

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	UPDATE ON THE DEVELOPMENT OF NEW CARE MODELS IN SOUTHERN HAMPSHIRE		
DATE OF DECISION:	26 NOVEMBER 2015		
REPORT OF:	DIRECTOR OF INTEGRATED SERVICES (MCP WEST) – SOUTHERN HEALTH NHS FOUNDATION TRUST		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Chris Ash	Tel: 023 8087 4305
	E-mail:	laura.nowak@southernhealth.nhs.uk	
Director	Name:	Chris Ash, Director of Integrated Services (MCP) West	Tel: 023 8087 4305
	E-mail:	laura.nowak@southernhealth.nhs.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
This report seeks to update the Southampton Health Overview and Scrutiny Panel regarding progress being made in terms of developing new models of care with the aim of transforming out-of-hospital care in Hampshire.	
Better Local Care is formed of NHS and care organisations, GPs and charities. It is the name for new model of care being developed in Hampshire to deliver the right care, in the right place at the right time.	
A bid by the partnership to set up the new model, called a Multi-specialty Community Provider, was among 29 projects across the country approved by NHS England in March 2015.	
There are now 50 vanguard areas working to deliver the aims of the NHS Five Year Forward View. Published by NHS England in October 2014, the document sets out how the health service needs to adapt to meet the changing needs of the population and growing demands on health and social care.	
RECOMMENDATIONS:	
	(i) That members of Southampton Health Overview and Scrutiny Panel discuss and note the report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The HOSP has requested this item.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.

DETAIL (Including consultation carried out)	
	What is a Multi-specialty Community Provider?
3.	The NHS Five Year Forward View, published by NHS England in October 2014, sets out how the health service needs to adapt to meet the changing needs of the population and growing demands on health and social care. Among the new models of care outlined is the Multi-Specialty Community Provider (MCP).
4.	The MCP involves groups of GP practices working with Southern Health NHS Foundation Trust, care organisations and charities to deliver seamless out-of-hospital services.
5.	The Government then invited bids from local NHS organisations and GP practices to become MCP 'Vanguards'. Vanguards are early pioneers dedicated to speeding up the integration of GP and community services so that patients can quickly begin to feel tangible benefits.
	The Multi-specialty Community Provider in Southern Hampshire
6.	GPs are telling us that there is an increasing demand for primary care from an ageing population and increasing levels of need from people with long-term conditions. This is coupled with problems in recruitment of staff, which is leading to significant pressure on General Practice.
7.	We know that most people still report high levels of satisfaction with their GP locally but too many remain dissatisfied with access to appointments and continuity of care. In addition the number of people with a long-term condition is expected to rise to 18 million by 2025 nationally, which will account for at least half of all GP appointments. We also know that we have an ageing population and expect to see a rise of 10% in the number of people aged over 75 in our area by 2019. We cannot therefore meet current and future demand for primary care services if we continue to do more of the same.
8.	Earlier this year, a partnership of Southern Health NHS Foundation Trust, GPs, Hampshire County Council, the voluntary sector and the Clinical Commissioning Groups (CCGs) in Southern Hampshire was among 29 projects approved by NHS England to develop a new model of care in the form of a Multi-Specialty Community Provider (MCP).
9.	The MCP model is based around GP surgeries and their list of registered patients. However, it acknowledges that individual practices may struggle to deliver a wide range of services on their own and that patients find the current system confusing and disjointed.
10.	It is evident to all that the best quality care for patients is achieved when all the contributing parties work together as a single team based on the needs of the patients. One of the major themes of our MCP, called Better Local Care, is to create extended primary care teams built around the registered list of patients, based in a 'natural community of care'. This team will be GP led, working with managers and staff from Southern Health, the Alliances, local practices, the voluntary sector, the CCGs and other partners. The approaches taken are being tailored to the specific needs of the population in each area.
11.	Better Local Care has been awarded £7m in 2015/16 to trial new models of

