



New Models of Care in Specialised Services

Will they improve service user outcomes?

A National Provider Perspective

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Five Year Forward View (5yfv) Aim

Five Year Forward View (2015) is a policy implemented by NHS England CEO to address the sustained economic and clinical difficulties of the NHS subsequent to changes in NHS structures and funding norms (Historically 5% growth from 1948 – 2008) that changed post the financial difficulties of the UK in 2008.

The 5yfv sets out opportunity and risk – to the health service and plans to address three gaps:

1. Health and wellbeing Gap
2. Care and Quality Gap
3. The Funding and Efficiency Gap – £20/30bn predicted – likely to be higher



Five Year Forward View (5yfv) Aim - cont

Constrained funding increases have been sustained at less than 1% for the years 2010 – 2017 and possibly onwards. The funding constraints are an attempt to contain growth to allow efficiencies and new models to develop to support a drive to achieve at least a £20bn cost containment by 2020. The figures and ambition are highly debatable and the true cost pressure maybe closer to 30- 40bn.

At its core is the development of integration, with Partnerships and Collaboration – commissioners, services, social care, patients and local communities.

New Model Ambition – Secure Mental Health

The Mental Health Taskforce report set out the **rationale for developing new models of care for mental health:**

- Promoting innovation in service commissioning, design and provision that joins up care across in-patient and community pathways (reaching across and beyond the NHS);
- Making measureable improvements to the outcomes for people of all ages and delivering efficiencies on the basis of good quality data
- Eliminating costly and avoidable out of area placements and providing high quality treatment and care, in the least restrictive setting, close to home

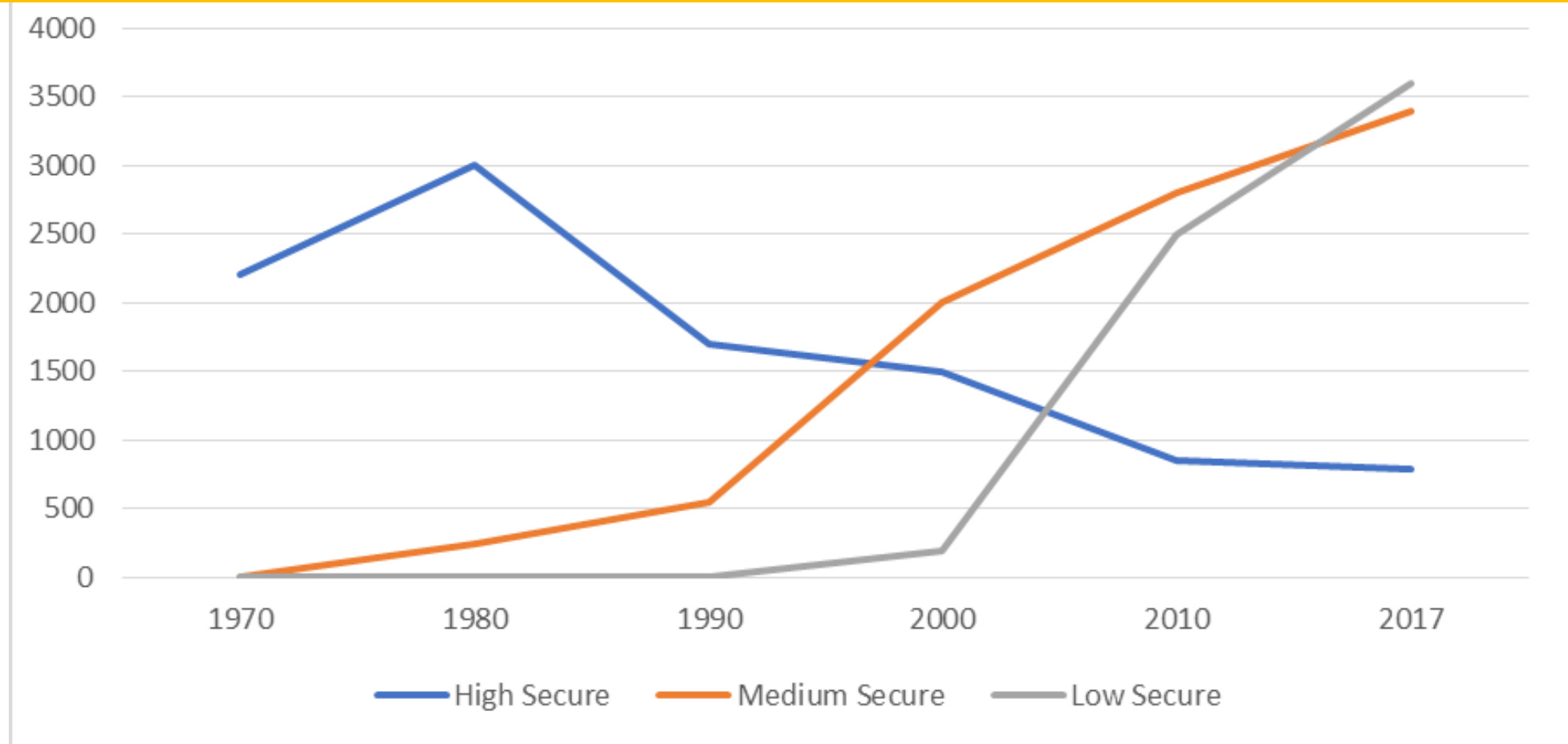
Why a new model approach in specialised secure?

