

Annex 2 - Integration success stories

Partners in the York system have been making steady progress on system level collaborative approaches. The CCG programme and council have adopted the principles of integrated care to underpin our joint commissioning arrangements. Early in 2019 the BCF Performance and Delivery Group commissioned Venn Consulting Ltd to undertake the Capacity and Demand exercise in York. Preparation started in Q4 of 2018-19, with a multi-agency reference group ensuring all the services in scope were represented in its development. This ensured full sign-up to the programme of work involved, and supported proper governance of the process. The on-site point prevalence days were carried out from April to June, and the findings were shared with the BCF group initially and then with wider system partners at several events. Due to the uncertainty over the long term future of BCF, we had held a proportion of the iBCF as a contingency (or reserve) to deploy once the outcomes from Venn were known. In the past we have been drawn towards purchasing greater bed capacity in the system to respond reactively to pressure. The insights from Venn pointed to much greater system impact from improving discharge planning and enhancing care at home, in particular building up domiciliary care. Venn suggested, if the system were flowing optimally, we have about the right number of beds. This enabled us to have a different quality of conversation across the system, based on intelligence which reflected the experience of partners in all agencies, and which was recognised as valid. We reviewed the range of proposals which had been put forward in the spring against the messages from Venn, and agreed to allocate the reserved funds to expand the Integrated Care Team, as part of the One Team, providing additional care to people in their homes, preventing admissions to hospital and enabling safe and timely discharges. Recruitment was known to be a challenging factor for YICT, heading into winter, and so the YICT senior manager proposed that another element of the One Team be funded to expand instead, CRT (YTHFT). This represents a significant shift away from single organisational interests towards a recognition and promotion of the common good, supporting the wider system through the winter period and beyond. Using the Venn model itself to 'crunch' the data, the JSNA steering group, which hosts it, calculated the impact of this commissioning decision to focus on CRT community capacity instead of beds. This further validated the decision by predicting measurable overall benefits to flow in the hospital.

In addition, to promote the system's 'No Permanent Placement' approach to discharge from hospital, (whereby we seek to avoid people moving from a hospital bed to a new care home placement), we have developed with our providers an offer of intensive support at home, using live-in carers to enable people to leave hospital and return home who otherwise would have waited for a step down placement, which often risk being translated into permanent placements. The overall thrust of the work by Venn has been to co-ordinate a clear, shared view of the system pressures (which are not necessarily the same as had been commonly assumed). This in turn has enabled partners to engage in principled, system discussion about the best use resources and investment, creating the confidence to make the shift away from more beds towards care in people's own homes.

An example of this is an elderly person who was discharged from York Hospital to a residential home in September. Rather than being admitted as a permanent resident, additional support provided so that by December he was able to go home. Initially this was with 24 hour care in his own home for 2 weeks while a strengths based assessment was undertaken. The support has now reduced to 4 calls per day, supplemented by a range of community help including telecare, the charitable sector and Local Area Coordination. The intention is to expand the use of short term 24 hour care in order to reduce permanent admissions and the council is actively engaged with prospective providers.

Abbreviations:

BCF / iBCF	Better Care Fund / Improved Better Care Fund
CCG	Clinical Commissioning Group
CRT	Community Response Team
JSNA	Joint Strategic Needs Assessment
Q4	Quarter 4 (January to March)
YICT	York Integrated Care Team
YTHFT	York Teaching Hospital Foundation Trust

