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Understanding the vision for integration and community delivery of services

Governing Body Workshop

10 March 2015

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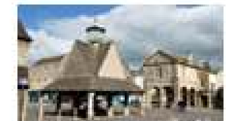
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What we will cover

- Overview of enabling elements
  - Prime Minister's Challenge Fund
  - Community Integrated Locality Teams
  - MSK as Model for Planned Care
  - Outcomes Based Contracting – older people
  - Spirit of Vanguard bid
- Urgent Care system
- Better Care Fund
- Scenarios
- Next steps

Prime Minister's Challenge Fund
Outline of Schemes

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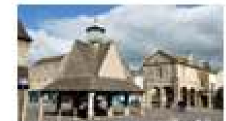
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The schemes ... Improved Access

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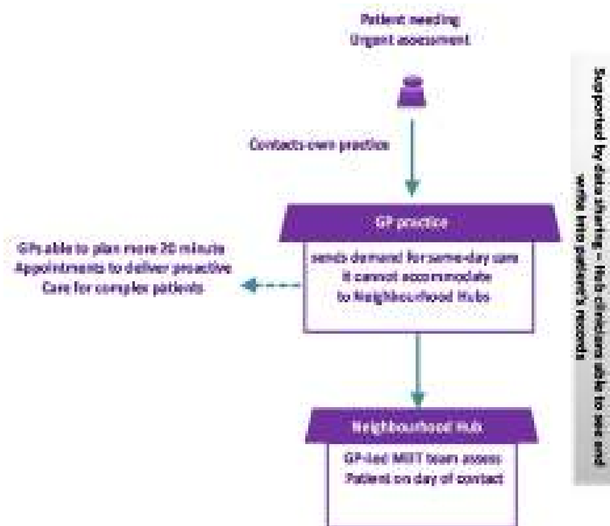
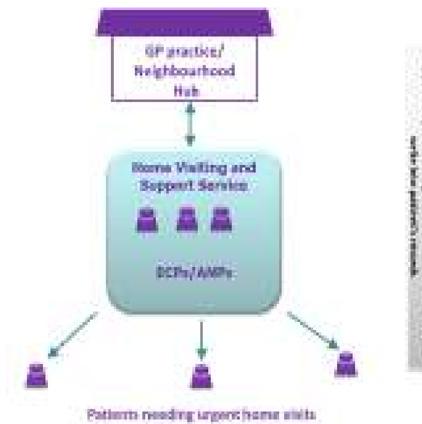
Neighbourhood hubs



Introduce Early Visiting and Home Support Team



Introducing 'Telehealth consultations

Piloting E' consulting outside core hours

The schemes ... Enhanced Complex Care

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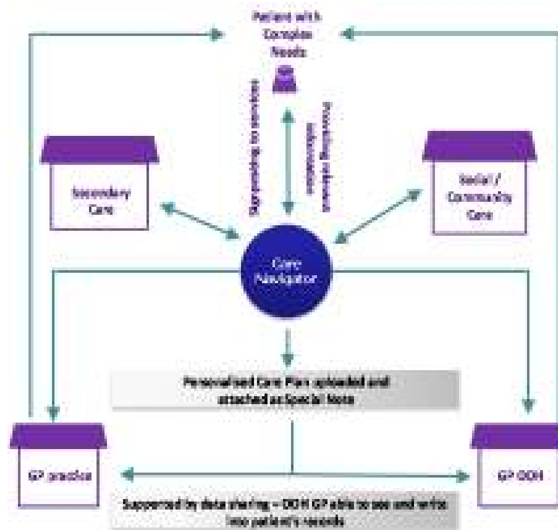
Introduce Care Navigators



