

# My health, My future, My say

## A vision for the west Essex health and care system

**2014 - 2024**



## The challenge we set ourselves

Set a vision that will:

- Put our patients at the centre - quality and outcomes
- Determine and deliver the future model of the health and care system in west Essex
- Underpin plans that will secure both financial and clinical sustainability for this local system and a phased programme of implementation from April 2014.



## Why the vision?

- 65 years ago - The NHS was founded to treat people when they are ill
- Now- evolved to prevent people becoming ill, treat those already ill, prevent health and wellbeing getting worse
- Context of population growth, inequalities and reduced resources
- What our patients are telling us
- = Health and care services and professionals need to work differently with us

Population Growth	By 2024 National	By 2024 WE
0-19 years	10.26%	14.92% (10.7k)
20- 74 years	4.82%	8.1% (15.8k)
75 years plus	36.86%	36.6% (8.9k)
Total	8.7%	12.1% (35.5k)



## Balancing the financial challenge, improved care and provider sustainability

- Continue to deliver the same to meet demand = £87 million debt
- Focus on value to patients – can we spend money differently?
- 55% of NHS money spent on hospital care- need to spend less

	2013/14	2014/15	2015/16	2016/17	2017/18
Transformation/ QIPP	£20.000m	£10.089m	£13.604m	£9.941m	£8.353m
	5.2%	3.2%	4.4%	3.2%	2.7%

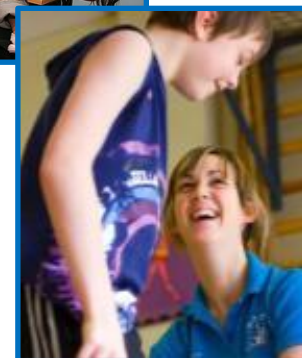
But:

- Acute hospital - less income
- Need to change
- Need whole system approach



## Our underlying principles

1. **Quality first** - Patient safety, clinical effectiveness, improved clinical outcomes and care for people as people
2. **Significantly shifting the point of care** - right care is provided at the right time and in the right place
3. **Integration** between health and social care as a key enabler for delivery
4. **Connected transition of care** and support between professionals and organisations
5. Provision built around and **responsive to the different needs** of our communities and localities
6. Maximise **productivity and efficiency** where appropriate
7. Allow individuals to **take responsibility for their own health and retain independence** where appropriate.



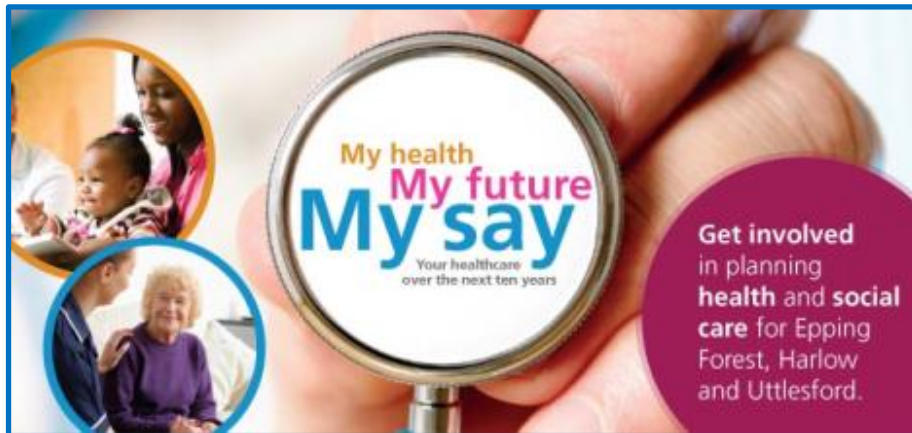
## Success will depend on

- Pursuing integration
- An enlarged primary care sector
- Mobilising our communities
- Partnership and collaboration
- Key enablers - Information systems, workforce, contracting



## What has been the process?

- *My Health, My Future, My Say* campaign
- Clinical leadership- clinical models
- System governance





# Outcome of communications and engagement

## August and September 2013



**Wendy Smith**, Independent Communications Adviser



## We reached out

- Forums and meetings
- Special interest groups
- Online survey
- Open workshops in each locality
- Focus groups – patients, carers, vol. sector, staff
- Pop-up stalls in markets and shopping centres
- Leaflets and questionnaires in libraries, sports centres as well as the usual distribution



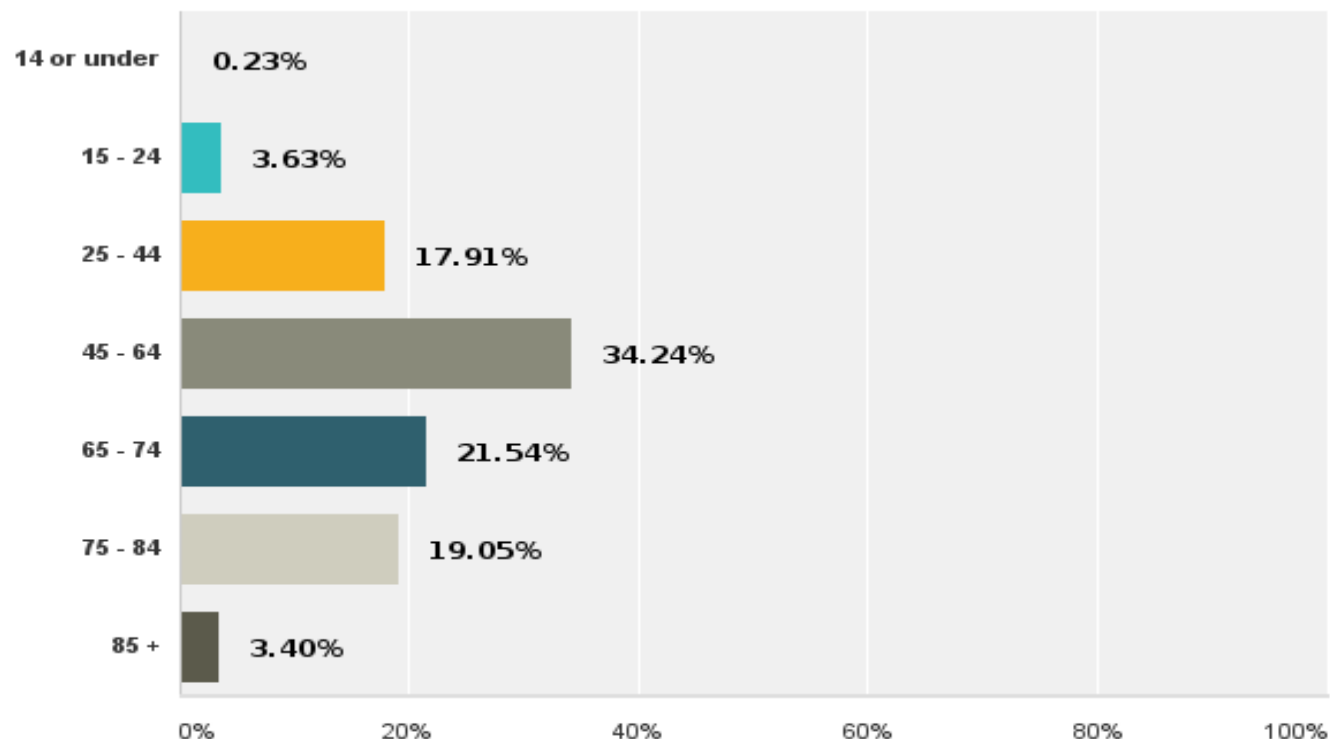
## Who responded?

