Whole System Integrated Care Workshop

17th July 2013
Whole System Integrated Care Workshop
Agenda for the day

Wednesday 17th July, Coin Street Community Builders Centre
108 Stamford St, South Bank, London, SE1 9NH

09.30 – 10.00 am  Registration and refreshments

10.00 – 10.20 am  Welcome, introduction and aims
Geoff Alltimes, Integrated Care Lead, Local Government Association
Rachel Bartlett, Head of Out of Hospital Service Transformation, NHS London
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”
Sir John Oldham, Chair, Independent Commission on Whole Person Care

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

Geoff Alltimes, Integrated Care Lead, Local Government Association
Rachel Bartlett, Head of Out of Hospital Service Transformation, NHS London
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.
Whole System Integrated Care

Major barriers

- Attribution of costs and savings
- Resource allocation and capacity
- Information governance and sharing issues
- Availability of reliable data
- Ability to link qualitative and quantitative data through a service user journey
- Difficulties in gaining traction from partners or leadership support
- Lack of evidence for integrated care
- Don’t know
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

Secure and Maintain agreement to test the implementation of the Year of Care Funding Model

Identify and agree a model for effective stakeholder collaboration

Define current spend on LTCs

Cost future pathway

Define the Year of Care Budget and Costing Pathways

Identifying and supporting patients

Identify population that would benefit from this model

Agree an integrated needs led assessment framework

Define typical pathways per category of support

Agree categories of support

Define a high level strategic vision and direction

Agree a high level strategic vision and direction

Needs Assessment

Developing contracting mechanism

Commissioning & Contracting

Develop commissioning mechanism

Developing contracting mechanism

Systems architecture

Integration for care co-ordination

Costings Information

Data Quality

Practical Implementation

Define Year of Care budget according to agreed scope of patient cohort and services

Define and agree a set of locally owned outcomes

Define methodologies and currencies to establish costs

Define the Year of Care Budget and Costing Pathways

Integration for care co-ordination
"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
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
Value Case

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

Data Sources

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

Whole System Integrated Care
Outline contents – Integrated Care Toolkit

**Outcomes**

Baseline

- Readiness Assessment
- Future

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

**Operational Metrics:**
- Demographics
- Population segmentation

**Financial Metrics:**
- Unit costs
- Cost per patient (Patient Journey)

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

**Outcomes:**
- Potential Impact (Best practice evidence)
Whole System Integrated Care
Task 1 Requirements and audiences

• What are the key barriers and challenges to integration you are facing?
• How might value cases and a toolkit support you in overcoming these?
• Who are the different audiences these need to address?
• How should we tailor support for each of these groups?
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Task 2 Structure

**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**

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<tr>
<th>Baseline</th>
<th>Readiness Assessment</th>
<th>Future</th>
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**Impact Indicators:**
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**Outcomes:**
- Potential Impact (Best practice evidence)
What are the information requirements to support your work?

What are the top 3 pieces of insight that would help you to change the system and through this the quality of care?

How might we address current gaps?
Plenary session
Feedback and Q&A

Sir John Oldham, Chair, Independent Commission on Whole Person Care
Rachel Bartlett, Head of Out of Hospital Service Transformation, NHS London
Dr Hugh Griffiths, Former National Clinical Director for Mental Health (England)
Peter Colclough, Former CEO of the Torbay Care Trust / Director of Adult Social Services for Torbay
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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