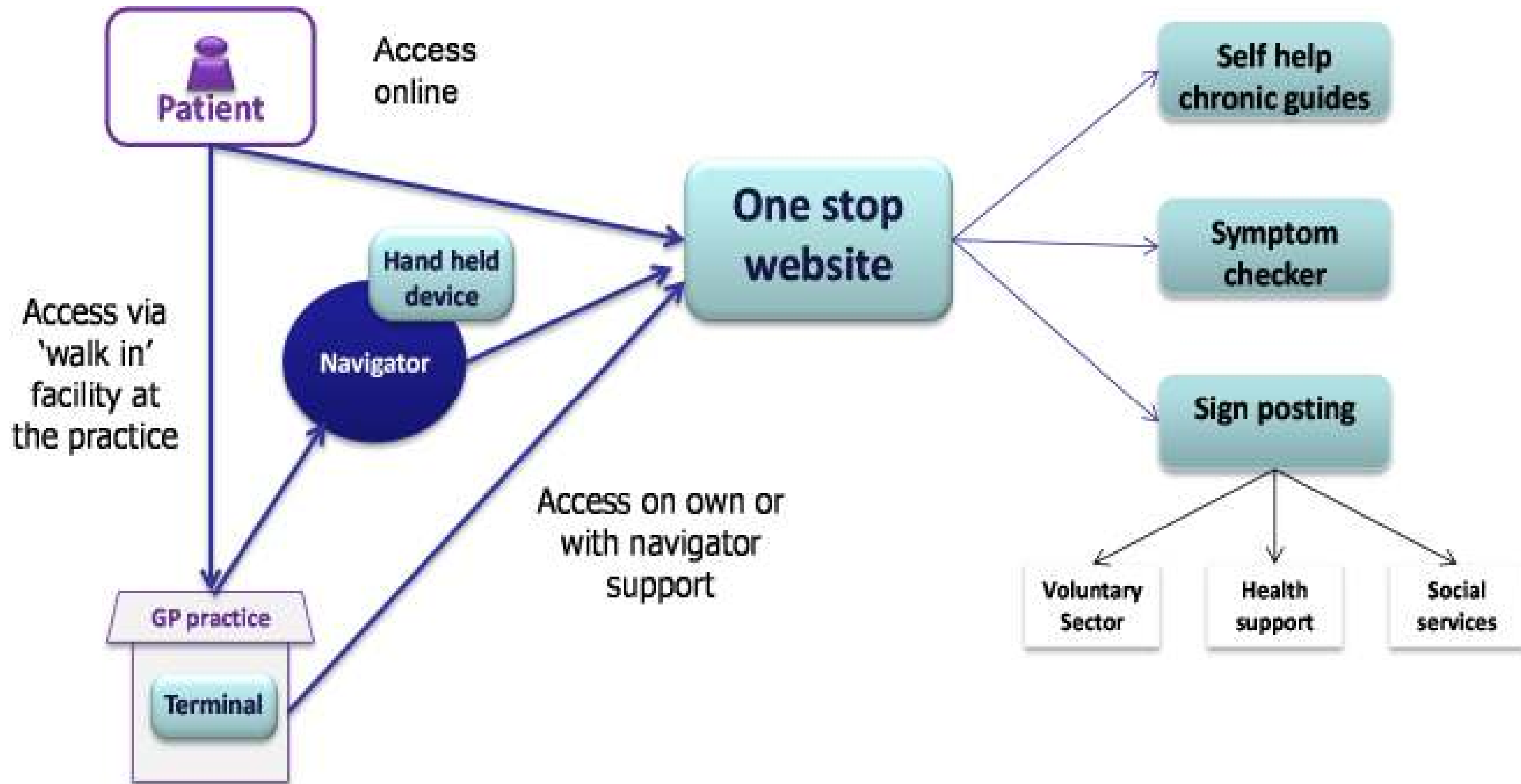
Enhanced OOH Care

Phase 1: Attaching Personalised Care Plans (PCPs)

Phase 2: Read/write into EMIS notes

Introduce 20 minute appointments

The schemes … Empowered Patients and Carers



The Schemes: by population and provider

Category	Intervention	GP Federation		
	Percentage of total Oxfordshire population covered by federation	PML *65%*	OxFed *30%*	Abingdon *5%*
Improved Access	Neighbourhood Same-day Care Hubs	✓		
	Early Visiting & Home Support Teams	✓	✓	
	Tele-health & E-Consultations	✓		✓
Enhanced Complex Care	Care Navigators		✓	✓
	Enhanced OOH Access		✓	
	20-minute GP appointments	✓		
Empowered Patients	On-line Health Resource	✓	✓	✓

Link to Strategic Goals

- Care closer to home
- Improved urgent care pathway
- Reduction in inappropriate use of A&E
- Integration and personalisation of care
- Reduction in delayed transfers of care
- Development of new workforce roles in primary care
- Improved management of complex patients
- Enhanced patient self management
- Transformation of primary care

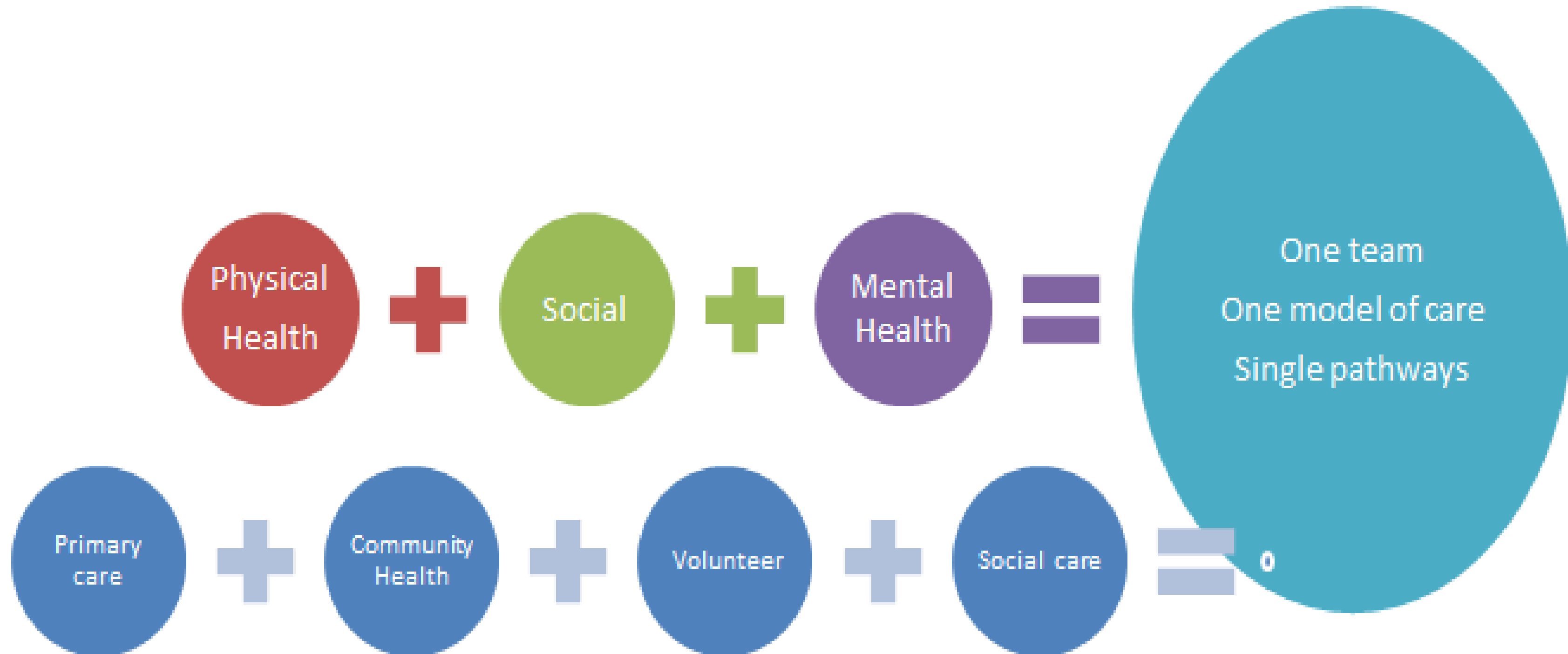
Value for Money

- £4.5m bid
- Cost £6.85 per person in Oxfordshire
- Cost £18.39 per patient contact