- £1.2bn spend –no longer linked to patient local need or pathway
- 7000 beds – not all commissioned in response to a local need assessment but driven by capacity gaps
- Long travel distances for service users, carers and clinical teams



Growth in Beds – High Medium and Low Secure

Approximate numbers for date from various sources



Five Year Forward View – New models of care

The “New Models Pilot Programme” intends to transform the commissioning, funding and delivery of secure services. As part of the NHS Forward View Programme to deliver a financially sustainable NHS by 2020 the plan is to return to local regional control the funding and commissioning of services.

- What's being tried? - common themes
 - Fewer more effective beds – release resources
 - Community orientated services - investing in pathway
 - Reduction in Out of Area placements
 - All within national specifications and guidance
- Will it work?
 - how will we know? Data and outcome validity a significant issue
 - Outcomes and review? – consistency of review and issue
 - The basics are admirable and are about meeting need... but will the funding work

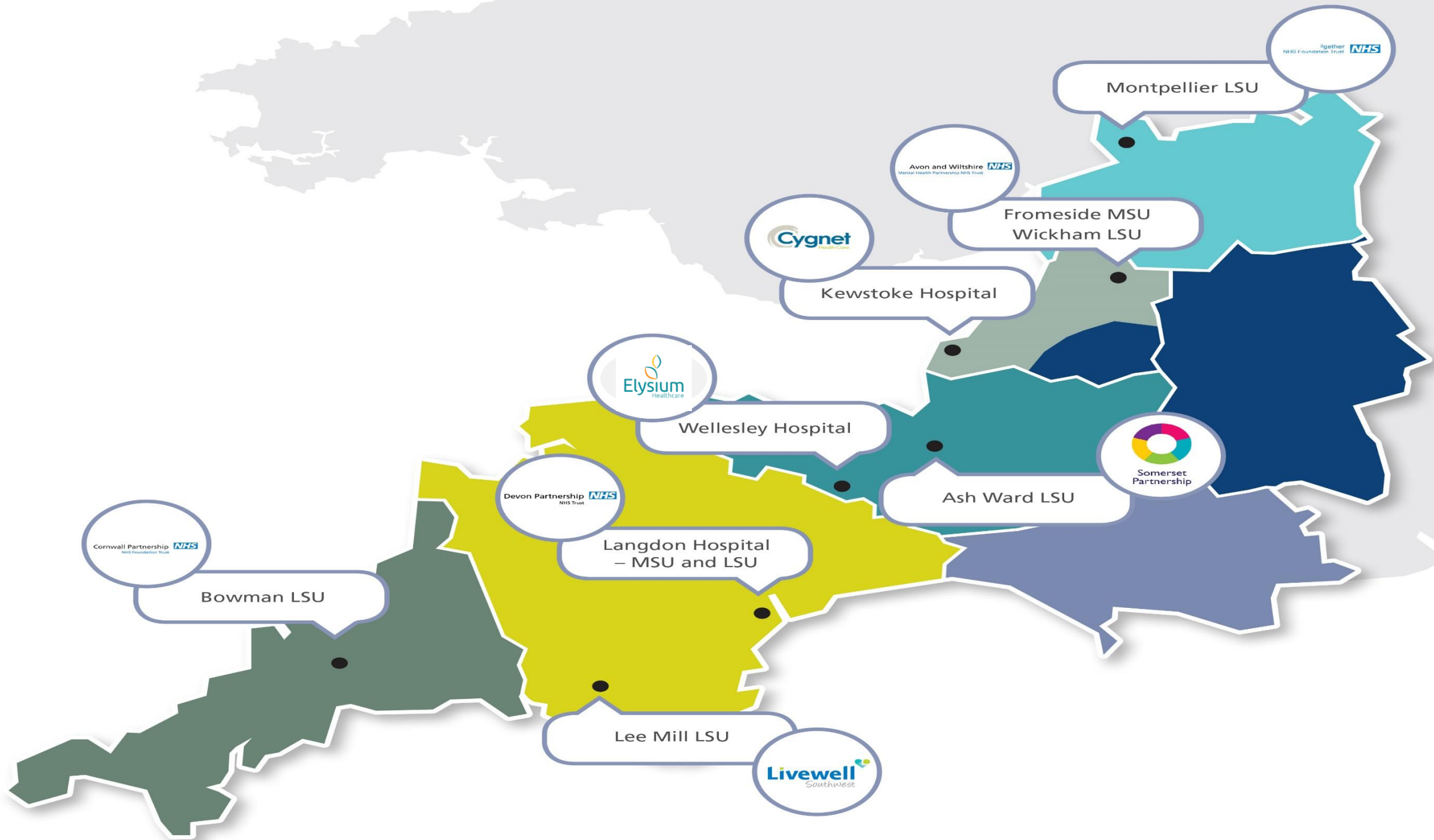


What's being tried

Common aim to achieve a needs led solution to improve the pathways of patients from their area:

- Repatriating service users from Out of Area placements to realise savings and bring services local
- Funding transferred from NHS England to New Care Model Partnerships – returning to regional planning
- The Funding is outturn not budget to reflect true spend
- To investing more effective pathways within their home areas. Not just beds
- Achieving a design improvement to the care of patients in the overall pathway
- Improving viable alternatives to beds and overall reducing capacity to have fewer more effective beds - needs led developments – not commissioning gap led capacity
- Providing community orientated services to prevent escalation, reduce delay and provide a route to supported accommodation





