

the **calico** group

Workforce Development for  
Universal Personalised Care in  
East Lancashire








February 2019

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Welcome and introductions  
Anthony Duerden  
Calico Group Chief Executive

# Agenda

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-  Welcome & Opening remarks – Anthony Duerden
-  Model for Personalised Care – James Sanderson
-  Pilot Review and Rollout – Phil Jones
-  A Provider Perspective – Caroline Tomlinson
-  Partner Identification & Next Steps – Iain Walsh
-  Q&A
-  Close



England

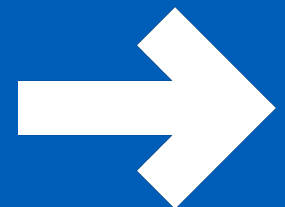


England



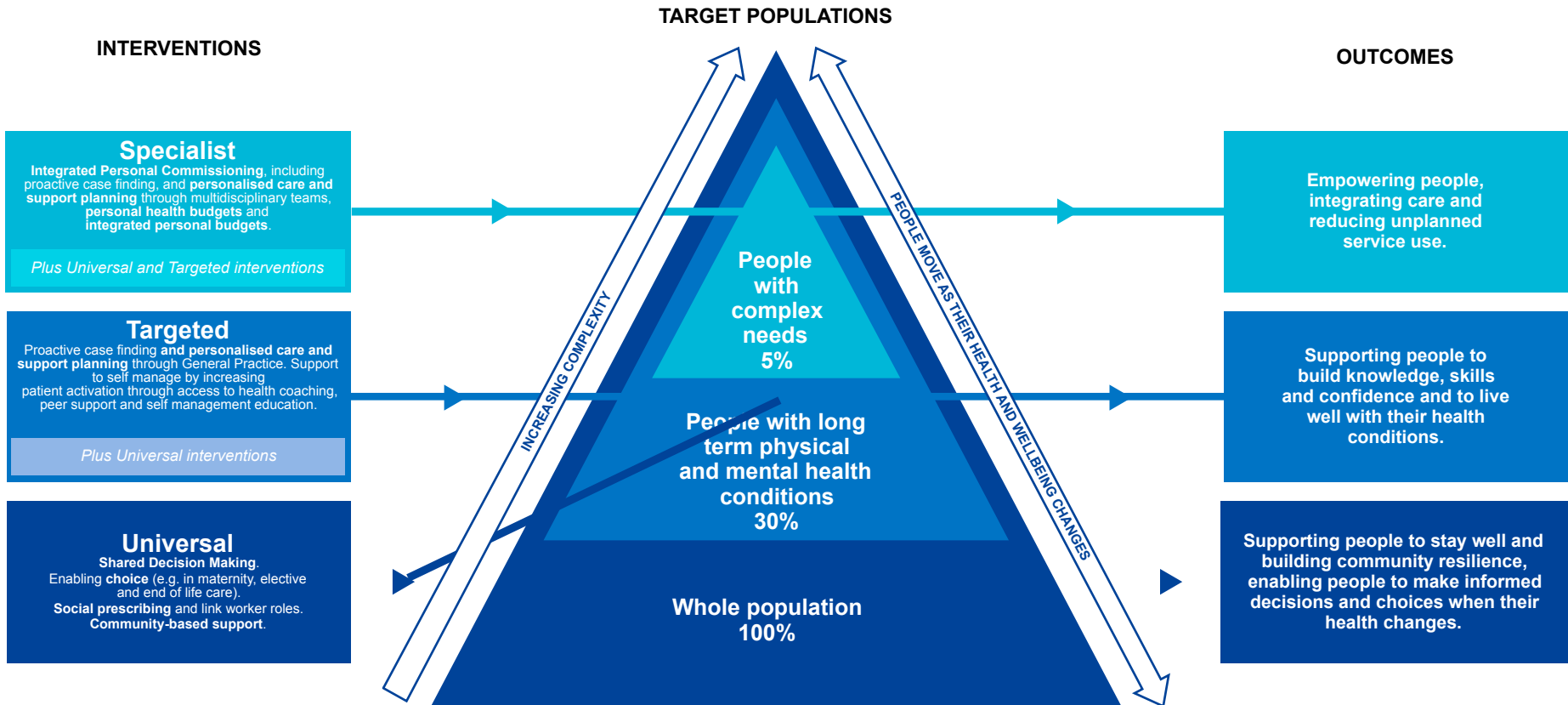
# The Comprehensive Model for Personalised Care

