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Community Fit

Clinical / Practitioner Reference Group

22nd June 2016

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Purpose of this evening

- Begin to discuss community care redesign
- Agree the principles that we will follow
  - ‘Outside in’
  - Locality / place based redesign
  - Building on existing developments
  - Be ambitious / unconstrained

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Who said this?

“The Problem is not the Problem, the Problem is your attitude about the Problem.”

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Community Fit Case for Change

Dr J. Karen Stringer

Sessional GP

Associate Medical Director (Strategy), Shropshire Community Health NHS Trust

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Our challenge

- Income
  - Our predicted deficit is £120m by 2020/21 across health and care system
  - Including a significant reduction in our Local Authority Budget
- Geography
  - Our rurality makes travel to services and service delivery more difficult
- Demographics
  - Our population in Shropshire is ageing (more than the national average) and 60% of us are likely to have 2 or more chronic diseases at the age of 60, rising substantially as we age.
- Workforce
  - Our workforce is also ageing and we are experiencing difficulty recruiting to some professions and localities.

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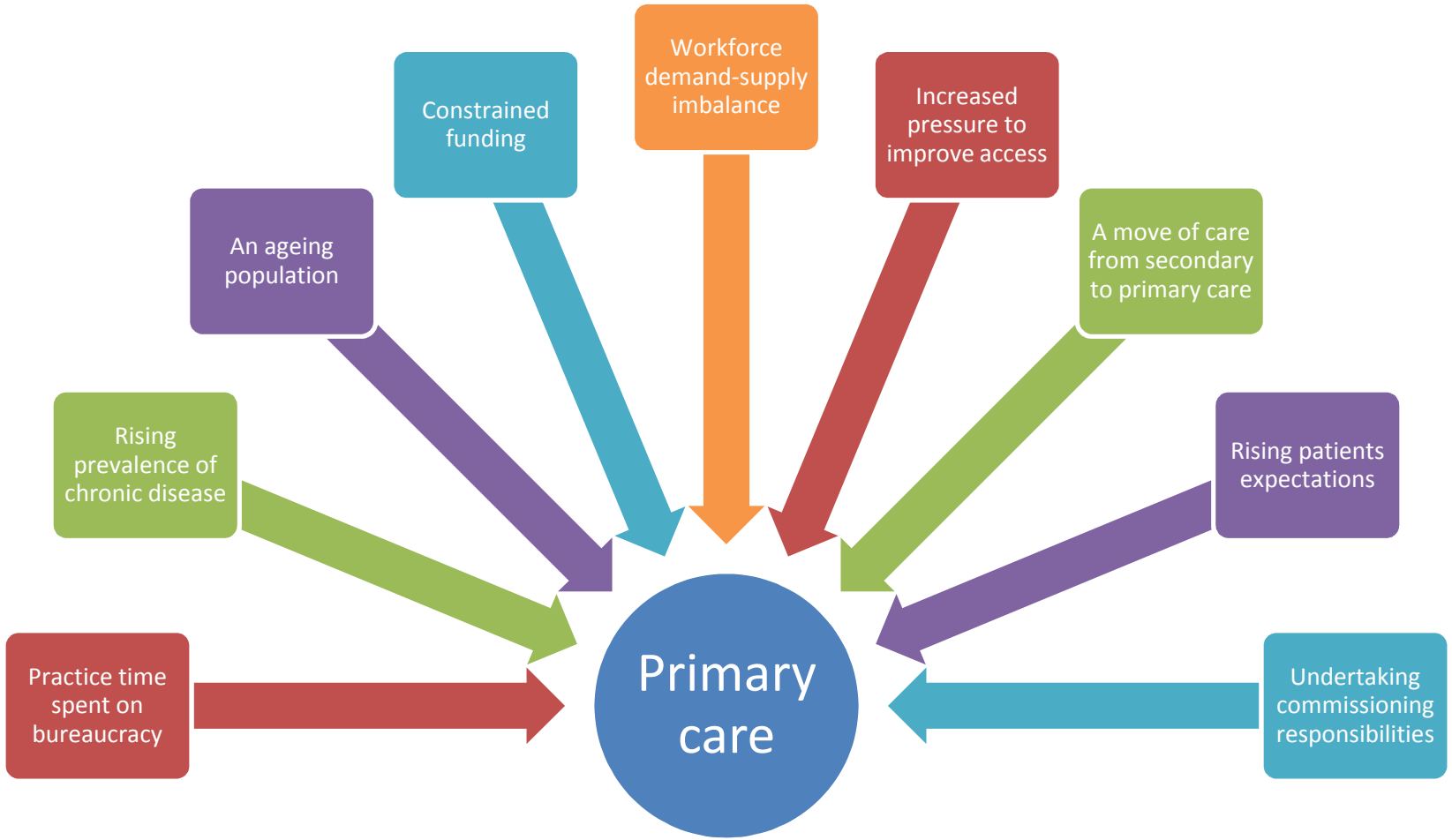
Challenges Facing Primary Care



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Our challenge

- ‘The crisis in general practice’*
  - 8% of NHS funding delivering 90% of all contacts
  - Consultations are up 15% during 2011-15
  - Now an average patient sees their GP 6 times per year; double that of 10 years ago
  - Struggling to recruit GPs
  - Evidence suggests that 20% of all consultations are related to non-health needs

* Kings Fund, 2016

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Our challenge

- Our current model is unsustainable & provides a poor experience to our population
  - Lack of integration across health, mental health and social care
  - Reliance on an acute bed based model
  - Our urgent care system is confusing so patients default to A&E; we have increasing demand at the acute and low utilisation rates of our MIUs
  - 2% of our population consumes 33% of our health and social care resources

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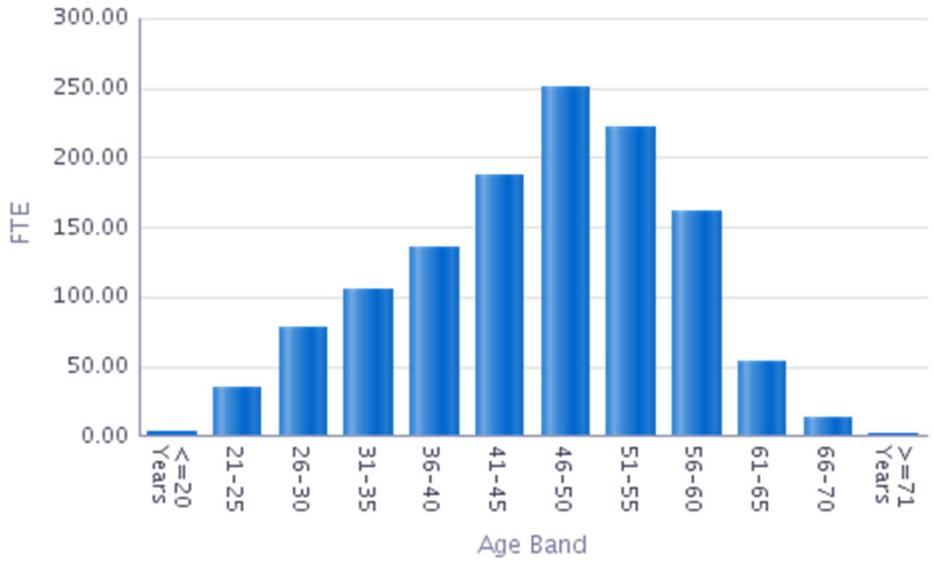
An ageing workforce



36% of Shropshire Community Trust staff are over the age of 50, (this varies between professions):

- 27% of AHPs fall into this group, 36% of nurses and 43% of non-clinical staff.
- over the next 5 years up to one third of nurses and one quarter of AHPs may choose to retire.

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Ongoing reduction in council services

- Adult Social Care service is forecasting significant growth pressures resulting from demographics, increasing prices (National Living Wage and other such factors).
- The pressure on adult social care requires the council to respond by making significant savings in order to set a balanced budget.
- This has not yet been satisfactorily achieved for future years and continues to the be focus of the developing financial strategy.

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Rural Urgent Care

Dr Stephen James

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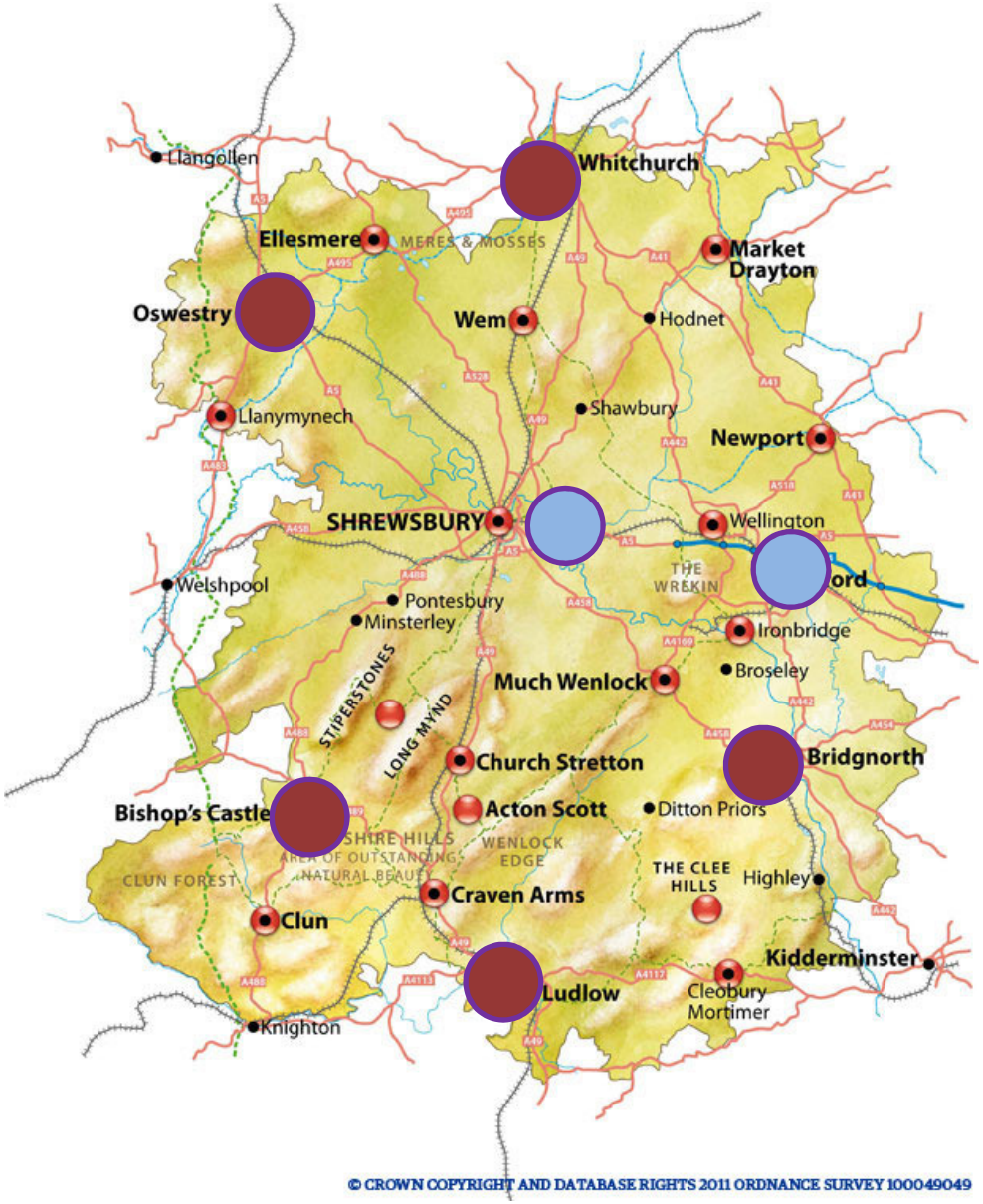
Potential Location Urgent Care Services



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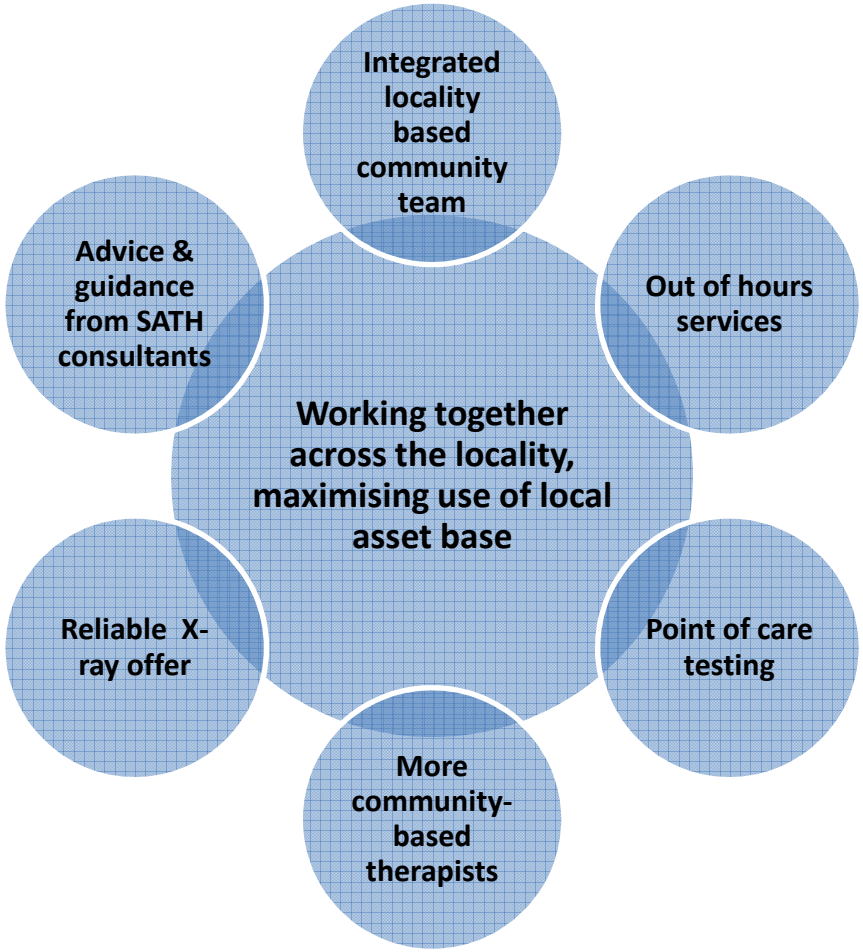
Facilitated by: IT (shared care records), culture of integration, enhanced co-ordination and access point



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Community Fit – Phase One

Ruth Lemiech

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Outputs of Phase One

By April 2016:

- A description of activity currently taking place in primary care, community services, mental health and social care across Shropshire and Telford and Wrekin.
- An agreed taxonomy (classification) of care packages delivered by each of these sectors
- An agreed estimate the impact of demographic change on activity levels within these sectors
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing they care they receive
- A description of the activity that the Future Fit 1 models anticipate will move out of the acute setting and therefore may have an impact on primary care, community services, mental health and social care services.