- Voluntary sector
- Frontline staff
- Patient and public representatives
- Local authorities and councillors
- People with learning disabilities
- Young people – Harlow Youth Council
- Ethnic minorities – Integration Support Services
- Over 580 people took part in our survey



## Q10 About you: Please select your age group from the list below

Answered: 441 Skipped: 101



## GPs at the centre, but we can be part of it

1. People should take more responsibility, give us the tools
2. Prevention – and person-centred
3. Care for people as people
4. Minor problems are important
5. Single points of contact – also to support GPs
6. Integrated care – and transferable skills
7. Financial contribution

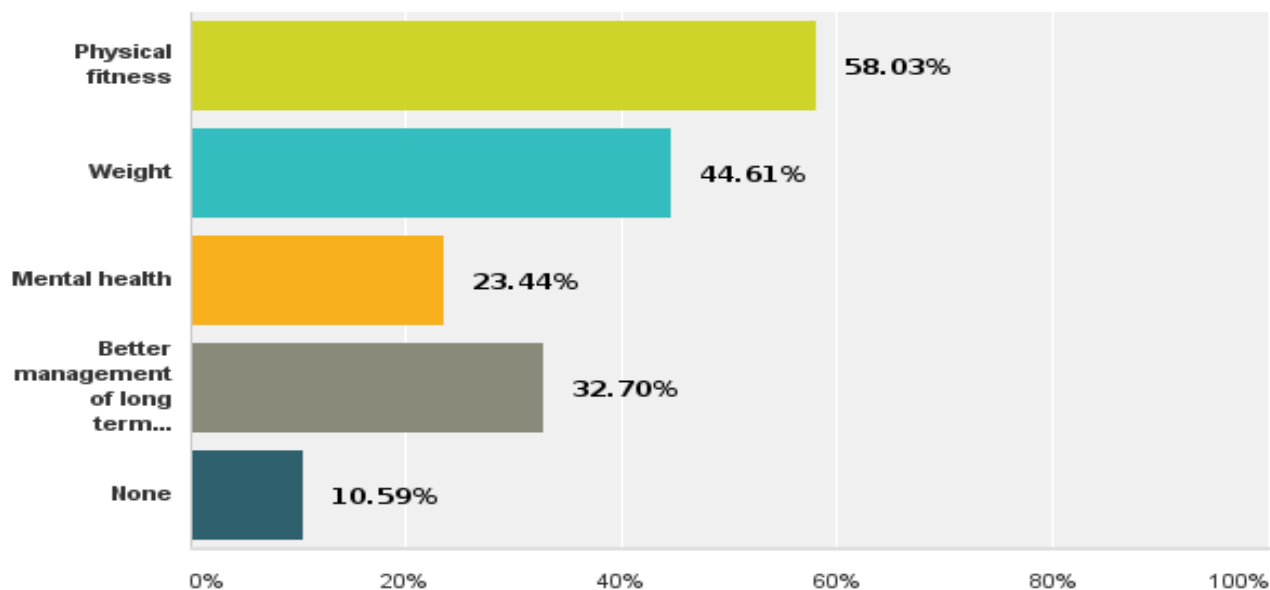
Keep our NHS  
public!



