

Unlocking integrated care in Northumberland



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Over 250 GPs,
working from 44 GP
practices across the
county

About our health and care system

Health and care services in Northumberland serve over 320,000 people and cover one of the largest geographic and most rural areas in England, with contrasting areas of affluence and deprivation.

We have a higher than average elderly population and compared to other parts of the country, our health and social care system is already well 'integrated' thanks to longstanding relationships between the NHS and the local authority. All of our hospital, community health and adult social care services are delivered through a single provider - Northumbria Healthcare NHS Foundation Trust, with over 9,500 staff delivering care in people's own homes, from various community venues and from hospitals.

Over 250 GPs, working from 44 GP practices across the county, collectively carry out around 1.7 million consultations a year and work very closely with hospital,

community and social care teams. Our 'system' is supported out of hours by Northern Doctors Urgent Care and our communities also benefit from specialised services available at nearby Newcastle Hospitals and mental health services provided by Northumberland, Tyne and Wear NHS Foundation Trust. North East Ambulance Service NHS Foundation Trust provides both emergency ambulances as well as the NHS 111 service across the county.

Together, we have a very strong track record of performance and delivery, but we know we can do much more to improve the experience of those accessing our services. This document outlines the collective vision of all health and social care partners in Northumberland to better integrate and co-ordinate care for people across the county. Please see back page for partners of the Northumberland Integration Board involved in this work.

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Why do we need to integrate care?

Even in a high performing part of the NHS like Northumberland, we know there are still too many unacceptable gaps, not only in the quality of care and health outcomes, but in the way services are delivered. This can often result in duplication of effort, inefficient systems and processes and not enough focus on prevention, public health and individualised, person centred care.

Patients, the public and our staff consistently tell us where we can do better and building on successful work over many years, our vision for integrated care in Northumberland aims to:

- ⊕ break down barriers between primary, community, hospital, mental health and social care, to create a streamlined experience for patients and avoid duplication

- ⊕ deliver better access for patients requiring single or short 'episodes' of care leading to less dependence on emergency services
- ⊕ provide more personalised and co-ordinated care for patients with multiple or long-term needs
- ⊕ improve the efficiency and financial stability of the health and social care system with more care delivered in the right place
- ⊕ deliver a workforce fit for the future to meet the changing needs of our aging population
- ⊕ increase the confidence of local people to better manage their own health and wellbeing and know when it is appropriate to access help
- ⊕ reduce variation in health outcomes by linking public health, social care and healthcare more closely

There is not enough focus on prevention, public health and person centred care

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What do we mean by integrated care?

Integrated care means combining different parts of the health and social care system so that they work seamlessly together and patients experience a continuum of care, according to their needs, over time.

The opposite of integrated care is fragmented care which leads to:

- ⊖ patients accessing the wrong care, in the wrong place, due to the complexity of the system
- ⊖ patients having to repeat their stories to different healthcare professionals numerous times and information not being shared in a timely or appropriate way
- ⊖ patients seeing healthcare professionals who are not up-to-date with their story, resulting in duplication of effort and less effective care

- ⊖ patients receiving treatments which have already been tried before, are unlikely to work, or, in the worst case, are potentially harmful
- ⊖ healthcare professionals trying to deliver care without the most up-to-date patient information or the expertise of a wider multidisciplinary team.

In an integrated system, patients see the professional who can most meet their needs at any one time, regardless of the organisation that professional works for. For this to happen successfully, healthcare professionals, organisations, contracts and priorities need to be correctly aligned with all staff within the system having a wider public health responsibility to reduce the variation which currently exists in quality of care.

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What can patients expect in the future?

