

New Models of Care – Update to the Health and Wellbeing Board – September 2015

Helping to shape future health and social care in Mid Nottinghamshire

Nottinghamshire heritage and impact on population health





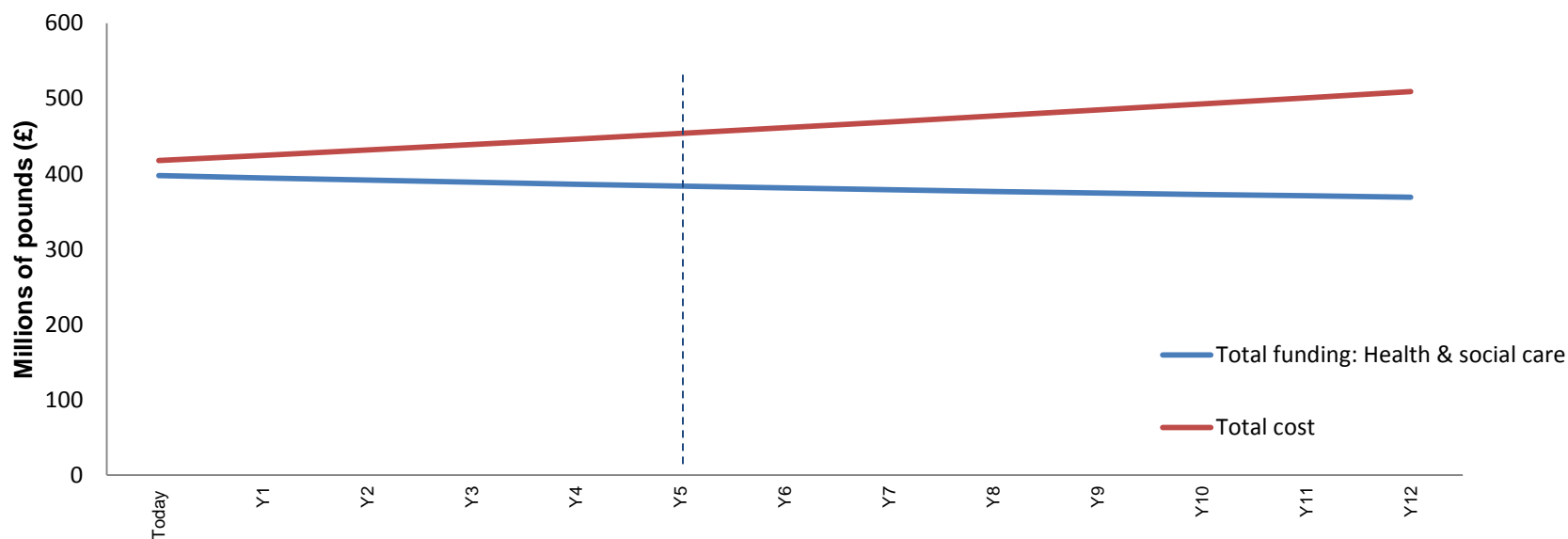
What are we trying to achieve?

Patients and healthcare professionals have told us that our services are:

- **Disease specific – patients often under the care of 3 or more different teams / individuals**
- **Fragmented, with poor communication between teams**
- **Confusing – Professionals and patients don't always know what services are available and how to refer to them**
- **Frustrating, with lengthy referral times / waits**
- **Inconsistent, with patients falling through the gaps**
- **Limited, particularly in relation to a lack of out of hours cover – only option for some is 999**
- **Overloaded, especially primary care and community services**
- **Reactive – care is based around crisis management**

Sustainability as a system

£70 million projected gap within 5 years



Note: Figures as at 2012/13

Service Ambitions and Benefits

Mid-Nottinghamshire health and social care roadmap for the next 5-10 years

| | |
|---------------------------------------|---|
| Long-term conditions (proactive care) | Scaling up and expansion of integrated health and social care community services (PRISM programme) to make frail and elderly care more proactive and community-based |
| Urgent care | Integrated urgent care service; right care in the right place from the right professional – integrate GP and A&E / MIU services and develop a care navigation service to ensure people get to the right service in hospital or community settings |
| Elective care | Review each specialty to ensure that safety and viability standards are met – use existing capacity more effectively, Map of Medicine |
| Women and children | Rapid medical assessments for children and pregnant women. Children with complex needs have joined up packages of care and more support in the community |

“What is important is that I get home and stop at home.”