Potential Benefits (Best Case)

- 70,000 additional appointments
- 3,000 A&E attendances avoided
- 1,000 non-elective admissions avoided
- 161 fewer delayed transfers of care
- Potential saving of £1.9 - £3.2m

Community Integrated Locality Teams


Physical Health
Social
Mental Health
One team
One model of care
Single pathways
Primary care
Community Health
Volunteer
Social care
0

From the Individual's Perspective

- *"I can plan my care with people who work together to understand me and my carer(s), allows me control, and bring together services to achieve the outcomes important to me."*

National Voices, 2013

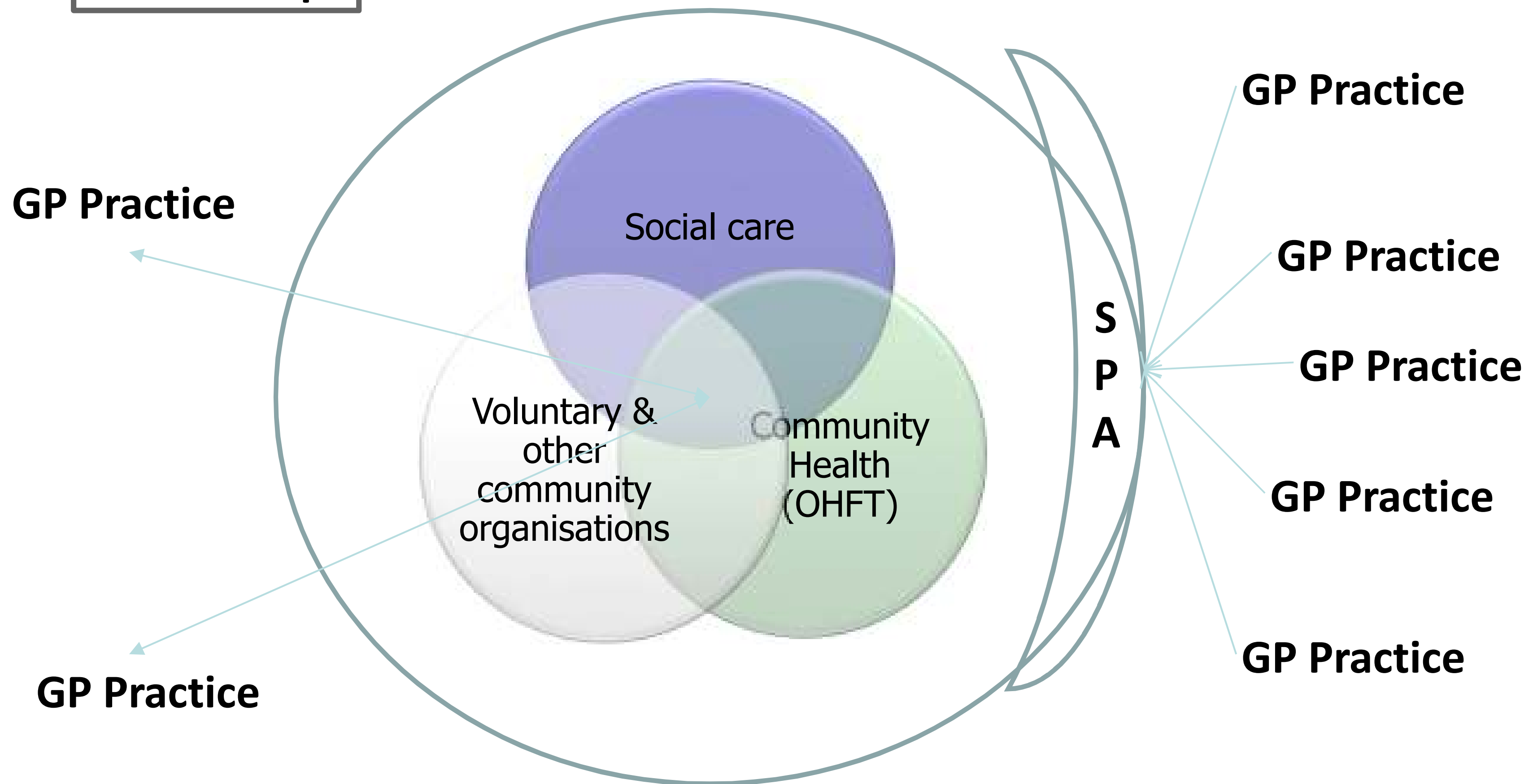
Contractual Structure

- Partnership arrangement, between Community Health and Social Care, with co-location of the core function of the team and joint/single pathways into locality teams, delivering one person – one team response

- To increase partnership working with voluntary organisations so they become part of the integrated teams and co-locate staff members where appropriate

- Having a stable core to then develop the 'locality team' membership as new projects, contracts come on board e.g. Dementia Advisors

Relationships



The model will based on local integrated co-location and delivery in neighbourhood teams that wrap around adult GP populations of 30,000 – 50,000; not based on either the 6 commissioning locality teams or on the five district councils

