



Whole System Integrated Care Workshop

19th July 2013



Friday 19th July, Bristol City Council

City Hall (formerly The Council House), College Green, Bristol, BS1 5TR

09.30 – 10.00 am **Registration and refreshments**

10.00 – 10.20 am **Welcome, introduction and aims**
Simon Morioka, Director, Integrating Care

10.20 – 10.45 am **Initial discussion**
Survey findings / where are we now

10.45 – 11.15 am **“Making integrated care a reality”**
Peter Colclough, Former CEO of the Torbay Care Trust and former Director of Adult Social Services for Torbay

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**

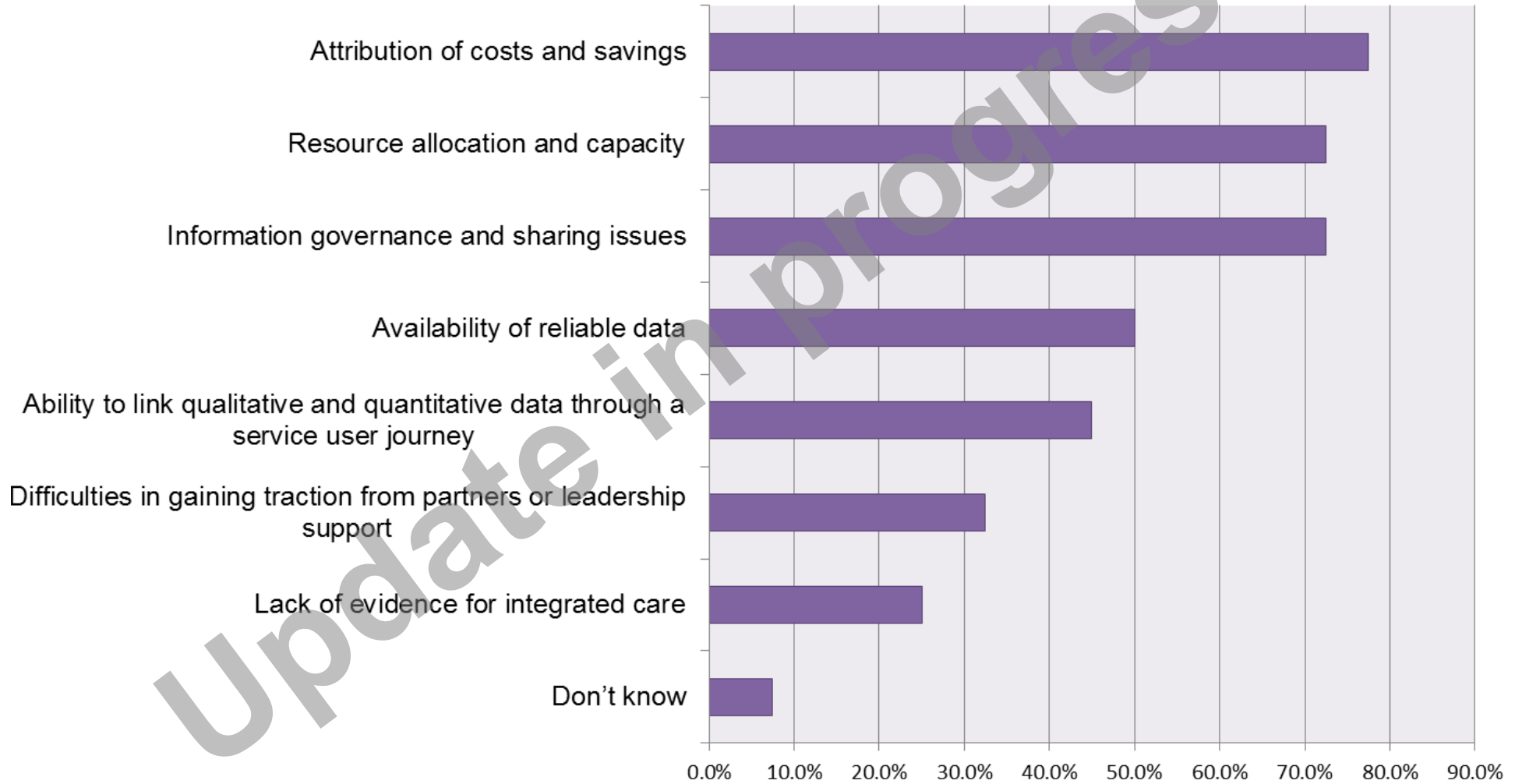
Welcome, introduction and aims

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

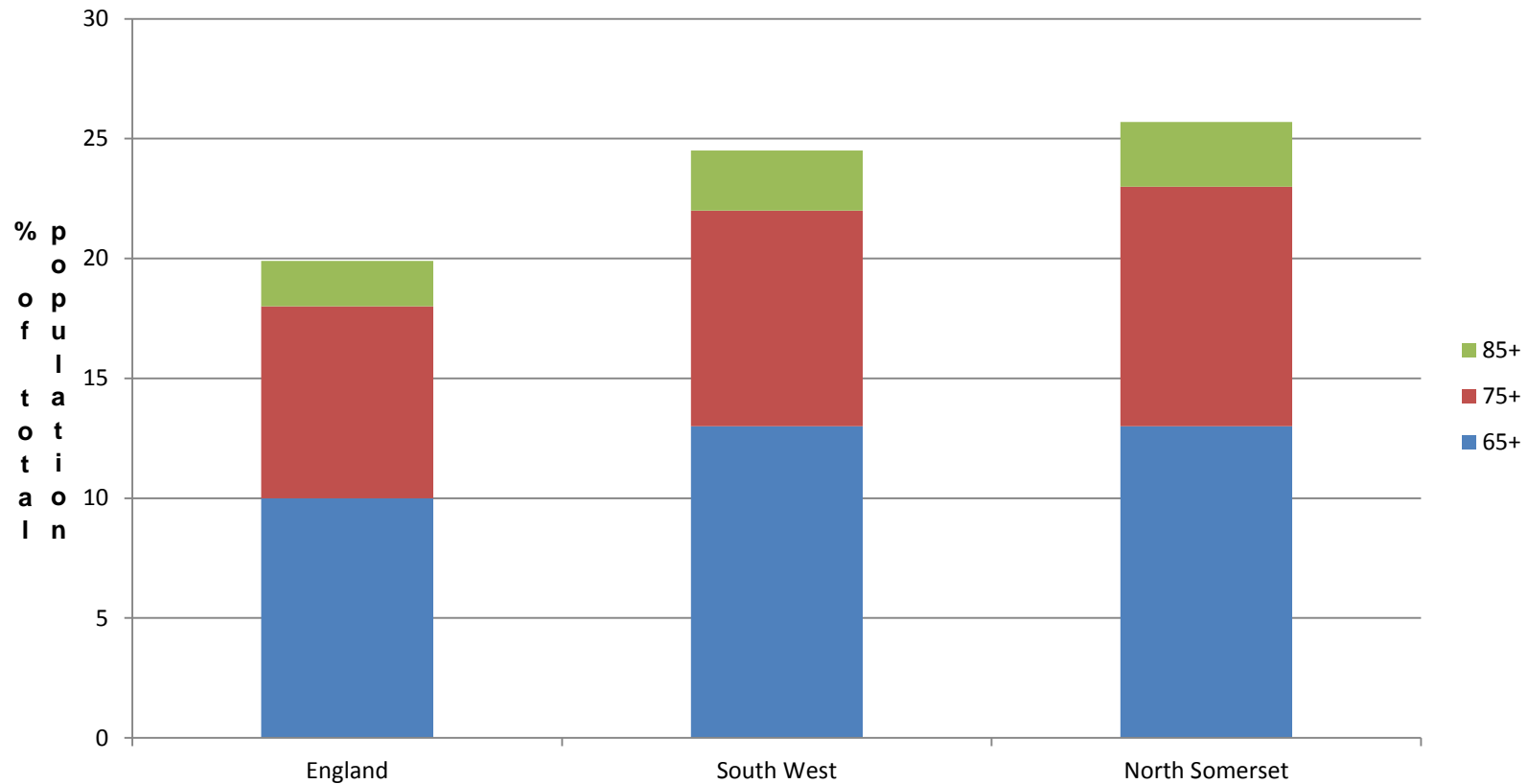
- Progress made and challenges faced when implementing integrated care
- Explore what information would enable change
- Explore the principles, functions and features of a toolkit

Making integrated care a reality

Peter Colclough, Former CEO of the Torbay Care Trust and former Director of Adult Social Services for Torbay

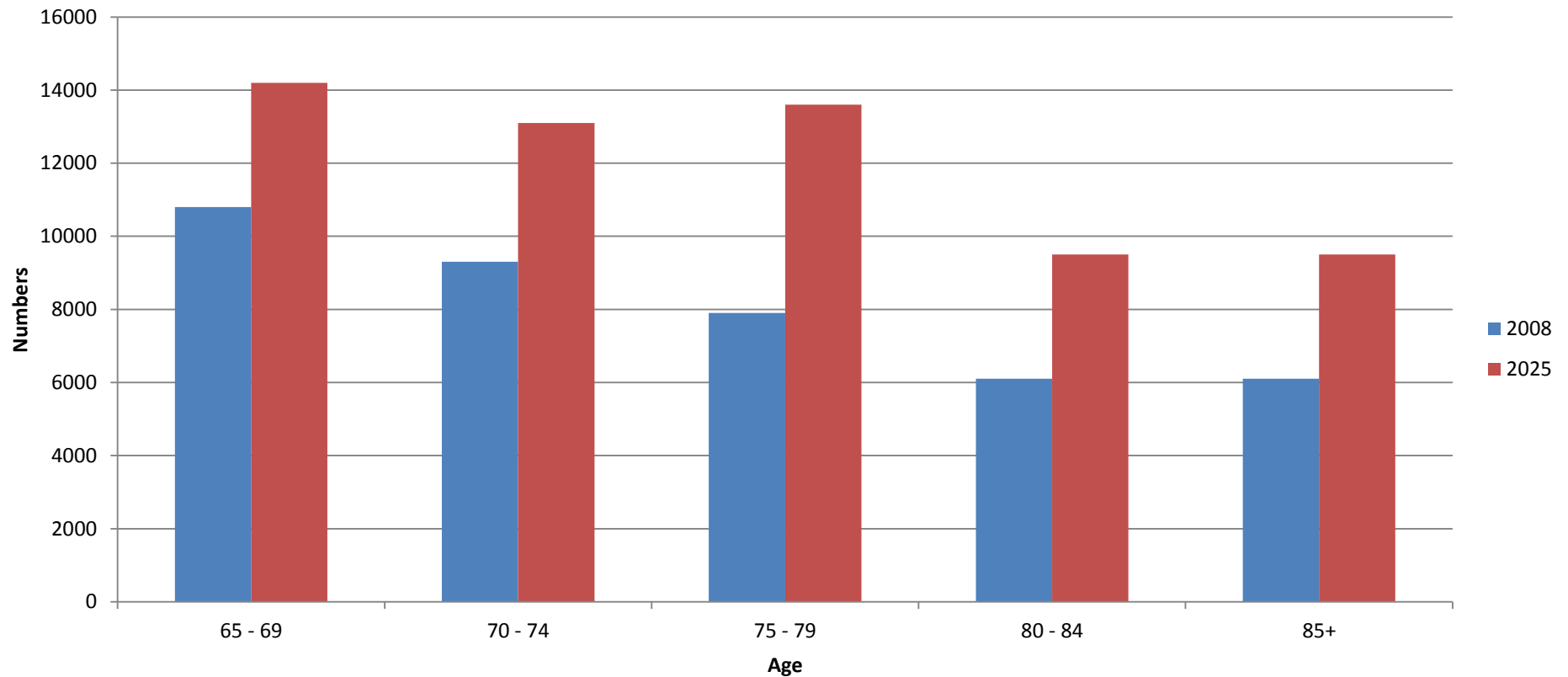
Comparative Demographic and Growth Profile North Somerset

