



Whole System Integrated Care Value Case

August 2013



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



Torbay

Value Case

- Torbay and South Devon Care 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, and led to the legal establishment of the 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.

Outcomes evidenced by Torbay

User experience

- Use of Direct Payments is one of the best in the region

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

Health & wellbeing outcomes

- Berg balance score
- Needs assessment scores

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 the 65+ population was 1,920 per 1,000 population in 2009/10 (compared with an average of 2,698 nationally)
- Torbay Care Trust has been responsible for 144 fewer people since 2007/8

Impact on cost

- In its first year, Torbay Care Trust saved approximately £250,000.

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.

User & carer co-design

- Empowering users & carers using focus groups, journey mapping & cameras/ 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

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.” am

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 and Rapid Reablement 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.

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

Users & carers

- Patient / User story paramount to successful delivery
- There was a strong focus on the needs of the most complex, vulnerable older people

Clinical commissioners

- Reduce the number of patients staying in hospital unnecessarily. Low rates of unplanned admissions, shorter lengths of stay, and no delayed discharges.

Social services

- Improve performance of adult social care in Torbay Council. Increased provision of domiciliary care, and a significant reduction in the use of residential and nursing home care.

National politicians

- Demonstrating the overall good for the population
- An early and sustained example of the service user and economic benefits of the full integration of health and social care.
- Building a case for change, at a time when there is fear of privatisation

Acute providers

- Giving the ability to work closely with a single provider of community services, with the reduction in avoidable admissions, and 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”

User-centred services

- Base any strategy on the vision for and benefits being sought for service users/patients (Mrs Smith). 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

- Engagement 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.



“Using a section 75 proved too bureaucratic, through discussion and compromise we agreed to pool our budgets”