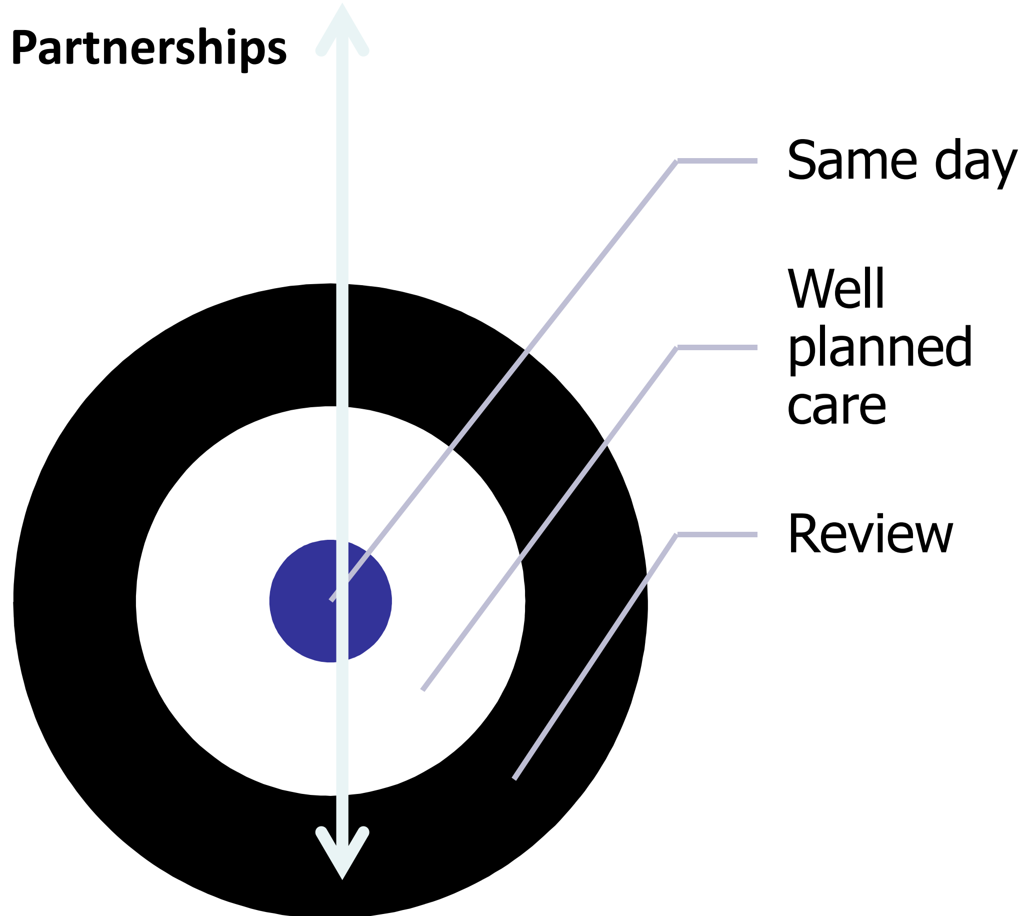
- One phone number
- Two e-mail addresses

- A shared back office administrative support, co-located duty and single pathways in and out of the teams

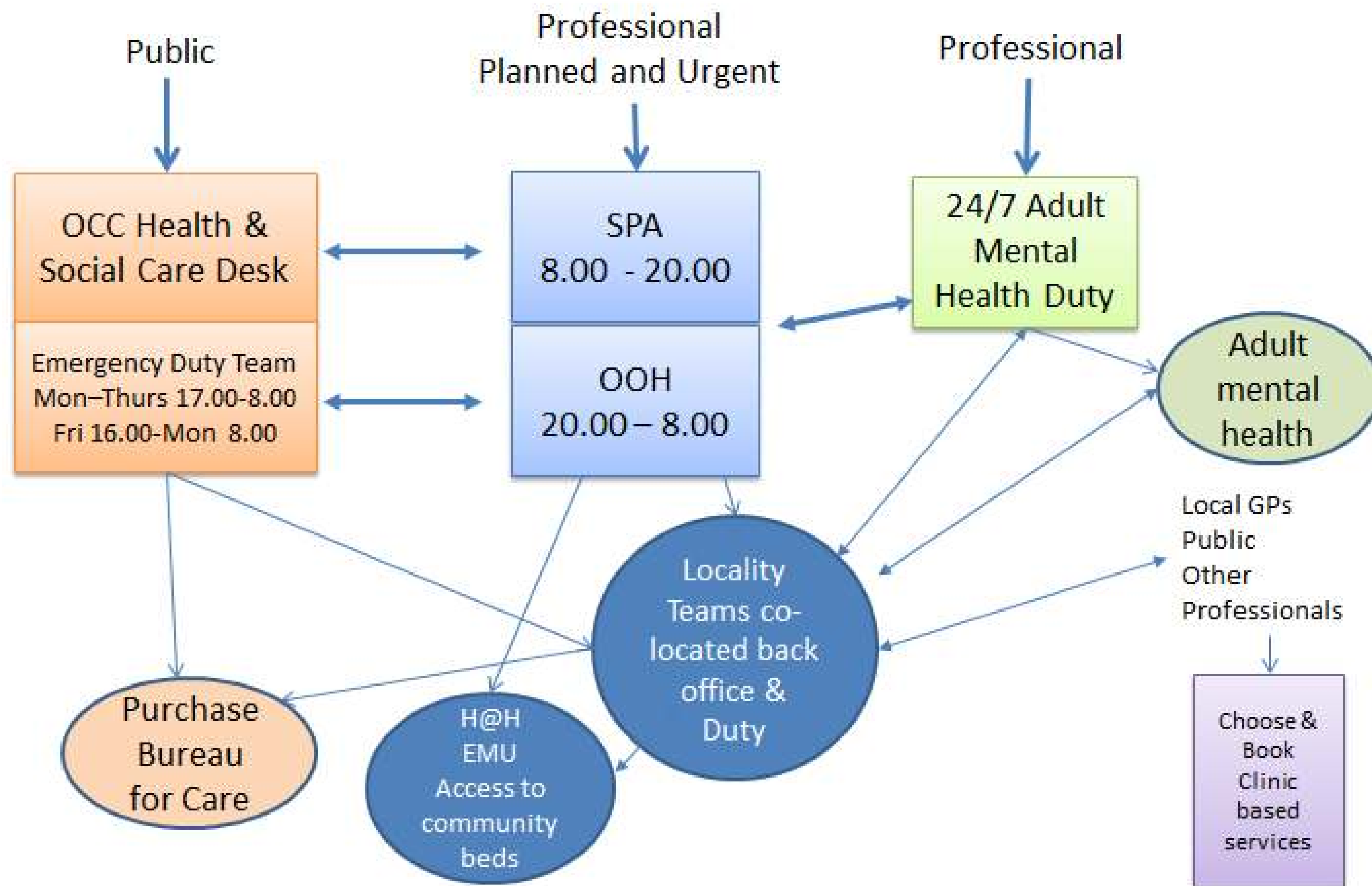
- Co-located bases – to work out of as to capacity to man determine numbers
- Banbury

