Adults Wellbeing and Health Overview and Scrutiny Committee

9 October 2015

Implementing the NHS Five Year Forward View in County Durham

Report of Nicola Bailey, Chief Operating Officer, North Durham CCG and Durham Dales, Easington and Sedgefield CCG

Purpose of the Report

1 The purpose of this report is to advise members of the Adults Wellbeing and Health Overview and Scrutiny Committee of how the NHS Five Year Forward View is to be implemented within County Durham.

Background

2 The NHS Five Year Forward View (FYFV) was published in October 2014. The key principles set in the FYFV are summarised below:

- The NHS has dramatically improved over the past fifteen years with key improvements to outcomes for cancer and cardiac conditions. Inequalities remain deep rooted and quality of care is variable. There are particular challenges in areas such as mental health, cancer and support for frail older patients. Service pressures are building.

- There is now quite broad consensus on what a better future should be. Change is required and some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.

- Future health and economic prosperity depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded -and the NHS is on the hook for the consequences.

- The NHS will back hard-hitting national action on obesity, smoking, alcohol and other major health risks and will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. The NHS will advocate for stronger public health-related powers for local government and elected mayors.

- When people do need health services, patients will gain far greater control of their own care, including the option of shared budgets combining health and social care. The 1.4 million fulltime unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.

- The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

New models of care

3 In addition to the above principles, the FYFV set out a number of New Models of Care (NMOC) that will support changing models of service delivery and increased integration. A summary of the new models is below:

4 One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care - the *Multispecialty Community Provider (MSCP)*. From,October 2014 early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.

5 A further new option will be the integrated hospital and primary care provider - *Primary and Acute Care Systems (PACS)* -combining for the first time general practice and hospital services.

6 Across the NHS, *urgent and emergency care services* will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. Smaller hospitals will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services.

7 Midwives will have new options to take charge of the *maternity services* they offer.

8 The NHS will provide more support for frail older people living in *care homes*.

9 The foundation of NHS care will remain list-based primary care. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years.

10 Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

11 This paper will set out the practical steps that have been taken to implement some of these principles and new models of care in County Durham.

The Funding Challenge

12 A combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2010/21. To sustain a comprehensive high-quality NHS action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.

13 It is expected that over time a bigger share of the efficiency will come from system wide improvements (including health and social care), implementation of the new models of care, action on prevention and sustaining social care services.

New care models - vanguard sites

14 In January 2015, the NHS invited organisations and partnerships to apply to become 'vanguard sites' for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services.

15 In March, the first wave of 29 vanguard sites was chosen. There were three vanguard types – integrated primary and acute care systems; enhanced health in care homes; and multi-specialty community provider vanguards. In July, a second wave of eight vanguards was announced, known as urgent and emergency care vanguards.

16 Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and acre system. A further wave of vanguards will be announced in the autumn – known as acute care collaborations, they aim to link local hospitals together to improve their clinical and financial viability.

Urgent and Emergency Care Vanguards (UECV)

17 County Durham is part of the North East Urgent Care Network (NEUCN) that was selected as a successful UECV earlier this year. The NEUCN is chaired by Dr Stewart Findlay, Chief Clinical Officer for DDES CCG. The NEUCN covers a population of 2.71 million spread across diverse geographies incorporating large pockets of both densely populated and dispersed populations.

18 The NEUCN application is supported by the following organisations:

North East Ambulance Service NHS FT, 111 and 999 Regional Provider	NHS Northumberland CCG
Northumberland Tyne & Wear NHS FT	NHS North Tyneside CCG
Tees, Esk and Wear Valley NHS FT	NHS Newcastle Gateshead CCG
Northumbria Healthcare NHS FT	NHS South Tyneside CCG
Newcastle Hospitals NHS FT	NHS Sunderland CCG
Gateshead Health NHS FT	*NHS North Durham CCG*
South Tyneside NHS FT	*NHS Durham, Dales Easington and Sedgefield CCG*
City Hospitals Sunderland NHS FT	NHS Darlington CCG
County Durham and Darlington NHS FT	NHS Hartlepool, Stockton and Tees CCG
North Tees and Hartlepool NHS FT	NHS South Tees CCG
South Tees Hospitals NHS FT	Nine SRGs and associated members
Regional Out of Hours Providers	Clinical Health Information Network
Royal College of Psychiatry	*North East Local Authorities*
Academic Health Science Network	North of England Commissioning Support (NECS)
Health Education North East	Voluntary Organisations' Network North East

19 The network bid also benefits from support across both North Cumbria and Hambleton & Richmond Strategic Resilience Groups (SRGs).

20 The NEUCN vision is to:
"reduce unwarranted variation and improve the quality, safety and equity of urgent and emergency care provision by bringing together SRGs and stakeholders to radically transform the system at scale and pace which could not be delivered by a single SRG alone."

21 The principles of the NEUCN Vanguard are:

- High quality, safe, urgent and emergency care services available 7 days of the week addressing our population health needs, balanced against requirements of personalisation.
- Simple to access integrated care pathways, delivered as close to home as possible, provided across a full range of care settings, enabling good choices by patients and clinicians.
- Improved patient experience and clinical outcomes delivered through care in the right place, at the right time, provided by those with the right skills.

