



UPDATE

HOME TRUTHS PROGRAMME:

JULY 2013 UPDATE

WORKING WITH GPs TO REDUCE DEMAND
ON HEALTH AND SOCIAL CARE

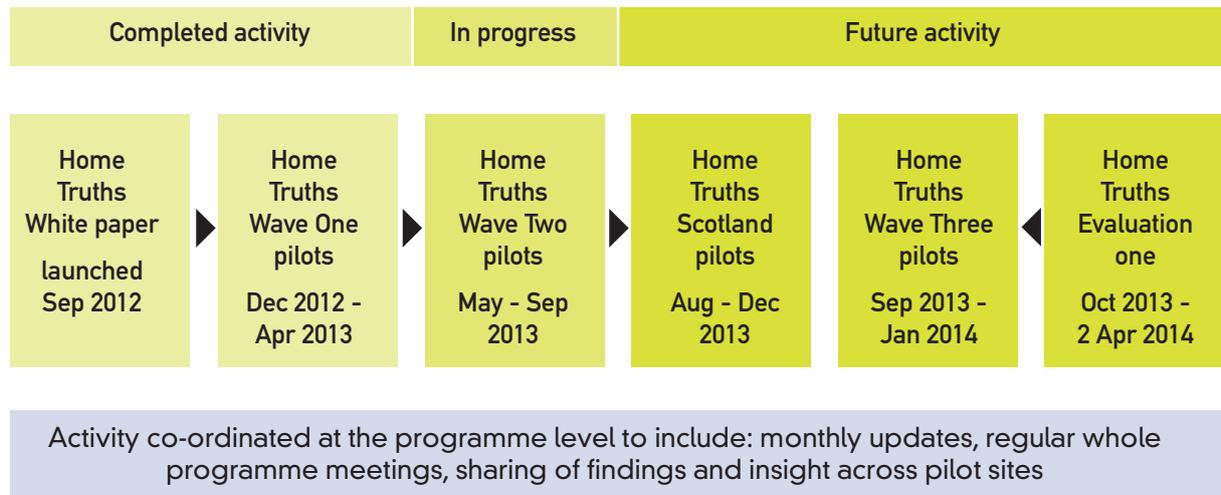
EXECUTIVE SUMMARY

1. *Home Truths* is a co-operative of councils and health bodies working with iMPower and the University of Birmingham to demonstrate that by improving relationships with GPs we can measurably reduce demand for care, improving social care outcomes and saving money.
2. There are currently 11 areas involved in England and Scotland, covering 11 councils, 14 Clinical Commissioning Groups, nearly 5 million people and 3,400 GPs.
3. Building on the core hypothesis, the programme is also arguing for a radical new approach to health and social care integration based on systematically transforming relationships.
4. Through *Home Truths* each site is developing a deeper, measurable understanding of relationships, trust and motivation between citizens and partners across the health and care system.
5. As well as local evidence this work is contributing to a national picture. Themes include:
 - A poor relationship and lack of trust between GPs and social care but a real desire to improve. 56% of GPs say the relationship with social care is poor and 92% would value closer links;
 - A “perception gap” that is as important as any “provision gaps”. 46% rate reablement as poor and 59% don’t believe telecare exists in their area.

It doesn’t matter how good your services are if they are not known or trusted by GPs, older people or other influencers.
6. Improvement plans from the first *Home Truths* six sites are currently being implemented. Each plan is specific to the area but all include improving trust through feedback, process changes and communication. This will change pathways at the early intervention, crisis response or post-crisis stage, leading to measurable outcome improvement and financial savings.
7. Involvement in the programme means on-going collection and sharing of evidence. The first evaluation report will be published in October 2013.
8. Findings so far support the research and conclusions of the original *Home Truths* report published in September 2012, and provide confidence in the potential £600m per annum social care financial benefit.
9. However, an important new finding is that the impact and anticipated savings for the NHS are over £1bn per annum.
10. Councils are invited to express an interest in joining Wave Three starting in September.

THE HOME TRUTHS STORY

Home Truths presents health and social care sites with an approach to understanding how relationships between key stakeholders in the pathway function and a process for identifying excess demand. A timeline of completed and planned programme activity is outlined below:



Areas have worked together in “waves”. Each wave involves a four month pilot stage, followed by continued implementation and evaluation. The six Wave One sites (Barnsley, Croydon, Hertfordshire, Redcar & Cleveland, Wiltshire, Wolverhampton) are now implementing the plans they have developed.

