



# Council of Governors

## Benefits Overview

14<sup>th</sup> March 2019



## PURPOSE

- Provide Council of Governors with an overview of the Benefits Realisation process.
- Look ahead to July when we would like to give Council of Governors live examples of benefits to service users

# AGENDA

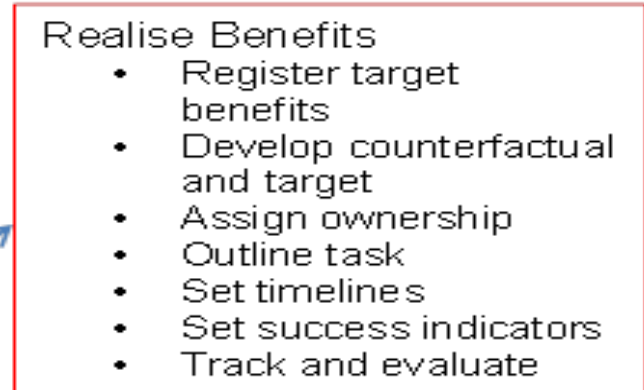
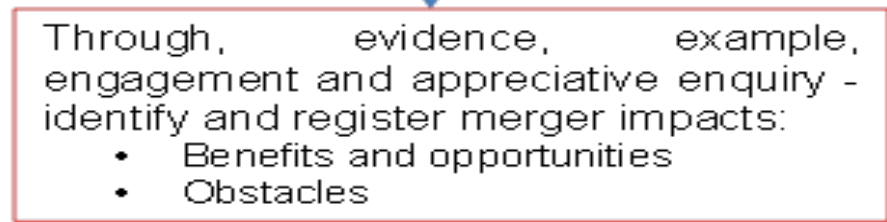
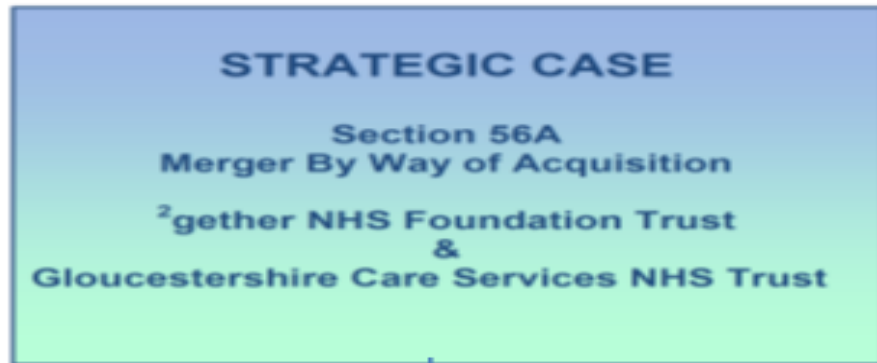
- The challenge of describing our merger benefits
- The process
- How we are going to deliver benefit
- What benefits we are going to deliver
- In the real world

## CHALLENGE OF DESCRIBING OUR MERGER BENEFIT

- Our merger enables transformation and benefit – less direct but greater in scope than other mergers
- Our benefits will be delivered over time on an ongoing basis
- Measuring intangibles (prevention, equity etc) and across the system
- Pinning down the ICS counterfactual
- Desire to avoid top-down ‘management by formula’ at expense of co-production – colleagues and service users



# PROCESS



**Adam's story**

Ensure that people with mental illness and learning disability receive equity of access and outcomes. Improve the care management and outcomes for the population with physical and mental co-morbidity.

Adam is 50 years old and has a long history of bipolar disorder, struggles with anxiety, is over weight and smokes heavily. When Adam's mental health deteriorates he is less able to manage his diabetic medication. Recently admitted to Charlton Lane, he has developed suspected septicaemia due to an infected abscess on his foot. Adam was assessed and treated by Rapid Response in order to avoid an admission to the acute hospital which could have exacerbated his mental health deterioration and delayed discharged home.

