

# Integrated Care – Vision for the Future

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# Introduction

- Southwark is undertaking a major transformation programme to deliver integrate care.
- As well as being a focus locally, integration is a key priority nationally as set out in the Five Year Forward View.
- This presentation aims to update the Health and Wellbeing Board on the progress we have made so far, and sets out the vision for the future and how we hope to achieve it.



## National Context – The Five Year Forward View

- Published in October 2014, the Five Year Forward View sets out a joint vision from NHS England, Public Health England and Regulators as to the direction of travel for the NHS.
- One of its key points is that the NHS needs to take 'decisive steps to break down the barriers in how care is provided', between primary and secondary care, between physical and mental health and between health and social care.
- In order to do this, the Five Year Forward View suggests that all health and social care economies should adopt 'new models of care' such as the Multispecialty Community Provider model which envisages groups of GPs combined with nurses, hospital specialists, mental health, social care and community services working together to create integrated out-of-hospital services. These groups would seek to harness the collective skills and knowledge of those within them, to work much more intensively and proactively with service users with complex and on-going needs.

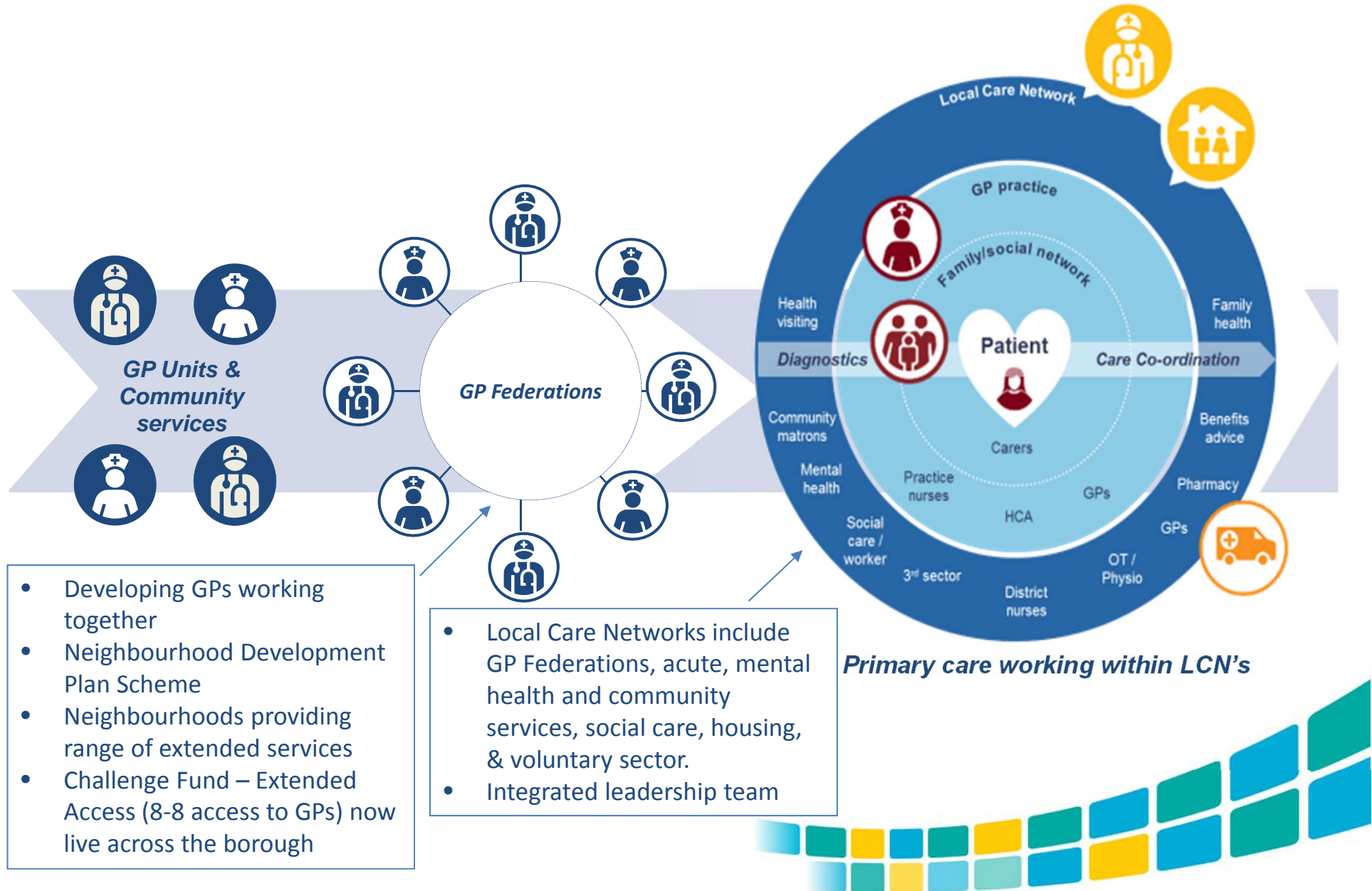


## How are we responding locally?

- For Southwark, rather than being a change in policy, this is a welcome affirmation of own direction of travel.
- We have already been establishing GP Federations on a neighbourhood basis. These enable GP practices to deliver a greater range of extended services and will be the cornerstone of better integrated care.
- The next step is the development of Local Care Networks (LCNs). These will mirror the geographies of the GP Federations and will bring together local health and social care providers to develop and transform services for the populations they serve. The LCNs aim to deliver better quality, community-based services that take a holistic, proactive and preventative approach to care, and support multi-disciplinary working at neighbourhood level. Following a series of exploratory workshops, LCNs will now begin to meet formally from the start of July.
- Taken together, this means that we are adopting the 'Multi Specialty Community Provider model'



# The Local Care Network model



# Commissioning for Outcomes

- It is important to remember that the establishment of GP Federations and LCNs is not an end in itself. Rather it provides a mechanism for delivery of whole system transformation.
