# Our Integrated Care Journey

Liz Davenport, Chief Executive
Paul Cooper, Director of Finance

February 2019

# What we plan to cover

Torbay and South Devon NHS
NHS Foundation Trust

- **Welcome and Introductions**
- **Our Integrated Care Journey**
- **Making a difference for real people**
- **What difference can we make across systems**

*Sharing Insights*

# In memory of Harry…

Torbay and South Devon NHS
NHS Foundation Trust

# Our story

Torbay and South Devon NHS
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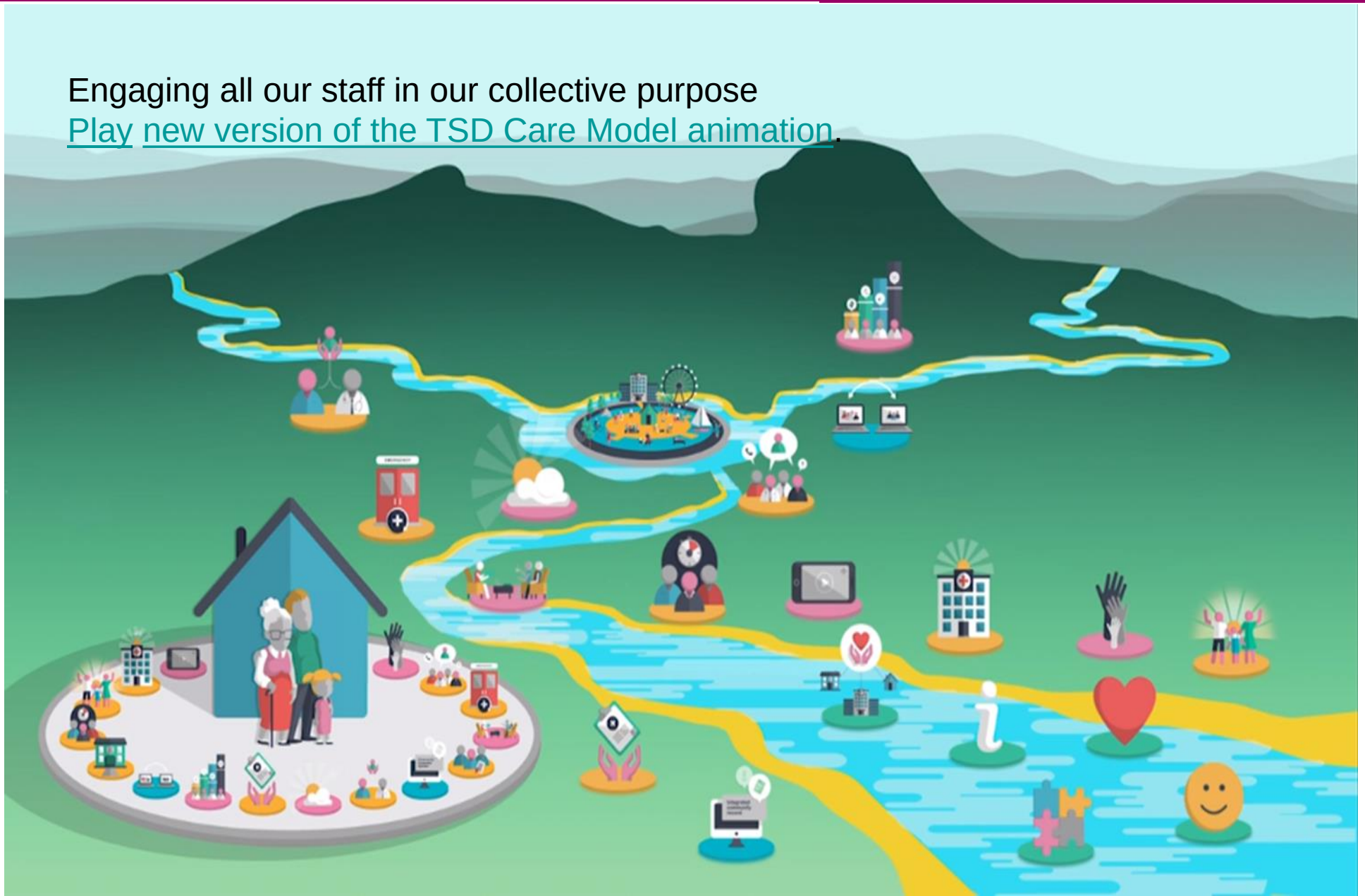
Engaging all our staff in our collective purpose
Play new version of the TSD Care Model animation.

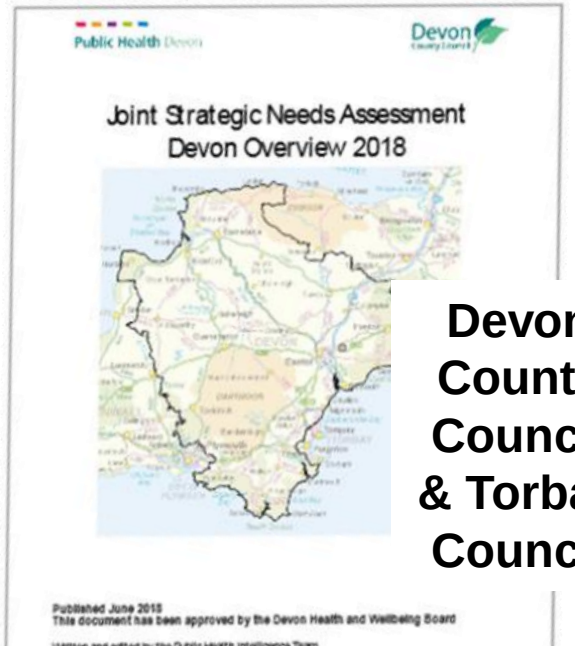


# Our partnerships

Torbay and South Devon NHS Foundation Trust

## Torbay Together

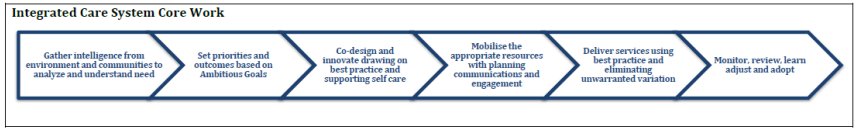
Partners in education & commerce




Devon County Council & Torbay Council

Devon STP

| | | | | |
|---|---|---|---|---|
| | ...riving lives, support and services for everyone | | | |
| | **Eliminate inequalities in opportunity**, access and experience and improve outcomes for everyone in Devon | **Collaborate to connect all people** to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health | **Provide outstanding services** that work with people to live their lives to the max | **Inspire people** to join and stay in our workforce that is achieving excellence, innovation, ambition and joy in work |




| | | | | |
|---|---|---|---|---|
| **Current Strategic Focus** | Enable more people to be and stay healthy | Enhance self-care and community resilience | Integrate and improve community services and care in people's homes | Deliver modern, safe and sustainable services |

| | | | | | | |
|---|---|---|---|---|---|---|
| **System Design Criteria**<br><br>**"We are creating an ICS that can……** | ...make clear decisions" | ...be agile and adaptable" | ...exercise good governance " | ...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity" | ...deliver involvement and influence at every level" | ...be digitally enabled" |
| | So that resources can be mobilized to meet the needs of the people of Devon; improve performance; jointly risk enable; reduce inequality; drive prevention and put the system first | In order to operate dynamically and evolve to meet future needs | So that there is engagement; transparency; easily understood decision making; public and democratic accountability; shared risk and mutual support and innovation | In order to maximize the benefits of local and system working for optimal outcomes | In order to support self-care; effective collaboration built on trust and ownership and to enable co-design and co-production | In order to drive change and innovation; offer more flexible services; allow staff to deliver care at the top of their skill set; address capacity shortfalls and improve quality and safety of care by sharing information that empowers the citizen |

healthwatch Devon

TOTNES CARING YOUR LOCAL CHARITY Serving The Community

healthwatch Torbay

volunteering in health ...reaching out

Voluntary Sector Partners

Independent Sector Care Providers

# Our place



- **Diverse area of over 600 square miles: Dartmoor, coastal towns & Torquay urban**
- **Local population of c275,000, plus annual influx of c100,000 visitors**
- **Older population – 20 years ahead of UK average, 25% aged 65 & over**
- **Significant poverty & deprivation**

# Our focus

Torbay and South Devon NHS
NHS Foundation Trust

***"…I can plan my care with people who work together to understand me and my carers, allow me control and bring together services to achieve the outcomes important to me…"***


**We are particularly affected by the growing national challenge of a rising elderly population and the increase in demand for services related to frailty**

# Our journey

Torbay and South Devon NHS
NHS Foundation Trust

## 1 October 2015:  A Big Day, A New Integrated Organisation

- A triumph of local **partnership**
- A history we are proud of, the next step in **integration**
- **Integrated** hospital, community health & adult social care
- **Pooled budget** of £400m with Risk Share Agreement
- **6,000 staff** – expert, compassionate, dedicated, great ideas