- Witney
- City
- Bicester
- Wallingford
- Abingdon

Team Functions



Patients, GPs and acute services providers will have one quick and simple route to well joined up, locality based care that enables patients to stay in their usual place of residence as much as possible – regardless of how many different community based health and social care teams are involved in providing that care



Current professionals / teams which are in the community integrated teams

Community Health	Social Care	Primary Care	Voluntary Organisations	Other providers
Community Nursing **Community Physiotherapy** **Occupational Therapy** **Older peoples mental health** **Palliative Care Matrons** **Reablement** **Care Home Support Service** **Falls Prevention**	Social workers Occupational Therapy Co-ordinators Dementia advisors Health and Wellbeing Centres		Community Networks Circle of support Carers Oxfordshire	VERA list

Current professionals / teams which are not in the community integrated teams

Community Health	Social Care	Primary Care	Voluntary Organisations	Other providers
Speech and Language Therapy **Dieticians** **Podiatry** **MSK Physiotherapy** **Physical Disability Physiotherapy** **Chronic Fatigue** **Home IV** **Hospital at Home** **Diabetes Nursing** **Tissue Viability** **Heart failure Team** **Respiratory Team** **Bladder and Bowel Team** **Continuing Health Care**	Sensory Impairment team DOLS AMHP Safeguard Team - MASH Business Support CSDP (phasing out) Shared lives team Money management Purchasers			Neurological Nursing (OUHT) Hospices Macmillan Nursing

Team Value Based

- Respect people as individuals
- People are able to set their own outcomes and enable to achieve them
- The team helps them to stay fit and well, independent and active
- All Services aim for people to stay out of hospital, except for planned care best delivered there
- At all times the team deliver high quality, tailored support
- Care is joined up around the person and not the system,
- Team working is proactive, joined up and sustainable
- Services supports people to live and die with dignity

Other work going on

- IT whole system – one person one record
- Business Intelligence joined up
- Prime Minsters Challenge
- Personalisation – training, care planning
- Other pathways redesign
- The model in Thame

MSK as a Model for Planned Care

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Older People's Outcomes Based Contracting - overview

Catherine Mountford

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OBC (1) - Service Scope

- Non-elective admissions
- Community hospitals
- Community assessment and admission prevention services
- Reablement services
- Intermediate care beds

OBC (2) - Provider Service Model proposals

1. Unified care network
2. Ambulatory care by default
3. 'Specialist Generalist' care
4. Universal Best Practice
5. Working with others

Making our health and care systems fit for an ageing population. Oliver et al. Kings Fund 2013.

OBC (3) – Community Care Hubs

- 4 community care hubs
- Provision of complex and interface medicine
- Part of Emergency Multidisciplinary Assessment Service (EMAS) which incorporates EMUs and rehabilitation
- Diagnostics
- Inpatient beds
- Outreach proactive support

OBC (4) Overview of Specialist Generalist model of care

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Acute medicine

In acute hospitals

For adult patients with the most severe illness
- General Medicine
- Geriatric Medicine
- Stroke
- General Surgery
- (non-MTC) Trauma

Generalists → integrated platform of holistic care.

Embedded Geriatric & Psychological Medicine

Specialists → more focused (specialised) input in some settings.

Complex and Interface medicine

In both
- acute hospitals
- Community Care Hubs

Longer LoS
Complex needs
Usually (very) elderly
Dementia prevalent
Risk of Harm

Geriatricians
Generalists
Psychological Medicine
+
'the network'

'Active Interface' capability

Embedded in all assessment units

Outreaching support to primary care delivered from Community Hubs

Advanced relationships with clinical colleagues in the acute hospitals

Cohort drawn and developed from
- **1° & 2° care**
- **medical & non-medical**

Future hospital: Caring for medical patients. Future Hospital Commission 2013.