## Personal responsibility

**Q1 Over the next ten years: What aspects of your health would you like to improve?**

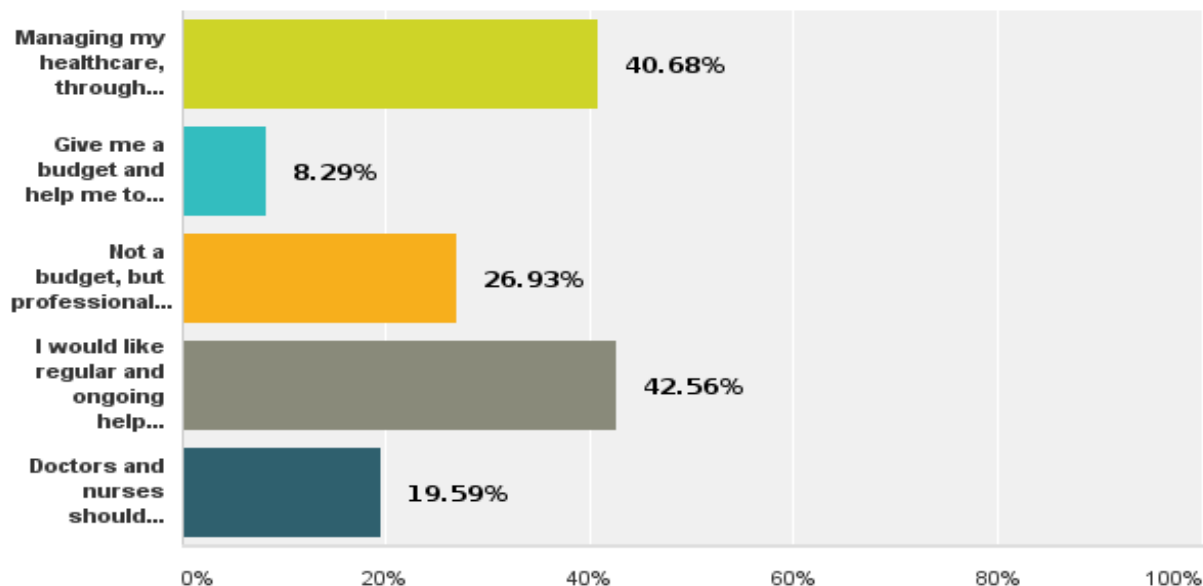
Answered: 529 Skipped: 28



## Personal responsibility

**Q5 What best describes the way you would want to manage your healthcare in ten years' time? (please tick)**

Answered: 531 Skipped: 26





## Prevention – and person-centred Care for people as people

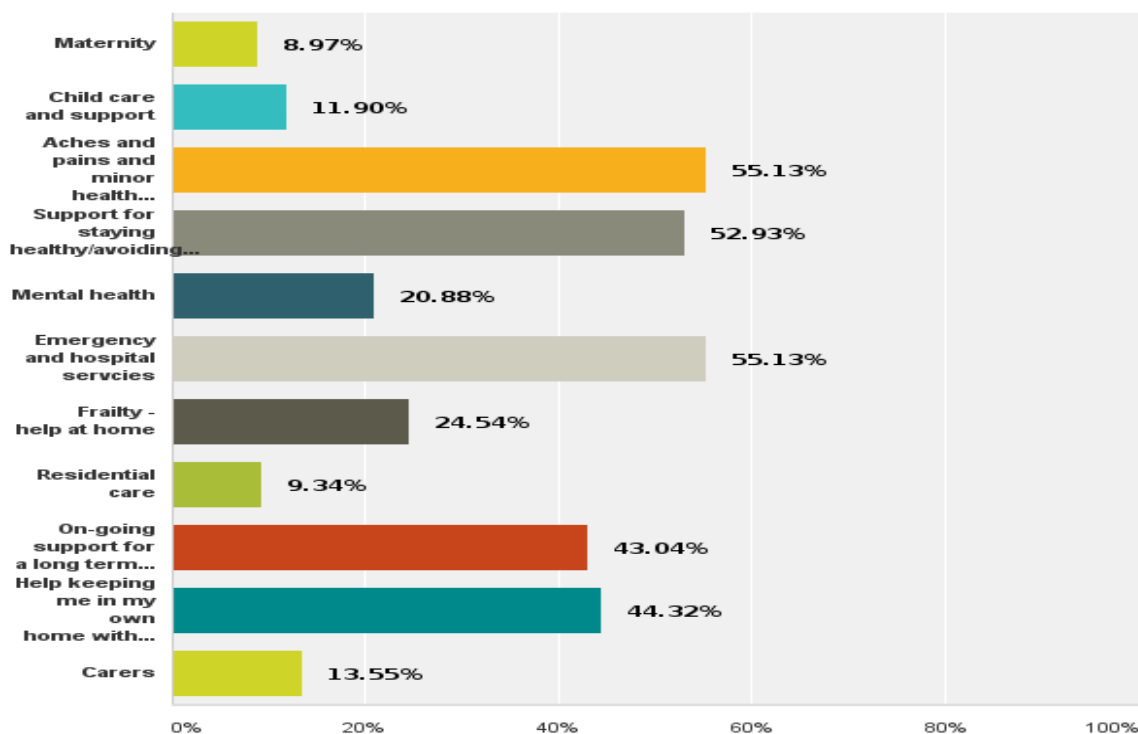




## Minor problems are important

**Q4 Please can you list what you think your priorities might be over the next ten years from the following services. Please tick the five that are most important to you.**

Answered: 546 Skipped: 11



Single points of contact – also to support GPs

Integrated care – and transferable skills

### Eg Areas highlighted for improvement

Main points from feedback	%
Access, mainly to GP services	41
Courtesy, dignity, respect	19
Integration / communication between services	6
GPs as personal gateway	4
Staff training	4
Help for older people	4
Wellbeing	2
General standards	2
Access, mainly to GP services	1
Mistakes	1



## Financial contribution

- Payment for low priority procedures
- Payment schemes eg for meals in hospitals
- Fines for missing appointments
- Contributions for treatment of self-inflicted problems eg drunkenness
- Health tourism



## Person-centred care

Group	Key points
Patients and public	<ul style="list-style-type: none"> <li>• Taking responsibility – change culture of dependency</li> </ul>
Carers	<ul style="list-style-type: none"> <li>• Support for carers</li> <li>• Listen to patients and carers</li> </ul>
Vol. sector	<ul style="list-style-type: none"> <li>• Person first – doing “with” not “to”</li> <li>• Holistic approach</li> <li>• In control of your own recovery – fully informed</li> <li>• Single point of contact</li> </ul>
Professionals	<ul style="list-style-type: none"> <li>• Services tailored to needs, meaningful to family</li> <li>• Listen, agree, review</li> <li>• Choices and goal setting</li> </ul>



## What our professionals told us

- Co-morbidities
- Investment in prevention
- Supporting self care
- Connected care
- Focus on carers
- Building resilience in communities
- Best practice in data, technology
- Incentives and levers
- Culture
- System planned by clinician
- System organised/no barriers

