

# Learning from International Health Systems

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# Framing the context

## 1. Health and wellbeing

- Healthy life expectancy is too low compared to the broader East Midlands population

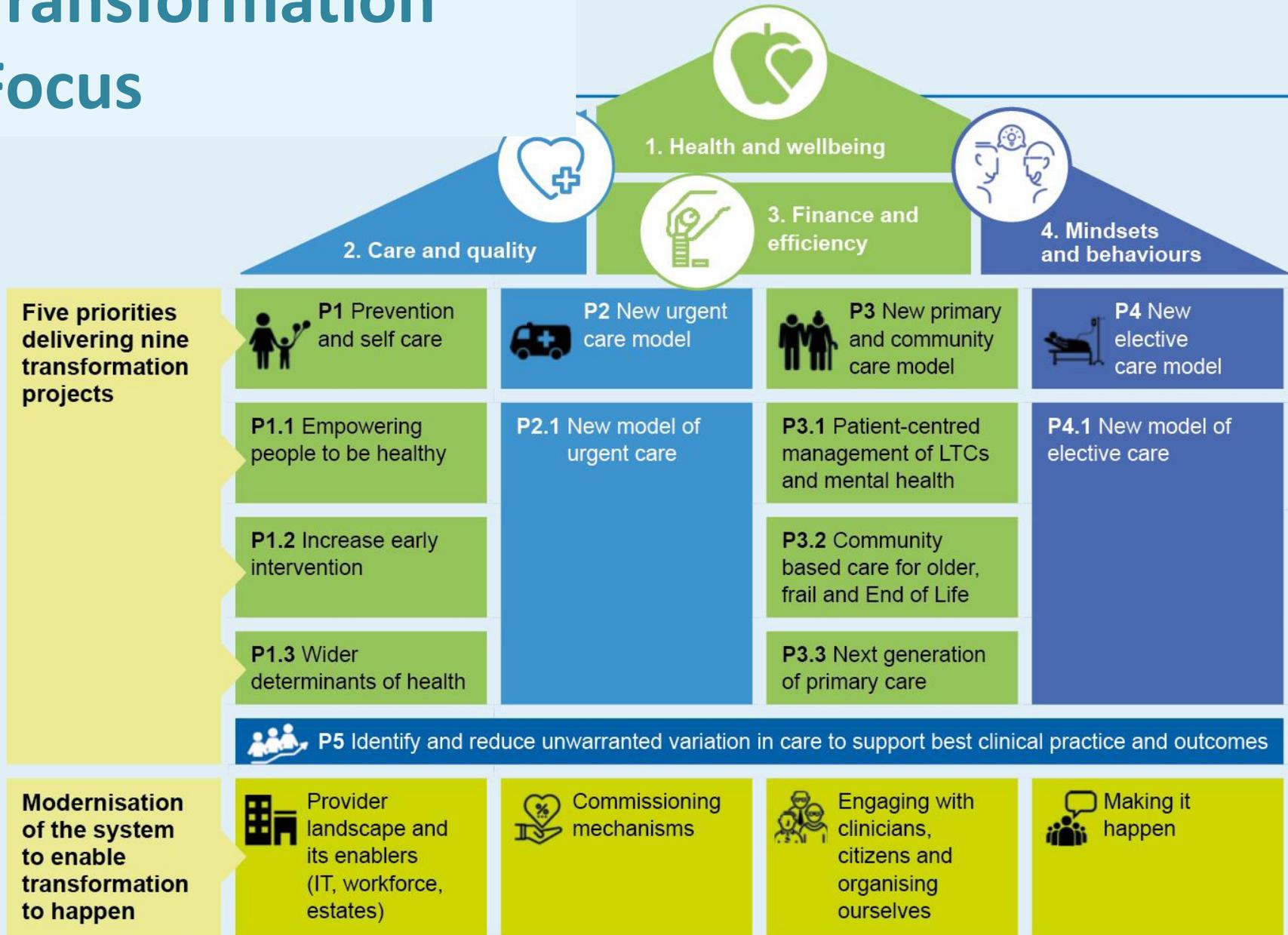
## 2. Care and quality

- Mortality rates are too high for patients with long term conditions
- Older people, people with cancer and musculo-skeletal conditions spend more time in hospital than is good for them
- The flow in our urgent care pathway is not good enough
- People are diagnosed relatively late, often in crisis, leading to avoidable hospital-based care and worse outcomes

