
EVIDENCING THE IMPACT OF PERSONALISED AND INTEGRATED CARE

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AIM OF THIS PRESENTATION

- Share experience from a previous systems change pilot for people with multiple and complex needs
- Reflect on learning for the Out of Hospital Care Model sites when it comes to evidencing impact or making the business case?
- What help do sites want in developing their business case?

The hypothesis

“If agencies in Hertfordshire pool resources and work more closely together to identify and deliver services to adults with complex needs and chaotic lifestyles, they will be able to achieve a more cost-effective service, and deliver interventions, solutions or improvements which are more customer focussed and effective.”



THE APPROACH TO COMMISSIONING

- **Theory of change / logic model** that presented an integrated and personalised system that delivered improved outcomes to people and reduced service costs
- Audited need and **costs across the system** to calculate how much was being spent, where and with what impact?
- **Co-produced** with professionals and people who use services to understand what would make the difference in a system
- Developed a **partnership and pooled budget** to fund an evaluated model of care delivered through a two year pilot

SCOPING AND FEASIBILITY

Rank	2 Year Cost Hertsmere	2 Year Costs Three Rivers
1	£136,584	£124,277
2	£129,654	£84,359
3	£90,434	£67,111
4	£85,921	£64,674
5	£83,371	£57,900
6	£79,263	£51,570
7	£70,566	£48,407
8	£70,061	£43,552
9	£59,910	£33,143
10	£57,327	£26,404
Total	£863,092	£601,397
Cost per week	£8,298.97	£5,782.66

CO-PRODUCTION AND ENGAGEMENT

Initial interviews:

Small group of individuals whose historic service use was audited.

What they wanted:

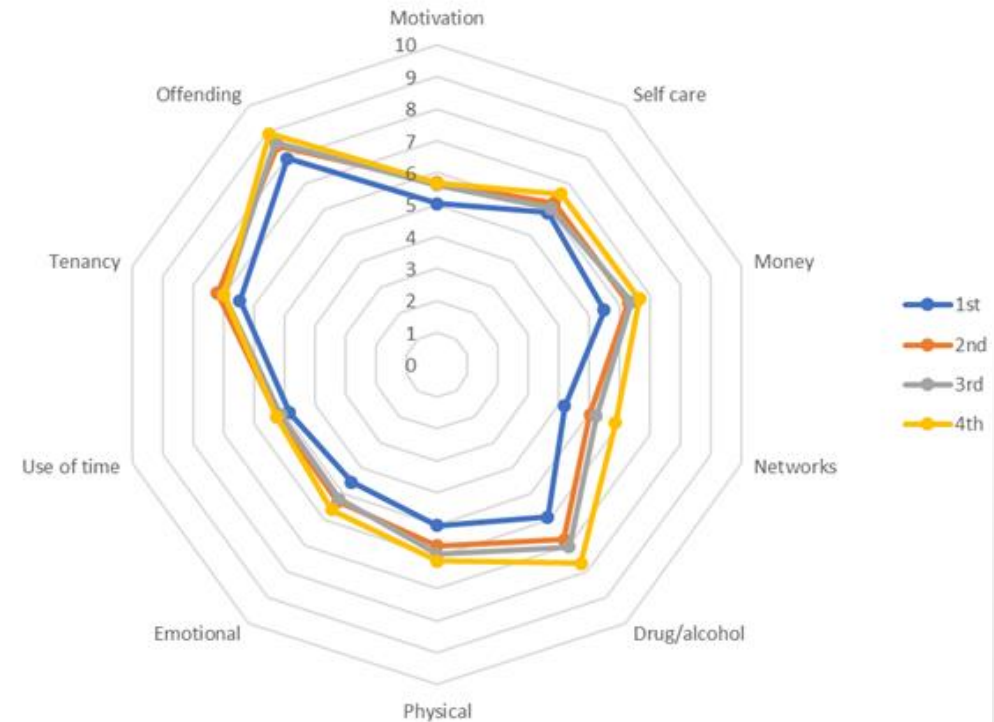
- Consistent Trusted Professional
- Choice – when, where and how they receive support
- To create their own package of care
- Support at points of transition – e.g. moving from Hospital or Prison back in to the community or leaving care

