

Securing quality and sustainable care for Greater Nottingham

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Overview

- Quick recap
- The challenge we face
- Building a new system
- Specific examples
- Where you can help
- Next steps



Quick recap – our ambition

Care
organised
around
individuals
not
institutions

Removal of
organisational
barriers
enabling
teams to work
together

Resources
shifted to
preventative,
proactive care
closer to
home

***“Creating a sustainable, high
quality health and social care
system for everyone.”***



High quality,
accessible,
sustainable
services

Services based
on the real
needs of the
population

Hospital,
residential
and nursing
homes only
for people
who need care
there

A new philosophy

Outcomes: From process measures and targets to improving outcomes that matter to the population

Populations: From institutional care (primary, secondary) to a focus on whole pathways for defined population groups

Value: From volume to value, with a focus on prevention and proactive care

Integration: From care organised around professional groups and organisations, to joined up services around the needs of service users and a transformed workforce

Accountability: To service users/citizens, to each other and to the success of the system



The scale of the challenge

- **Local people want**
 - Support to stay well and independent
 - More care provided closer to home
 - Joined-up services
- **Demographic changes**
 - 5% increase in population by 2021
 - 11% increase in over 65s by 2021
- **Economic context**
 - At least £140 million financial gap by 2018/19



The size and scale of the challenge can only be met by working together and through significant transformation across the whole health & care system

The national context

- **Five-Year Forward View**

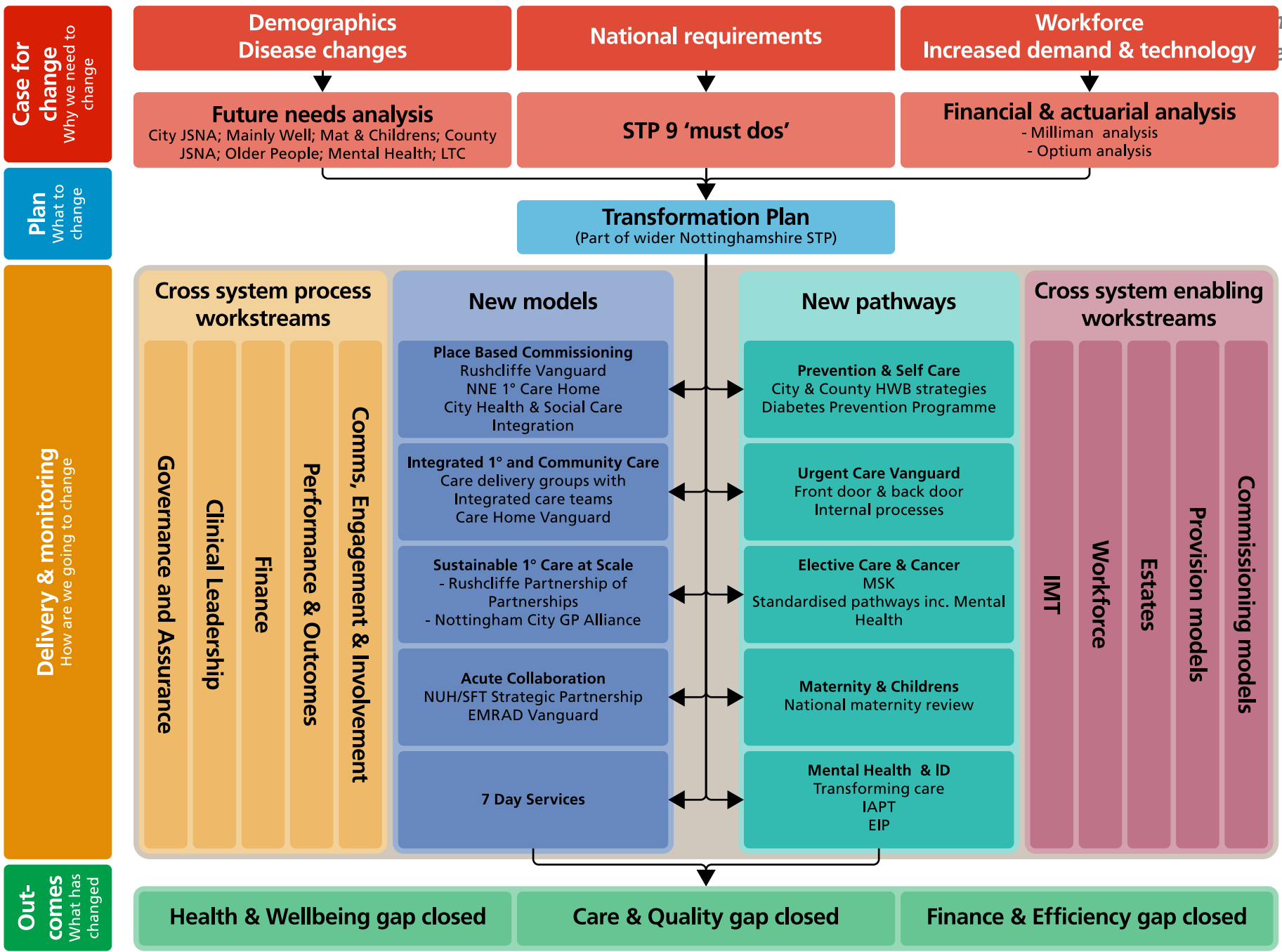
- set out plans to reduce the gaps in health and well-being; care and quality; funding and efficiency
- new requirement for Sustainability and Transformation Plans (STPs) based on local populations (not organisations) to act as the blueprint for implementing the scale of change set out in the Five-Year Forward View
- STPs will be submitted at the end of **June 2016** and cover the period October 2016-March 2021
- national planning guidance for 2016/17 requests health & social care to “**go faster on transformation in a few priority areas, as a way of building momentum**”