Our ambitions for integrated care in Northumberland are high. In the future, we want our patients to experience care which is more personalised, built around their individual needs and which consistently delivers a high quality and seamless experience. In the future, this would mean:

- ⊕ an easy-to-access, joined-up system which supports self-management and ensures the appropriate level of care and relevant professionals to meet individual needs
- ⊕ an integrated health record, which patients have access to, with the clear expectation that health professionals – from GPs, to paramedics and hospital consultants, to community nurses - will know about their care and treatment
- ⊕ people feeling informed, with access to information and resources which will allow them to take responsibility for maintaining and improving their own

health and wellbeing, appropriately using self-care and knowing when to seek help and where from

- ⊕ better access to advice and support via electronic, telephone and face-to-face consultation, with the appropriate healthcare professional, 365 days a year
- ⊕ better support with long term conditions management, including bespoke care plans so that patients know what to do and who to speak to if they become unwell, with responsive services to meet their needs
- ⊕ better support for carers both in local communities with support from the third / voluntary sector and through statutory health and care services
- ⊕ improved integration of mental health services across primary care and better access to services seven days a week

We want our patients to experience care which is more personalised

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Seven day specialist services provide acute care for serious emergencies

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Transforming urgent and emergency care

The foundations are already laid for the health and social care system in Northumberland to transform the way it provides care for people who need help and support.

The opening of the Northumbria Specialist Emergency Care Hospital in June 2015 and the redesigning of urgent care services at general hospital sites, marked the first important phase of work in Northumberland and is already delivering much improved outcomes for patients:

- ⊕ emergency medicine consultants are on site 24/7 to provide acute care for serious emergencies
- ⊕ specialty consultants work seven days a week from 8am until 8pm

- ⊕ patients are receiving faster diagnosis, leading to earlier treatment, improved outcomes and a reduced length of stay in hospital

- ⊕ 24/7 urgent care centres for walk-in patients at general hospital sites are now available, led by highly experienced emergency nurse practitioners and supported by doctors.

As part of this work, we want to make it even easier for people to access urgent help in primary care, for example through extended GP access seven days a week. This will help us to further reduce reliance on hospital based services.



Transforming primary and community based care

Our aim now, is to improve appropriate access to primary care and specialist services in the community, so that patients can be seen outside of hospital by the most appropriate healthcare professional for their needs. To achieve this, we want to work with our staff, patients, the public and all partners to:

- ⊕ develop a robust patient and carer engagement strategy to establish the needs and expectations of the population within each locality across Northumberland in terms of access to primary care seven days a week
- ⊕ carry out an options appraisals to gain a greater understanding of the potential to extend access to primary care and GP services in the evenings and at weekends across Northumberland
- ⊕ explore the options for simple telephone and online access to advice which supports patients and carers to access the right service for their needs, at the right time
- ⊕ develop community support for long-term condition management and end of life care which avoids unnecessary admissions to hospital through effective case management in the community
- ⊕ work with ambulance and mental health partners to support community care and signposting to appropriate services
- ⊕ deliver an integrated patient record which is shared across all organisations to enhance communication
- ⊕ develop a best practice template for all patient groups which is focussed on prevention and good self-care, with an escalation plan for those with long term conditions or more complex problems

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Telemedicine
and online access
to clinical
advice



Integrated care 'hubs'

We think that the development of integrated care 'hub' models across our four GP localities in Northumberland (see map right) will help us achieve our vision for better joined up care and a seamless experience for patients. Working with patients, the public, our staff and all health and social care partners, we would like to further explore this idea more fully.

This further work will include modelling and testing the type and number of these hubs with the aim of maximising use of general and community hospitals, as well as exploring the potential for new networks of GP practices to work together. The vision for these hubs will be to:

⊕ deliver urgent primary care (booked appointments and walk-in services) over extended hours seven days a week

- ⊕ deliver planned care with locality based, integrated teams, of community nursing, mental health and home care staff, working together with medical leadership from GPs and / or consultants
- ⊕ create locality based integrated complex care teams to proactively manage those patients with the most complex needs in the community and provide a rapid response when a patient's condition deteriorates
- ⊕ provide timely specialist advice for both planned and urgent care, via local clinics and home visits, as well as cost-effective diagnostics close to home
- ⊕ maximise use of existing resources across the system, including out of hours providers