North Somerset Comparative Demography 2011



Age Profile Changes

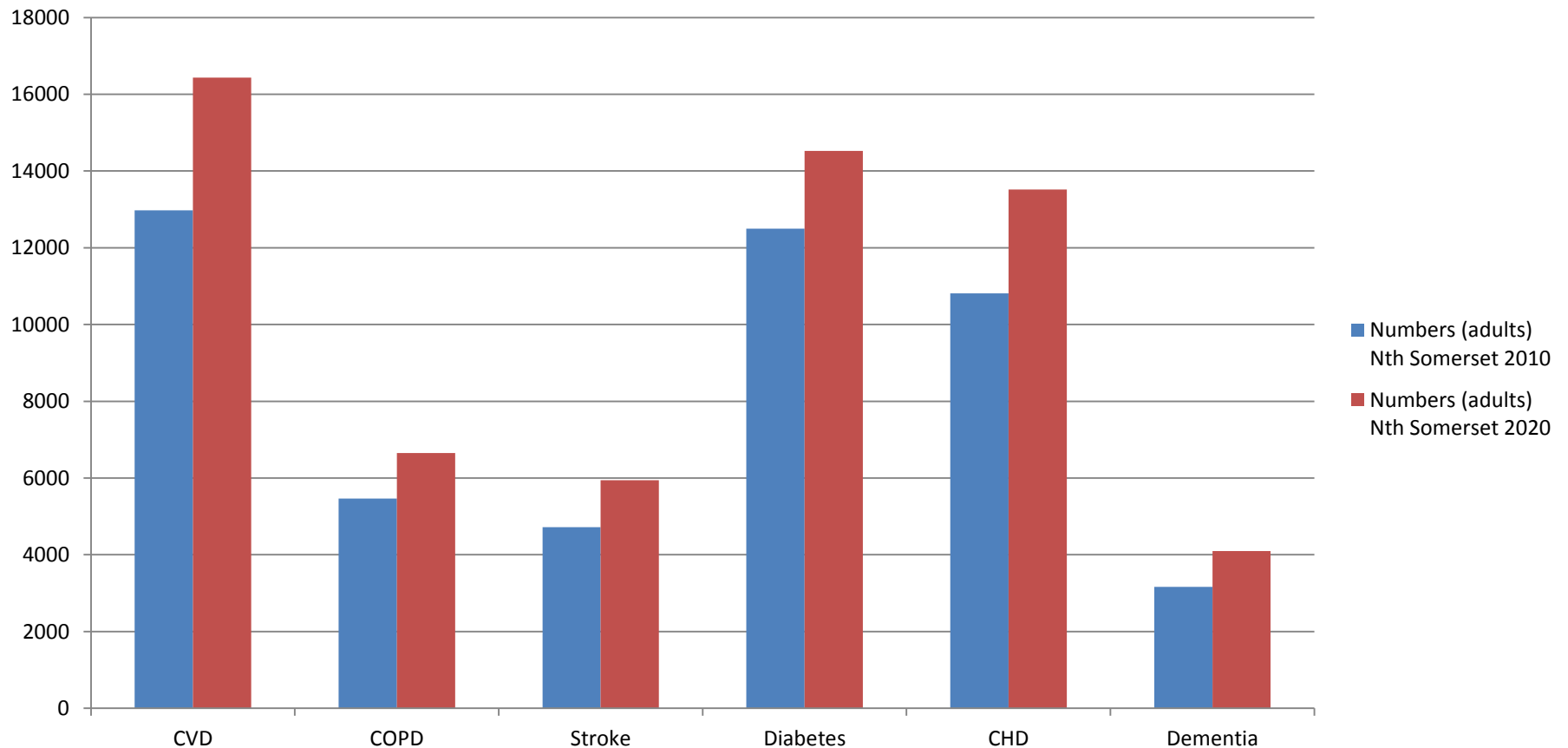
Age profile changes 2008 -2025



Note: New estimate of 80% increase in population aged 65+ by 2033

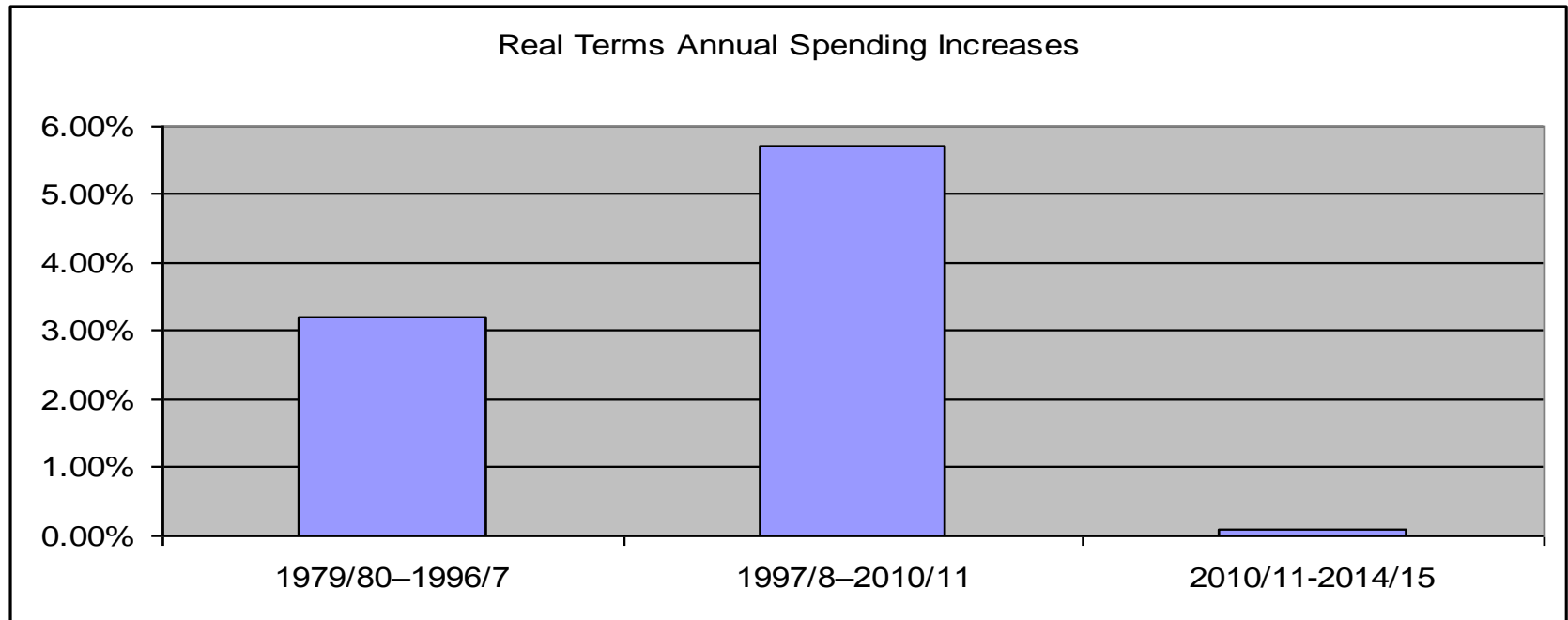
Long Term Conditions – Number of Adults

Long term conditions - numbers (adults) 2010 - 2020



National Policy

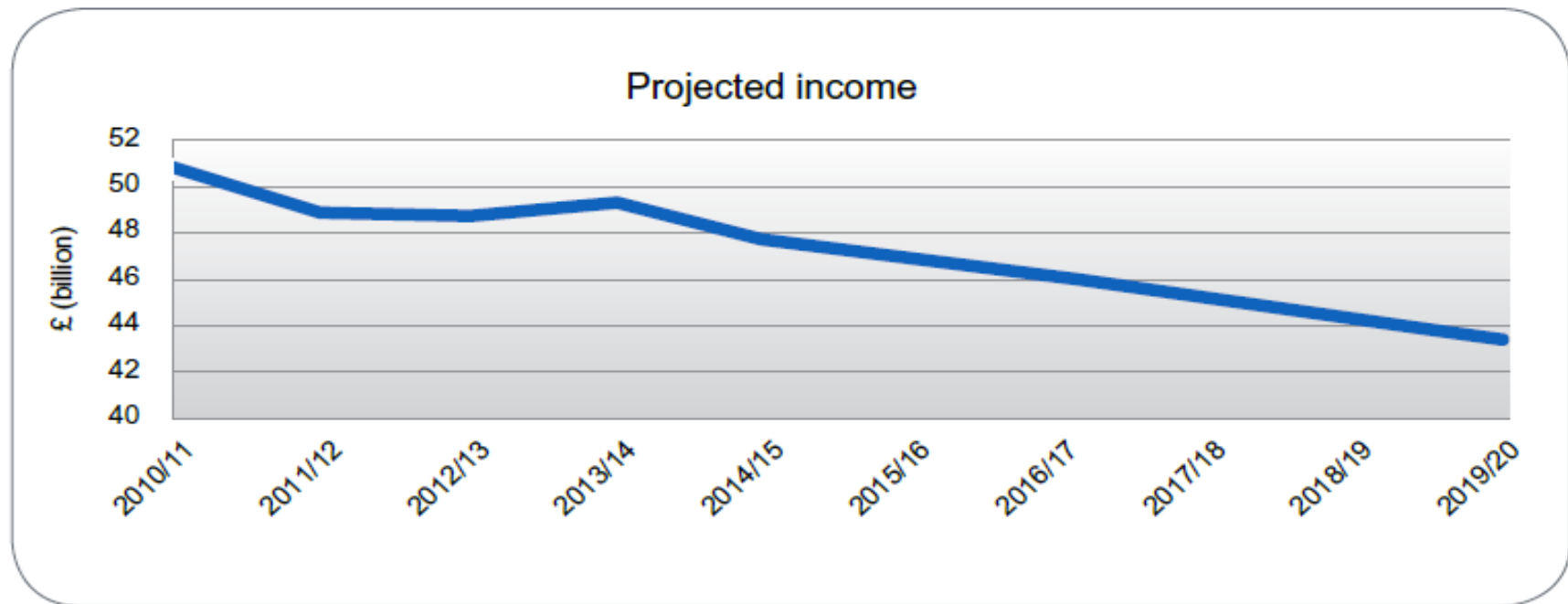
NHS Spending Contraction



National Policy

Council funding decrease

Total council funding income 2010/11 to 2019/20



TheKingsFund>

Ideas that change
health care

Authors
Natasha Curry
Chris Ham