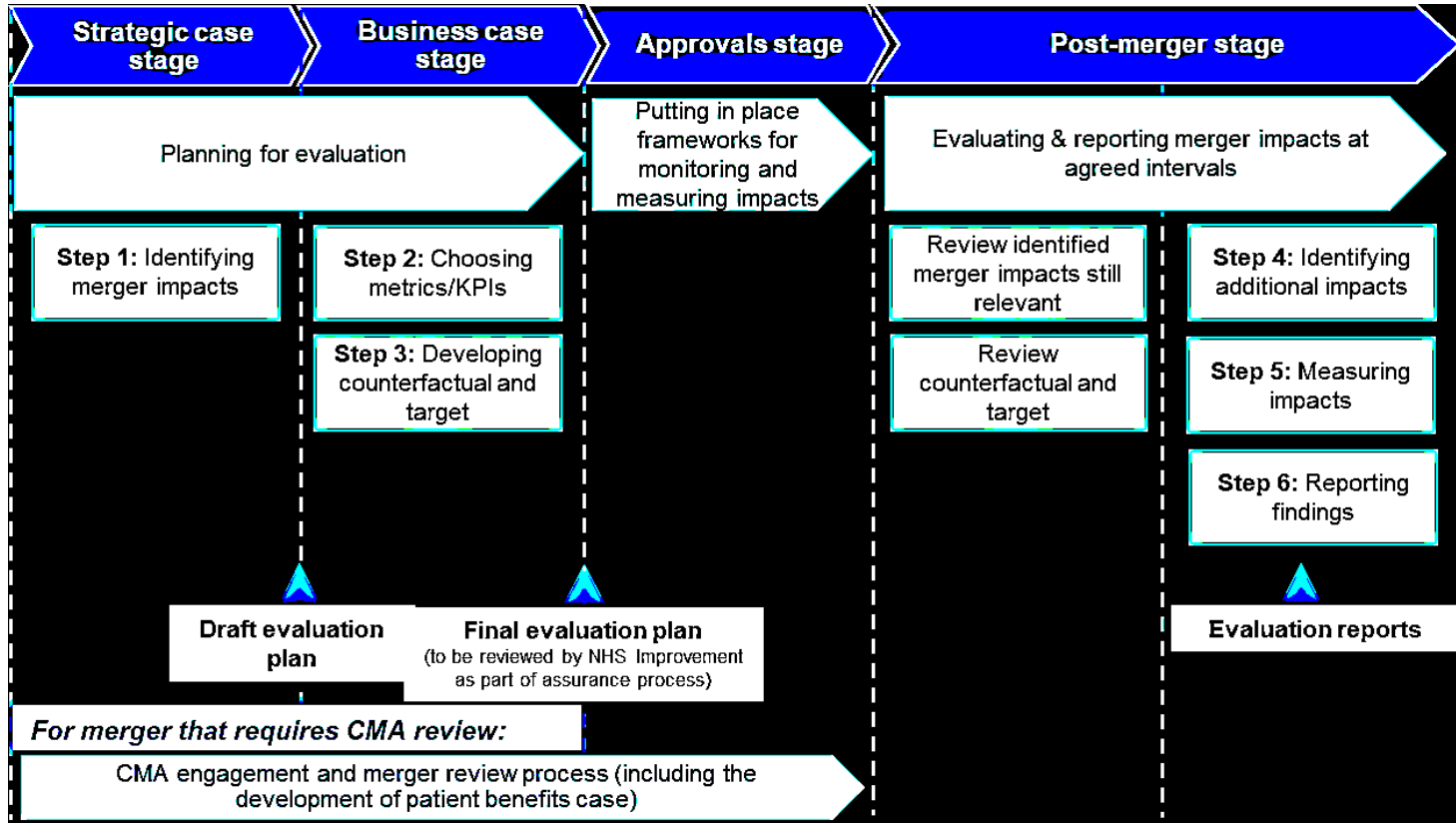
The life expectancy for people with bipolar disorder or schizophrenia is 15 to 20 years below that of the general population, largely as a result of raised rates of cardiovascular disease and other physical health conditions. Poor mental health is associated with higher rates of smoking, alcohol and drug abuse, lower educational outcomes, poorer employment prospects, lower resilience, decreased social participation and worse social relationships – all of which leave people at increased risk of developing a range of physical health problems.

**What's Working Well?**

- Being able to assess and manage urgent physical deterioration and avoid unnecessary admission to an acute environment.

**Even Better If...**

- Establishing this way of working as business as usual
- Joining up learning and development to enhance professional competences and skills
- Sharing data and information to develop a "whole person" preventative approach to risk stratification and care planning
- Developing consistent approaches to support people to adopt healthy lifestyles and to enable self-management



## HOW WE DELIVER BENEFIT

- Transforming Organisation
- Service Objectives
  - Best care, experience, place, evidence, people
- Quality improvement
- In the meantime – ‘permission to act’

## WHAT BENEFITS?

- The compelling narrative
- Benefits table
- Current initiatives – Service user stories



# WHAT BENEFITS?

## CARING FOR AND WITH PEOPLE IN A HOLISTIC WAY

### A COMPELLING NARRATIVE

There is nationally and locally an unacceptable **inequity** of care and outcomes for those with mental health conditions or with learning disabilities and a poor understanding and handling of physical and mental **comorbidity**.