Wave Two sites (Birmingham, Havering, Medway, North Ayrshire and Oxfordshire) are in pilot planning stage. They are collecting local evidence to deepen and widen the national picture.

Wave Three sites are anticipated to start in September.

The next section of this report explores the rationale, methodology and insights from Wave One before setting out our ambitions for *Home Truths* looking forward.

WAVE ONE: SHAPING AND IMPLEMENTING

The objectives of the pilot stage have been to:

- Understand the motivations of GPs and other health and social care partners, exploring how these varying motivations translate into behaviour and assessing the impact of these behaviours on system outcomes and costs.
- Capture local and national insight into the behaviours and motivations of older people- including who influences their decisions and how and when we can help better choices to be made.
- Understand how partner relationships, trust and local service provision interact in each area and how this local context impacts upon system costs and outcomes.
- Develop a suite of site-specific options to help enhance relationships and local services and, where appropriate, share common themes and proposed solutions between participating *Home Truths* sites.
- Determine how agreed project work can be rigorously evaluated to assess the effectiveness of new interventions and benefits shared across the programme.

The key stages are outlined below:

Stakeholder Engagement

Engagement with stakeholders across the care pathway including social care staff, GPs, older people, the acute sector and VCS representatives.

Research

- Quantitative and qualitative research collected with results triangulated between GPs, older people and other stakeholders in the system;
- Comparing local findings with national trends to identify common themes and local differences;
- Research has included:
 - Older people's survey (in 5 sites) to test motivations and influencers, including GP impact – 225 surveys completed across the pilot;
 - GP survey to understand their relationship with social care. The survey examined influences, motivations, knowledge, trust and relationships –154 surveys completed (9% of the GP population across the pilot sites);
 - Interviews with social workers, hospital discharge teams, acute sector staff, GP surgery staff, hospital management and third sector representatives.

Opportunity development

Set of workshops with each operational group including: opportunity long-listing process; opportunity shortlisting; detailed opportunity development and benefits modelling; alignment with national priorities.

RESEARCH AND INSIGHT

As part of Wave One of the programme we have spoken to more than 250 older people, 150 GPs (representing 10% of the population across the sites), over 100 surgery staff, social care staff, CCG members, acute and community staff and hospital discharge teams. This gave a rich picture for each area to compare to national themes. Some of the key insight from the GP survey, and the opportunities it suggest is captured below:

There is a lack of trust between health and adult social care services

GPs told us:

"I don't feel confident that care packages & support services can be relied on to provide services at short notice (especially on Friday afternoons!)"
"Social care is (perceived as) inaccessible (and) remote"

The survey revealed that:

- 56% rate the quality of relationship with social care poor or very poor
- 41% trust hospital discharge team to make decisions in best interests of their patients
- 57% believe social care can make a better assessment of need for residential care than GPs (41% said GPs make better assessment)

This presents an opportunity:

To examine where and why trust and communication between health and adult social care breaks down. Both services have a shared objective of ensure the patient/service user gets the best possible care to meet their needs and discussing this shared aim could be a good way of starting to build trust and tackle barriers in the process.

The desire to improve relationships can be tapped into with positive feedback

GPs told us:

"I can make a referral but often there is no feedback until there is a crisis"
"GPs aren't told about when Homecare services start ... better communications may make GPs/ District nurse feel more confident that an elderly patient remains safe at home"

The survey revealed that:

- 73% trust adult social care to make decisions in best interests of their patients
- 92% would value closer links with social care, 56% strongly value

This presents an opportunity:

To review the pathway and add in positive feedback loops. This will increase practitioner understanding of the health and social care pathway, as well as opening communication channels.

There is value in understanding the perception gap as well as service gaps

GPs told us:

"I am not aware and up to date with what is available"

The survey revealed that:

- 46% of those who knew about the service thought reablement was unsatisfactory or very poor
- 59% said they are aware of no telecare service available

This presents an opportunity:

To inform GPs about the range of social care services available to help older people remain independent and support them at home, as well as details about how to access the service. This should help improve the relationship between health and adult social care.