Clinical and service integration

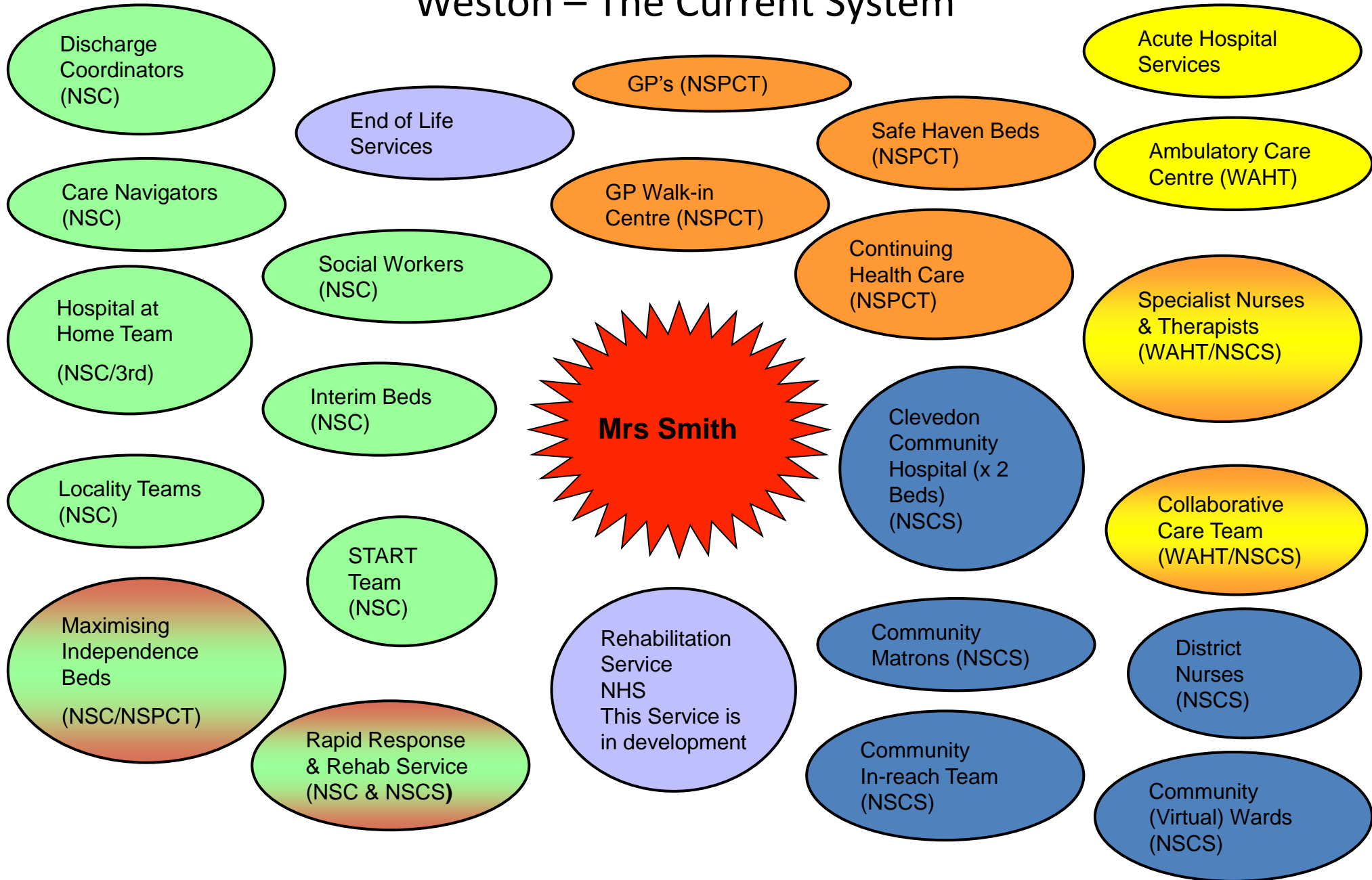
The route to improved
outcomes

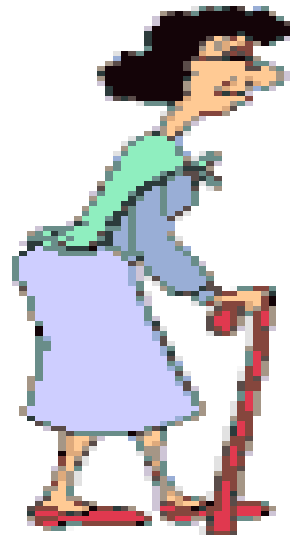






Weston – The Current System





The Background

- History of strong relationships
- Primary and secondary care
- NHS and Local Authority
- Co-terminosity
- Newly formed unitary authority
- Elected Mayor
- Burning platform

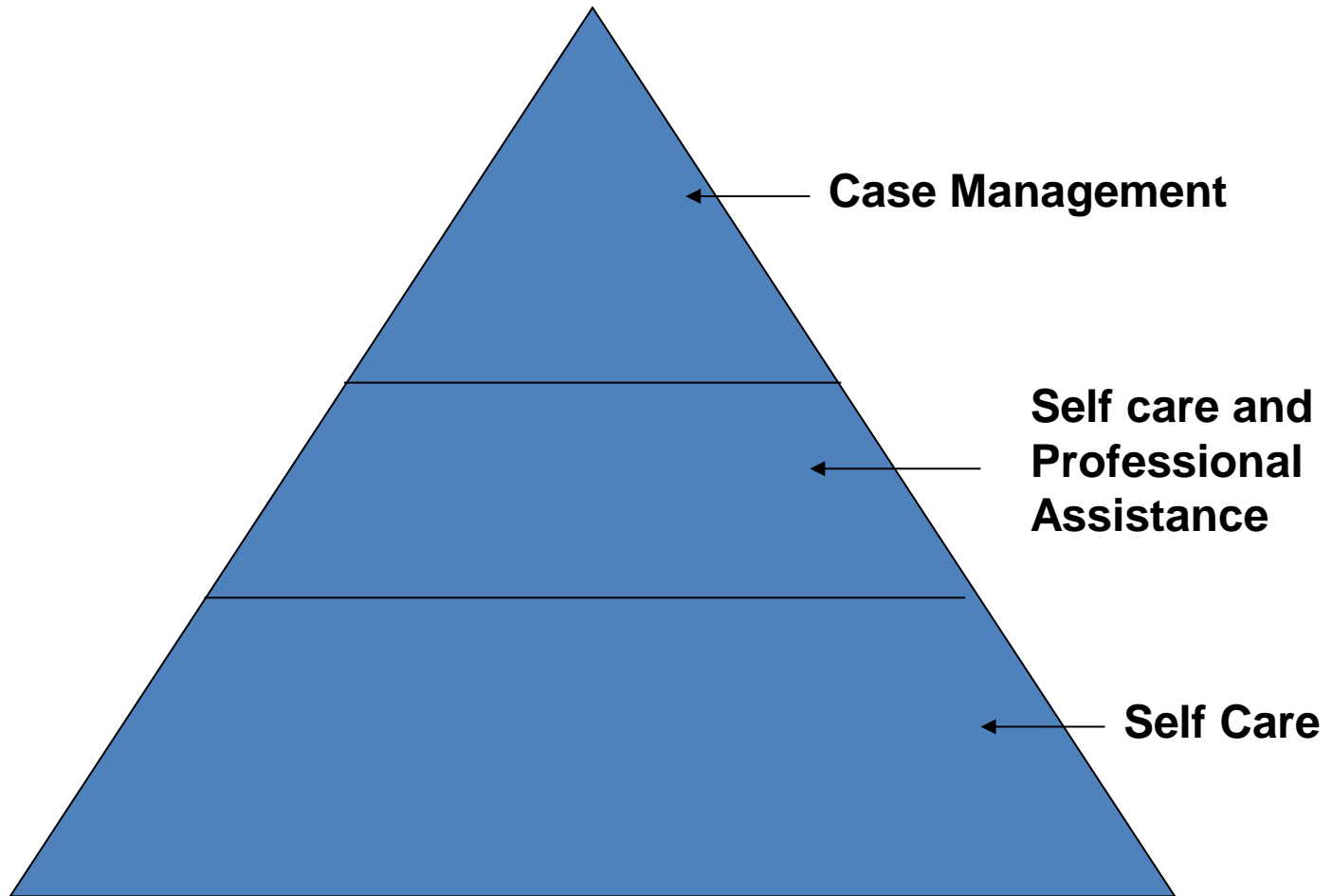
The Background

- Social Care Rating – 1 Star with uncertain prospects
- Frequent complaints
- High levels of: unplanned admissions
institutional care
- The Brixham Pilot
- Early success
- Rapid roll-out

Key Characteristics

- Services centred on populations of 20 – 50,000 people
- Local multi-professional teams
- General management and professional leadership
- Single point of access
- Understanding of the population
- Focus on the most vulnerable
- Manage their care

Know your population



Operational Characteristics

- Shared Health and Social Care record
- Evening and weekend working
- Access to GP records
- Access to hospital records
- Health and Social Care Co-ordinator Role
- Performance focus
- Advanced simplicity

Previous Referral Process for Social Care

GP to District Nurse...

