
NEW MODELS OF CARE – OUTCOMES FROM THE HEALTH AND CARE SUMMIT

SUMMARY REPORT

Purpose of the Report

1. To inform the committee about the development of potential new models of care and the outcomes from Darlington’s Health and Care summit on 11 June 2015.

Summary

2. In October 2014, NHS England published the Five Year Forward View, which set out the strategic direction of travel for health and care services. The report was endorsed by all major political parties prior to the General Election.
3. NHS England invited applications from health and care systems to become ‘vanguards’ for the new approaches. Health and care organisations in Darlington applied to become a vanguard for developing more community based services, to complement the existing work carried out under the Better Care Fund.
4. Although we were not successful in being awarded vanguard status, NHS England were impressed with our bid and are continuing to work with us. Similarly, local partners agreed that we should implement new models of care whether or not we were successful in the bid. The progress we had made was shared at the Darlington Health and Care Summit on June 11 2015, which was attended by around 130 health and care professionals and which heard from leading national speakers.
5. Darlington’s new model of care strategy is based around a partnership between commissioners and providers, a commitment to manage changes carefully, a shift of resources away from acute services towards community provision and better joined up services to improve outcomes for people and to remove waste in the system. The strategy recognises the importance of individual responsibility for health, right along the continuum to getting more specialist services in centres of excellence outside of Darlington.
6. As part of their attendance participants at the Summit were asked for their views on the proposals.
7. **Headline findings:**

- (a) Confidence is high and people supported the proposed vision for the health and care economy.
- (b) Support for self-management, provision of care hubs, and the availability of consultants, pharmacists and diagnostics 24/7 are felt to be the most important elements to deliver.
- (c) The event was successful in promoting understanding and engendering enthusiasm; people would want to attend again.
- (d) There was a recognition that some sectors were not well represented at the Summit so further work is needed to ensure that the new models of care discussions take place in other fora.

Recommendation

8. It is recommended that:

- (a) Scrutiny Committee take note of the report.

Murray Rose
Director of Commissioning

Background Papers

None

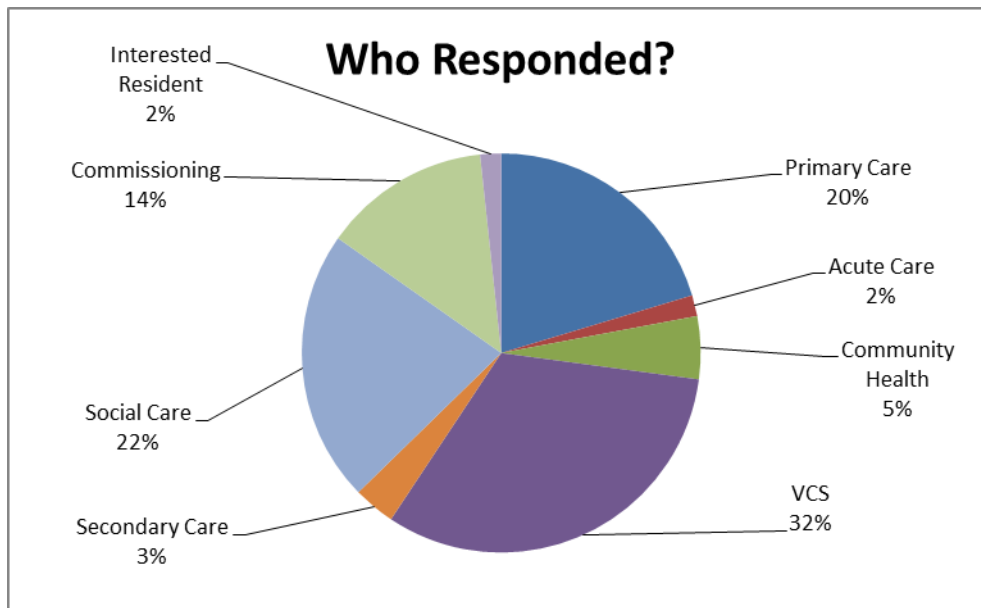
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S17 Crime and Disorder	None
Health and Well Being	The Vision and any new models of care developed to deliver the 2020 vision will involve significant changes. The board will be provided updates as necessary.
Carbon Impact	None
Diversity	None
Wards Affected	All wards
Groups Affected	All groups
Budget and Policy Framework	None
Key Decision	None
Urgent Decision	None
One Darlington: Perfectly Placed	The vision articulated will particularly impact on outcomes in One Darlington: 'People are healthy and supported'
Efficiency	None