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Outputs of Phase One - deliverables

- A descriptive analysis and report on the impact of demographic change for each group: mental health, social care, community health and pilot practices, (8 reports)
- A description of the linked health and social care data set and key messages.
- A report on the taxonomies (types of service users) across our system.
- A written report summarising our findings.

Non PDF's	22/06/2016 09:00	File folder
Community Fit - Appendix 1 - Resident Regis...	20/05/2016 10:49	Adobe Acrobat
Community Fit - Appendix 3 - Mental Health ...	20/05/2016 10:55	Adobe Acrobat
Community Fit - Appendix 4 - Adult Social Ca...	20/05/2016 10:55	Adobe Acrobat
Community Fit - Appendix 5 - Primary Care D...	20/05/2016 10:56	Adobe Acrobat
Community Fit - Appendix 6 - Comm Services...	20/05/2016 10:56	Adobe Acrobat
Community Fit - Appendix 7 - Mental Health ...	20/05/2016 10:57	Adobe Acrobat
Community Fit - Appendix 8 - Adult Social Ca...	20/05/2016 10:57	Adobe Acrobat
Community Fit - Appendix 9 - Primary Care I...	20/05/2016 10:54	Adobe Acrobat
Community Fit - Appendix 10 - Community Se...	20/05/2016 10:54	Adobe Acrobat
Community Fit - Appendix 11 - Health and So...	20/05/2016 10:55	Adobe Acrobat
Community Fit - Appendix 12 - Patient Taxon...	20/05/2016 18:25	Adobe Acrobat
Community Fit - Project Report - v1.3	10/06/2016 09:11	Adobe Acrobat

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Data Analysis examples

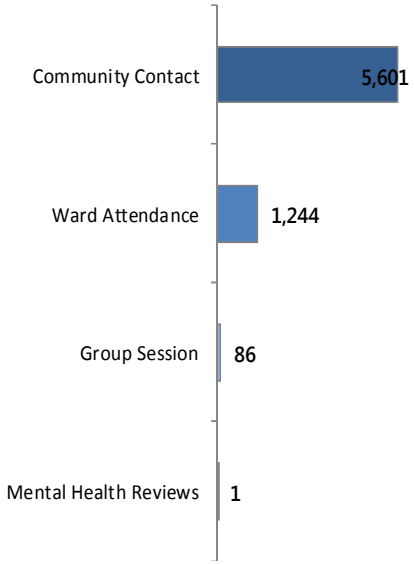
- Mental health
- Primary care
- Community health
- Social care

Non PbR service profile: Functional 18+ - RAID (face-to-face)

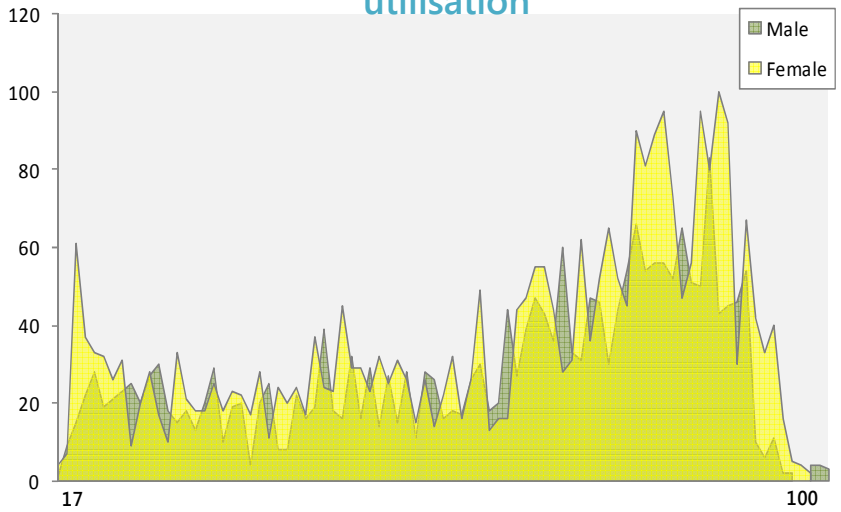
Activity overview

	05N	05X	Total
Total Contacts	4,198	2,734	**6,932**
Patients	3,184	2,103	**5,287**
Avg contact / patient	1.32	1.30	**1.31**
Contract Value	£1,010,017	£478,056	**£1,488,074**
Actual utilisation	£863,906	£358,673	**£1,222,580**
Activity Unit Cost	£206	£131	**£269**
Patient Unit Cost	£271	£171	**£231**

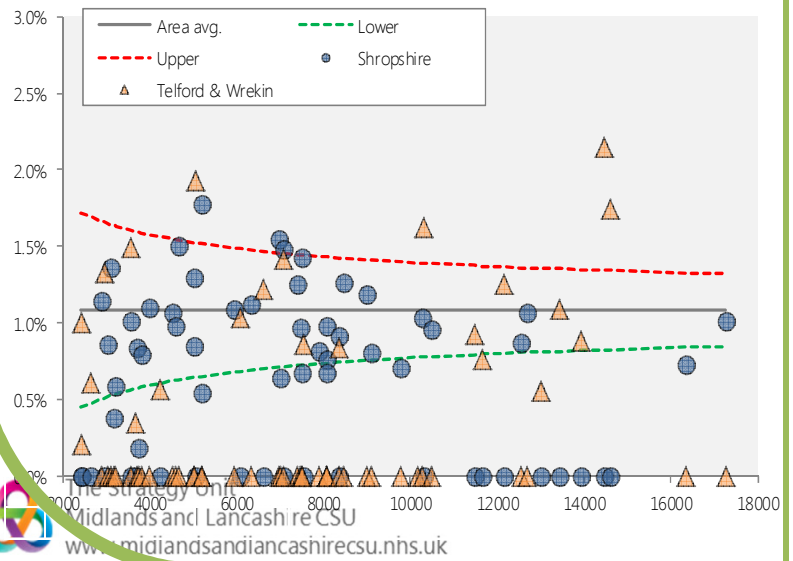
Activity type



Age-gender utilisation



Practice variation (% list size in service)



Seasonality

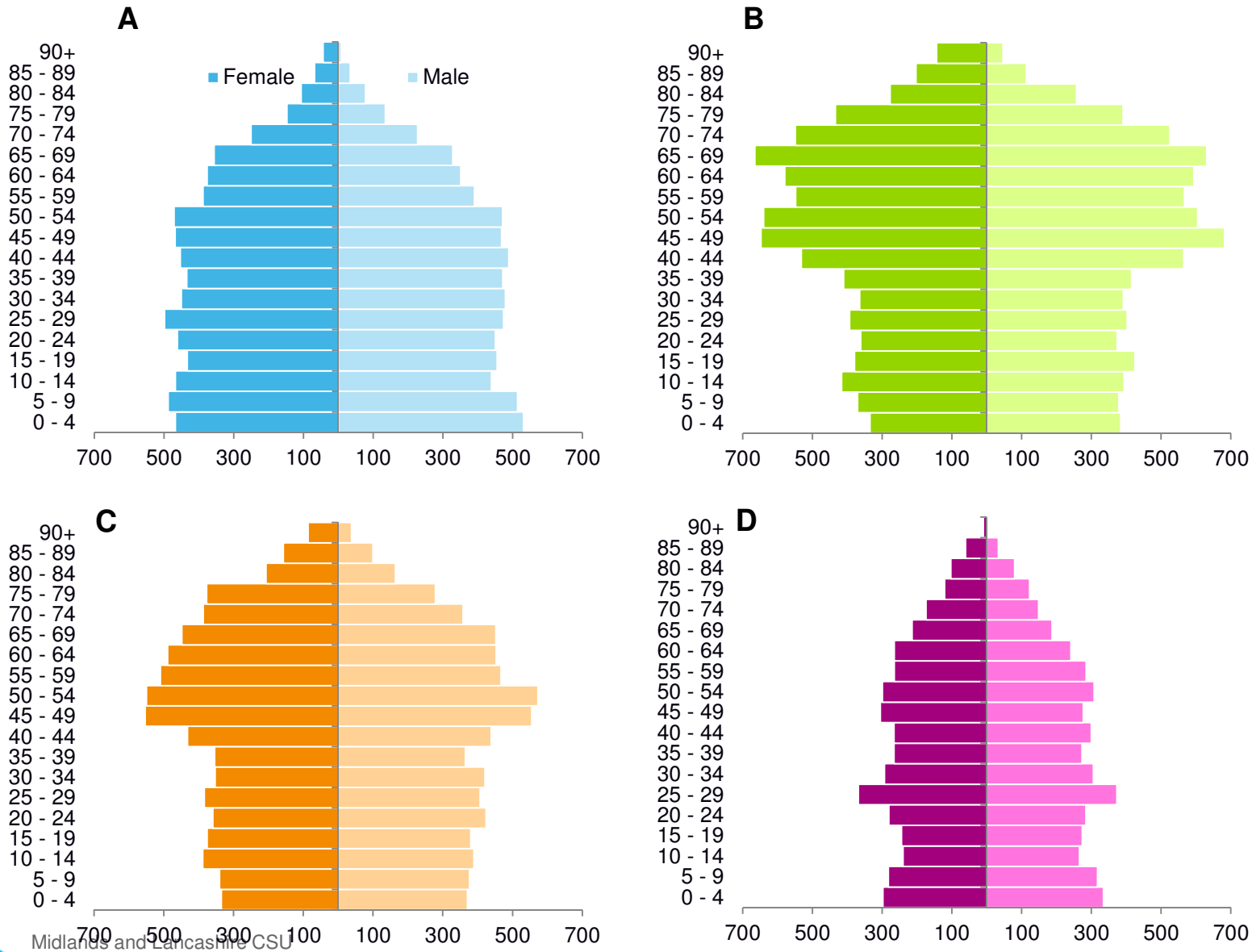
	Day						
	S	M	T	W	T	F	S
Apr	35	98	133	128	94	96	44
May	51	98	123	105	148	146	93
Jun	62	160	153	119	102	131	56
Jul	50	103	149	105	119	89	48
Aug	46	75	72	73	65	113	45
Sep	42	111	119	82	73	105	42
Oct	27	86	68	101	76	107	33
Nov	44	88	84	92	74	89	60
Dec	36	89	100	86	63	57	32
Jan	50	83	77	85	80	88	60
Feb	34	77	78	89	82	91	45
Mar	50	104	94	77	76	75	44

Ethnicity

Ethnic Group	Patients	%
White: British		83.9%
White: Irish		0.6%
White: Any other White background		1.4%
Mixed: White and Black Caribbean		0.0%
Mixed: White and Black African		0.0%
Mixed: White and Asian		0.1%
Mixed: Other		0.0%
Asian or Asian British: Indian		0.5%
Asian or Asian British: Pakistani		0.1%
Asian or Asian British: Bangladeshi		0.0%
Asian or Asian British: Other		0.1%
Black or Black British: Caribbean		0.0%
Black or Black British: African		0.0%
Black or Black British: Other		0.0%
Other Ethnic Groups: Chinese		0.0%
Other Ethnic Groups: Other		0.0%
Not stated / Unknown		13.0%

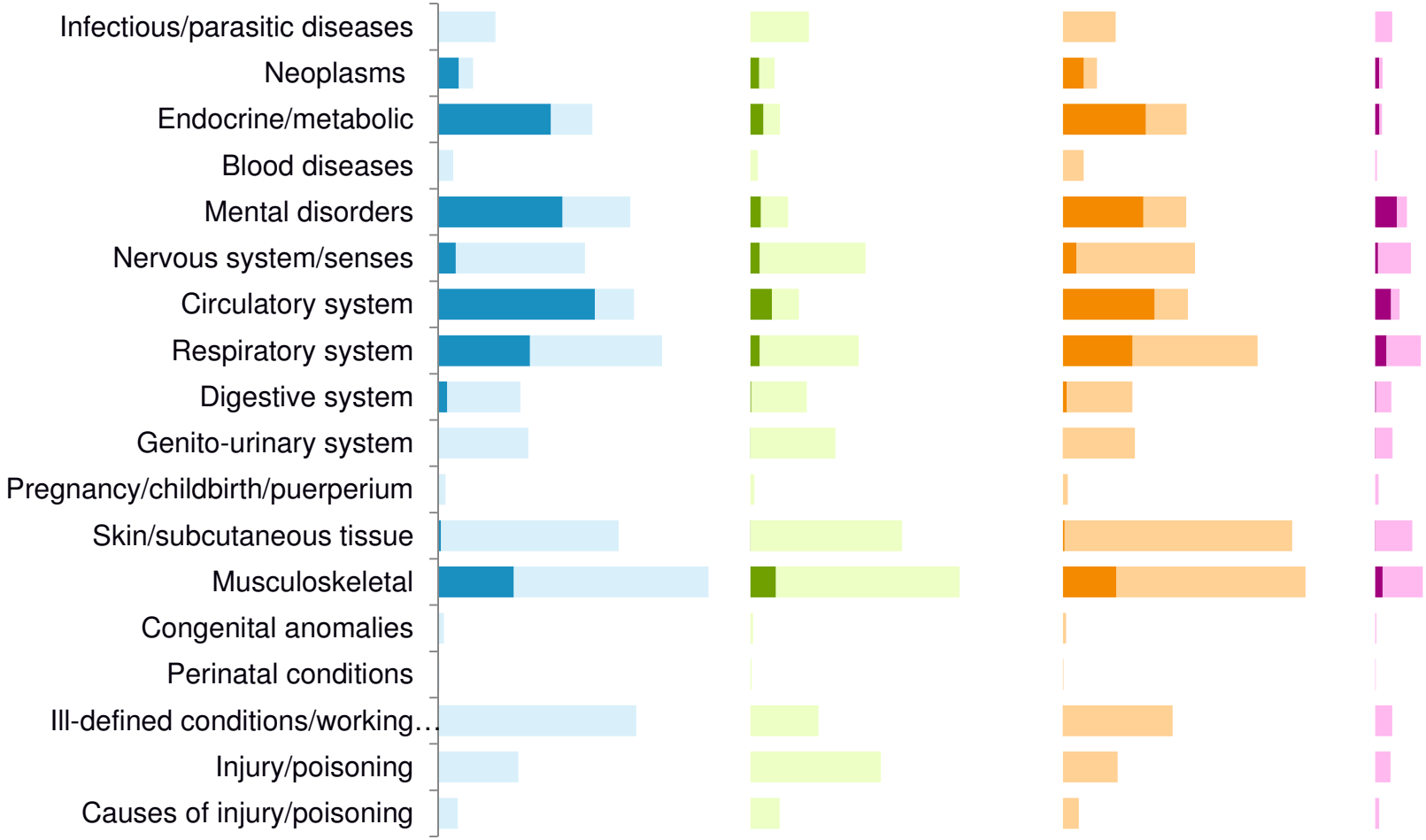
The Strategy Unit
Midlands and Lancashire CSU
www.midlandsandlancashirecsu.nhs.uk

