Quarter 2 Review
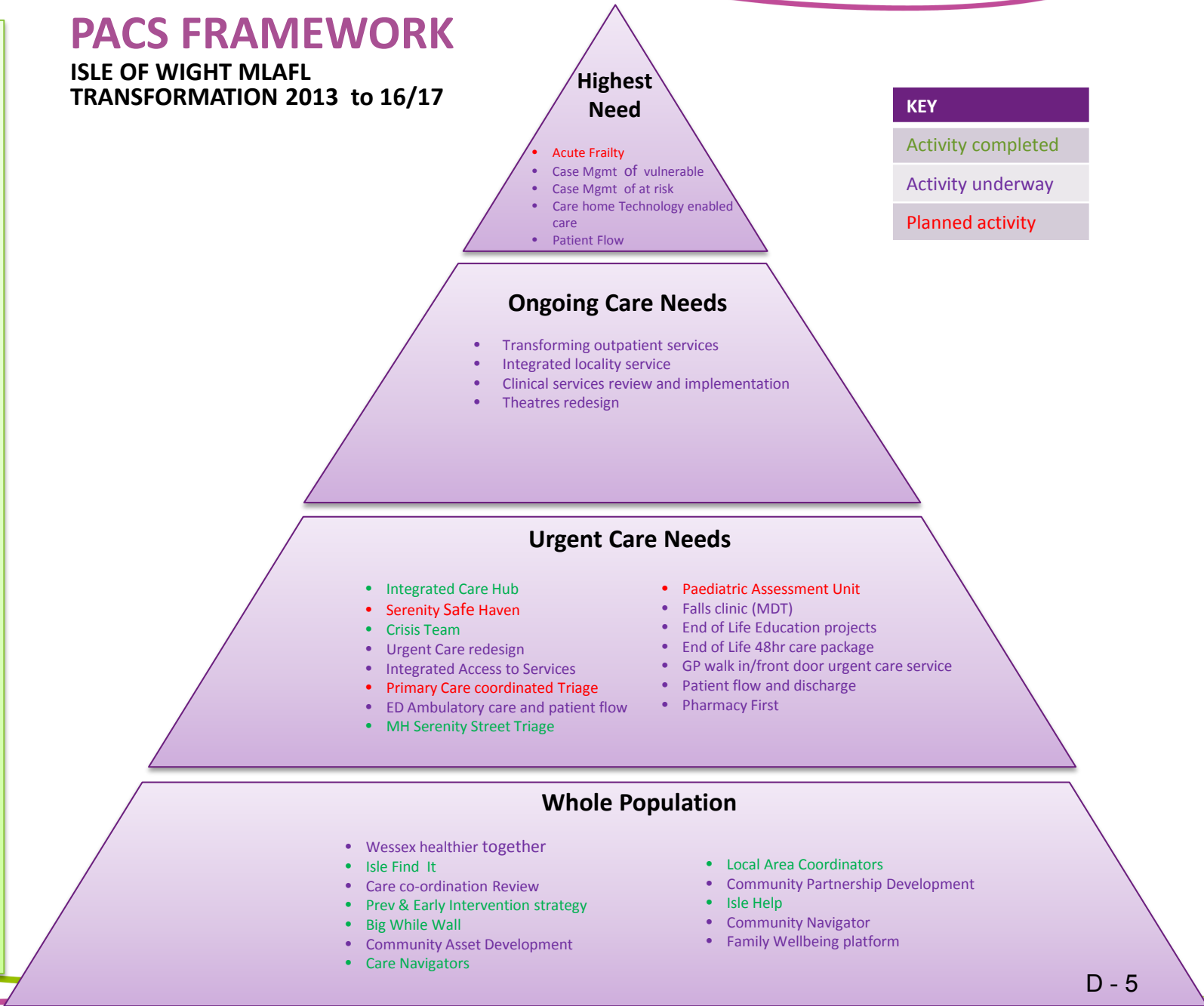# 20 October 2016

PACS FRAMEWORK
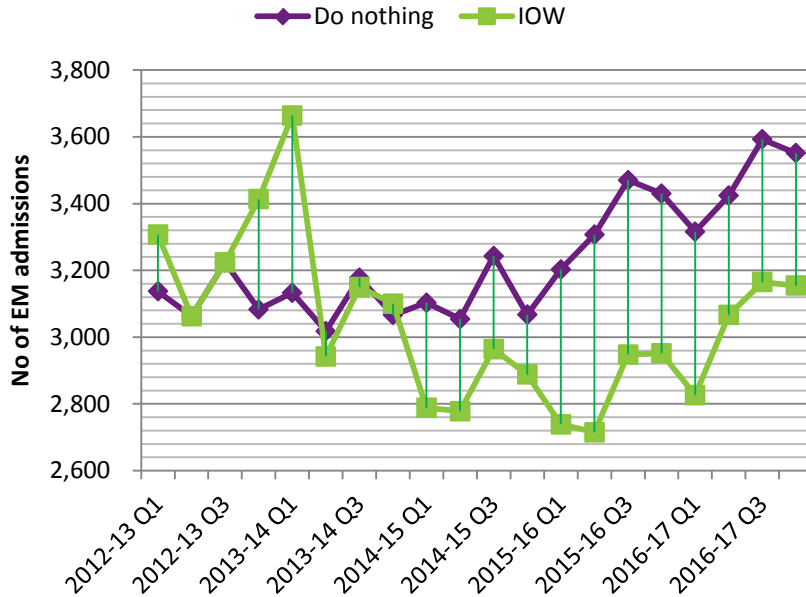
ISLE OF WIGHT MLAFL TRANSFORMATION 2013 to 16/17

Enabling Transformation

- Integrated Training
- Wi-Fi Sites
- Skills for carers
- Leadership care home
- Community IT solution
- System Wide Values & Behaviours Framework
- Leadership Development
- System wide evaluation
- Estates Strategy across Island
- Seven Day working – primary care - hospital
- Development and Implementation of Workforce plan
- On line system wide recruitment portal
- Technology Enabled Care Strategy & implementation
- Integrated Governance & Assurance
- Information governance
- Contracting/ commissioning changes to enable business model
- Integrated Learning Management System
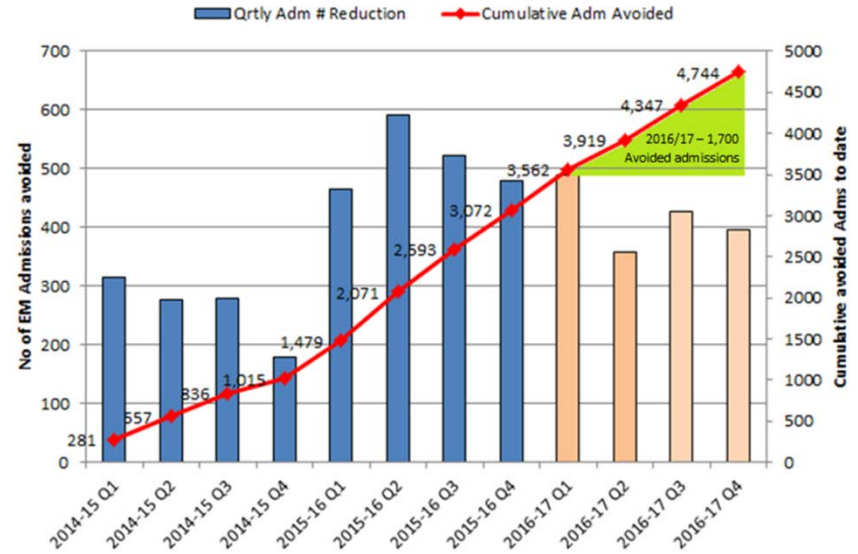
KEY
Activity completed
Activity underway
Planned activity

Highest Need

- Acute Frailty
- Case Mgmt of vulnerable
- Case Mgmt of at risk
- Care home Technology enabled care
- Patient Flow

Ongoing Care Needs

- Transforming outpatient services
- Integrated locality service
- Clinical services review and implementation
- Theatres redesign

Urgent Care Needs

- Integrated Care Hub
- Serenity Safe Haven
- Crisis Team
- Urgent Care redesign
- Integrated Access to Services
- Primary Care coordinated Triage
- ED Ambulatory care and patient flow
- MH Serenity Street Triage

- Paediatric Assessment Unit
- Falls clinic (MDT)
- End of Life Education projects
- End of Life 48hr care package
- GP walk in/front door urgent care service
- Patient flow and discharge
- Pharmacy First

Whole Population

- Wessex healthier together
- Isle Find It
- Care co-ordination Review
- Prev & Early Intervention strategy
- Big While Wall
- Community Asset Development
- Care Navigators

- Local Area Coordinators
- Community Partnership Development
- Isle Help
- Community Navigator
- Family Wellbeing platform

D - 5

System Impact– A and E admissions

What the data shows
- A&E admissions consistently lower than predicted under do nothing conditions
- Average admission reduction of 14% per quarter since 2015-16 Quarter 1
- Approx. 400 emergency admissions avoided per quarter from 2015-15 Q1
- Nearly 900 emergency admissions avoided 2016/17 Q2 YTD, another 800 projected by end of 2016/17 – 1,700 avoided admissions in total.