MAIN REPORT

Introduction

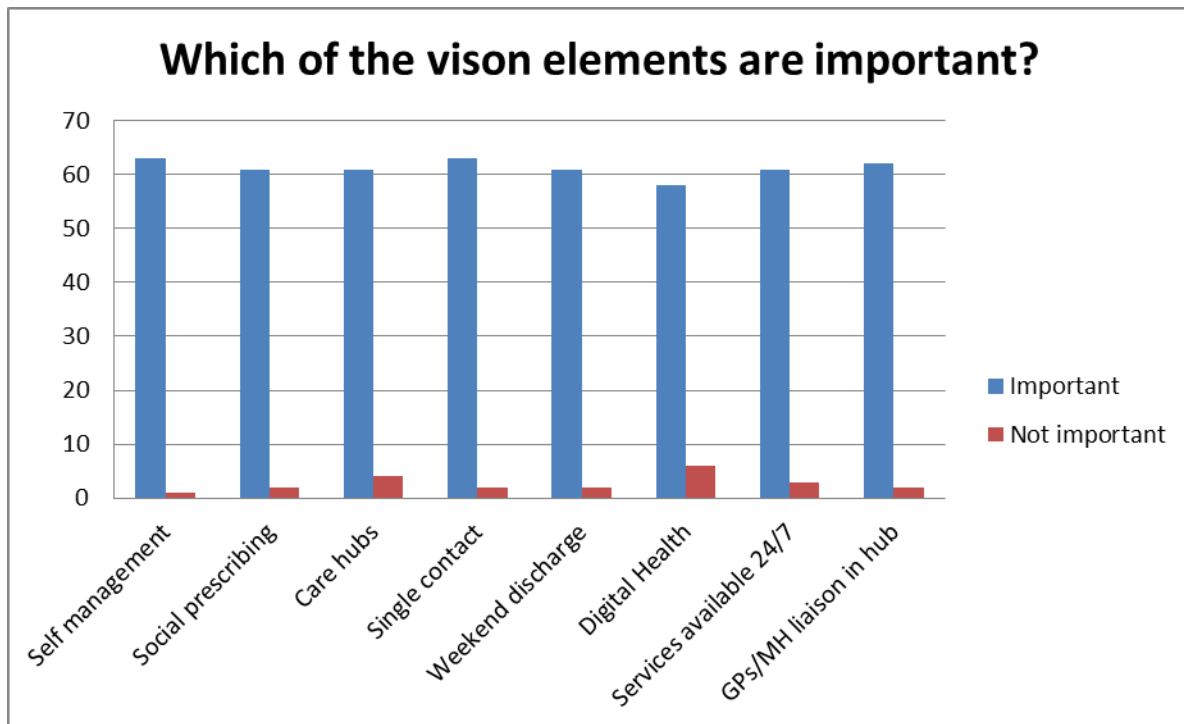
9. Local authority budgets for social care services are under significant pressure. The NHS has identified a potential £30 billion shortfall in funding in the next 10 years. Given that many people rely on health and care services, unless clear strategic planning is put in place now, one or both parts of the system could fail.
10. In October 2014 NHS England published the Five Year Forward View, which set out the strategy for dealing with the financial pressures and the growing demand for services. The document included sections on prevention, on specific preventable diseases and on structural changes that could bring about more sustainable services.
11. The document included models of care based on more delivery of services by primary care, as well as more services being provided by hospitals where there was a shortage of GPs. There were also proposals around supporting care homes and streamlining the management of smaller hospitals.
12. Local areas were invited to submit bids to be awarded vanguard status; a method by which NHS England could resource and test out a number of models under each of the categories, above.
13. Five key partners in Darlington – the local authority, the clinical commissioning group, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust and Primary Healthcare Darlington – agreed to make a joint application to pilot more community based health and care services. The application was made because it was agreed that it was the right strategic plan for Darlington and it was also agreed that the work stream would be pursued even if the application was not successful.
14. NHS England identified 29 vanguard sites but Darlington was not amongst them. Written feedback suggested that we were a very strong contender and that our model was very much in line with those that were successful.
15. Work has continued to develop a local new model of care because if it didn't, then none of the 5 partner organisations could guarantee to have sustainable and high quality services for Darlington citizens. In order to communicate the work in progress and to take stock by listening to national best practice, a Health and Care Summit was held.
16. The Darlington Health and Care Summit on June 11 2015 was attended by around 130 health and care professionals. As part of their attendance they were asked for their views on the proposals for new models of care. Just over half the attendees (68) completed a short questionnaire asking for their opinions about the vision for Darlington as described in a publication presented in the summit packs, and described in a presentation early in the event.