Spirit of Vanguard

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Urgent Care System and Dependencies

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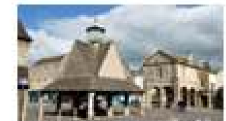
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4 mile “buffer” / catchment area map for UC locations i Oxfordshire

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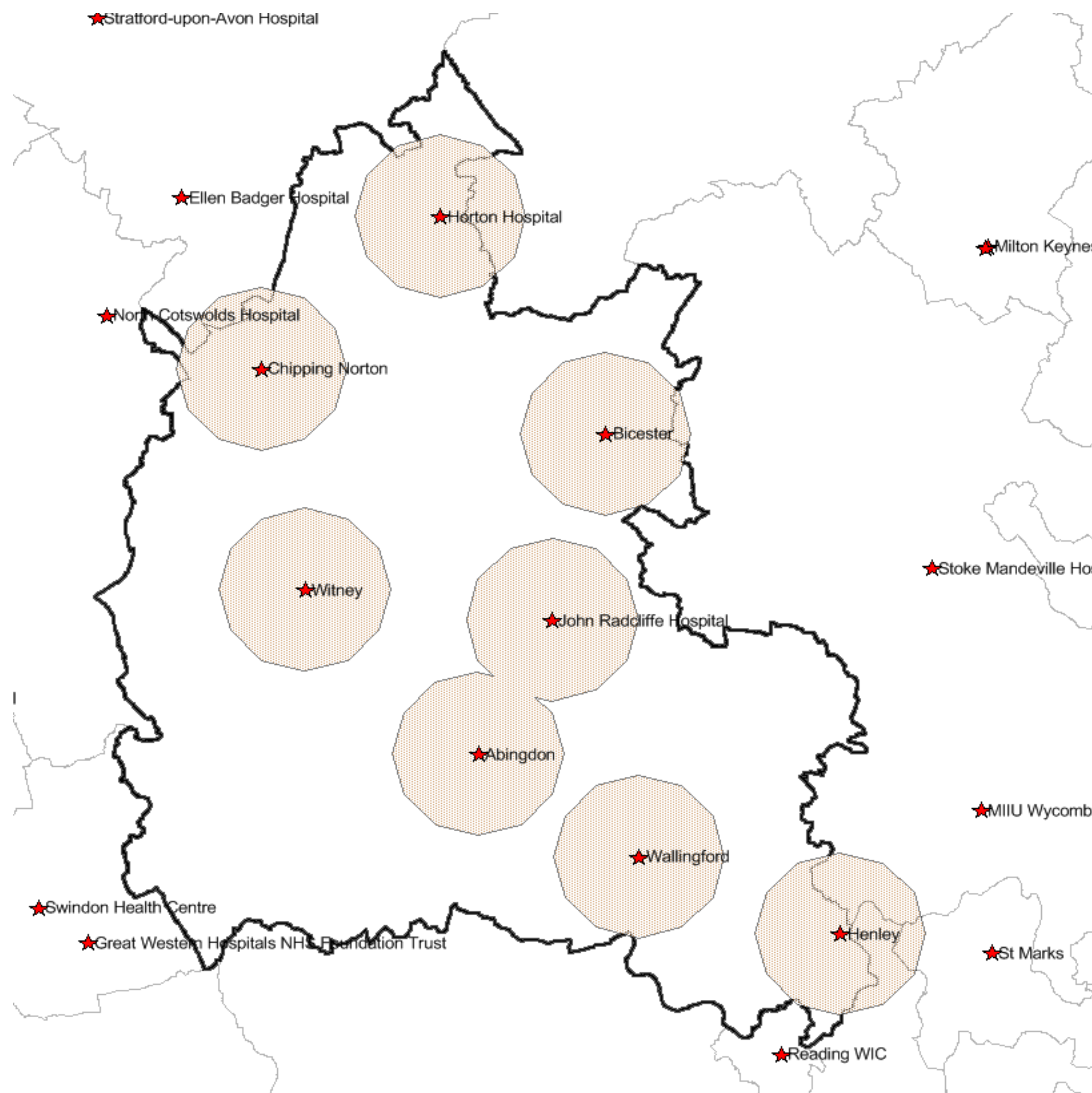

