

Place-based systems of care

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21 March 2016



Place-based systems of care

A way forward for the NHS
in England

Authors

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November 2015



Three versions of place based systems

- › How the NHS is taking the idea forward through the new STPs
- › Place based working led by local government, including in Greater Manchester
- › Health and social care integration under the aegis of HWBs

The NHS version

- › 44 footprints have been identified for the development of STPs
- › Populations range from around 300,000 to 3 million
- › Average population size in North and in London is 1.8-1.9m
- › Each footprint will have a named senior leader
- › Around half of senior leaders are providers and half are commissioners/local government leaders
- › Some leaders have yet to be identified and may come from outside the NHS and local government
- › Views on the footprints and process for developing STPs are mixed

Sustainability and Transformation Plans: purpose and scope



Planning by individual institutions will increasingly be supplemented with **planning by place** for local populations.



Every health and care system must come together to create its own ambitious **local blueprint** for accelerating its implementation of the Forward View. Local health and care systems should be **facilitating conversations about their footprints now**. Footprint proposals were submitted by end of January.



Plans will be place-based, multi-year, and show how local services should evolve and become sustainable over five years – providing clarity about how the locality will close all three gaps and deliver on national priorities between now and 2020/21. **STPs** will cover the period between **October 2016 and March 2021**, and will be subject to consideration in July 2016 following submission in **June 2016**.



The NHS must continue to **deliver core access, quality and financial standards** while **planning properly** for the next five years.

Emerging issues

- › The size and complexity of some footprints
- › The tight deadlines for delivering STPs
- › Leadership and management capacity
- › Time to plan when operational pressures are the priority
- › The role of local authorities
- › The worry that STPs could hold back local progress on smaller footprints
- › How will national bodies assess the quality of plans?

Local government version

- > Total place
- > Community budgets
- > Leeds integrated care pioneer
- > Greater Manchester Devolution plans
- > Focus on whole populations and public service budgets
- > Priority for economic development as well as integration of services
- > A bold vision for the 'northern powerhouse'

Health and social care integration

- › A growing number of examples from around England
- › Torbay was an early example but there are now many more
- › Integrated care pioneers have shown the way recently
- › New care models under the NHS 5YFV are taking further
- › The Isle of Wight is a good current example
- › International experience is also relevant

Isle of Wight

- › NHS organisations, the local authority and voluntary sector organisations are changing the way that they are organised as part of their work as a PACS vanguard ('my life a full life')
- › Working under the health and wellbeing board, a joint commissioning board and joint provider board have been established, as well as a board that provides overall leadership for the transformation programme
- › Emphasis has been placed on developing system leadership and a 'one island £', echoing the approach used in Canterbury, NZ
- › Partners are also working together to integrate the various 'support functions' of the system, including IT, performance reporting and workforce development

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Ideas that change
health care

Authors

Nicholas Timmins
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The quest for
integrated health and
social care
A case study in
Canterbury, New Zealand

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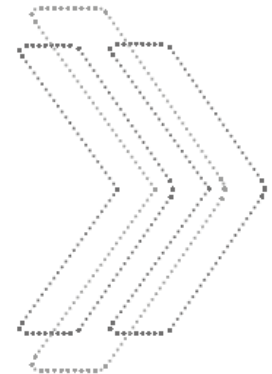
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Intentional whole health system redesign

Southcentral Foundation's 'Nuka' system
of care

Author

Ben Collins



November 2015

Relationships

- › Place based working and STPs depend on collaboration
- › Collaboration depends on the quality of relationships
- › Relationships rest on the behaviours of leaders
- › System leadership is needed at all levels to realise the benefits
- › Health and Wellbeing Boards have a role in providing system leadership

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Options for integrated commissioning