...to Social Services (Central Office)...

...to Referral Co-ordinator...

...to Service Manager for allocation...

...to Care Manager...

...to Service Manager for signing off...

...to (eg) Home Care Service Manager

...to Carer

= very slow; linear and bureaucratic; waiting-lists to even out demand; poor feedback

Current Referral Process

With SAP in place, FACS widely understood, budget delegated, brokerage support etc

DN-----to-----Service Provider

|
|

Facilitated by

Health and Social Care Coordinator

= much faster, face-to-face, no duplication, creative solutions and simpler for service user

Impact

- Minimal delayed discharges from local DGH and fewest excess bed days in the South West
- Lowest non-elective LOS in the South West and 4th lowest in the country
- Lowest occupied bed days for >75s patients with 2+ admissions
- Acute beds reduced from 750 in 1998/99 to 517 in 2010/11

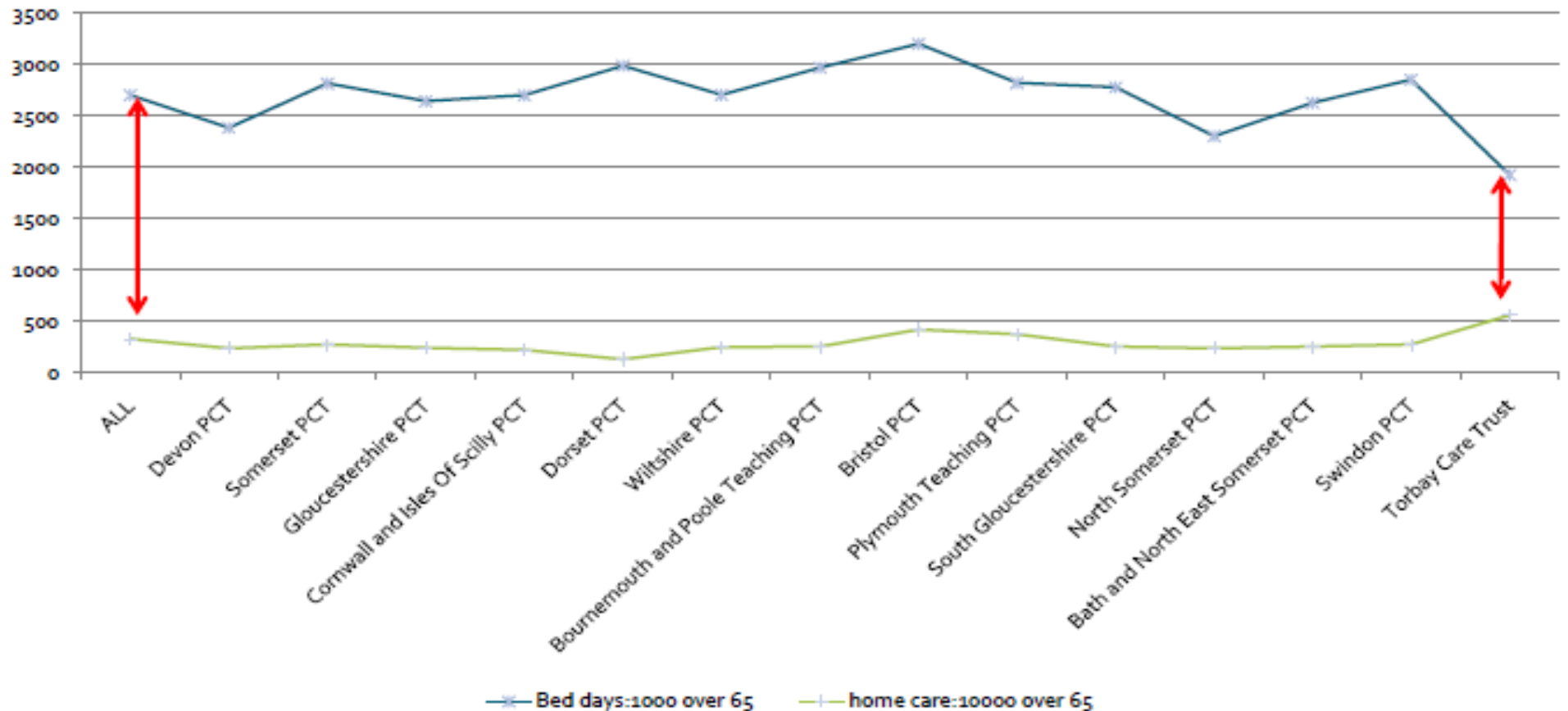
- Lowest rate of hospital deaths of any local authority in England at 44.60% - national figure of 58%
- I/C Access: 25% seen within 3½ hours; further 65% within 5 days. Rapid Equipment Service – average 62 minutes
- Residential and nursing home long stay placements reduced by 387 since February 2006 – from 1,298 to 911

Bed Day Usage per 1,000 population
Resulting from Emergency Admissions,
Patients Aged 65 and Over

Bed Days per 1,000 Population

Year	Torbay CT	South West Region
2007/08	2004	2581
2008/09	2014	2815
2009/10	1895	2755

Non-Elective Bed Use per 1,000 Compared to Numbers Receiving a Home Care Package (Over 65)



Reflections

- Focus on users experience
- A compelling narrative
- Political Commitment
- Committed Leadership Team
- Staff engagement

