

HEALTH AND WELL-BEING BOARD

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NHS South Worcestershire CCG – New Model of Care Strategy

Board Sponsor

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Author

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Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	No
Communities & groups with poor health outcomes	Yes
People with learning disabilities	No

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note the development of the proposed strategy for South Worcestershire and offer any comments to help the development of the strategy.**

Background

- NHS England produced a document called the Five Year Forward View in November 2014. This document identified the challenges facing the NHS over the period 2015 to 2020 and proposed a series of actions and work programmes that

should be developed by local services to respond to these challenges.

3. The draft strategy presented in this paper is the proposed response that South Worcestershire CCG believes is the best solution to take forward for the population in the south of the county. Whilst there have been early discussions with other CCGs in Worcestershire, at this stage the proposed strategy only applies to South Worcestershire. However, with the arrival of the 2016/17 NHS Planning Guidance, which is subject to a separate paper on this agenda, it is likely that the issue of joint planning across all three CCGs in Worcestershire will need to be developed further.

Introduction

4. In July 2014 the Health and Well Being Board approved the five year health and care strategy for Worcestershire. This strategy included a proposal to develop services based on population segmentation using capitated budgets (pages 30-32 of the 2014 strategy on financial sustainability).

5. In October 2014 NHS England published the Five Year Forward View which identified the key challenges facing the NHS and established a series of options that local health and care systems could explore in trying to meet those challenges. The document identified an anticipated £30bn national funding gap between what would be required to fund NHS services if they carried on being provided in the same way as now, and the likely resource that would actually be available to pay for them. The Government has since pledged to match NHS England's request to provide £8bn additional funding to close this gap, leaving the NHS with a £22bn efficiency challenge.

6. To help local systems respond to the challenges, NHS England identified a series of options for "New Models of Care" that could be locally developed. The objective of these being to remove the barriers to effective working across the NHS and Social Care Services, thus improving patient care and lowering costs.

The South Worcestershire CCG Strategy

7. In June 2015, the Governing Body of South Worcestershire CCG began developing its proposed local response to the NHS England document. In November 2015 this work culminated in the publication of a proposed strategy to develop an integrated Multispecialty Community Provider (MCP).

8. If implemented an MCP will bring together a range of health and social care services for a defined cohort of the population (likely to be about 1,500 of the most complex patients) into a single contractual framework commissioned with a capitated budget. This would represent a significant change to the current commissioning approach where multiple services are commissioned by multiple providers through individual contracts.

9. The objective of developing this strategy is to ensure care is commissioned in a more joined up way that improves patient care but at a substantially lower cost to the health and social care economy. The attached strategy (Appendix 1) outlines the detail of how the CCG intends to achieve this.

10. In summary the strategy calls for a single contract to be developed covering the primary care, acute care, community care and social care needs of the cohort population. Due to the vast array of services required to meet the needs of these patients, the CCG anticipates that there is no single provider currently in existence that could deliver all the requirements of the contract.

11. Therefore, to respond to this, existing and new providers will need to come together in collaboration on a scale not required before. How they do this will be for them to decide, but it is likely to require some form of joint venture, alliance or the development of a new provider entity. To support delivery of the contract there will be a single payment mechanism and a single set of key performance indicators.

What it will mean for patients and the community

12. For patients in the cohort, successful delivery will mean they will experience care that is much more joined up than it is now. For example there will be a single care plan and care record, patients won't have to give basic information about themselves each time they receive new services, all people involved in a patient's care will see all of the information relevant to the provision of their care, not just the bits held by their own employing organisation.

13. Patients will also be supported more effectively to manage their own condition through more coordinated self care education and training. This is important because most patients with even those living with the most complex conditions, only spend a tiny fraction of their lives directly in contact with health professionals. How they manage their conditions when they are alone is therefore vital to their health outcomes.

14. Patients will also experience care differently, for example with hospital consultants involved in providing more care when they are at home and GPs involved in providing more care when they are in hospital. Boundaries between care in the community and hospital will be blurred and services that patients currently have to travel to hospital for may be delivered locally in community hospitals, GP surgeries or even at home using telecare or other digital technologies.

15. Successful delivery will also result in significantly fewer emergency admissions, which often lead to the most expensive forms of care being required. There is evidence to show that the longer frail and elderly patients spend in hospital following an emergency admission, the less likely they are to regain independence and are more likely to require some form of state funded support. To enable our health and social care system to become sustainable it is therefore important that we successfully tackle this issue.

The Next Steps

16. The CCG is currently seeking feedback from the public and stakeholders on the proposed approach set out in the strategy. It is aiming to draw this feedback together during March with a view to finalising the strategy at the Governing Body meeting on 24th March 2016.

17. As part of this engagement approach the CCG welcomes the views of Health and Well Being Board members.

Legal, Financial and HR Implications

18. This strategy is a proposed draft at this stage and the CCG is seeking comments from stakeholders and partners. At this stage there are no specific legal, financial and HR implications associated with this paper. However, if the strategy is approved in line with the proposals in the draft, there will be significant implications in each area, but most likely not until the 2018/19 financial year.

Privacy Impact Assessment

19. There are not specific issues to highlight at this stage.

Equality and Diversity Implications

20. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- Appendix 1 – Draft Strategy

Background Papers

21. The only background paper relevant to this report is the five year health and care strategy that the Health and Well Being Board approved in July 2014.