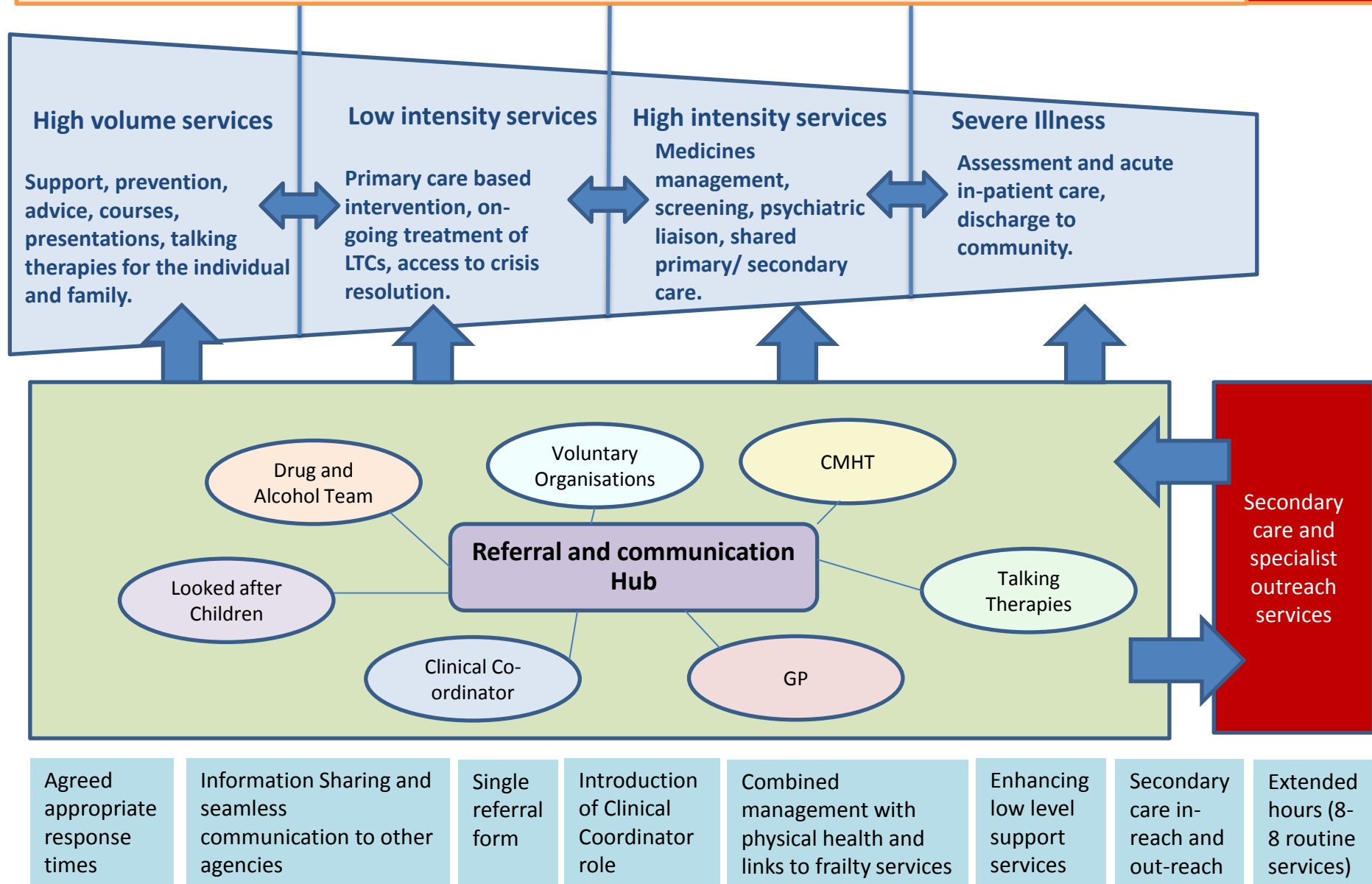
1. Frailty
2. ACSC
3. Children's
4. Maternity
5. Mental Health



# Adult Mental Health

## COMMUNITY BASED CARE

Hospital  
Based Care



## Adults living with mental illness

### What improvements will mean for patients

- better prevention of mental ill health
- quicker responses to early signs of mental ill-health
- more people with mental ill health living independently (with support) at home or in the community
- better co-ordination of social and mental health needs, including housing and welfare
- better physical health for those with mental ill-health
- better responses to crisis and acute episodes of mental ill-health, resulting in shorter acute stays and fewer readmissions
- better support for the carers and families of those with mental ill health.





# Emerging model: Ambulatory Care Sensitive Conditions Model

## COMMUNITY BASED CARE

Hospital  
Based Care

*Ambulatory Care Sensitive Condition Management*

*Crisis  
Intervention*

Clinical Identification/ use of Technology to identify patients

Single point of access

### COMMUNITY BASED CARE MODEL (Lead Provider Model?)

Diverse Skill Mix

GPs

District  
Nurses

Case  
Managers

Physio'/  
OT

Social  
Care

Mental  
Health

Out of  
Hours

Consultants

Pharmacists

Specialist  
Nurses

Access to  
diagnostics  
(tests and  
results) and  
OT/ Physio'  
equipment

Use of  
Technology  
and self  
managemen  
t tools

Signposting  
to patient  
groups/  
support  
networks

Key "Care  
co-  
ordinator"  
to support  
patient

Consideration  
of co-  
morbidities,  
social needs,  
frailty

Hospital In-  
reach and  
out-reach

Seamless commu-  
nication with  
other  
agencies

Asthma  
Heart  
failure  
Diabetes  
Angina  
Cellulitis  
Influenza  
Epilepsy

PREVENTION STRATEGIES (Local and National Initiatives)

# Living with long term illness and chronic conditions

## What improvements will mean for patients

- better prevention of ill health
- quicker responses to early signs of ill-health
- people with ASCS conditions living independently (with support) for longer at home or in the community
- better responses to crisis and acute episodes of ill health, resulting in shorter acute stays and fewer readmissions
- better support for the carers and families of those with ACS conditions



