

Integrated Care for South Devon and Torbay

Health and Well-Being Board

12th February 2014

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Overview

- Background and current focus
- Final business case
- Overview of the ICO and critical success factors
- Care model and the integrated care pathway
 - Improving care for the frail and elderly
 - Integration of drug, alcohol and substance misuse services
 - Childrens' services and young people in transition
- Risk share agreement
- Timeline

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Background

- Torbay and South Devon is a community with higher than average health needs due to an elderly population and significant localised deprivation and lifestyle issues
- The two merging provider organisations (hospital and care trust) have a strong history of joint working in the local community, alongside well-recognised success from integration of health and social care services
- In early 2012 the care trust decided that it would not apply to become a foundation trust (FT) due to an unsustainable financial position. The organisation agreed with the Trust Development Authority (TDA) to commence a divestment process
- South Devon Hospital has been chosen as the preferred bidder for the services and is in the process of working with the care trust and other partners to develop a final business case (FBC) for the integration

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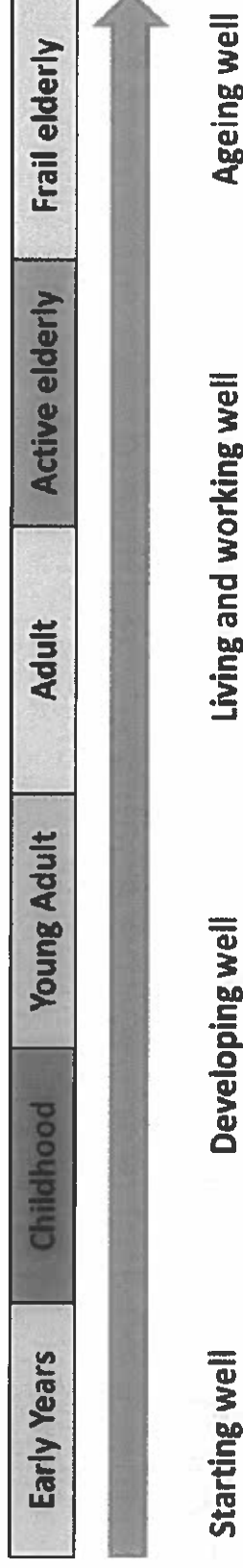
Purpose of the final business case (FBC)

- To support the hospital's decision to acquire the care trust, and to inform the regulatory assessment (carried out by Monitor) for continuity of service and governance purposes
- Primarily aimed at hospital board, hospital governors and Monitor
- Indirectly aimed at the Trust Development Authority (TDA) in support of the care trust's divestment business case
- To be read alongside the draft integration plan:
 - FBC focuses on "Why and What"
 - Integration plan describes "How, Who and When"

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The Integrated Care Organisation (ICO)

- A single organisation will be responsible for acute, community and adult social care services in the local area
- Such an organisation will remove the organisational barriers that hinder the development of integrated ('Joined Up') care
- Integrated care means more care closer to home; greater efficiency; better quality; and a focus on the needs of the individual



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Critical success factors for integration

The ICO must:

- maintain and improve the quality of health and care outcomes delivered for the community it serves, reflecting the changing nature of the community's needs;
- meet all statutory performance targets;
- provide services in the most appropriate locations, as close to patients homes as possible;
- develop an appropriately skilled and dedicated workforce;
- reduce interfaces between fragmented services, particularly between health and social care; and
- manage increasing demand within a restricted cost base, with greater flexibility to invest resources for the benefit of the community;
- ensure that service users and commissioners are fully engaged with existing services and future service developments.

