TRANSFORMING COMMUNITY CARE

February 2020 Briefing

NEWTON

Background

- The health and care system is **committed to transforming** how we deliver community services across Essex
- NHS Long Term Plan prioritises establishment of Integrated Care Systems, shifting demand **out of hospital and into community services**
- Local Government Association peer review showed that, whilst good progress is being made, there is more to be done to ensure a shared understanding across the Essex system and stepping away from a culture of short-termism towards a model of **delivery at scale and pace**

Transforming Community Care

- ECC are uniquely placed to support transformation across Essex, and have established a Transforming Community Care programme of work
- ECC commissioned Newton to complete a detailed diagnostic of intermediate care pathways in 2019 together with health partners, which found more could be done to deliver the right care in the right place at the right time. Often we struggle to give an individual the right support at the right time through our community services.
- Currently the plans are being developed for a phased implementation of improvements across health and social care partners

Engagement and scoping
June - July 2019

Diagnostic Phase
August – October 2019

Share findings and approach
October – November 2019

Planning Phase
December - March 2019

Trials & Implementation
Spring 2020 onwards

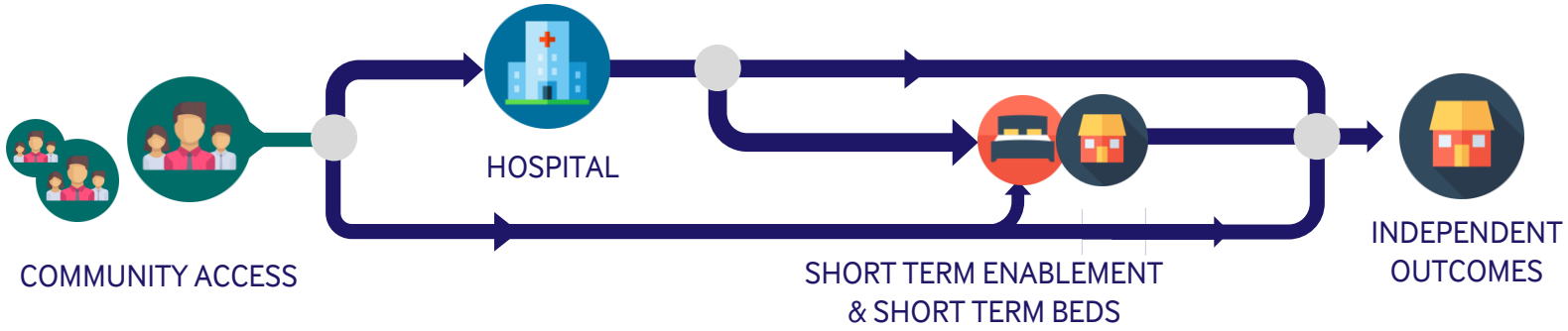
Sustainability
Pathways become business as usual

We face a huge challenge in supporting our growing frail elderly population, but there is a desire from all system partners to make a measurable difference to outcomes for older people in Essex

Intermediate care in Essex

What is Intermediate Care?

A range of integrated services that: promote **faster recovery** from illness; **prevent unnecessary acute hospital admissions** and premature admissions to long-term care; support **timely discharge** from hospital; and **maximise independent living**.



Types of service

Intermediate care services are usually for 1 – 6 weeks.

Four service models of intermediate care are available:

- **Bed-based intermediate care**
- **Crisis response**
- **Home-based intermediate care**
- **Reablement**