Building a new system of care

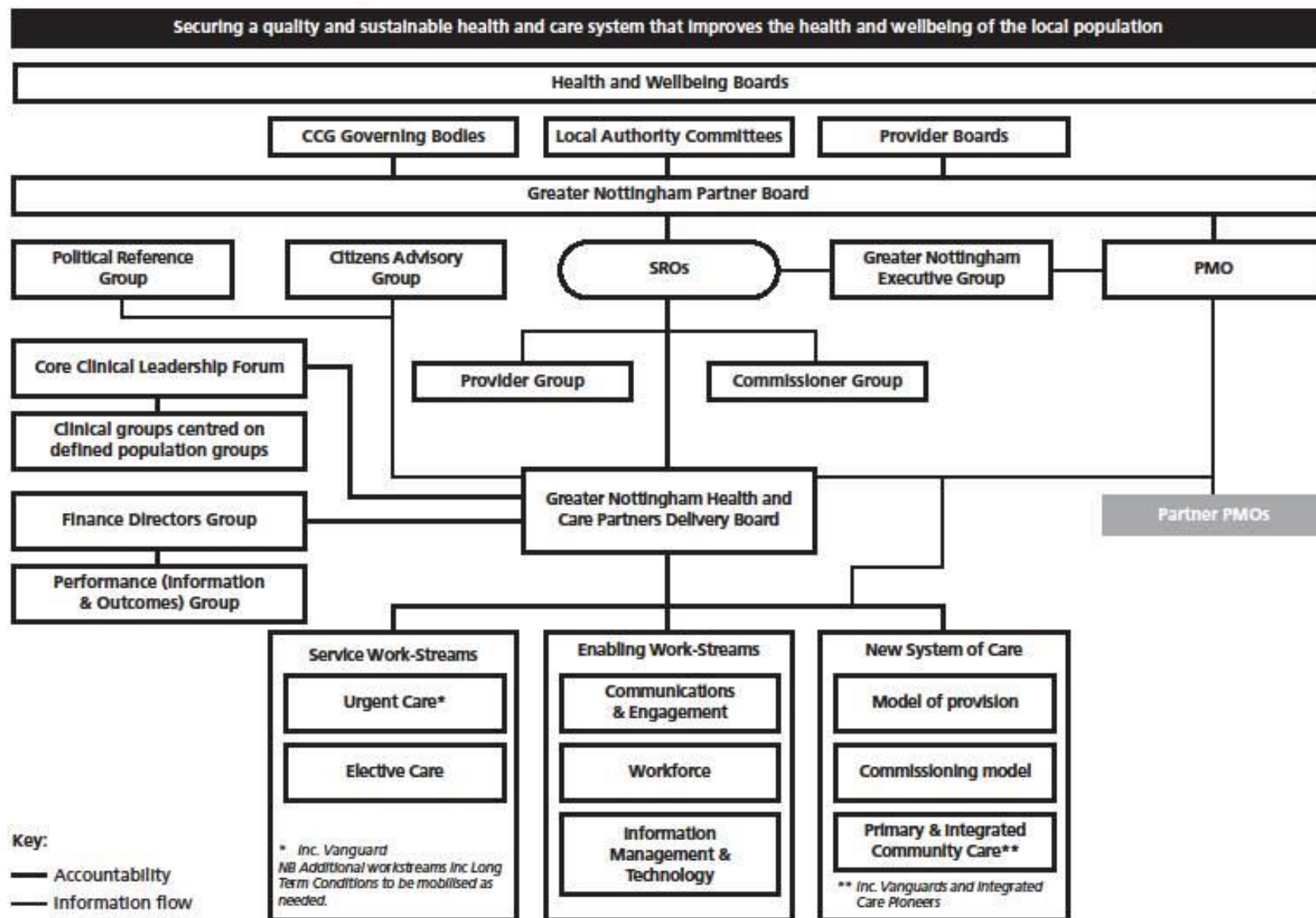
- Integrated planning
 - STP to include a whole system integrated workforce plan
- Integrated delivery; including these examples
 - Urgent and Emergency Care Vanguard
 - Multi Specialty Community Provider Vanguard
- Integrated governance