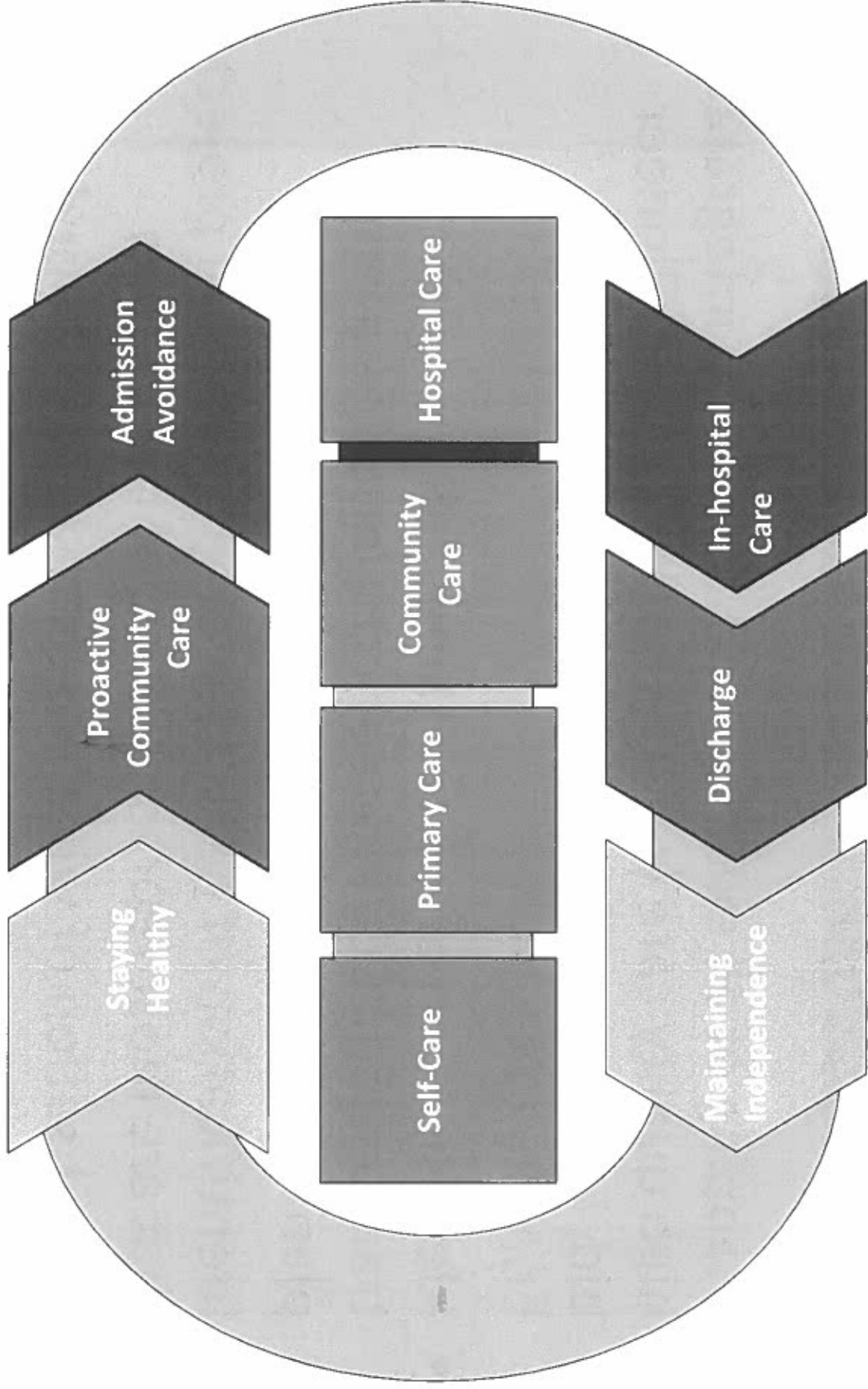
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Care model progress to date

- Mapping of all existing work to deliver integrated, high quality care (ref ICO business case, Pioneer bid, work already in place through re-design boards, CPGs)
- Identification of where things fall along the transaction/ICO/Pioneer continuum – a single plan
- Identification of headlines or groupings of project that are most representative of the change
- Prioritisation of what needs to be developed for transaction, without losing sight of bigger picture

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The integrated care pathway



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Improving care for the frail and elderly

'Hospitals are bad places for old, frail people' Sir David Nicholson Jan 2013



'The NHS must be custom - tuned to needs of the older frail'

Roy Lilley Kings Fund 2013

'Only admit older people who have evidence of life threatening illness or need surgery'

Kings Fund 2012

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Specific initiatives for the frail and elderly

- Develop - system wide Frailty Index
- Develop - Multi-agency Frail Elderly Pathway
- Dedicated Elderly Care MDT staff in A&E
- Early holistic assessment
- Greater numbers assessed and returned to community without admission
- Fewer Medical Outliers as in-patients
- Beds - not trolleys
- Immediate access to diagnostics
- Improved access to liaison psychiatry
- Newton Abbot Hospital as centre of excellence for elderly
- Increasing capacity to support people at home – rapid access; 24 hr nursing and domiciliary care; therapy support