# How Has Our Care Model Developed?

# Investing in …

## our new Model of Care

Torbay and South Devon NHS
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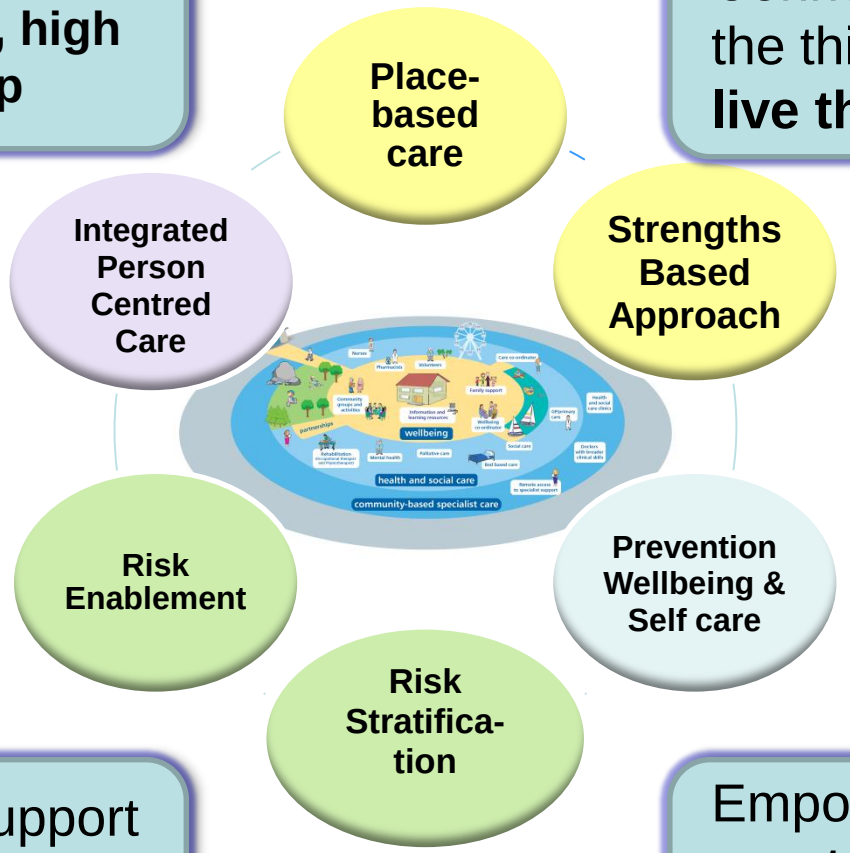
- in **teams** who **work across care settings** to provide **continuity** & **integrated care**
- in **primary care** as gateway to our care system
- in voluntary sector **health & well being coordinators**
- in pilot of new **personalised strengths based brokerage** service
- in **tools** that help people **take control** of their **health & wellbeing & reduce isolation**

***"…we have invested £5.5m in health, social care and wellbeing teams…"***

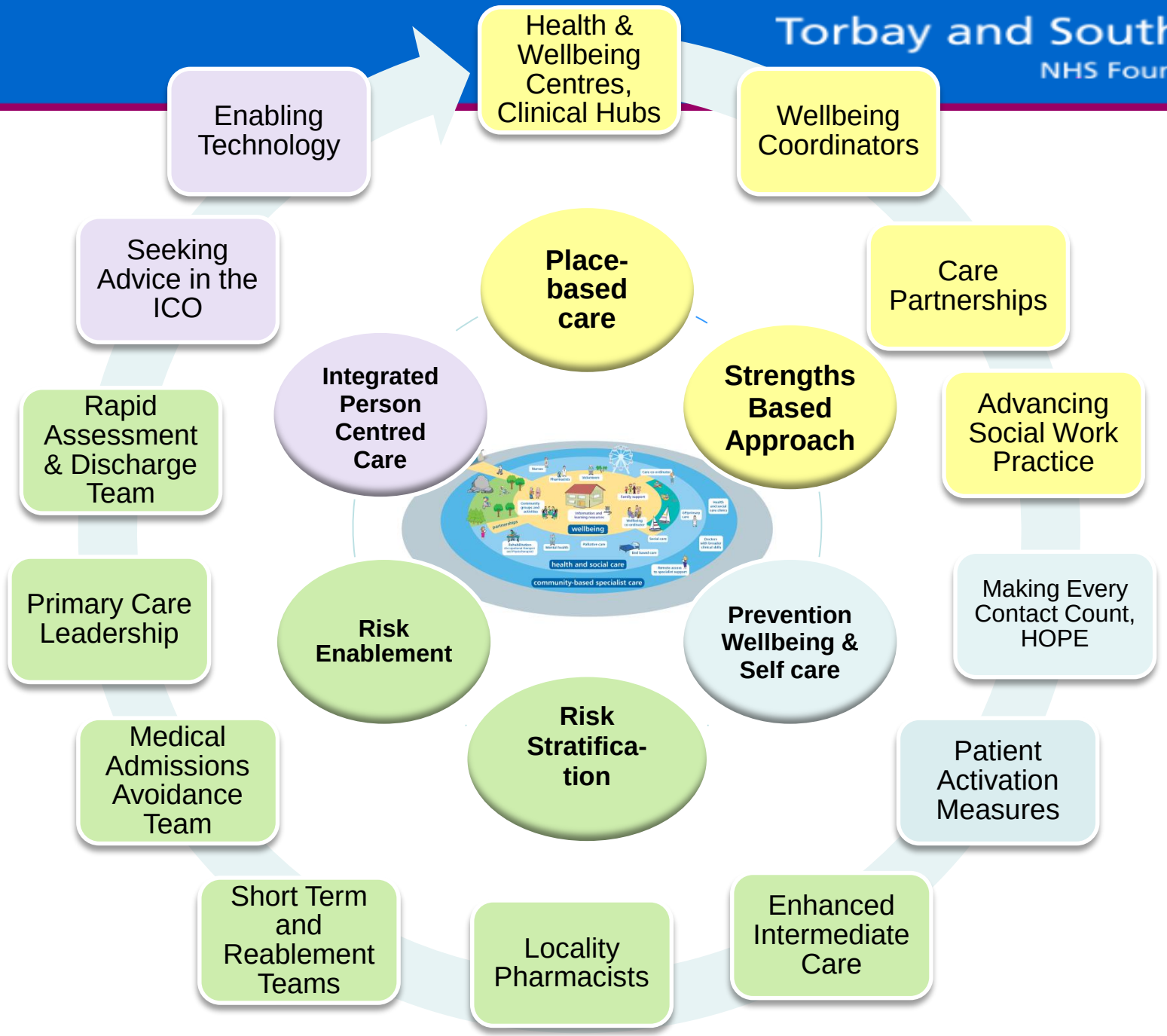
When people need hospital **care** it **will be timely, high quality** and **joined up**