Incentives and tensions in the system have not been explored thoroughly enough

GPs told us:

" ... 'urgent' seems to mean a different thing to us and Social Services"

"The big concern for me is that cuts ... will lead to ... cost shunting"

The survey revealed that:

- 68% said a reduction in home visits would motivate their advice to patients on residential care

This presents an opportunity:

To talk to health and social care about where the greatest tensions in the system occur and encourage both to understand the issues and restraints facing the other organisation. This will open communications channels and allow the co-design of practical solutions.

GPs are different. Those you see are generally not the ones you want to influence

GPs told us:

"Clearly they could have been managed at home with the right support"

"Of course money wouldn't incentivise us"

The survey revealed that:

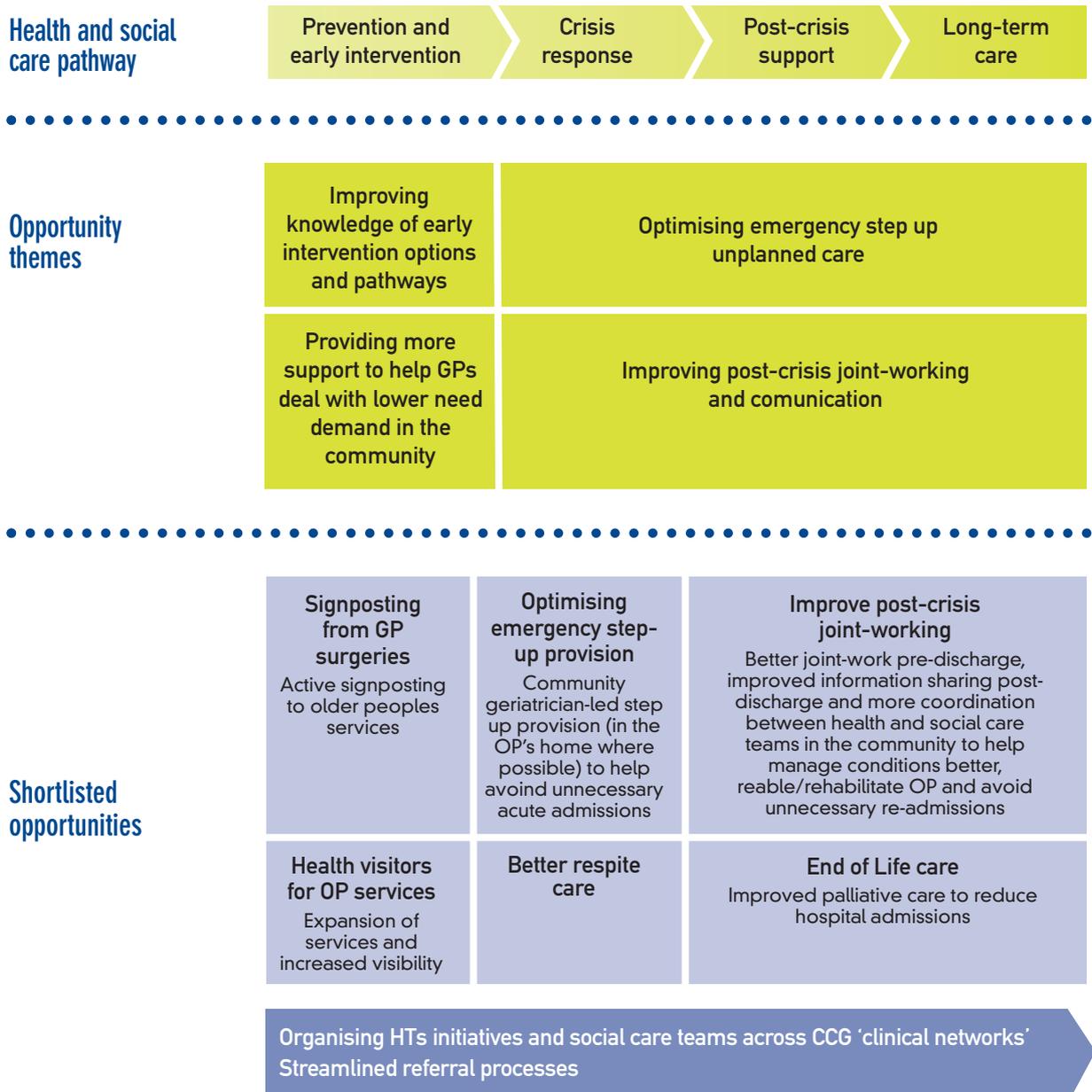
- Half said financial incentive would motivate their advice to patients on residential care but half said it wouldn't

This presents an opportunity:

Engage with GPs to understand the range of motivations and views within the population and ask for their opinions about what can be done to improve the health and social care pathway.

