Whole System Integrated Care Workshop

18th July 2013
**Whole System Integrated Care Workshop**
**Agenda for the day**

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

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

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.
<table>
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<tr>
<th>Major Barriers</th>
<th>Percentage</th>
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<tr>
<td>Attribution of costs and savings</td>
<td>73%</td>
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<tr>
<td>Resource allocation and capacity</td>
<td>71%</td>
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<tr>
<td>Information governance and sharing issues</td>
<td>69%</td>
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<tr>
<td>Availability of reliable data</td>
<td>53%</td>
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<tr>
<td>Ability to link qualitative and quantitative data</td>
<td>47%</td>
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<td>through a service user journey</td>
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<td>Difficulties in gaining traction from partners or</td>
<td>33%</td>
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<td>leadership support</td>
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<td>Lack of evidence for integrated care</td>
<td>26%</td>
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<tr>
<td>Don’t know</td>
<td>5%</td>
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Whole System Integrated Care
Value Case study

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
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

Phase 1 – Year of Care includes:
- integrated health and social care teams,
- community services (inc. specialist support),
- free social care services,
- third and independent care providers of health and social care,
- unplanned acute care relating to LTC,
- and elements of post-discharge 30 day social care services

Primary care and ambulance support (resources and outcomes) are linked but distinct.

Wider social care support (resources and outcomes) is linked but distinct.
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

#define the Year of Care Budget and Costing Pathways

- Define current spend on LTCs
- Cost future pathway
- Define methodologies and currencies to establish costs

#Commissioning & Contracting

- Define Year of Care budget according to agreed scope of patient cohort and services
- Define and agree a set of locally owned outcomes
- Develop commissioning mechanism
- Develop contracting mechanism

#Identifying and supporting patients

- Identify population that would benefit from this model
- Agree categories of support
- Agree a high level strategic vision and direction

#LTC Year of Care Funding Model

- Agree an integrated needs led assessment framework
- Define typical pathways per category of support

#Practical Implementation

- Identify and agree a model for effective stakeholder collaboration
- Agree a high level strategic vision and direction
- Agree categories of support
- Develop commissioning mechanism
- Develop contracting mechanism
- Secure and Maintain agreement to test the implementation of the Year of Care Funding Model

#Costings Information

- Needs Assessment
- Data Quality
- Integration for care co-ordination

#Systems architecture
"The future isn't what it used to be"
Whole System Integrated Care
What is a Value Case?

• ‘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
Whole System Integrated Care
Outline contents – Value Case

• 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
Whole System Integrated Care
What is an Integrated Care Toolkit?

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
Whole System Integrated Care
Outline contents – Integrated Care Toolkit

Data Sources
- Social Care Data
- Health (Acute & Community) Data
- Patient Survey Data (PROMS)
- TBC

Value Case
- Impact Data
- Outcomes Data
- Best Practice Evidence
- TBC

Outputs
- Baseline
- Readiness Assessment
- Future

Impact Indicators:
- Non-elective Adms
- Urgent care Atttds
- Length of Stay
- Readmissions
- Institutional Care
- Domiciliary Care
- Personal budgets

Criteria:
- Leadership
- Capital Planning
- Governance
- Sustainability
- Workforce
- Information Sharing
- Communications

Outcomes:
- Potential Impact (Best practice evidence)

Operational Metrics:
- Demographics
- Population segmentation

Financial Metrics:
- Unit costs
- Cost per patient (Patient Journey)
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)
Whole System Integrated Care

Next steps

- 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

Informed and guided by national and local partners