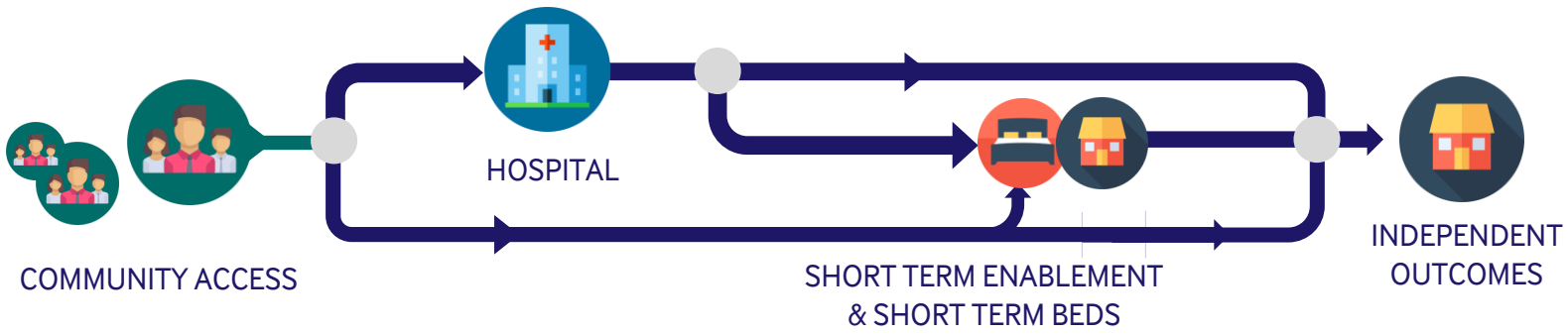
This year we will spend £245m (gross) supporting older adults.

£22m of this is on intermediate care services in part funded through the Better Care Fund, with over 11,000 accepted referrals for reablement and 'in lieu of' services annually.

Intermediate care in Essex

VISION

To **jointly** design and move towards an effective and **integrated** Intermediate Care offer across Health, Social Care and the Community, which ensures that older adults can access the **right support**, at the **right time** and in the **right place**.



PRINCIPLES

- Ensure that home is the default option
- Prevent avoidable admissions and support timely discharge following admission
- A modern system, fit for the future and enabled by digital solutions that improve service user experiences
- A skilled, collaborative workforce that promotes recovery and maximises the ability to live independently
- Deliver consistently better outcomes for Older Adults in Essex

Intermediate Care Diagnostic

The diagnostic established an evidence base to show where the opportunities are to improve outcomes for older people.

This will allow us to work out exactly what to change, and how best to change to improve things for the people we care for, and our staff.

We have better information about our current situation than we have ever had before

>250 hours
Shadowing frontline staff

2 million
Data points for analysis

2147
beds reviewed for delays and next steps

235
Survey responses

340 cases reviewed with **95** practitioners

Discussions with **63** leadership and frontline staff

NELFT NHS
NHS Foundation Trust

NHS
Essex Partnership University
NHS Foundation Trust

NHS
Mid Essex Hospital Services
NHS Trust

ace
anglian community enterprise

Southend University Hospital NHS
NHS Foundation Trust

Provide

The Princess Alexandra Hospital NHS
NHS Trust

Essex County Council

Basildon and Thurrock University Hospital NHS
NHS Foundation Trust

NHS
East Suffolk and North Essex
NHS Foundation Trust

Where is the system preventing ideal outcomes?

EVIDENCE FOUND FROM THE DIAGNOSTIC FOR OLDER ADULTS (65+)

