Continuing CONNECT

Improving continuing Healthcare finances through improving outcomes – a case study from MSE

CHANGING THE CONVERSATION AROUND ALL AGE CONTINUING CARE

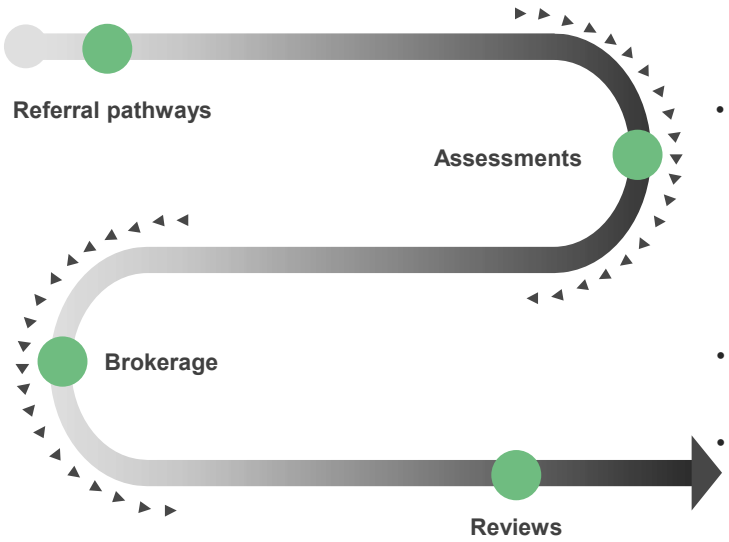
1. **December 2020:** Diagnostic
2. **Summer 2021:** Programme Launch
3. **Winter 2021:** Programme Pause

DIAGNOSTIC
UNDERSTANDING OPPORTUNITIES FOR IMPROVEMENT

The key indicator was inconsistency between CCGs throughout the entire patient pathway. Notable differences included:

- Basildon CCG **accepting 4x the number of health-led DTA** as Mid CCG, despite Basildon having 70% of the population

- Mid Essex CCG were paying **£300 more p/w/p** for Nursing Care than other CCGs
- On some **1:1 packages** we were **overpaying by 50%**



- Eligibility rates per capita at assessment for some CCGs varied by up to **40% above national averages**

- A review backlog of **over 1500 reviews**
- Our reviews were on average **over a year late**, despite being **annual**

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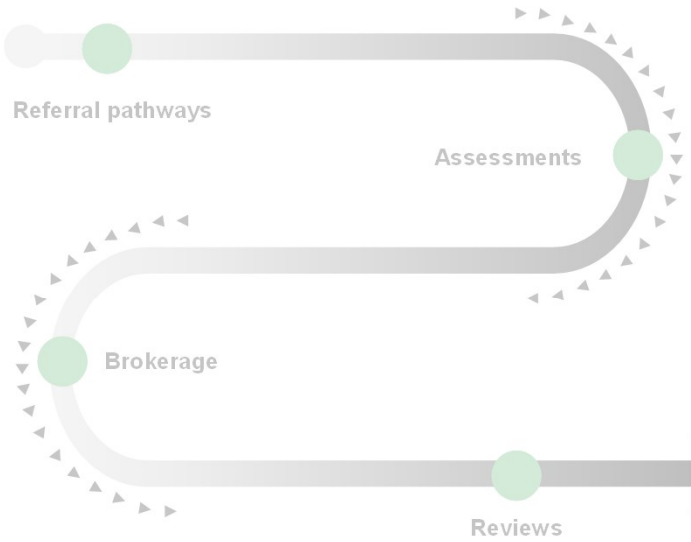

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Environment for Change

1. **Collaboration**

1 in 4 partners feel their professional opinion is ignored when collaborating with CHC. **92%** think more collaboration would be beneficial

2. **Performance & Improvement**

Over 50% of staff feel NHSE metrics only drive volume, not quality or outcomes. Leadership felt they **lacked clear data and evidence** to steer improvement.

