

digitalhealth

REWIRED
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The Challenges of a Truly Integrated System

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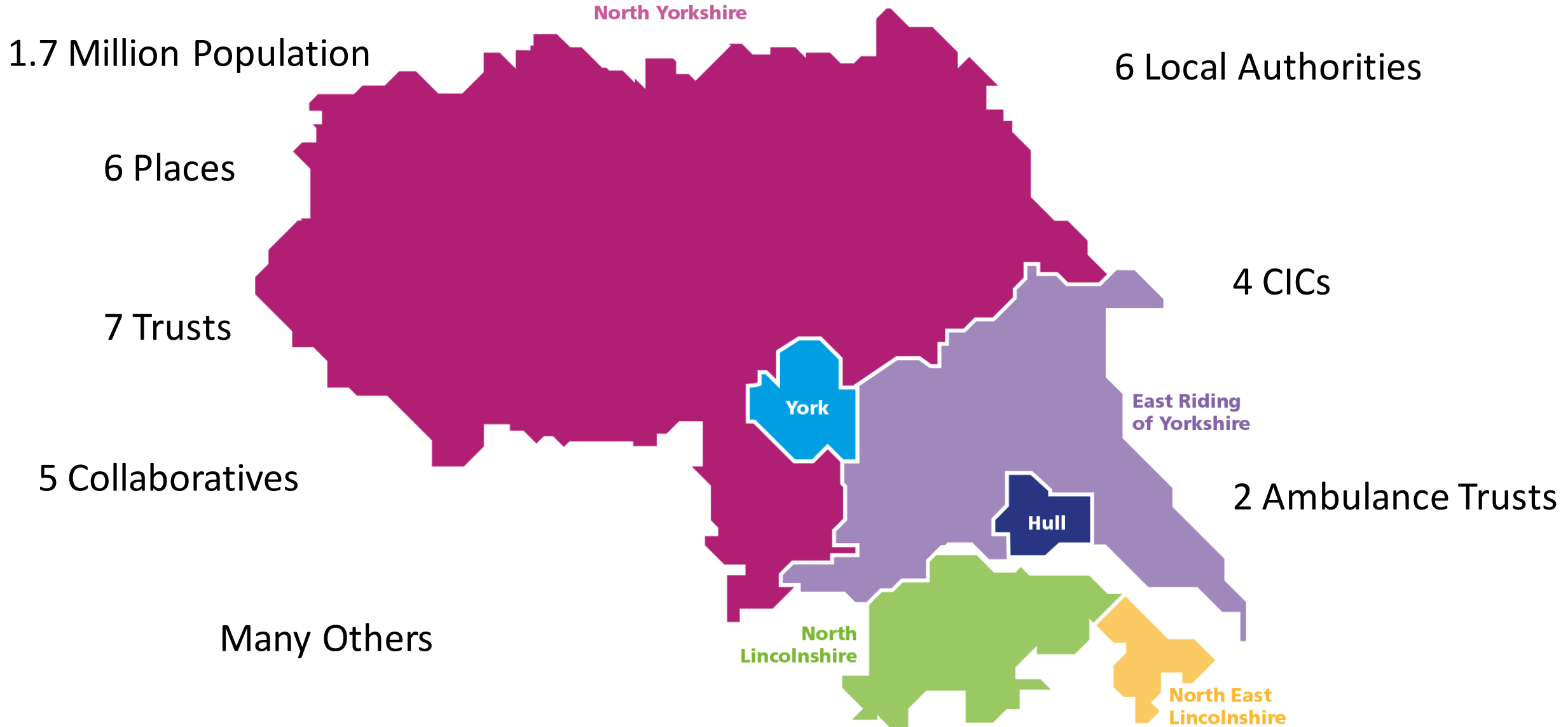


**INTEGRATED
CARE
STAGE**

Stage Sponsor:



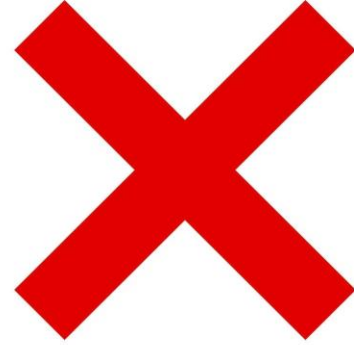
About Humber and North Yorkshire ICB



Can We Function as a Truly Integrated System

?

In the Current Climate Can we



act as an Integrated System?

?

