



The NHS Long Term Plan Integrated Care Systems and One Herefordshire

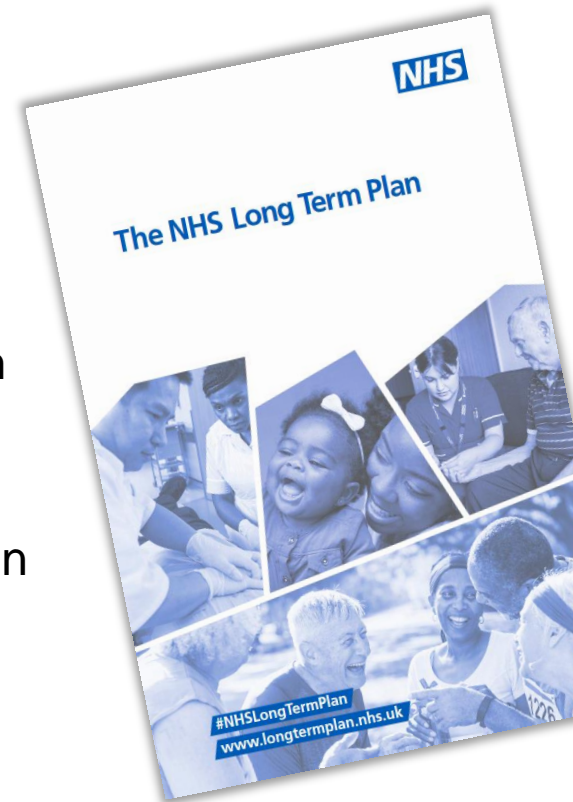
Adults and Wellbeing Scrutiny Committee
24th June 2019

The NHS Long Term Plan



The NHS Long Term Plan

- Five main themes -
 1. 'A new service model for the 21st Century'
 2. 'People will get more control over their own health and personalised care when they need it'
 3. 'Local NHS organisations will increasingly focus on population health and reduction of inequalities, moving to Integrated Care Systems everywhere'
 4. 'Digitally-enabled primary and outpatient care will go mainstream across the NHS'
 5. 'Reducing pressure on emergency hospital services'



‘A New Service Model for the 21st Century’

- Changes for General Practice - Primary Care Networks (PCNs)
 - 30-50k population – working at locality level
 - Shift of clinical leadership focus
 - Additional funding for non GP Practice staff – social prescribers, physios etc , aligned to PCNs
 - Join up GP and urgent care services
- Same Day Emergency Care - Using diagnostics and treatments to spend just hours in hospital rather than being admitted to a ward
- ‘We will develop a standard model of delivery in smaller acute hospitals who serve rural populations’
- Avoid a third of face to face outpatient appointments within 5 years



Integrated Care Systems (ICSs)

- Evolution of STPs - ICSs to cover the whole country by April 2021
 - ‘Commissioners will make shared decisions with providers on how to use resources, design services and improve population health’
- Streamlined commissioning arrangements:
 - ‘typically involving a single CCG for each ICS/STP area’
 - ‘CCGs will become leaner, more strategic organisation’
 - CCGs will support providers to partner with local government and other organisations on population health, inequalities and service redesign
- ‘Funding flows and contract reform will support the move to ICSs’
 - Local alliance contracts or giving one provider lead responsibility
 - ‘we expect [these] contracts would be held by public statutory bodies’
- Full review of the Better Care Fund concluding in early 2019

NHS Action on Prevention

- 'the NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+'
- New targeted NHS funded smoking cessation offer
- 'hospitals with the highest rate of alcohol dependence-related admissions will be supported to establish Alcohol Care Teams'
- Reduce the NHS carbon footprint by 20% with less travelling
- Mental health ambulance transport vehicles that reduce inappropriate conveyance