	care. So far three groups of practices in Gosport, South West New Forest and East Hampshire have become 'early adopters' of the new care models. These areas comprise approximately 27 GP practices in total, serving a population of around 220,000.
12.	Each area has a Board of local GPs and a clinical leader established and they have all been developing their own approach to delivering the four building blocks of the care model, which best suits their local population.
13.	The package of support from NHS England also includes access to international experts, support to show best practice in the way the partnership engages with staff, patients and local people, and help to break down barriers and encourage more joint working.
14.	Change is happening at pace. A number of "fast follower" areas are due to join Better Local Care imminently. We expect that our MCP will cover 80% of the population who are registered with a GP in Hampshire by Christmas and more than 90% by the end of March 2016.
15.	It is recognised that the solution to the challenges we all face cannot be prescriptive and that change and innovation needs to be locally owned and resourced. So we've kept our proposed care model simple, focusing on the things that clinicians and patients have told us are important.
16.	The four key areas are:
	<p><u>Engagement, prevention and self-management</u></p> <ul style="list-style-type: none"> • Working with local people to develop the right care for them • Putting people in control of their own health • Engaging local people in positive health behaviours • Working with the local voluntary and community partners to support people to stay well and manage their own health • Supporting practitioners to take a whole person approach in every interaction.
	<p><u>Extending the primary care team</u></p> <ul style="list-style-type: none"> • Bringing primary, community and adult social care together, with specialists from local hospitals and third sector organisations, to work as a single extended primary care team • A single shared clinical record so professionals can work together to care for patients.
	<p><u>Improved access to care</u></p> <ul style="list-style-type: none"> • Offering primary care at scale while ensuring continuity of care is retained in family medicine • A range of services in a central, accessible location, open 8am to 8pm for walk-in or pre-booked appointments, helping manage demand • A multi-professional team offering direct access to the right care • More proactive monitoring of long terms conditions to head off unexpected problems.

	<p><u>Fewer steps to specialist support</u></p> <ul style="list-style-type: none"> • Simplify the way patients navigate the system, reducing multiple appointments in multiple locations • GPs to have direct access to diagnostics • Bringing more specialist support (specialist nurses and consultants) out of the hospitals to work alongside the extended primary care team • Improving communication between GPs and Consultants • Making better use of technology to get a specialist opinion.
	<p>Key achievements</p>
17.	<p>Developments in Better Local Care are progressing at pace. The partnership is pushing forward with plans to improve access to GP surgeries including extended opening hours and offering longer, more flexible appointments with an appropriate professional. An example of this is the opening of The Practice at Lymington New Forest Hospital – an “extended branch” of seven GP practices in the area.</p>
18.	<p>The Practice opened in September and is offering the 60,000 patients from the partner practices additional choice and access to care. It is increasing the amount of access people in Lymington have to healthcare specialists. Patients can book appointments by ringing their local surgery and have the choice of seeing their regular GP or making an appointment at The Practice.</p>
19.	<p>The centre at Lymington Hospital is open from 8am to 8pm, seven days a week, and provides access to same-day and some routine appointments. The Practice is designed to better link patients with other services at Lymington Hospital in a single visit.</p>
20.	<p>Better Local Care is also improving access to specialist support, reducing the need for multiple appointments. This includes the introduction of an extended scope musculoskeletal (MSK) practitioner at The Arnewood Practice in New Milton, South West New Forest.</p>
21.	<p>Patients with musculoskeletal pain are being offered direct access to the specialist, who is able to provide a high level of assessment diagnosis and management to patients, quicker assessments and treatment and longer appointments. The scheme, which will initially run for a year, started on 1 July and has seen extremely positive results in terms of patient satisfaction.</p>
22.	<p>Early indications suggest the initiative may have added benefits to the system as the surgery is already seeing a reduction in referrals to Physiotherapy and to Orthopaedics.</p>
23.	<p>We are also creating Extended Primary Care Teams by joining GP, Community, Mental Health and Social Care professionals into single teams, supporting the same people; and we are working to support people to take more control of their own health and wellbeing, promoting self-help measures and doing more work to prevent ill-health.</p>
	<p>Implications in Southampton City</p>
24.	<p>The working relationship between Southern Health NHS Foundation Trust, a key player in the Hampshire MCP vanguard, and Solent NHS Trust, is very strong. From the earliest stages of this programme, the two organisations have been sharing learning and expertise to ensure that we learn from the</p>

	replicable elements of our care models.
25.	It is important to stress that this is a two-way relationship, with many lessons from work in the City (not least around integration of health and social care) helping to influence the direction Better Local Care takes to address certain issues in the county.
26.	Solent NHS Trust and Southampton City Council have worked to establish an MCP Project within the City, closely aligned to Better Care Southampton. Southern Health has a seat on the Project Board as the provider of Mental Health services within the City, and is fully committed to supporting this work.
27.	One example is a project between the two organisations to integrate the provision of community physical and older people's mental health care in Southampton.
28.	Because the Better Local Care programme focusses on care design emerging from natural communities of care and is not a top-down, centrally-stipulated approach; we are also exploring how the MCP's neighbours in both cities can more formally take advantage of Hampshire's position as a national vanguard.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
29.	Not Applicable
<u>Property/Other</u>	
30.	Not Applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
31.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006.
<u>Other Legal Implications:</u>	
32.	Not Applicable
POLICY FRAMEWORK IMPLICATIONS	
33.	Not Applicable

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	N/A

SUPPORTING DOCUMENTATION

Appendices

1. None

Documents In Members' Rooms

1. None

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. None	