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Our aim is to improve appropriate access in primary care and GP practice based services in the community

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Transforming our workforce

To help deliver this vision, we will be working with stakeholders to develop an enhanced workforce strategy in Northumberland which will focus on:

- ⊕ making sure all health and care professionals are focussed on health promotion, disease prevention, early detection, self-care and proactive management
- ⊕ improving the skill mix of teams to make sure the right care is delivered, by the right person, in the right care setting
- ⊕ creating new roles and increasing numbers of staff with the right clinical skills and ability to prescribe in the community, allowing GPs to focus on caring for those with more complex needs
- ⊕ developing more community based specialists and more staff with flexible skills who can carry out a range of functions, blurring traditional organisational and professional boundaries
- ⊕ introducing new roles and skill-mix across primary and community based teams to create capacity for same day access and support the improvement of home visiting services
- ⊕ career development opportunities for staff to improve retention.
- ⊕ working with the North East Ambulance Service to develop community paramedic roles



How will patients benefit?

We believe that everyone who lives, works, or even visits Northumberland, will benefit from a better integrated health and social care system. From the youngest members of our society, to the frail and elderly, all members of the community stand to

benefit from services which are easier to access, better organised, more joined up and, most importantly, focussed around patient need. To help describe the benefits we anticipate for patients we have used the following three categories:



'EPISODIC CARE' – people who are generally fit and well who rarely need to use health or social care services. When they do need help, it is usually for simple problems which can be quickly fixed such as a broken bone, or for planned 'episodes' of care such as an operation. There is no long term or ongoing interaction with the system once the 'episode' is complete



'ENABLING CARE' – people who have long-term conditions and regularly use health and care services, for example those with chronic obstructive pulmonary disease, diabetes, heart conditions, or arthritis, to name a few. These patients are potentially vulnerable and we want to enable them to confidently manage their own condition, focussing on prevention and making sure they can get on with life



'ENHANCED CARE' – people who have very complex care needs and require comprehensive support and intervention from the health and social care system on a daily basis. This is often frail, elderly patients who require bespoke packages of care wrapped around them to keep them well. It also includes those nearing the end of life, regardless of age, who need palliative care and support, as well as those with very complex needs such as mental health problems or learning disabilities

For each of these groups, patients may need to access care in a planned way or in an urgent or emergency situation. The overall aim is to keep people living healthily, independently and feeling in control of their own health and wellbeing. When patients need help

from the health and social care system, for any of the categories outlined above, it should be easy to access, high quality and tailored around their individual needs. An overview of our vision is included on the next page.