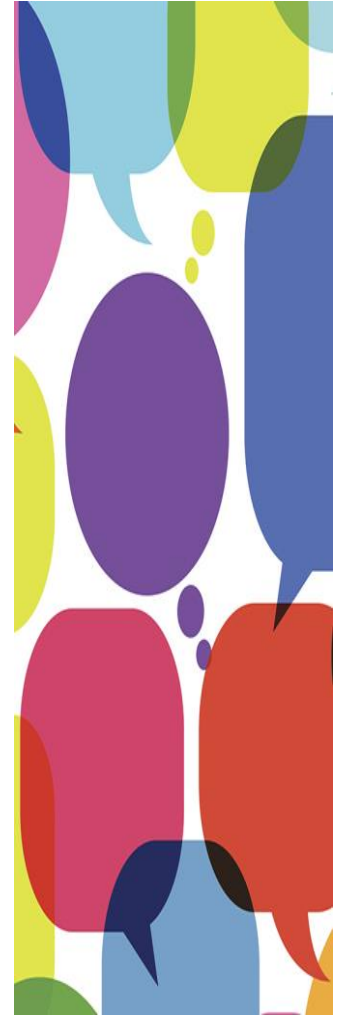
Local Translation

- Many of the key areas are already being developed by our local Sustainability and Transformation Partnership (STP)
- The STP priorities are consistent with themes outlined in the Long Term Plan, including:
 - Improving outcomes in areas such as cancer and stroke
 - Greater focus on mental health and learning disability services
 - Providing more care and treatment at home to reduce unnecessary admissions to traditional acute hospital services – ‘own bed is best’
 - Putting real emphasis on prevention where individuals are better equipped to manage more aspects of their long-term conditions themselves, and where communities are supported to live healthier and active lives.



Stakeholder engagement

- Long Term Plan presents opportunity for wider staff and stakeholder engagement on our local priorities
- Activity will build upon engagement carried out in 2016 which informed the development of the Herefordshire and Worcestershire STP plan
- Focus on system-wide interpretation of Long Term Plan across our local health and care systems and what it might mean for residents
- Working very closely with Healthwatch who will support this engagement by targeting 'hard to reach' areas of our communities to ensure voices are heard at all levels
- Views will inform the development of our local Long Term Plan for Herefordshire and Worcestershire



Questions?