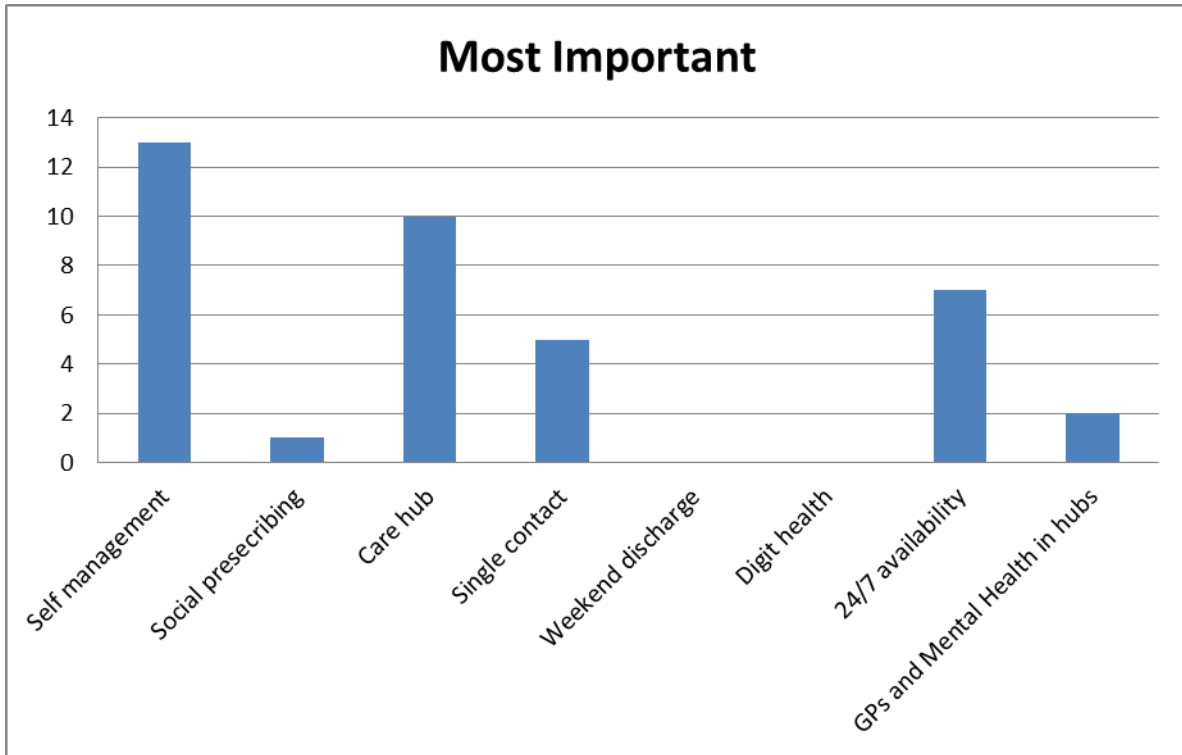
What they thought about the vision and the roadmap to achieving it

17. Confidence is high. Three quarters of the respondents felt it was “quite likely” that *in five years (2020) Darlington people are accessing health and care broadly as described in the vision*, and a further 20% felt it was “very likely”. While no respondents felt it was “not at all” likely, three respondents felt it was “not very” likely. Concerns cited are around the complexities of joining up services, linkage with wider community issues such as the promotion of employment, and the sense that changes like this have been talked about for years, so why is it different this time.
18. **We asked if *the vision describes a health and care service that Summit attendees would like to be part of*.** Almost three quarters responded “very much” and more than a quarter “somewhat” with just one respondent said “not at all”. Similar confidence is apparent in the ability of the roadmap to deliver us to the future state described in the Vision. Ninety-five percent of respondents said they *definitely* (33%) or *somewhat* (62%) thought that *following the roadmap as described today will result in better health and care outcomes for people in Darlington in five years*. Concerns among the five percent were around the difficulties of joining up, the need to ensure the rural areas are served, and the financial climate.
19. This generally high confidence is supported by enthusiasm. Summit attendees were asked whether they felt enthusiastic about the future and whether they had greater understanding as a result of attending the event: and they did:

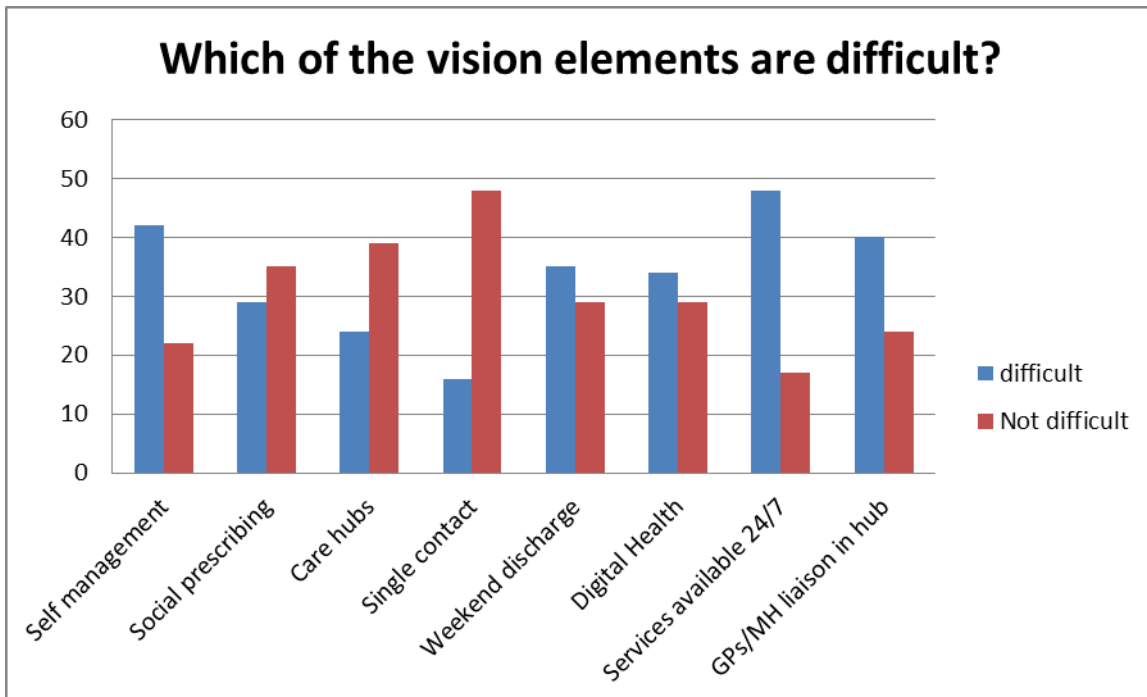
Components of the vision



20. **We asked Summit attendees to tell us *how important key elements of the vision are to the overall delivery of better outcomes for Darlington people.*** As we might expect, everything was considered to some degree important with the only items receiving more than just one or two ticks from either of the unimportant categories being a care hub(6%, 4 people) and use of digital health (9%, 6 people).
21. However, when challenged to select just one that is most important, there were three clear items: **Support for people to manage their own health and care needs, a care hub, and consultants etc available 24/7**. Having a single number and website was a close fourth.



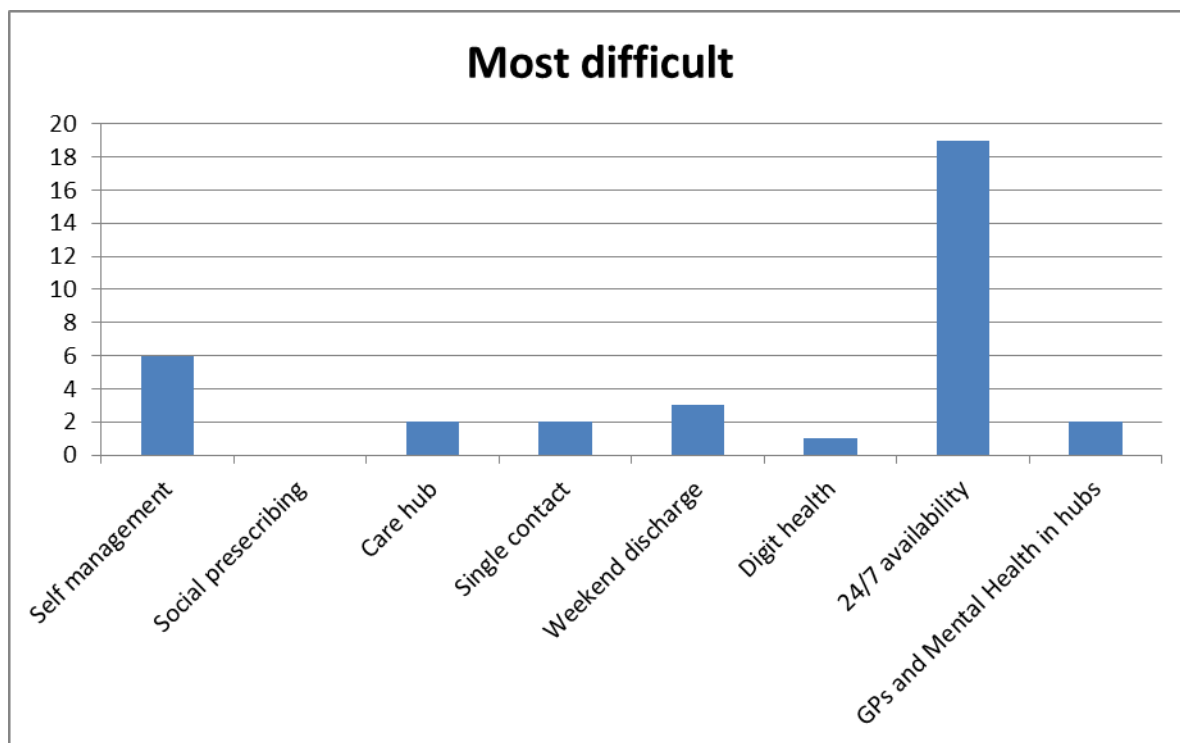
22. **Attendees were further asked how difficult these components would be to achieve.** Here, respondents were much less polarised on the general question, with the biggest differentials between difficult and not difficult being in respect of delivering a single number or website to contact all health and care services, and having services available 24/7. Self-management was third.