- More fundamentally, we wish to change the way the way we commission services by moving from an activity based model to an outcome based system. We recognise that activity based contracts can offer perverse incentives, and do not always promote joined up care. We are thus seeking to incentivise providers to work collaboratively to integrate care pathways which prioritise clinical and functional outcomes that are meaningful to patients.
- To do this, we will start to contract for services on a whole-pathway basis. This type of contracting (examples of which include lead provider or alliance contracts) allows a number of providers to enter into an agreement to work co-operatively and share risk and reward to care for a segment of the population. We believe this approach would encourage greater investment in prevention and in primary and community care – reducing demand on costly secondary and tertiary services.



# Why are we taking this approach?

- Put together, this is a major transformation programme which we hope and believe will make integrated care a reality
- If we are successful it will enable us to:
  - **Be less prescriptive.** Focusing on outcomes incentivises personalised solutions to better support patients.
  - **Be more innovative.** Providers can experiment and channel funding into new service models
  - **Get serious on prevention.** All providers will share the incentive to invest in preventative services, rather than the responsibility resting with one part of the system
  - **Achieve better quality and value.** Improvements in communication and collaboration will allow us to improve the care we are able to give, whilst helping us keep our health and social care system sustainable.



## How will we achieve this?

- During 2015/16 we will look to make significant progress on a number of areas, to help move integrated care from a vision to a reality.
- Key steps include:
  - **Moving to joint commissioning with Social Care.** This will enable funding to be pooled, plans to be better aligned, and reduce duplication of effort
  - **Support the continued development of GP Federations** to allow them to deliver services at scale, and play an active part in Local Care Networks.
  - Work with providers, both new and incumbents, across health and social care to **help develop capability and readiness** to successfully participate in alliance contracts .
  - Agree the population segments which we will start to commission for on **outcome based whole-pathway contracts**.
  - Help **Local Care Networks** drive the integration of services, and seek to support them on the transformation of preventative services.