Patient's Age and Gender Profile



Diagnoses – LTC vs Transient / Treatable Conditions

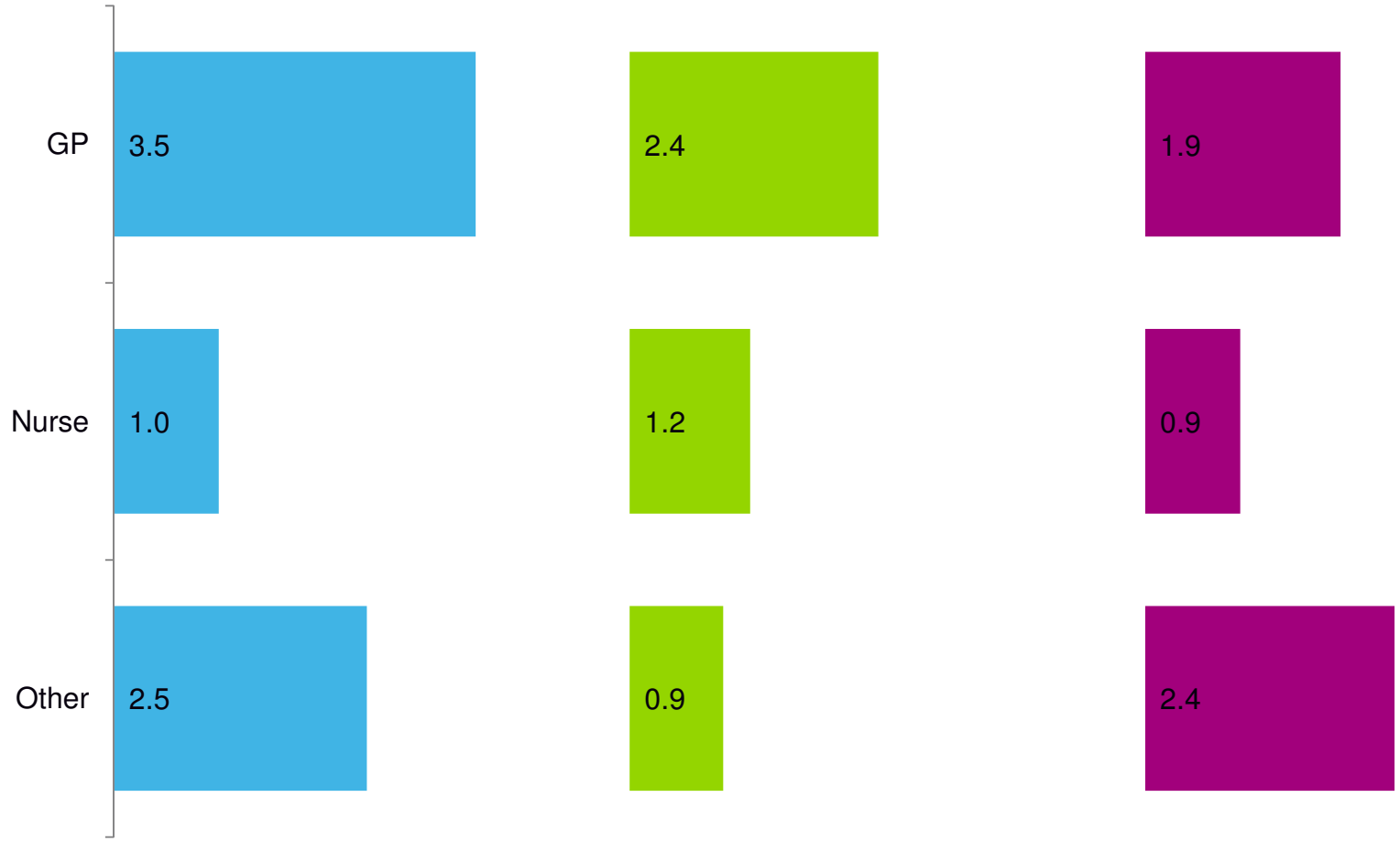
Darker shading – Condition requiring substantial on-going management
Lighter shading – Transient / Treatable Condition
2014/15



Primary care

Consultations by Staff Type - Age/Sex Standardised rate (2014/15)

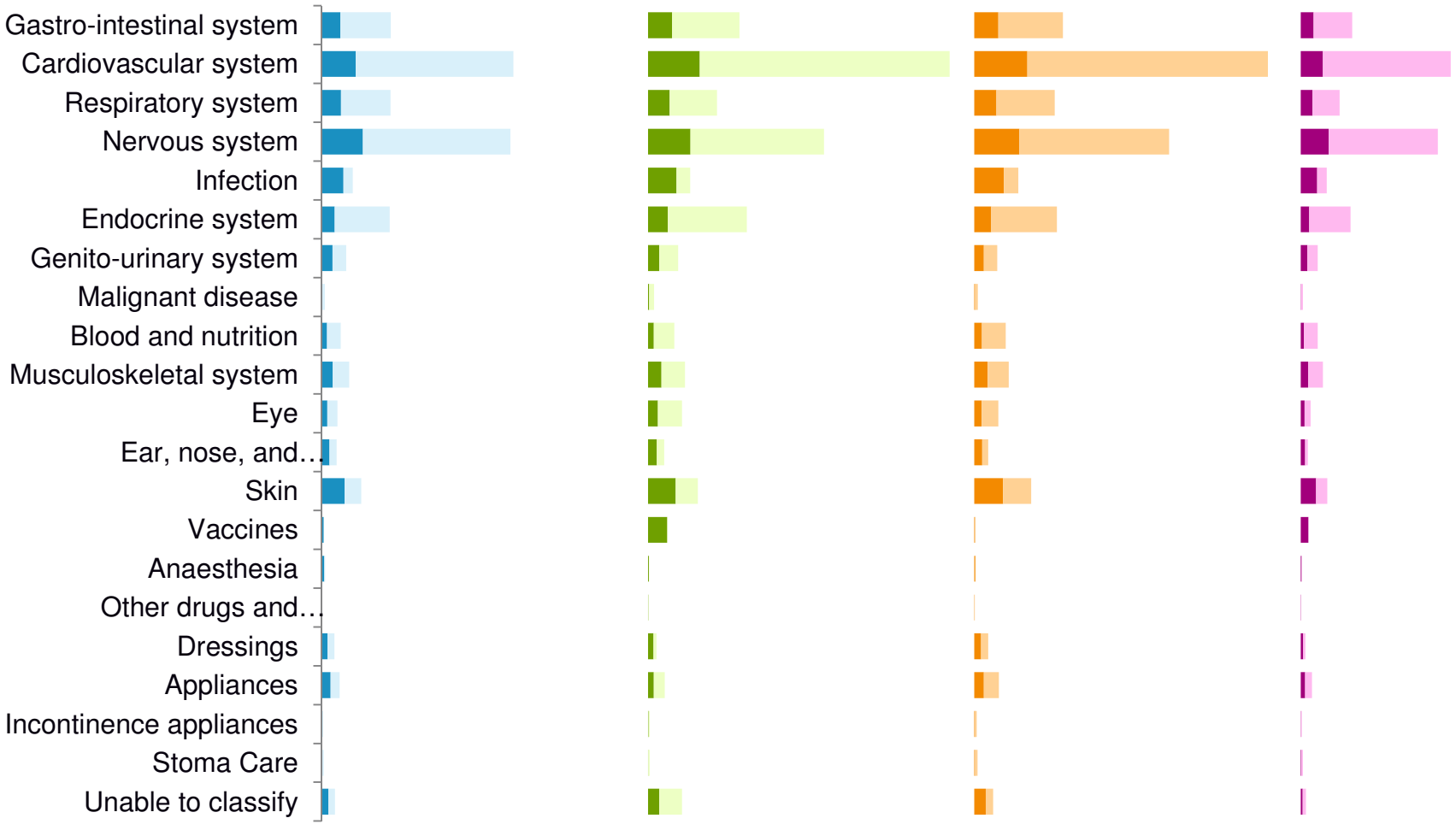
Staff type data not available for Oakengates



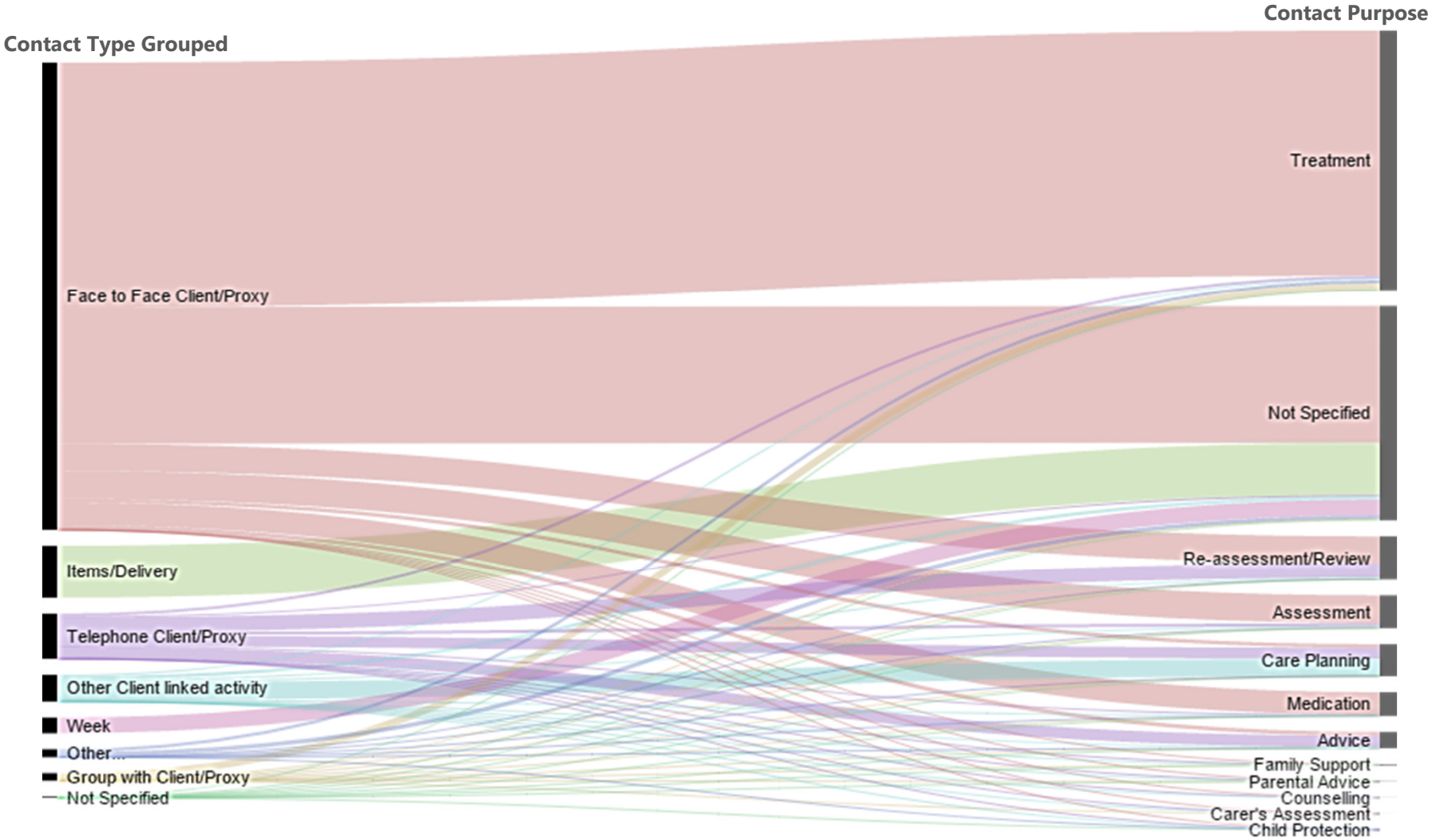
Data for Bridgnorth is extrapolated from an 8 month period in 2014/15.

Prescriptions Issued 2014/15 ('000s) – by BNF Chapter

Darker shading – First issue to patient in 2014/15
Lighter shading – Subsequent issue to patient in 2014/15



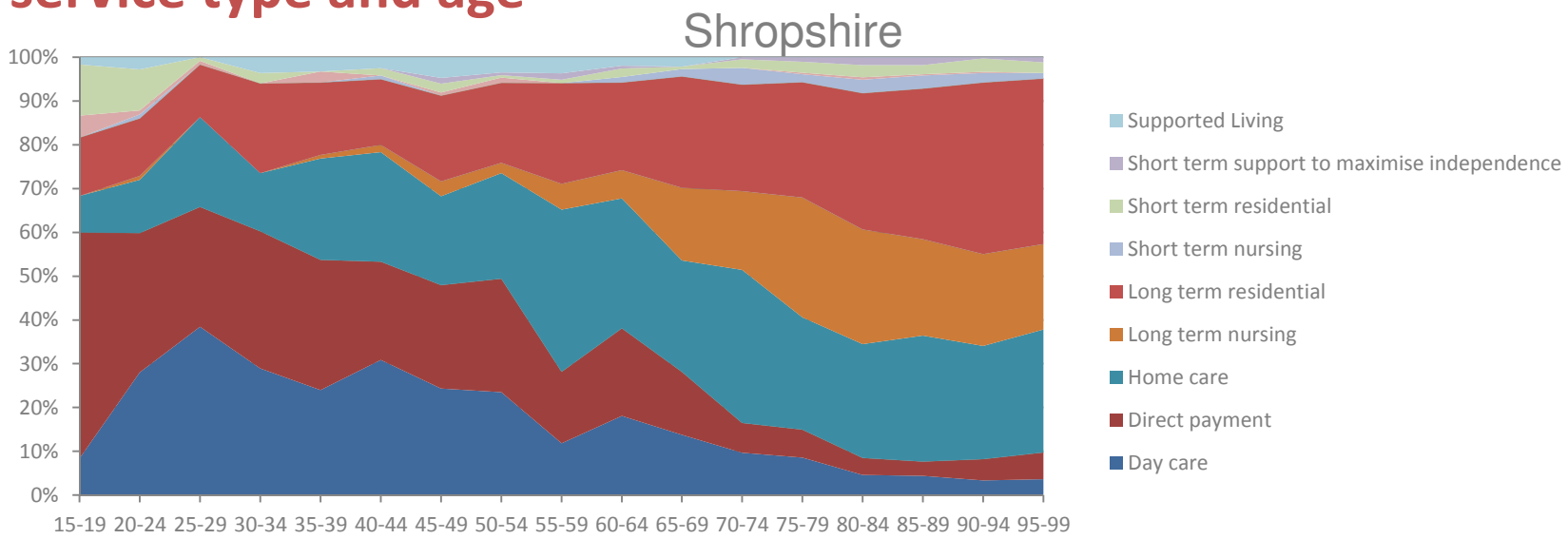
Describing the Service – Type of Contact