23. The other key finding here is that many more people think providing a single contact for all services is 'not difficult' than think that it is 'difficult'. This finding

requires further probing and unpicking over time, as it could be interpreted as reflecting that respondents think this kind of action doesn't involve them changing, but having a new layer put over the top of existing arrangements.

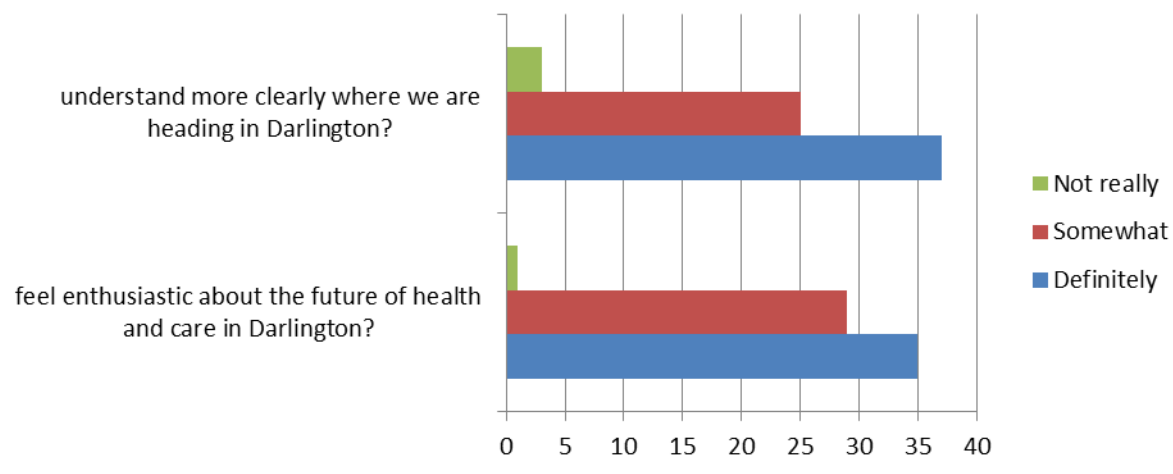
24. When challenged to identify just one item as the most difficult, respondents were in no doubt – 'Consultants, pharmacists, and diagnostic services available 24/7'. It is important to note that this group of people are not themselves represented in the respondents, and so their perception of this outcome will need to be tested.



The Summit itself

25. Attendees were asked if, as a result of attending the event, they ***understand more clearly where we are heading in Darlington***, and secondly, if it caused them to ***feel enthusiastic about the future of health and care*** in Darlington.

As a result of attending today's event do you...



26. The small number of those feeling the event did not really help them understand where Darlington is heading had concerns around inclusion, indicating that delivery will need to be very sensitive to the need not only to bring everyone together, but to be explicit in demonstrating that. Comments included – “need to consider the Third Sector at the heart of things, not the poor-man’s add-on” and “we have to have more acknowledgement of social care from partners”.
27. Respondents were asked whether they would welcome the opportunity to attend other events like this. Everyone who answered it said “yes”.

Summary and Next Steps

28. The summit was a useful and effective launch point for the 2020 Vision and associated new models of care discussions.
29. Subsequently there have been ongoing conversations re: design principles, what works well in Darlington and our track record of success. The findings of the health summit have been fed into these discussions to ensure the participants views are included in decision making and the continued development.
30. The 5 partners have jointly arranged an NHS IQ facilitated session on September 22nd to develop a change management plan to take forward the delivery of the 2020 vision launched at the summit.
31. Further reports will be brought back for Scrutiny.