22 Key Deliverables of the NEUCN Vanguard:

Systems Leadership	**By April 2016**	**By April 2017**
	- Create an overarching framework to deliver the objectives of the UEC review, including a stock take of services, regional action plan and implementation of revised NHS 111 Commissioning Standards. - Address fragmentation and nomenclature of UEC services. - Implement standardised system wide metrics, supported by academic partners to ensure rigour and benefits realisation. - Ensure consistent delivery of High Impact Interventions by SRGs. - Deliver improved intelligence and modelling via the 'flight deck'. - Undertake baseline assessment to inform proposed new costing models and agree scenarios for shadow monitoring	- Implement outcomes of the regional UEC review stock take. - Outcome of payment reform shadow monitoring implemented.
Self-care	- Promote self-care for minor ailments and self-management for long term conditions through the development of online health tools, initially focusing on parents of children under 5 years.	- Extend personal health budgets to support Integrated Personal Commissioning
Primary care	- Increase direct booking into GP appointments, in and out of hours, to 50% of practices. - Standardise minor ailment schemes in pharmacies.	- Further increase direct booking into GP appointments and expand direct booking to other UEC services.
Integration	- Expand the Directory of Services (DoS) to include social care. - Implement information sharing between providers, allowing analysis of pathways and outcomes, by linking NHS identifiers from 111, 999, A&E and admission data. This will inform future pathway changes and payment reform. - Enhance Summary Care Records in association with HSCIC.	- Achieve greater integration between 111 and OOH provision.

Out of hospital	- Implement 24/7 early clinical assessment of green ambulance and ED dispositions. - Implement 24/7 senior clinical decision Support through an enhanced clinical hub, accessible by 111/999 and external clinicians, including GPs, pharmacists, mental health, dental and social care professionals. - Improve See & Treat and Hear & Treat. - Enhance mental health integration through rollout of 24/7 triage services, psychiatric liaison, 7 day MH consultant working and 7 day street triage with mobile access to health records.	- Utilise ambulance trauma consultants to enhance secondary care treatment in the community. - Mobile access to DoS for all services.

MSCP in County Durham - Diabetes

23 Durham Dales, Easington and Sedgefield (DDES) and North Durham (ND) CCGs selected diabetes as one of their seven key priorities in their operational commissioning plan. Clinicians from the County Durham CCGs, Darlington CCG, community diabetes services, three local acute trusts and consultant in public health for County Durham have worked together to develop a Case for Change for diabetes services. The case for change incorporated the results of major public and stakeholder engagement exercise.

24 The key issues summarised in the Case for Change are:

- Increasingly diabetes patients have a complex set of long term care needs (social, physical and mental) that are not well served by the current fragmented service. Rising prevalence of diabetes means the current model of care for diabetes is not financially sustainable.

- Existing diabetes services are struggling to meet the changing nature of demand – where increasingly the ageing population has ongoing complex care needs. Currently, services typically offer a largely reactive and fragmented experience which results in a poor quality of life for both the patients and their carers.

- County Durham diabetes health outcomes are no better than average for England, but are not significantly worse. However the incidence of microvascular complications (which are indicative of poor glycaemic control) are above the England average. In addition there is considerable local variation in quality outcomes between GP practices.
- In 2013/14 County Durham spent over £8m on diabetes prescribing. This is the largest single element of spend in diabetes care and this cost is increasing at around 5% per year. DDES & ND spend more per patient than the England or North East average. Spend per practice on

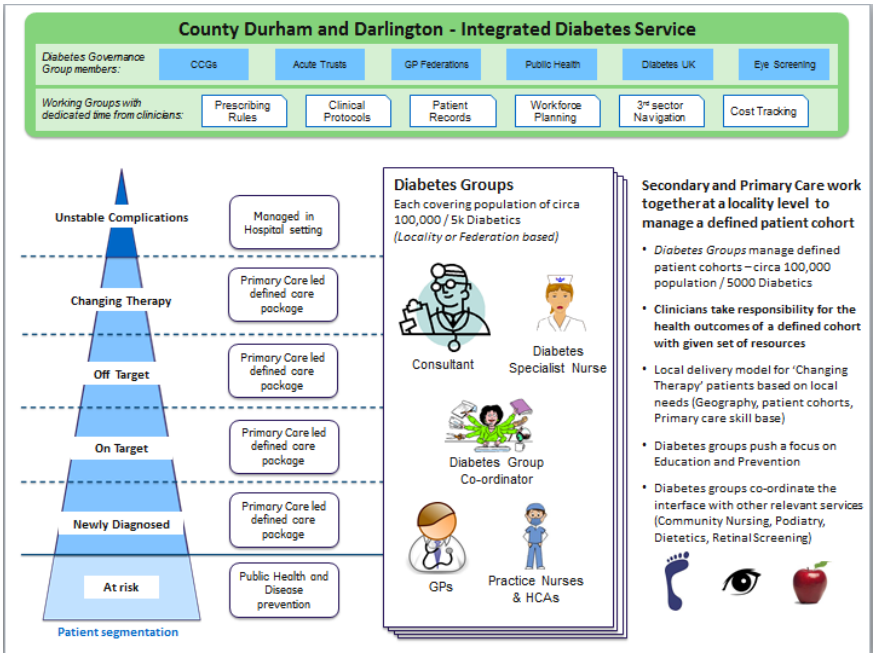
diabetic drugs varies considerably with little correlation to glycaemic control (HbA1c) outcomes.