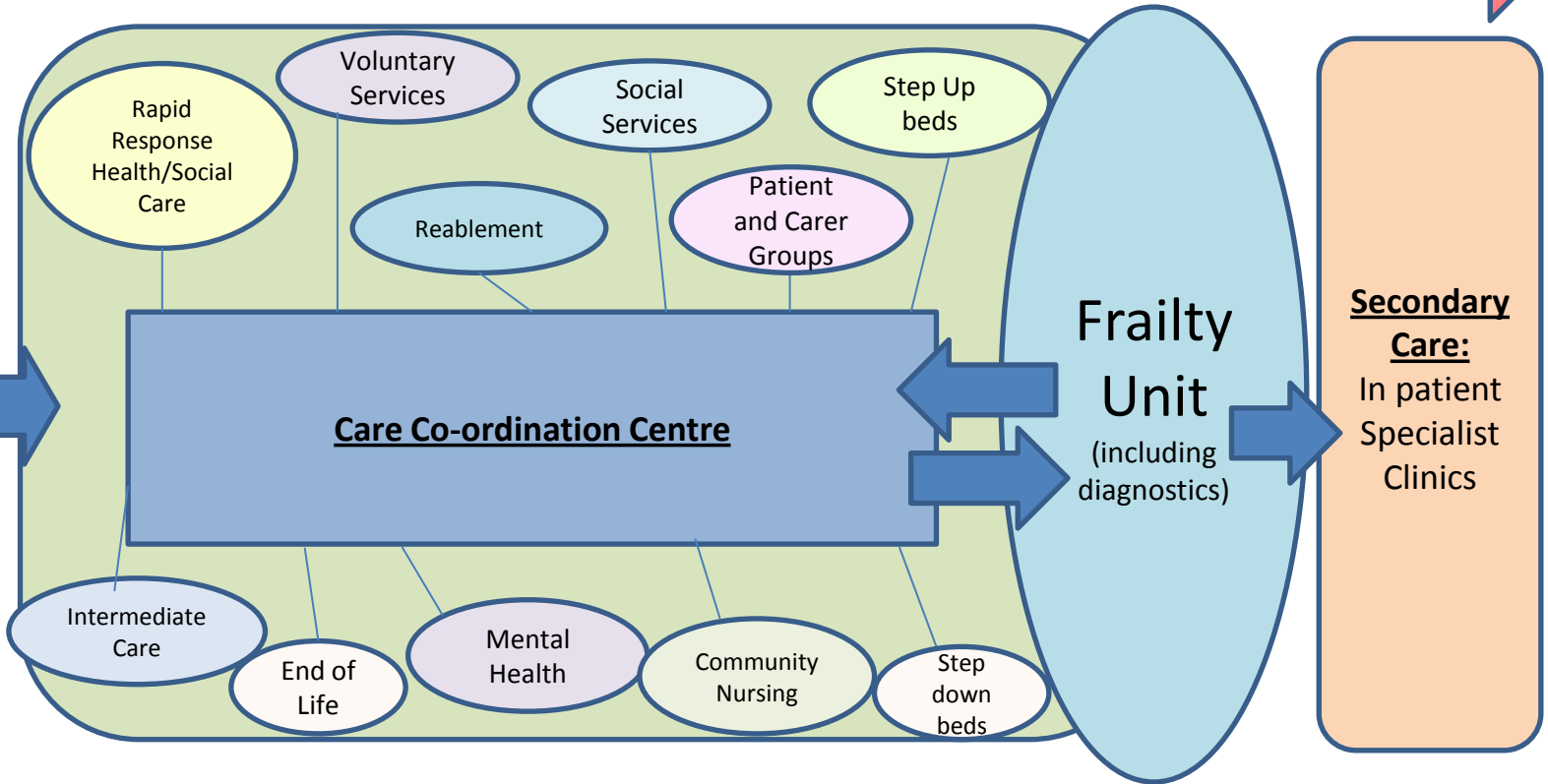
# Frailty

## COMMUNITY BASED CARE

Hospital Based  
Care

MDT CLINICS IN PRACTICES TO IDENTIFY FRAIL

SPECIALIST MDT CLINICS/REFERRAL



Established  
Integrated  
Teams

Single point of contact  
for all services  
associated with care of  
the frail and elderly

Community based services  
aimed at reinstating,  
maintaining and promoting  
independence

Shared information  
and robust  
communication  
between services

Reactive and  
Proactive

## Frail and older people

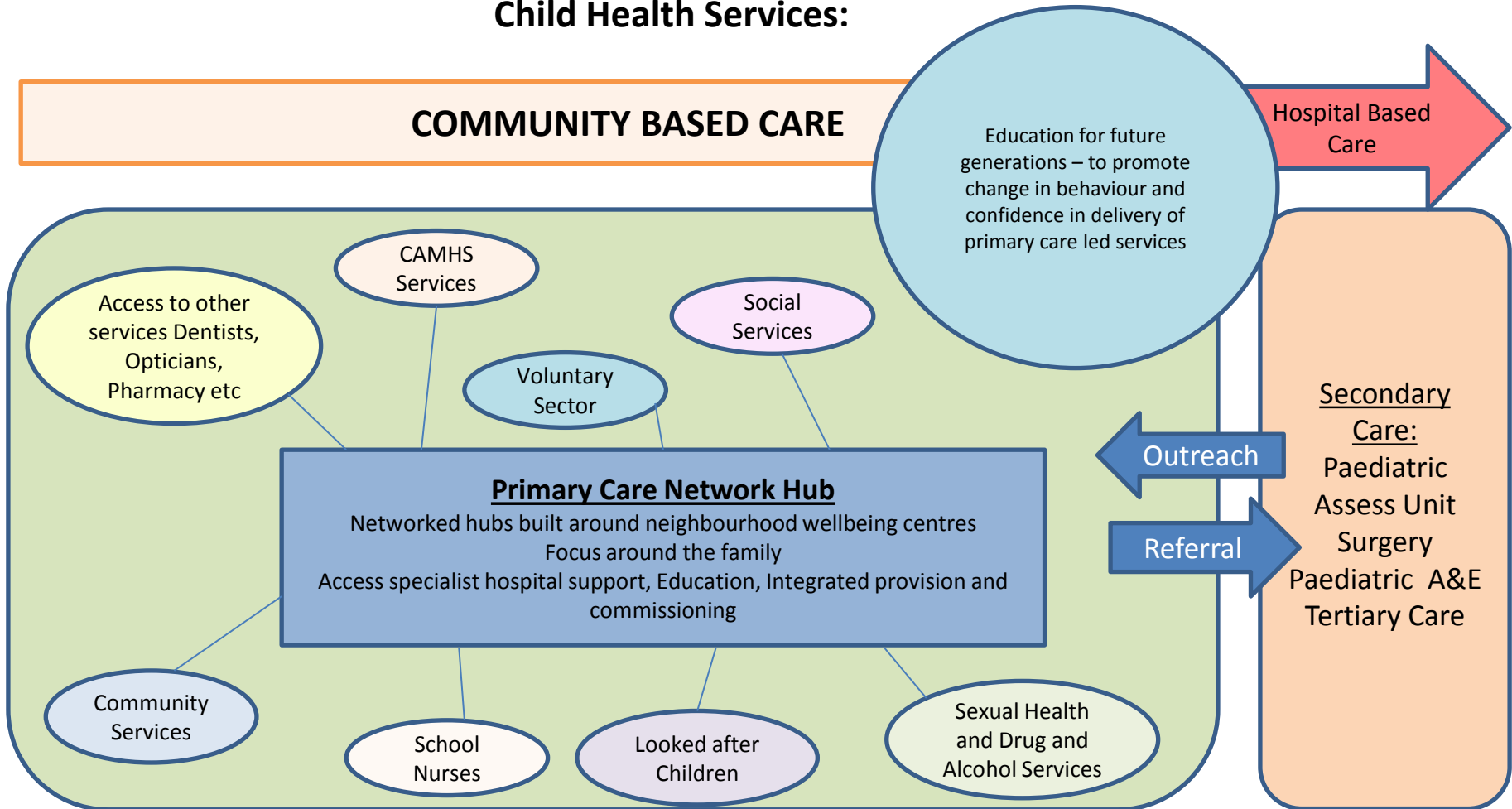
### What improvements will mean for patients

