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
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
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.
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
Any questions?