- Given the expected growth in prevalence and the need for increased funding required for diabetes care in the future there is a need for a much greater focus on prevention given 80% of the type 2 diabetes is preventable.
- It is clear that savings can be made in diabetes health care, but in order to manage the rising prevalence of diabetes the savings need to be reinvested in the diabetes system, covering the whole pathway from prevention to end of life.

25 Clinicians reached consensus on the new model of care for diabetes across County Durham and Darlington. They key characteristics are described below:

- Secondary and primary care work together in 'diabetes groups' at a locality level to manage a defined patient cohort in a community setting
- Diabetes groups manage defined patient cohorts – circa 100,000 population / 5000 diabetics (including the care home population)
- Clinicians take responsibility for the health and system outcomes ~~of~~ for a defined cohort with a given set of resources
- There will be a local delivery model for 'Changing Therapy' patients based on local needs (geography, patient cohorts, primary care skill base)
- The new system will be based around individualised care planning
- Diabetes groups push a focus on education and prevention
- Diabetes groups co-ordinate the interface with other relevant services (community nursing, podiatry, dietetics, retinal screening)
- The diabetes groups will be responsible for the management of the budget for their population with a risk and gain share mechanism in place
- Any savings realised will be re-invested in diabetes treatment and prevention

26 The diabetes groups will be overseen by a governance board which will be clinically led. This will include representation from the Durham County Council public health team. There will be supporting work streams reporting to the governance group. This is set out in the diagram below:



27 This model has a strong focus on shifting resource to prevention which is very much in line with the principles of the FYFV. It is expected that this model will be developed for the management of other chronic diseases so that they are all managed in a similar way i.e. with primary and secondary care clinicians working together with shared objectives and outcome targets.

28 Durham County Council has agreed in principle to align the budge for linked services i.e. Wellbeing for Life, NHS Healthchecks and the Family Initiative Supporting Child Health budgets to the NHS budget for diabetes services and will commission services for diabetes in a joined up and collaborative way.

Primary and Acute Care Systems (PACS)

29 PACS models combine General Practice and Acute Care services. There are currently no plans to implement PACS services in County Durham although Northumbria Healthcare NHS Foundation Trust, Northumberland CCG and Northumberland County Council are one of the successful PACS vanguard sites.

30 Nearby in Sunderland, City Hospitals Sunderland delivers primary care (GP services) for some of the local population.

Care Homes

31 County Durham CCGs and Durham County Council has commissioned the Intermediate Care + service (formerly the Integrated Short Term Intervention Service) to support avoidance of admission to hospital and facilitate early discharge where appropriate. This service places high expectations on care homes with patients being admitted either as step up or step down from hospital.

32 A programme of training and support for care home staff has been developed by CCGs and DCC.

Midwifery

33 The CCGs are working with colleagues in the Public Health team at DCC to develop a new specification for maternity services delivered by County Durham and Darlington Foundation Trust (CDDFT). This specification will include an increased emphasis on health improvement of both mother and baby. This is an enhancement to the existing service rather than a new model of care.

Securing Quality in Healthcare Services (SeQiHS)

34 The SeQiHS programme is what was formerly known as the Acute Quality Legacy project instigated by the former Durham, Darlington and Tees Primary Care Trusts.

35 As part of the SeQiHS project, clinicians agreed what the appropriate clinical standards should be for acute medicine, surgery, obstetric and paediatric services and sought to map current performance against those standards. Where individual Trusts are not meeting the clinical standards this is largely linked to lack of availability of appropriate clinicians both now and in the future, or changes and developments in evidence based clinical practice

Primary care commissioning

36 DDES and North Durham CCGs have delegated authority from NHS England to commission GP primary care services. Both CCGs have developed primary care strategies that are aligned to the FYFV and will inform commissioning plans for GP services over the next five years. Key priorities over the next five years include:

- GP practice federated working, to enable practices to offer more services for their patients outside of hospital over seven days e.g. urgent care, diabetes care
- Workforce development, education and training
- Access to GP services
- Use of information and technology

.

FYFV - The Next Three Years

37 CCGs are about to commence development of three year plans (2016/2010). These plans will set out the implementation and expansion of new models of care as described in this paper. Feedback and lessons learnt from the original Vanguard sites will be fed into the planning process.

38 These plans are developed with Durham County Council colleagues, patient participation/reference groups, voluntary sector, existing services providers and members of the community at key stages. Local communities are also involved via Area Action Partnerships.

Recommendations

39 The Adults Wellbeing and Health Overview and Scrutiny Committee are asked to note the information contained within this report and agree to further updates being brought to future meetings of the Committee.

Background papers

Contact: Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales and Easington CCGs

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation - None

Procurement - None

Disability Issues - None

Legal Implications - None