

Integrated Locality Evaluation

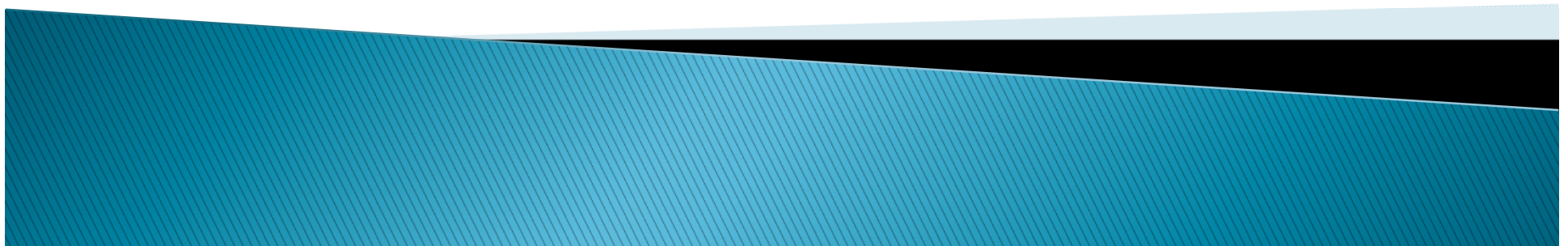
Health Select Commission 18th January 2018

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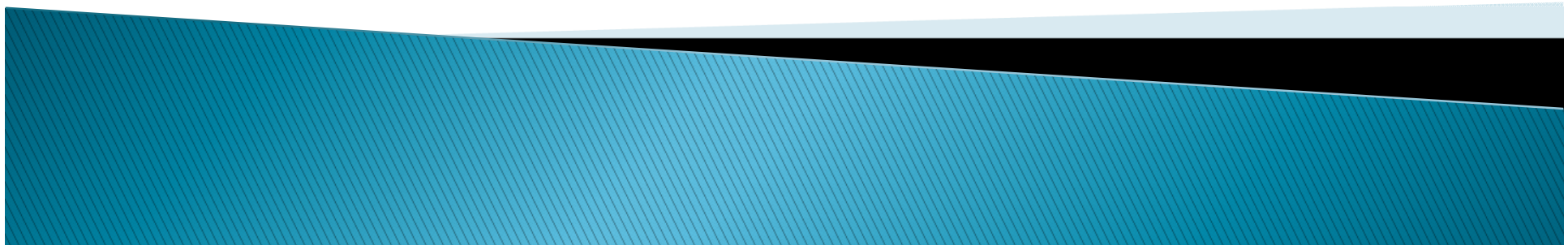
The Health Village Integrated Locality Pilot

- Commenced July 2016
- Integrated locality team serving the adult population – aged 64 plus
- Based at The Health Village, Doncaster Gate (2 GP Practices – Clifton & St. Anne's) supporting 35,949 residents
- Multi-agency team – predominately TRFT staff with a small number of Adult Care, Mental Health and Voluntary Sector staff



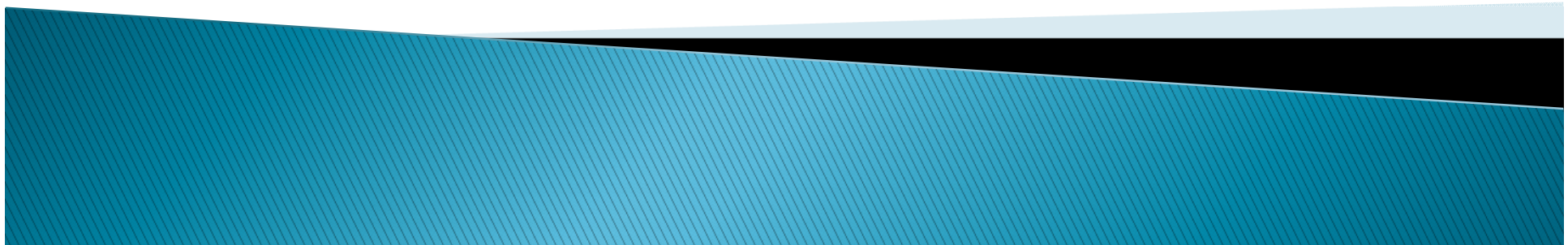
Overarching Aims for cohort of Adults 64+

- Reduce hospital admissions
- Reduce length of stay in hospital
- Reduce cost of health and social care
- Reduce duplication
- Improve communication
- Develop a holistic approach to care