3. **Capacity and Capability**

Teams want to improve, but only have time for quick or urgent changes: **"I can't think of a time where it hasn't felt like CHC is in crisis mode"**

PROGRAMME LAUNCH
PRINCIPLES AND WORKSTREAMS

1. December 2020: Diagnostic
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1

Putting the person at the centre

"Changing the conversation with patients and families so that they better understand their options"

- Prioritising independent outcomes and practice over process and politics
- Consistency where it's important; personalisation where it matters
- The right care, right service and right outcome for the person

2

Partners collaborating across communities, places and system

"Changing the conversation with colleagues and the system so that CHC is an integrated part of our service"

- Learning-from and supporting each other across teams and partners
- Change that is designed, tested and championed by people who do the job
- Teams and partners across the system, changing and developing together

3

Using data and insight to inform and super-charge our approach

"Changing the conversation from anecdote to evidence; using data and insight to drive the right change"

- More understanding and clarity about our biggest challenges and pressures
- Building long-term solutions mean we have the data and insight we need, when we need it

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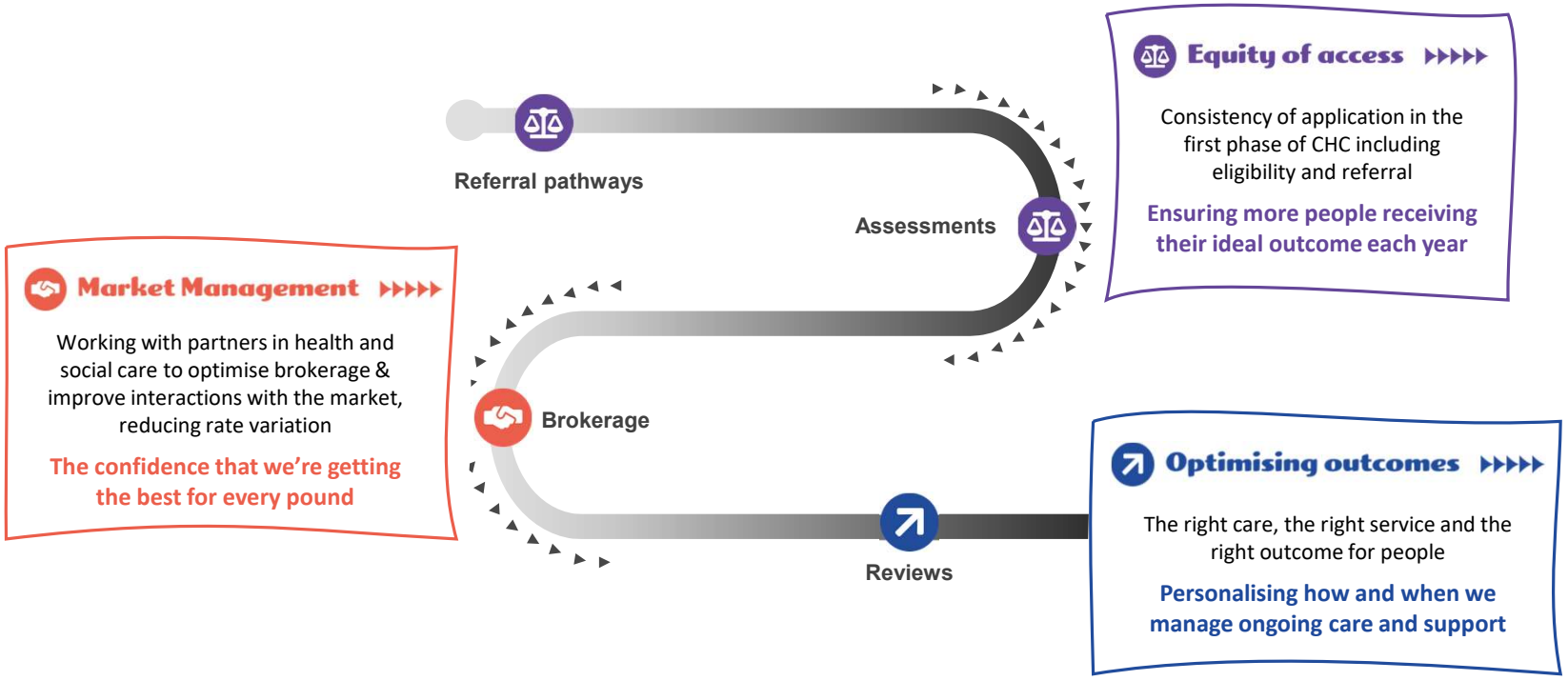
PROGRAMME LAUNCH
PRINCIPLES AND WORKSTREAMS