Whilst we are justifiably proud of the high level of care we already provide, we can serve our communities and our health service colleagues better by taking **a whole person approach** and **integrating mental and physical care**, its management and associated **research and development**. We should also make it easier for those with learning disabilities to **access** the physical and mental healthcare they need. We need to do all this at pace and with direction.

There are currently significant non-clinical, structural and regulatory obstacles to our providing the whole person approach and integrated care that our communities need.

These obstacles to transforming care can be best overcome by building on the collaborative approach already in place and integrating the delivery of physical and mental care through a single transformational organisation.

The resulting integrated Trust will be a strong, sustainable and **valued partner** in the emerging health and care system, playing its full role in transforming the well-being of the region through **integrated and place based care**. It will provide evidence-based thought leadership.

## WHAT BENEFITS?

- Benefits table (Strategic Case)
  - Service Users Collective
  - Service Users Individual
  - Trust
  - Local Economy

# WHAT BENEFITS?

## Transformation Programme – Proving the Concept

### Service User Stories x14

**Adam's story**

Adam is 18, lives with his 80-year-old mother, who is a carer for his father. Adam has a learning disability and is currently in a care home. Adam is a young man who is currently in a care home. Adam is a young man who is currently in a care home. Adam is a young man who is currently in a care home.



**Nell's Story**

Nell is 73, has a long history of alcohol misuse and is physically frail. Nell is a very proud woman, enjoys her routine and has a passion for her garden. Nell is a very proud woman, enjoys her routine and has a passion for her garden. Nell is a very proud woman, enjoys her routine and has a passion for her garden.



**Jaya's Story**

Jaya is 72 and recently suffered a heart attack. Jaya is 72 and recently suffered a heart attack. Jaya is 72 and recently suffered a heart attack. Jaya is 72 and recently suffered a heart attack.



**Kody's Story**

Kody is 4 and has learning difficulties. Kody is 4 and has learning difficulties. Kody is 4 and has learning difficulties. Kody is 4 and has learning difficulties.




**Joint QI  
(Under development)**

**Case Study – Adam's Story – Mergers Delivery Project**

**Adam's story**

Adam is 18, lives with his 80-year-old mother, who is a carer for his father. Adam has a learning disability and is currently in a care home. Adam is a young man who is currently in a care home.




**Challenges**

Adam's story highlights the challenges of providing care for a young man with a learning disability who is currently in a care home.

**Case Study – Nell's Story**

**Nell's Story**

Nell is 73, has a long history of alcohol misuse and is physically frail. Nell is a very proud woman, enjoys her routine and has a passion for her garden. Nell is a very proud woman, enjoys her routine and has a passion for her garden.




**Challenges**

Nell's story highlights the challenges of providing care for an elderly woman with a history of alcohol misuse and physical frailty.

**Case Study – Jaya's Story**

**Jaya's Story**

Jaya is 72 and recently suffered a heart attack. Jaya is 72 and recently suffered a heart attack. Jaya is 72 and recently suffered a heart attack.



**Challenges**

Jaya's story highlights the challenges of providing care for an elderly woman who has recently suffered a heart attack.

**Scaling up to system wide delivery x 2:  
focus on system wide influence and impact**

**Better Care Together – Plan on a Page**

Project	Start Date	End Date	Status	Impact
Project 1	2023-01-01	2023-03-31	Completed	Improved patient satisfaction
Project 2	2023-04-01	2023-06-30	In Progress	Reduced waiting times
Project 3	2023-07-01	2023-09-30	Planned	Enhanced staff wellbeing

**Merger delivery projects x 5:  
focus on co-production within the merged organisations**

**Test and learn projects x 3:  
focus on QI methodology**

## WHAT REAL LIFE BENEFITS?

Small but scalable examples of:

- Integrated care
- Parity of esteem
- Improved service user and carer experience
- Improved care
- Improved access to care for those with mental health conditions or learning disability

Quantify





# Council of Governors

## Benefits Overview

14<sup>th</sup> March 2019