Purpose of Evaluation

- Has the pilot contributed to attainment of key aims?
- Impact of the pilot service model
- Can the service model be replicated?
- Recommendations for future implementation



Work Done So Far by Grounded Research@RDaSH

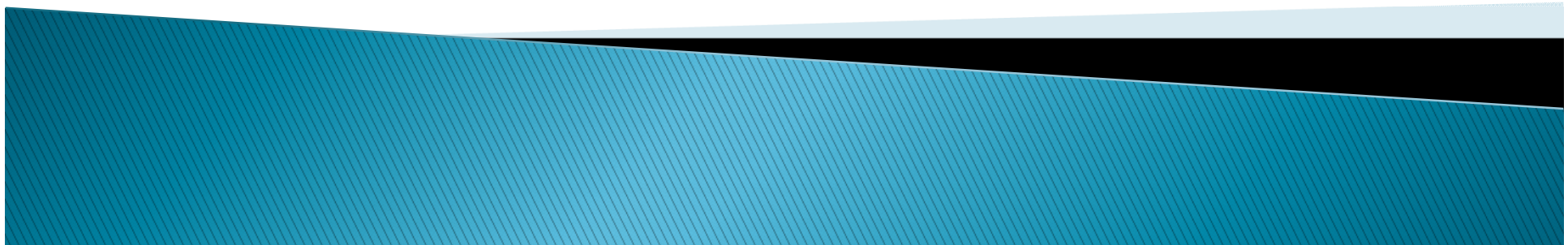
- Literature search and evaluation complete
- Compilation of background information
- Interviews and focus groups carried out
- Dataset analysis
- Final evaluation due on 31st January 2018



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Key Learning thus far

- Development of an MDT approach is effective
- Separation of planned and unplanned care works well
- Benefits of co-location to all partners
- Enables the identification of high-risk patients in a holistic way
- Encourages a culture of service improvement – bottom up
- Has stimulated further work to simplify referral pathways
- IT and information governance issues partially resolved



Key Metrics (People over 64 years)

Key Performance Indicators

- Non-elective admissions
- Non-elective bed-days
- Length of stay

Contra-Indicators

- Discharge destination
- Elective bed-days



Conclusion

Learning

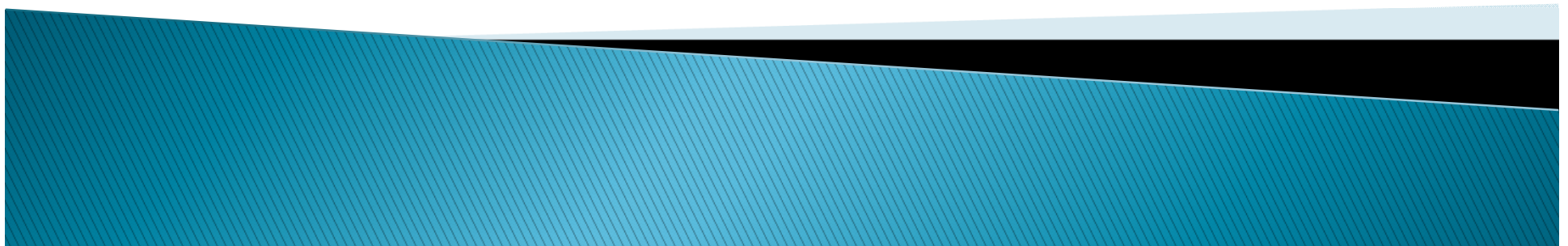
- Positive TRFT acute activity impact
- Reduces duplication and fragmentation
- Improves communication across the system
- Provides a more holistic approach
- Improves the interface with primary care
- Provides opportunities for reablement
- Allows for better integration of referral pathways
- Splits planned and unplanned care
- Has informed the future footprint based on 7 GP practice clusters

Challenges

- Systemic impact unclear especially for Adult Care/Mental Health
- Further test of concept required at larger scale
- Integration of IT & Governance
- Capacity within the system
- Managing variation to match local requirements
- Embedding required change across the system
- Consideration of a whole family approach
- Building in prevention and early intervention

Implementation

Service model presented to ACP Board	Q4 - 2017/18
Consultation carried out and completed	Q1 - 2018/19
Implementation Plan developed	Q1 - 2018/19
Separation of planned/unplanned care complete	Q2 - 2018/19
Phase 1 implementation of integrated localities	Q4 - 2018/19



Any questions