James Sanderson  
January 2019



# Comprehensive Model for Personalised Care

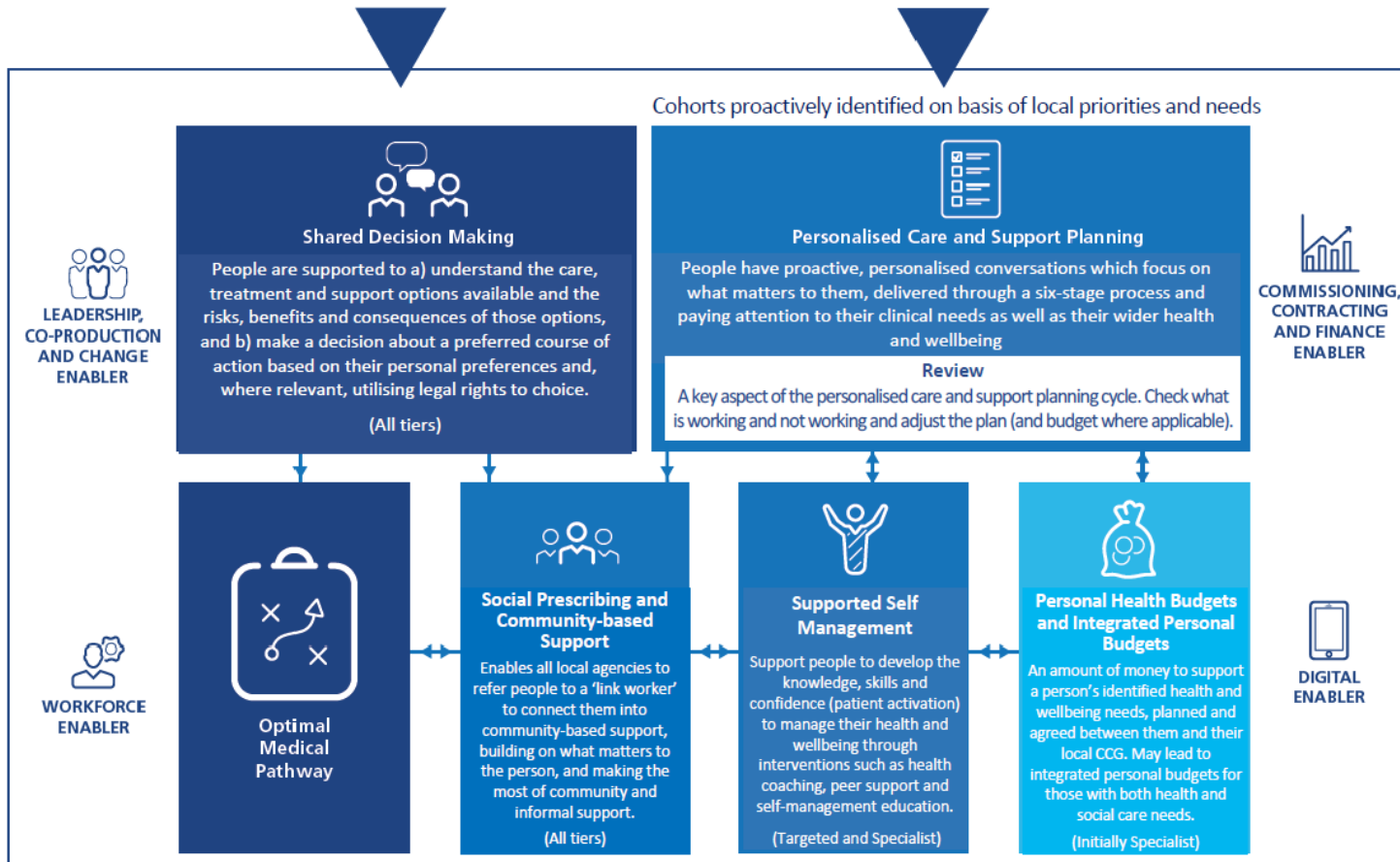
All age, whole population approach to Personalised Care



# Personalised Care Operating Model

**WHOLE POPULATION**  
When someone's health status changes

**30% of POPULATION**  
People with long term physical and mental health conditions



# Significant delivery of Personalised Care

## Shared decision making



In 2017/18 SDM was embedded into:

- Musculoskeletal elective care pathways across 13 CCGs
- Respiratory elective care pathways in 8 CCGs

## Personalised care and support planning



- 142,904 people had a personalised care and support plan between April 2017 and September 2018
- Over 204,000 people supported by integrated, personalised approaches

## Enabling choice



- 97% of CCGs have now completed Choice Planning and Improvement self-assessment
- Of these, 85% report compliance with at least 5 (of 9) choice standards

## Social prescribing & community-based support



- 68,977 referrals in 2017/18
- 331 link workers employed in local areas

## Supported self management



- 101,637 patient activation assessments by September 2018
- Over 44,093 people referred to community-based support
- Over 59,545 people referred to self-management education or health coaching

## Personal health budgets & integrated personal budgets



- 32,341 PHBs by September 2018
- Up 110% year-on-year in 2018 (to end Q2)
- 23% jointly funded with social care
- 55,511 Personal Maternity Care Budgets delivered by September 2018 across 36 CCGs

# The difference personalised care makes



## To people's experiences

- 86% of people said they achieved what they wanted with their PHB. 77% of people would recommend PHBs to others with similar needs.
- Independent reviews have found evidence that people's well-being, satisfaction and experience improves through good personalised care and support planning, including for people with cancer.
- 75% of people who booked hospital outpatient appointments online felt they were able to make choices which met their needs.