- improved quality of life and independence for the frail and vulnerable
- better prevention of ill health
- quicker responses to early signs of ill-health
- better responses to crisis and acute episodes of ill health, resulting in shorter acute stays and fewer readmissions
- better support for the carers and families of the frail and vulnerable



# Child Health Services:

## COMMUNITY BASED CARE



Established  
Integrated  
Teams

Robust communication  
and shared information  
between agencies

Clear referral  
process

Clear focus on  
educating to  
promote behavioural  
change

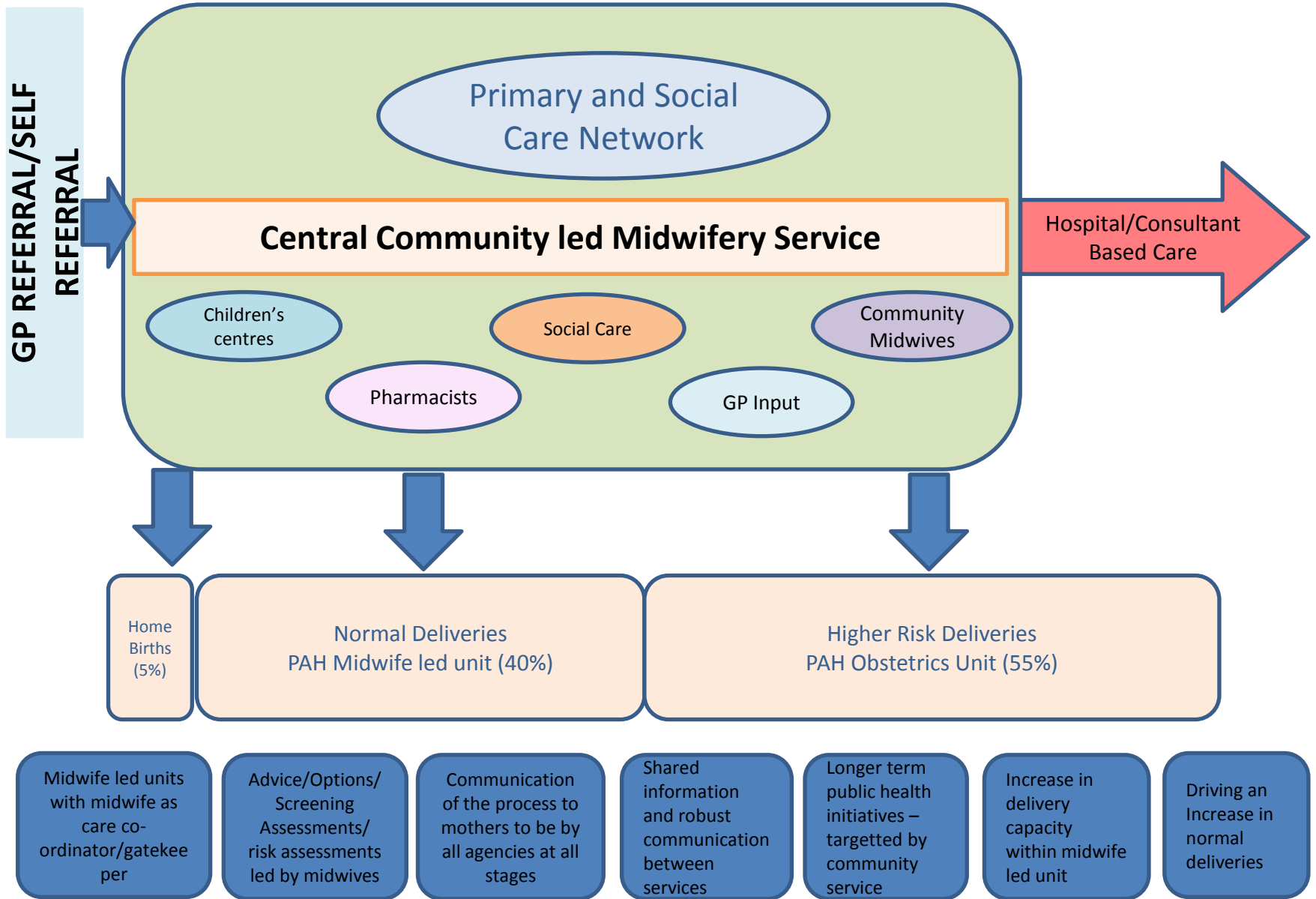
## Children

### What improvements will mean for patients

- better protection of vulnerable children and those at risk.
- quicker responses to early indicators of risk
- better management of low level illness and long-term conditions in non-hospital settings
- better responses to crisis and acute episodes of poor health, resulting in shorter acute stays and fewer readmissions
- better support for the carers and families of children with poor health



# Maternity





## Maternity

### What improvements will mean for patients

- More comprehensive uptake of prenatal care services
- More patient choice in place of birth
- Fewer complicated pregnancies as a result of improved prenatal care
- Higher patient satisfaction in the delivery of birth plans in accordance with patient wishes.