Author
Peter Thistlethwaite

March 2011

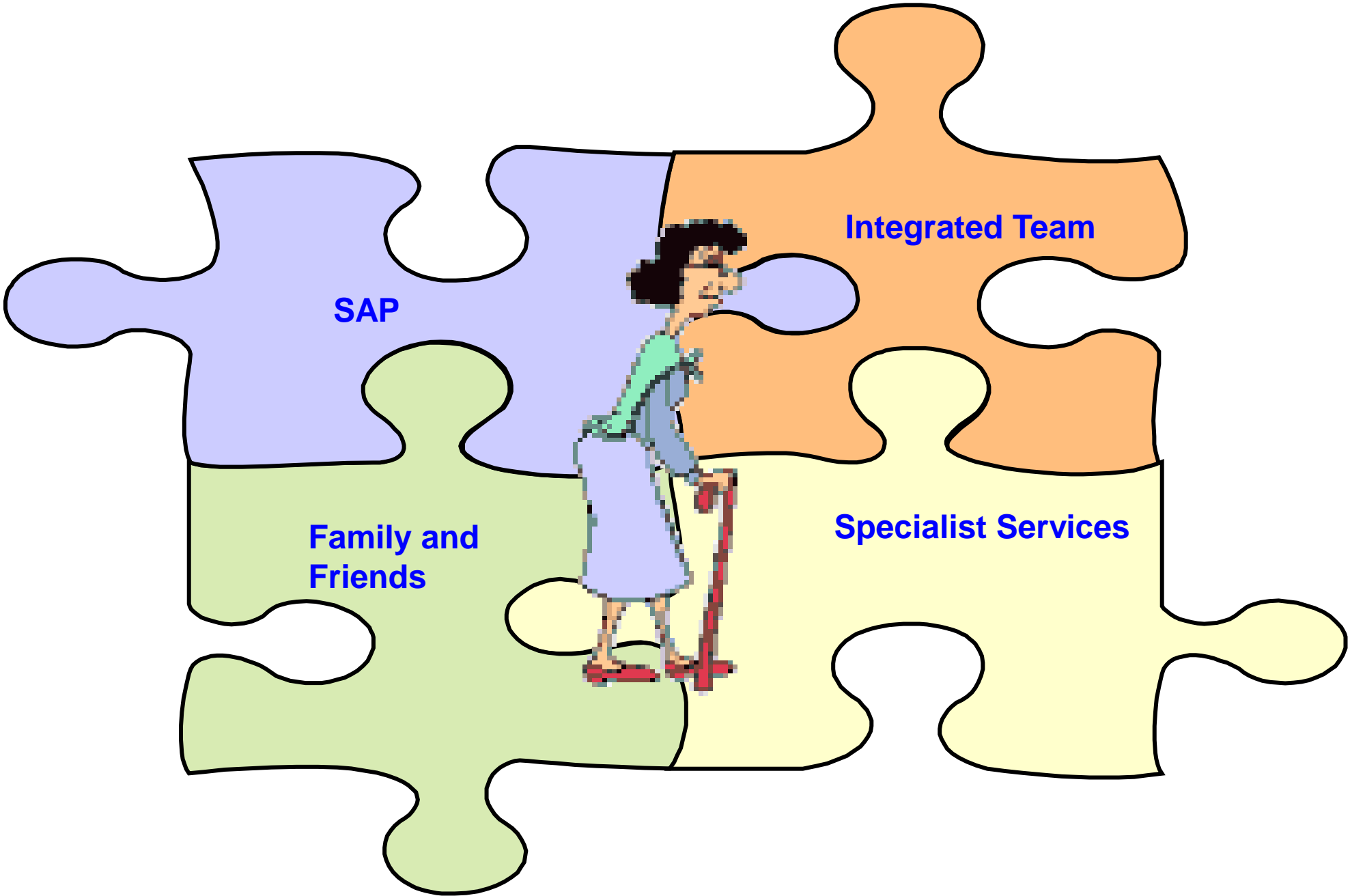
Integrating health and social care in Torbay

Improving care for Mrs Smith



Key messages

- This paper tells the story of health and social care integration for older people in Torbay, and how the known barriers to this were overcome. It shows how integration evolved from small-scale beginnings to system-wide change. Central to the work done in Torbay was how care could be improved for 'Mrs Smith'; a fictitious user of health and social care services.
- The establishment of integrated health and social care teams and the pooling of budgets helped to facilitate the development of a wider range of intermediate care services. Teams worked closely with general practices to provide care to older people in need and to help them live independently in the community. The appointment of health and social care co-ordinators was an important innovation in harnessing the contribution of all team members in improving care.
- The results of integration include reduced use of hospital beds, low rates of emergency hospital admissions for those aged over 65, and minimal delayed transfers of care. Use of residential and nursing homes has fallen and at the same time there has been an increase in the use of home care services. There has been increasing uptake of direct payments in social care and favourable ratings from the Care Quality Commission.
- Torbay's story underlines the time needed to make changes in the NHS and the role of local leaders in this process, including those in local government who will have an important role in the future of health care. It also demonstrates the importance of organisational stability and continuity of leadership. The power of keeping patients and service users like Mrs Smith at the centre of the vision for improvement is another key message, and one whose importance is difficult to overestimate.