From these principles and the areas for improvement formed the 3 pillars of the Continuing Connect programme.



PROGRAMME LAUNCH
THE THREE PILLARS OF CHC

1. December 2020: Diagnostic
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Equity of access

Consistency of application in the first phase of CHC including eligibility and referral

Ensuring more people receiving their ideal outcome each year

Optimising outcomes

The right care, the right service and the right outcome for people

Personalising how and when we manage ongoing care and support

Market Management

Working with partners in health and social care to optimise brokerage & improve interactions with the market, reducing rate variation

The confidence that we're getting the best for every pound

WHERE WE'RE FOCUSING

1 Health D2A Process & Screening

- Clarifying and reiterating guidance to improve quality and number of health-led DTA across CCGs

2 The Perfect Start

- Designing a rigorous quality assurance process around assessments to fix variance issues

1 Review frequency & prioritisation

- Building an improved Review process that enables teams to hit required throughput

2 Busting the Backlog

- Ensuring review quality while working through a backlog of 1500+ Cases that built up due to Covid-19

1 Nursing 1:1 Care

- Leverage and negotiation support to pay a fair price for 1:1 care

2 Let's talk brokerage

- Developing and deploying a should cost model for Nursing and Residential care

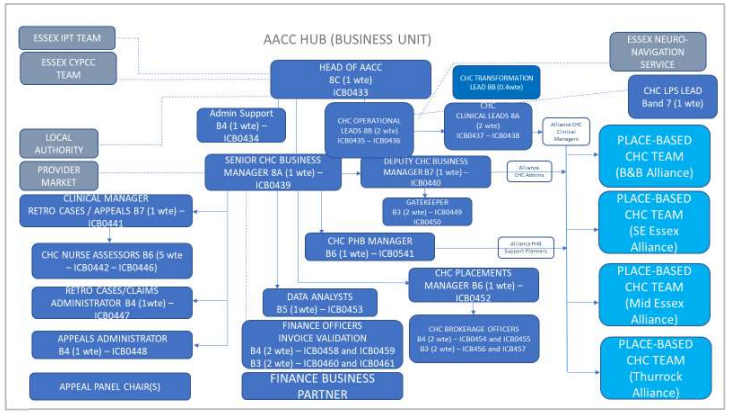
ICB RESTRUCTURE
APPROACH

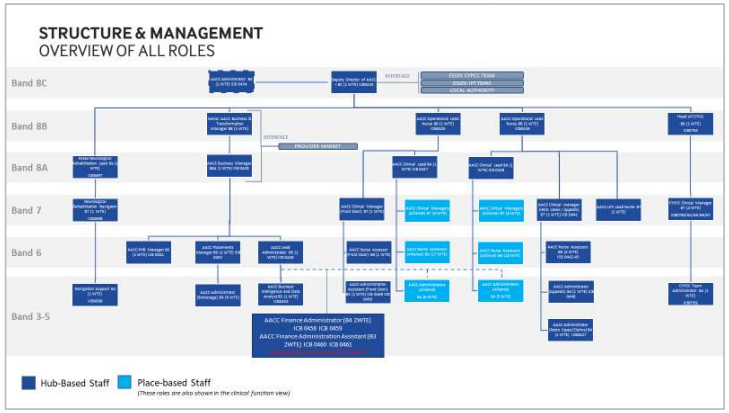
3 Winter 2021: Programme Pause

4 Spring 2022: ICB Restructure

5 Embedding Ways of Working

- Design team sizes around new processes and incorporate demand and capacity modelling to appropriately align and size teams to alliances.
- To enable clearer roles and responsibilities for staff, and a cleaner more consistent pathway for patients
- Consolidate functions, e.g. a front door team, to improve consistency and productivity by clearly defining work scope for each team
- Supported integration of CYPCC and Neurorehab into one AACC pathway, including alignment of review processes