Connecting people with the things that help them **live their lives**



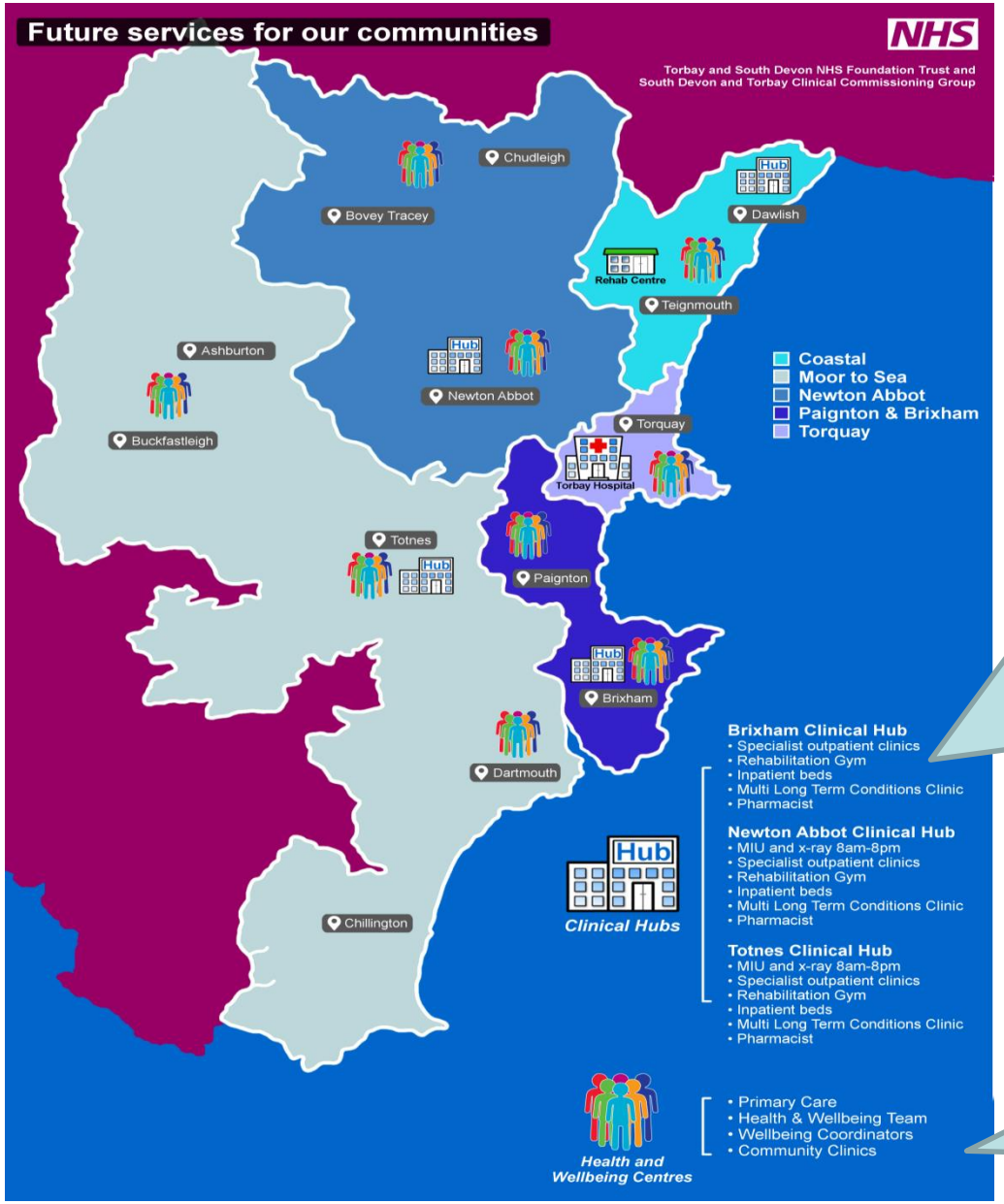

Work together to support people to **stay well** & **independent at home**

Empower people to take **greater control** of their **health & wellbeing**


Health & Wellbeing Centres, Clinical Hubs
Wellbeing Coordinators
Care Partnerships
Advancing Social Work Practice
Making Every Contact Count, HOPE
Patient Activation Measures
Enhanced Intermediate Care
Locality Pharmacists
Short Term and Reablement Teams
Medical Admissions Avoidance Team
Primary Care Leadership
Rapid Assessment & Discharge Team
Seeking Advice in the ICO
Enabling Technology
Place-based care
Strengths Based Approach
Prevention Wellbeing & Self care
Risk Stratifica-tion
Risk Enablement
Integrated Person Centred Care
wellbeing
health and social care
community-based specialist care

# Changes to our services






**Brixham Clinical Hub**
Specialist OP Clinics
Rehabilitation Gym
Inpatient Beds

**Newton Abbot Clinical Hub**
MIU and x-ray 8am-8pm
Specialist OP Clinics
Rehabilitation Gym
Inpatient Beds

**Totnes Clinical Hub**
MIU8am-8pm and x-ray
Specialist OP Clinics
Rehabilitation Gym
Inpatient Beds

**Dawlish Clinical Hub**
MIU8am-8pm and x-ray
Specialist OP Clinics
Rehabilitation Gym
Inpatient Beds

**Health and Wellbeing Centres**
Health and wellbeing Team
Voluntary sector
Wellbeing Coordinators
Community Clinics

# What can I use my Paignton Health and Wellbeing Centre for?

## Information

"I will be able to drop in and find out how to get support and care for myself, my neighbours and family."

## Wellbeing

"I can see a wellbeing coordinator who will talk to me about what matters most to me so I can live a full life."

## Keeping healthy

"Information and advice about changing diet, exercise routine and smoking."

## Community and voluntary groups

"Find out about the range of community groups and support available from the voluntary sector."

## wellbeing

## Falls services

"I will be able to attend the centre for a multi-professional assessment if I am at risk of having a fall."

## Health and wellbeing team

"Access drop in clinics for the health and wellbeing team. They provide care and treatment to people in their own homes."

## Musculoskeletal physiotherapy

"A physiotherapist can help me restore movement and function if I am affected by an illness or injury. I can get support with managing pain and doing exercises."

## Women's health physiotherapy service

"I can self-refer to the centre for assessment and treatment if I have difficulties with bladder leaks or pelvic pain."

## Intermediate care

"Access drop in clinics for the Intermediate care team. The care is person-centred and focused on rehabilitation."

## Nursing care

"A nurse can help change my urinary catheter, give me a bladder scan or advice and information about my catheter."

## Podiatry

"Receive assessment and treatment for painful foot conditions which can help me to avoid having surgery."

## Drug and alcohol services

"I can attend the centre if I need help and advice about issues with alcohol and drugs."

## Speech and language therapy

"I can access services that provide care for difficulties with communication or with eating, drinking or swallowing."

## health and social care

# Care Model Chapter 1

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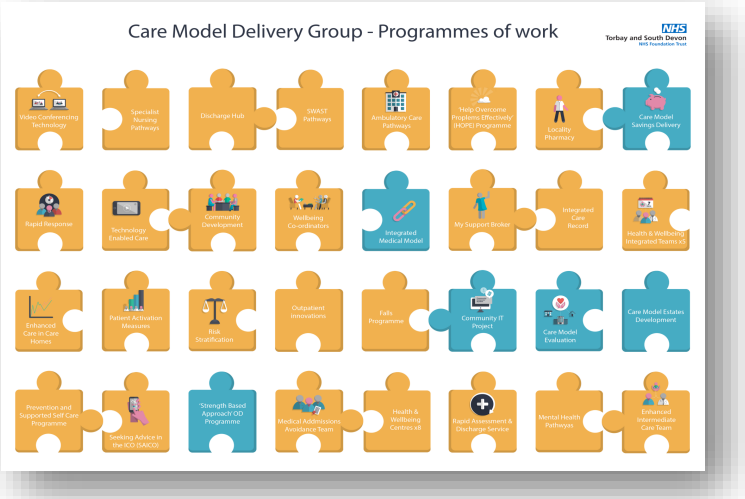
***"The next two slides show a list of the programmes of change that are part of the first chapter of our care model…"***



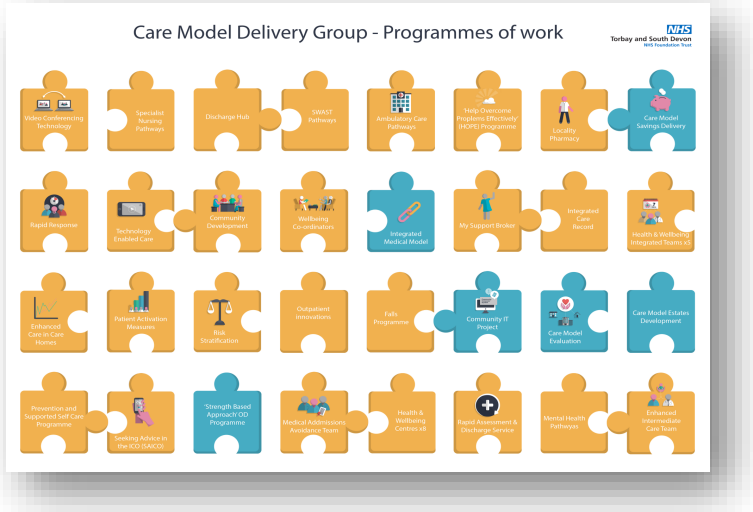

- Video conferencing technology
- Specialist nursing pathways
- Discharge hubs
- SWAST pathways
- Ambulatory Care Pathways
- Help Overcoming Problems Effectively
- Locality Pharmacy
- Rapid Response
- Technology enabled care
- Community development
- Wellbeing coordinators
- Integrated medical model
- My support broker
- Health and wellbeing teams
- Health and wellbeing centres
- Enhanced care in care homes
- Patient activation measures
- Risk stratification

# and there is more…



- Outpatient Innovations
- Falls Programme
- Community Care Record
- Prevention and supported self-care programme
- Seeking Advice in the ICO
- Strengths based approach OD programme
- Medical Admissions Avoidance Team
- Rapid Assessment and Discharge Service
- Enhanced Intermediate Care team
- Mental Health Pathways

*'…Chapter 2 will build on the foundations of what we have achieved and implemented as part of our care model so far.'*