## Common themes how services are provided

- Significant shift of point of care to out of hospital setting
- Community/primary care hubs
- Integrated community provision (primary care, social care, community, voluntary sector)
- Primary care led pathways/Consultant led pathways
- Care co-ordinators / Gatekeepers
- Extended routine provision
- Outreach from secondary care/In-reach to secondary care
- Preventing crisis- access in times of crisis

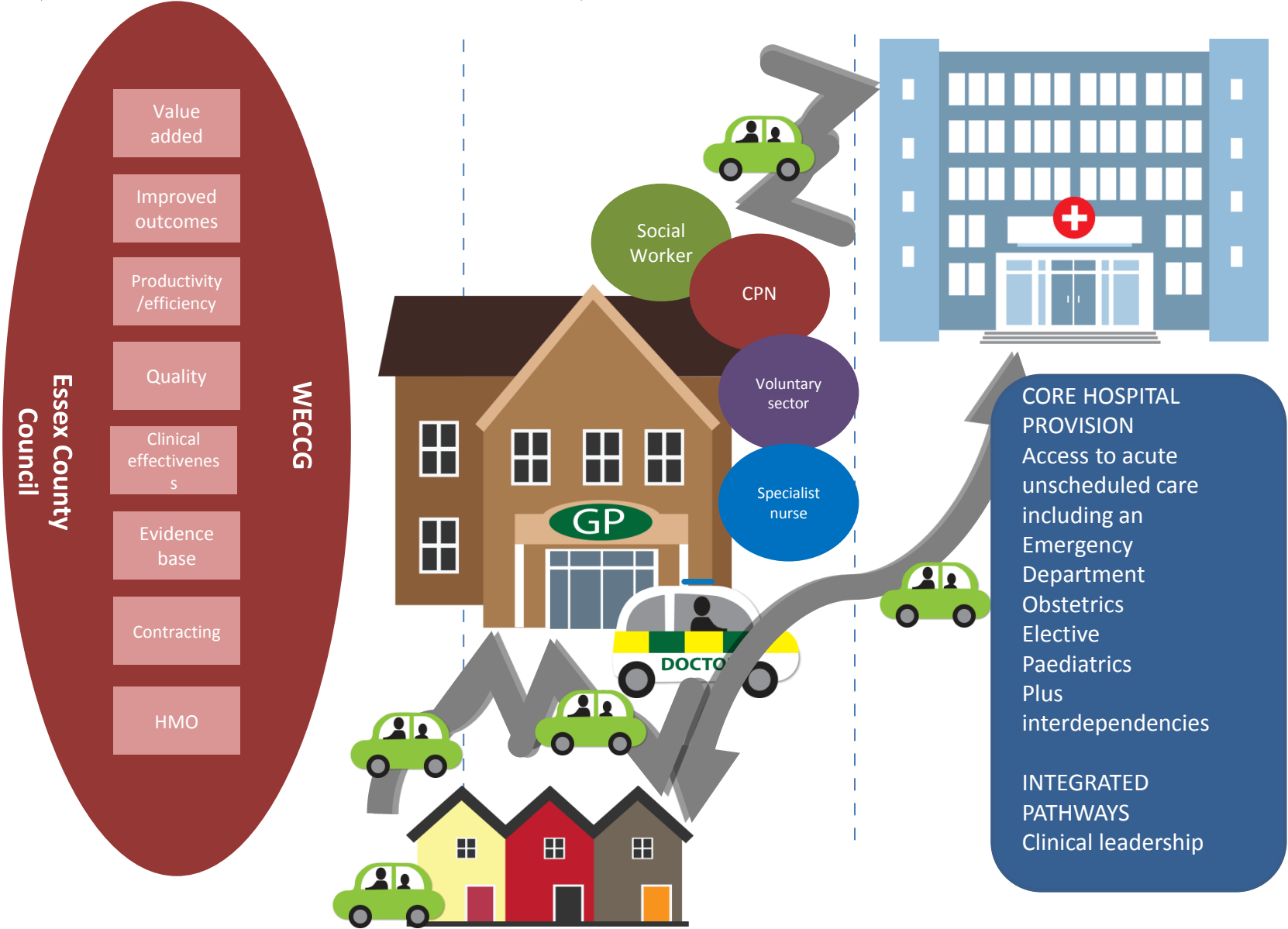


# The system as a whole

Integration between Payor and provider

Integration between primary & secondary care

Integration between health and social care



## What we expect for primary care



### Vision:

- Integrated with other providers, providing a seamless service to patients.
- High quality and accessible, offering a wider range of services across the week from a number of healthcare facilities.
- Practices working together to provide efficient services, sharing skills as appropriate.
- The coordinator of the healthcare system from patient's perspective.