37%

of older people in acute beds are waiting rather than being actively treated

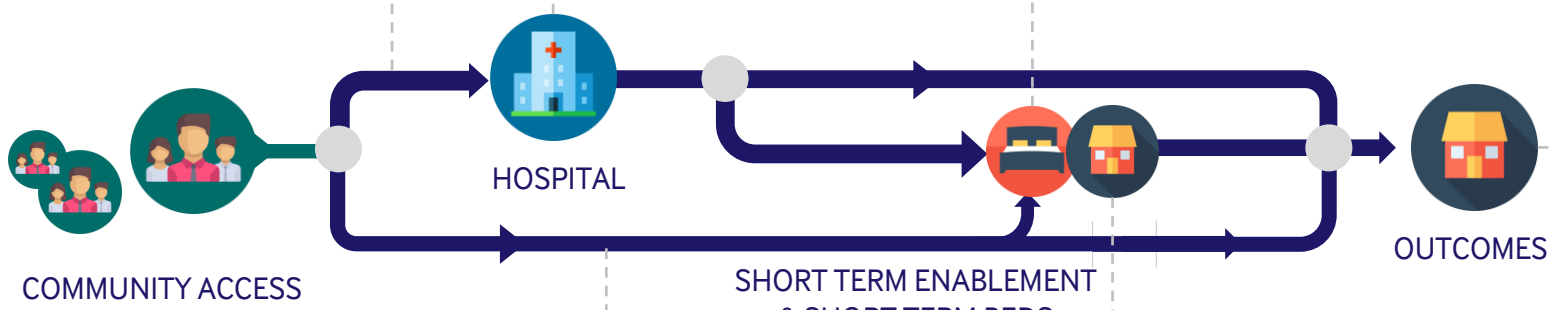
Only

27%

of older people go home from a temporary residential placement

28%

of acute hospital admissions could be avoided for older people



Opportunity to improve outcomes for older people supported by social services

1200

more people every year could benefit from short term enablement

33%

of home based intermediate care capacity could be freed up

There are opportunities to improve outcomes for people across the whole pathway

Where is the system preventing ideal outcomes?