# To reap the benefit we need to connect it all together

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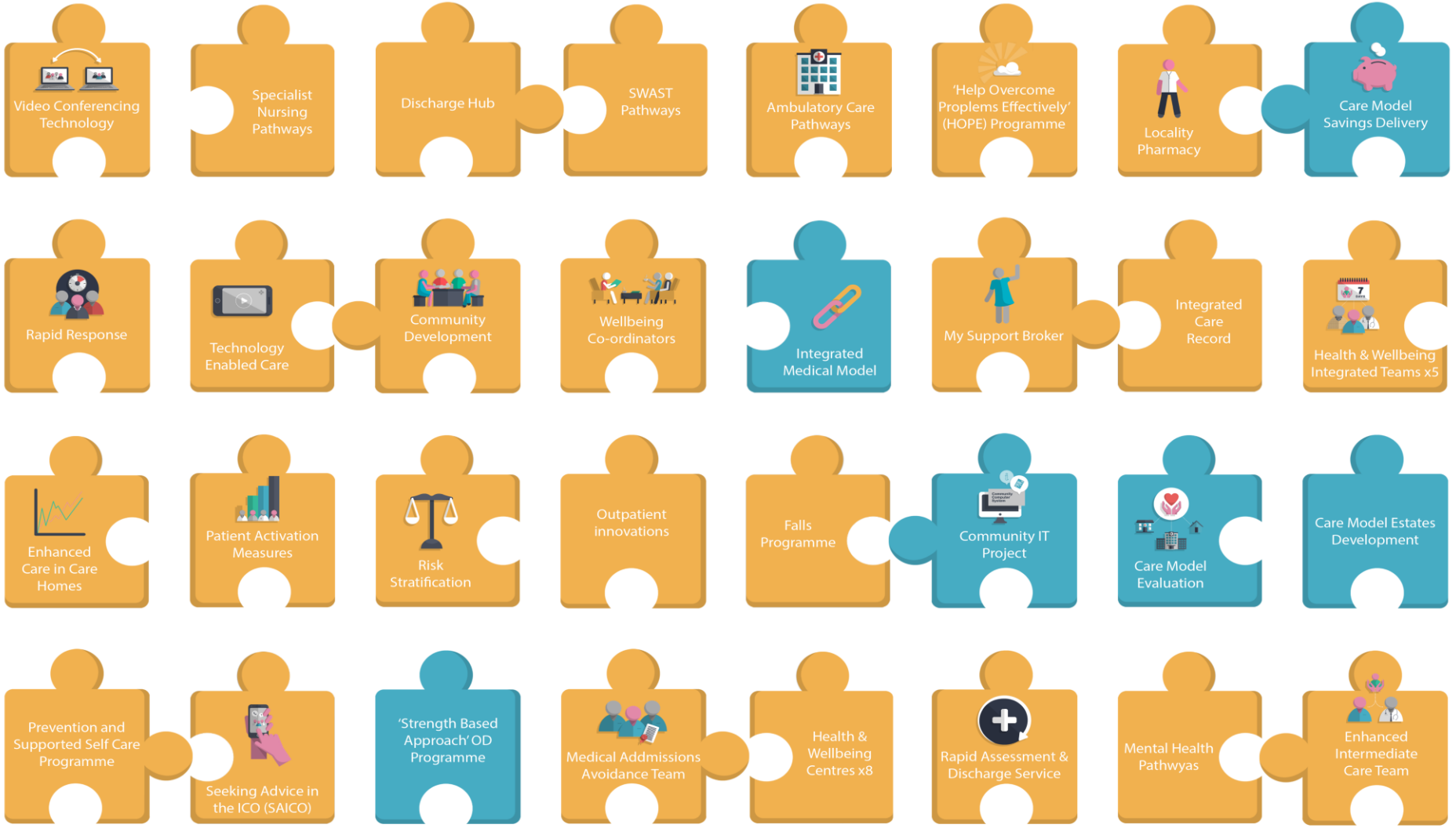

# Acute innovations surgical pathways of care

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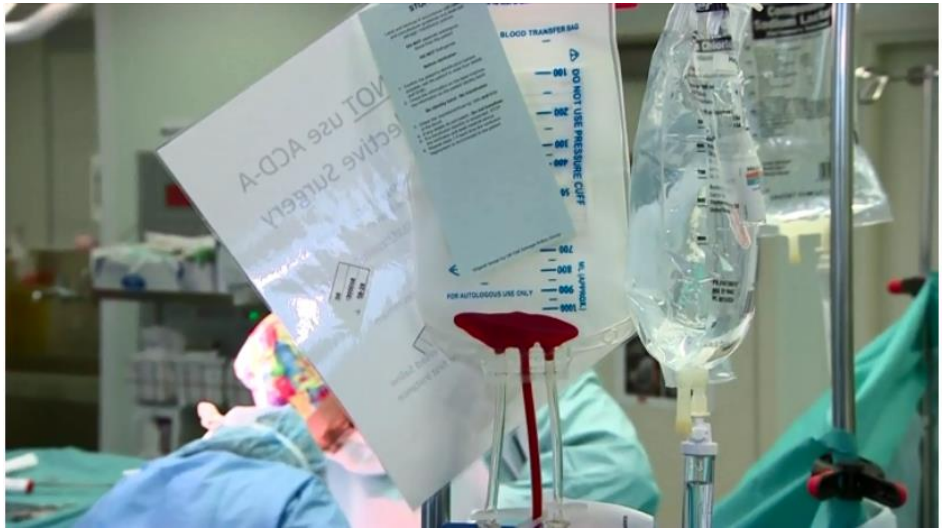
- **Day Surgery** – National leader in driving innovation in day surgery pathways (now moving onto major surgery, hips, knees and more to come)
- **Breast Services** – Patient initiated follow up transforming the service and improving outcomes
- **Blood recycling** – the first in the South West to operate 24 hours a day and 7 days a week

***"As an integrated care organisation our care model has also been about driving innovation in our acute services to enable us to achieve our goals..."***



# Outpatient innovation



- **Virtual fracture clinics**
- **Mega clinics** in Ophthalmology
- **Tracker systems as** alternative to follow up – Urology, Endocrine, Haematology
- **Rheumatology** – new self-management app
- **Physio First for MSK** – self-referral in 3 days
- **Seeking Advice in the ICO** – Advice for GPs across all specialties (5000 per year)
- **Shared Decision Making** – trial for patients with knee arthritis


**Health & Care Videos creates new app: Rheumatology Connect**

Rheumatology Connect is a pioneering new patient information app designed to compliment the service offered [...]

# Virtual Reality in Intensive Care

Our special memory of Nick…

# Acute Innovations
# Video technology

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health & care videos
In Partnership With NHS Torbay and South Devon NHS Foundation Trust

## Case study: South West cardiac centre frees up hours of nurse time using consent videos

POSTED ON DECEMBER 4, 2017OCTOBER 1, 2018 BY SAARA



# Digital Technology

Torbay and South Devon NHS Foundation Trust

NHS Quicker

New Integrated Community Record


Video-conferencing Technology

# How is our integrated care model making a difference?

*“ Whilst the first three years has helped to demonstrate the benefits of the integrated care model, over recent months the Trust has experienced a number of critical incidents with core infrastructure failures (theatres) and a vulnerable domiciliary care market that are seriously impacting on our ability to deliver key access standards and maximise the benefits of our care model.”*

# Making a difference

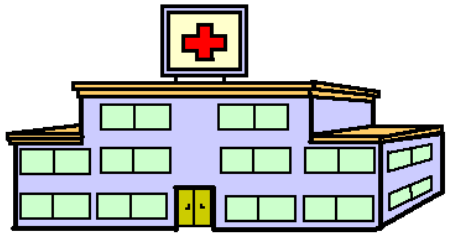


- **40% more people** cared for **at home** enabling reduction of **99 hospital beds**
- Emergency **NHS bed usage** for 65+ is the **3rd lowest** in the South of England
- **Delayed Transfers of Care** has been consistently amongst **lowest** in country
- **Fewer people** admitted to a **care home** as their **permanent residence** (for those funded by social care aged 65+)
- More people say they have **good social care** related **quality of life** (compared to comparator group)

## Sustainable Services

- **total A&E attendances reduced by 3.7%** compared to a national increase of 5.7%
- **A&E attendances by the over 65s reduced by 1.5%** compared to a national increase of 13.8%

This information relates to the 3 year period of 2014/15 to 2017/18. Source: Dr Foster

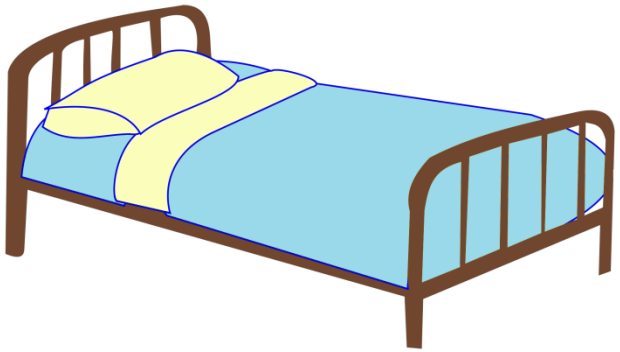


# Making a difference

Torbay and South Devon NHS
NHS Foundation Trust

## Sustainable Services

- **Total bed days used reduced by 21.2%** compared to national reduction of 2.1%
- **Bed days used by the over 65s reduced by 27.8%** compared to national reduction of 2%



This information relates to the 3 year period of 2014/15 to 2017/18. Source: Dr Foster

# Making a difference

Torbay and South Devon NHS
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## Sustainable Services

- **Total outpatient attendances reduced by 3.5%** compared to national increase of 10.9%
- **Outpatient attendances for the over 65s reduced by 0.9%** compared to national increase of 13.2%

This information relates to the 3 year period of 2014/15 to 2017/18. Source: Dr Foster

# Financial benefits



- **Total £13.23m recurrent cash releasing system savings generated.**

- …of which £6.4m reinvested in care model & **£19.9m of cost avoided by reducing demand***

*This is based on an analysis of activity avoided compared to national trends and calculated at national tariff prices.

# Our quality: CQC rating

Torbay and South Devon NHS
NHS Foundation Trust

## Feb 2016

- **CQC overall rating 'Requires improvement'** with 'Outstanding' for caring

## May 2018

- **CQC overall rating 'Good'** and 'Outstanding' for caring
- Fantastic achievement, reflected tireless efforts by staff to improve people's experience of services
- The 'safe' domain overall, maternity and end of life care rated 'Requires improvement.' Down to Trust buildings, facilities, mandatory training, equipment checks
- Our aim is to achieve a 'good' or 'outstanding' rating across all our services when CQC next visit us

# Our care force …

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# Improving lives …

Torbay and South Devon NHS
NHS Foundation Trust

**Understanding how we make a difference through the stories of Nigel, Anne and Mary.**

# Sustainability challenge

The previous slides uses data over a 3 year period ending 2017/18 Since then we have seen significant movements showing that we have not been able to sustain improvements in our system performance due to critical system changes such as the fragility of the domiciliary care market.