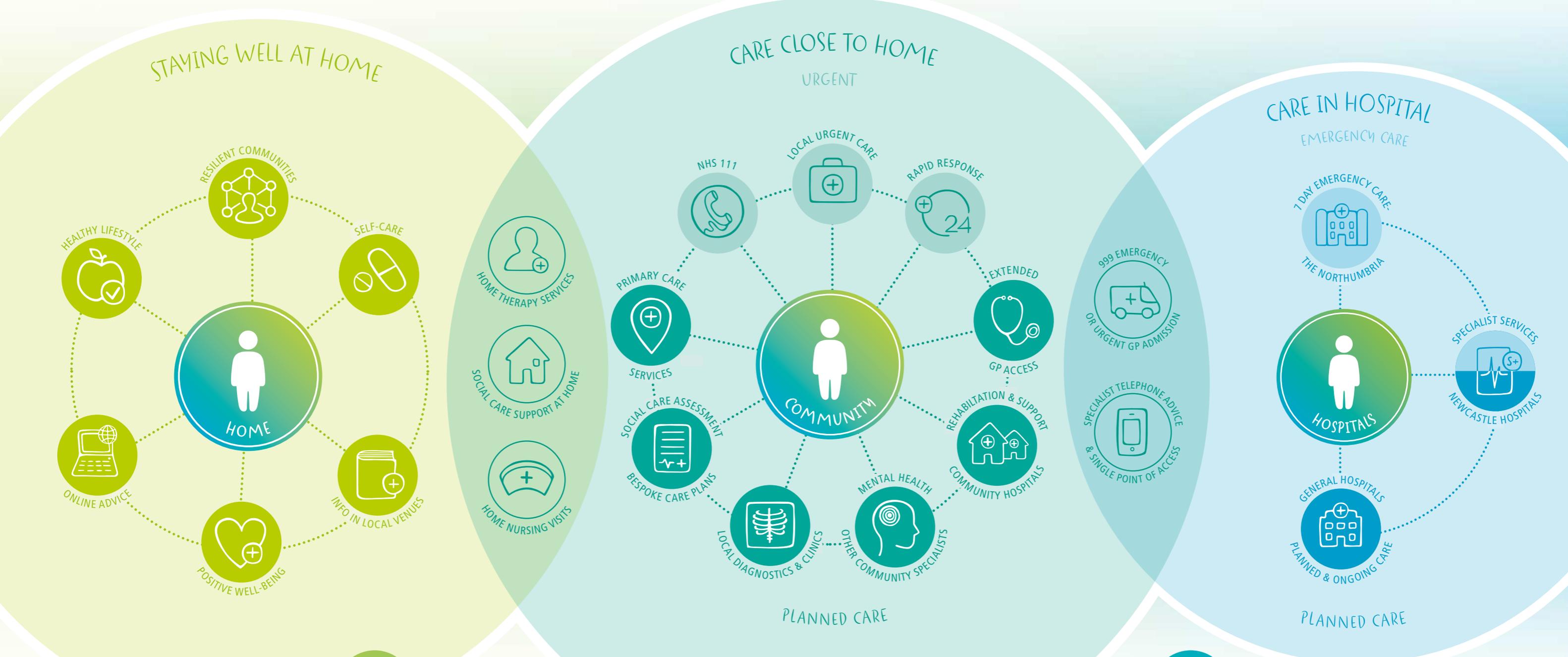
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Our aim is to keep people living healthily and independently



Our vision for Northumberland



Unified patient record accessed by one integrated team





Work more effectively in a joined up way

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Evolving our health and care system

Alongside the development of new models of integrated care in Northumberland, we are also working to develop a proposal for a single Accountable Care Organisation (ACO). The ACO proposed for Northumberland will be one of the first of its kind in the NHS and would take joint accountability for the whole health and care needs of the population. For example:

- ⊕ using simple outcome quality measures that are not burdensome
- ⊕ developing contracts that incentivise integration and patient self-management
- ⊕ delivering solutions to data protection, legal and IT barriers that inhibit integration
- ⊕ creating a culture to assist integration

This would make it easier for teams across different organisations to work more effectively together in a joined up way and with the same shared goals for delivering high quality patient care. Our vision is that care will be delivered by an aligned, integrated workforce,

operating as one team, in one system with joined-up systems and processes. Staff across all organisations will gain a greater and shared understanding of the challenges faced by colleagues in different parts of the 'system', providing an opportunity to innovate, learn new skills and develop ideas together on how to continually improve patient care.

We are seeking to move at pace in terms of developing an ACO but we are aware that changes to the current legislative framework will be required in order to fully enable our vision for an ACO to be achieved. We are working closely with NHS England and others on this.

Over the coming months there will be widespread opportunities for patients, the public and all staff and partners to become fully involved in making this vision for integrated care a reality for patients in Northumberland. However, in the meantime, we would welcome any comments or views you have about the vision shared in this document.

Please visit www.northumberland.nhs.uk



Partner organisations:

Northumbria Healthcare NHS Foundation Trust

NHS Northumberland Clinical Commissioning Group

Northumberland County Council

Healthwatch Northumberland

Northumberland Local Medical Committee

(representing GP practices)

Northumberland, Tyne and Wear NHS Foundation Trust

North East Ambulance Service NHS Foundation Trust

Newcastle upon Tyne Hospitals NHS Foundation Trust

www.northumberland.nhs.uk

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