How we have impacted change
- Increased usage of 111, Crisis Team, Care Navigators and Local Area Coordinators contribute to diverting people away from emergency services in the first instance.

Further work
- Continue to reduce demand on Non-Elective Acute services by implementing Ambulatory Care
- Use of Outpatients to provide ongoing support
- Clinical management of patients in localities in conjunction with Primary Care

System Impact – Ambulance

Ambulance See, Hear & Convey Activity levels by Quarter 14/15 – 16/17

See, Treat and Convey, Hear & Treat / Refer, See & Treat / Refer and No Treatment by Year and Quarter

● See, Treat and Convey ● Hear & Treat / Refer ● See & Treat / Refer ● No Treatment
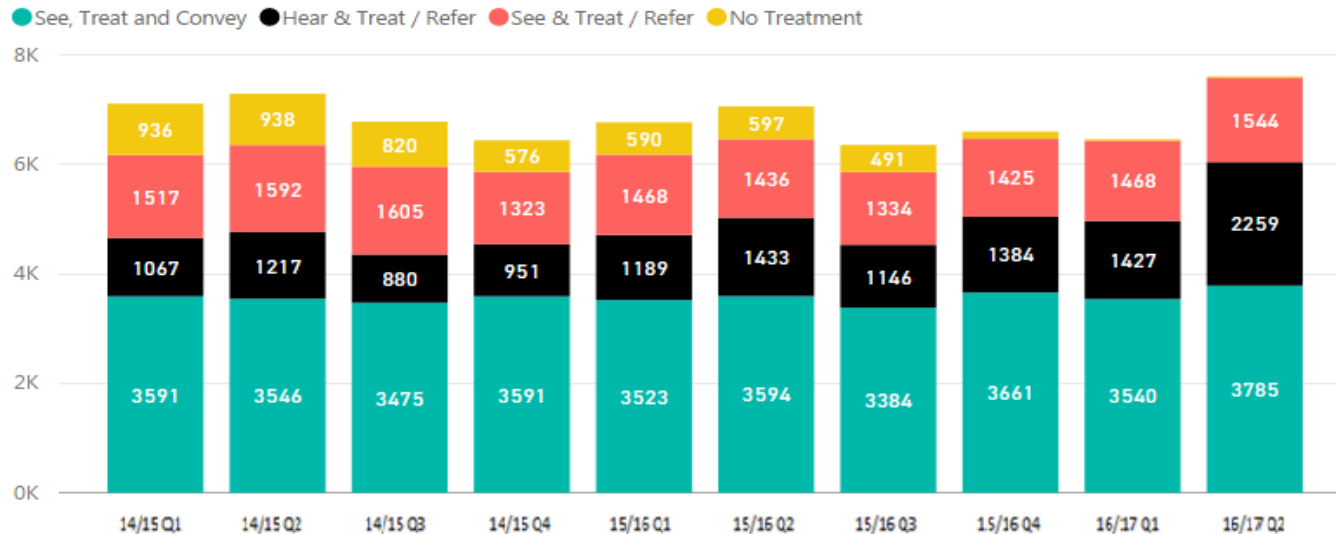
What the data shows