System leadership

- The STP is more than a plan; it requires
 - local leaders coming together as a team
 - developing a shared vision with the local community bringing together the “golden threads” of our health and wellbeing priorities linked to Joint Strategic Needs Assessments and meeting the gaps in health, quality and finance
 - programming a coherent set of activities to make it happen
 - execution against plan and maximising the resources linked to the STP process
 - learning and adapting to make transformation sustainable



Greater Nottingham Health and Care Partners - Governance Structure



Vanguard sites

- Vanguard sites are the national development programme for new models of care
 - part of delivering the Five-Year Forward View
- The aim is to lead the way for quality improvement and integration of services
 - providing a blueprint to inspire other health and care communities
- **Greater Nottingham** has four vanguards:
 - **Urgent Care:** one of 8 urgent and emergency care partnerships across the country
 - **Principia Partners in Health:** one of 14 Multi Specialty Community Provider vanguards focused on providing care local to the patient, out of hospital
 - **Nottingham City CCG:** health in care homes, one of six models across the country supporting older people with proactive, multidisciplinary care where they live
 - **EMRAD:** East Midlands Radiology Vanguard hosted by Nottingham University Hospitals NHS Trust

Urgent and Emergency Care

- Led by the **Greater Nottingham System Resilience Group (SRG)** made up of commissioners and providers from health and social care
- The SRG aim is to develop and deliver transformational change and operational delivery during the process of change
- Vanguard enables acceleration of change across a number of aspects:
 - Clinical navigation
 - Development of a Primary Care Hub at the front door of A&E
 - Mental health
 - Integrated urgent care (including clinical hubs)
 - Transfer of care

The new model

NHS 111

A single service for advice, treatment and direct booking to most appropriate service for you at a time convenient to you

Integrated service for mental and physical health needs

Integrated Urgent Care

Care close to home whenever possible

Seen by most appropriate clinician, wherever you choose to go

Critical services open 7 days a week

When you no longer need acute care, you will be transferred safely and swiftly

Communication

Clinician-clinician discussion of the best emergency and urgent care plan for you