## 3. Affordability

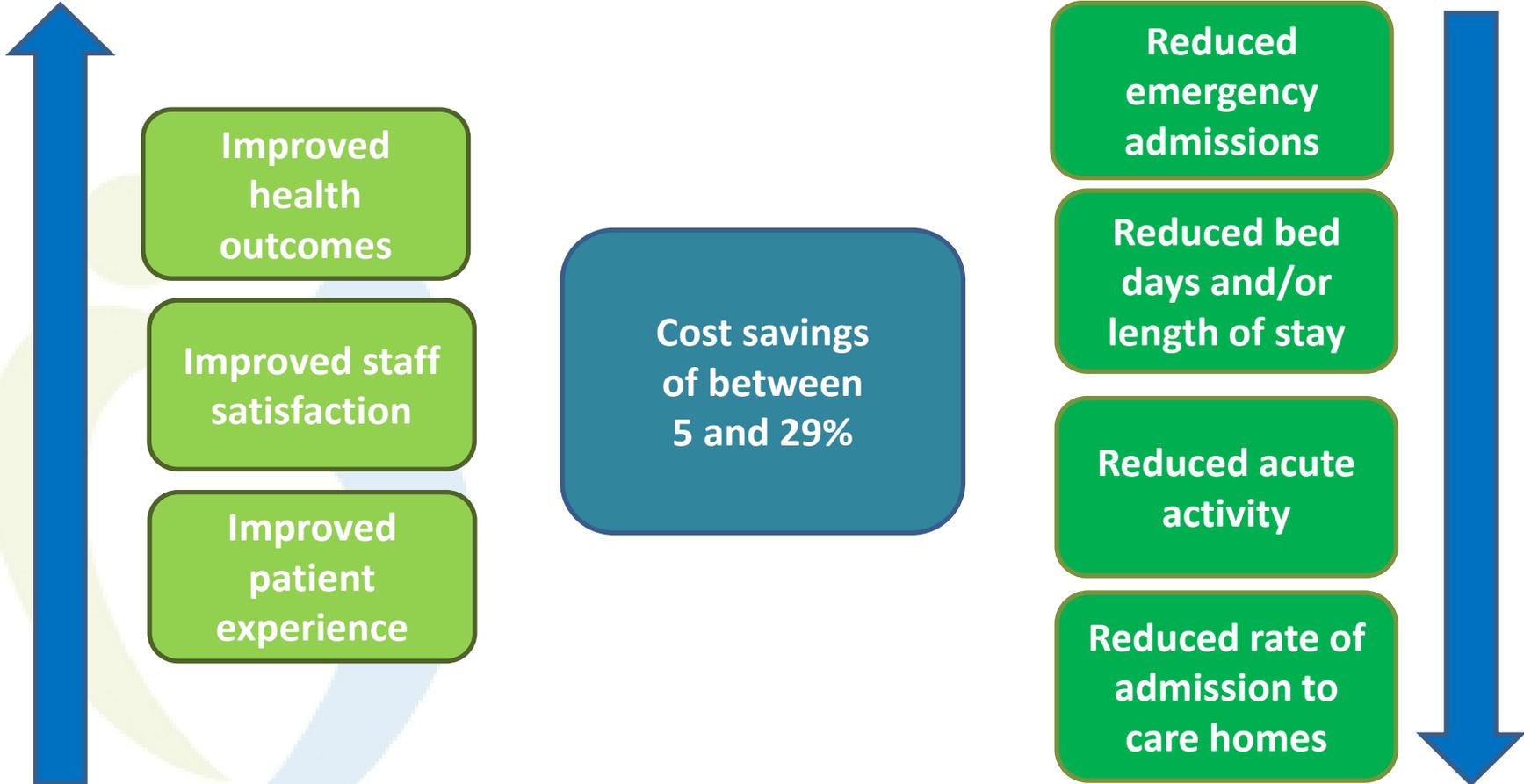
- In 2015/16 we had a £47m funding gap, by 2020/21 this is projected to grow to £314m unless we make radical change to how we work and deliver services