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Integration of drug, alcohol and substance misuse services

Drug, Alcohol and Substance Misuse all have a strong influence on current and future health



Currently hospital and community services separate and more support is needed in A&E and directing those with dependencies into community treatment programmes

Torbay has a worse rate of alcohol-related hospital admissions than the national average

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Specific initiatives

- Access to improved screening and referral pathways to community treatment programmes
- Promotion of self care – Health Summit Planned for Torbay & South Devon
- Aim is to reduce hospital admissions
- Liaison Psychiatry and Support Services accessible within the acute and community hospital settings
- Integration of the Lifestyle teams where possible
- Potential development of a Lifestyle Preventative Healthcare Centre at hospital ‘front door’

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Childrens' services and young people in transition

'Want to lead their own healthcare and participate in care planning where possible'



Increase in demand for CAMHS services

Sometimes attendance is difficult due to education & work commitments. Lifestyles may be chaotic

'Looked after children' (those in Local Authority Care) can become lost in the system and may lose support that they have had in children's services and often don't have family support'

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Specific initiatives for young people

- Integration of acute and community teams into shared service
- Transitions occur across the 'life course' but SDHCT just recruited a Transitions Specialist Nurse
- Review and development of care pathways for Children and Young People, emphasis given to management of the acutely ill child
- Council and NHS developing a new Children's Plan
- Review and development of CAMHS services
- Enhanced Autism Assessment Service
- Improved access to Neurodevelopment Assessment

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Community-wide risk-share agreement

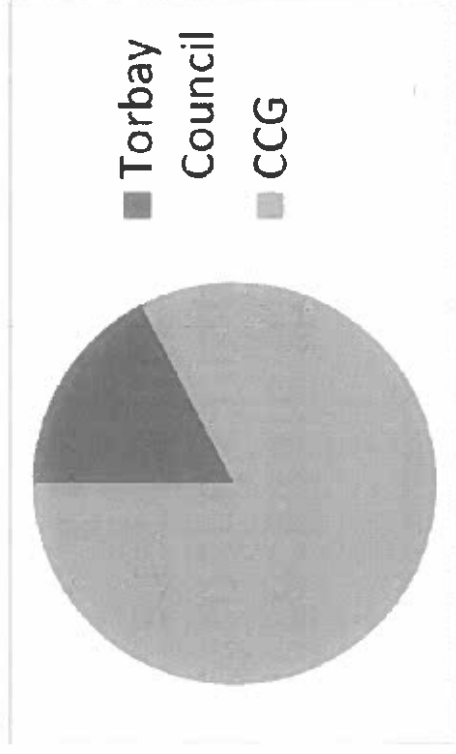
- Facilitate the development of integrated health and social care and the improvement of services, by better aligning financial incentives with:
 - A shift away from incentivising activity volume growth (in acute services)
 - A shift towards incentivising improved overall system capacity and the use of alternatives to acute admission (developing community based care)
- Simplify and ease contractual processes and negotiations, to make time for more productive and developmental activities
- Deliver the agreed volume and quality of services in a tight financial environment without resorting to ‘cuts’

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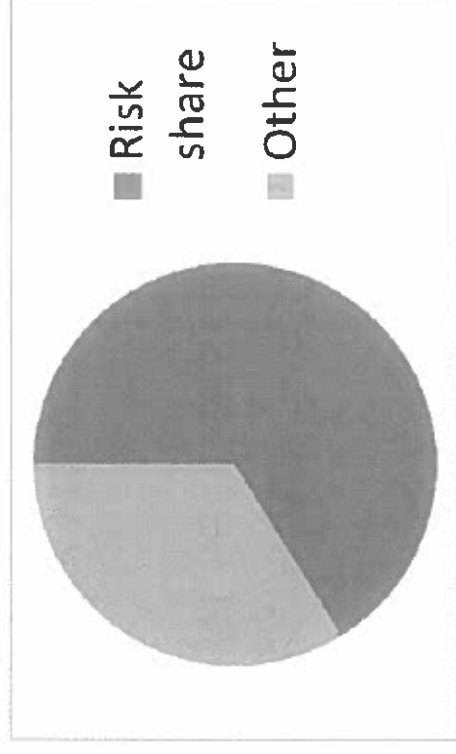
Risk share baseline financial position

- The integrated care organisation would have an income of around £375m per annum, of which -
 - £43m is from Torbay Council
 - £205m is from South Devon & Torbay CCG
 - £127m is from other sources