Your records available to the clinician treating you

Easy access to information about the shortest waiting times at any given time

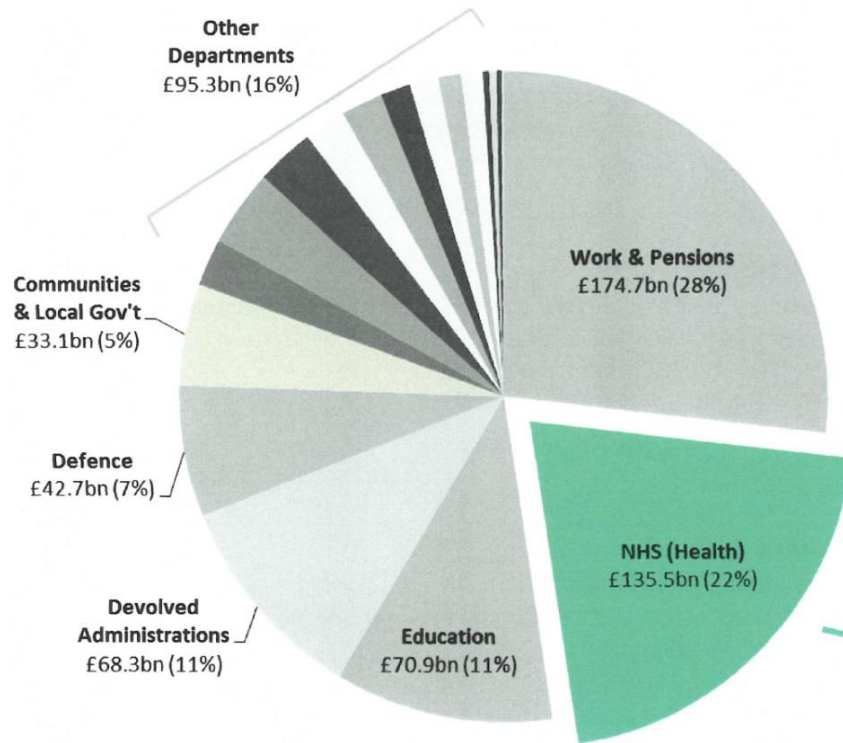
Shared decision-making about your care

2016 - 2018

Principia Multi Specialty Community Provider

Context of the challenge

NHS spending constitutes the second largest spending budget in government - c22% of total government spending.

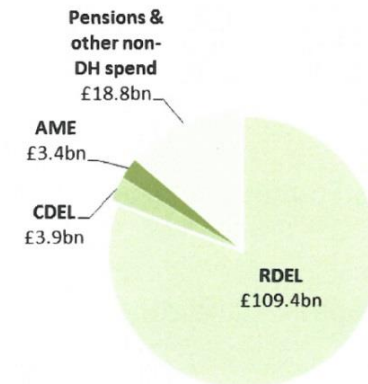


Total Departmental Expenditure 2014-15

Data source - PESA 2015

Other Departments:

- Chancellor's Departments, -£15.5bn
- Business, Innovation & Skills, £24.7bn
- Transport, £19.1bn
- Home Office, £13.5bn
- Cabinet Office, £13.4bn
- International Development, £9.8bn
- Energy & Climate Change, £9.3bn
- Justice, £7.4bn
- Culture, Media & Sport, £7.1bn
- Foreign & Commonwealth Office, £2.0bn
- Environment, Food & Rural Affairs, £2.4bn
- Small & Independent Bodies, £1.5bn
- Law Officers Department, £0.6bn