SAP

Integrated Team

**Family and
Friends**

Specialist Services

- '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

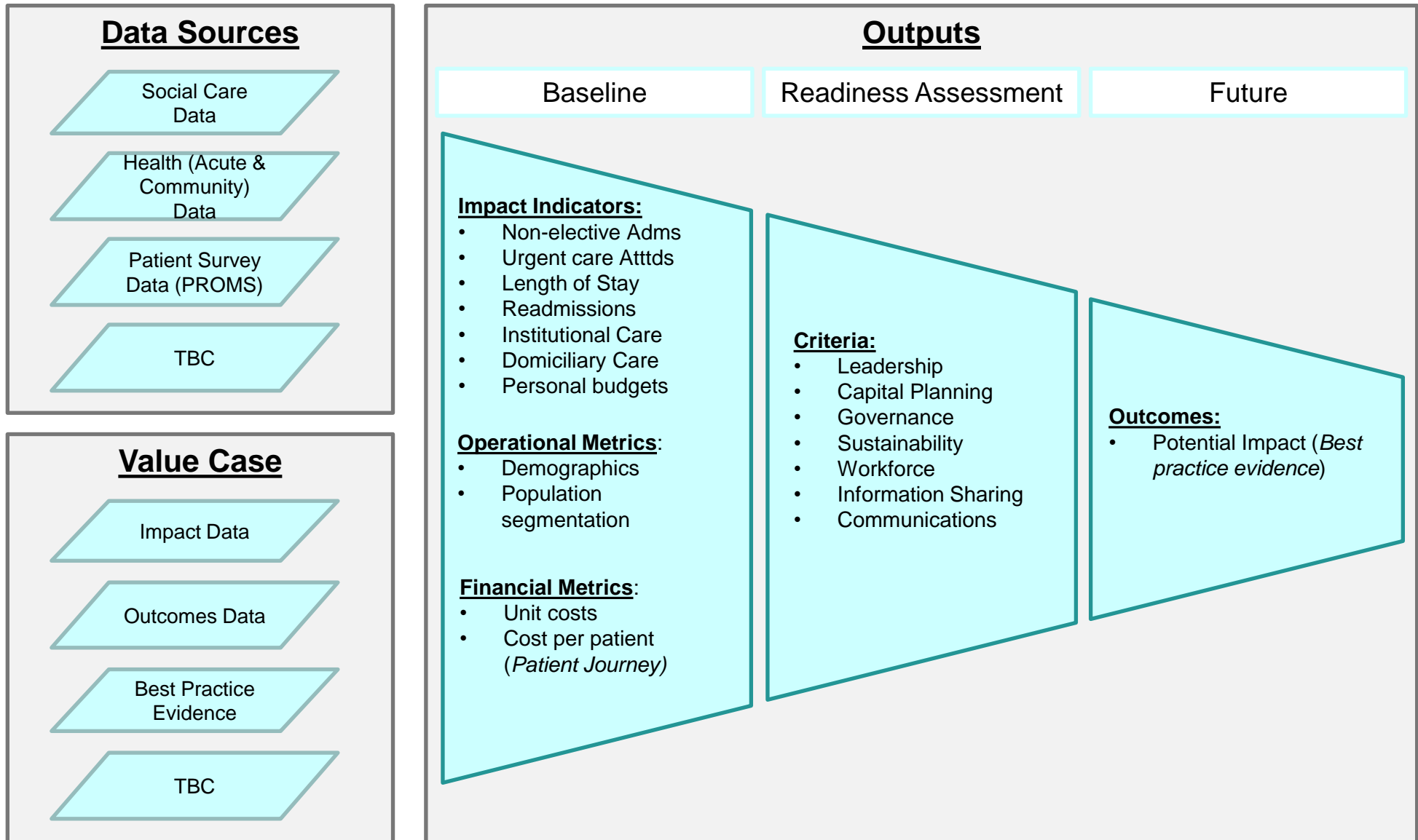
- **Models of integration**
 - ✓ Pathway / patient focus
 - ✓ Evidence base
 - ✓ Interventions and targeted outcomes
 - ✓ Commissioning frameworks
 - ✓ Provider networks
- **Key enablers**
 - ✓ Governance
 - ✓ Workforce development
 - ✓ Information Technology
 - ✓ Performance Management
 - ✓ Service 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?

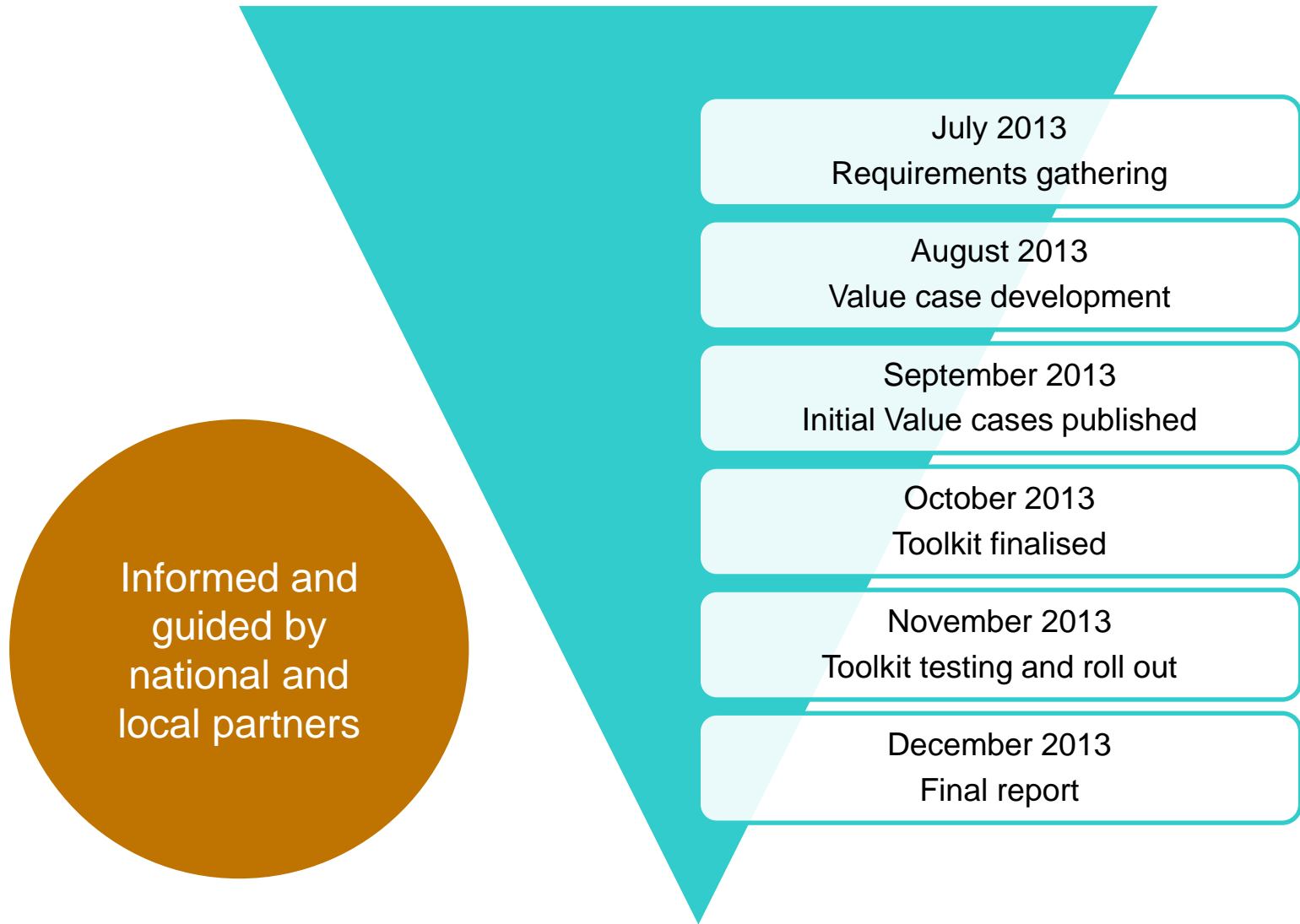
3. What are the information requirements to support your work?
 - a. How might we address current gaps?

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

Peter Colclough, Former CEO Torbay Care Trust / Director of Adult Social Services for Torbay
Tom Shakespeare, LGA Advisor
Simon Morioka, Director, Integrating Care
Bruce Fynamore, Director, Integrating Care



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