Integrating care locally
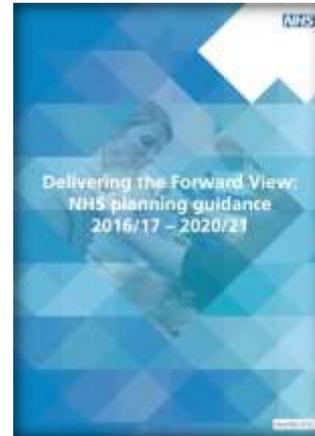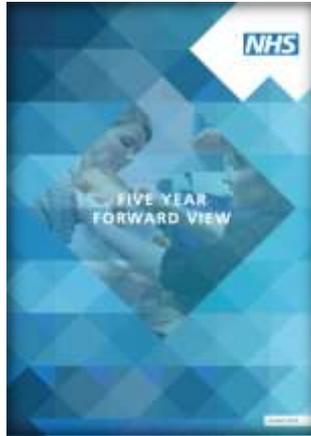
NHS Five Year Forward View 2014

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need."

Society is changing and the NHS must adapt

- Life expectancy rising by an average of five hours a day

- Half a million more people aged over 75 than in 2010

- People with multiple long-term conditions to rise 50 per cent in decade to 2018

- 80% of obese children will grow up to be overweight or obese in adulthood

How the NHS and local authorities are integrating care?

NHS England

2014 – <u>NHS set out new vision (NHS Five Year Forward View)</u> saying break down barriers between:

- GPs and hospitals
- Physical and mental health
- Social care and the NHS

2015 – NHS started piloting five new models in 50 areas across England known as 'vanguards'

2016 – NHS sets up 44 sustainability and transformation partnerships (STP) covering all England - last October each STP published MK1 proposals for development

2017 - NHS published the NHS Five Year Forward View: Next Steps - promised the "biggest national move to integrating care of any major western country"

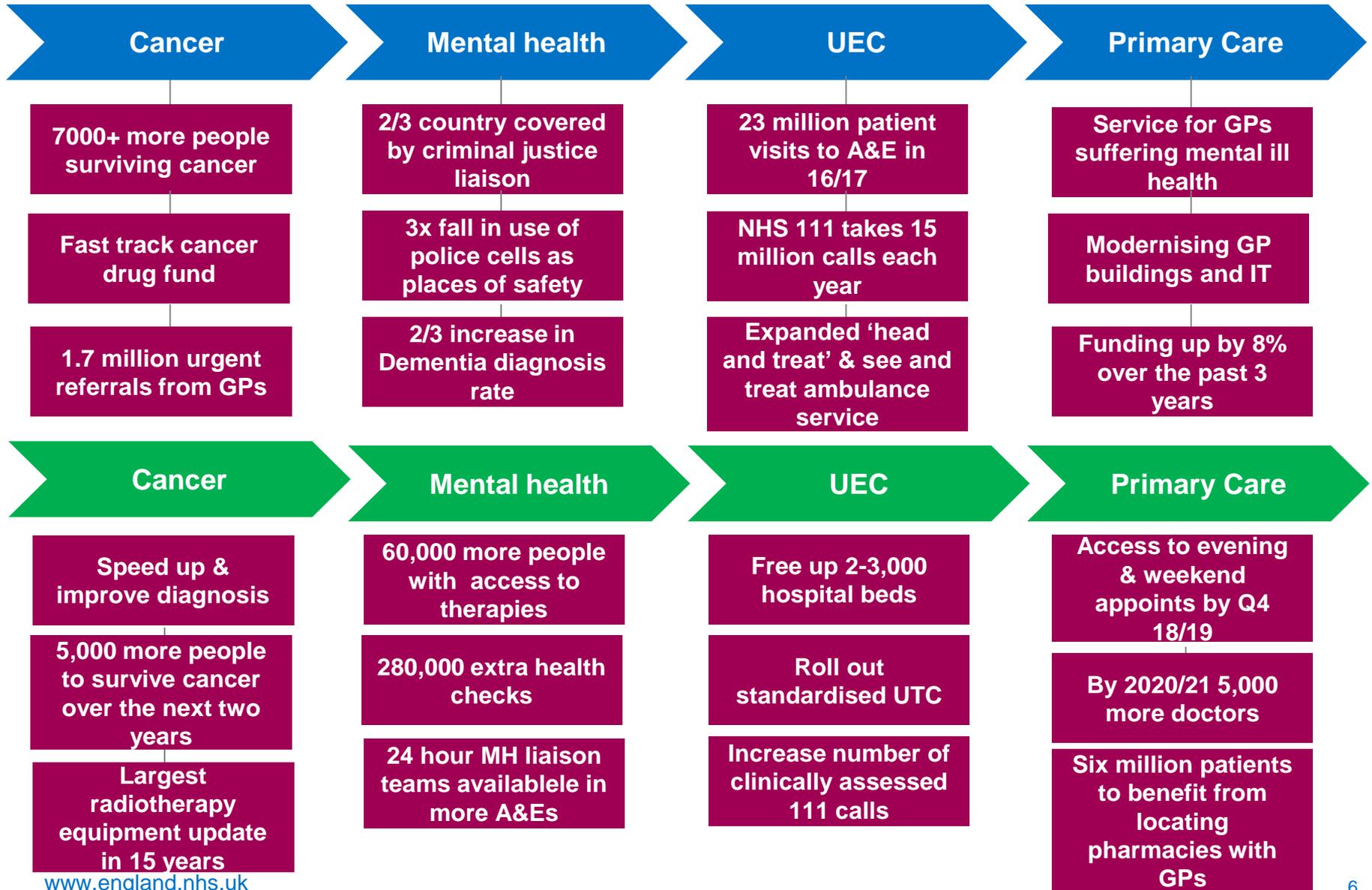# Eight accountable care systems and two devolution arrangements