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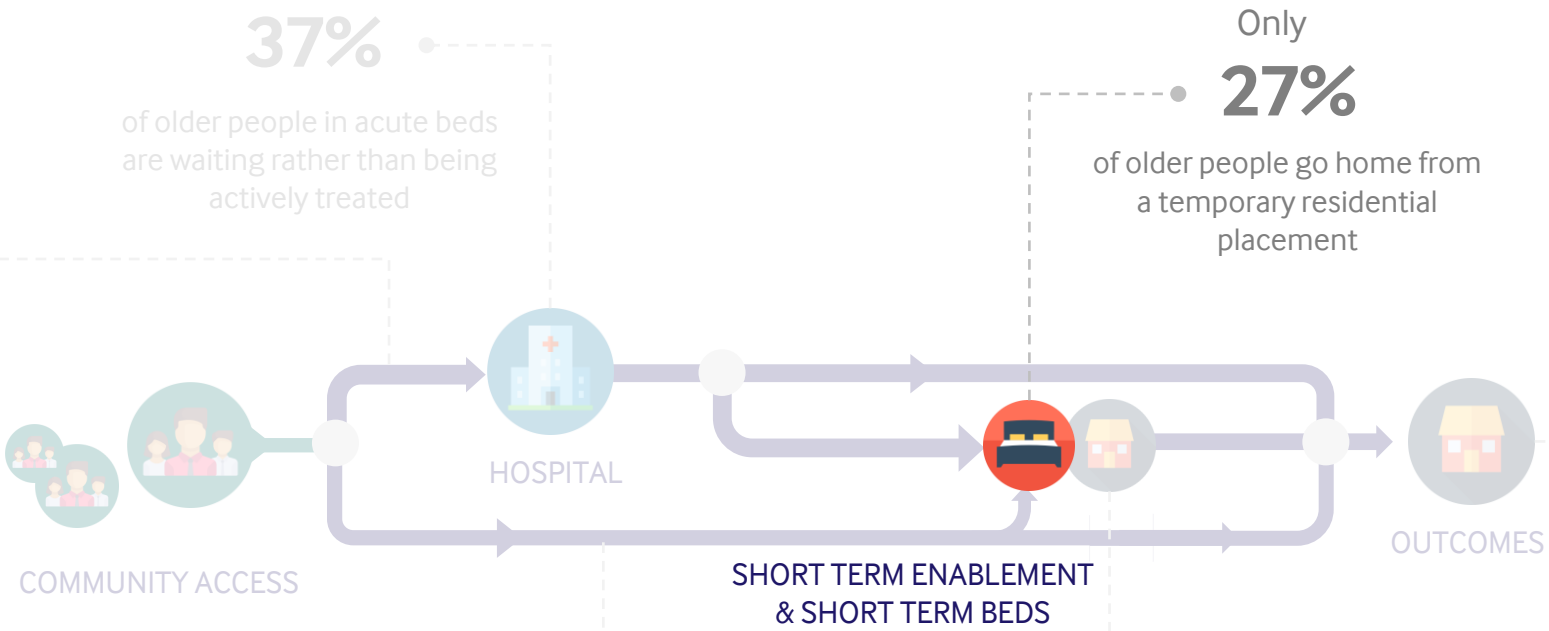
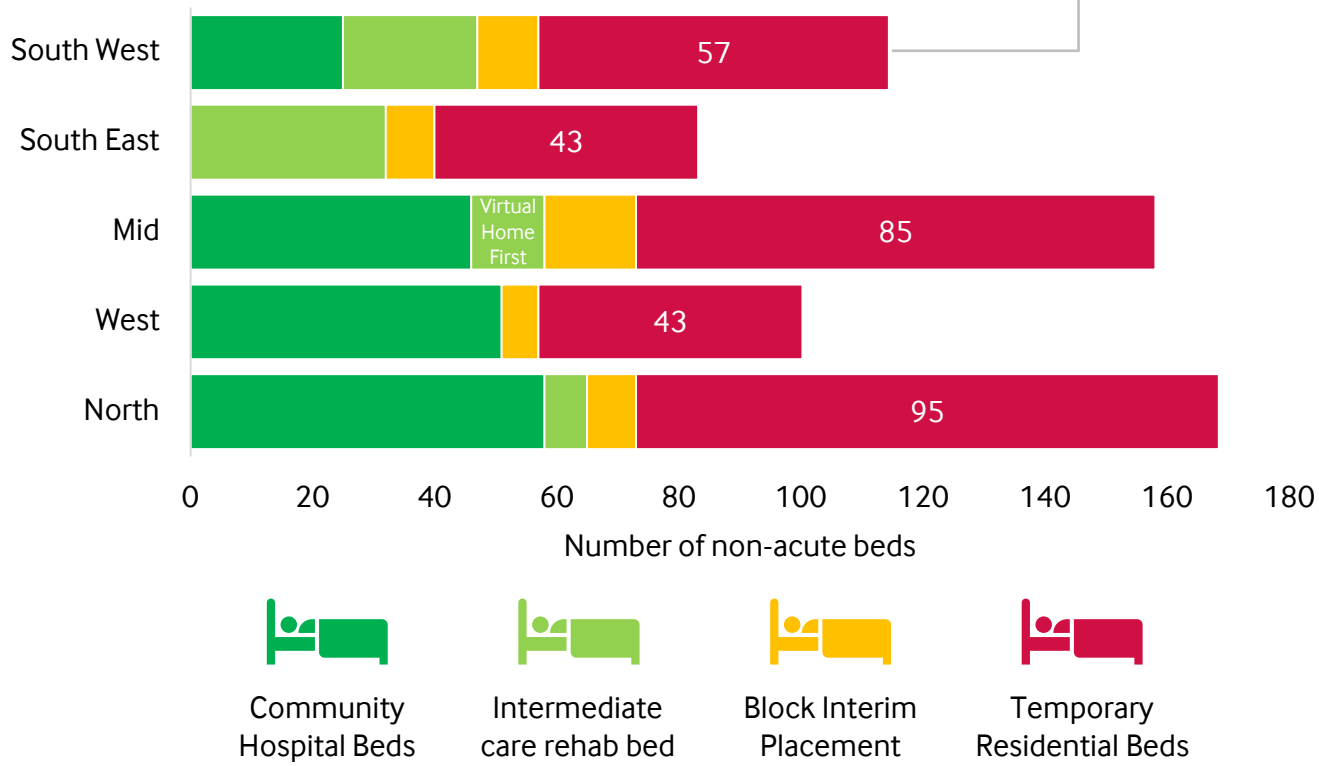