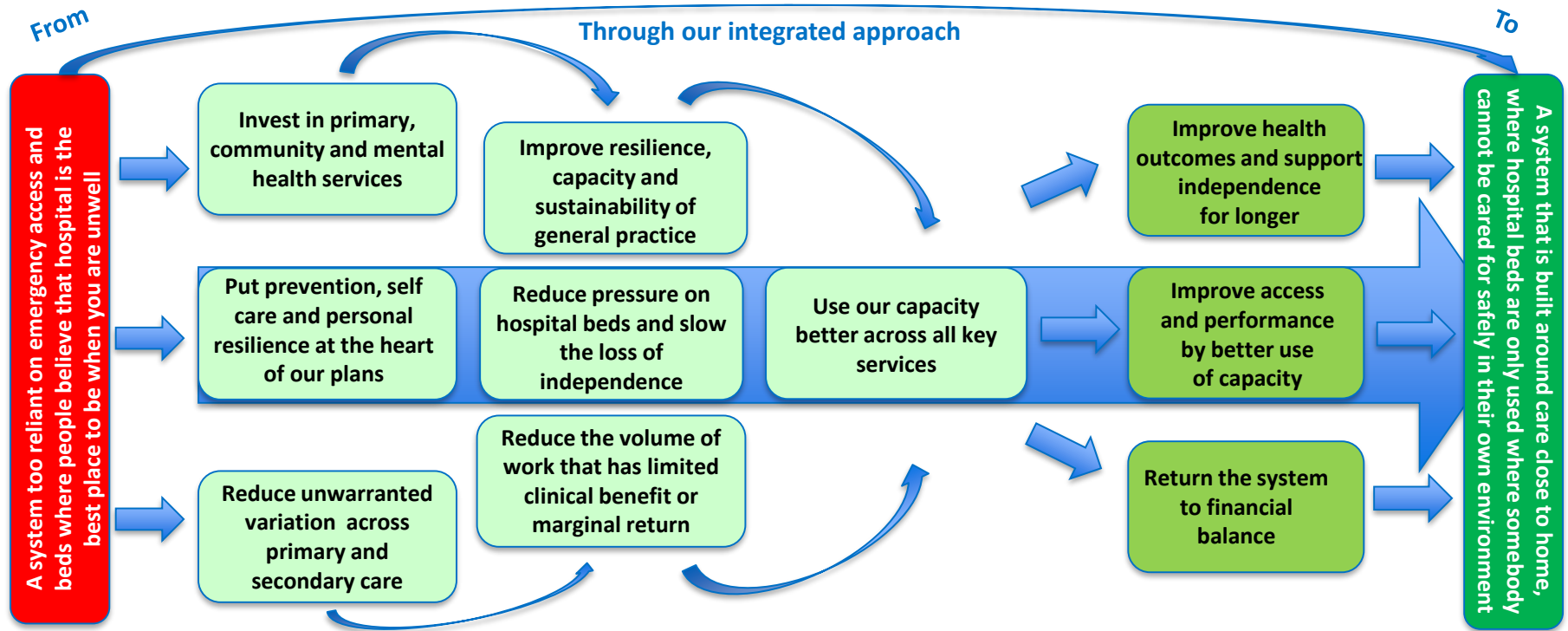


HEREFORDSHIRE AND WORCESTERSHIRE INTEGRATED CARE SYSTEM (ICS) DEVELOPMENT



H&W STP Vision

“Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people”



Building on our ICS Commitment Statement

STP partner organisations signed our ICS Commitment statement during 2018, this provides a platform for us to build on whilst developing our shadow ICS, key principles included in this are ;

We recognise that strong system leadership including the active involvement of our clinical leaders is crucial to our success.

We will adopt a unitary approach to seeing through difficult decisions once we have collectively agreed them.

It is recognised that the changes above will impact on the current partner organisations. We are however committed to putting local people before organisations.

Our shadow ICS Board whereby the local health and care system will work collaboratively to plan and deliver needs assessed, health and social care for our population.

We will be ambitious in our timelines to progress this agenda in accordance with national requirements. We will work together at pace to challenge ourselves and each other to deliver our aims.