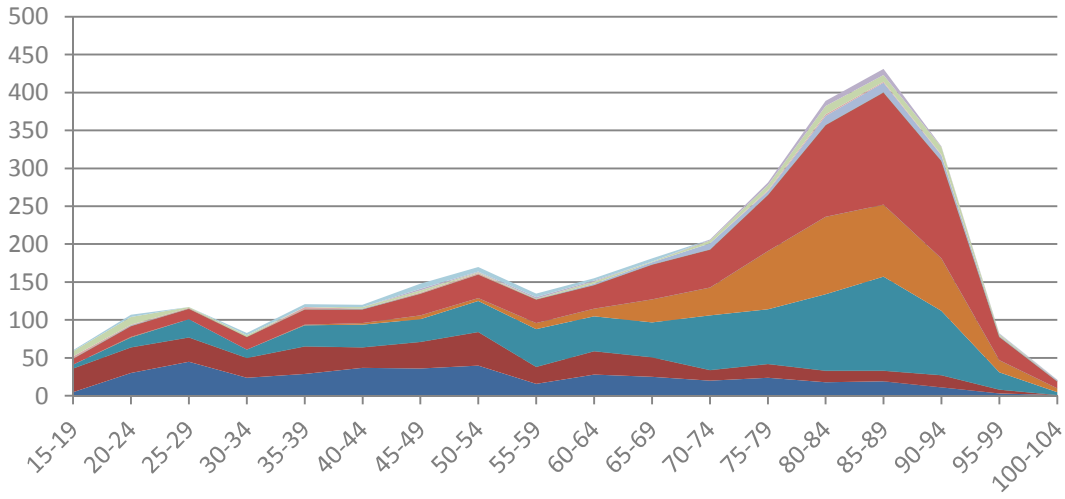


The contact type recorded in the dataset contained an extensive list of values. These have been amalgamated into groups. For full list of contact types with their allocated group please see appendix 1

Total contacts: 920,795

Patients with open packages as at 31/3/15 split by service type and age





Post 65 there are significant increase in the volume of services provided, most of this growth is in higher cost provision such as home care and residential care alongside some contraction in day care and direct payments

Note: Long term other packages have been excluded from these charts

Linked health & care data set

Matching Results

The total population aged 18 or over in Shropshire and Telford & Wrekin was estimated as 380,789 in 2014 (based on the 2014 ONS Population estimates). There were 210,859 service users who had at least one of the services in 2014/15. This cannot be interpreted as a precise proportion of the total population as some service users will have moved in or out of the region within the last year whilst the population is an average over the year.

The 210,859 matched service users were spread across 14 services. These service are listed below:

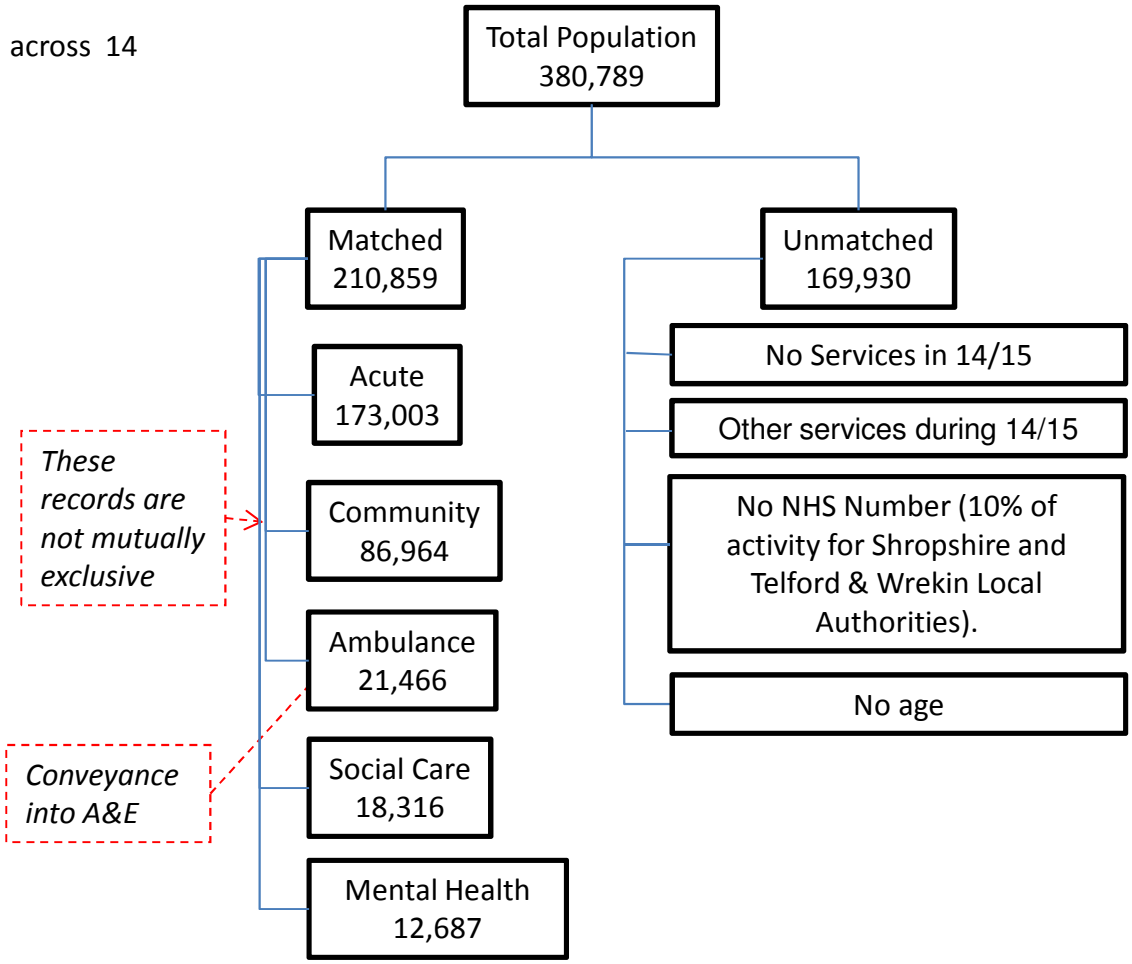
<u>Acute</u>
Acute Inpatients Elective/Day Case Spells
Acute Inpatients Emergency Spells
Acute Outpatients Attendances
Acute A&E attendances

<u>Community</u>
Community Contacts
Community Inpatients
Community Outpatients
Community MIU

<u>Ambulance Activity (conveyances into A&E)</u>

<u>Social Care</u>
Social Care assessments
Social Care Packages of Care

<u>Mental Health</u>
Mental Health Contacts
Mental Health Inpatients
Mental Health Outpatients

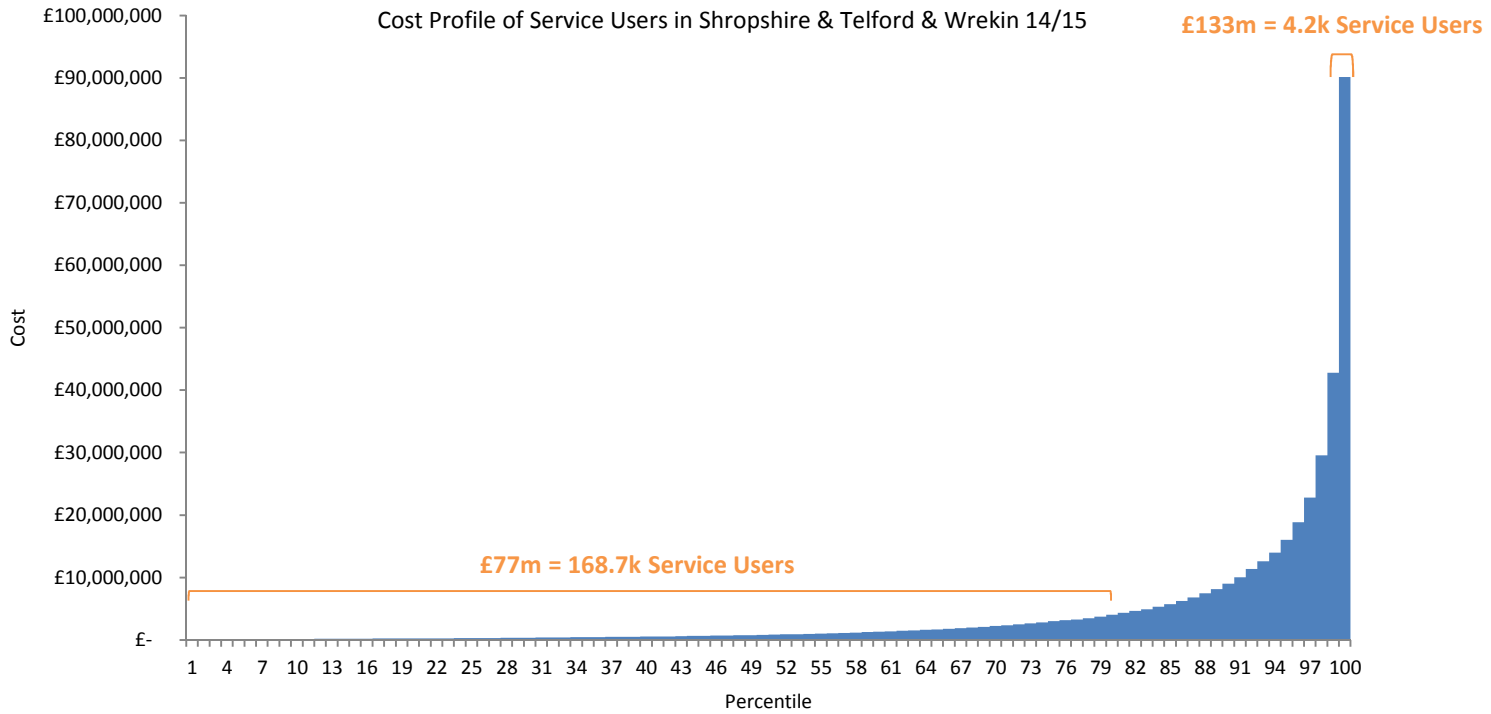


Cost of service users

The total cost of the analysed health and social care services incurred in 2014/15 was £408,147,156 which covered 210,859 service users.

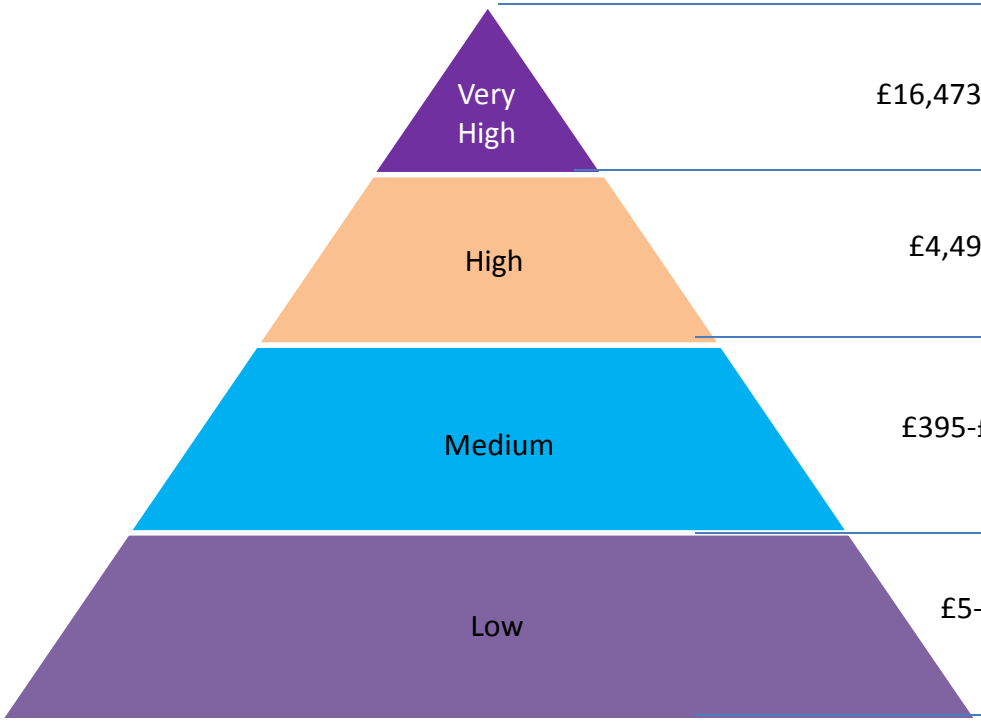
The highest costing 2% of service users cost £132,910,335 compared to the least costing 80% of service users who cost less than this at £77,218,916.

This shows a large proportion of costs were incurred by a relatively small proportion of service users.



Service User Cost Bands

The service users have been grouped into 4 cost groups based on overall costs they consume. These are:
Very High (Top 2% of all costs) , High (Top 3-10% of all costs), Medium (Top 11- 50% of all costs), Low (Bottom 50% of all costs).



