

A Call to Action

Health and Wellbeing Board
Wednesday 6 November 2013

HOW CAN WE IMPROVE THE QUALITY OF NHS CARE?

HOW CAN WE MEET EVERYONE'S HEALTHCARE NEEDS?

HOW CAN WE MAINTAIN FINANCIAL SUSTAINABILITY?

WHAT MUST WE DO TO BUILD AN EXCELLENT NHS NOW & FOR FUTURE GENERATIONS?

The NHS belongs to the people

NHS England

Bath and North East Somerset
Clinical Commissioning Group

The NHS is 65 years old

The NHS belongs to the people

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Clinical Commissioning Group

Future pressures on the health service

Demand for NHS Services

- Ageing society
- Rise of long-term conditions
- Lifestyle risk factors
- Increasing expectations

Supply of NHS Services

- Increasing costs of providing care
- Limited productivity gains
- Constrained public resources

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Clinical Commissioning Group

What is 'Call to Action'?

- Not a public consultation but a sustained programme of engagement:
 - with patients and the public, staff and stakeholders
 - to debate the future of the NHS and how it needs to change
 - with outputs used to plan for immediate issues and for a sustainable future

Projected Resource vs. Projected Spending Requirements

The NHS belongs to the people

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The national debate

Doing things differently

- Use of innovation and technology
- Putting people in charge of their own health care
- Greater focus on prevention
- Integrating health and social care
- Better use of data

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Ageing populations

National

By 2035 the number of people in the UK aged 85 years and over will increase by **250%**

Local

By 2020 the number of over 85s in BaNES will increase by **72%** to 17,000

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What are we doing locally?

- Extra GP support to nursing homes
- Review of prescribing in nursing and residential homes
- Personal Health Budgets – 1st April 2014
- Providing support to care homes - e.g infection control
- Re-design of pathway for continence care
- Extending night sitting services



Enhanced nursing home service



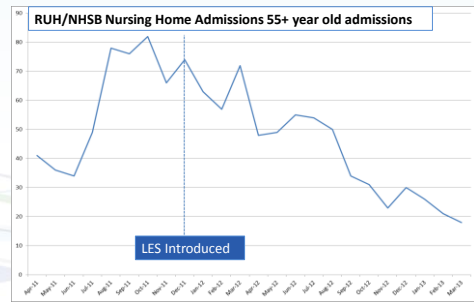
Nursing home residents receiving enhanced medical cover are **4 times** less likely to be admitted to hospital.



Bath care home 'world-class', says Health Secretary Jeremy Hunt



Early success for the CCG



Long term conditions

National

- 15 million people nationally
- £3k per annum if you have 1 LTC
- £8k per annum if you have 3 or more LTCs

BaNES

- 12, 267 residents whose day to day activities are limited a lot by a long term health condition



Top 5 long term conditions statistics in BaNES

Condition	Number
Hypertension	25,266
Depression (ages 18+)	20,831
Asthma	12,188
Diabetes	7,174
Hypothyroidism	5,587



What are we doing locally?

- Development of community clusters teams
- Identifying the most at risk individuals
- Piloting the use of telehealth
- Looking at the evidence base for self care



Community Cluster Teams

- Proactive and Reactive
- Health visitors for the elderly
- Community matrons
- District nurses
- GP specialists
- Ward clerk
- Team meetings



Dementia

National

- By 2021 – more than **1 million people** in Britain will be living with Dementia

Local

- 1022 registered patients
- Actual numbers likely to be much higher



We are we doing locally?

- Dementia Pathway Group
- Community Dementia Support Workers
- Timely diagnosis of dementia and increasing diagnosis rates
- Increasing the number of patients with dementia to have face to face reviews
- Improving information for patients and carers
- Evaluate dementia challenge fund projects



In Progress....

Dementia support workers

A new service to provide information to people with dementia and their families.

The service will focus on supporting people who have been recently diagnosed.



Emergency Care



Increasing rates of emergency admissions

More complex patients being admitted

A&E departments under pressure



Local Actions....

- Winter planning
- £4.4m of national winter pressure monies
 - Additional staff at front door
 - Additional capacity in community services
 - Increasing the availability of 7 day working
 - Extra appointment slots in primary care

A Call to Action for General Practice

- Preserving strengths of general practice
 - Registered lists: providing basis for co-ordination and continuity of care
 - Generalist skills
 - Central role in management of long term conditions, supported by the Quality and Outcomes Framework (QOF)
 - Highly systematic use of IT
- Achieving improved patient care:
 - Proactive co-ordination
 - Holistic
 - Fast and responsive access
 - Preventing ill-health and ensuring more timely diagnosis of ill-health.
 - Involving patients and carers more fully in managing their own health and care.
 - Ensuring consistently high quality of care: effectiveness, safety and patient experience

A Call to Action for General Practice (2)

- Changing the way care is delivered:
 - Operating at greater scale, for instance through networks, federations or practice mergers ...
 - ... but scaling up in a way that preserves relationship continuity that comes from individual practices
 - General practice is at the heart of a wider system of integrated out-of-hospital care
 - There is a shift of resources from acute to out-of-hospital care

The integration transformation fund

- **£3.8 billion worth of funding** to ensure closer integration between health and social care
- **A single pooled budget for health and social care services** to work closer together in local areas ring-fenced for investment in out-of-hospital care
- 'It should be **targeted at a range of initiatives** to develop out-of-hospital care, including early intervention, admission avoidance, and early hospital discharge, taking advantage of new collaborative technologies to give patients more control of their care.' Sir David Nicholson

Seizing future opportunities

- The future does not just pose challenges, it also **presents opportunities**:
- A health service, not just an illness service – **we must get better at preventing disease**
- Giving patients greater control over their health
- Developing effective preventative approaches, giving service users greater control over their health:
- Harnessing transformational technologies
- Moving away from a 'one-size fits all' model of care

Our refreshed strategic objectives

- Responding to the challenges of an aging population
- Improving quality and patient safety
- Promoting self-care which includes healthy lifestyles and improved wellbeing
- Improving the mental health and wellbeing of the population
- Improving consistency of care
- Reducing inequalities and social exclusion

The BIG questions we are asking the public

- How do we get a more productive health service?
- How can we help people to take more control of their lives?
- Will technology provide the necessary transformations we are hoping for?
- What are the new and better ways that healthcare could be delivered?



Health planning timetable