In the most recent 12 month period…

- **We are using 20 more beds across all bed settings** including intermediate care placements for over 70 year olds compared to this time last year.
- **We are seeing an increase in bed occupancy** from 88% to 93%.
- **We are seeing an increase in Length of stay** (LoS) from 4.2 to just under 5 days; our patients with a LoS over 21 days has increased
- **Use of Intermediate Care by GPs has reduced** showing that IC is being used less to help avoid an admission and used more to support earlier discharge.

# Our next steps …

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NHS Foundation Trust

NHS
Torbay and South Devon
NHS Foundation Trust

# What will you do?

Right Care in the Right Place

Sharing Information

Staying Well

Strengthening Partnerships

Wellbeing at Work

Torbay and South Devon NHS Foundation Trust

# Making plans for our future

## Wellbeing at work

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## Right Care in the Right Place

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## Sharing information

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## Strengthening Partnerships

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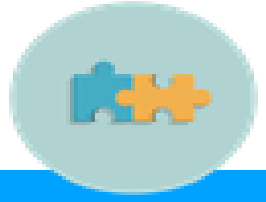

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## Staying Well

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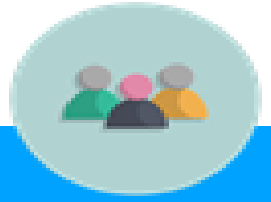
# Delivering high quality care today

## People



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## Quality/ Experience

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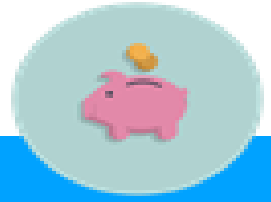
## Finance



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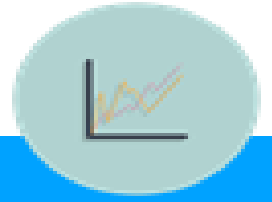
## Activity



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## Performance

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## Risk Framework

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# CARE MODEL CHAPTER 2

Torbay and South Devon NHS
NHS Foundation Trust

## Create conditions for cultural change

Use the compelling narrative of the care model to connect everybody with our collective purpose.

Create the conditions that place wellbeing for our staff and the population at the centre of what we do. Create solid foundations for self-managing teams.


## Use system data to stimulate change

We will use system level information and analytics to give us a 'population view' that helps us to achieve the care model outcomes.

## Develop Technology Enabled Care

Using technology to enhance experience and access to care for people and invest in the infrastructure that supports our staff to do their work.

## Creating the foundations for success

- Transform estate via Strategic Estates Partnership
- Adopt new approach to commercial development to maximise investment in our services
- Invest in capital programme to secure improved environments for care & improved technology
- Implement new 'Delivery Structure' embedding integration & self-managed teams into practice

## Personalized Care & Housing

- Secure investment & evaluate personalized brokerage
- Extend all age approach to personalised budgets
- New social care operating model emphasising risk-enablement & enhanced support for carers
- Independent sector market management & housing strategy offering future sustainability
- 'Enhanced Care in Care Homes' framework

## Integrated partnerships for Children, Young People and Families

- Bring together partners in care in an integrated partnership for children, young people and families.
- Enhance the environment and range of support available for people using maternity services.

## Prevention, Early Intervention & Supported Selfcare - Making it Matter.

- Invest & develop Wellbeing Coordination
- Invest in Asset Based Community Development
- Implement Risk Stratification tool
- Roll out HOPE selfcare programme
- Embed use of information tools
- Implement 'Making every Contact Count'

Dawn Butler - Deputy Director of Strategy v1 03/18 Executive sponsor Ann Wagner

# Integrated Pathways of Care

## Acute service Innovation

- Acute Services Review - work with partner Trusts to provide sustainable specialist services.
- Optimise ambulatory care pathways to increase same day assessments & discharges.
- Outpatient Innovations - use technology & review Procedure Pathways, Query diagnosis Pathways & Long Term Conditions Management.
- 7 day service strategy - robust, consistent senior medical review across 7 days in acute settings.
- Shared Decision Making will ensure people are involved in decisions about their care.

## Working together with primary care

- Outcomes Framework supports primary care to lead system outcomes.
- Enhanced access to primary care 7 days a week.
- Joint working to support sustainability of practice.

## Choice & high quality end of Life Care

- Integrating end of life care across the community and working with our care partners to give more choice and coordinated person-centred care.

## Holistic Mental Health Services

- Scope new pathways of care that offer holistic care and parity of esteem for mental and physical health services,

## Sustainable urgent and emergency care pathways

- Development of Urgent care Centres.
- Extend alternative pathways to ambulance conveyance & utilise online triage via NHS 111.

## Optimising Out of Hospital Care

- Achieve greater integration across Health and Wellbeing teams orientated around what is important to people.
- Reduce policy-pharmacy ill-health through locality pharmacist roles.
- Embed single point of contact for hospital discharges & criteria led discharge.
- Extend boundaries of professional practice across nursing roles.
- Reduce acute admissions by maximising out of hospital care.

# Focus on children…

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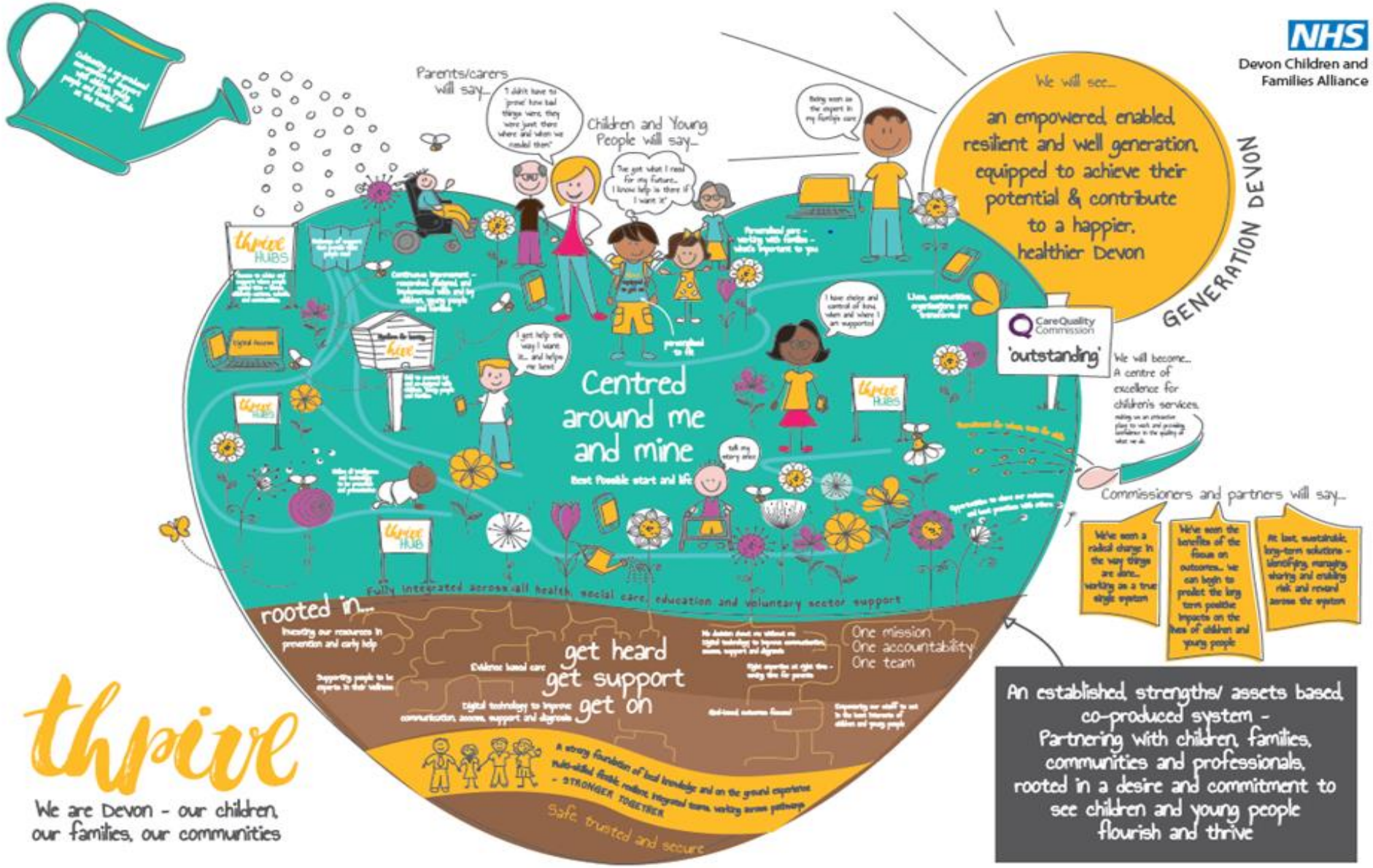