Short term bed opportunities

Effective services: short term beds

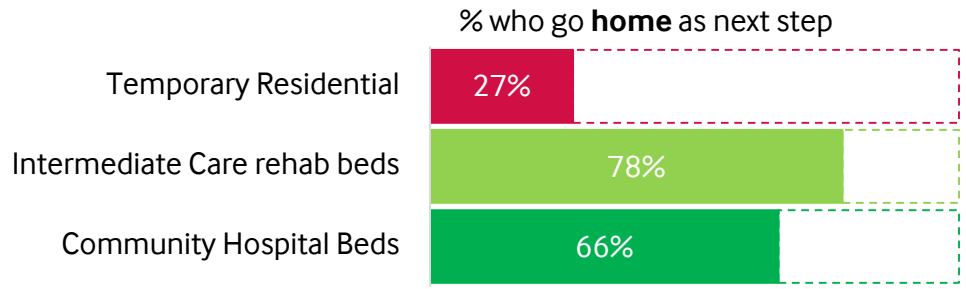
You are more than **twice as likely to go to long term residential care** from a temporary residential placement as from a community hospital or intermediate care rehab bed

When someone **can't go home**, there are various alternative options across Essex for a **non-acute bed**:



There is a large number of **temporary residential placements** across Essex, equivalent to **300 beds**

There are very different outcomes from different types of short term bed:



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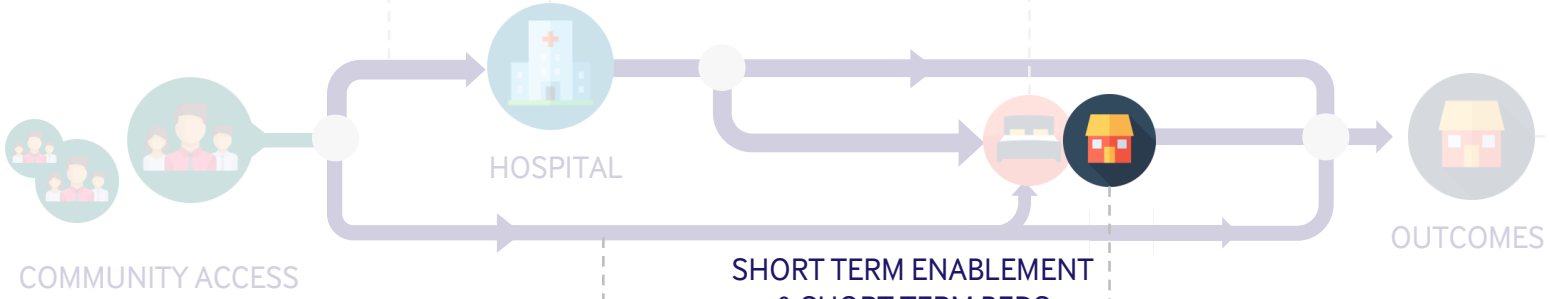

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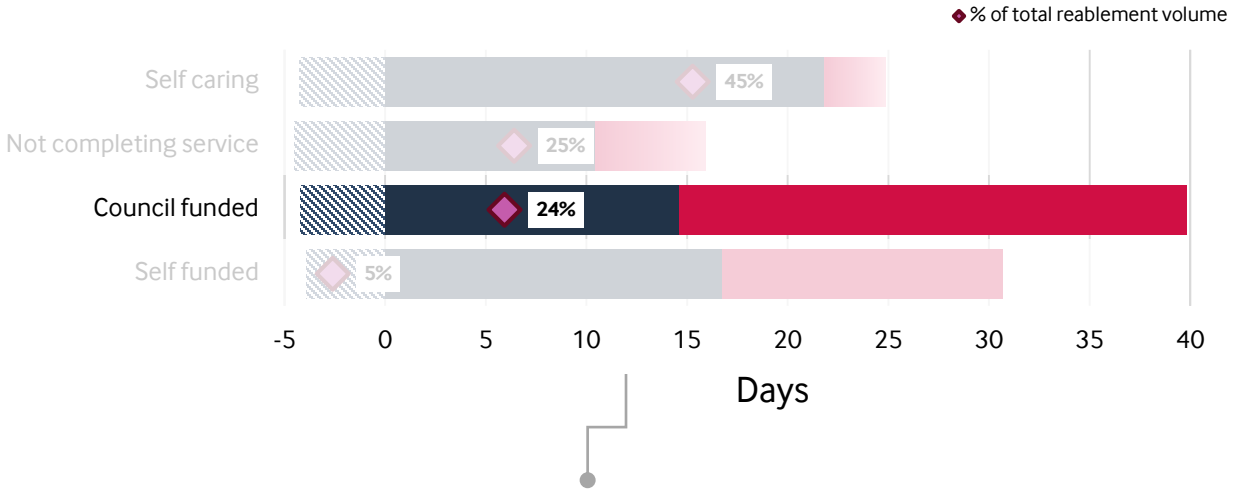
Reablement pathway opportunities