Eight accountable care systems:

- Frimley Health including Slough, Surrey Heath and Aldershot
- South Yorkshire & Bassetlaw, covering Barnsley, Bassetlew, Doncaster, Rotherham, and Sheffield
- Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe
- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- Berkshire West, covering Reading, Newbury and Wokingham
- Buckinghamshire

Two devolution arrangements:

- Greater Manchester
- Surrey Heartlands

Top priorities – progress and next steps

NHS England

Cancer

- 7000+ more people surviving cancer
- Fast track cancer drug fund
- 1.7 million urgent referrals from GPs

Mental health

- 2/3 country covered by criminal justice liaison
- 3x fall in use of police cells as places of safety
- 2/3 increase in Dementia diagnosis rate

UEC

- 23 million patient visits to A&E in 16/17
- NHS 111 takes 15 million calls each year
- Expanded 'head and treat' & see and treat ambulance service

Primary Care

- Service for GPs suffering mental ill health
- Modernising GP buildings and IT
- Funding up by 8% over the past 3 years

Cancer

- Speed up & improve diagnosis
- 5,000 more people to survive cancer over the next two years
- Largest radiotherapy equipment update in 15 years

Mental health

- 60,000 more people with access to therapies
- 280,000 extra health checks
- 24 hour MH liaison teams availablele in more A&Es

UEC

- Free up 2-3,000 hospital beds
- Roll out standardised UTC
- Increase number of clinically assessed 111 calls

Primary Care

- Access to evening & weekend appoints by Q4 18/19
- By 2020/21 5,000 more doctors
- Six million patients to benefit from locating pharmacies with GPs

New models of care

50 areas around England – covering more than five million people - working to redesign care:

- Integrating community services (GPs, community nursing, social care), moving specialist care out of hospitals - **multispecialty community providers (MCP);**

- Joining up GP, hospital, community and mental health services - '**Primary and Acute Care Systems' (PACS)**;

- Linking local hospitals together to improve clinical and financial viability, reducing variation in care and efficiency - **'Acute Care collaborations' (ACC)**;

- Offering older people better, joined up health, care and rehabilitation services - '**Enhanced Health in Care Homes'**.

Result show slowed growth in emergency hospitalisations by up to two thirds compared with other less integrated parts of the country.

Sustainability and transformation partnerships

- Not new statutory bodies but partnerships between exiting NHS organisations including local government;

- All at difference stages of development and moving at different speeds – MK1 proposals published;

- Each will work according to the needs of different parts of the country;

- Leaders being formally appointed and metrics to be published later this year.

Accountable care systems

NHS organisations (commissioners and providers), often in partnership with local authorities, take on collective responsibility for resources and population health, providing joined up, better coordinated care.

- Fast national track priorities - taking strain off A&E making it easier to see a GP, improving access to cancer and mental health services.

- More control over funding available supporting transformation.

- Accountability for improving health and wellbeing of population.

To become ACSs, STPs take accountability for delivery in exchange for additional freedoms

NHS England

STPs must be able to:

1. Agree an **accountable performance contract** with NHS England and NHS Improvement;

2. Commit to shared performance goals and a **financial system 'control total';**

3. Create an effective collective decision making and **governance structure;**

4. Demonstrate they are **integrated;**

5. Deploy rigorous and validated **population health management capabilities;**

6. Establish clear mechanisms for **patient choice.**

In return, the NHS national bodies will offer:

a. **Delegated decision rights** in respect of commissioning of primary care and specialised services;

b. A **devolved transformation funding** package;

c. A **single 'one stop shop' regulatory relationship** with NHS England and NHS Improvement;

d. The **ability to redeploy attributable staff and related funding** from NHS England and NHS Improvement to support the work of the ACS.

Community involvement

Progress not possible without genuine involvement of patients, communities and NHS staff.

Proposals need to be locally owned, clinically led and publicly supported.

Some areas being asked to consider choices about where best to put resources.

For example:
- Having fewer community hospital beds or more care in people's homes;
- Concentrating staff expertise in specialist centres so available around the clock eg stroke care in London, trauma services.

Engagement improving as STPs get stronger.

What others have said:

Age UK, the country's largest charity dedicated to older citizens, said: *"[STPs] are the best hope we currently have of getting our health and care system into a position in which it is better equipped to meet the needs of a growing older population."*

Dr Arvind Madan, NHS England's Director of Primary Care, has said: "Making it happen won't be easy and will need real commitment. But, in over 20 years as a frontline GP, this is the first time I have seen such a concerted effort to bring services and teams together in a way that makes sense for patients."

Chris Ham, Chief Executive of The King's Fund, said: *"Local plans must be considered on their merits, but where a convincing case for change has been made, ministers and local politicians should back NHS leaders in implementing essential and often long-overdue changes to services."*

Jeremy Taylor, Chief Executive of National Voices, the coalition of health and care charities, said: *"The STP process is not without flaws, but it has the potential to create sustainable health and care services that meet twenty-first century needs. This will only work if there is proper engagement of the people who rely on NHS and social care services, and adequate funding to deliver the much needed changes."*

"We need to heal the fractures between services and tear down the administrative, financial, philosophical and practical barriers to the kinds of service our patients want us to deliver.

"To get there we must replace the fear of change with convincing arguments for the future – or I for one worry that we risk weakening our greatest social asset through inaction or fatigue".

Professor Sir Bruce Keogh, National Medical Director NHS England