- 'See, Treat & Convey' and 'See & Treat / Refer' activity volume remained relatively constant from 14/15 Q1 onwards
- % of calls to the ambulance service now resolved by telephone (in black) has increased from 13% in 14/15 to 31% by August 2016.
- Calls resulting in no treatment have been reduced to virtually zero indicating more efficient use of service.
- Increase in triaging by telephone contributed to maintained levels of 'See & Treat' and 'See, Treat & Convey'
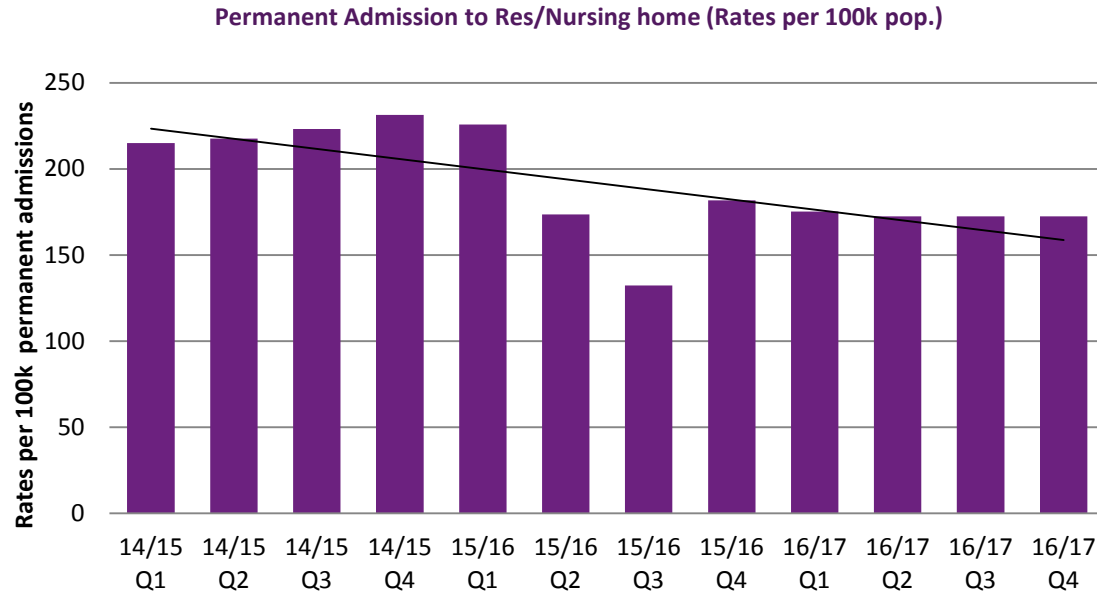
How we have impacted change

- Cost avoidance through demand being proactively managed by more cost effective telephone advice and signposting, contributing to maintained 'See & Treat' activity where increase was expected.
- Improved quality evidenced by eliminating 'no treatment' calls (in yellow).

Further work

- Public education continues to enforce proper use of 111
- Redesign of Urgent Care services
- Pharmacy First promoted
- Development and implementation of Community Practitioners

System Impact – Permanent Admission to Homes (ASC)

Permanent Admission to Res/Nursing home (Rates per 100k pop.)

What the data shows
- Reducing admission rates consistently since first quarter of 2015/16.

How we have impacted change
- Through more reablement and short term residential service options, people are able to return and remain in their own home for longer, supported by better signposting, improved coordination by care navigators and local area coordinators with most appropriate services and support networks being used.

Further work
- Continued focus on community resilience and support through multi-disciplinary teams, to further support a larger number of at risk people.

Programme Progress - Care Navigation

Goals	To support people to manage their health and wellbeing, provide support to navigate health care systems, and reduce reliance on statutory services.
Implementation	Since Feb 2016, 9.5 WTE care navigators are employed island-wide across 17 GP practices.
Measurement	Improvements in people's wellbeing, the 'reach' to other community/voluntary organisations, and more efficient activity within the wider heath care system.
Impact: Wellbeing	• 82% of people's wellbeing scores increased post-intervention. • Areas examined are 'Looking after myself', 'Keeping Safe', 'Managing my home', 'Meeting people and doing things', 'Managing money' and 'General Confidence'.
Impact: Reach	• 92% of expected activity was delivered (targets for referrals received Apr 15 to Mar 16). • Of 794 people seen (Apr 16 to Sept 16), 4333 onward referrals were made to 68 different health, community & voluntary organisations. Multiple referrals are made for each person.
Impact: Activity and Finances	• In the absence of care navigation, we predict people will have used statutory services in several key areas. • This initial analysis has a number of assumptions (see attached narrative). • 794 people have been seen by care navigators so far this financial year (Apr 16 to Aug 16). • Referral data indicates 1900 people will receive care navigation between Apr 16 to Mar 17. • Will spend £360,641 for care navigation between Apr 16 and Mar 17. • Total estimated costs avoided between Apr 16 and Mar 17: £552,948 (ROI: 53%)
Future forecasts	• 4982 (15% increase) onward referrals forecasted between Sept 16 to Mar 17 based on Quarters 1 and 2 trends. • Total estimated costs avoided between Apr 16 and Mar 17: £552,948 (ROI: 53%) • A fuller analysis will track before and after changes in service use for each person seeing a care navigator.
Challenges	• Information Governance (access to data required for analyses). • Agreeing recurrent funding.