## To the system

- Monitoring of costs for PHB holders receiving NHS CHC home care packages found an average saving of 17%.
- An independent evaluation found that PHBs were overall cost neutral. People with a PHB had lower indirect costs through less use of secondary healthcare (average £1,320 per person per year).
- In one site, IPC was implemented at scale alongside other interventions. Following the 100-day challenge in 2017 the site saw a reduction in emergency admissions of 12%, as well as a 24% reduction in A&E attendances for the two practices which took part.
- An independent evaluation found that people who had the highest knowledge, skills and confidence had 19% fewer GP appointments and 38% fewer A&E attendances than those with the lowest levels of activation. This finding was corroborated by a Health Foundation study which tracked 9,000 people across a health and care system.



## To people's outcomes

- People and professionals consistently overestimate treatment benefits and underestimate harms. Shared decision making helps reduce uptake of high-risk, high-cost interventions by up to 20%.
- Local evaluations of social prescribing have reported improvements in quality of life and emotional wellbeing, as well as lower use of primary care and other NHS services. Systematic reviews have found that the quality of evidence is variable and there is a need for more evidence on the effectiveness of social prescribing.



## To the workforce experience

- Personalised care and support planning has been shown to improve GP and other professionals' job satisfaction.



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Integrated Personal Commissioning in East  
Lancashire – Pilot Programme

Phil Jones

Managing Director Calico Enterprise

# Project Aim

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*Development of an integrated personal health and social care service market demonstrating the improved outcomes and efficiencies which flow from this:*

- Minimum of 50 individuals
- Integrated health and social care for PHBs
- Budgets managed through Shop4Support
- Identification of efficiency savings.
- Post pilot sustainability

# The Team

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ALOCURA 



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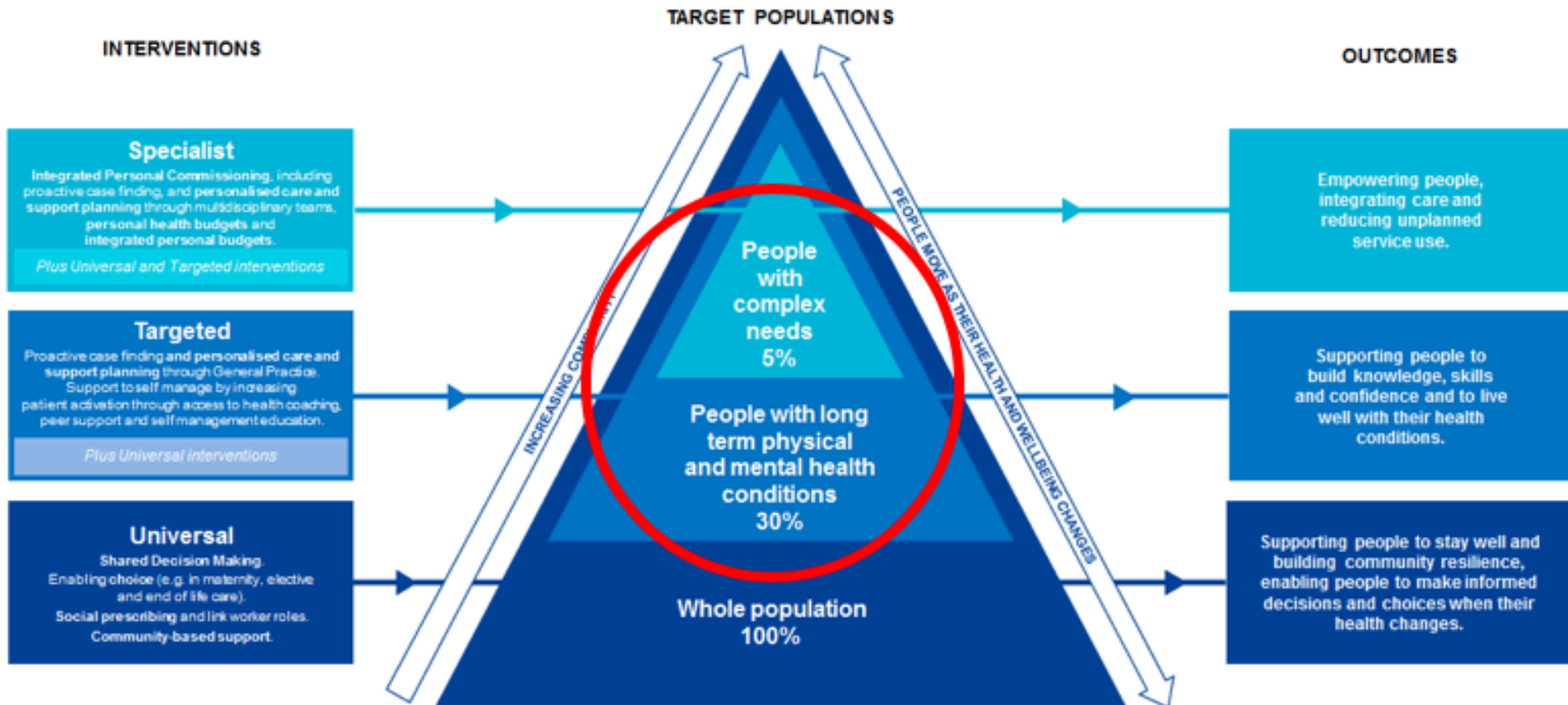
# Model Development

## Process

## System



# The comprehensive model



# Output

So far...