Where our patients were placed

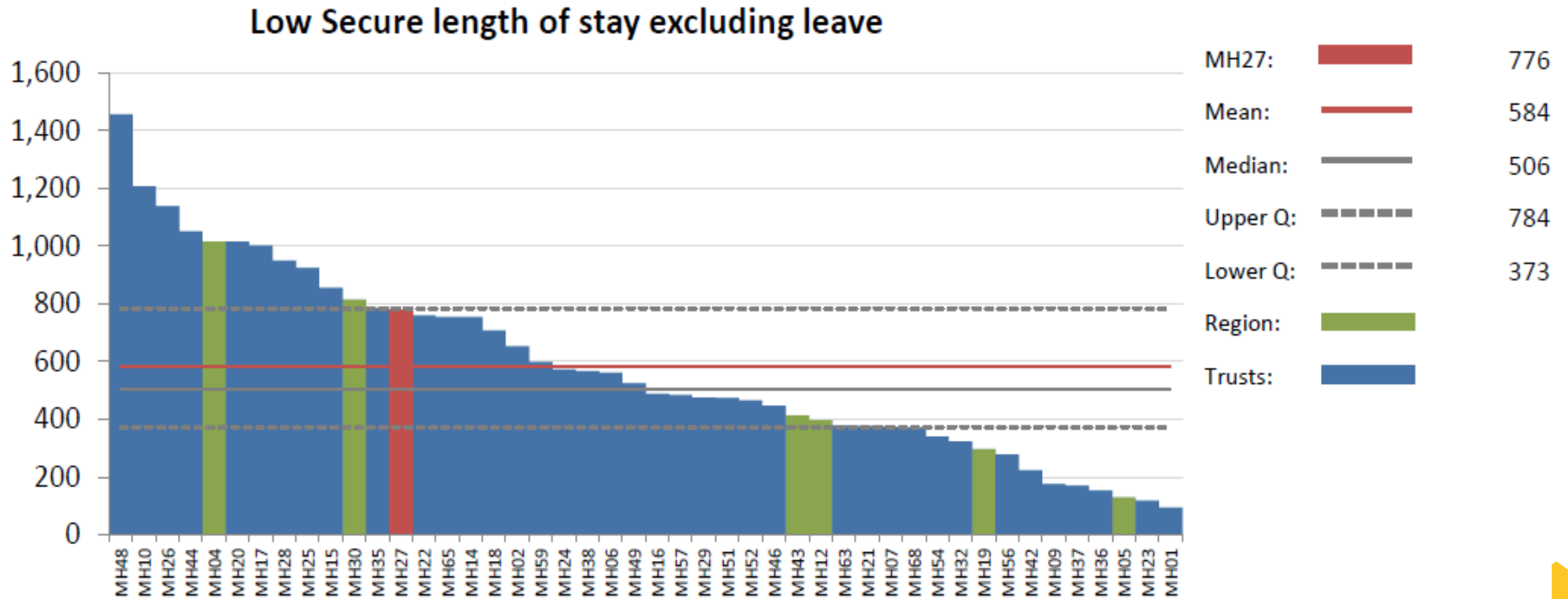


Headlines

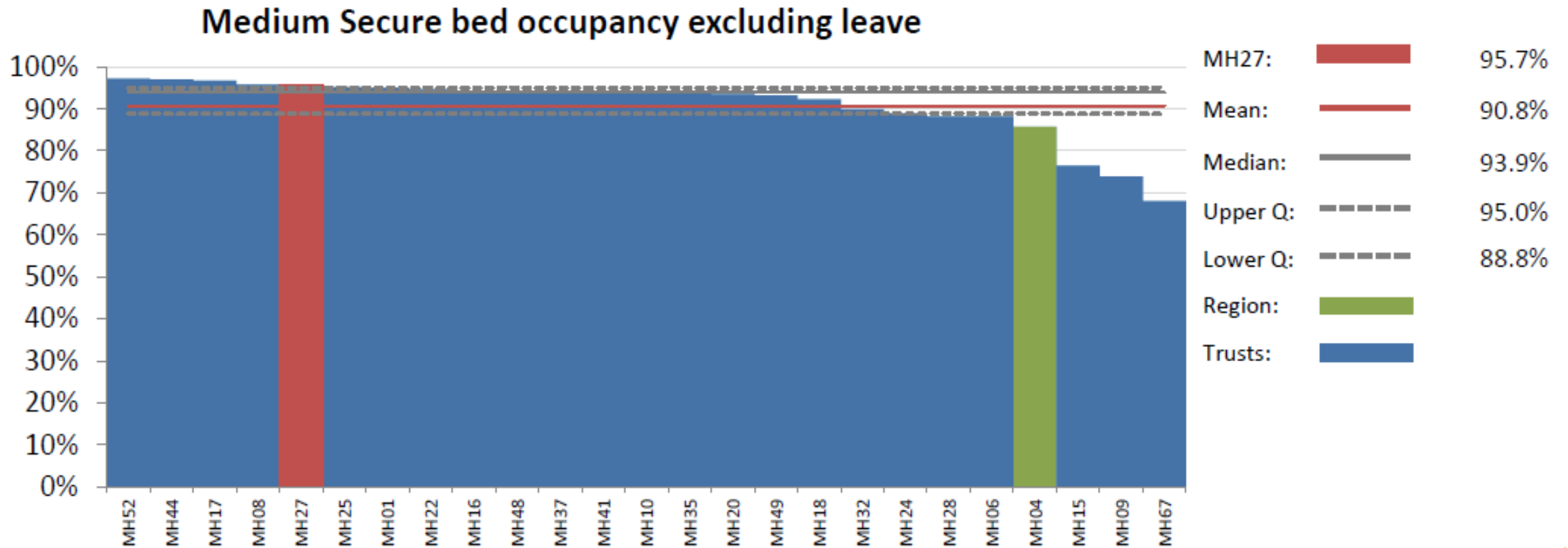
- Circa 450 people in secure care of which 80 Assuring Transformation cohort
- Circa 52% out of region – already reduced to 45%
- Circa 25% females only 10% treated in region
- Indicative budget circa £70 million
- 2 CFT across 7 CCG area's
- Specialist teams Pathfinder and FIND



Low Secure Length of Stay



Medium Secure Bed Occupancy



New Care Models -Clinical Network benefits and challenges

- Standardised Access criteria developed by Clinicians
- Standardised outcomes and performance developed by Clinicians
- Sharing good practice and quality standards driving improvements
- Clinician validation and peer review of 'outliers' e.g. LOS variance, seclusion
- Clinical Network has designed the commissioned care pathway



Will it work?

Success?

As a programme it is bringing back into secure care an opportunity to develop services that has remained constrained for 5 years since the advent of NHS England moratorium. That criteria alone may indicate that it is a success

In addition – measurable

- Reduced travel distance for service users
- Care and treatment mostly provided in home region
- Funding transferred from NHS England to New Care Model Partnerships with savings being accrued to mental health.
- Development of local pathway meeting assessed local need
- Reduction in use of secure beds Providing community orientated services to prevent escalation, reduce delay and provide a route to supported accommodation.



Will it work?

Specific Outcomes

- Improved clinical experience that is measurable either directly or via proxy (Length of stay, readmission, offending etc) for service users.
- **Service User satisfaction – worth remembering that service users, carers, friends and public have been asking for treatment options, care closer to home and reduced length of stay for decades**
- **Speed of implementation has led to reduced patient engagement in the models bids and business cases – this need urgently to be resolved as the new models are developed**

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