Risk share spend: £248m



ICO total income: £375m



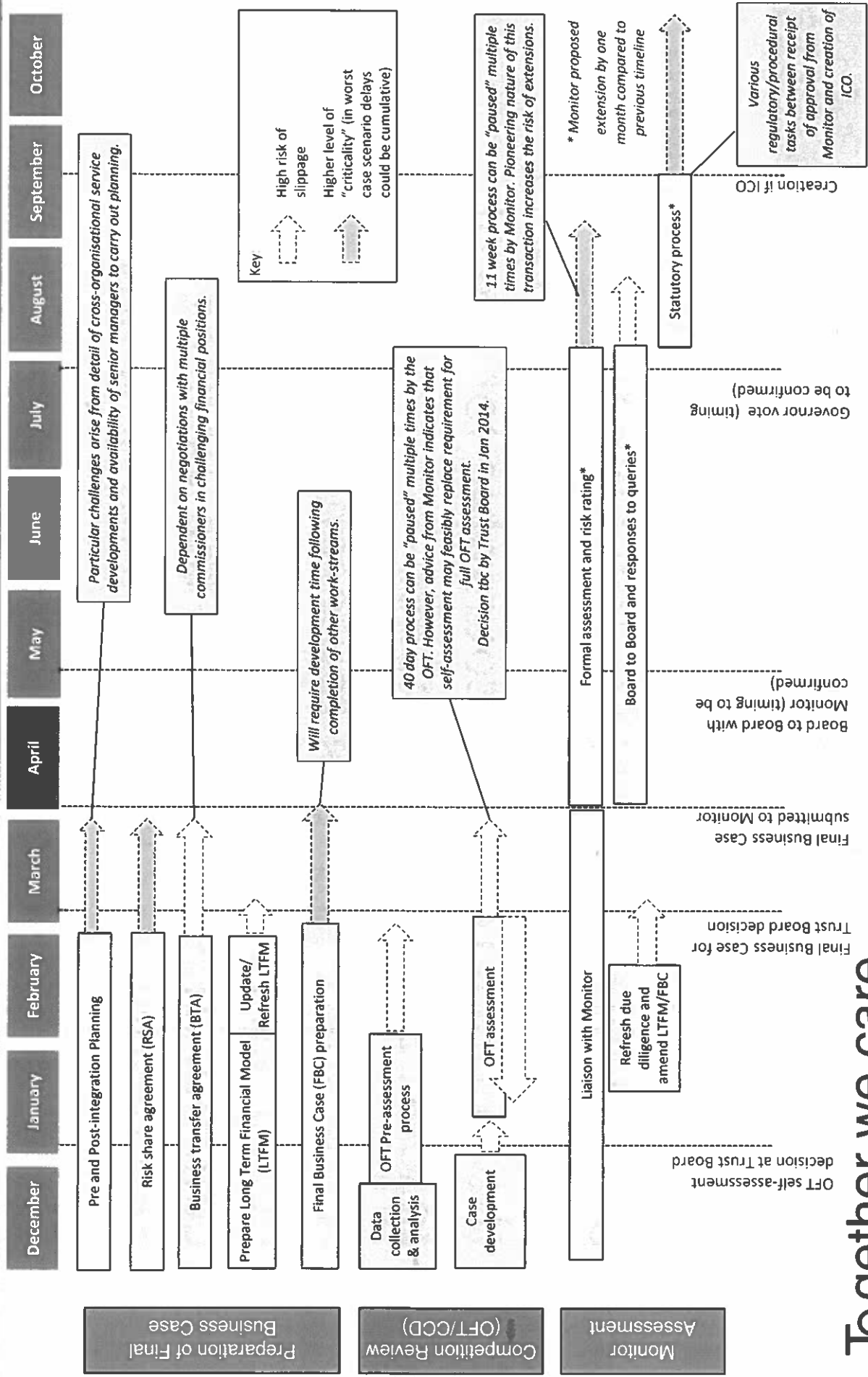
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Risk-share governance

- The risk share agreement is subject to normal governance process; i.e. the boards of NHS organisations and the elected leadership of the Council remain accountable for use of resources and performance
- A risk share group of representatives of local health and social care organisations will work collaboratively to oversee the working of the agreement and to recommend how any underspend is employed/invested

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Transaction timeline (as at Jan 2014)



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