- The Programme has been in place since April 2013
- Providers, commissioners and local authorities are all working together to make services more joined up and sustainable for the future
- Changes are already happening and the whole system will change over the next five years
- We have to all work together to ensure services are sustainable for future generations
- No organisation can solve the challenges of an ageing population and increased demand for care on their own

What is the Vanguard?

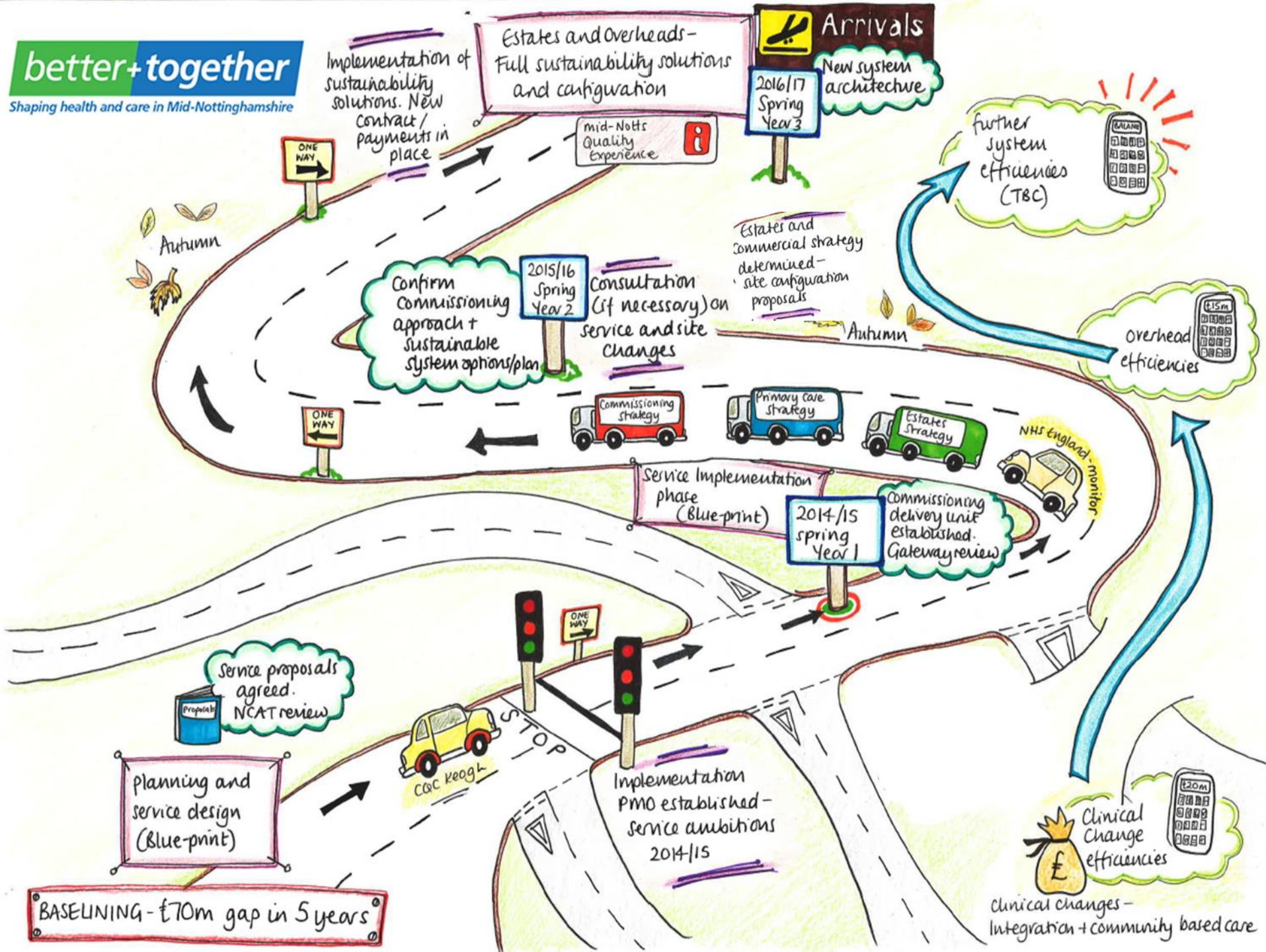
- **National recognition and support / resources to take forward Better Together at scale and pace**
- **In line with the NHS 5 Year Forward View**
- **PACS (primary and acute care system) now known as I(integrated)PACS**
- **Multi-specialty Community Providers (MCPs) don't include secondary care, but the aspiration is for them to move towards PACS models over time**
- **Horizontal integration (partnership approach, not take over was always part of the mid-Notts bid)**
- **Initial indications from the national team are that our key areas for support will be capacity for transformation and primary care at scale**