CO-PRODUCTION IN SHAPING THE TEAM AND THE SERVICE OFFER

- Co-production in recruiting the team, developing branding and delivery
- Key values and principles to inform recruitment and teams way of working
 - Person centred
 - Genuine collaboration
 - Optimistic and forward looking
 - Holistic – whole person
 - Honesty
 - Trust

THE EVALUATION - OUTCOME STAR ASSESSMENTS

- Greatest change - management of money, social networks, drug and alcohol, physical health and emotional well-being
- Use of time, tenancy management, offending, motivation and self-care all reported sustained, steady improvements



About service use

- **Significant reductions** at 8 and 11 months in: A&E admissions, A&E Mental Health Liaison, Mental Health Inpatient
- **Significant reductions** at 11 months in: Drug and Alcohol Community Support, Inpatient Detox, Mental Health Act Assessments

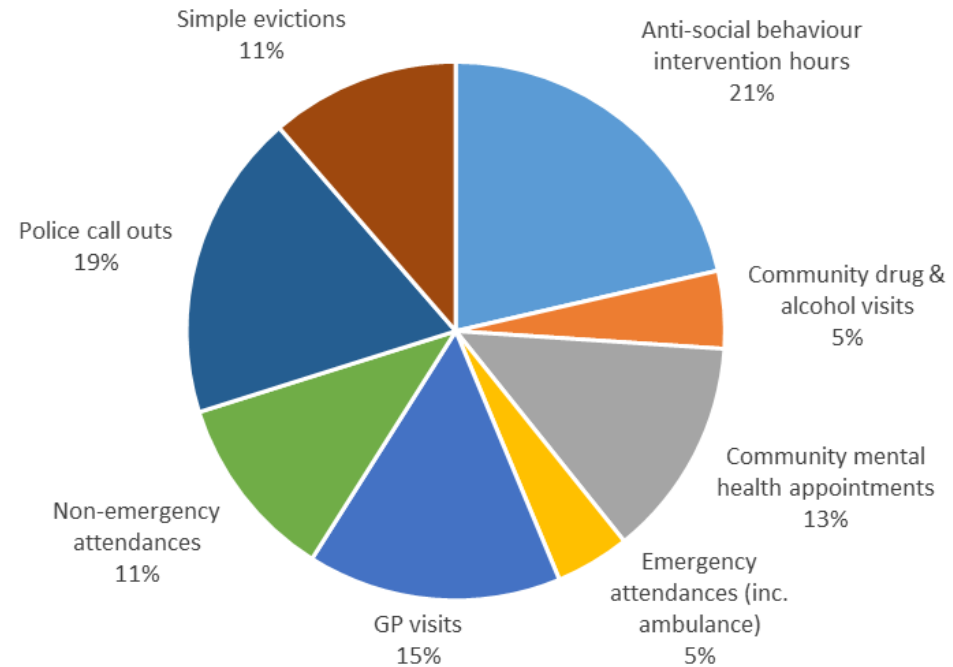
About costs

- **Significant reduction in mental health costs** (about £3,250 per person at 11 months)
- **£232k of service costs** were reduced per annum, this equates to a 29% of services used previously used