# Transformation Focus



# International Examples

## Spain, USA, New Zealand



Improved health outcomes

Improved staff satisfaction

Improved patient experience

Cost savings of between 5 and 29%

Reduced emergency admissions

Reduced bed days and/or length of stay

Reduced acute activity

Reduced rate of admission to care homes

# Centene Corporation and Ribera Salud

- Ribera Salud operates the internationally renowned Alzira care model in Valencia, Spain
- Centene is a significant stakeholder in Ribera Salud and they are currently working in partnership together
- Centene and Ribera Salud have experience of transforming public care systems across twenty-five states in America and in Spain, developing **integrated and accountable care organisations and systems**
- Both organisations focus on serving the public health and social care sectors
- Centene not only serves Medicare (for over 65s) but is also the largest Medicaid care integrator in America
- Ambition to be part of bringing about the successful delivery of a new model of care in England, gaining knowledge and experience in the English NHS and Care system

# Phase 1 - Actuarial analysis

- All Greater Nottingham partners 'signed up' to an actuarial analysis (unprecedented)
- Provided the opportunity to understand where user activity and costs are in the system with the identification of the opportunities to move to person and population centred care (i.e. reshaping the care system, with a specific focus of tailoring services to the user groups with the biggest value opportunity) to fundamentally improve quality and reduce system costs
- Insight achieved by the actuarial analysis, into the system-level transformation opportunity, previously shared.
- This is game-changing and will enable decisions to be informed by system value, rather than organisational benefit

# Actuarial analysis – key insights

- An integrated health and care system in Greater Nottingham could potentially achieve up to £690m in inpatient savings over 5 years
- Having performed several similar exercises in the USA and Spain, Centene cautioned that the analysis was subject to several limitations and that it did not account for the:
  - Potential savings in other service areas which were omitted due to the limited availability of data for non acute providers
  - Increased spending on alternative settings (eg primary care, community beds, etc.) which partially offset savings from reducing demand for acute inpatient care
  - Transformational investment costs needed to mobilise an integrated care system

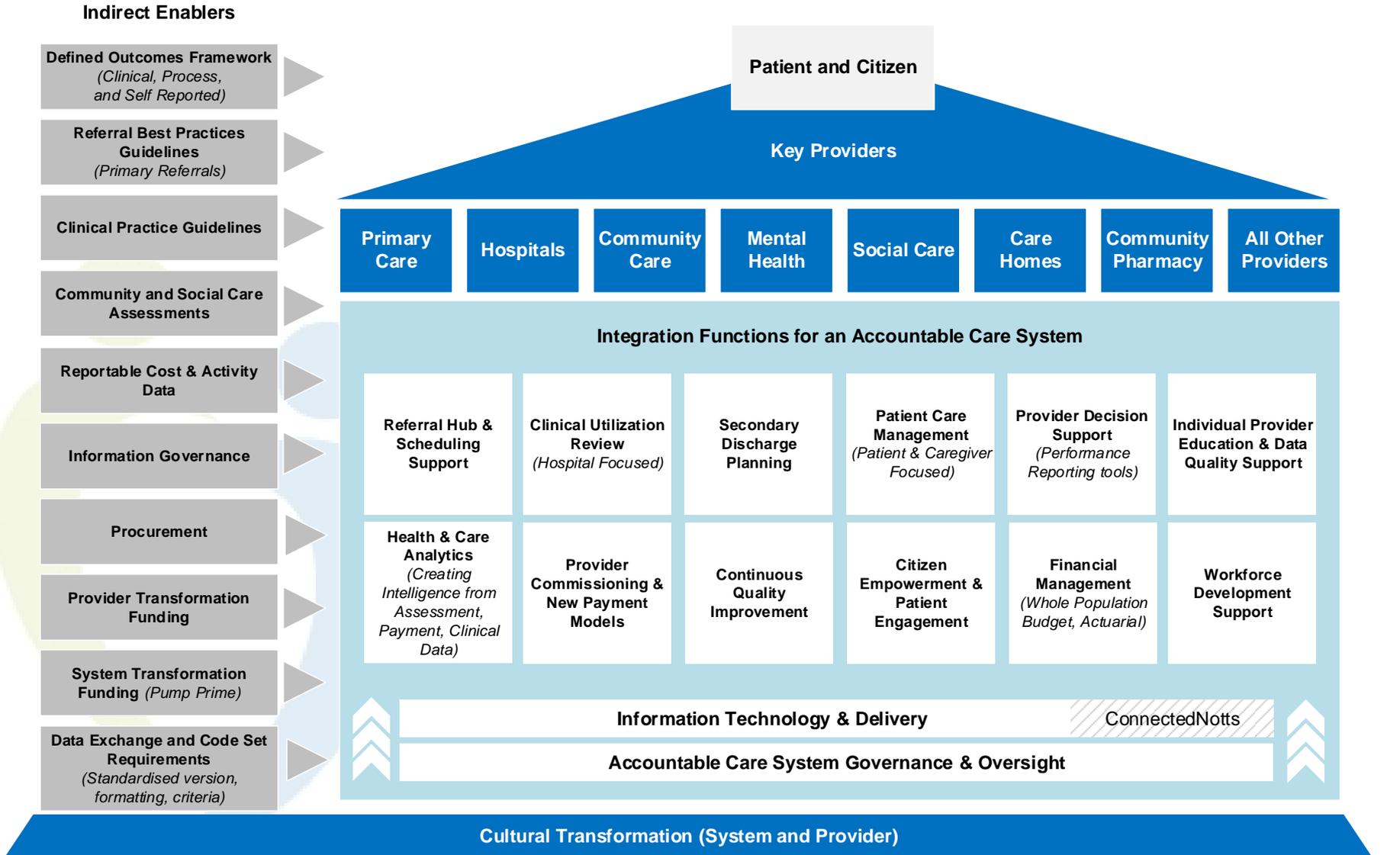
# Phase 2 – Designing the new Accountable Care System