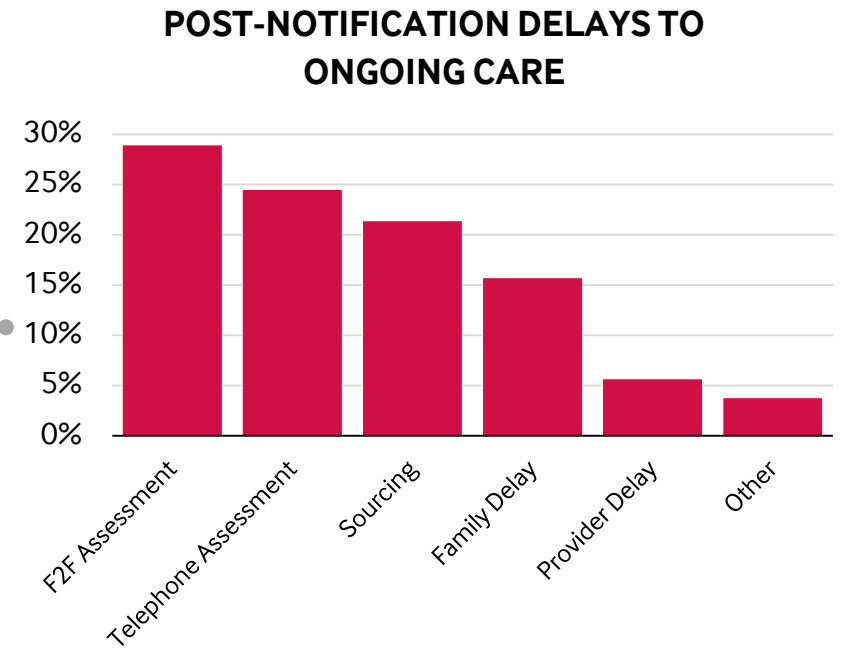
People are staying too long in reablement



There are significant delays leaving reablement, 25 days on average.

There is a significant opportunity to create additional reablement capacity by reducing these delays.

Processes within the reablement providers also need to be improved to support this, and there is an opportunity for services to be **23% more effective at making people more independent**



Social workers spend over **40% of their time on paperwork**, and as low as 15% of their time with service users. Improving our ways of working would reduce backlogs and create capacity in reablement.

Where is the system preventing ideal outcomes?