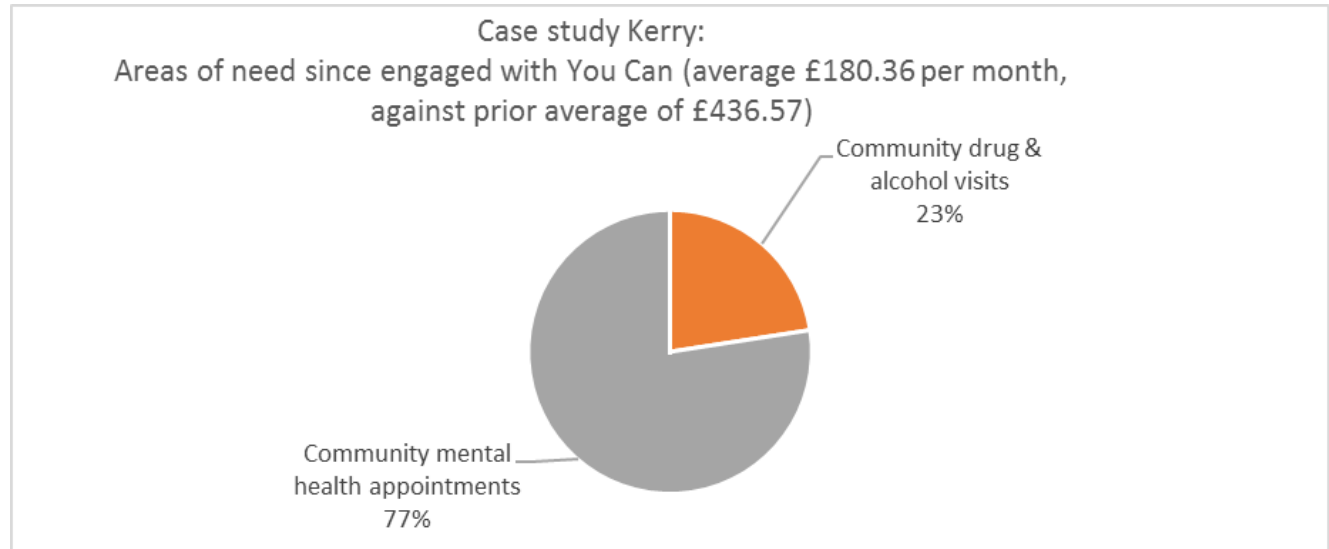


CASE STUDY: COSTS PRIOR TO YOU CAN

Case study Kerry: Costs prior to engagement
by area of need (total £10,478)



CASE STUDY: COSTS FOLLOWING ENGAGEMENT



THE LEGACY FOR PEOPLE WITH COMPLEX NEEDS

- New service commissioned in one of the pilot areas
- Worked with one of the CCGs to explore the development of a service targeting frequent attenders at Hospital in East Herts
- County wide complex needs service established for time limited interventions for some people, although at lower level of complexity
- County wide strategy group for adults with complex needs
- Multi agency information sharing agreement in place