**104** enquires



**95** referrals



**17** plans approved

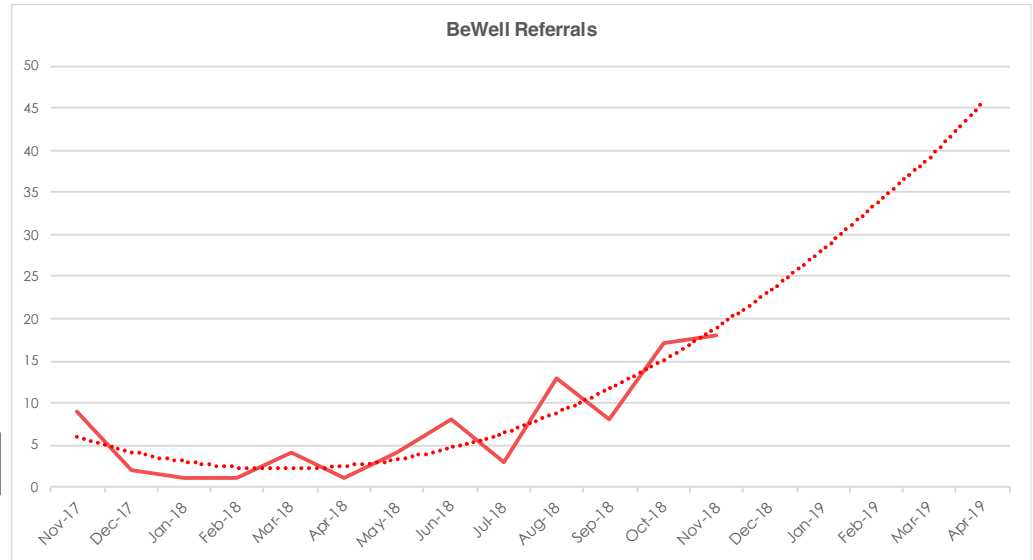


**59** plans in process



**19** plans lost

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**COMPLEX NEEDS  
MENTAL HEALTH  
PEOPLE IN  
CRISIS**



# Key outcomes

33% improvement  
in **self esteem**



30% improvement  
in **physical health**



**FINANCIAL OUTCOMES:**

84% cost savings  
in emergency, critical, and  
avoidable contacts



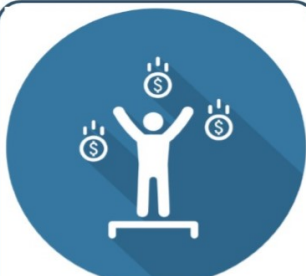
**SOCIAL OUTCOMES:**

245% return on investment  
in wellbeing, quality of life, community  
connection, and wider societal outcomes