> *The coming together of the 5 CHC teams and the CYPP / neuro team to form one cohesive and coordinated team. this should provide a much better service for the public and make the service provision much easier, dispensing with unnecessary red tape and stop services acting in silos.*
>
> **Operations Lead**

ICB RESTRUCTURE
OUR VISION

3) **Winter 2021:** Programme Pause

4) **Spring 2022:** ICB Restructure

5) Embedding Ways of Working

With our new leadership team in place, we ran a set of form and function workshops. One of the key outputs was the new vision for AACC:

Internal

- In 6 month's, we will be operating as a **unified team, energised and proud** of how we have **embedded new ways of working**. We will have focussed on **supporting and developing staff to have clear and fulfilling roles**.
- We will be operating as a **valued member of the broader ICS** and delivering **consistent high-quality outcomes** for the people we support. We will be **controlled, proactive & principled** in how we deliver our service.
- We will still have work to do but will have a **clear plan & clear accountabilities** for how we will get there.

> *The vision statements gives a good overall view of our ICS's commitment to both the staff and patients with the feeling of positive outcomes for the future*
> **Nurse Manager**

External

- Our AACC team **puts people at the heart of what we do**. We're **passionate and dedicated to getting people the right care, in the right place, at the right time and by the right person**.
- We work **openly & transparently** with our partners & our providers to deliver an **integrated, innovative & valuable service.**
- We recognise our staff are our service's **greatest resource** and we look to develop **meaningful, exciting, and rewarding opportunities for them**. We want AACC to be a place for teams and individuals to grow and develop in their career.

> *I like that the visions focus on clinical excellence, and as nurses that is our calling*
> **Nurse Assessor**

EMBEDDING WAYS OF WORKING
THE THREE PILLARS OF CHC

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EMBEDDING WAYS OF WORKING
PILLARS DELIVERING CHANGE

4 Spring 2022: ICB Restructure

5 Embedding Ways of Working

6 Supporting Infrastructure

Equity of access

NHS

Health Led Discharge to Assess

Memorandum of Understanding

Mid and South Essex Health and Care Partnership

We want to support people leaving hospital to have the opportunity to achieve the **most independent outcome.** To achieve that goal there are several considerations that should be made when **evaluating suitability** for Health-led discharge to assess:

Home First

- What **health related activity** does a previous care package not provide to meet the needs of this person?
- Can a person be supported in their previous setting with the support of **existing NHS services**?