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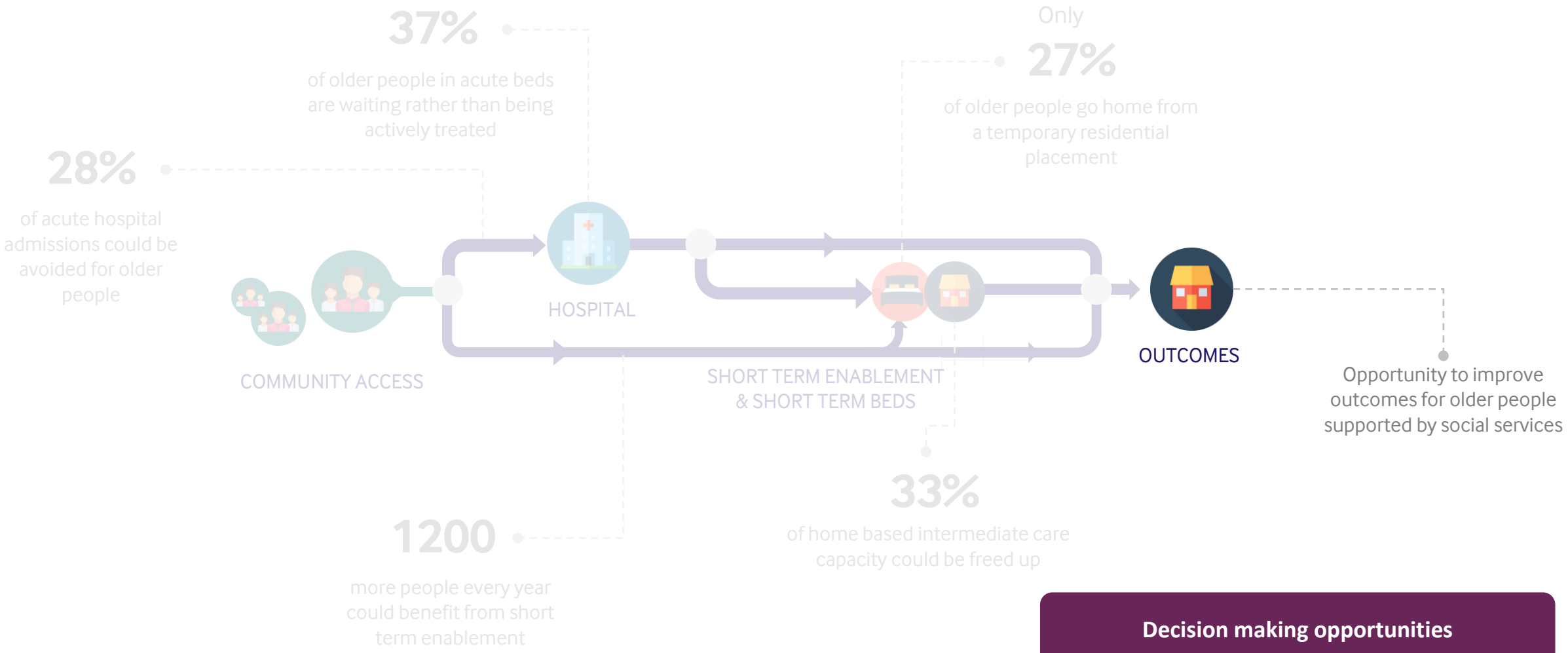

Decision making opportunities

Decision making

We asked **seven practitioners** to review the same case **individually**, and define what the ideal support package was to meet this gentleman's needs:

92 year old man

7 hours per week of homecare

Fall at home and went to Broomfield hospital

Two weeks later he was planned to be discharged home

Throughout this time in hospital, it was clear that his wish was to go home

There is a significant opportunity to change our processes and behaviours to support more consistent and more independent decisions for people