# What we need…



- **Regulation:** system focus
- **Technology:** enabler for new ways of working & accessing care
- **Budgets:** pooled across systems
- **Workforce:** enable shift to risk-enabling culture
- **Investment:** Vol sector, social care, mental health, dom care, care home sector
- **Housing:** for key workers
- **Transport**: infrastructure
- **Political support:** for difficult choices

# Care Model Impacts
# Coastal Health & Wellbeing Hub

## 1. Enhanced Intermediate Care (EIC)
## 2. Voluntary Sector Wellbeing Coordinators (WBC)

**Dr Felix Gradinger, Dr Julian Elston**

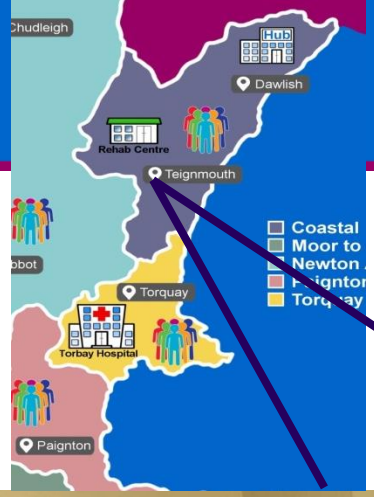
Community and Primary Care Research Group,
University of Plymouth

http://clahrc-peninsula.nihr.ac.uk/research/researcher-in-residence

*This research was supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South West Peninsula. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.*

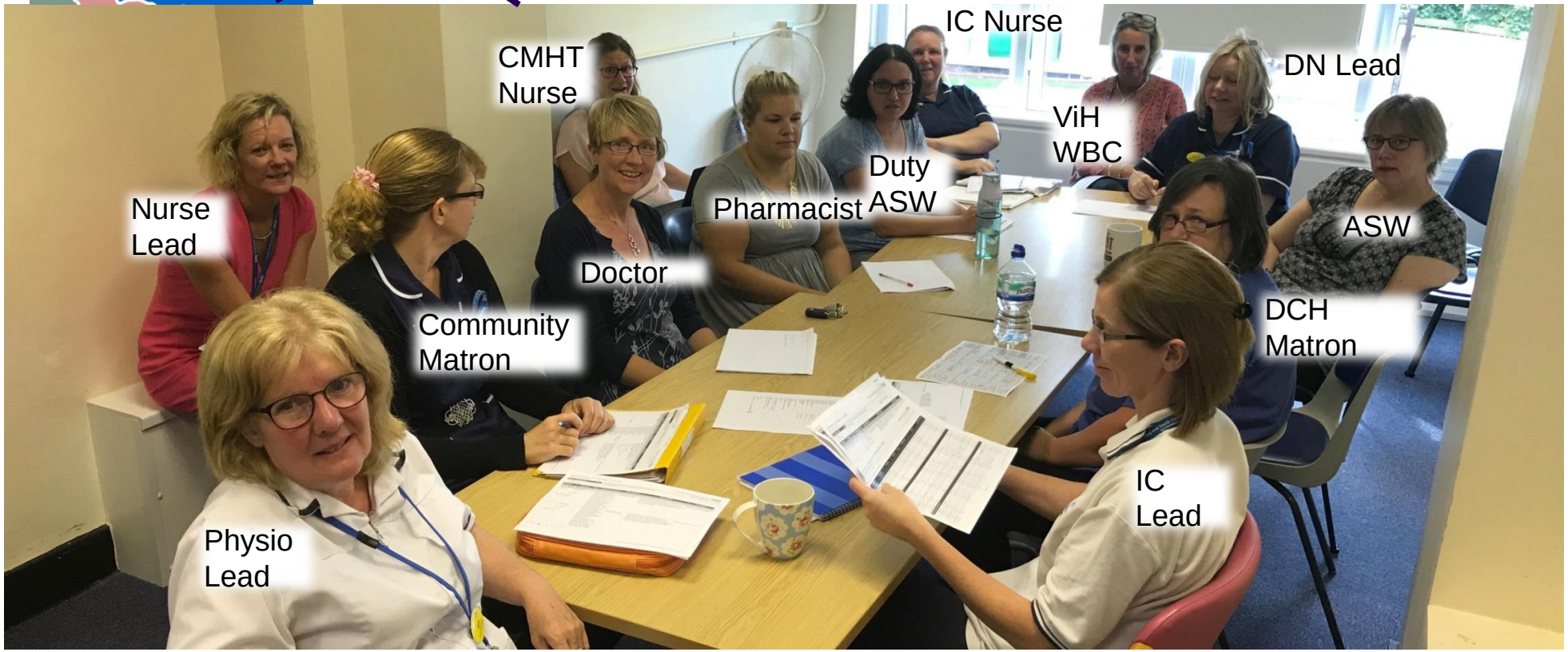
# Background

- NHS Long-term plan: Integrated Care Systems, Primary and Community Services, Personalised Care ('social prescribing', p.1)
- Joint (DHSC, PHE, NHSE) review/recommendations on voluntary, community and social enterprise (VCSE) (https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2018/05/vcse-review-action-plan-may-2018.pdf)
- Embedded Research – 45 NHS orgs currently (https://www.embeddedresearch.org/resources.html)



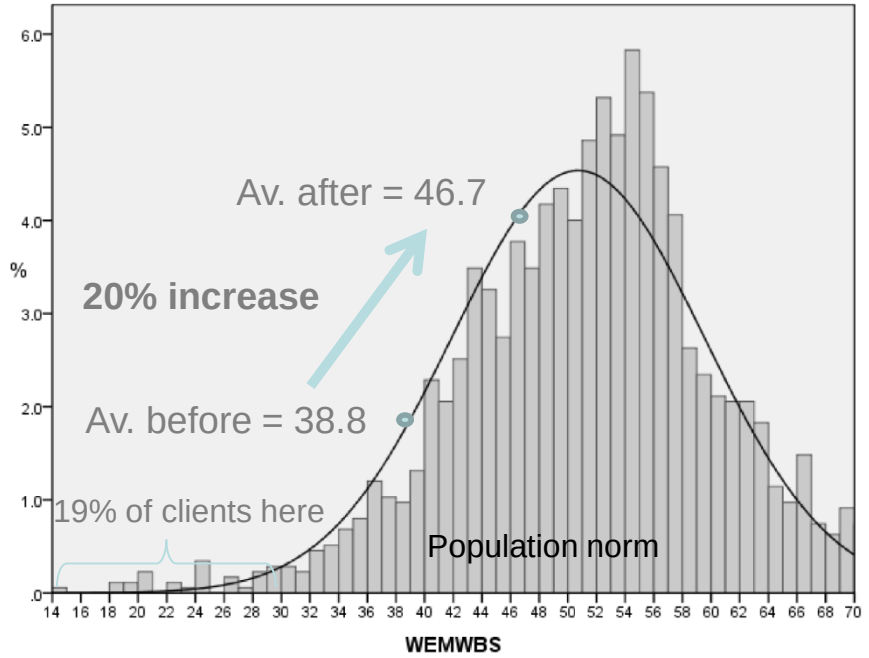

# Self-Organising Teams: the Coastal Multidisciplinary Team

'Primary care network' (pop 35.000; >1/4 over 65yrs), SystmOne Community, PACT pilot Nov 2014, 'Enhanced' with GP/Pharmacists/WBC since 2016…



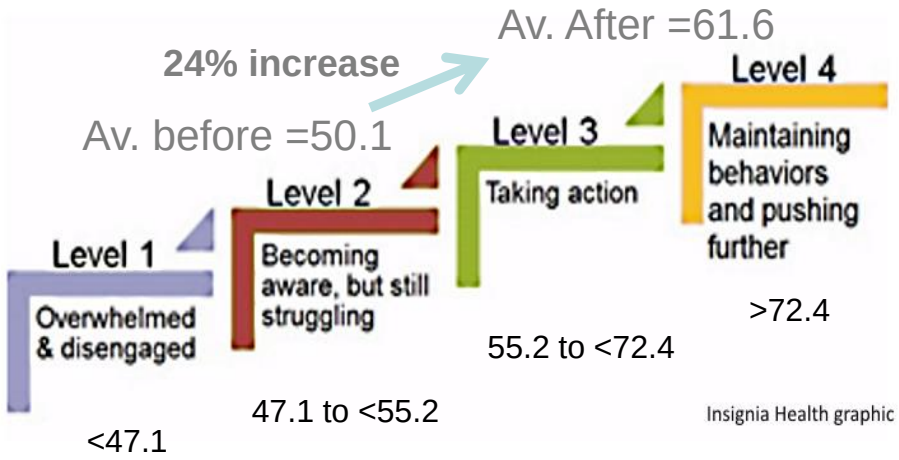
# WBC: Impact on health and well-being and activation

