The leaders of the NHS in England have announced that the Mid-Nottinghamshire Better Together programme has been chosen to take a national lead on transforming care for patients.

The programme has been chosen from amongst 269 groups of nurses, doctors and other health and social care staff from across the country who put forward their ideas for how they want to redesign care in their areas, and then helped choose the first 29 of the most innovative plans. These sites will be known as vanguards.

Drawing on a new £200 million transformation fund and tailored national support, from April the vanguards will develop local health and care services to keep people well, and bring home care, mental health and community nursing, GP services and hospitals together for the first time since 1948.

Better Together will take forward the integrated primary and acute care systems (PACS) model which means joining up GP, hospital, community and mental health services. This is one of three models identified in the NHS Five Year Forward View, published in October 2014 by NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England, set out the health, quality of care, and funding gaps that will open up if the NHS does not change.

Speaking about the announcement, Mansfield and Ashfield and Newark and Sherwood CCGs Chief Officer, Amanda Sullivan said: “This is fantastic news for the health community in Mid-Nottinghamshire. Being chosen as a vanguard site means that we will be working with other pioneers in this area and can build on those developments in services that are already having some positive impacts on patients’ lives.

“Our plans and ambitions are firmly grounded in evidence-based service models that have local public support and will meet the needs of our changing population demographics. We will now work with providers to come together to integrate services through partnership working and horizontal integration which means working with primary care, acute, community and voluntary sector colleagues. We want to see all sectors taking an active part in shaping future arrangements.

“This announcement today is good news for Mid-Nottinghamshire patients, carers and members of the public. It will move us forward at a pace which will lead to a significant improve in their experience of health services.”

It is estimated more than five million patients will benefit across the country, just from this first wave.

INSIDE

P2 - New models of care - your questions answered.

P3 - Description of the Primary and Acute Care Systems (PACS) model.

P4 - New models of care - links to videos, reports and information.

www.bettertogethermidnotts.org.uk
What will this mean for patients?

This is all about making health services more accessible and more effective for patients, improving both their experiences and their outcomes. This could mean fewer trips to hospitals as cancer and dementia specialists hold clinics local surgeries, one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, and other services closer to home.

When will the selected vanguard projects start to work?

As a programme selected for Vanguard status Better Together is already demonstrating much innovative and important work, a high level of ambition, a good understanding of population needs, a clear vision for improvement and effective partnership working. In that sense, we are already working hard to deliver significant change and improvements for our local population.

The national New Care Models programme will be working with the Better Together programme team over the next few months to further develop Better Together and help us deliver significant improvements in outcomes and experience for our populations.

The aim, which we must always keep at the forefront of our minds is the sustained change to health and care services which will benefit future populations.

How will you involve other partners?

The Better Together programme team will now work with providers to come together so that services can be integrated through partnership working and horizontal integration. This means working with primary care, acute, community and voluntary sector colleagues.

We want to see all sectors taking an active part in shaping future arrangements for health and care services.

How was the Better Together Programme Chosen as a Vanguard site?

There was an open and well-publicised application process, which saw 269 sites put forward their plans. 63 shortlisted sites were invited to workshops on 2-4 March to refine and present their case; they were then asked to vote for their three preferred sites (themselves excluded) based on level of ambition and the three they would most like to work with. That vote then informed the recommendations put forward by the observers to the New Care Model Board meeting on 9 March.

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“The New Care Models programme is already highlighting just how much innovative and important work is going on in dozens of local areas already. I am confident that the 29 exceptional systems which have been chosen to be vanguards in this cohort will help revolutionise both the quality of care, and patients’ experience of it, over the coming years – not just for the patients in those areas, but for every patient in England.”

Sir Sam Everington, National GP Advisor
Our Primary and Acute Care System (PACS) model

Our providers will come together across sectors through formal alliance (horizontal integration), rather than vertical integration of acute and primary care.

We have full partnership sign-up to the proposed service models and commissioning approach. The governance of the contract holding provider alliance will reflect the critical and equal role that all partners play in preventing crises and maximising health outcomes. We are currently undertaking a most capable provider commissioning process, with provider alliance capability assessments in May 2015 and December 2015 (contract award subject to the assessment outcomes, for commencement in April 2016).

Our service and contract models can be generalisable to other populations. We are actively seeking to become part of a learning community, so that we can learn from and add to the growing knowledge and evidence base underpinning this pioneering work.

The proposal delivers whole system integration of hospital, community, social and primary care within a single outcomes-based capitation contract.

There is a shared vision and maturity of work over two years, with aligned plans, agreed detailed implementation milestones and an outcomes-based contractual model.

“We want to see all sectors taking an active part in shaping future arrangements for health and care services.”

Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG & Newark and Sherwood CCG
Who are the Better Together Programme Board Partners?

Mid Nottinghamshire Clinical Commissioning Groups (Mansfield and Ashfield and Newark and Sherwood CCGs); Aspirant Accountable Provider Alliance (Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University NHS Trust, United Lincolnshire Hospitals NHS Trust, East Midlands Ambulance Service, Nottinghamshire Healthcare NHS Trust, Central Nottinghamshire Clinical Services, Circle); Voluntary Sector Special Purpose Vehicle (three District Council CVSs); General Practice Provider Clinical Cabinet (facilitated by the Local Medical Committee); Nottinghamshire County Council.

What will being a vanguard mean for programme delivery?

Our PACs will deliver a whole system integration of hospital, community, social and primary care within a single outcomes-based capitation contract.

This will be enabled through moving from predominately reactive hospital-based system of urgent care, to one of home-based proactive care. Specific service interventions include a single front door and integrated triage at ED, locality based integrated care teams, specialist intermediate care teams, community based crisis response teams, referral GP review and speciality triage for referrals.

This will all be underpinned by improved data sharing between Primary and Secondary care providers, and integrated data sharing between ED and out of hours GP services.

Can you give an example of how the new model is benefiting patients?

Following implementation of the new care model a patient, for example a frail gentleman who lives alone, and was discharged from hospital after a bout of pneumonia, would be given a wrap-around care package which included both integrated care team support, and support from community based crisis response teams. This means he could stay at home, in his preferred location, rather than being admitted to a care home.