THE LEARNING - THREE COMPLEMENTARY APPROACHES THAT CAN SUPPORT BUSINESS CASE

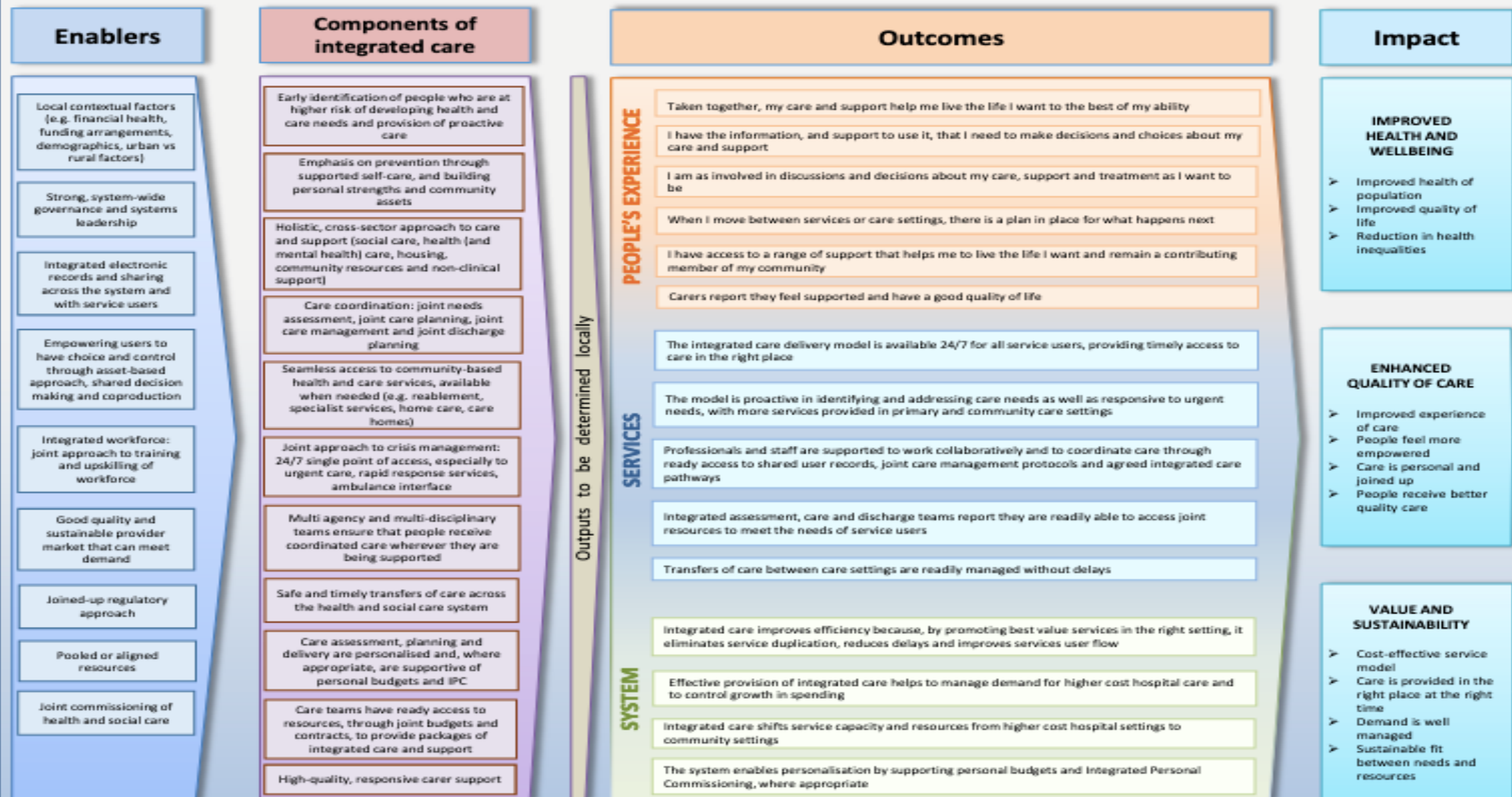
- A. Logic Model** - Develop and communicate widely the vision and impacts showing what needs to be in-place to enable the system to work more effectively
- B. Co-produce** – Involve people who use services and frontline professionals from the outset - this grounds the service through person-centred practice and supports integration
- C. Economic Case Studies** – Capture activity and costs across the whole system – and creatively think about how to communicate the impact to a variety of audiences



APPROACH A) - “LOCAL” LOGIC MODEL / THEORY OF CHANGE

- Present a Logic Model that articulates outcomes the systems change locally that could be / is being achieved
- Build on reports by KCL / LSE and others and as part of work nationally e.g. HICM and Transforming out-of-hospital care for people who are homeless Support Tool
- A local logic model will highlight where the strengths are within the system to support your case and surfaces the gaps and therefore where funding or resources need to be targeted
- Working to demonstrate how this can be used to underpin a business case adapting SCIEs Logic Model for Integrated care <https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

Logic Model for Integrated Care



APPROACH B) EMBED CO-PRODUCTION

Working with three sites to develop co-production that engages people who use services and front line staff to deliver change, improve services and communicate impacts and outcomes

- Workshop in Greater Manchester working with VCS partners to develop “I statements” to ensure user voice is central to development
- Nottingham are working with established user group at Opportunity Nottingham (Fulfilling Lives) to inform the pilots development
- Two workshops in Cornwall... focussed on values and principles across the system.....

CORNWALL PRINCIPLES AND VALUES WORKSHOP

Two principles and values workshops in Cornwall to engage service users and front line staff to explore what's strong with the system and where the system fails to live up to the principles and values

"The team are doing a good job when they.....