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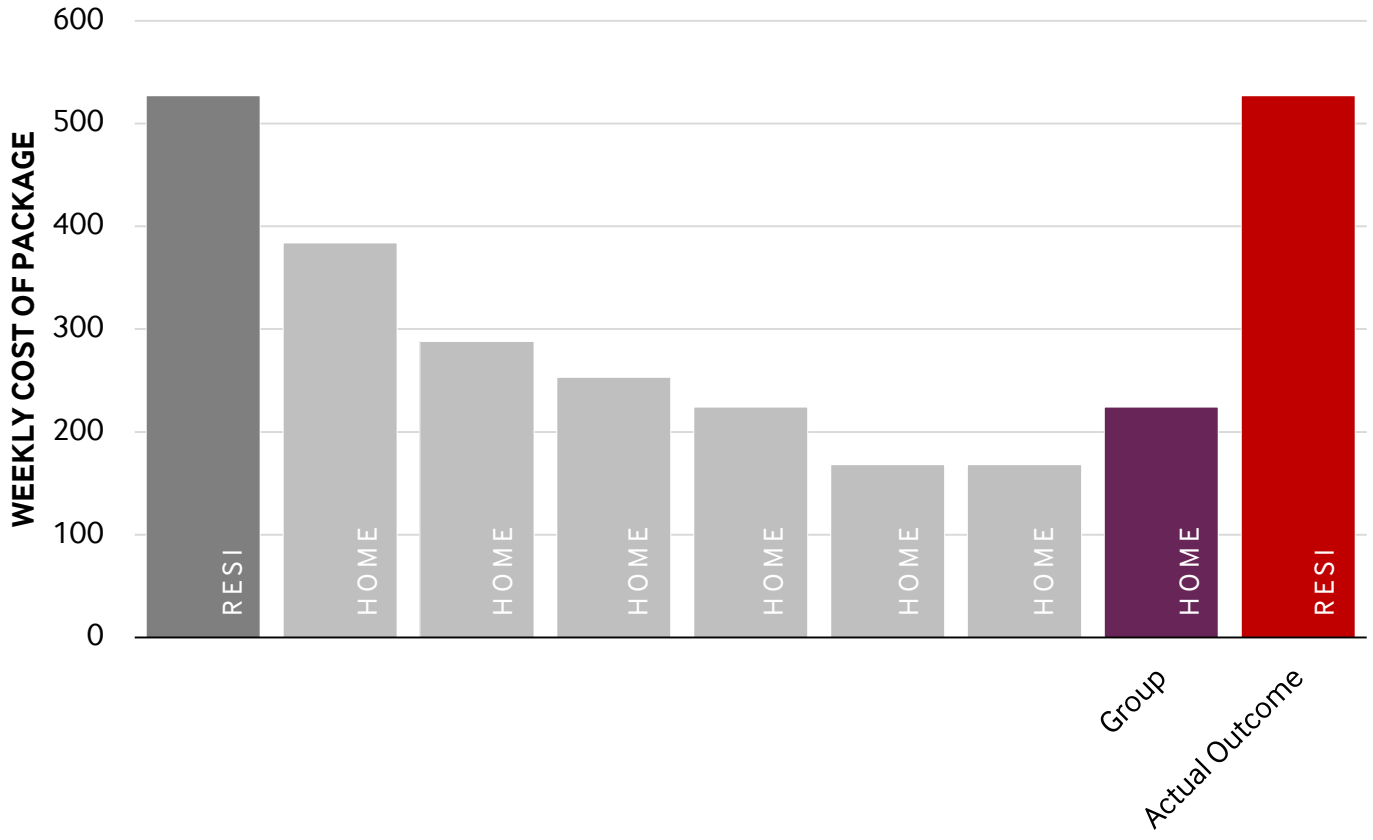

When practitioners reviewed the case as a group, a much more independent outcome was suggested than some individual decisions.

The available services make a complex picture

We asked practitioners across health and social care to list all of the intermediate services they need to consider when making a decision

Fragmented services and lack of awareness of services makes it hard for professionals to make the best choice

Key opportunities

System Alignment	Stakeholder management across all involved partners, and change management within the organisations, to maximise the pace and impact of the work done.
Optimised Operating Model and Future Commissioning	Generate a rigorous understanding of the pathways, flow of service users and the outcomes delivered, resulting in an optimised operating model, and inform current contract monitoring arrangements as well as how ECC may want to commission services in the future (i.e. performance targets, incentivisation etc).
Consistent Measurement	Design and co-create all key measures together with ECC staff, developing the accurate capture of data where it does not already exist, creating consistent analysis of data agreed by all parties giving a 'single source of truth', and implementing the processes and behaviours to use the data in an effective way.
Change Capability	Building the capability for, and a culture of, continuous improvement within ECC. Embed continuous improvement methodologies sustainably into ways of working and deliver training to a joint team, both formally and through 'on-the-job' training.
Optimise ways of working	Establish processes and behaviours to ensure consistent decisions are made to maximise independence for service users each and every day, and increase capacity through more efficient ways of working and improved allocation and scheduling.