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Innovation and Capacity in Care & Support

John Bryant

Head of Commissioning:

Adult Social Care

What does ‘Joined up’ health and care mean?

- Joined up health and care means that a person's journey through the system is made as simple and seamless as possible
- We continue to break down barriers between all aspects of health and social care so they work together seamlessly
- We avoid gaps and duplications at every step
- We help people take more control of their own health and care, from staying well to supporting them in managing their own needs
- We deliver care in the most appropriate place

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- Why LW@H is needed
- What LW@H is/is not
- Building the Dependency Triangle
- A need for a Whole System Approach
- Extending Torbay's integration model

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Evidenced Based Commissioning

- The evidence reveals that the current system is not meeting the present nor future demands within the prevailing financial parameters
- Present System
  - Lack of capacity
  - Delayed discharges of care
  - Avoidable admissions
  - Lack of new investment and innovation funds

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- What it is NOT:
  - Domiciliary care alone
  - Adult Social Care budget
  - A nice to have
- What it IS:
  - An integrated approach to care and support
  - A commitment to outcomes and enablement
  - A focus on Wellbeing

Headlines – January 2015

- NHS faces 'Armageddon' scenario as hospitals run out of beds
- Frail and elderly pack A&E as GP surgeries struggle to cope
- Half-forgotten patients stocked up in “Tardis” overflow rooms

System's Focus

- The NHS England medical director, Sir Bruce Keogh, and others highlighted issues with social care provision as a significant factor in the pressures A&E departments are currently experiencing
- Professor Keith Willett, director for acute episodes of care at NHS England, said delayed discharges accounted for about 20% of beds over the festive period

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Background – the case for change

Delayed Discharges Apr13 – Dec13		
NHS Social Care Both	57 Patients 100 Clients 17 Patients	623 days 995 days 268 days
Agreed delays in the period: Cost	Patients Resulting in days delay	174 1886 **£565,000**
A monthly bed audit	Patients were medically fit for discharge	542

LW@H - The case for change

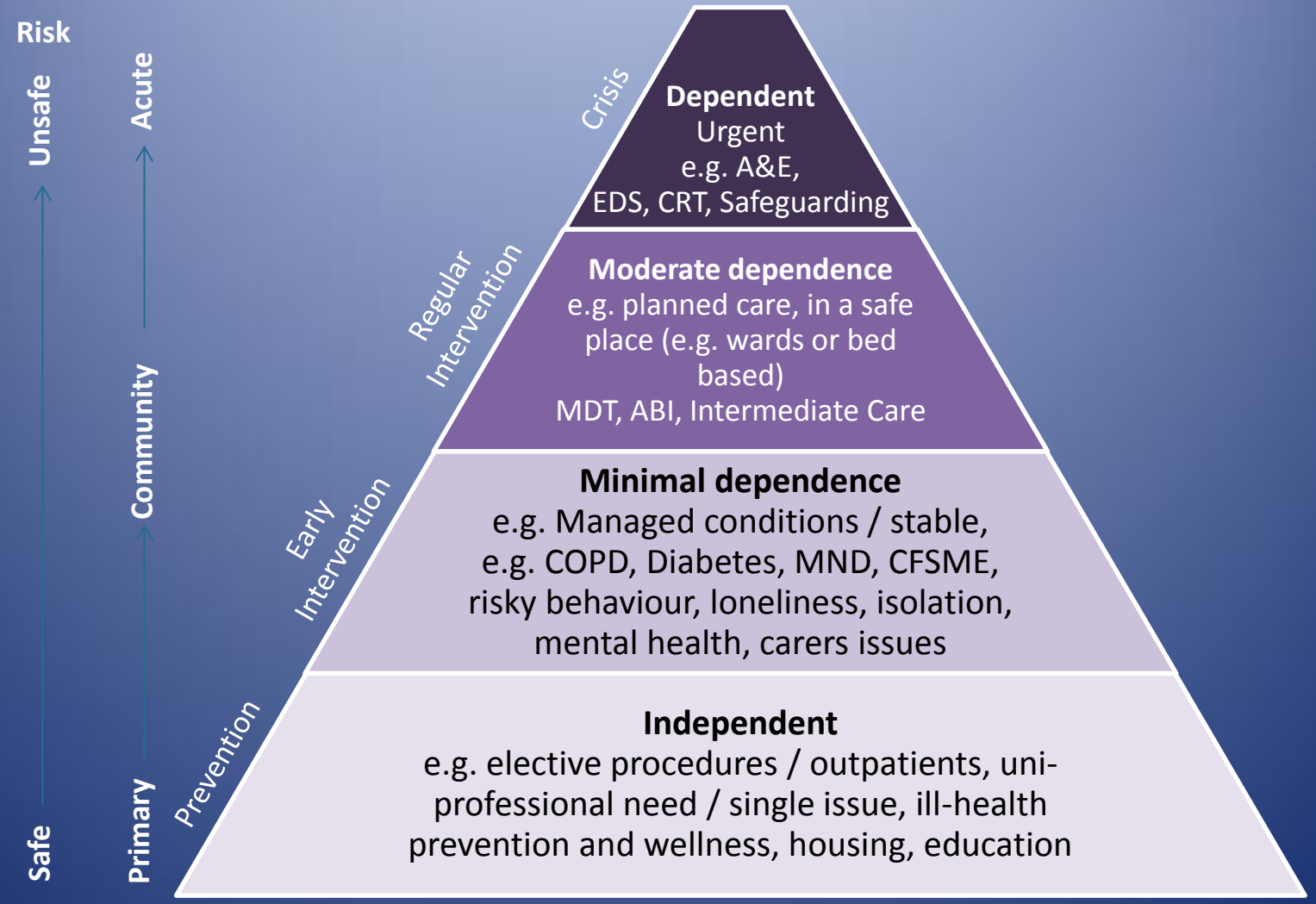
Patient outcomes rarely heard:

"I would like to stay another night in hospital please"

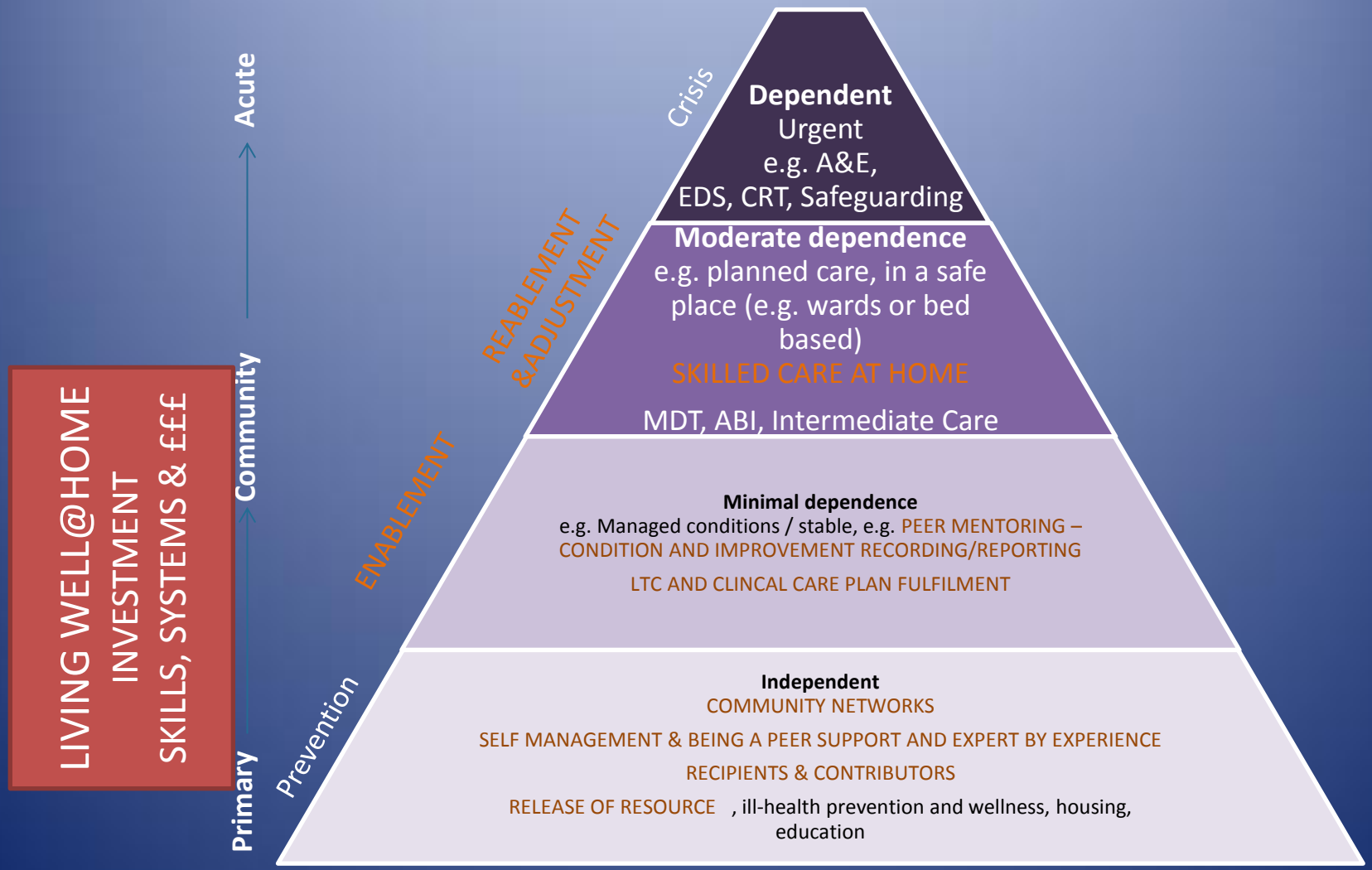
Client outcomes rarely heard:

"15 minutes is more than enough"

Dependency model



Enablement and Management



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Background - the case for change

Royal College of Nursing – June 2014

47% drop in district nurses since 2003

35% of district nurses are over 50 years of age

75% of district nurses say the leave a home visit without having undertaken necessary tasks

37% amount of time spent on patient care

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10-15% Growth in Demand in 10 years

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Healthwatch & LINks

Care in the Community Report	
Training	Standardised
Travelling Time	Realistic
Same Carers	Continuity of Care
Monitoring (Safeguarding)	Oversight and regular monitoring
First Visits – Holistic	Know the client
Assessments	Comprehensive/Holistic

LW@H – Partnership Solution

Will provide -	Which means that -
Careers, £, care profile	Capacity - new cohort of care staff
Community development	Resource and contingency
Coordination	Efficiency and contingency
Recording and reporting	Value, cost reduction, early intervention
Safeguarding	Training, consistency, management, correlation,
Outcomes Based	Personalised, Wellbeing
Investment	Fund the changes, system investment, risk share

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Activity	Date
Providers/Voluntary /Clients	Mar 2013
Competitive Dialogue 53 – 3	Sept 2013 ->
Invitation to Tender	September 2014
Preferred Bidder(s)	December 2014
Award of contract 5yrs + (3 x 1yrs)	February 2015
Set up and implementation	March 2015
Go-live	April 2015
Outcomes based working	2016

Mears Care

Number	Activity – Mears Group plc
Many!	Partners and sub-contractors across the country
103	Local Authorities
8 million p.a.	Hours of care and support
20	Extra Care Schemes
17	Home Improvement Agencies

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The Offer to Joined-Up

Integrated Health & Social Care Offer	
Avoid Unnecessary Admissions	
Reduce Lengths of Stay (LOS)	
Eliminate Delayed Discharges (DToCs)	
Enhance care profile, skills and capacity	
Increased value – • Coordination • Quality • Consistency	