Patient and public engagement



- Plans systematically informed by public views
- 700 champions
- 450 people contributed to outcomes framework
- E-newsletter to 40,000 people
- Regular public events





better+together

**Re-commissioning to achieve
service transformation
OUTCOMES BASED
COMMISSIONING**

Benefits of OBC

1

Increased focus on whole-person care

- OBC **aligns incentives** across the care economy to deliver the outcomes that matter to patients and the public.
- **Rewards outcomes and not just activity** - OBC puts resources in the right place in the system to maximise value

2

Enabling collaboration and integration

- **Improved patient experience** through reduced fragmentation
- **Providers** are supported, and incentivised, to **collaborate** in order to deliver whole person care
- Delivery of **improved models of care**

3

Realising efficiencies in the system

- **Promotes** investment in **prevention**, quality improvements and working practices
- Can **reduce duplication** across the system
- Opportunities to deliver care in **lower cost settings**

Outcome Domains

Population Health

The impact of health services on the health of the population such as preventing premature mortality and overall prevalence.

Quality of Life

The overall quality of life that patients and services users are able to have as a result of health and care services. This can include independence and the management of conditions

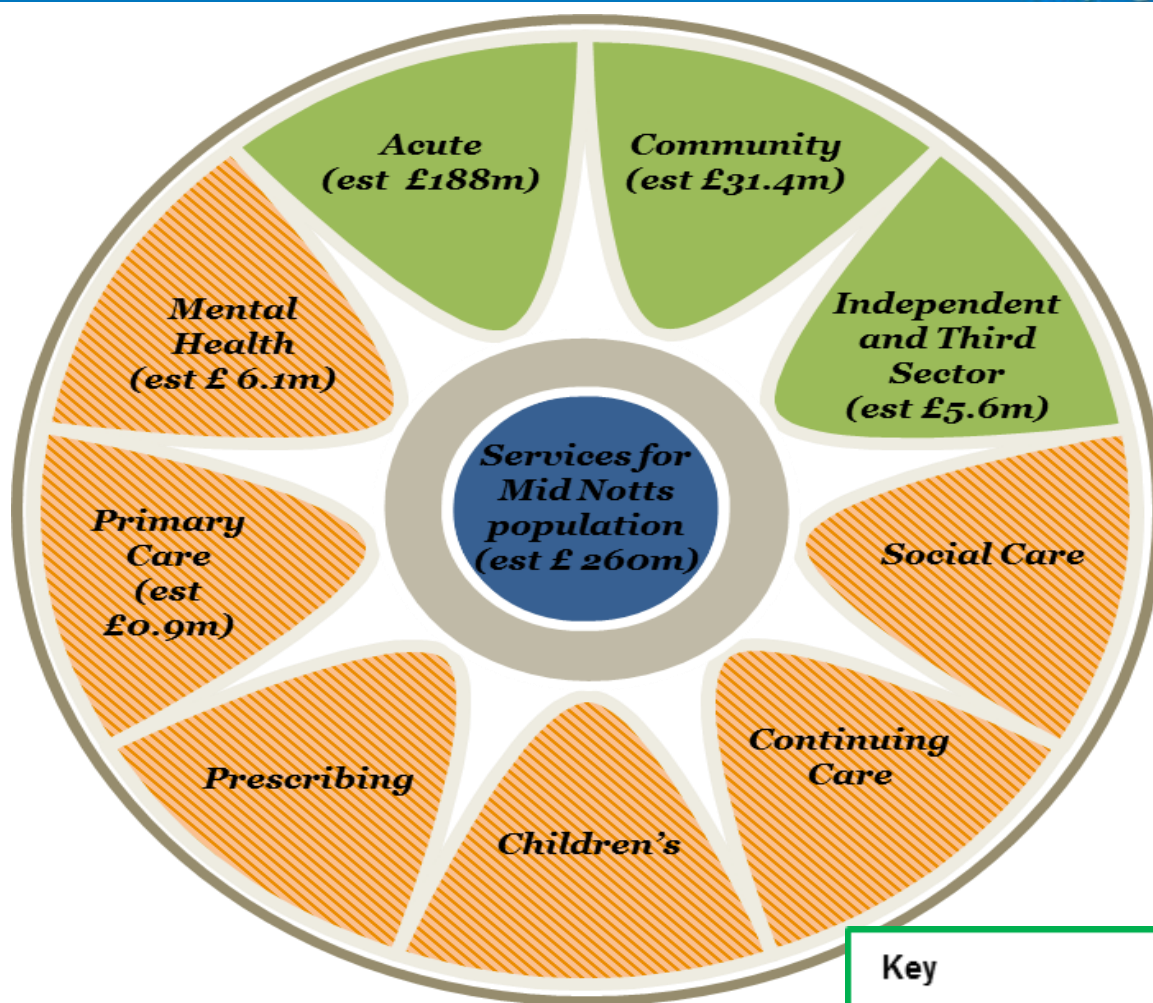
Quality of Care

The experience people have of health and care, the need to safeguard users and any unintended consequences of care.

Effectiveness of care


The results of or impact of care on services users. This includes immediate and long term recovery.

Proposed scope of the capitated payment



Key

 In scope

 Some elements not immediately in scope, but to be brought in scope ASAP

The figures on this chart have been rounded for presentation