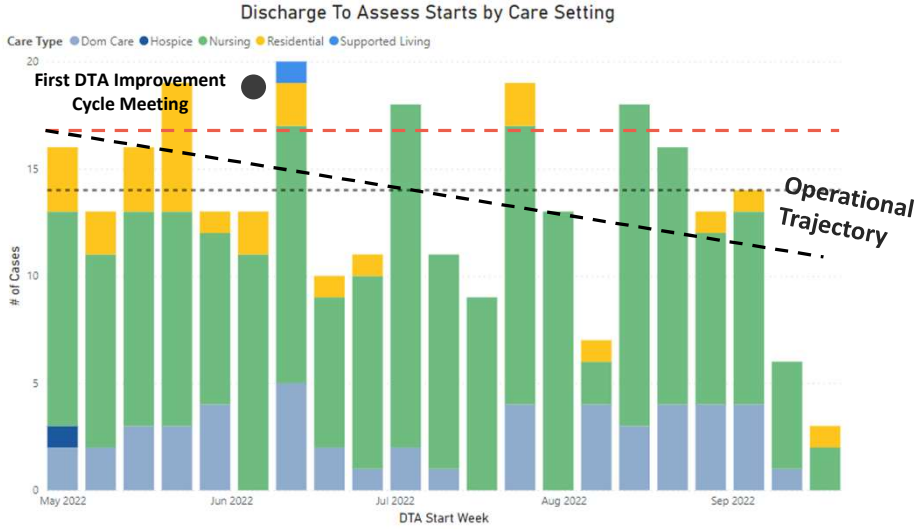
Rehabilitation and Reablement

- Rehabilitation is **limited or non-existent** on Health-led DTA. If a person has **potential to reduce their needs**, then IMC or Social Care Led-Pathways 1/2 with existing NHS service input will result in a **better outcome.**

Immediate Nurse Access

- Does a person have **tasks that require a registered nurse** above what existing NHS services can provide **and** cannot be **delegated to a carer/family** member?
- Consider the **nature, complexity, intensity, and unpredictability** of the health needs when managed by medication.

Does this person require **immediate nurse access 24/7**? If you're unsure or would like support or training please email bbccg.chc@nhs.net



DTA has been a real struggle and we've found ourselves becoming more of a DTA team than a CHC team, less than two weeks into the trial we are already noticing massive differences in our capacity
Clinical Lead

*Dashboard examples pulled midweek 19/09

Continuing CONNECT

EMBEDDING WAYS OF WORKING
PILLARS DELIVERING CHANGE

4 Spring 2022: ICB Restructure
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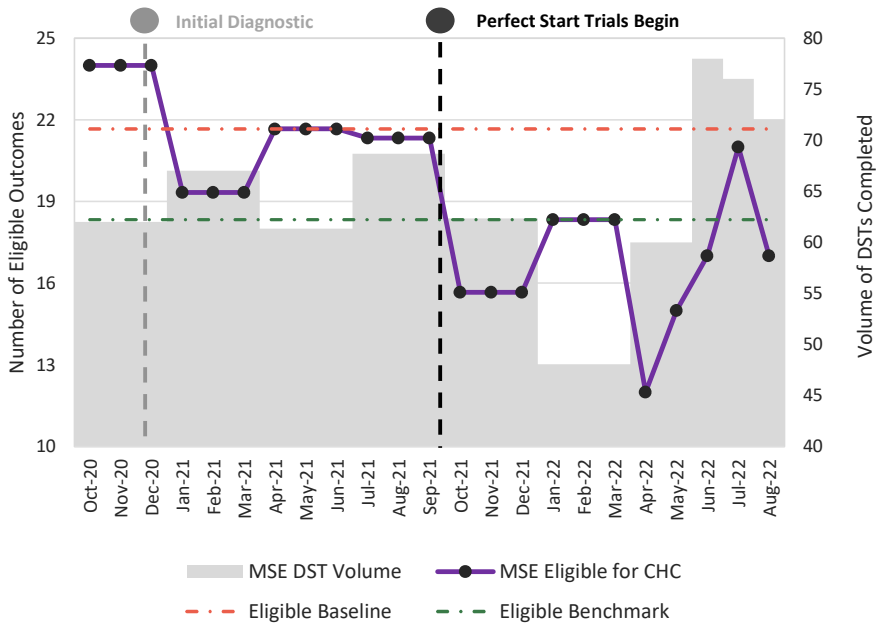
Equity of access ▶▶▶▶▶

MSE DST Volumes and CHC Eligible Outcomes per Month
(Oct-20 to Aug-22)



