Our vision for a ‘Primary and Acute Care System’ in Northumberland

One system, one team, one you
Northumberland Vanguard: Empowering our communities to live long and healthy lives at home

What matters to you?

- Living healthily and independently at home
- Healthy resilient communities
- Supported carers and families

One system, one team, one you
A Primary and Acute Care System

- **Stage 1**: the opening of the Northumbria Specialist Emergency Care Hospital in June 2015
- **Stage 2**: ‘primary care at scale’ supporting both in hours and extended hours periods including weekends, as well as reducing the duplication in provision
- **Stage 3**: complex care “enhanced care model”
- **Stages 4 and 5**: create the ACO in Northumberland first in shadow form (stage 4) and then as an organisational reality (stage 5)
The ACO is a consequence of the PACS

The ACO depends on us taking our integration further and turning a hospital dependent system on its head....
Our history – the ACO foundations

Provider integration

2002: Adult social care and community services under new management…. One team

2011: our ‘one team’ moves to the main acute FT provider through ‘transforming community services’

2013: prime provider for end of life care established
Our history – the ACO foundations

Commissioning integration

• 2002: Northumberland Care Trust
• 2013: CCG and Council co location
• 2013: CCG and adult social care s75: £35m
• 2015: total s75 agreement: £60m
Secific innovations

• Community Service –
  – Hospital to Home IV’s medical and surgical

• Short Term Support Teams
  • Receives referrals for clients who have pre determined potential for reablement and rehabilitation.
  • Provides care and / or therapy intervention
  • Aims to promote independence, safety and manage risk
  • Supports admission avoidance & Facilitates early discharges
  • Reduces the need for long term care provision.

• Ticket Home
Delayed transfers of care 12 month rolling figures to Nov 15

- 3rd best in England -10 times better than the worst
<table>
<thead>
<tr>
<th>Adult Social Care Outcomes Framework (ASCOF) measure</th>
<th>Northumberland</th>
<th>North East Region average</th>
<th>England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2B(1) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)</td>
<td>90.5</td>
<td>86.4</td>
<td>82.1</td>
</tr>
<tr>
<td>2B(2) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)</td>
<td>3.2</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>2D - Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level</td>
<td>84.7</td>
<td>79.7</td>
<td>74.6</td>
</tr>
</tbody>
</table>
But the system is not perfect....
What is an ACO?

The ACO would be a new organisation that would bring together all providers in Northumberland

- .... *health outcomes*
- .... *mutually responsible*
- ...*working together*

The ACO would remove the *perverse incentives* in the current system.
What will the ACO do..... Health outcomes – the parameters

- **Long term and ambitious.**
- **Organisational health**
- Improve *healthy life expectancy*
- **Excellent patient care and experience.**
- Ensure *excellent clinical service delivery* at the most vulnerable times of people’s lives
The strategic commissioner

Partnership between CCG and Local Authority

- Set the health outcomes
- Allocate a ‘capitated budget’ to the ACO
The tactical commissioner

The tactical commissioning function, via the ACO board, which would:

• Commission services
• ..... from a range of providers
• ..... with collective responsibility
• .... for delivering the outcomes.

NHS constitutional standards will be upheld.
What an ACO is not........
It’s not:
about a salaried general practice model

Practices currently have national contract options with local ways of delivering them - that will not change. The arrangements would be on a joint venture basis. Salaried models already exist in Northumberland an ACO would neither encourage nor discourage this.
It’s not:
about expecting individual practices to open longer

We already have triplication of primary care access at times and need to make this more efficient.
It’s not:
about restricting choice

All the NHS constitution measures have to be upheld.
It’s not:
about privatization-

This is led by the NHS for NHS patients.
What an ACO is........
It is about:

Patient Care

All organisations working together with the same output in mind – improving patient experience and health outcomes.
It is about:
Lasting health improvements

*Short term targets ignore quality of life and mental health issues. Meaningful changes take time.*
Many clinical areas are currently stretched with workforce challenges; innovation is needed at scale in a coordinated and supported way.
It is about:
Making the money work

We have to create a secure financial future for the NHS in Northumberland. Involving hospitals intimately in this moves them from consumers of resource to joint guardians of it.
The End

Any Questions?