Programme Progress– Integrated Care Hub: Crisis response team

Goal - Divert patients away from hospital admission where appropriate.
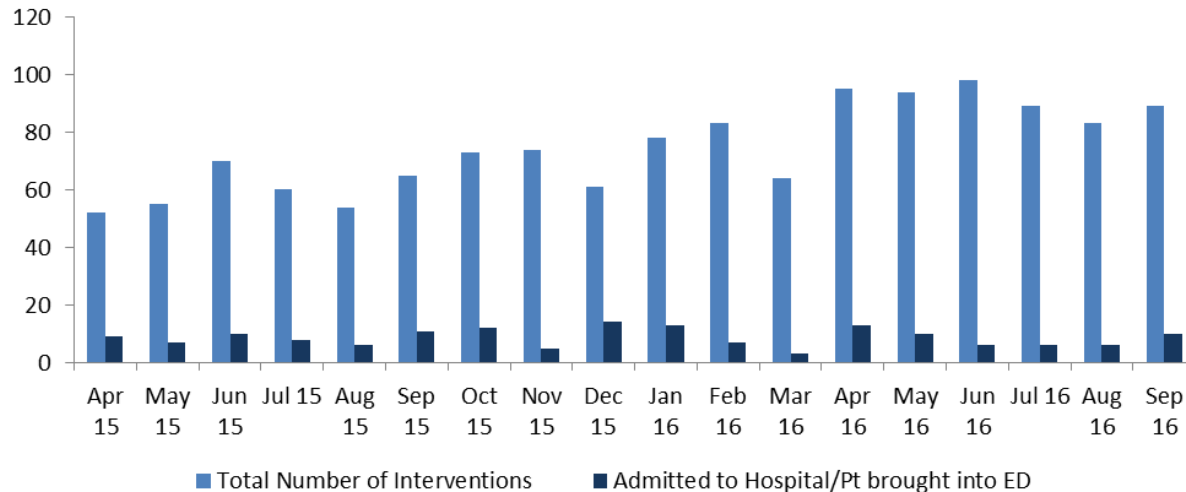
Implementation - District nurses, coronary care nurses, clinical assessors, paramedics, occupational therapist, social worker and Age UK are co-located. Instant access to the patient's records from all organisations. Telehealth enables remote monitoring of biomedical measures. Focus on wrapping 72 hrs of care around elderly and frail patients enabling them to stay in their home for assessment so they are only admitted to hospital when necessary.

How measured– Numbers of people seen against those admitted.

Impact – reduction in the total cost per referral from £2,106 to £592.90 per person. Since April 2015, the crisis team has seen 1444 patients, of which only 156 were admitted in to hospital (11%).

Crisis Response Team Number of Interventions by Month and Those where the Outcome was Admission to Hospital
April 2015 - September 2016

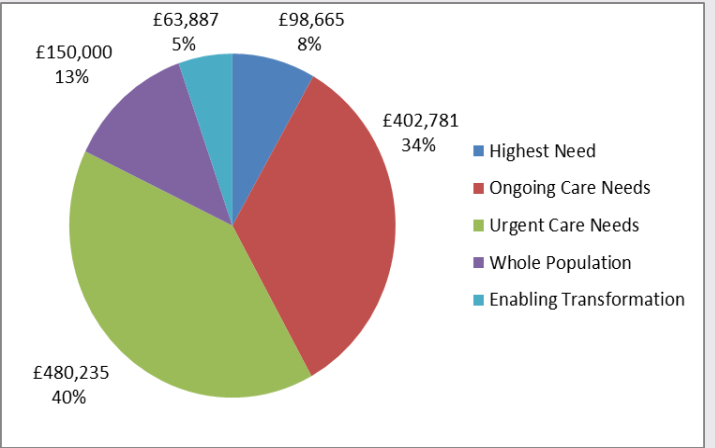■ Total Number of Interventions ■ Admitted to Hospital/Pt brought into ED