**36%**

improvement  
in feeling of  
choice and  
control



34% ↑ increase in ability  
to live independently



**39%**



Improvement in  
quality of life



In use of health and clinical services



**76%**  
Reduction in use of emergency services

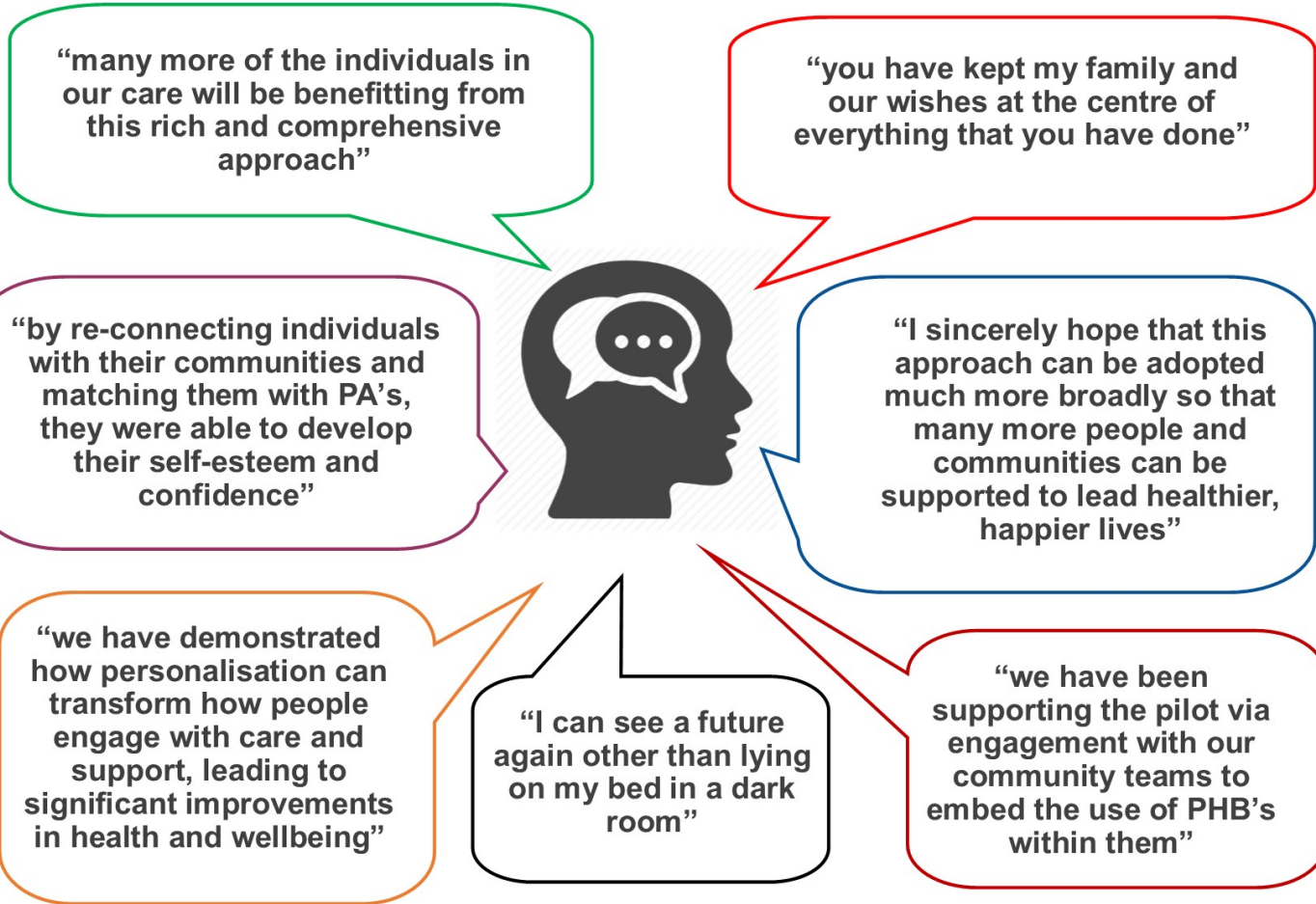
# Key Findings

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- Capacity of **PA Market** to deliver 890 PHB's
- Capacity of **Health Authorities** to manage 890 PHB's
- Transition from '1 to 1 social care' to 'many to 1 Personalised Care'
- Embedding PHB's** with frontline staff – 'Business as Usual'
- Importance of **Process** and **Systems** to scalability
- Wider determinants of health...Housing is a key element...
- ...as is integration

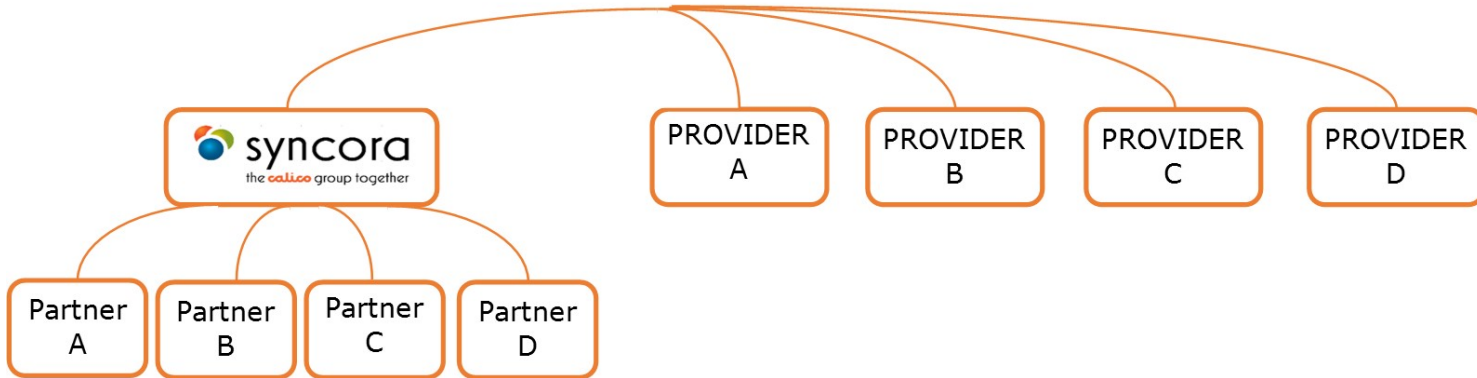


# What people are saying...



# What it looks like

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partnership



## Task Groups

Workforce  
Development

Employee  
Retention

Procurement

Training

...and Others

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## **Integrated Personal Commissioning**

### **East Lancashire** *Key Findings & How Providers Can Engage*

My Life Legacy: [www.my-life.org.uk](http://www.my-life.org.uk)

**ALOCURA**  
at the heart of health and care

**NHS**  
East Lancashire  
Clinical Commissioning Group

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# What is My Life Legacy?