NHS (Health) TME Breakdown

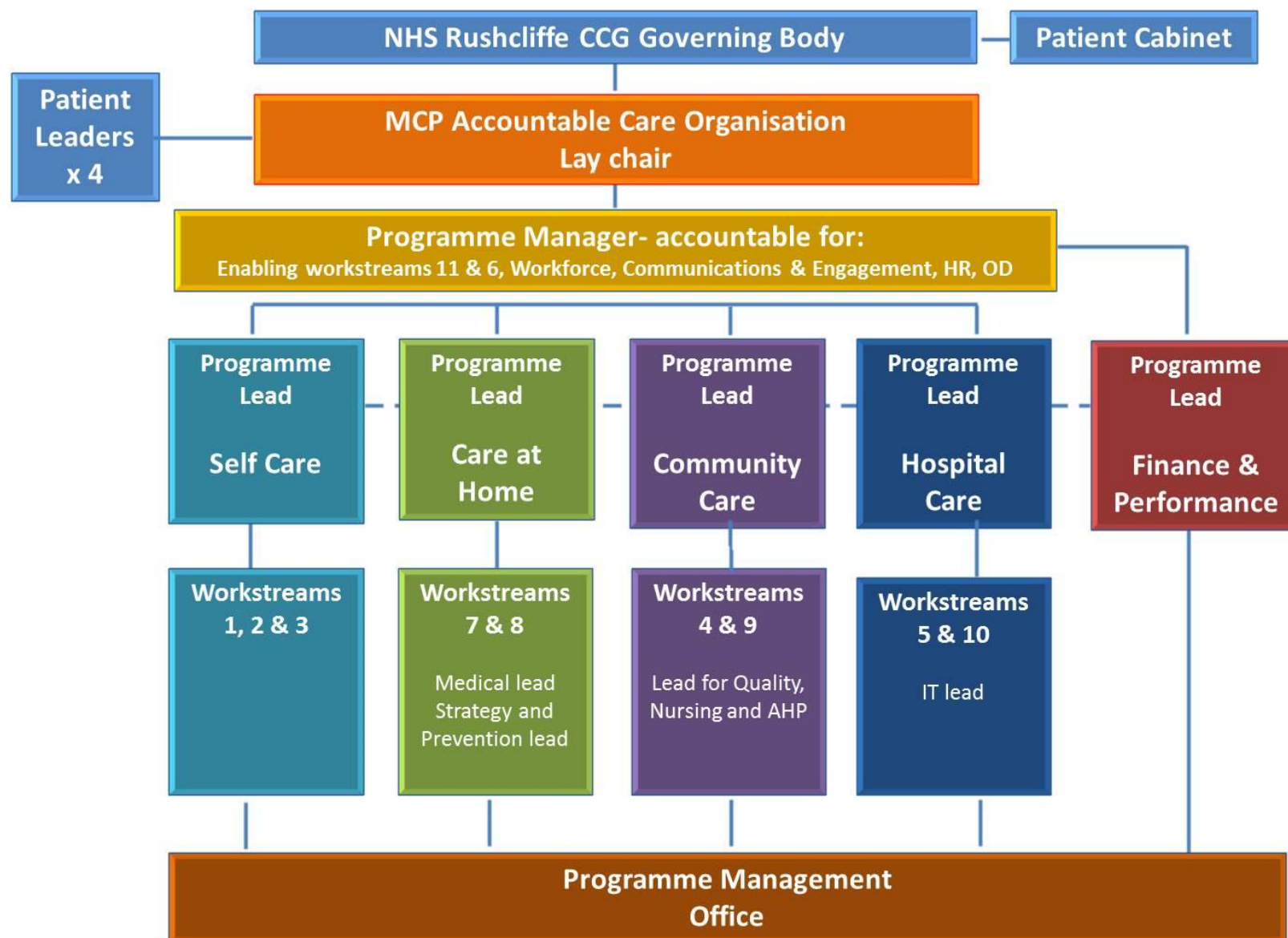
Principia Multi Specialty Community Provider

MULTISPECIALTY COMMUNITY PROVIDERS MOVING SPECIALIST CARE OUT OF HOSPITALS AND INTO THE COMMUNITY



The MCP is creating a care system which is **re-organised and out of hospital**, founded on best in class with **increased capability and capacity working in partnership with other providers** in a **culture of mutual accountability and commitment** and brings benefits to all.