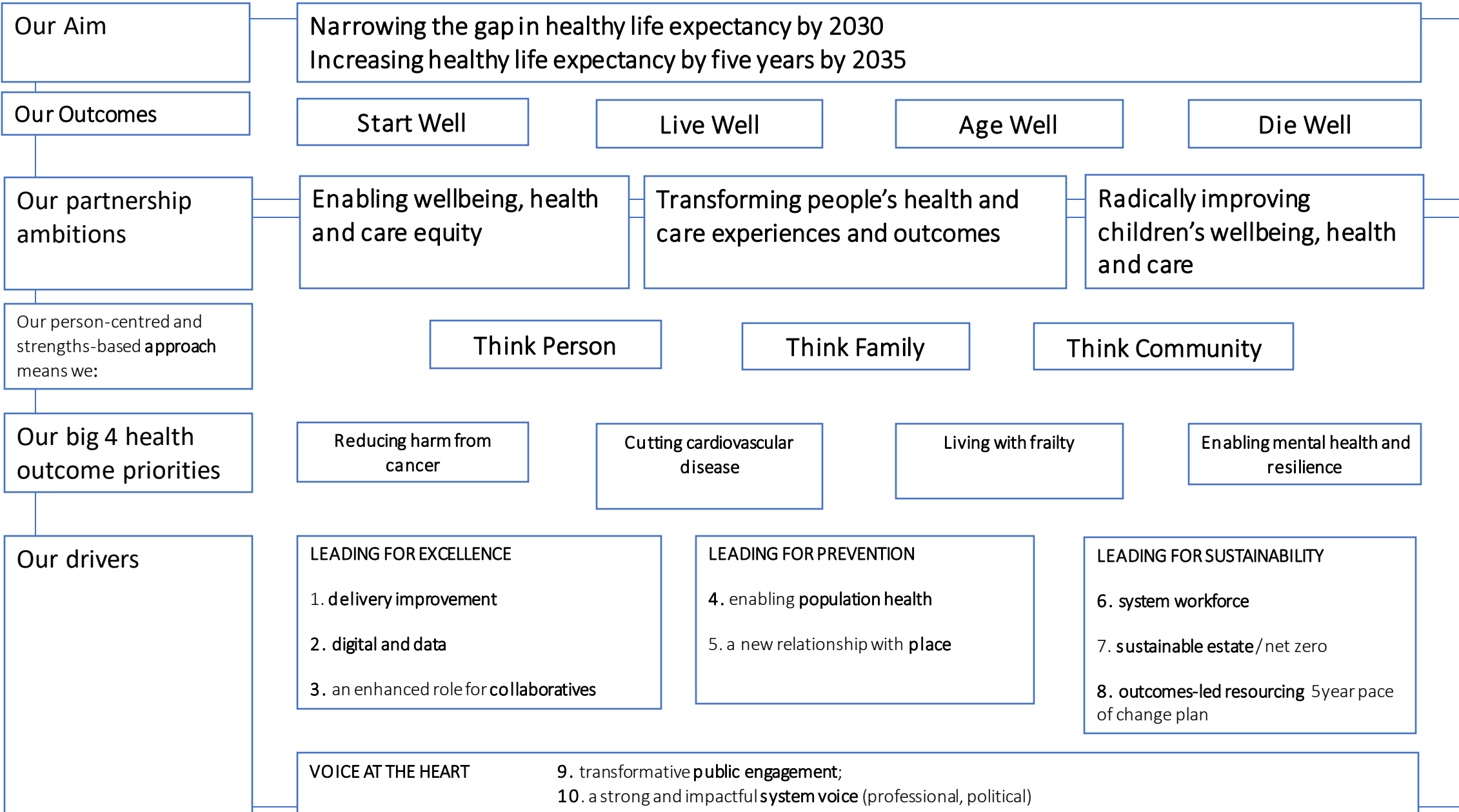
Can we Truly Align Ambition across Partners?

?

Is It Possible to Jointly Own Solutions?

Can we Truly Align Ambition across Partners?





Let's get better together

Investing in the drivers

LEADING FOR EXCELLENCE

1. delivery improvement
2. digital and data
3. an enhanced role for collaboratives

LEADING FOR PREVENTION

4. enabling population health
5. a new relationship with place

LEADING FOR SUSTAINABILITY

6. system workforce
7. sustainable estate
8. outcomes-led resourcing

VOICE AT THE HEART

9. transformative public engagement;
10. a strong and impactful system voice (professional, political)

Is It Possible to Jointly Own Solutions?

Questions to Ponder as a System:

- Who Benefits?
- Who Owns?
- Who Pays?
- So What?

How does a System Manage these
Questions as a system?
An Example.....