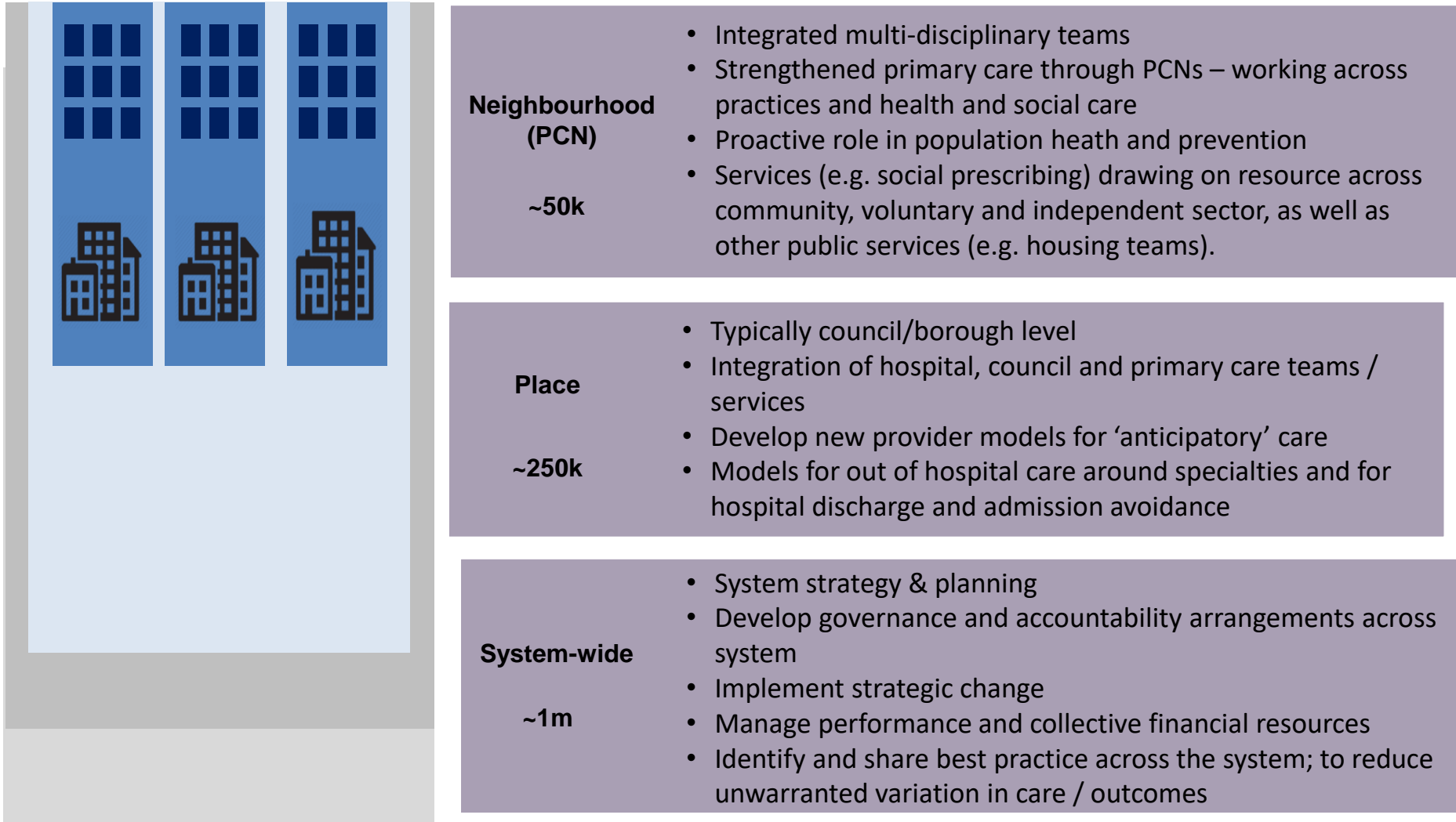


Integrated Care Systems (ICS)

- What is an ICS:
 - Commissioners and Providers making shared decisions
 - Optimising resource use to redesign services around service users (integrated care)
 - Working in partnership with Local Authorities and other key partners
 - Focusing on improvements in population health and wider wellbeing, and the reduction of inequalities

(Work In Progress)