Cost band	Service Users	Total Cost / % of Total Cost	Average Cost
£16,473-£347,956	4,218	£132,910,335 33%	£31,510
£4,497-£16,472	16,872	£135,320,968 33%	£8,020
£395-£4,498	84,360	£122,143,127 30%	£1,448
£5-£394	105,409	£17,772,726 4%	£169

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Learning from other transformation programmes

David Haslewood **West Wakefield Health & Wellbeing**

Carol Foster & Sara Bains **Wellbeing Erewash - Your Life Your Way**

Rachel Redgrave **SATH Transforming Cancer Care**

Wellbeing Erewash

Your Life Your Way

Wellbeing Erewash
Your Life Your Way

Wellbeing Erewash
Your Life Your Way

The stars have aligned……

Wellbeing Erewash
Your Life Your Way

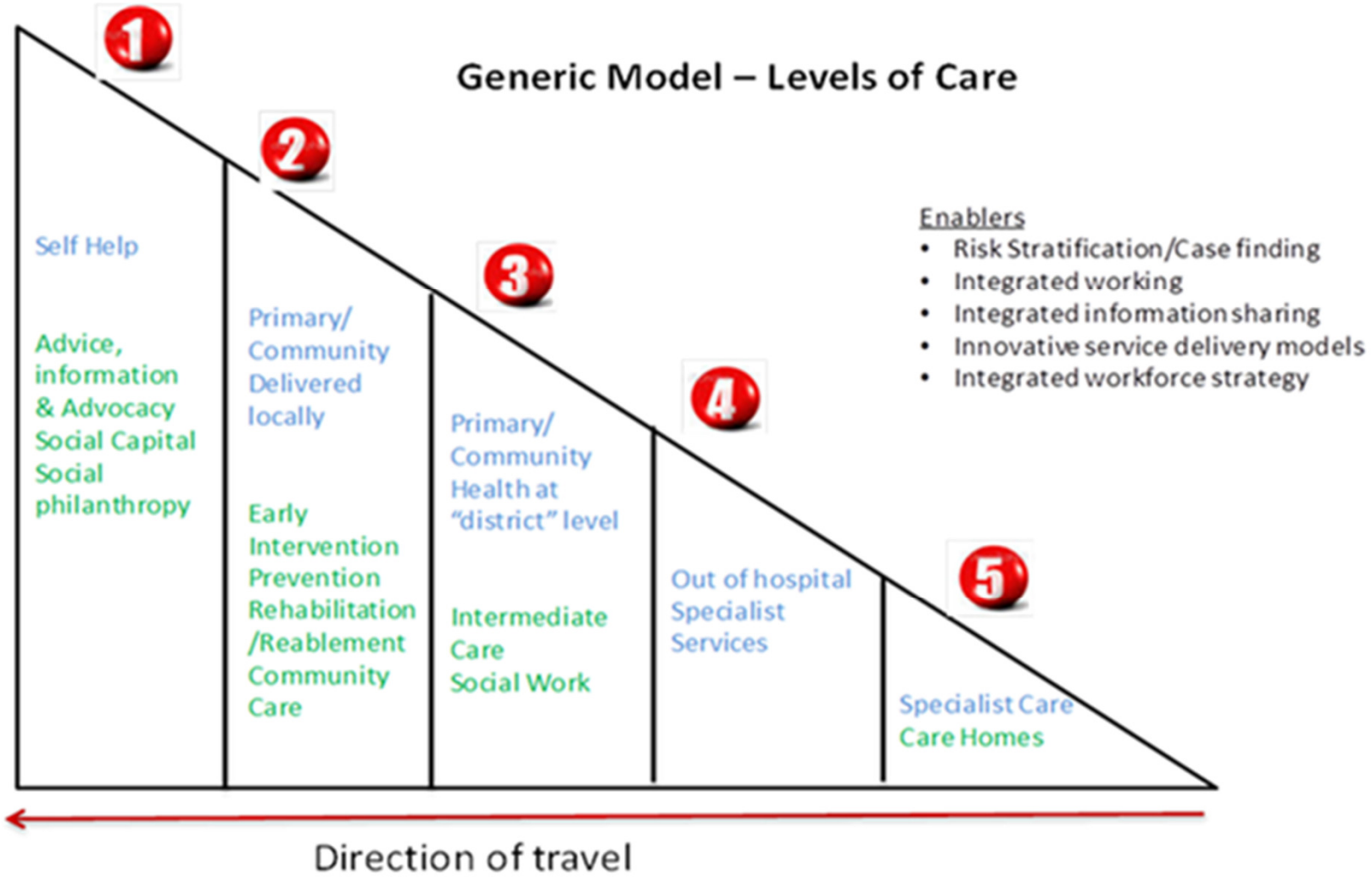
What is Wellbeing Erewash doing?

Wellbeing Erewash
Your Life Your Way

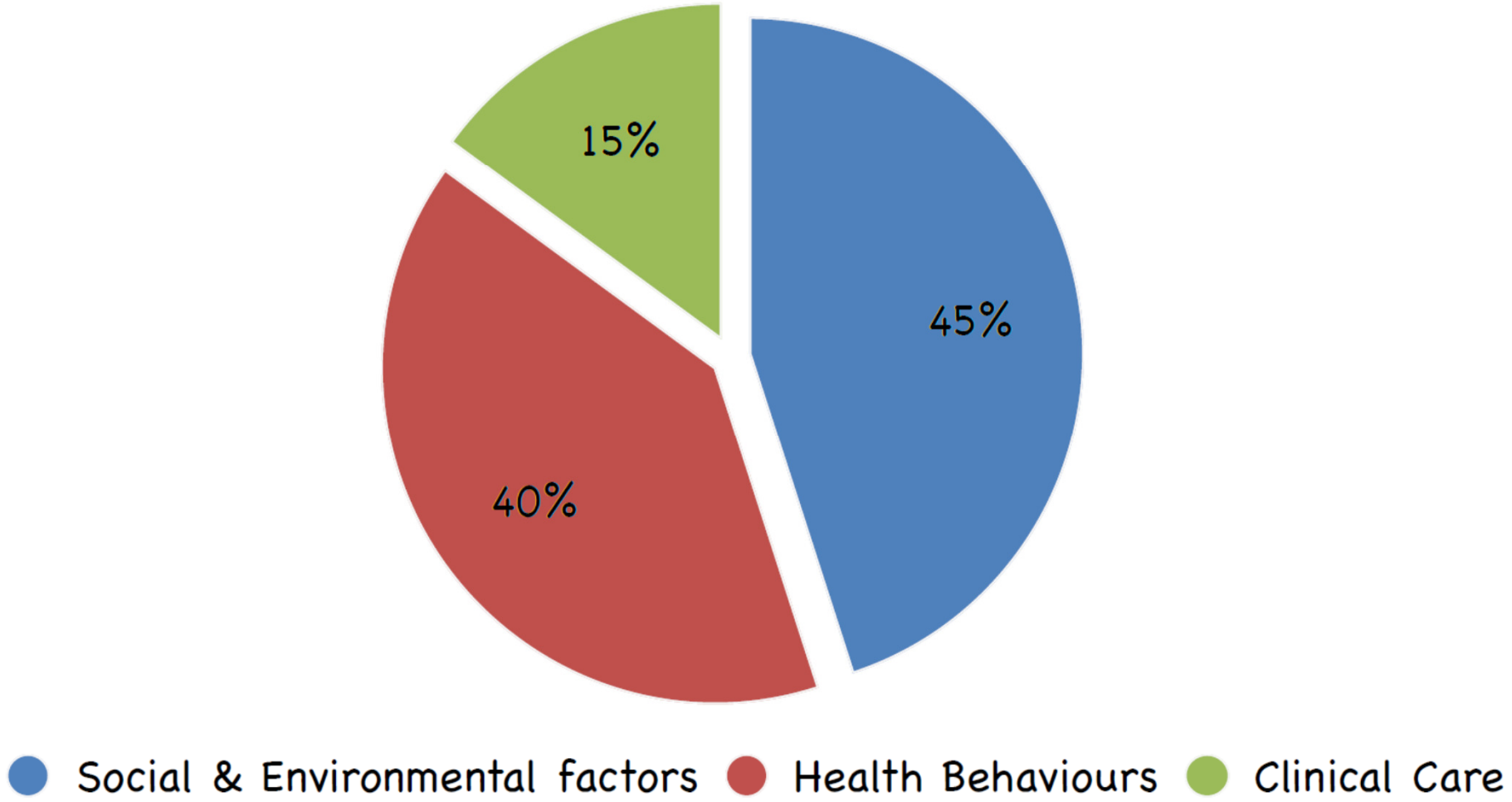
- Building Community Resilience
- Building Personal Resilience
- Integrated and Primary Care Services

Moving Resources

Wellbeing Erewash
Your Life Your Way



J. Michael McGinnis, Pamela Williams-Russo and James R. Knickman The Case For More Active Policy Attention To Health Promotion Health Affairs, 21, no.2 (2002):78-93 - adapted from http://www.kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health



How?

Wellbeing Erewash
Your Life Your Way

- Listening to people/Citizens
- Understanding our data
- Working with schemes that are already up and running

Listening to people/citizens

- The need for a single point of access for information
- People don’t know what they don’t know
- Wellbeing currently means health and services to people
- People want a person centred approach
- People want more joined up working
- We need to build strong communities
- Volunteering focus needs to be promoted

Understanding our data

Wellbeing Erewash
Your Life Your Way

Data suggests we have:

- Higher than the national average mortality rates for liver disease in Erewash
- Higher than the national average of alcohol related hospital admissions in Erewash
- Very poor rates of physical wellbeing in people with Mental Health conditions in Erewash.

Building Community Resilience

Wellbeing Erewash
Your Life Your Way

- Helping people to help each other
- Reducing loneliness
- Helping people to belong to communities and be part of something
- Supporting the voluntary sector

Building Personal Resilience

Wellbeing Erewash
Your Life Your Way

- Prevention of illness
- Being treated as a person when using services
- Wellbeing planning
- Understanding Young people

Integrated Primary and Community Services

Wellbeing Erewash
Your Life Your Way

- Delivering Services in a different way
- Good clear information of where to get help and when
- Joined up care across services
- Timely response when needed

Wellbeing Erewash
Your Life Your Way

What do you think?

Thank you

Wellbeing Erewash
Your Life Your Way

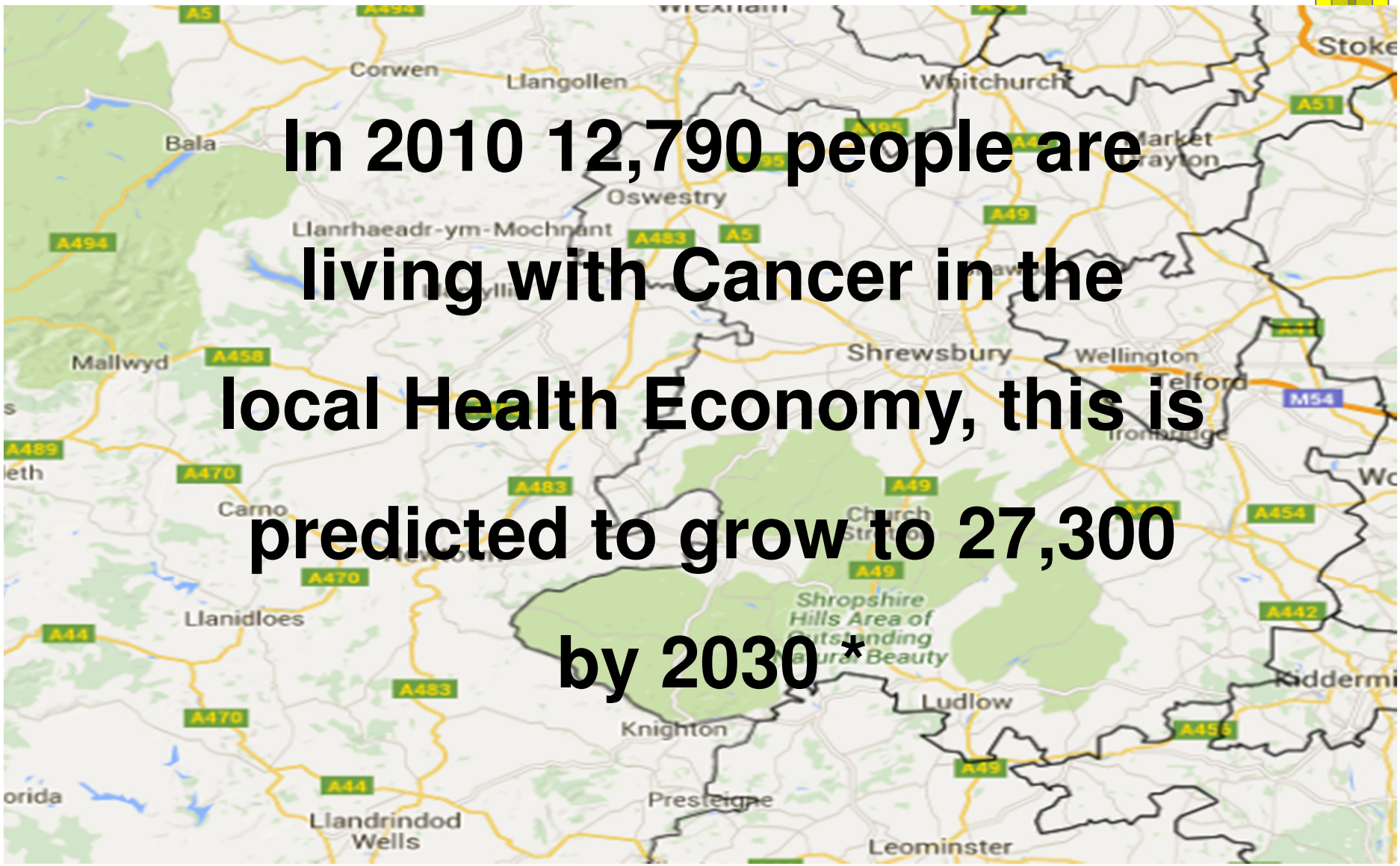
Creating the Healthiest Half a Million Population