## Warwick Edinburgh Mental Health and Well-being scale (WEMWBS)




**There was a statistically significant improvement in quality of life (n=92)**

## Patient Activation Measure (PAM)



# WBC Case Studies: Mary and Jill on ITV News

https://www.torbayandsouthdevon.nhs.uk/services/wellbeing-co-ordinators/


ITV Westcountry News, 02.05.18

# Impact on Health & Social Care use 12mth - before after (n=96)

**Change in service use and cost (A&E, IP*, OP, SC* and Community*)**

- 47% - reduction or no change in cost
- 53% - increase in cost

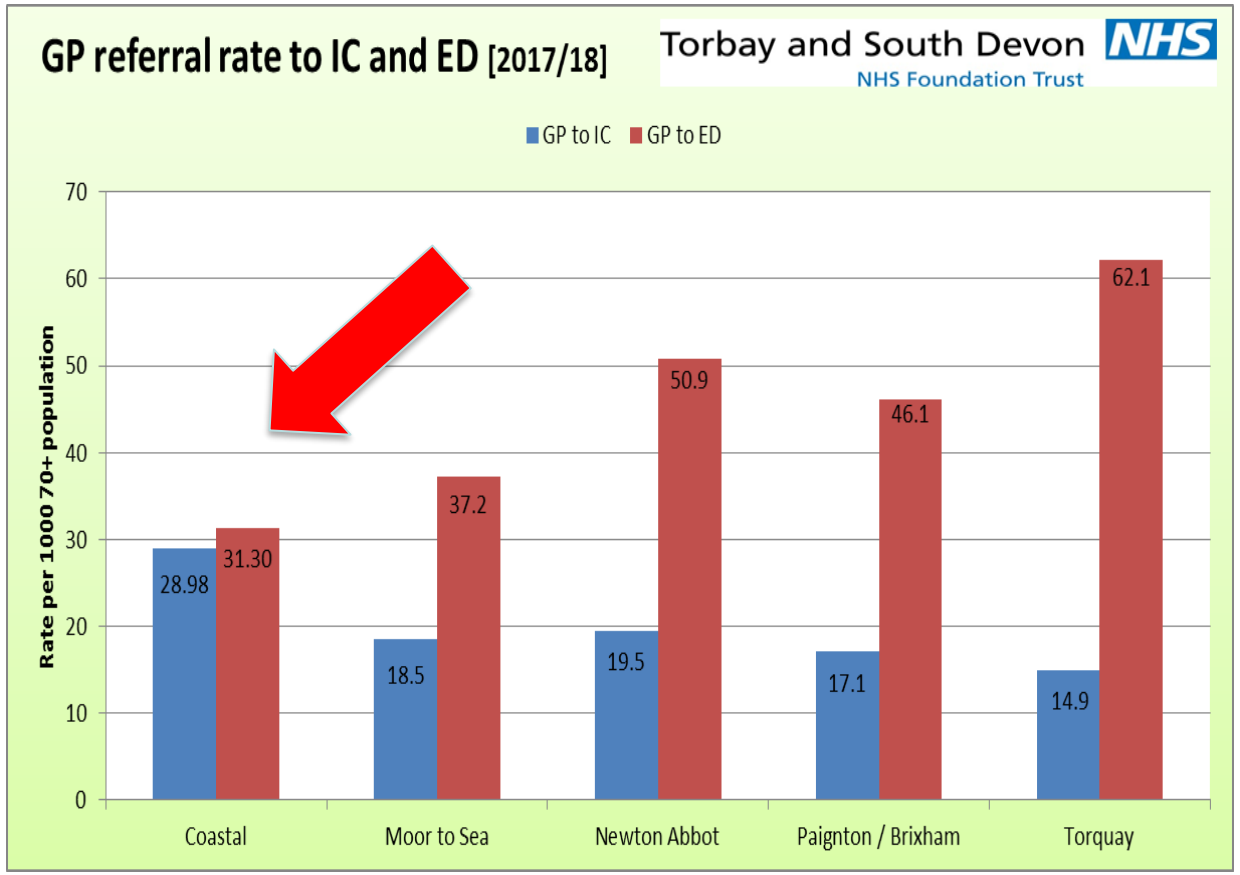
**A deep dive revealed that 13 users accounted for 60% of the overall cost increase:**

- Significant, rapid escalation in morbidity and frailty, not unmet need
- Co-ordinators played a valuable key-worker role

**Sub-group analysis in Coastal (N=49) showed:**

- Costs reduced significantly when doing mental health support
- Costs held relatively low in caregiver/bereavement, social supporting and mobilising/rehabilitating groups.
- Costs significantly higher in rapidly declining/end of life groups with repeated EIC input (up to 3times).