### Opportunities:

- Lead responsibility to invest current resources
- Keeping care local
- Direct influence over provision
- Better patient outcomes
- Career progression
- Recruitment and retention
- Estate and environment
- Expansion and/or security
- Financial sustainability

### But.....

- Requires collaboration between practices – need for scale
- Requires primary care leadership
- Stronger business models... systematic processes and governance
- Need for pace



## What we expect from our local acute hospital

### CORE HOSPITAL PROVISION

- Access to acute unscheduled care including an Emergency Department
- Obstetrics
- Elective
- Paediatrics
- Plus interdependencies

### OPPORTUNITIES - TRANSFORMATION

#### Primary Care & Secondary Care Integration...

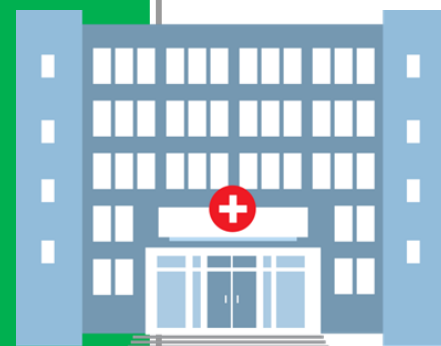
- Unscheduled care in the community/frailty
- Management of Long term conditions/ Ambulatory Care Sensitive Conditions
- Workforce development
- Maternity

#### Market share...

- Elective repatriation
- Pathways review
- Maternity

#### Creating Capacity....

- Frailty ( Scope - 15% non elective activity)
- Hospital without walls
- ACSC
- Social care integration (re-ablement)



## Integration

Brings together organisations:

- Deliver consistent and coordinated care
- Higher quality care
- Improve efficiency also control costs

Levels of integration:

- Between primary care secondary care
- Between health and social care
- Between payer and provider



## Mobilising our communities

### Voluntary sector and volunteering

- Gathering intelligence
- Delivering services
- Navigation of services
- Innovating
- Part of an integrated system





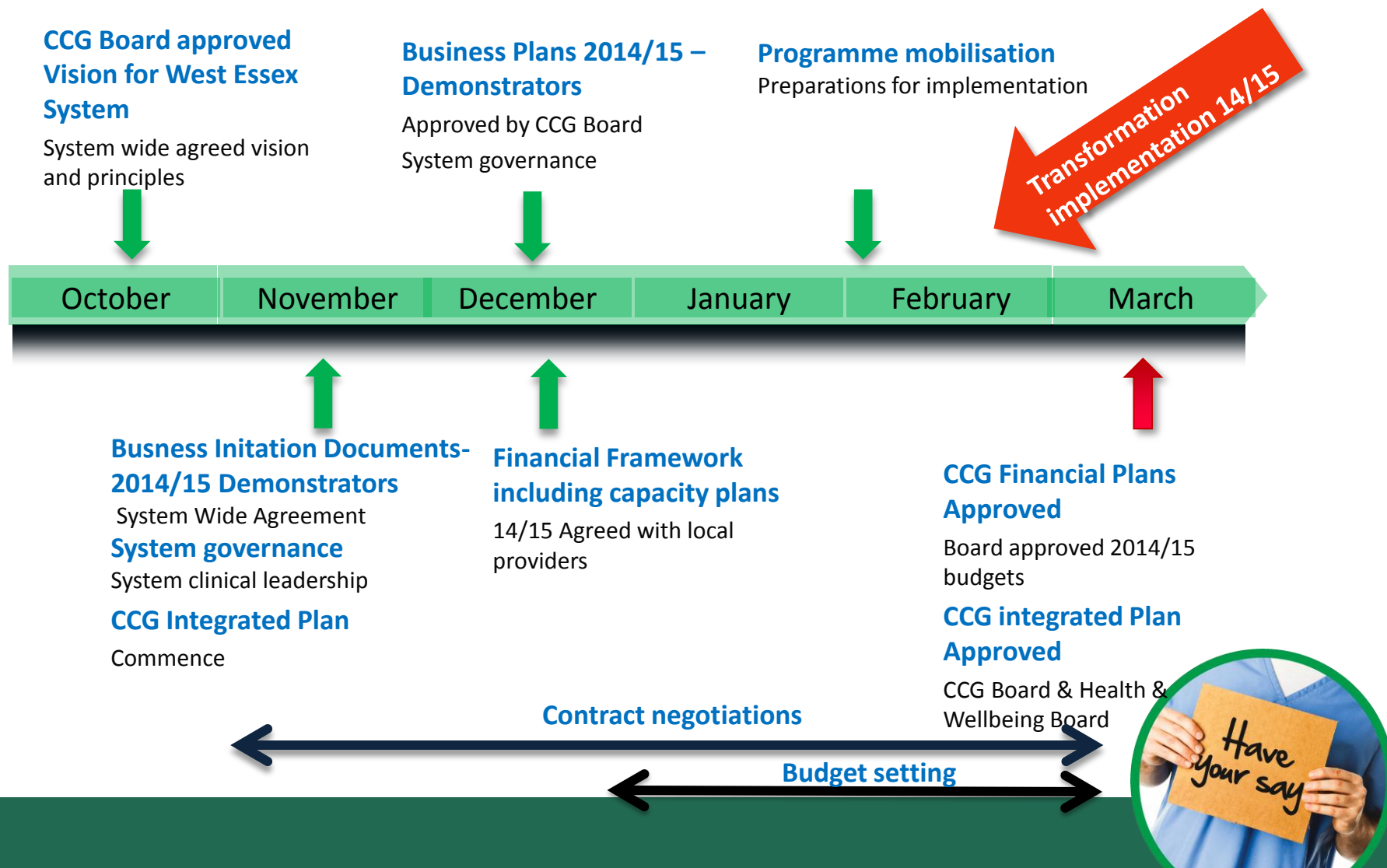
## Turning the vision into reality

The enablers:

- Transforming commissioning - for outcomes , value added, lead provider model
- Technology- integrated systems, apps
- Workforce- development
- Estate- utilisation
- Provider development and contestability- choice
- Working with local people - new era



## Next steps -Business Planning for 2014/15



## What will we see from April

As a starter:

- Integrated provision - frailty, diabetes, respiratory plus
- New commissioning models- Lead provider/outcome based
- Integrated commissioning- Older people, LD, Children's
- Increased local provision low acuity mental health
- Mobilising communities- voluntary sector development
- Mobilising primary care- extended provision, collaboration
- Implementing plans for system sustainability – clinical, financial and capacity
- CCG Organisational development- fit to deliver



## What will this all mean for our patients

- Supported independent living
- Prevention of crisis- access and response to crisis when needed
- Co-ordinated care
- Connected care across organisations
- Avoiding and shortening hospital stays
- Local and extended access to range of services
- Support for carers, families and vulnerable
- Community support networks



## My health, My future, My say

**A vision for the west Essex health and care  
system**

**2014 - 2024**