IMPROVEMENT OPPORTUNITIES

Having developed local insight we worked with Wave One sites to review the current health and social care pathway and identify improvement opportunities. At the programme level we co-ordinated shared learning so the sites could benefit from each other's learning and examples of good practice. The diagram below demonstrates range of opportunities identified:



The pilot sites are now implementing the agreed opportunities.

Wave One findings have proven that better engagement with GPs can deliver full pathway benefits through more coordinated and effective prevention and early intervention work, condition management, crisis response and post-crisis care.

An initial evaluation of progress to date will be published in October 2013 with The University of Birmingham (a combination of the Institute of Local Government Studies (INLOGOV) and the Health Services Management Centre, HSMC) supporting the evaluation. Catherine Mangan from INLOGOV explained that:

“We were interested in iMPower’s initial findings about the importance of relationships with GPs and the influence they could have over the social care decisions of their patients. We will be working with the Wave One sites to evaluate the impact of the *Home Truths* approach and to highlight areas for further development.”

Significant benefits have been identified by each of the sites. Overall the benefits modelling has validated the findings in the original *Home Truths* report of a potential £600m per annum financial savings to social care. In addition to this, sites have found significant potential savings to the NHS that are even larger – in excess of £1bn per annum.



A RADICAL NEW STARTING POINT FOR HEALTH AND SOCIAL CARE INTEGRATION

Although *Home Truths* has already unveiled some fascinating insight about the health and social care system, we believe there is much more to be explored. The relationship between GPs and social care is just one of a whole network of relationships that need to be understood.

Ultimately, sustainable health and care means transforming relationships between citizens and the state. Integration will not and should not remove all tensions from the system; social and medical models can still both be valid, with professionals involved having linked but distinct motivations and roles. An integrated system will be one where tensions are articulated, understood and managed. To support successful integration we need a new evidence base containing information and data about relationships, influences and motivations.

Collecting this evidence base is part of the jigsaw of evidence required to design and deliver an optimal health and care system. There are big questions to answer such as: “what prevention and early intervention really works?”, and “what is the right long term balance between community and acute provision?”. Answering them will require the whole sector to contribute evidence about areas that are currently unexplored such as relationships, trust, behaviour and motivations. Through a whole sector approach *Home truths* can start to answer to questions like “do improved relationships reduce demand?” and “to what extent does trust impact outcomes?”

Sustainable health and social care requires a transformed relationship between citizens and the state. A deeper understanding of relationships with citizens and between parts of health and care is central to delivering a truly integrated system.

“Every Health and Wellbeing Board would benefit from having an update on the insights from the *Home Truths* programme to help us keep focused on what we are really trying to achieve”

HOW TO GET INVOLVED

Home Truths Wave Three will involve more detailed research into the health and social care system, and will benefit from the findings from Wave One and Two implementation projects.

Wave Three sites will be expected to commit to:

- collect a new evidence base on behaviours, perceptions and motivations
- start in September 13 – engaging partners sufficiently, but understand all partner formal sign off is not appropriate
- act on the outcomes – this is not an interesting research programme, it is designed to lead to genuine improved outcomes for individuals and cashable savings
- Provide on-going evidence and honest feedback for the evaluation reports
- Provide resources – as well as the £70k project fee this includes one day per week project lead, approximately 50 interviews, three senior stakeholder workshops, attendance at whole programme events

If you are interested in joining Wave Three (due to kick off in September) please contact iMPower (see details below) to express an interest. This involves a commitment to:

- Scheduling time for an initial discussion with iMPower;
- Setting up a workshop decision session for the 3-4 key decision-makers in July or August



FURTHER INFORMATION AVAILABLE

The Home Truths white paper

Available to download here:

<http://www.impower.co.uk/public/upload/impowerdemandmanagementhometruths.pdf>

Home Truths – Information for GPs

Two page summary of the prototype programme. Available from iMPower

ADASS Spring seminar presentation

Home Truths presentation from the 2013 ADASS Spring Seminar

Media coverage of Home Truths

Via websites: Guardian, MJ, localgov, Government opportunities, local government executive, practice business, GovToday, Community Care, Kings Fund, Active Care Thinking, Health Matters

Or contact iMPower for copies

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