- Family organisation founded in 2012 around my kitchen table
- Registered Charity
- Based on an 84 acre farm in Standish and Leigh Sports Village
- Education, day opportunities, inclusive holiday club, holiday lets, support for people to live a good life in the local community
- We have connected with over 32,000 people from across the community in the last year
- Extensive experience in personalisation
- Planning and (multi-level) Care Provision





# Who are the people?

- 🌈 People with complex & enduring needs
- 🌈 Individuals and families
- 🌈 They want a life NOT just their clinical needs met



# Building Support Around People

- Truly Personalised
- Not simply fitting people in
- Holistic in the wider sense of:
  - ✓ Health
  - ✓ social care
  - ✓ Community
  - ✓ Housing
  - ✓ Benefits
  - ✓ Friends & family



# Support Planning with Action

- 🌈 Planning has to be more holistic than in the past
- 🌈 We want to train more planners and mentors
- 🌈 Plans need to keep people healthy, safe & well whilst enabling them to have a life
- 🌈 Sometimes it isn't immediately clear what is required, so we develop an interim plan
- 🌈 Suggesting an indicative budget can be difficult at first, but as a market is described & developed this becomes easier
- 🌈 It is important that plans are realistic and affordable though





# Budgets

- 🌈 Budgets can be large and need to be managed; sounds easy if there are only a few, but 'easy to use' systems are needed once we get to any scale
- 🌈 Having monies in a separate client account where it is matched to the approved and profiled plan is essential
- 🌈 Our system records transactions in real time so we, the individual & funders know where money is spent & when, an audit of transactions is automatically available





# Values Based Recruitment

- Exploring new ways of finding a new type of workforce
- We recruit a team for each individual, partly as a one-off recruitment and partly through our P2E programme.
- We have had to establish the different competency levels of carers for each individual to be safe whilst living life
- There are a myriad of HR issues that occur with inherited and new staff, some of these will be 'eased' with the new rostering system



# Managing Staff

- 🌈 Caring can be a difficult & sometimes lonely job
- 🌈 Managing a team of Personal Assistants can be difficult
- 🌈 We have had to recruit and train team managers...
- 🌈 ...these managers may be responsible for up to 10 individuals and a workforce of perhaps a 100...
- 🌈 ...it is a big job and they are not already out there
- 🌈 Smart rostering, timesheet & payroll system at scale
- 🌈 There are still a number of practical matters that we always have to discuss with funders: contingencies, night support, funding in advance and more.



# Training and Development

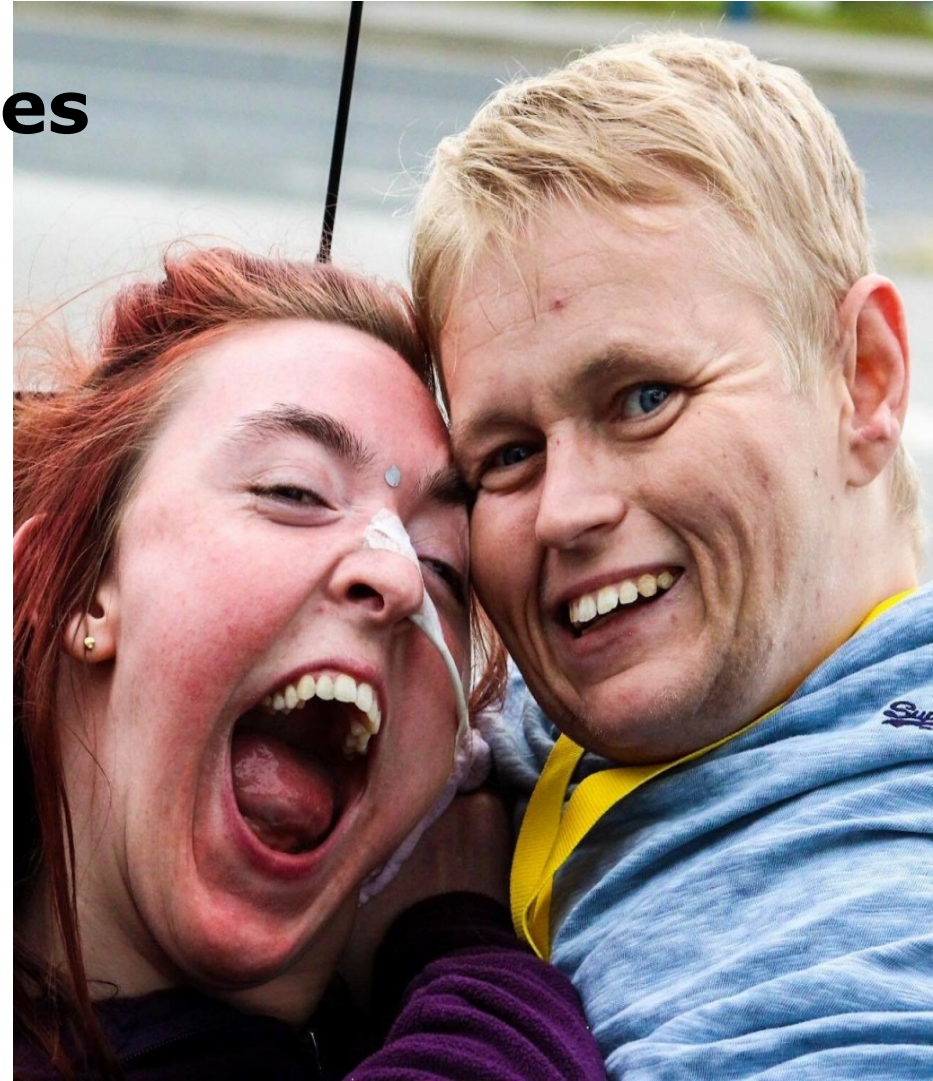
- Bespoke and person centred – not just for the individual, but for the worker too
- Transferable for the learner into practice
- Creative, meaningful and practical – from cooking to equine therapy
- We need to join resources as providers to create affordable training and workforce development