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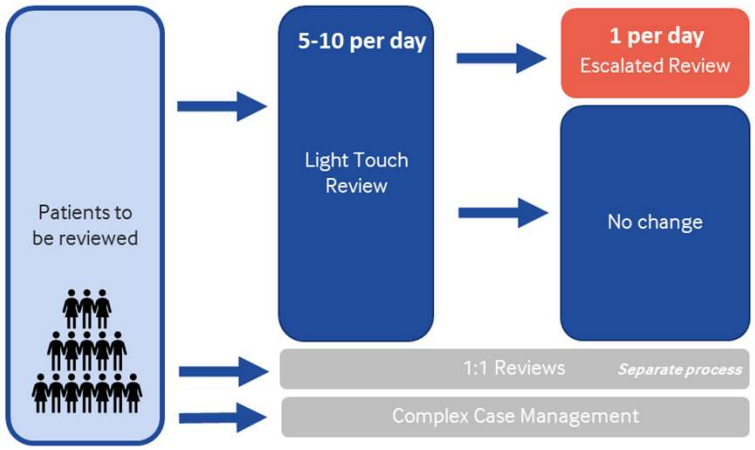
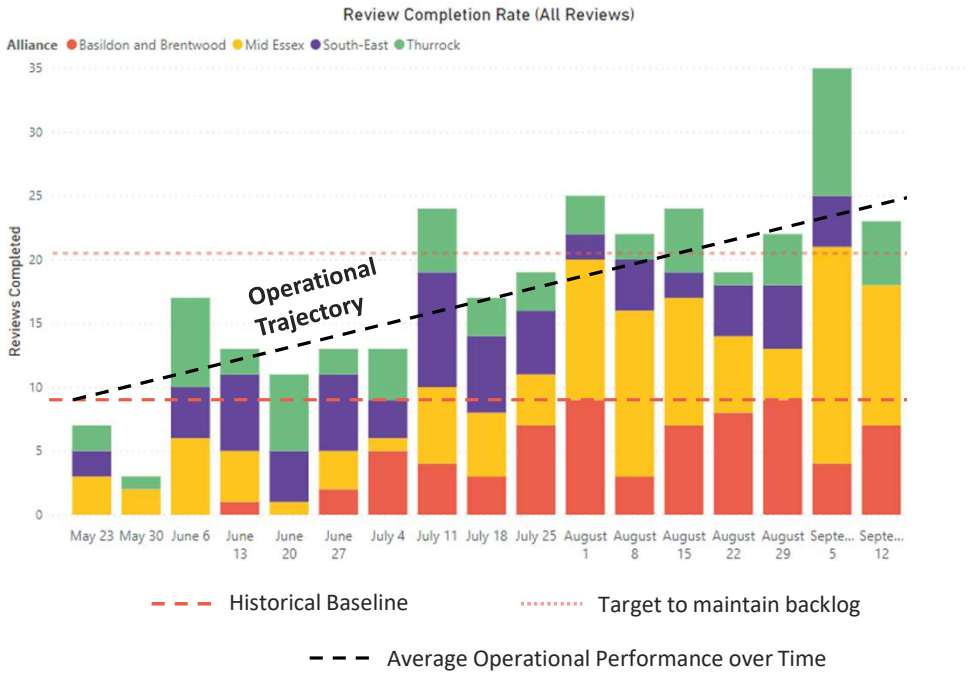
Equity of access ▶▶▶▶▶ Optimising outcomes ▶▶▶▶▶

Only **20-25% of reviews resulted in a change** in care plan or CHC eligibility
Nurses were **only completing 1 review per day**

So, we co-developed the following, more **time efficient process:**





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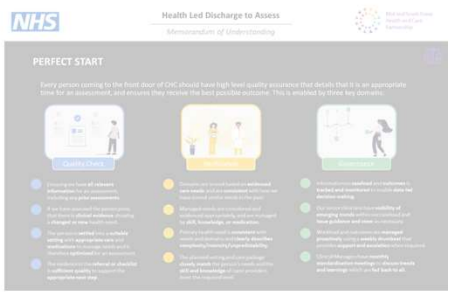