Currently Connected Partners



4 Hospitals



2 Community Service Providers



2 Private Hospitals



Yorkshire & Humber Care Record

Connecting care. Improving lives.



1 Care Home



5 Local Authorities



3 Mental Health Provides



2 Hospices



156 GP Practices



2 Ambulance Providers



End Of Life Records



1 Safeguarding Team

Soon to be Connected Partners



1 Primary Care Federation



2 Drug & Alcohol Service Providers



1 Community Service Providers



2 Hospices



Yorkshire & Humber **Care Record**

Connecting care. **Improving lives.**



3 Wheelchair & Community Equipment Service Providers



2 GP Out of Hours Providers



1 Police Custody Service



1 Care Home

Analysis Shows that Patients with EPaCCS More Likely to Die Out of Hospital

'Early data gathered in Northern Lincolnshire from closed EPaCCS records is encouraging as it shows that **only 14% of this cohort of patients die in hospital compared to a national average of 42-45%** and a previous northern Lincolnshire average of between 36-40%. It suggests that the whole process of advance care planning and subsequently recording a patients wishes and preferences in a EPaCCS record in combination makes a significant difference to a patients end of life care journey and ultimately where they die.

We are aware that although take up and use of EPaCCS records is gradually increasing, closing down a patients EPaCCS record when a patient dies is very inconsistent. To give us greater confidence in the data and impact that this process is having we need all patients who have died with an EPaCCS record in place to have their records closed down so that we are capturing the outcomes for all of these patients.'

Dr Yousef Adcock, Consultant in Palliative Medicine at Northern Lincolnshire and Goole NHS FT

Adult Social Care (ASC.01): Time savings by removing need to phone GPs and Trusts for Client Information

Benefit Personas with Projected Values: *Validated by North Yorkshire Council, Hull City Council, & North Lincs Council*



"I had a safeguarding case whereby the person was suspected of having an insulin overdose. We could see from the YHCR how often the nurses attended, and they had regular input, it also has the history of insulin abuse from the client in the past. Although a meeting had to be held and further conversations needed about this incident, access to the YHCR cut call times down as the information was readily available."

Eleanor Namih - Team Manager – North Lincolnshire Council



BENEFIT IN BRIEF

Social Workers make an average of two telephone calls per day, to various health care settings, to obtain critical information about their clients.

For social workers, in ASC, access to the YHCR data via the Interweave Portal, removes the need to contact GP practices and NHS Trusts to find out important health information about the people in their care.

An average of 22.5 minutes is saved every time this information is required by removing the need to make phone calls and spend time waiting in call queues.



BENEFIT METHODOLOGY

Data Points:

- The average time spent on the phone each time information is required from a GP/Trust is 22.5 minutes
- Two calls are made per day equals 45 minutes
- Adult Social Care staff on Grade K average salary is £19.06 per hour (calculated from a mid-point in the pay scale)
- An allowance has been made for Focus ASC to only apply 50% of the benefit to reflect existing SystemOne access

Assumptions:

- The number of staff with access will start at 100 and increase every six months (capped at 1,000 users) this will apply for NYC
- For the remaining five ASC the number of staff with access will start at 100 and increase every six months (capped at 200 users)
- The percentage of staff who access the Interweave Portal twice daily will start at 10% and increase every six months by increments of 10% this will apply to all ASC



PROJECTED BENEFIT VALUE

The combined projected annual benefits of all six ASC providers in HNY based on a **phased roll-out** and **benefit start date**: HCC, NYC, ERYC, NLC, CoYC and Focus Adult Social Care:

Year	Efficiency Savings	Time in days
FY23/24	£685,920	4,800
FY24/25	£1,714,800	12,000
FY25/26	£3,018,048	21,120
FY26/27	£4,595,664	32,160
FY27/28	£6,447,648	45,120
Total over 5 years	£16,462,080	115,200

Potential 5-Year Efficiency Savings

Benefit	Potential 5-Year Efficiency Saving
Adult Social Care: Time savings by removing need to phone GPs and Trusts for Client Information	£16,462,080
Acute: Transfer Of Care (TOC) data supports a reduction in Emergency Department (ED) administration time	£488,370
Acute: Reduction in unnecessary admissions for palliative and end-of-life patients to acute trusts	£6,723,118
Ambulance: Transfer of Care data supports a reduction in ambulance crew time spent in the handover to the Emergency Department	£917,829
Ambulance: Reduction in the number of unnecessary conveyances to hospital	£1,362,205
Total	£25,953,602



Humber and North Yorkshire
Health and Care Partnership

Systems Need to be Integrated
We all need to grow the systems together



Thank You