1are nurturing, positive and supportive

2make me feel like I am cared for

3help me take steps to move forward and help me be motivated and hopeful

4are assertive and persistent in safeguarding and empowering me to be safe

5they treat me as an equal and unique, with empathy and are non judgmental

6listen to me and are considerate and understanding of my past experiences

7 ...recognise and celebrate my skills and talents"

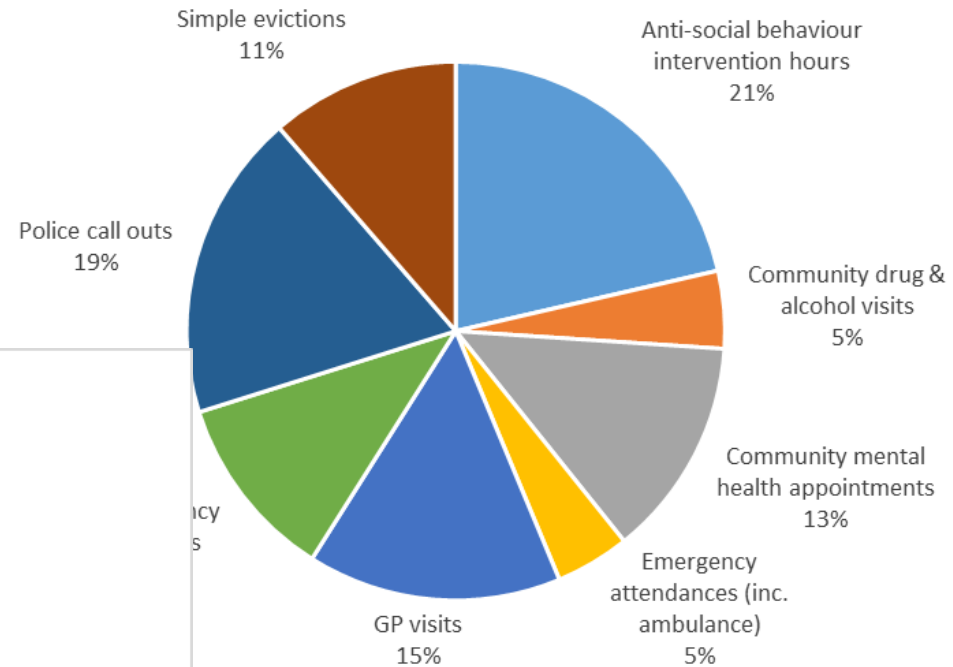
A video was produced for the second event where people who used the service also fedback on their experiences <https://youtu.be/-wpzy3iNzCI>

Harbour the accommodation provider have also ran series of online blogs that showcase new fully accessible self contained units at Little Cosgarne
https://www.youtube.com/watch?v=Vx_UpIpXTBc

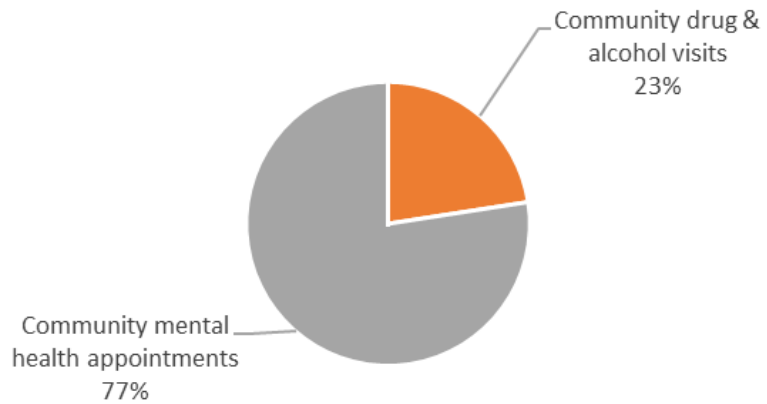
APPROACH C) MAKING THE ECONOMIC CASE

- Working Michela and Michelle from the national evaluation team to support Cornwall to identify 2-3 early case studies that will illustrate both the individual outcomes for people alongside economic evaluation of the pre intervention and post intervention costs to the system.
- The aim is to produce similar case studies to Kerry's earlier in the presentation.

Case study Kerry: Costs prior to engagement
by area of need (total £10,478)



Case study Kerry:
Areas of need since engaged with You Can (average £180.36 per month,
against prior average of £436.57)



QUESTIONS AND DISCUSSION

What are you doing to make the case for funding or change once the pilot funding stops?

What would make the difference to your business case – could one of these approaches help?

If you would like to discuss using logic models, co-production or economic case studies as part of your business case development then please get in touch

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