The Tiers in an ICS

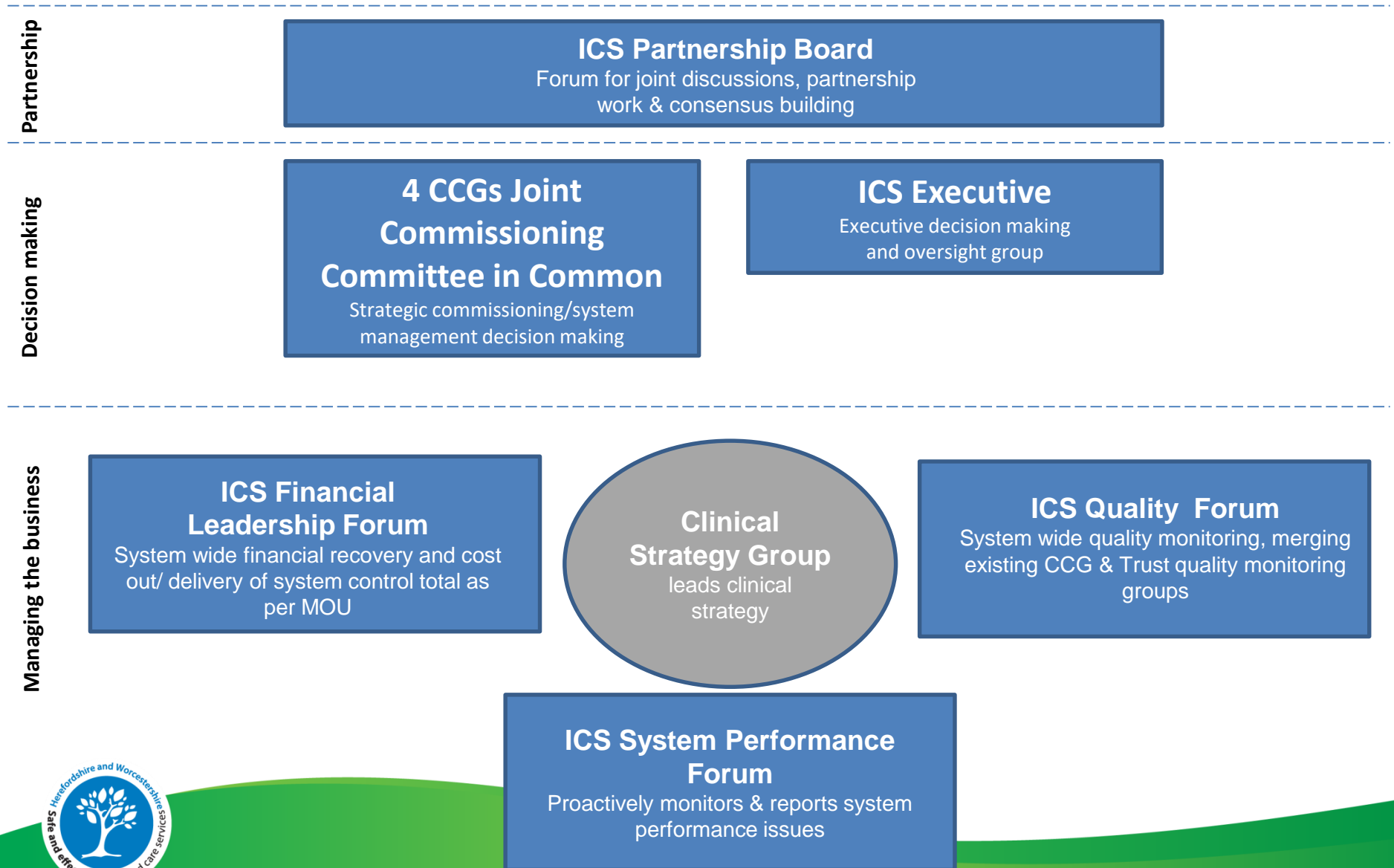


Hereford and Worcestershire STP/Emerging ICS 19/20 As a Transition Year

- 2019/20 will be a transitional year
- STP and ICS infrastructure will be developed to absorb NHSE/NHSI responsibilities as these are devolved
- Developing partnership forums – but the accountability and responsibility of individuals won't change
- Developing place
- Developing PCNs with system partners
- This is a journey, not all areas of the operating model will go live in April 2019



Emerging ICS Operating Model



‘PLACE’ ONE HEREFORDSHIRE INTEGRATION



One Herefordshire

- Our 'Place Based' Integration Plan – within the Herefordshire and Worcestershire ICS
- 'Whole System Plan'
- 'Functional Integration':
 - Integrating at the point of delivery
 - Looking for shared efficiencies
 - Not about Shifting Risk
- This is a 5 Year Plan



One Herefordshire: Our Vision

Our vision is for Herefordshire to be a county of healthy individuals living within healthy communities:

- Herefordshire residents will be supported and enabled to keep themselves well at home.
- When needed they will have joined up care, underpinned by specialist expertise, delivered in the best place by the most appropriate people.
- Our services will be clinically and financially sustainable, working in partnership to make best use of the 'Herefordshire pound' within the Herefordshire and Worcestershire Integrated Care System (ICS).



Place: Why Is It Important

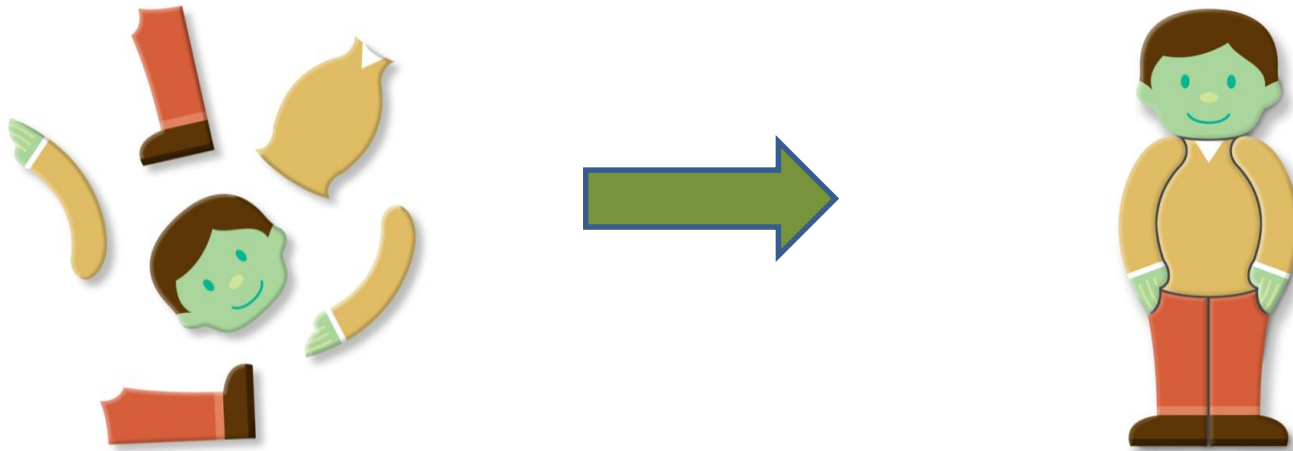
- National Attention on ICSs and PCNs
 - Place - The 'Bit in the Middle'
- The 'Delivery Mechanism' for ICSs
 - Links with Local Authorities and wider wellbeing
 - Mechanism for engaging with local government and local politicians
 - Delivery of Integrated Care across organisations
 - Critical enabler for PCN delivery
- The Aim of Place:
 - Prevention and population health – improving outcomes and reducing inequalities
 - Improved quality and performance
 - Financial efficiency