# Its all about the outcomes

- Real choice and control for local people
- Giving people a good life, not simply a service
- Social Profit – employ local people
- Getting people into work
- Positive transition into adulthood
- Moving those out of nursing care who don't want to be there...and into their homes
- Clinical need not inhibiting life chances!
- We want to share our learning and help you
- Fundamentally it has helped us become a sustainable organisation



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Partner Identification & Next Steps

Iain Walsh  
Partner - Alocura

# What now?

## Secondary Phase

**10-12 Providers  
Setup Task Groups  
System Rollout  
200 PHBs**

### PILOT PHASE

Focused delivery  
3 Providers  
50 PHBs

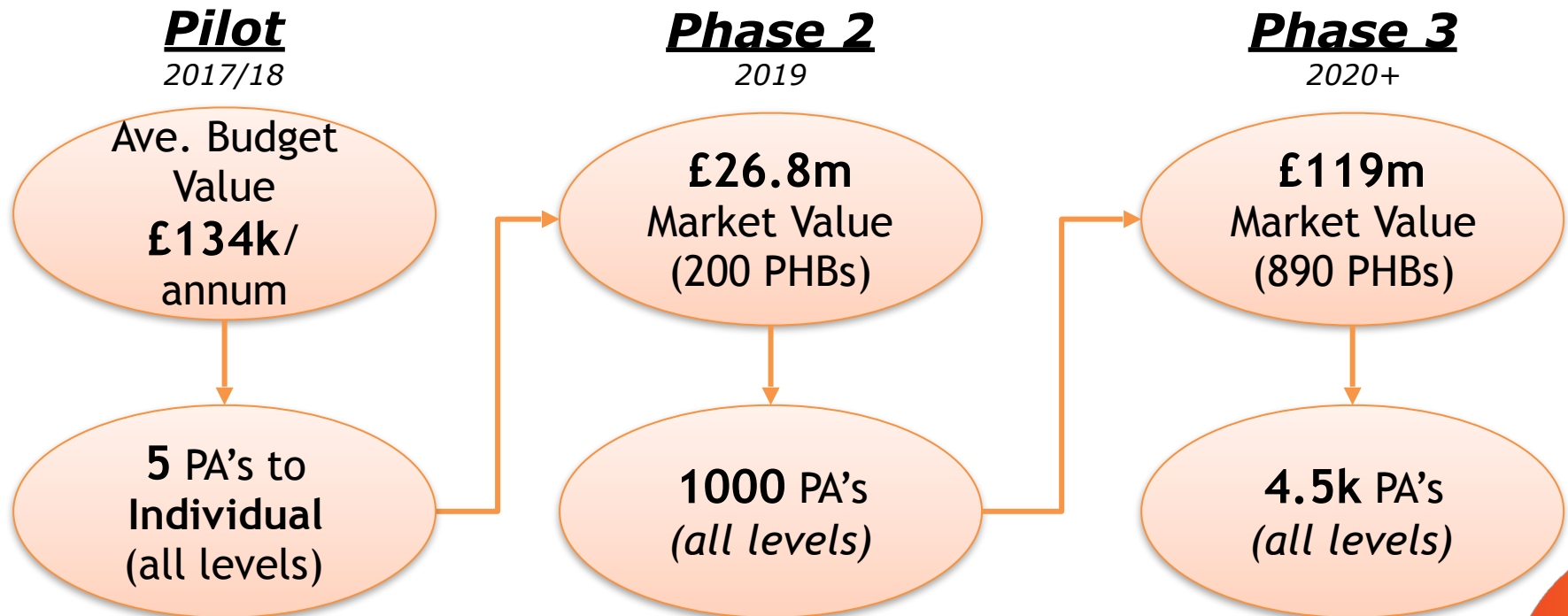
### SECONDARY PHASE

Working Groups  
Continuous Improvements  
100+ Providers  
890 PHBs

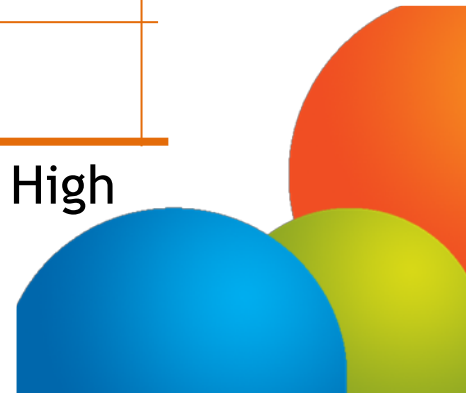
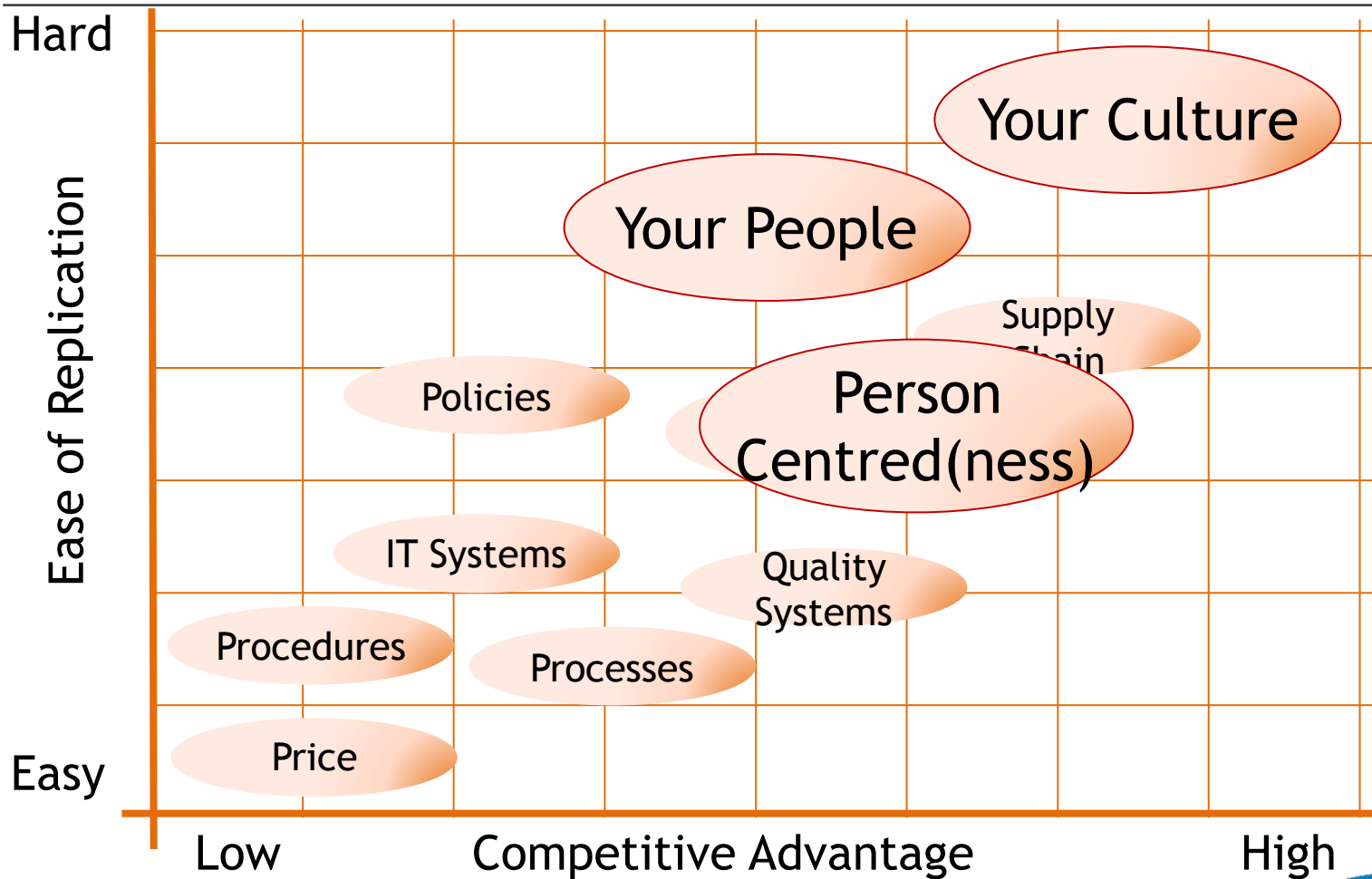
Apr 2019 - Mar 2020

# Let's just remind ourselves...

...if the rollout mirrors the pilot











# Selection - we are different





## What will our Partners 'Look Like'?

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-  Planner/ Providers as well as Providers;
-  Your time, to work with us in the task groups;
-  Desire (capacity) to grow your company;
-  Ability/ desire to provide capacity within three months;
-  Financially stable & relevantly qualified;
-  (some) Resilience & Persistence;
-  Companies & people who are able to work together;
-  Organisations & people who share our Values & Vision.

# What will we need from you?

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Our partners:

- will need to help and work with our processes;
- will provide the range of care options and competencies that the market requires (in time);
- use the systems we have developed/ are developing;
- provide (at first) timesheet data for the system;
- Provide generic pricing for planning purposes.

# Selection - paperwork

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Within the next two weeks you will receive:

1. Background - scene setting document
2. Provider 'Standing' Questionnaire
  - Financial standing
  - Persons in Control
  - Regulatory and Statutory requirements
3. Capability, experience & culture questionnaire
4. Pricing and competency matrix










## Selection - timing

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1. Event: **5<sup>th</sup> February;**
2. Selection documents issued by: **22<sup>nd</sup> February;**
3. Complete and returned by: **8<sup>th</sup> March;**
4. Meetings: from wc **18<sup>th</sup> March;**
5. Partner selection and notification: **27<sup>th</sup> March.**

## Selection - tips

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-  Use the staff after this event, we are here to help;
-  Specific questions: email or call us;
-  Don't be scared – an opportunity, not a test;
-  Be honest, be brief, be specific;
-  Answer the questions;
-  Don't submit extra attachments;
-  Ask for help if required;
-  Look at it soon and leave plenty of time;
-  Deadline is 5pm 8<sup>th</sup> March.