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mprice4@nhs.net 18 Dec 2014

8 mile "buffer" / catchment area map for UC locations i Oxfordshire

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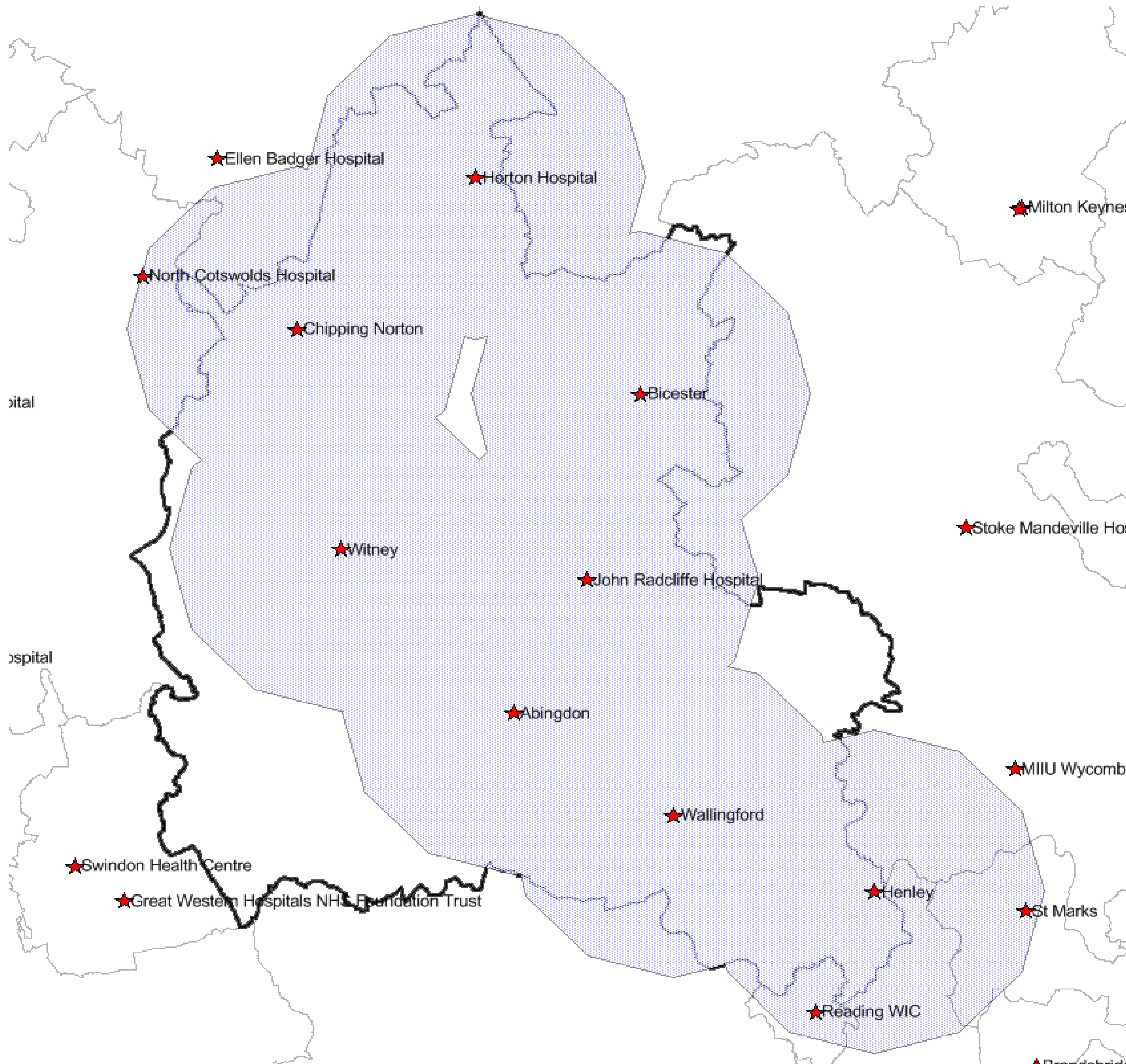

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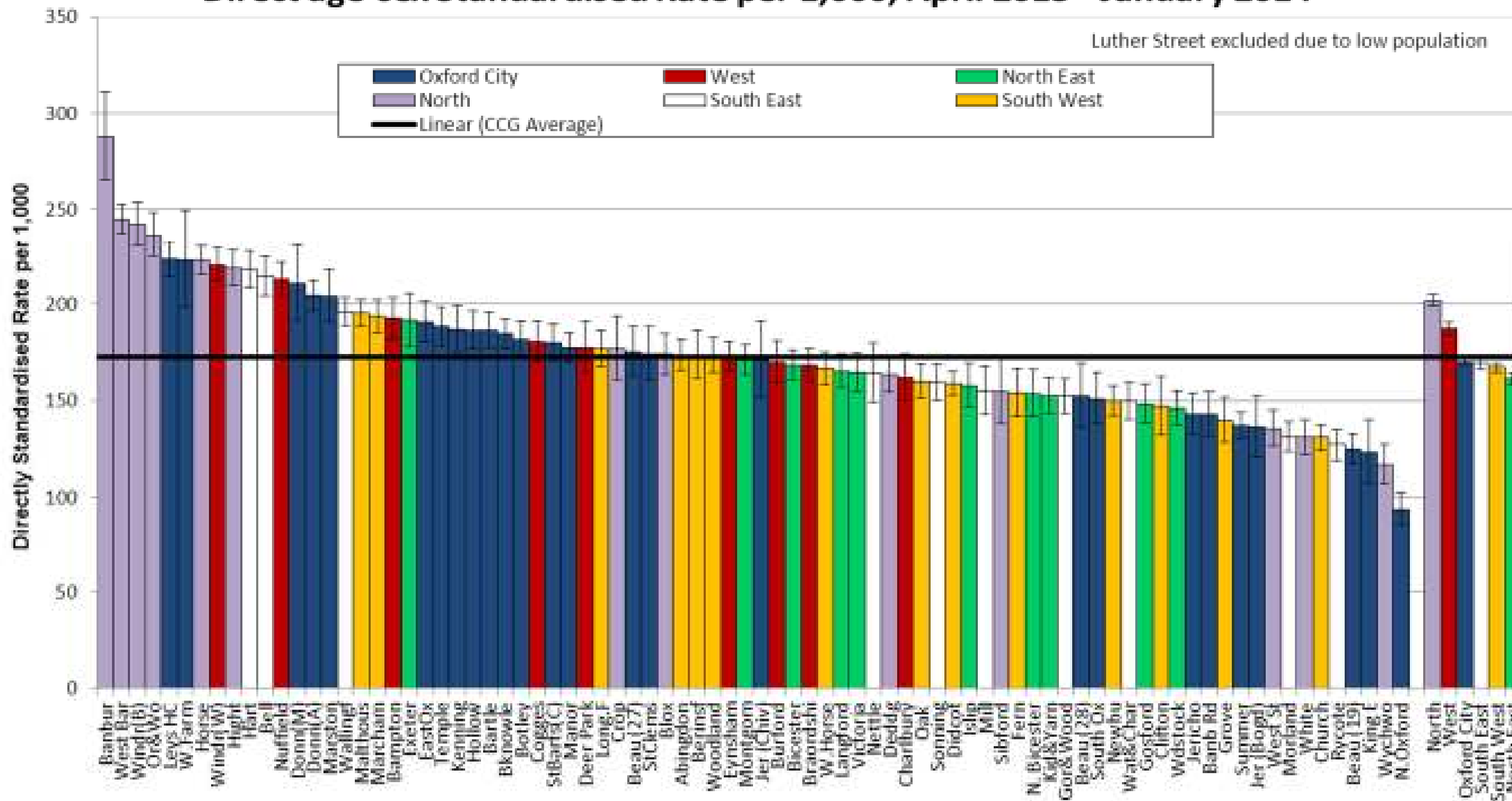
MIU and A&E Attendance
Direct age-sex Standardised Rate per 1,000, April 2013 - January 2014