A (DRAFT) Working Definition of 'Place'

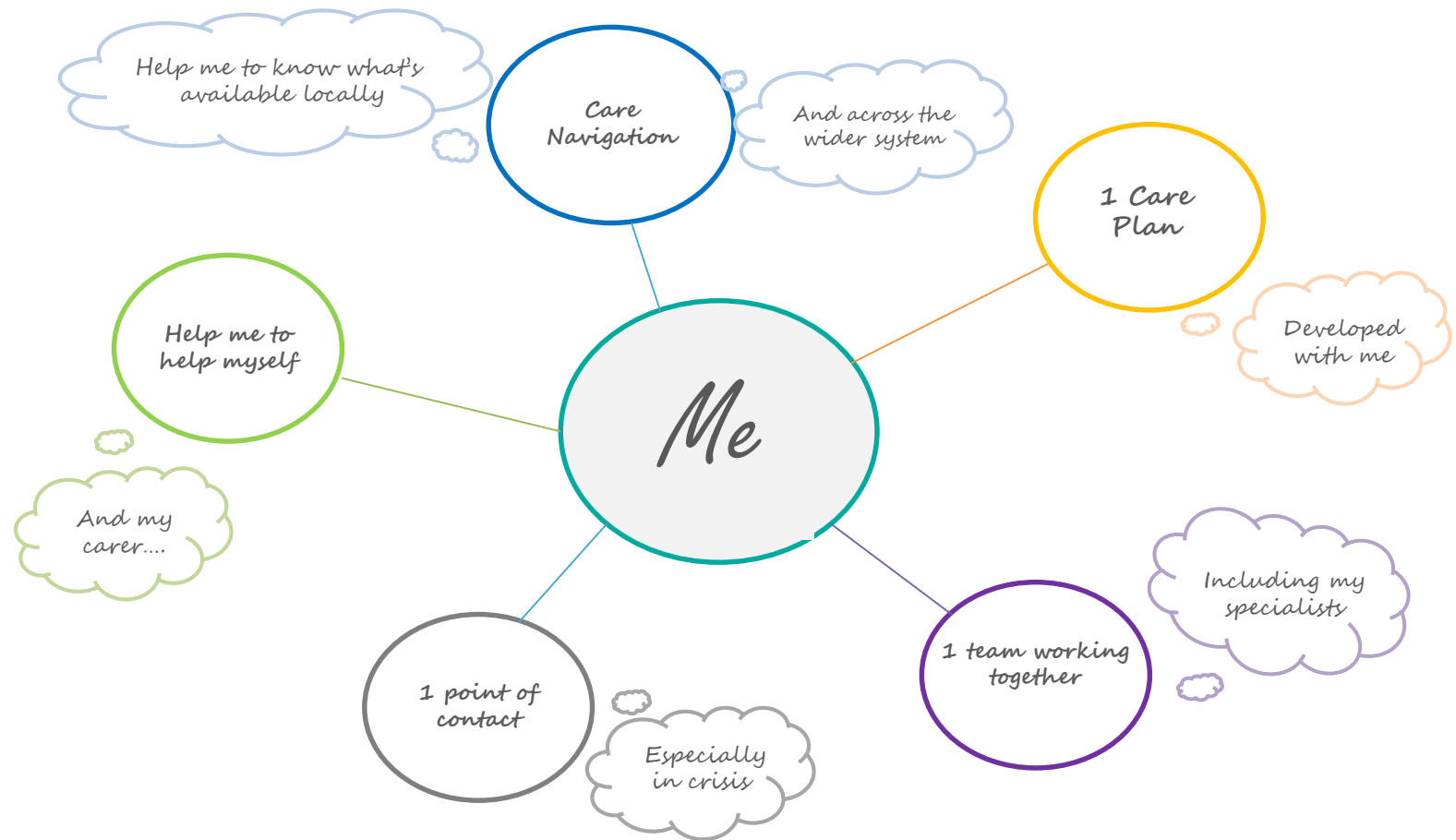
- The concept of 'Place' is about a move away from operating as individual organisations, to convening around a defined population.
- This is about behaving as a system, and being able to engage meaningfully with local authorities and other partners around integration and wider wellbeing for a defined population.
- It does need to recognise LA level identity, in order to address the wider wellbeing and prevention agendas, but also to be able to demonstrate alignment to local accountability through local authorities – in some areas district but in others borough level. (it may straddle STP boundaries).
- At the heart of place is the operational delivery of integrated care models, across PCNs, community (health and mental health) and acute services, integrating with local authority and even wider public sector services.

