

Thurrock Transformation Programme: Bringing our Vision to Life

1 Purpose and background

The purpose of this paper is to:

- Provide an update on progress as we move through the first phase of our transformation programme
- Seek the Board's approval for the proposed investment in the enhanced integrated care teams to support care closer to or at home.
- Propose a revised approach towards achieving our new model of care.

In summary, our vision and the aspiration of developing an MCP remain as set out in our Transformation Plan however an alternative to structured dialogue has emerged from recent system partner engagement which could be the perfect vehicle to help us achieve that end in a more collaborative and timely way.

2 Overview

The Thurrock Transformation Plan: Delivering our Vision, shared at the January Board is now coming to life as we work through the finer detail of the programme.

Agreement to the proposed changes in how and where intermediate care will be delivered is gaining strong support from the public and stakeholders alike, and confidence amongst system partners on the programme's ability to deliver is growing at a pace.

We know that successful delivery of our vision will require a range of out of hospital services which are based around local patient need as opposed to pre determined service models, and prioritise domiciliary care packages over bed based care but offer bed based care where required.

A notable achievement on that journey was the receipt in early March of a joint proposal from our community and mental health providers setting out their views on the required workforce capacity and level of investment required to fund fully integrated coordinated care closer to or at home.

We are currently reviewing the proposal for affordability but are confident that we will (by the end of March) have reaching agreement on the required level of investment in order for recruitment to then commence.

3 Engaging System Partners

Our journey since January has also seen us engaging with system partners, not just through meetings and discussions to firm up plans but also through Exec-to-Exec Meetings to share our Vision and gauge support.

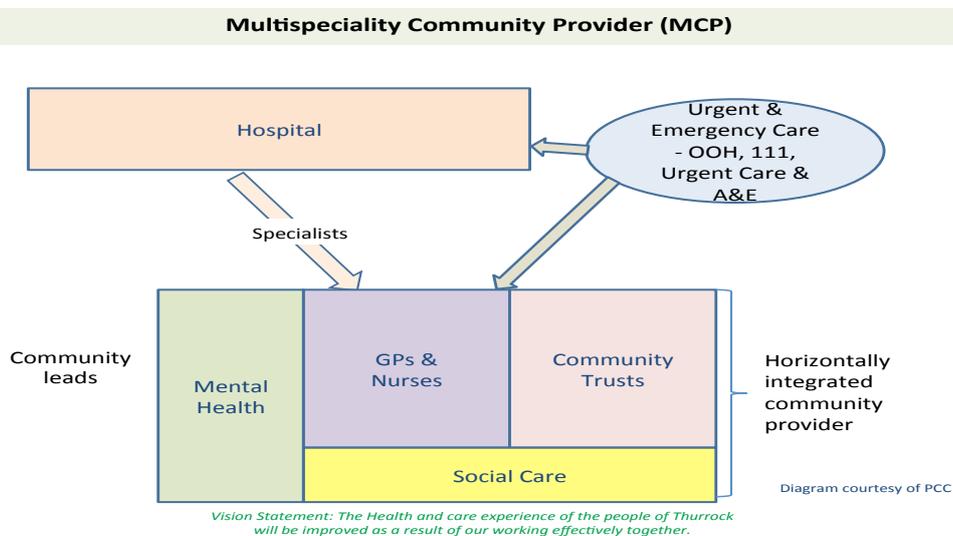
Another notable achievement has been their sign-up in principle to what we are aiming for and a willingness to work in partnership with us to make it happen.

This willingness has prompted further discussion with our system partners on whether there is an opportunity to take our first step as a system towards developing our proposed new model of care in line with the NHS England's Five Year Forward View by forming an Accountable Care Partnership (ACP).

4 New Models of Care

Of the new models of care outlined in NHS England's Five Year Forward View, whilst not designed specifically as such, our new care model does seemingly predominantly match the makeup of a Multi-speciality Community Provider (MCP) examples of which are currently being tested through the national vanguard sites (see figure 1 below and what we thought that might look like for Thurrock at figure 2 below).

