“Improving outcomes through Integration”

Summary findings from LGA commissioned work into Efficiency Opportunities of Integration

Tuesday 6th December 2016

Stephen Knight – Newton Europe
Engagement across 5 geographies

- LGA Commissioned Assessment

- “Geography” consisted of the following partners: Acute, CCG, Community (predominantly nursing), Local Authority

- Evidence and associated opportunities informed by direct practitioner engagement across organisations ~ 2200 case notes & 2 years of data

- Improvements suggested were the agreed viewpoint of the local practitioner
Integration is possible, can reduce costs and improve outcomes

By focussing on the best outcome for Service Users it is possible to simultaneously:

- Improve outcomes for Service Users
- Realise 7-10% savings from budget areas assessed

Decision-making is key:

- 41% of pathway decisions could have been improved
- The more appropriate service option was already available in >90% of cases
- The change approach is crucial
What the work is looking at

What the work is looking at – “Integrated flow”

Menu of Options – (including preventative) at key decision points that impact flow between partners

- Availability of options & decision consistency

What the work is not looking at

This work does not look at the efficiency of delivery and pathways within the bounds of each separate organisation

- Based on Newton’s experience, we would typically expect a 5-15% improvement within each wave of improvement
What the work is looking at

1. Can patients arriving at A&E be treated elsewhere?
   Could preventative support have been provided prior to attendance?

2. Could the treatment provided in hospital be provided outside of the hospital for any patients?

3. When patients are discharged from the hospital, are the correct options available and selected?

Demand (home, GP, 3rd Sector)

Acute Hospital

Planned

Emergency

Adult Social Care and partners
What the work is looking at

- Demand (home, GP, 3rd Sector)
- Acute Hospital
- Community Health
- Adult Social Care and partners

For SUs referred to social services, are the correct options available and routinely accessed?

Are packages of care appropriate in Community Nursing?

Is there opportunity to better coordinate services for citizens receiving both Community nursing and Social care provisions?
Why do we believe the improvement is possible?

<table>
<thead>
<tr>
<th>Averages across areas</th>
<th>% case notes reviewed where a pathway improvement was identified</th>
<th>% of total financial savings identified attributable to this area</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED attendances</td>
<td>35%</td>
<td>3%</td>
</tr>
<tr>
<td>ED admissions</td>
<td>36%</td>
<td>42%</td>
</tr>
<tr>
<td>Acute settings of care</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Acute discharge and local authority intake (together)</td>
<td>44%</td>
<td>17%</td>
</tr>
<tr>
<td>Community nursing (overlap with LA provision and correct work/skill mix)</td>
<td>56%</td>
<td>12%</td>
</tr>
<tr>
<td>CCG Commissioning</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41%</strong></td>
<td><strong>100%</strong></td>
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</tbody>
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*Note for the financial modelling confidence weightings have been applied to the total opportunities identified based on practitioner input and Newton delivery experience. Additionally variable costs of alternative pathways have been modelled. These confidence factors vary between 10% and 75%.*
Focus in the next few slides will be on discharge from the Hospital and impact on the Local Authority & partners.
During workshops an average of 44% of short and long term residential placements were deemed inappropriate by practitioners.
Case Example – Acute Discharge

Patients and Family/Friends have very different opinions of ideal discharge location.
Case Example – Acute Discharge

Referrals: 3169

Decision Point:
- Referrals: 2912
- STB: 212
- LTB: 45

Home + Supporting Services:
- Referrals: 171
- STB: 41

Acute
Case Example – Acute Discharge

Ward Staff Team Leader:
“I don’t know half of what’s on there, the ladies on the ward don’t stand a chance”

Matron:
“We’re all talking different languages and patients are totally confused”

Pathway Team Manager:
“Social Care can often only share previous care package details verbally and not in print, thus picking the most appropriate care is made far harder.”

It is not expected that every professional would know every service, but it is clear that the ward staff are not the best people to discuss post-acute services with the citizen and their family.

System needs to be designed so that the correct option is the easiest option.
MODEL FOR CHANGE

Align strategies

Prioritise: Focus efforts where the biggest difference can be made

Right structure in place: appropriate leadership, governance, resource

Live test and design solutions

Empower the front line

Standardise the new approach, roll out at scale

Rigorously measure performance

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“Everyone feels more supported in getting someone home.”

“The daily wash-up process provides us with a mechanism to ensure we are applying an evidence-based method of approaching cases and achieve the best outcome for service users”

370 Extra People Going Back Home Each Year

Figures correct as of Apr ‘16
Case Example – Community nursing/Social Care overlap

Local Government Association

Acute Hospital

Planned

Emergency

Demand (home, GP, 3rd Sector)

Adult Social Care and partners

Community Health
In this Authority example week: 40% of Community nursing provision overlapped with provision of social care.

The ability to free up community nursing capacity is key to realise system benefits as a whole.
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