Integration at Place



Building on Engagement

What Local People Have Told Us About Integrated Care



Our Strategy – Delivering Our Vision

- We will embed prevention into all our work:
 - Providing a ‘healthy environment’; linking with public sector and wider partners on policy and planning for housing, transport, education, economic regeneration etc to shape a ‘healthy place’
 - Ensuring our locality/emerging primary care networks are focused on prevention, through proactive anticipatory care and a strengths based approach to support self-management, as well as targeted health improvement activities
 - Re-energising ‘making every contact count’ (MECC), to systematically address lifestyle behaviours
 - Integrating community resilience into our models, as well as working with the voluntary and community sector around key priorities
- We will deliver the NHS ‘Triple Integration’, of health and mental health; primary and specialist care; and health and social care:
 - Developing locality working based around PCNs and ‘whole pathways of care’
 - Redesigning our governance and operating models, driving seamless working across organisational boundaries
 - Creating ‘joined up services’ for patients, at the same time reducing duplication and improving system efficiency



Our Strategy – Delivering Our Vision

- We will redesign our clinical and operating models to:
 - Support people to live well at home, on the principle that ‘own bed is best’
 - Support the local delivery of acute (health and mental health) services as close to home as possible, working with neighbouring providers to develop sustainable collaborative services
- We will redesign our infrastructure to support our care models:
 - Integrating our back office and support functions to provide economies of scale
 - Utilising technological innovations to deliver improved care and efficiencies
 - Becoming an ‘intelligence led system’ – developing our strategy, care models and services on population need and evidence of best practice through a population health management approach
- We will embed the STP People’s Strategy – valuing and developing our workforce to provide clinical and social care sustainability as well as improving financial efficiency:
 - Improving recruitment and retention
 - Embracing the multidisciplinary team approach and developing new roles across specialties and professions





Our Priority Areas

Year 1 Priorities

Community Resilience

Integrated Primary, Community and Mental Health Services

Urgent Care, including Frailty, Dementia and End of Life

Elective Care: MSK, Ophthalmology, Dermatology and Outpatient Redesign

Digital and Population Health Management

Year 2 Priorities

Prevention

Psychological Interventions

Complex Mental Health Needs

Back Office and Infrastructure

Estates



The Better Care Fund

- BCF and Integration plan 2019/20 approved and refreshed last year
- Awaiting guidance for 2019/20 – expected mid June – July, with this being a transition/review year
- Could be changes for 2020/21 depending on review
- Key deliverables and schemes:
 - Integrated hospital function
 - Alignment of Homefirst and Hospital at Home
 - Integrated care home quality team
 - Digital solution for integrated working
 - Increased funding in urgent care and care home market



Questions?