Source: SUS UAnalytics-Data as at February 2014
Population Data: Exeter July 2013

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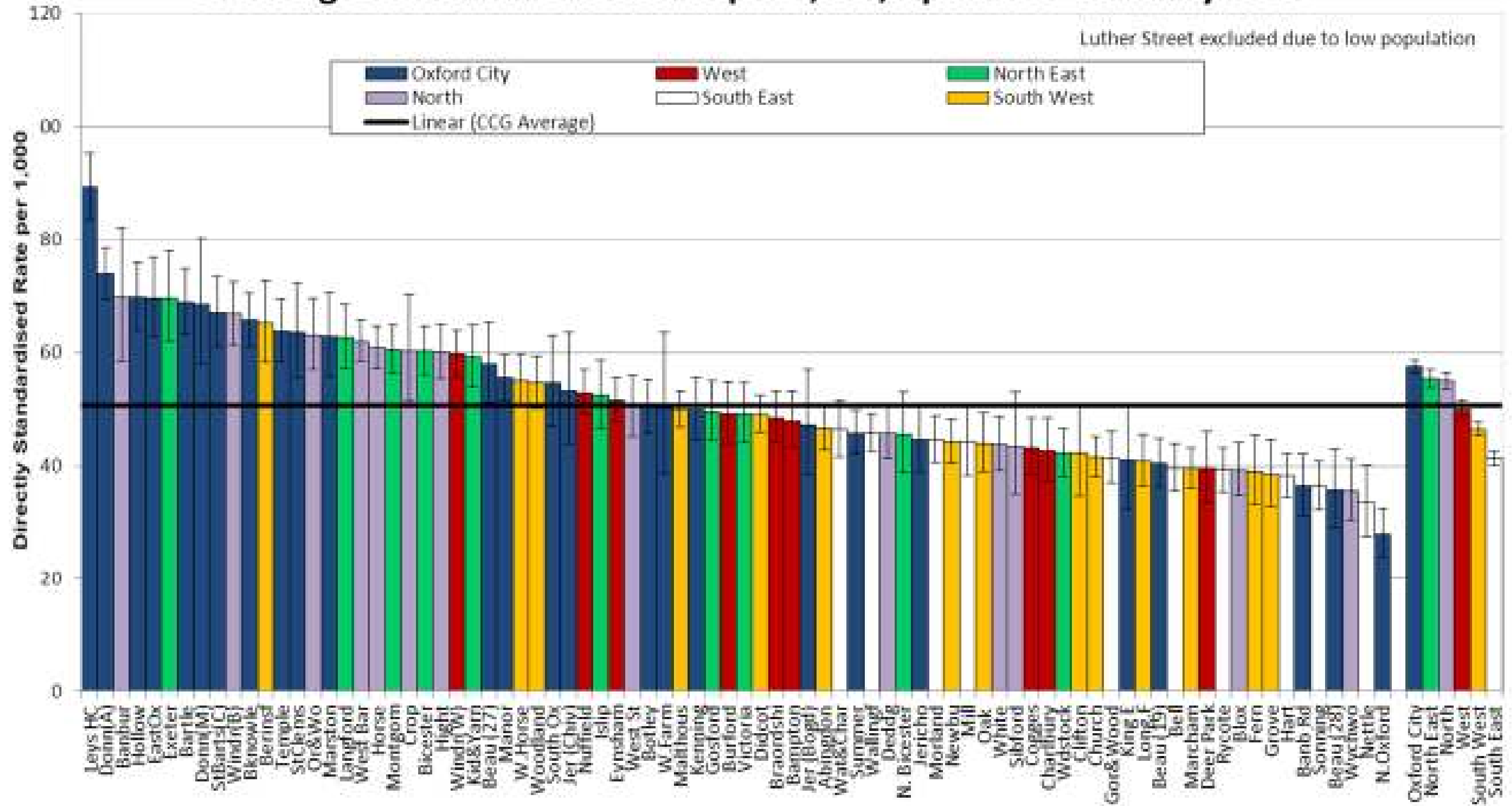

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Better Care Fund

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Six Design Principles

- Integration of services overcoming organisational and sector boundaries
- Enhancing self-care management
- Rapid access to community/primary care based urgent care 24/7
- Care closer to home
- Ambulatory Emergency Care
- Reducing delayed transfers of care

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11 Schemes

Existing schemes:

- Oxfordshire care summary.
- Protecting adult social care.
- Care Act implementation.
- Carers breaks.

Expansion of existing:

- Expansion of EMUs.
- Expansion of reablement services.
- Expansion of Hospital at Home

New schemes:

- DToC Plan.
- Ambulatory Emergency Care.
- Integrated Neighbourhood Teams.
- Care closer to home – Advanced care plans EoLC and proactive medical support to care homes.

Outcomes

- **Reducing the proportion of people inappropriately admitted to hospital.**
- **Reducing the proportion who spend longer in hospital than they need to.**
- **Reducing the proportion of people admitted to residential and care homes across Oxfordshire.**
- **Reduction non-elective activity by 3,400 episodes in 2015/16 = £5M back to the commissioning pot.**
- **DToC: 3,364 bed days saved = £1.7m. Recent performance 203 w/c 8th January. Aim no higher than 100 by year end.**

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Scenarios

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Next Steps

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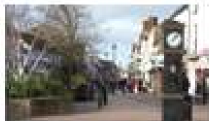
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