New care models

National Social Partnership Forum
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Workforce Redesign Team

Our values: clinical engagement, patient involvement, local ownership, national support

www.england.nhs.uk/vanguards

#futureNHS
We are realising the NHS Five Year Forward View through the new care models programme

1. Health and wellbeing gap
   - Radical upgrade in prevention

2. Care and quality gap
   - New care models

3. Funding gap
   - Efficiency and investment

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50 vanguards are developing new care models, and acting as blueprints and inspiration for the rest of the health and care system.

- Integrated primary and acute care systems: 9
- Multispecialty community providers: 14
- Enhanced health in care homes: 6
- Urgent and emergency care: 8
- Acute care collaboration: 13

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The Quadruple Aim

- Improving the health of populations
- Improving the individual experience of care
- Reducing the per capita cost of care
- Improving the experience of providing care
  - Increasing joy and meaning for the workforce

Redesigning workforce across organisational and professional boundaries will help resolve long term tensions, deliver the care you want to, give staff more opportunities to develop, use the skills they trained for and improve morale...

Sikka et al (2015) BMJ Quality and Safety - [http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160.full](http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160.full)

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Key elements of the workforce redesign workstream

- Population health workforce design
- Maximising the (value of) the existing workforce
- Developing educational networks to train and develop the workforce in new settings
- Addressing the HR and technical issues

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Workforce modelling and New Care Models

Population health need
Joint Strategic Needs analysis
Demand

Capacity
- Do we have the right numbers?
- Supply

Capability
- Do we have the right competencies and skills?
- Workforce development
  Education

Collaboration
- Do we have the right culture and behaviours?
- Integration

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With the vanguards, we have identified the key elements of the care models, e.g. Multispecialty Communities of Practice (MCP)

- **Highest Needs**: Provides an extensive service for the small group of patients with high needs and high cost, e.g., developing care plans to support frail elderly and those at risk of unplanned admission. MCP works with voluntary sector and social care to reach out to vulnerable people who find it difficult to access traditional services.

- **Ongoing Care Needs**: Provides a broader range of services in the community that integrate primary, community, social, and acute care services, and between physical and mental health. Uses risk stratification, supported by trigger tools and case finding to identify patients who would benefit.

- **Urgent Care Needs**: Provides a more coherent and effective local network of urgent care using enhanced primary care as the core model.

- **Whole Population**: Provides support for the population to stay well, change unhealthy behaviours, and manage own health.

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We are learning about the key requirements for developing, delivering, and spreading new care models

- Build collaborative system **leadership** and relationships around a shared **vision** for the population.

- Develop a system-wide **governance** and programme structure to drive the change.

- Undertake the detailed work to design the **care model, the financial model and the business model**. This includes clinical and business processes and protocols, **team design and job roles**.

- Develop and implement the care model in a way that allows it to **adapt and scale**.

- Implement the appropriate **commissioning and contracting** changes that will support the delivery of the new care model.
The workforce redesign challenge

**Leadership**
The need to be able to design and lead a workforce to deliver system wide objectives and care, based on the risk stratification of population health

**Team based working**
Organisational and functional - inter-professional learning

**Greater use of technology**
Integrated care records, virtual clinics, telecare, etc

**Different settings**
Multiply employing bodies, leaders and locations

**Personalisation**
Delivering the care individuals need and want

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Some emerging technical workforce issues

- Continuity of service challenges / issues across multiple employers
- Management arrangements, policies and procedures for staff employed by one organisation and embedded in / assigned to another when affected by change
- Role changes and workforce capacity and development
Joining it up to share and apply our learning

• 19th October joint roundtable event hosted by UNISON
• 60 participants representing WIG, DH, LGA, NHS Employers, NHS England, HEE, NHS Improvement and trade unions, including UNISON, Unite, RCN and MiP.

Aims:
• To take some time out to share planned policy NHS system changes that might have a workforce impact or need a workforce response, either individually as employers or jointly
• To learn about how these system changes are working in New Care Models like vanguards and in local geographies
• To look across the wider leadership and workforce challenges and opportunities that could arise from these changes
• To consider what we have learnt so far from health and social care system changes over the past ten years and what we can take forward into this next phase of change in the NHS system

Discussion:
• The challenges we face as employers either individually or jointly. What problems are we trying to solve/anticipating? What does this mean for staff and trade unions?
• What freedoms exist (policy and employment conditions) already? What more can we do and what principles might we want to follow?
• What issues or opportunities arise?
• How do we work through our agreed national structures to progress this work?

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### Overview

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| 2.   | The NHS landscape and service policy and what we know so far  
A view from a New Care Model – Dudley MCP and how it feels to ‘go first’ |
| 3.   | Working groups on the workforce issues and opportunities for:  
- Partnership working and staff engagement  
- Organisation forms and employment models  
- Leadership development, talent management and capacity |
| 4.   | Senior panel discussion  
Panel members: Karen Wheeler (NHS England), Jon Restell (MiP / WIG), Heather Wakefield (UNISON), Rebecca Smith (NHS Employers), Jon Sutcliffe (LGA) and Stephen Moir (NHS England / SPF) |
Questions
Further information…

More details can be found on the NHS England website:

www.england.nhs.uk/vanguards

Or join the conversation on Twitter using the hashtag:

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