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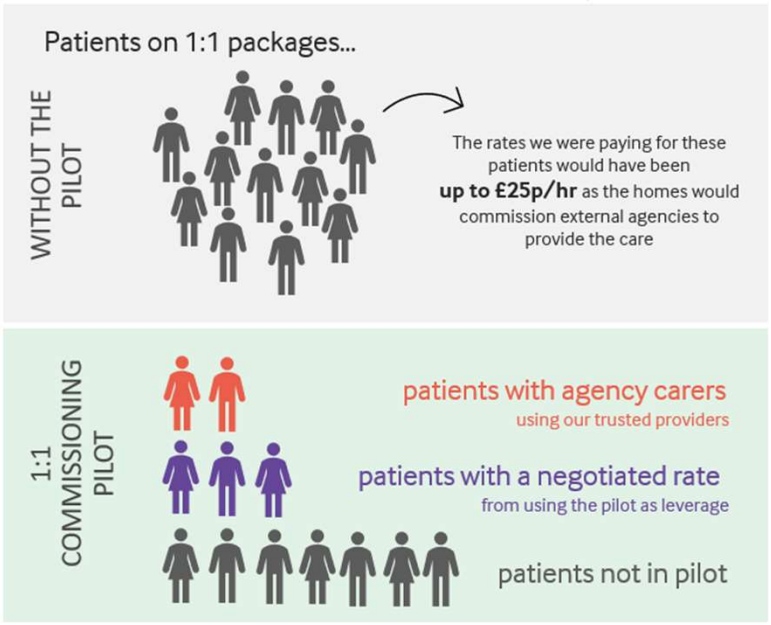


Market Management

SUPPORTING INFRASTRUCTURE
ENABLING DATA-LED DECISION MAKING

Historically different systems and reporting practices mean CHC has struggled to get visibility of the performance of the system as a whole. What data can be pulled together is difficult to drive action off due to the time delay involved, so this was redesigned from the ground up.

Evaluated existing data pipeline infrastructure to identify gaps.

Designed and implemented trackers to fill data blackspots, and rewrote processes to capture data.

Merged data sources from multiple systems to deliver a real-time dashboard

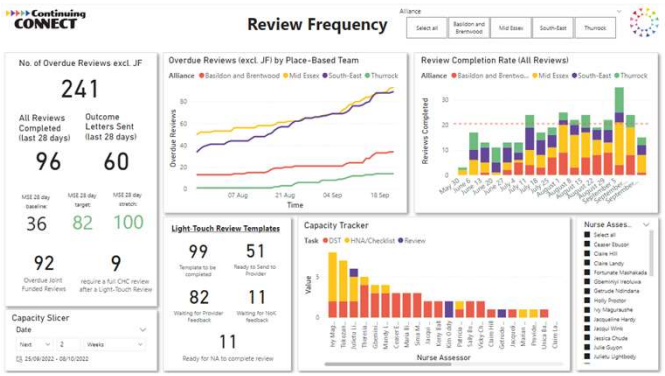
Upskilled senior team to use dashboards to make data literate decisions.

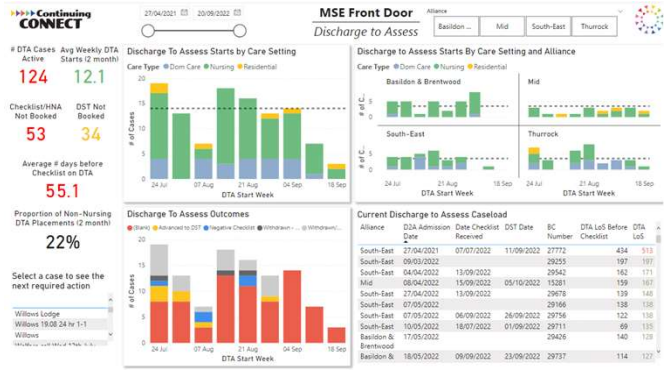
Trained BI/Analytics, providing manuals to maintain existing tools and build additional tools in the future.

The final product is an end-to-end data pipeline and analysis package that allows the AACC visibility of real time analytics to drive improved outcomes for patients and the system.