- Longer-term contracts (5-10 years)
- Baseline commissioner income and spend on in-scope services
- Financial and demographic projections (ONS, demographic mix, disease prevalence)
- Price inflation assumptions (based on NHS England planning assumptions)
- Incentive calculations
- Risk and reward mechanisms
- Vanguard group working with Monitor

Making the most of whole-system leadership: Alliance Contracting

“A co-operative relationship between a client and key Suppliers to deliver significant project performance improvements AND enhanced business results for all involved”

What is Alliance Contracting:

When to use Alliance Contracting

- **Complex risks and interfaces**
- **Difficult stakeholder issues**
- **Likelihood of scope changes e.g. technological change or political influence**
- **A need for customer ‘involvement’**
- **Threats or opportunities that can best be managed collectively**

What is Alliance Contracting: **Alliance Contract**



←
Overarching Alliance contract between Commissioners and Providers includes governance, risk/reward mechanism and performance regime

←
Individual bi-lateral service contracts with Provider Participants incorporating, for example, mandatory NHS Standard Contract terms

Challenges and Opportunities:

- Provider and commissioner roles – some divisions, but leadership roles vary across the country
- Managing system dynamics – moving from polite agreement (but no action) to joint effort, commitment and problem solving
- Cultural issues – old and new behaviours (interpretations of new ways of working)
- Understanding each other across the system
- People aren't all excited by transformation and don't necessarily welcome change – even on a burning platform
- Alignment across the system – regulators, all providers, local government , commissioners
- No rule book, but it takes more time than you expect

Discussion and Questions