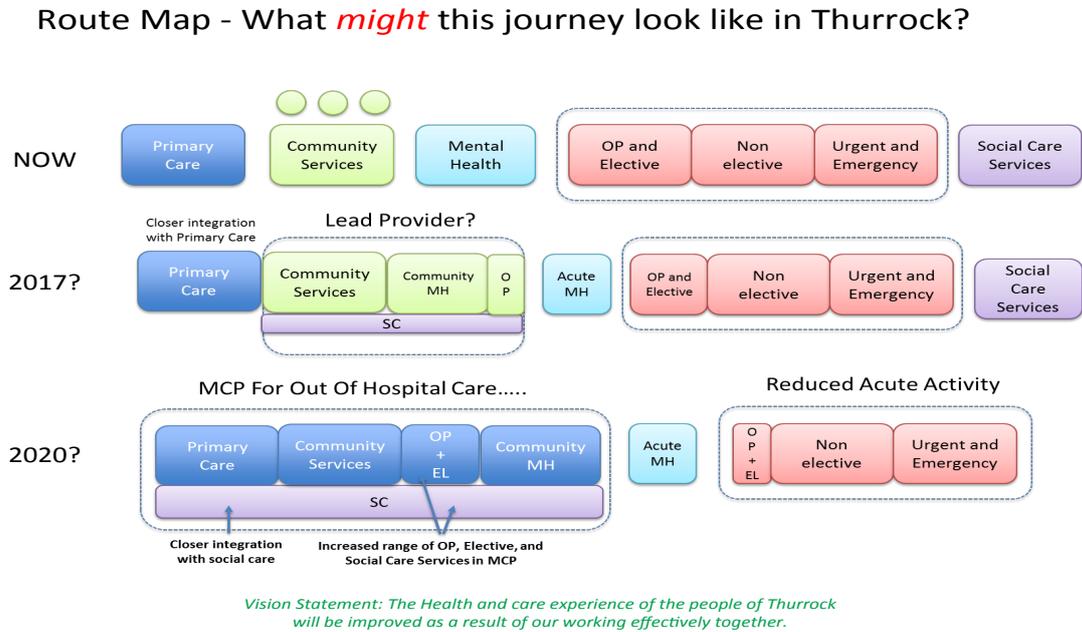
Figure 1 Multispecialty Community Provider (MCP) Model



Under this new care model outlined in the Five-Year Forward View, groups of practices would expand bringing in nurses and community health services, hospital specialists and others to provide integrated out of hospital care. These practices would shift the majority of outpatient consultations and ambulatory care to out of hospital settings.

Over time, these providers might take on delegated responsibility for managing capitated NHS budgets (or combined health and social care budgets) using a place based commissioning model to commission outcomes based services for their registered patients.

Figure 2 What the journey to an MCP Model might look like for Thurrock
(Developed by Attain for a Board Seminar Session November 2015)



Whilst we are still in the early stages of our journey to becoming an MCP and were originally considering using a structured dialogue process to help us achieve that end, we now recognise that an Accountable Care Partnership may offer the perfect vehicle to help us get there in a more collaborative way.

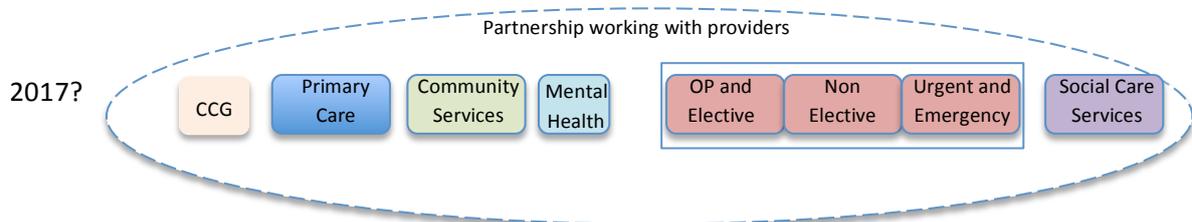
5 Accountable Care Partnership (ACP)

Accountable Care Partnerships are new organisational forms, which integrate care around patients - and are accountable for the delivery and quality of that care. The partners include a range of providers working together to develop new ways of integrated working, governed by a form of partnership agreement.

Within this model, each partner organisation retains their own identify, autonomy and governance, but agrees to work in partnership to achieve a desired outcome.

Figure 3 Route Map – How an ACP might fit within Thurrock’s journey if we take the model outlined in Figure 2.

ACP for integrated health and social care for the older people of Thurrock ?



6 Proposed Approach and Next Steps

For us, the first step to progressing this approach would be to establish the basic legal framework for an ACP and to decide the detail of what sits within that framework. This would give time to build trust and to work through any problems, before developing into a full MCP.

Therefore our next step would be to gain more formal agreement from system partners to the formation of an Accountable Care Partnership (ACP). This could initially focus on the provision of integrated health and social care for the older people as outlined in our Transformation Plan.

The partnership could have 2 distinct strands due to our differing local authority boundaries and state of readiness to progress:

- One with a focus on the older people of Thurrock.
- A parallel agreement for the older population of Basildon and Brentwood.

The following organisations would form the backbone of the Thurrock partnership: Thurrock Council, Thurrock CCG, BTUH, SEPT, NELFT, Thurrock GP Federations.

The next step would be to invite Hempsons to our next Board Seminar to take us through the pros and cons of the proposed approach and how it could be taken forward.

7 Recommendations

The Board are asked to note progress to date and to endorse the direction of travel as set out in this paper, and more specifically to:

- Approve the proposed investment in the enhanced integrated care teams
- Agree the revised approach towards achieving our new model of care.