SUPPORTING INFRASTRUCTURE
DASHBOARD EXAMPLES

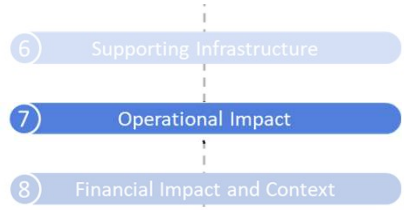
These and other dashboards give visibility of real-time activity across MSE, and with the weekly data pack and improvement cycle meetings the SLT drive system improvement.





> *We've never had this much information available when we've made decisions before, it's amazing seeing how everything is working on just a few screens*
> **Clinical Lead**

OPERATIONAL IMPACT
WORKING MORE EFFECTIVELY



Equity of access

Basildon CCG **accepting 4x the number of health-led DTA** as Mid CCG, despite Basildon having 70% of the population

Two weeks after instituting the new MOU we had **cut starts in Basildon by 60%**

Eligibility rates per capita at assessment for some CCGs varied by up to **40% above national averages**

With new ways of working we have seen a **20% reduction in starts**

Optimising outcomes

A review backlog due to Covid of **over 1500 reviews**

Currently the backlog sits at 230 cases, with current throughput it will be **clear by February**.

Our reviews were on average **over a year late,** despite being **annual**

We've **tripled review throughput** and brought the average delay down **by 60%**

Market Management

Mid Essex CCG were paying **£300 more per week** for the most common package type (Nursing Care) than other CCGs

A **should-cost model** for residential care to combat inflation

On some **1:1 packages** we were **overpaying by 50%**

Reduced our **average 1:1 rate** by **30%** in our largest area

FINANCIAL IMPACT AND CONTEXT
GOVERNANCE AND SUSTAINABILITY

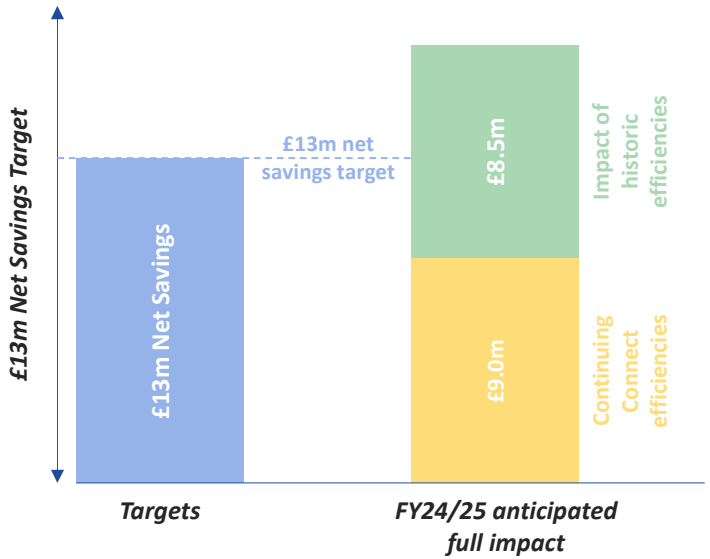
To ensure operational changes are sustained and the financial impacts flow through to outturn we have:

- Established a **Benefits realisation forum** and working group, to give operational, finance and transformation colleagues the details and mechanisms of the all the savings
- Developed tracking that demonstrates the link between **operational change and financial value** and can be updated month on month with the latest performance
- Digital **reporting and tools to give clear visibility** of any issues that emerge, and drill down and intervene in specific problem areas

With this governance, data reporting, and digital tooling AACC is setup to maintain current savings, and deliver additional savings going forwards.

FINANCIAL IMPACT AND CONTEXT
MSE FINANCIAL CONTEXT

At the end of Winter 2020/21, there was an ambitious target of **£13m net savings** set



Combined with already in-flow historical efficiencies, at it's current run-rate, the programme is on track to **deliver £17.5m net savings** by FY24/25 at full impact. Exceeding the £13m net savings target.

LESSONS LEARNT