# Coastal: GP – EIC/Emergency Department referrals and relationships (Apr17-Mar18)

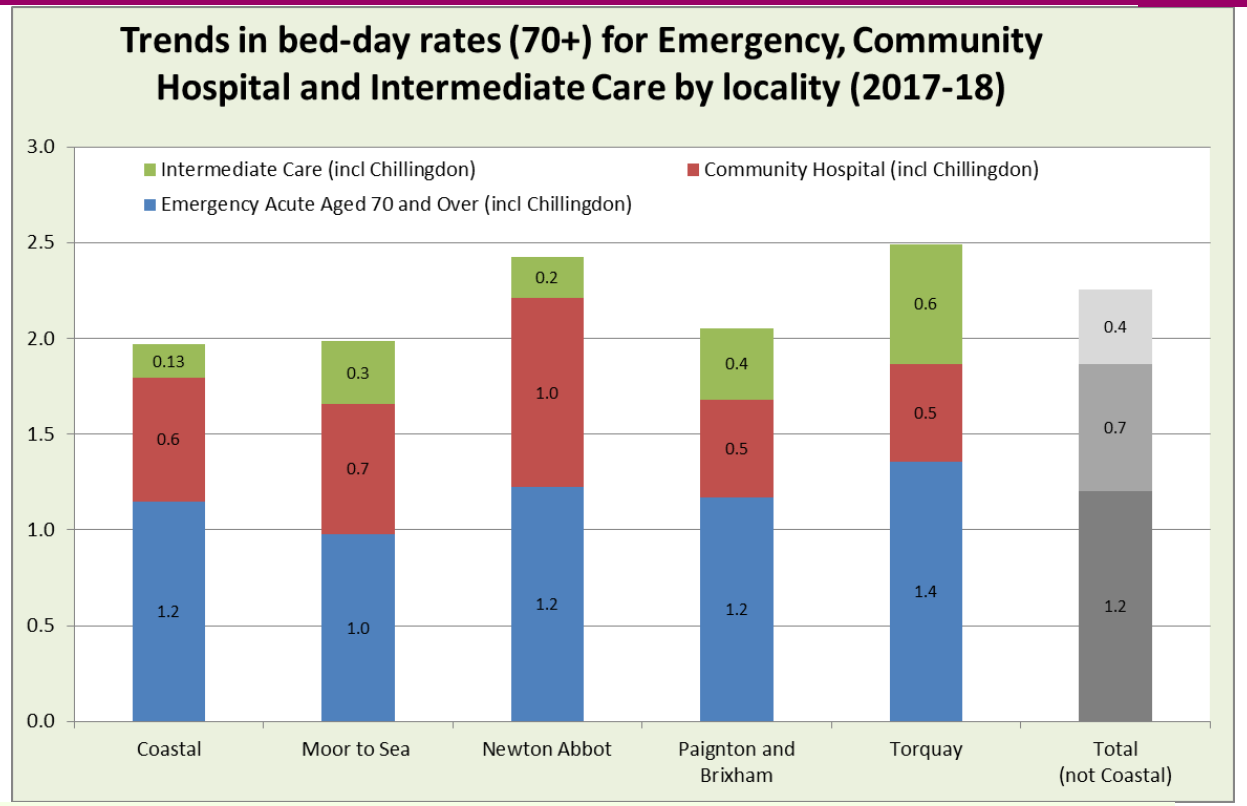


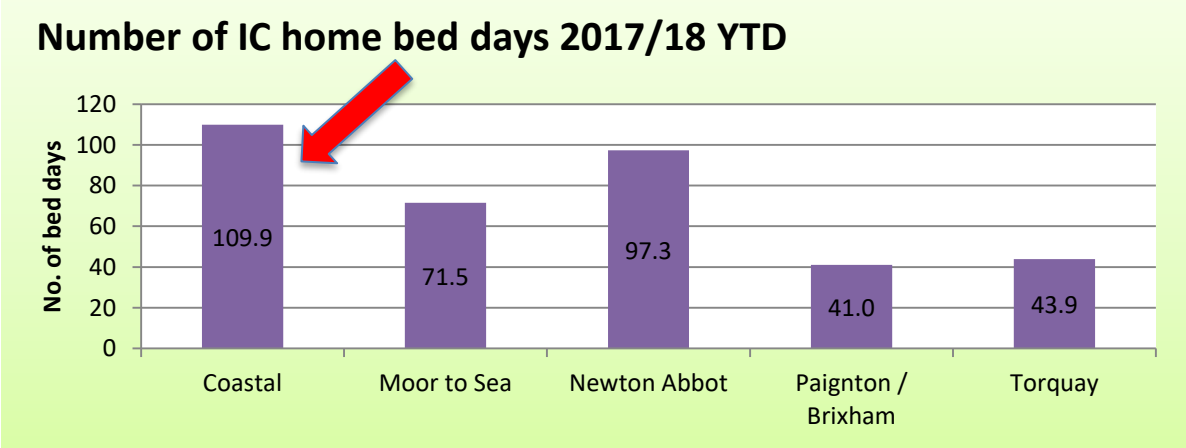

**Ratio of GP referrals to IC and ED**

**Coastal ~ 50:50**

**Others ~ 30:70**

**Hypothesis: Coastal GPs are better integrated; locality is holding a higher complexity case load**



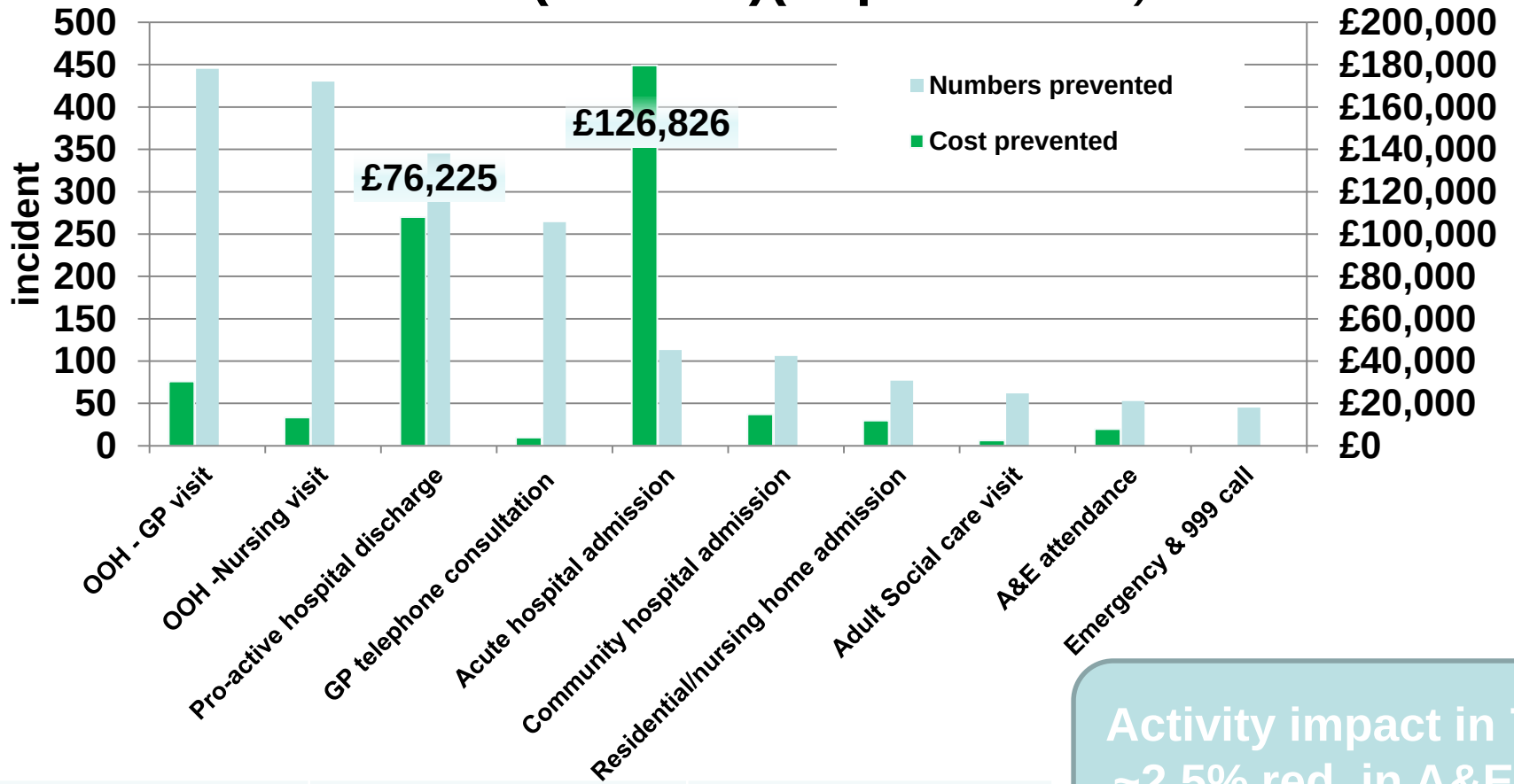

# Impact on bed-day rates 70+

## Activity data suggests

- Coastal has lower bed-day rates
- Lower rates of IC bed days
- Greater numbers of home referrals

**Coastal holds more complexity, less beds, more care at home**

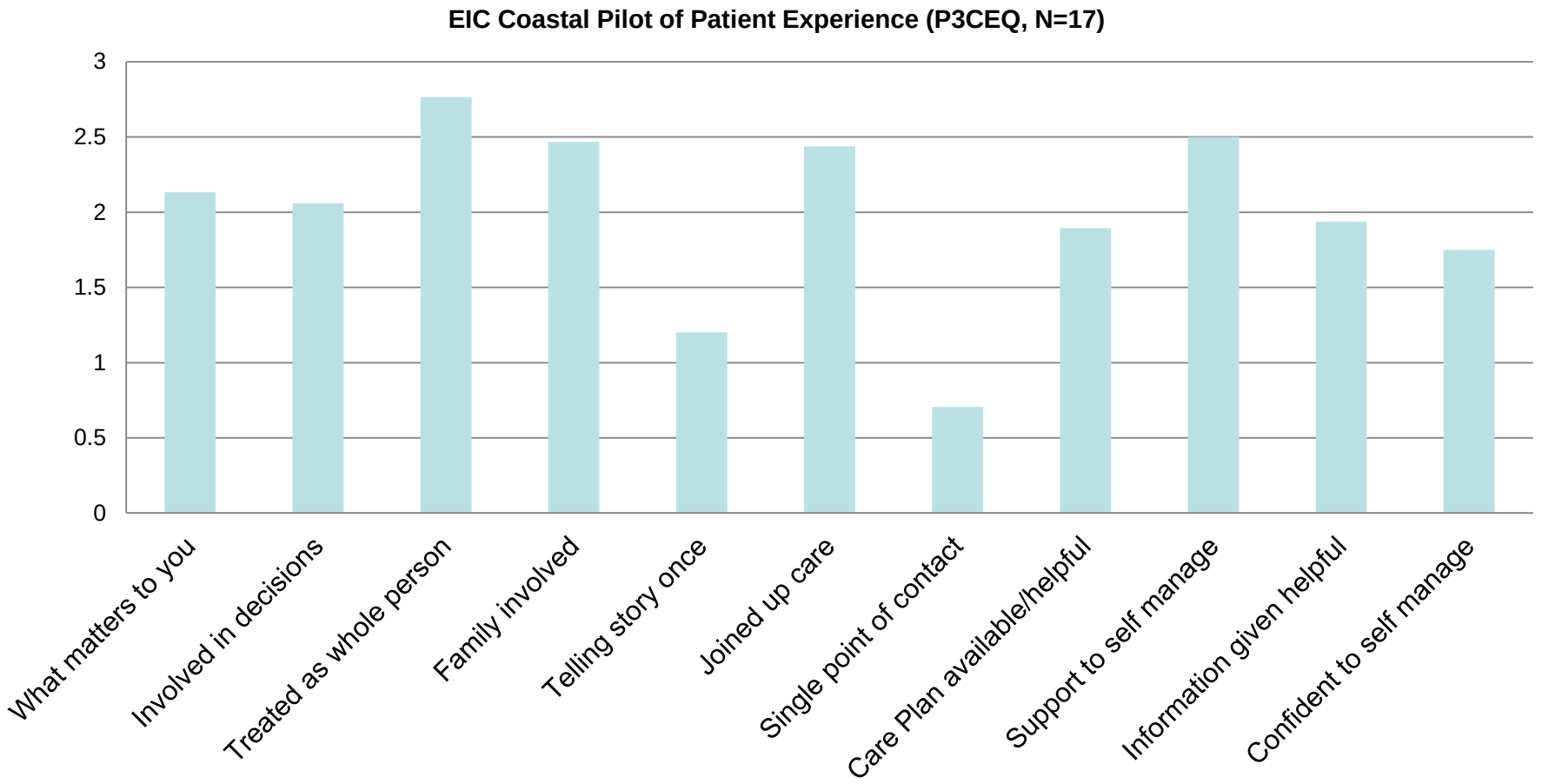
# EIC perceived prevention and cost offset in Coastal (N=1001)(Sep16-Jan18)




| Annualised Av. cost of incidents prevented (n=1940) | Annualised Av. IC cost per person (£161)(n=1001) | Annualised crude Av. offset estimate |
|---|---|---|
| £263,083 | £113,761 | **£149,323** |

**Activity impact in 70+s:**
**~2.5% red. in A&E adm**
**~2.5 % red. in A&E attd.**

# Patient Experience: Coastal locality




Av. score 66% . Similar to Somerset. Strengths: person centred. Development : Single point of contact

# Summary of findings to date

- **Coastal locality model** is relatively unique incorporating GPs, alongside health and care professionals and volunteers – working and coming together as an effective, self-organising multidisciplinary team.

- **Coastal key ingredients** appear to be related to: strong championing/leadership, joint management, culture – risk-enabling, pro-active co-ordination, MDT approach - flexibility and role blurring, high levels of trust and respect, co-location and size, pooling resources and RiR input.

- **Enhanced Intermediate Care and Wellbeing Coordination** in Coastal is keeping relatively more people at home, reducing admissions into ED and holding more complex patients.