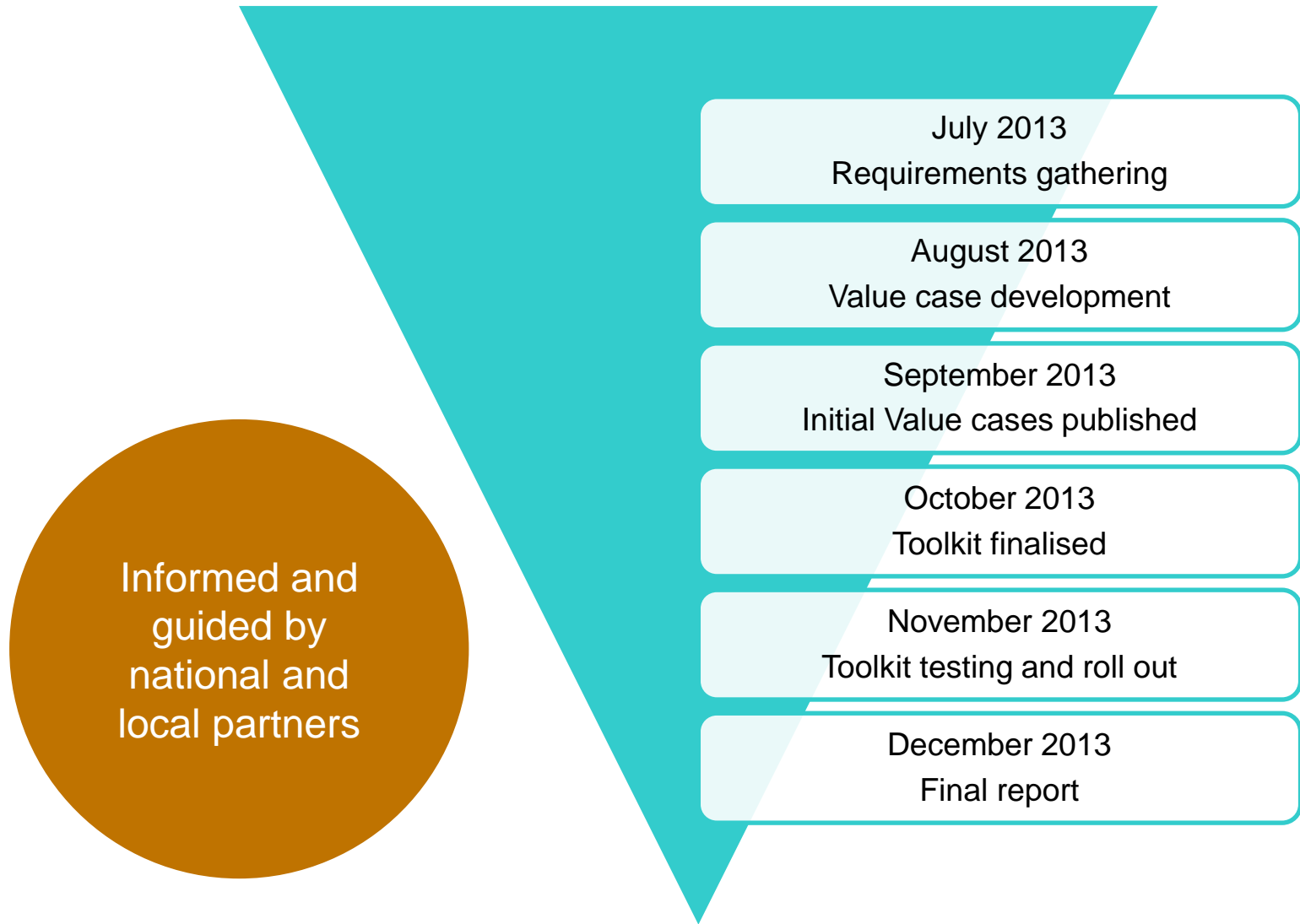
3. What are the information requirements to support your work?
 - a. How might we address current gaps?

Task: Choose **one question** for your table to focus on. Spend the last 5 minutes of the exercise thinking about how this links to the other two questions.

Plenary session

Feedback and Q&A

Sir John Oldham, Chair, Independent Commission on Whole Person Care
Sandie Keene, President, Association of Directors of Adult Social Services
Professor Paul Corrigan CBE, Senior Advisor, Integrated Care
Dr Hugh Griffiths, Former National Clinical Director for Mental Health (England)



Informed and guided by national and local partners

July 2013

Requirements gathering

August 2013

Value case development

September 2013

Initial Value cases published

October 2013

Toolkit finalised

November 2013

Toolkit testing and roll out

December 2013

Final report