Programme Progress – Integrated Training, focus on Dementia training

Goals	• The main aim is to increase awareness of the behaviours and needs of people living with dementia. • Other goals are to reduce the incidence of staff assaults by dementia patients, to reduce the level of staff turnover in dementia contexts, and reduce A&E admissions for dementia-related reasons.
Implementation	• 434 staff have undertaken Tier 1 (introductory) training and 22 undertaken Tier 2 (advanced) training. • 423 different staff have also undertaken the Dementia Awareness online e-learning module (Tier 1 training).
Measurement	• Increased dementia awareness, better working with people with dementia, and reductions in staff assaults, staff turnover, and hospital admissions.
Impact: Reach	• 25% (n=857) of IW NHS Trust staff have participated in Tier 1 training. • 0.6% (n=22) of IW NHS Trust staff have participated in Tier 2 training.
Impact: Training effectiveness	93 staff surveys about Tier 1 training were analysed. • 91% reported an increased understanding of the challenges faced by people with dementia. • 87% perceived they now worked with people with dementia more efficiently. • 53% perceived a reduction in staff assaults by people with dementia - due to staff having a better understanding of how to communicate with people with dementia.
Future forecasts	A fuller analysis will be conducted for: • Reach: as Tier 1 training is mandatory, the reach will increase considerably. • Training effectiveness: Care homes will be audited about their number of staff assaults, staff turnover, unplanned hospital admissions, and levels of 1-2-1 working.
Challenges	• Making the Tier 1 training mandatory for all Trust staff (which it now is) to increase the reach. • Roll-out of Tier 1 training for non-Trust staff (IW Council, voluntary sector).

My life a full life

Programme Progress – System-wide allocation of funding

Goal	To develop a robust, transparent, system-wide inclusive process to ensure all allocations of transformation funding enable delivery of priority system-wide transformation work
Activity	Through a dedicated Task & Finish Group, all original budget allocations were reviewed to ensure delivery of the new models of care. Funding allocated using the following criteria: • transformational and enables integrated provision • delivery in year • revenue v capital costs • future recurrent funding requirements • sufficient impact identified • replicable and clearly identifiable benefits
Results/impact	Budget underspend has been re-allocated to enable delivery of the Island's priorities. A rigorous process has been put in place, some allocations given with conditions to ensure accountability and delivery. Now funds are part of delivery groups under new governance structure. There is currently £246k identified as slippage against the original bid. The next meeting of the Task & Finish Group (03/11/16) will consider the key milestones yet to be achieved within the programme and how best to allocate the remaining balance to ensure delivery.
Challenges	• Creating an environment for open and constructive challenge • Embedding and communicating an evolving process across the system in a short time frame (July-Sept)

In the Results/impact row, a pie chart appears with the following data:

- £98,665 — 8% — Highest Need
- £402,781 — 34% — Ongoing Care Needs
- £480,235 — 40% — Urgent Care Needs
- £150,000 — 13% — Whole Population
- £63,887 — 5% — Enabling Transformation

Challenges

- System Wide Governance - Operational coherence between transformation and business as usual, and lack of whole system reporting processes to understand whole system impact
  Mitigation: implementation of revised system-wide governance Sept – Dec 2016 and development of system-wide reporting framework and templates

- Temporary staff changes – series of inherited temporary appointments, secondments and related back-fills impacting the sustainability of the transformation team
  Mitigation: merger of MLAFL programme management with Trust PGO team to realise efficiencies with further recruitment underway to ensure system wide transformation work is resourced adequately

- Funding – initial delays on receipt of funding and subsequent re-allocation of funding out in to the Island system has delayed some transformation activity. Ongoing sustainability of transformation is impacted by risk of reduced funding in 17/18.
  Mitigation: revised programme and system-wide governance now in place with emphasis on delivering 'at pace'. Development of exit strategies for each sub-project required to mitigate future funding risk. Clear links with STP Finance leads to ensure continuation of local transformation is prioritised.

- Lack of access to capital funding – Estates & IT workstreams re impact on overall programme
  Mitigation: Trust Informatics Strategy and island-wide work programme/roadmap under development with focus on 'sweating' current assets, improving agile working, improving patient access to enable self-management and integrating current systems to create better interoperability and a single patient record

- Information Governance and system wide data sharing issues.
   Mitigation: Information sharing protocol across the system now in place. Action to address data access issues managed via system-wide governance structure.