Beyond Barker

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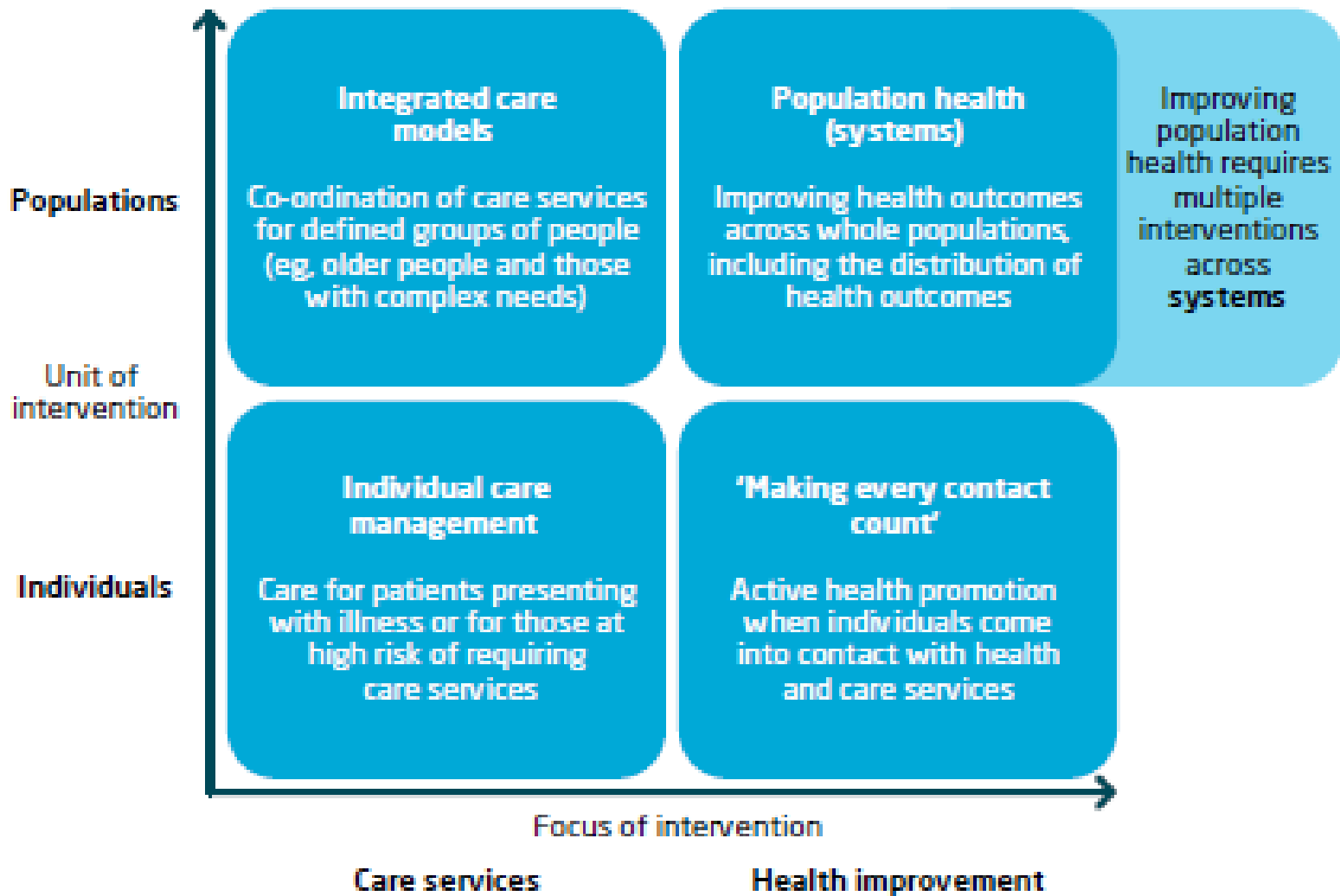
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Implications for you

- › The role of systems within systems: H&F, Tri Boroughs and NWL
- › Different issues lend themselves to different footprints
- › Specialised health services across NWL
- › Local acute services across the three boroughs
- › Community, primary and social care for H&F
- › Population health at all levels

A broader shift in focus



Opportunities and challenges

- › How to contribute to the STP and ensure progress in H&F?
- › How to take forward health and social care integration?
- › How to pool budgets and use expertise in different agencies, including the future of the Better Care Fund?
- › How to go beyond health and social care into population health and economic development?
- › What should be the role of the HWB in providing system leadership on these issues?