LW@H – Partnership Solution
Making it happen – 2017

A seismic shift in Care & Support

- *In the Community*
- *In Partnership*
- *Inviting & Rewarding*

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Next Steps

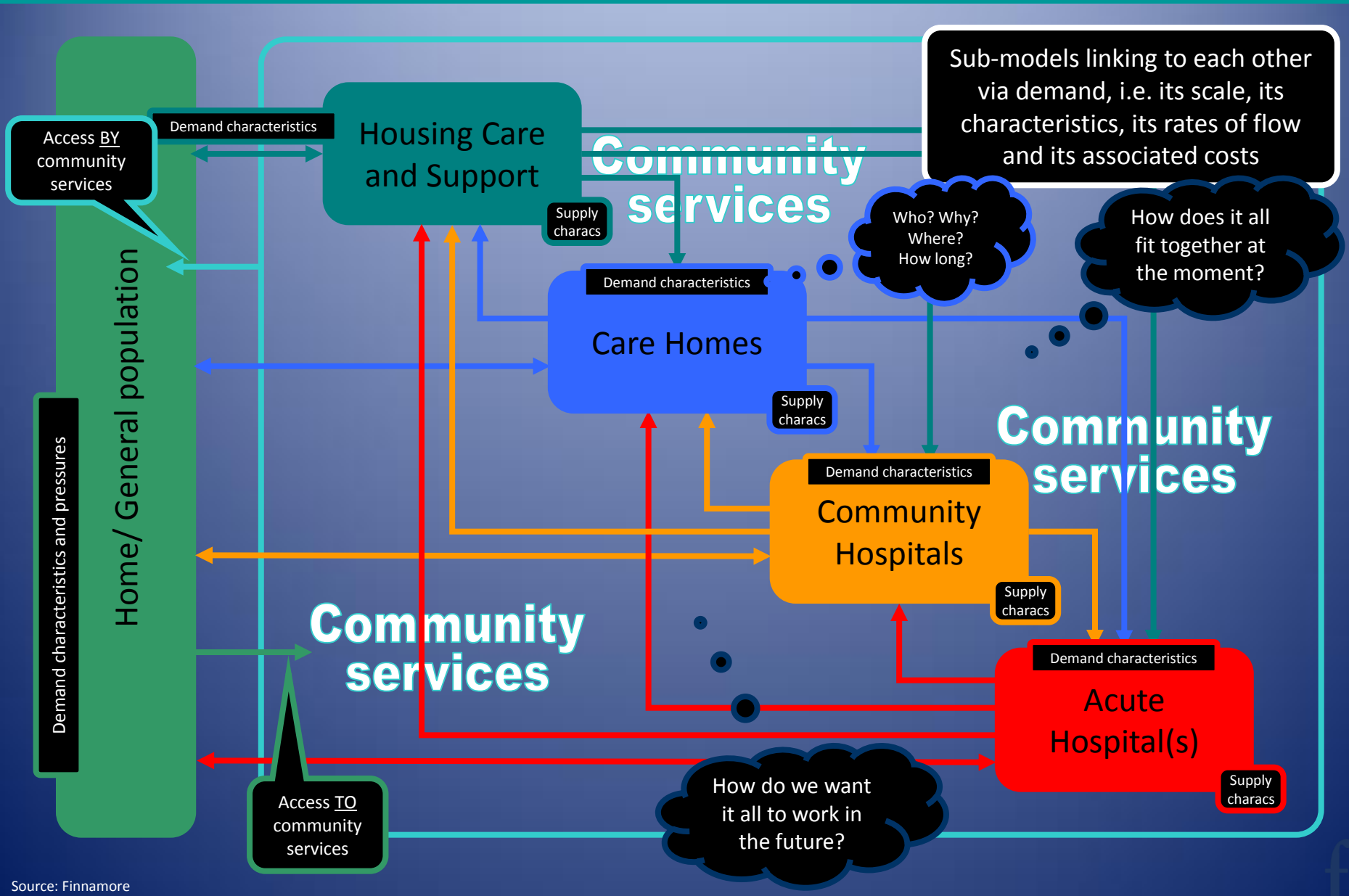
March 2015

Provider meeting with Mears, the Care Trust and the council

Commitments to Local Market

- Sub contractors should be used by the Strategic Partners & Prime Contractors as a minimum, as follows:
- 2015/16 – for any hours in excess of 3000 hours per week excluding hours transferred under TUPE legislation the provider should offer 60% to sub-contractors.
- 2016/17 - for any hours in excess of 4000 hours per week the provider should offer 20% to sub-contractors.

Whole System Modelling – Capacity and flow



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