MCP Draft Governance Structure – in development



Development of PartnersHealth

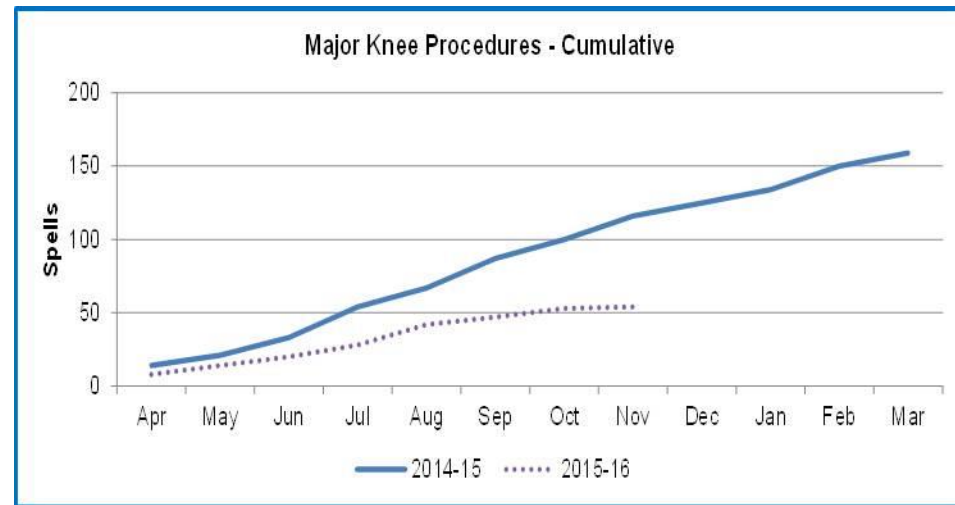
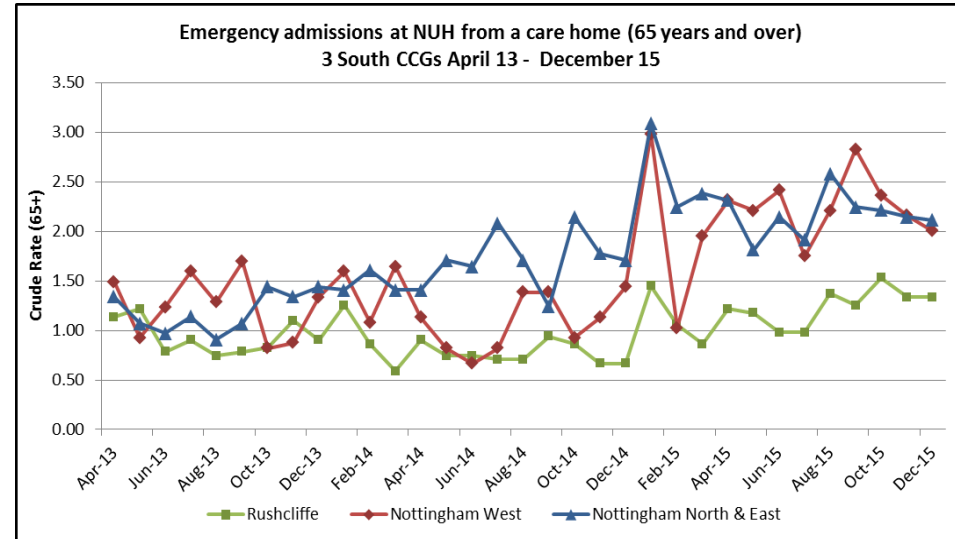
GP Federation (LLP) formed in November 2015 comprising 11 General Practices:

- The GP provider interface for healthcare services in Rushcliffe
- Drive continuous quality improvement
- Focus on the design and delivery of sustainable healthcare solutions providing higher quality patient centred care
- Develop new alliances to enable service integration and transformation
- Act as a lead provider within the MCP



What's different?

- Enhanced Support to Care Homes
 - GPs aligned with local care homes
 - Joined up working with community services
- Community led Fracture Liaison Service
 - GP Practice led
 - Nurse led
 - Care closer to home
- Community trauma and orthopaedic clinic
 - Hospital consultants in a community setting
- Community gynaecology clinic
 - Secondary care consultants working alongside GPs
 - Non-complex interventions provided in a community setting



Intention

- Development of PartnersHealth
- Creation of a new model of care led by a local organisation which can be accountable for the health care provision for the local population
- Working with our local partners to create the MCP
- Opportunity to develop and build our self care approach
- Developing the role of patients? 'customer owners'
- Focus on prevention across primary and community services
- Focus on integrating services across primary, community and mental health services.

What do patients think?

Fracture Liaison Service – Richard says...

“It was such a positive experience.

“Now I only have to go back for treatment about every 18 months which is much better than having to remember to take pills every week.

“I don’t use the NHS a lot as I’m not an ‘ill’ person, so it’s wonderful that it all comes together and the service is so good when you do need to use it.”

How you can help

- Support and agreement for the Sustainability and Transformation Plan
 - a new approach
 - short timescales
- System leadership
 - enabling and driving transformation
- Supporting the difficult decisions ahead
 - achieving financial balance and sustainable funding over the next five years

Next steps for the Programme

- Development of the STP – engagement with stakeholders on key priorities
 - additional national guidance and technical information due imminently
- Delivery of 2016/17 transformation priorities
 - New pathways of care including Urgent Care and Musculoskeletal services
 - New models of care including the Principia MCP
- Strengthened governance arrangements to assure success

Thank you

