NHS
Surrey Heath
Clinical Commissioning Group

Health Scrutiny Committee
21 May 2015

NHS Five-Year Forward View

Purpose of the report: Policy Development and Review

To provide information on the NHS Guidance "The Five Year Forward View" from a national and local Surrey Heath perspective.

Introduction

1. The Five Year Forward View acknowledges that the NHS needs to radically change and adapt in response to a growing population who are getting older and to evolve to meet new challenges that this presents.

2. These changes mean that we need to take a longer view to consider the future in partnership with patients, carers and citizens.

3. This paper provides details of the new models of care outlined in the Forward View and the proposals for the local population in Surrey Heath.

National Perspective of the Five-Year Forward View

4. The Forward View sets out a clear direction for the NHS over the next five years and focuses on three major areas for change. These areas for change include:

   a. A radical upgrade in prevention and public health
   b. People will gain far greater control of their own care
   c. A breakdown of the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.

5. The Forward View provides us with details of four new models of care to help deliver the changes outlined above. The four models of care are described below:

   Multispecialty Community Providers (MCPs)
   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.

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Integrated Primary and Acute Care systems (PACs)
An integrated hospital and primary care provider combining for the first time general practice and hospital services, similar to the accountable care organisations.

Viable smaller hospitals *(franchises or chains)*
Smaller hospitals
Urgent and emergency care services will be redesigned to integrate A&E departments, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services.

Models of enhanced health in care homes
The NHS will provide more support for frail older people living in care homes.

6. England is too diverse for a "one size fits all" model of care to apply everywhere and therefore local communities will be asked to design and co-create what is best for their local populations.

Local Proposals for the Surrey Heath Community

7. Over the last year Surrey Heath Clinical Commissioning Group (CCG) has been working with a wide range of partners to develop and deliver improved quality services for the community.

8. Organisations work in partnership across the Surrey Heath health and social care system and have so far successfully achieved the following:

    a. Leadership of health and social care is jointly aligned to the commissioning and provision of services.
    b. Took 9 months to develop and implement the CCG wide integrated care model across 90,000 residents by 9 separate organisations and 9 GP Practices.
    c. 3 x integrated care teams (ICTs) commenced delivery of local community-based care running from 8am to 8pm to the population of Surrey Heath from April 2015.
    d. Access to local rapid response services and the community rehabilitation team available seven days a week from April 2015.
    e. A single point of access for community health and social care referrals will be available from June 2015.
    f. The integrated care teams, rapid response service, community rehabilitation team and single point of access are co-located and hosted in four local GP practices.
    g. Since November 2014 all 9 GP practices in Surrey Heath now offer core GMS/PMS Services from 8am to 8pm Monday to Friday.

9. In response to the Five Year Forward View we are also planning to explore the following principal changes over the forthcoming year:

    a. Exploration of a local multi-specialty community provider model and the introduction of 7 day working in the community.
    b. The CCG and Surrey County Council (SCC) to co-commission services from:

i. Nursing and residential care homes to deliver local solutions and develop the market place.
ii. Home care providers to deliver high quality local domiciliary care.

c. The inclusion of local care providers in the planning of services through the local care homes forum.
d. Develop a single service for young carer's.
e. Promote integration between agencies and housing providers to deliver better outcomes for people.
f. All patients discharged from hospital following an emergency admission receive contact from their GP practice to ensure they have care and support to reduce the possibility of future admission.
g. Practice nurses and community nurses work together to support patients with long term conditions (LTCs) co-morbidity.
h. GPs in hours and out of hours and A&E consultants work together to signpost appropriate patients to primary care.
i. Alcohol liaison nurses to be involved with the ICTs and multi-disciplinary community support to help reduce related hospital admissions.
j. Streamline the admissions assessment process to residential and nursing homes.
k. People with early on-set dementia and their carers have access to appropriate local services.
l. Align and maintain consistent directory of services (DoS) across all agencies to strengthen the reliability of signposting.
m. Promote a culture of co-design and co-production and ensure it underpins what we do.
n. People with LTCs to access information and advice on their condition to help them make health choices and access to self help programmes where requested.
o. Carers will be offered a personal health budget to support better outcomes.
p. Single intake and joint health & social care assessments for all people with complex needs.
q. Joint crisis escalation plans in place for complex patients who frequently attend hospital (with specific focus on residents in Care Homes).
r. Promote an agenda with the voluntary sector to increase family, friends and community support.

Conclusions:

10. We will ensure strong clinical leadership will help to influence the design of any future model of care for the local population.

11. Surrey Heath CCG has a sustained successful track record of delivery achieved through listening and responding to the community.

12. We will continue to work with and listen to our population and in partnership with them we will test ourselves against our philosophy of commissioning and providing whole person, whole place based

services to ensure our community feels:

- I will only have to tell my story once
- “No door is the wrong door” as someone will lead me to the right place
- I will be able to remain independent for longer
- I will be treated with dignity and respect

Public Health Impacts

13. The Five Year Forward View provides the opportunity for local communities to radically re-design how we can commission and deliver improved outcomes on a population basis. We will ensure through collaboration with the public that improving quality remains at the heart of what we do.

14. We will utilise information produced through undertaking quality and inequality impact assessments on new ideas to tackle and further reduce inequalities.

Recommendations:

15. To note the new models of care introduced in the Five Year Forward View.

16. To note the successful implementation of integrated health, social care and voluntary sector services in Surrey Heath.

17. To note the future planning aspirations across all partners to improve outcomes for the Surrey Heath community.

Next steps:

Identify future actions and dates.

Spring 2015	•ICTs embed community based services. •Structured Plan for the development of MCP
Summer 2015	•Introduce Single Point of Access •Hospital discharge processes •Information sharing & Interoperability
Autumn 2015	•Evaluation of integrated model and planning for the future • Prepare for co-commissioning health & social care services (i.e. care homes, domiciliary, dementia, carers services)
Winter 2015/16	•7 day working proposal •MCP model agreed

Report contact: Julie Curtis, Director of Partnership, Surrey Heath Clinical Commissioning Group

Contact details: 01276 707581/Julie.curtis7@nhs.net

Sources/background papers:
N/A

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