Transforming Patient Care: Using Digital Technology

Dr Sheena Khanduri – Lead Clinician, Cancer Services

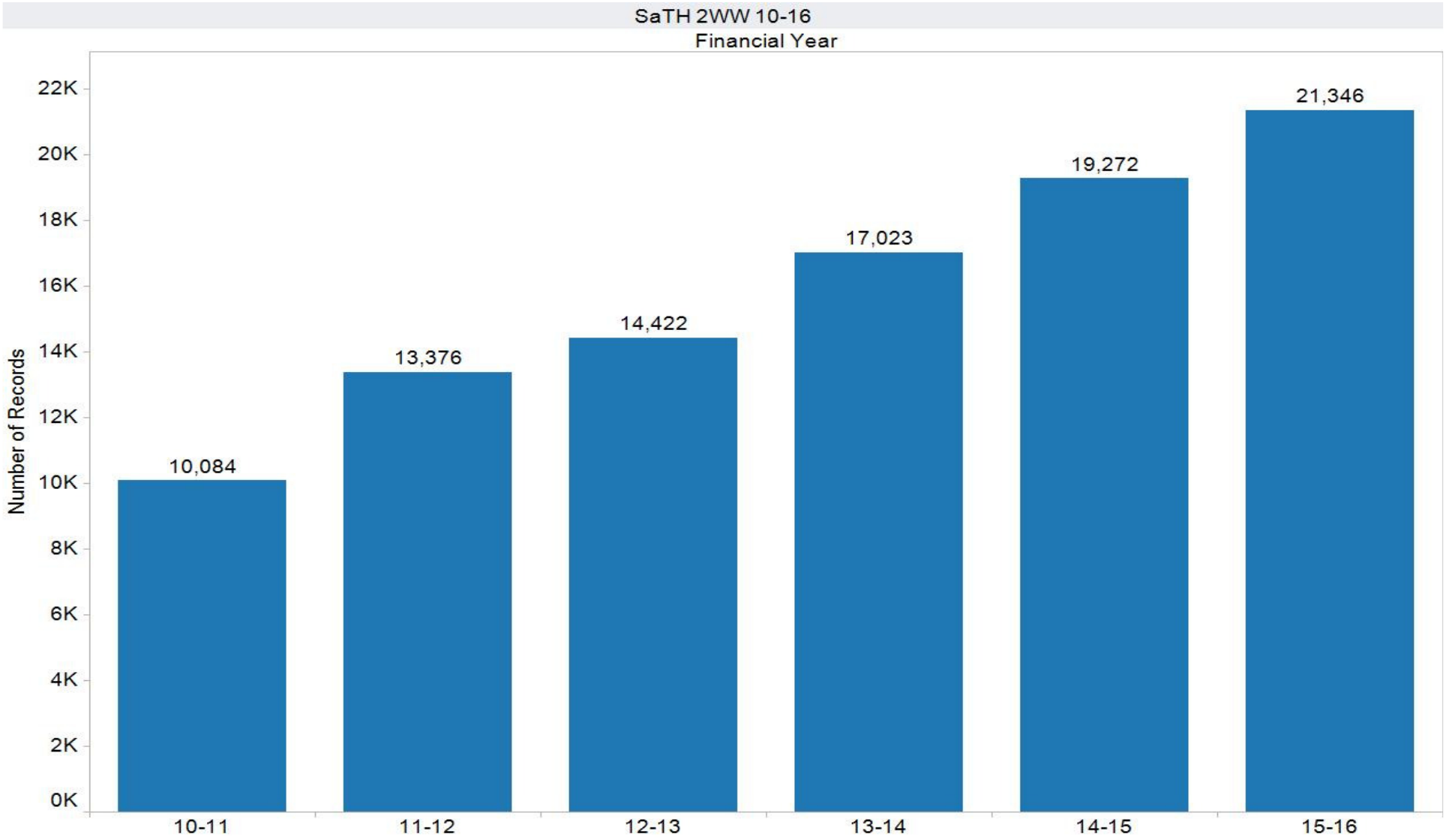
Mr Andy Elves – Clinical Director, Patient Access

Rachel Redgrave – Centre Manager, Oncology & Haematology



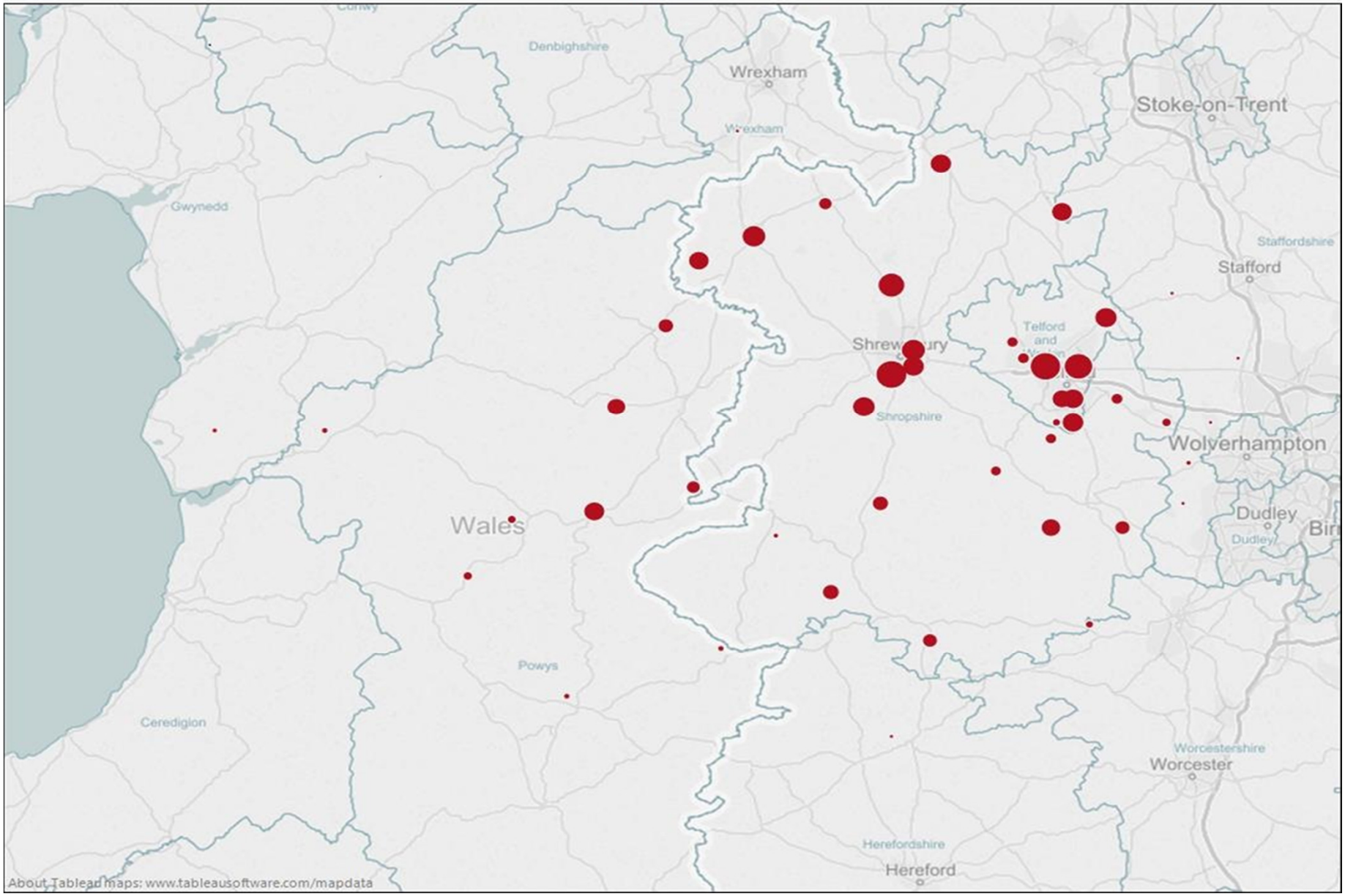
* Excluding Powys

Referrals to 2ww pathway 2010-2016

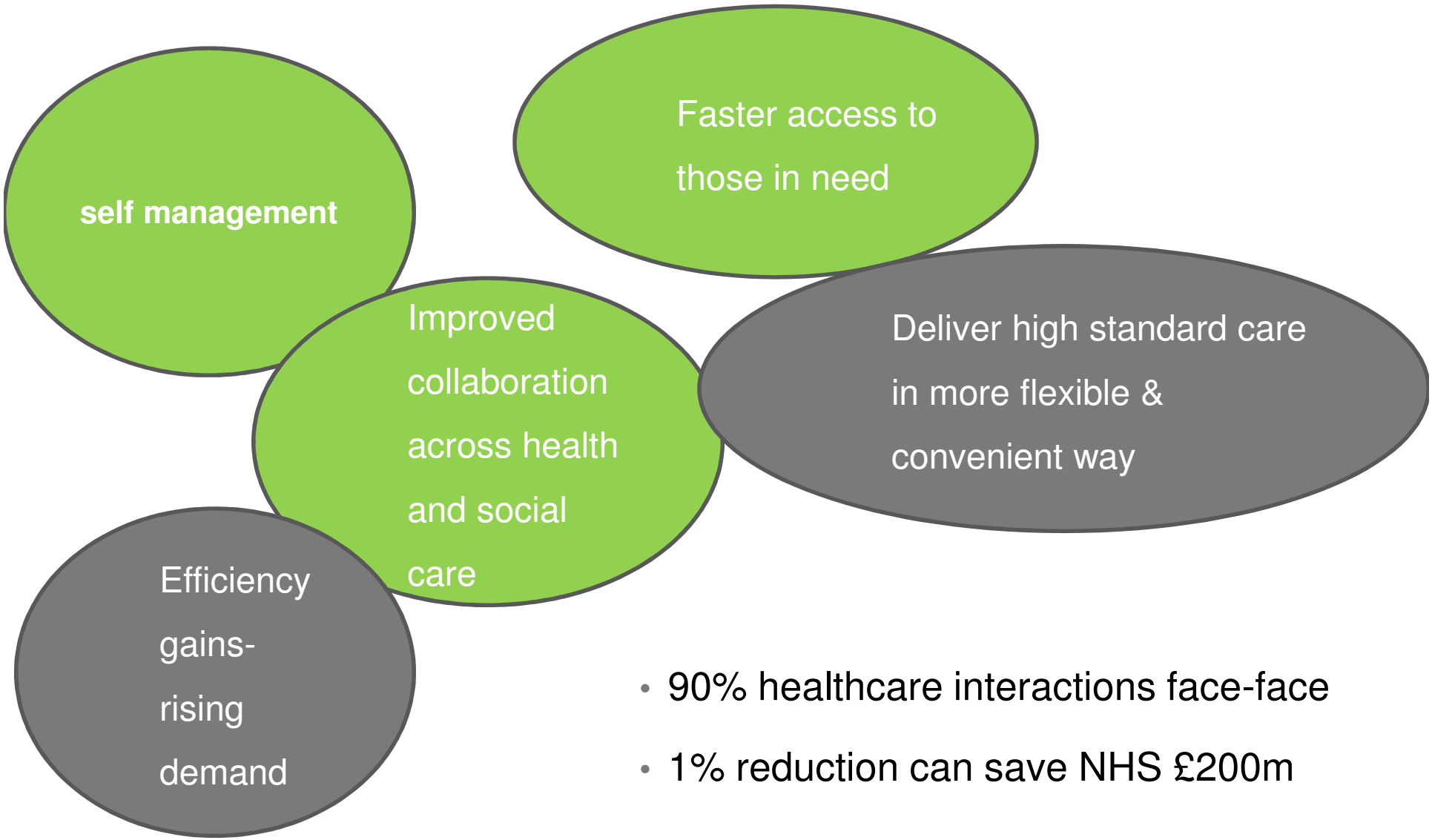


Patients receiving radiotherapy between 1.10.14-31.10.15

Location is patients postcode and bigger size of dot represents how many from that area. This information is pulled from Somerset and is correct at the time of refresh.



Digital Technology - Benefits



- 90% healthcare interactions face-face
- 1% reduction can save NHS £200m

/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

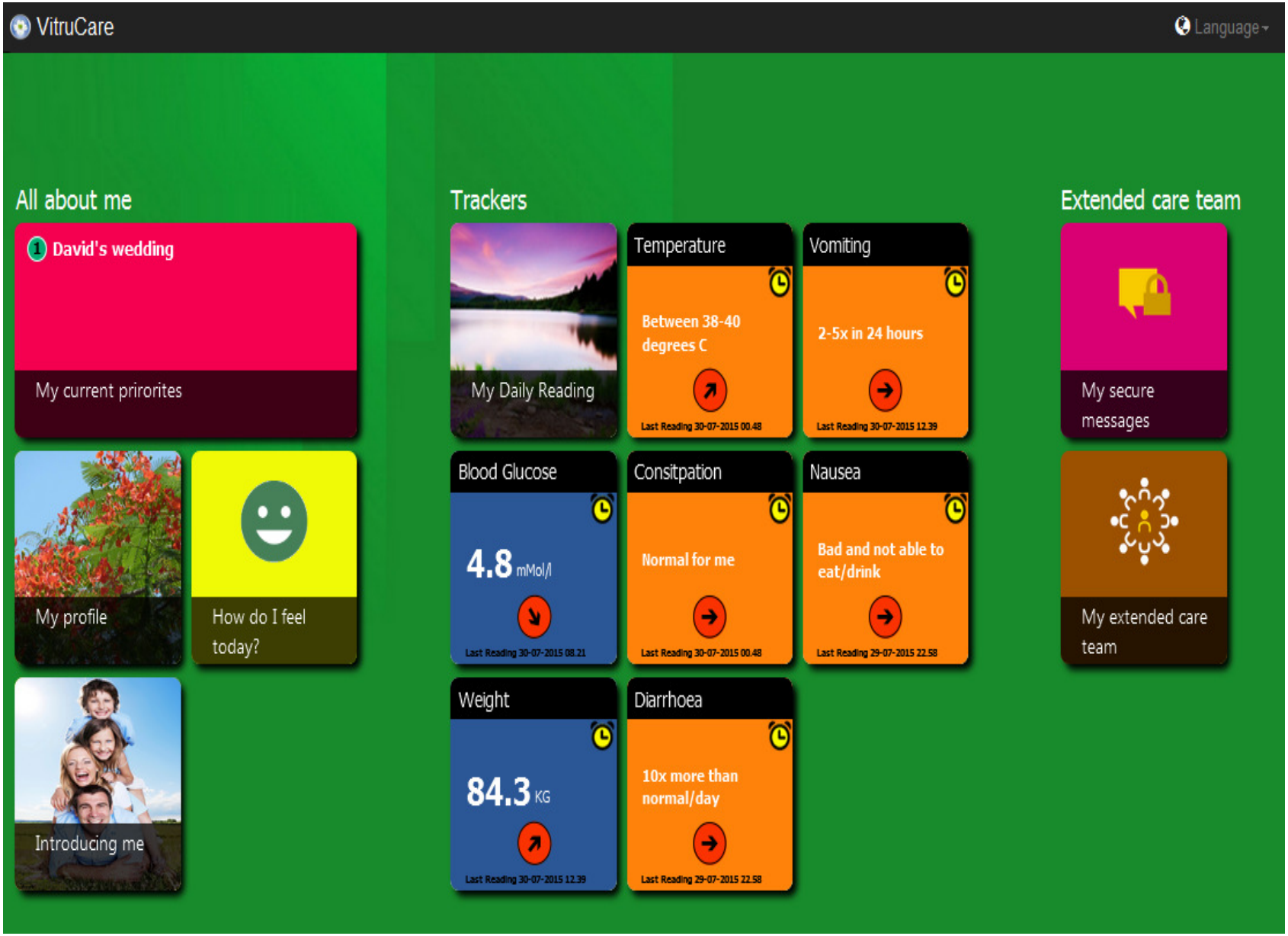
ACHIEVING WORLD-CLASS CANCER OUTCOMES

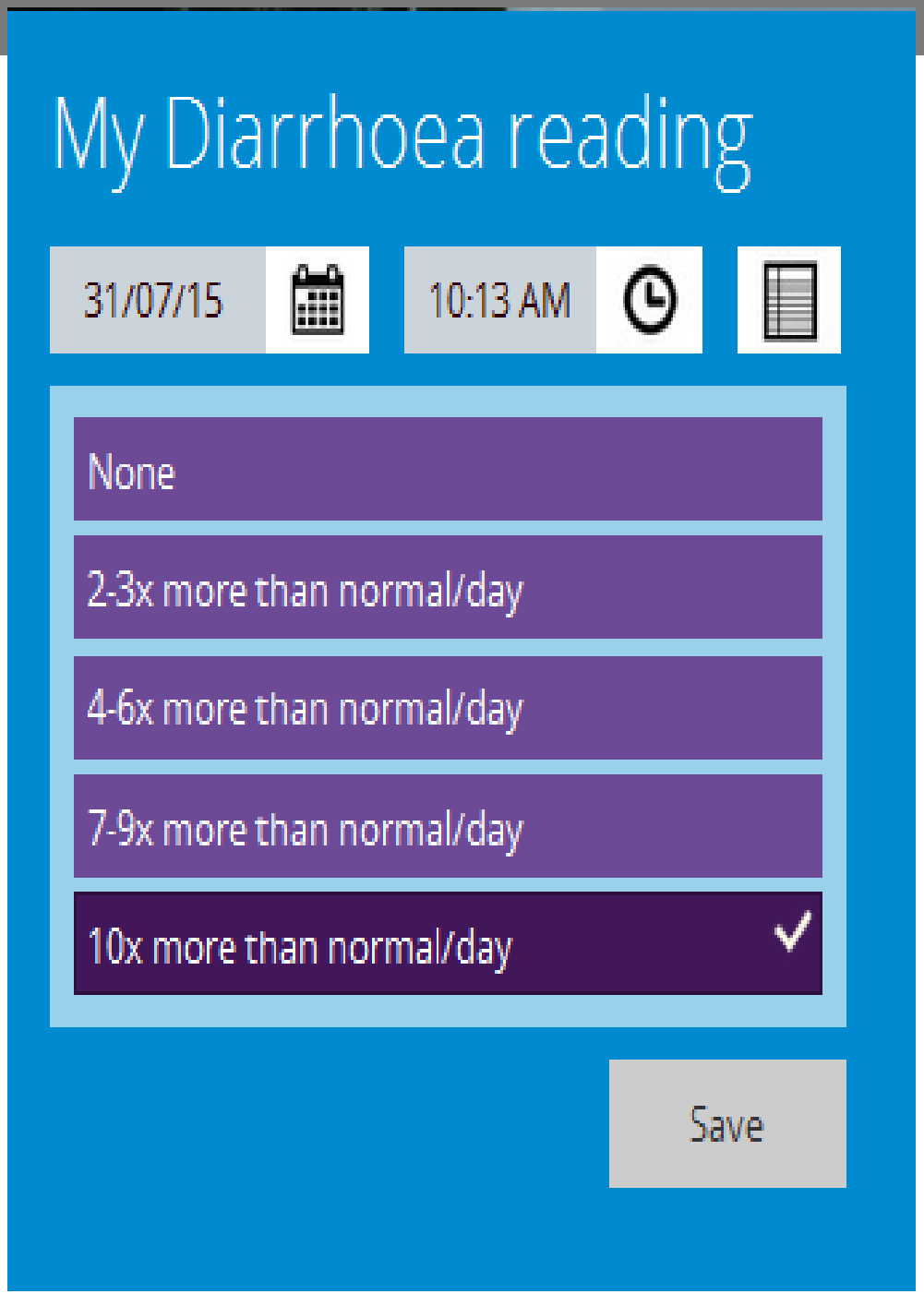
A STRATEGY FOR ENGLAND 2015-2020

Shrewsbury and Telford Hospital - Oncology Health Innovation

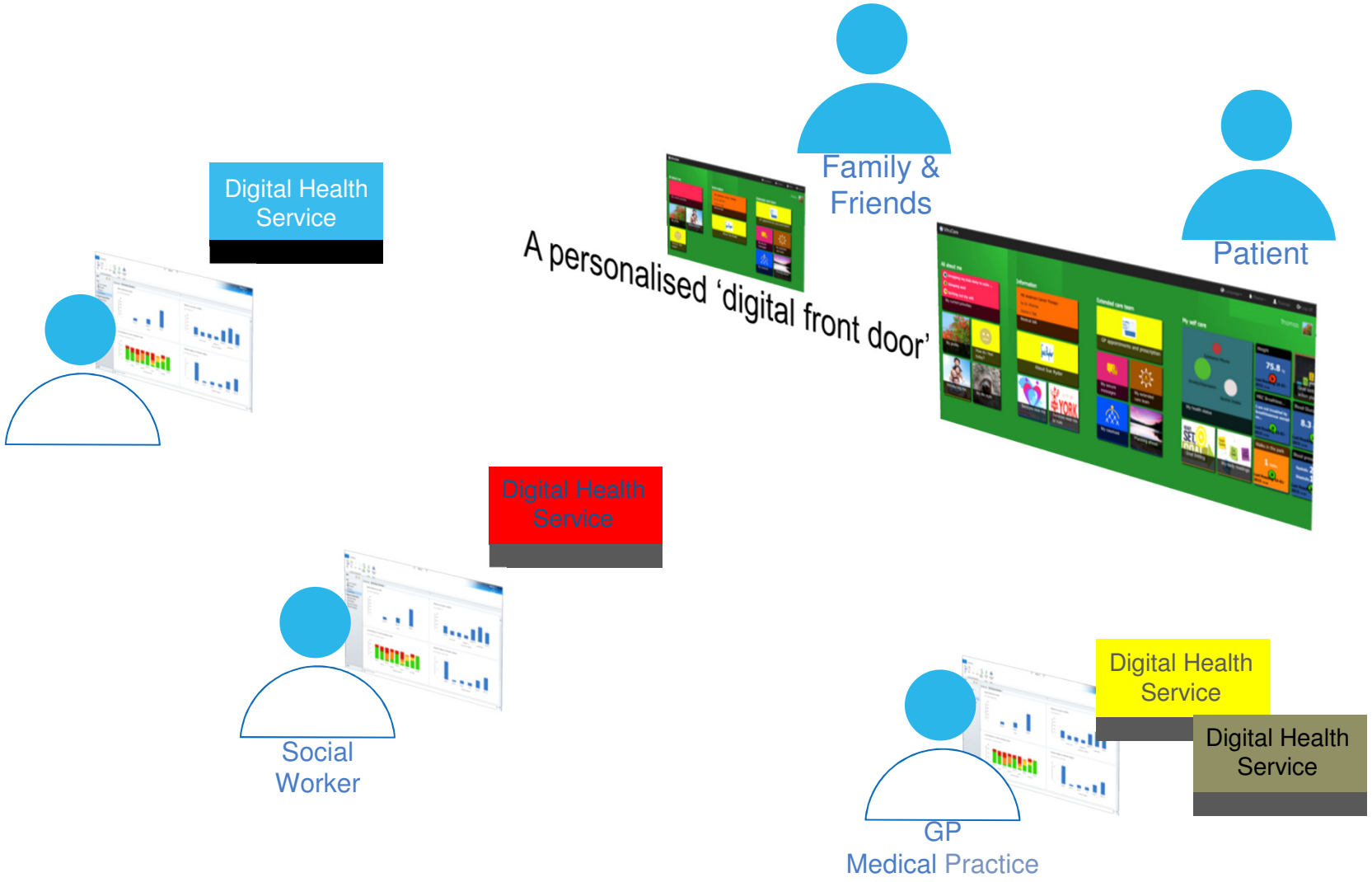
To introduce a responsive 24/7 telehealth self-monitoring system that reduces the number of chemotherapy patients admitted to hospital with neutropaenic sepsis

Vitrucare App example



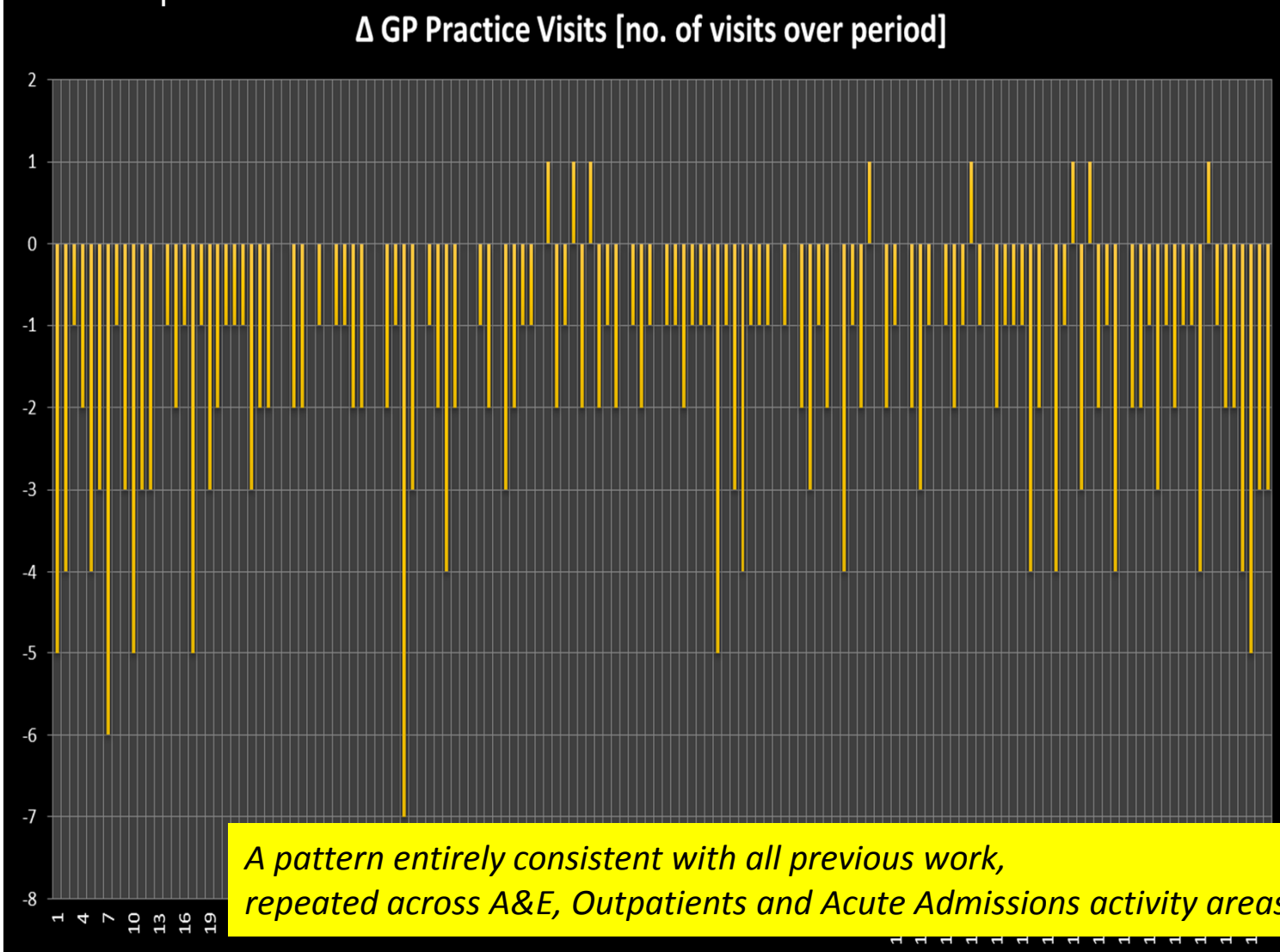

My Diarrhoea reading
31/07/15
10:13 AM
None
2-3x more than normal/day
4-6x more than normal/day
7-9x more than normal/day
10x more than normal/day
Save

VitruCare: a ‘digital front door’ to many care providers
Designed initially for people with LTCs



Digital must deliver improved outcomes and reduced service utilisation

VitruCare repeated-measures study outcomes for LTC Patients – for 144 patients, a sample from 800 users



A pattern entirely consistent with all previous work,
repeated across A&E, Outpatients and Acute Admissions activity areas

A ‘formulary’ of digital services exist today - how VitruCare enables Choice, Support and Connection

My Extended Care Team

Campaigns

My Profile

Electronic Health Record (PHR)

Introducing me

Cross organisation work management

My Care Choices / Care Plan

Knowledge Sharing

Limits to My Care

Tele Medicine (video)

My Daily Readings

How Do I Feel Today

Secure Messages to/from my Care Team

Information on my Health

GP Appointment Booking for face to face

My community

Planning Ahead

Prescription Refill

Things to do

Patient Feedback

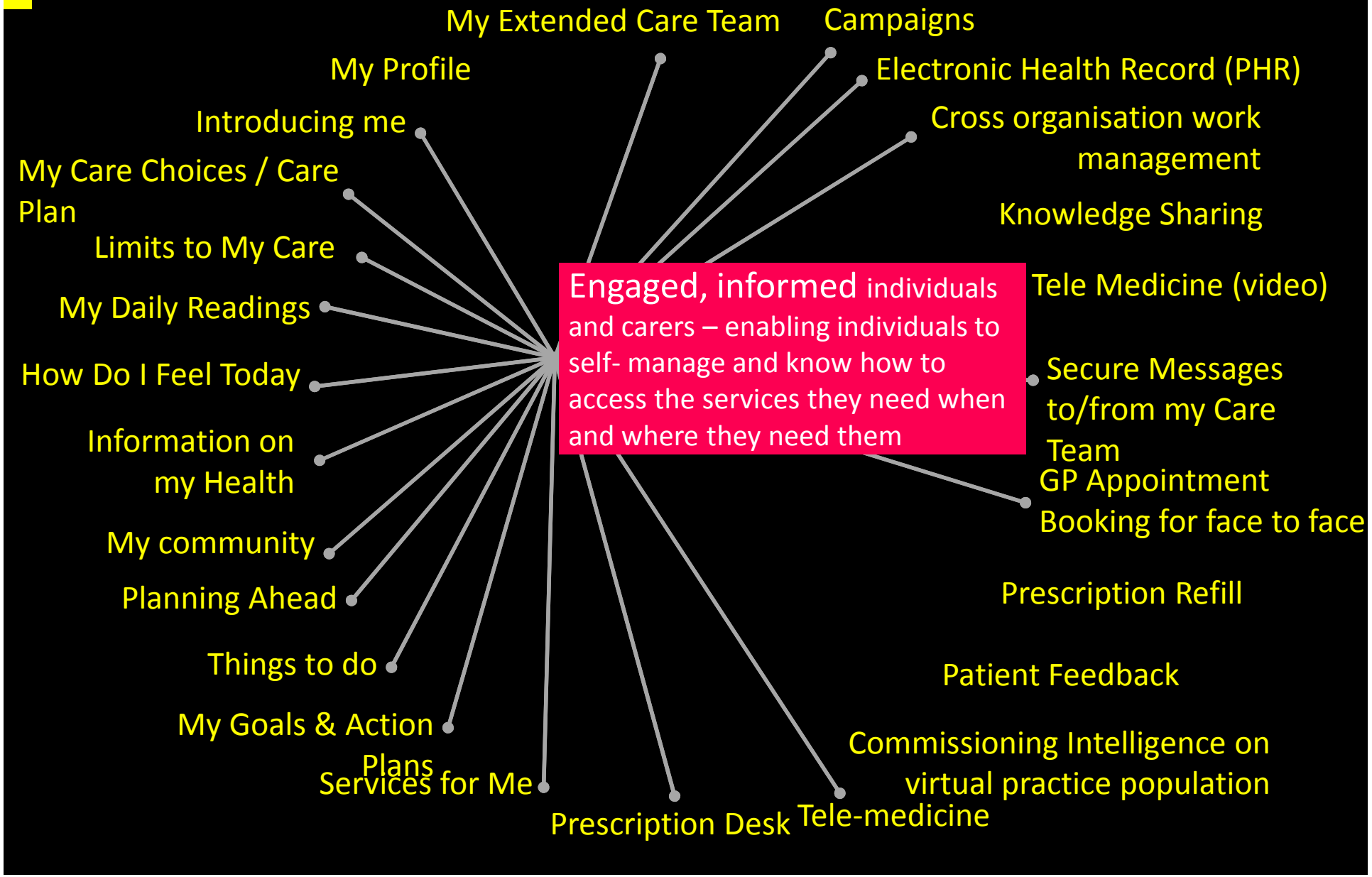
My Goals & Action Plans

Commissioning Intelligence on virtual practice population

Services for Me

Prescription Desk

Supporting self management
- how VitruCare enables Choice, Support and Connection

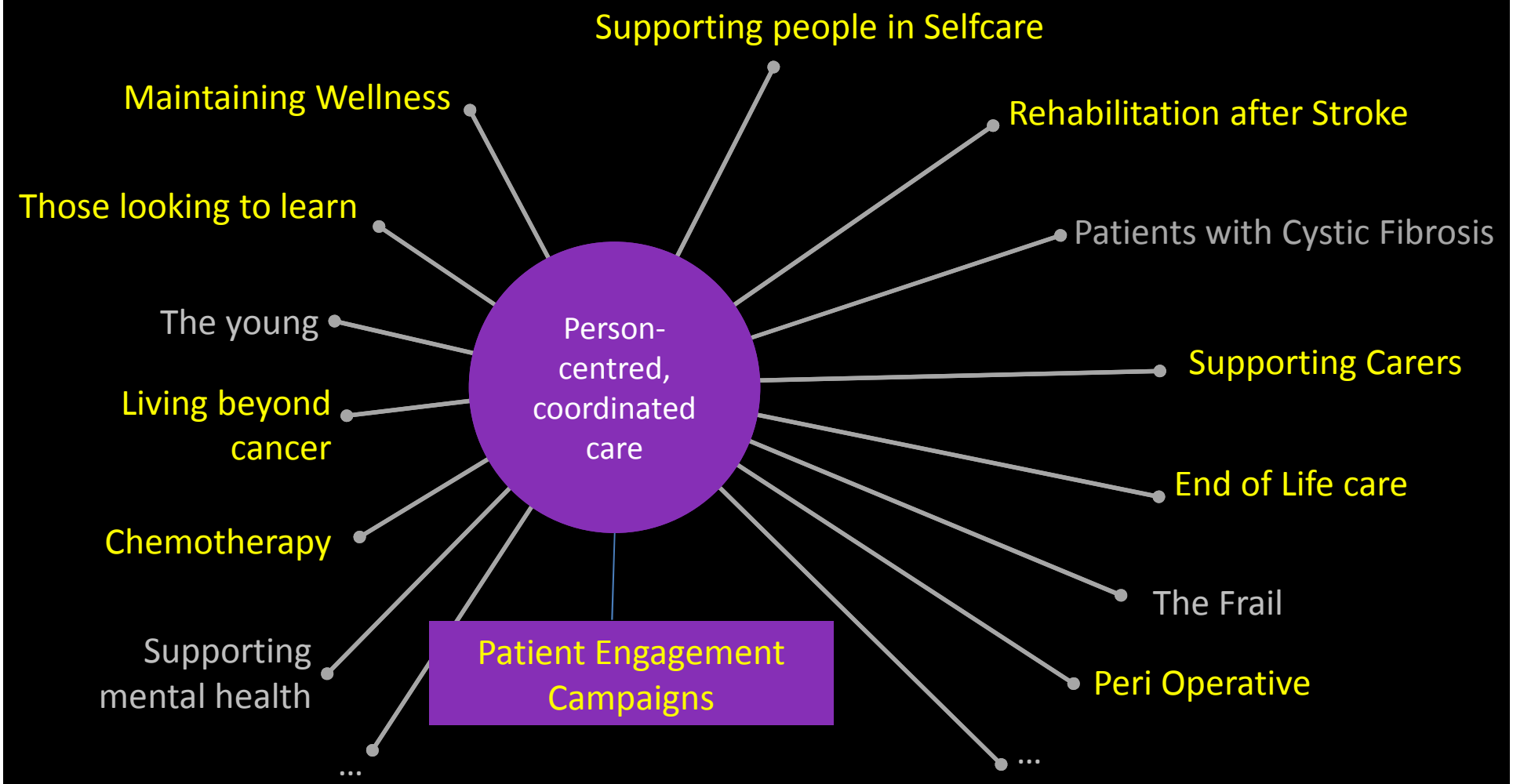


Supporting new care processes and how VitruCare enables Choice, Support and Connection

Sharing information across boundaries
- how VitruCare enables Choice, Support and Connection

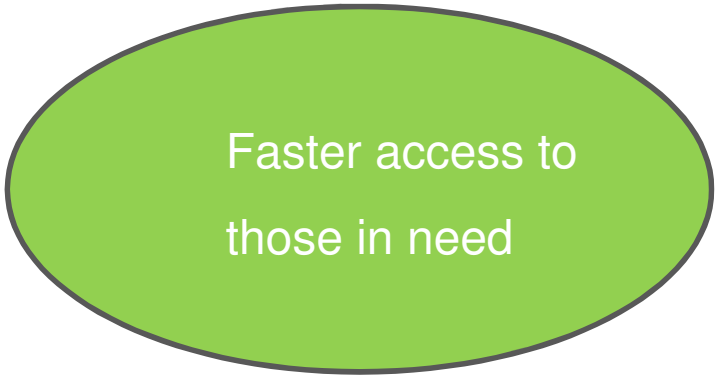
Supporting commissioning decisions
- how VitruCare enables Choice, Support and Connection

VitruCare supports an increasing number of patient cohorts



The clinician prescribes, the patient selects,
digital services created in partnership
with care specialists, with technology providers

Creating the Healthiest Half a Million Population



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Shaping healthcare together

Developing the Vision for Community Services

Anna Hammond, Deputy Executive for Commissioning & Planning, Telford CCG

Mel Duffy, Director of Strategy, Shropshire Community Health NHS Trust

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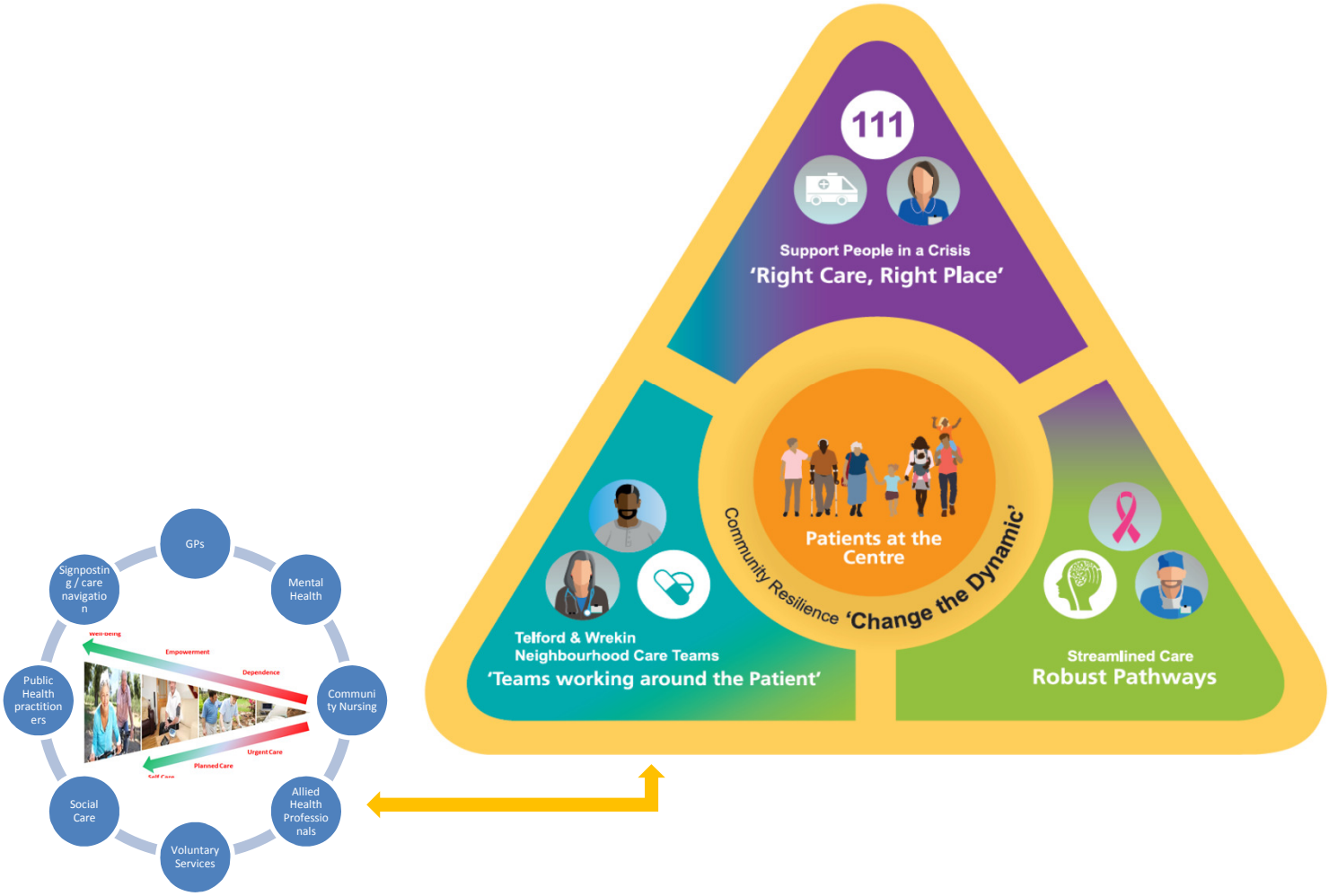
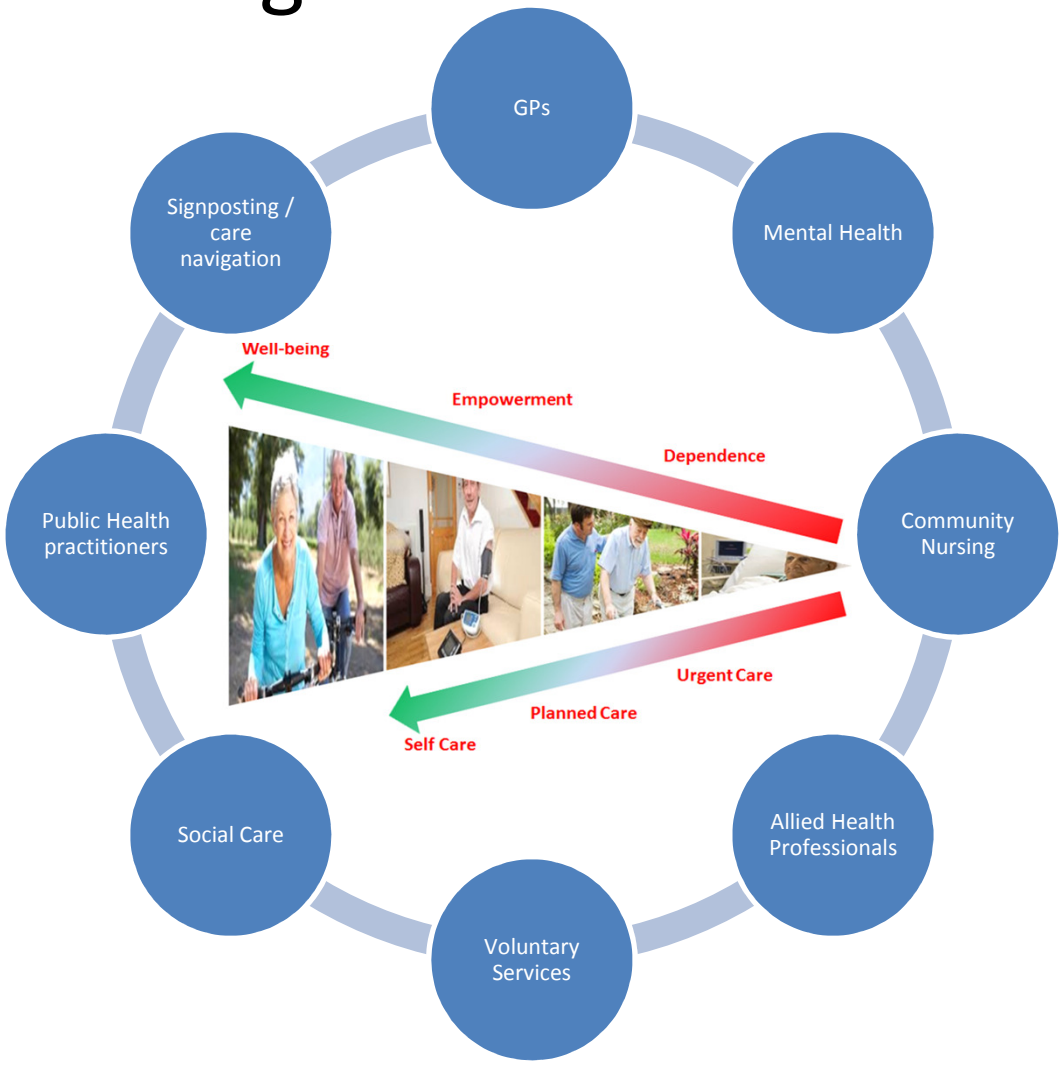
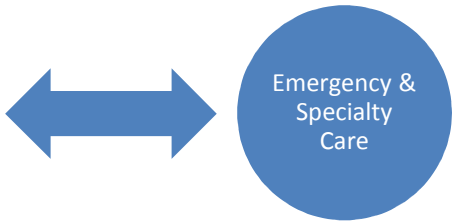
Telford's Community Care Model



Shropshire Community Health NHS
NHS Trust

Neighbourhood Care Teams





Improving Lives in Our Communities
Commitment to Quality · Respect & Dignity · Working Together · Compassionate Care · Everyone Counts

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Discussion

Stephen James & Jo Leahy