- All partners signed up to phase 2 which, by the end of October 2016, will result in the design of a feasible transformation plan to mobilise a high performing ACS to achieve the value opportunity and minimum required savings
- To date, consensus has been gained on the Indirect Enablers AND Integration Functions that MUST be in place in future to support a sustainable ACS:
  - Indirect enablers: all one-off investments and regulatory/legal actions needed to enable functional integration
  - Integration functions: any function or activity that must be performed continuously to facilitate co-ordination of care across the different providers and settings

# The integrated care framework



## Integrated System: Operational View



# Work-streams

The design work for the transformation plan is now being progressed through six work-streams, which collectively address all the Indirect Enablers and Integration Function:

1. Patient pathways
2. Population health (care management programmes)
3. Information management services
4. Provider payment models
5. Social care integration
6. ACS Governance Design and Contractual Framework

A range of other activities, in support of this work, are also underway including:

- Ribera Salud mentoring Greater Nottingham's acute hospital trust
- Master classes with a USA State commissioner

# The Outputs at the End of Phase 2

- The outputs, by the end of October 2016, will enable us to:
  - ✓ Identify the services required to deliver the new system
  - ✓ Identify the obligations of each Partner in the new system
  - ✓ Identify resource gaps for the delivery of the new system
  - ✓ Propose solutions to the resource and capability gaps identified
- The proposed solution will include the characteristics of an integrated accountable care solution and the optimal contractual framework for this system
- If we are going to be successful we need to put all the integration functions and enablers in place at pace and scale with each and every partner delivering on their obligations.

# Key reflections

## Greater Nottingham

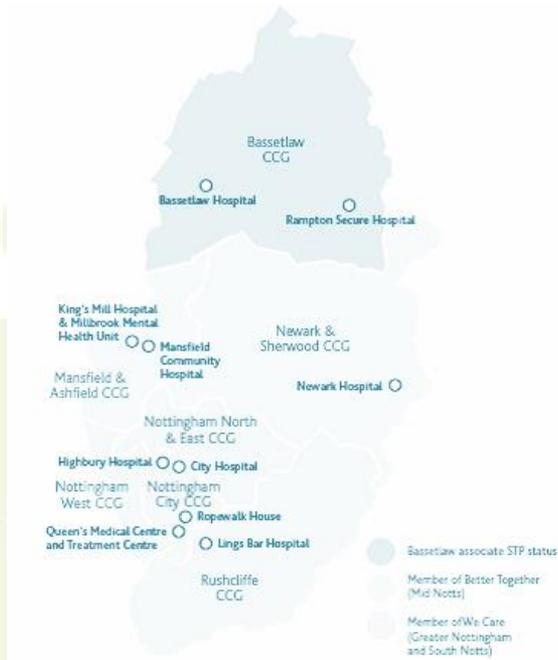
- We are on a journey with Centene Corporation and Ribera Salud
- Unique opportunity for people of Greater Nottingham with potential relevance for the wider NHS and Social Care

## Centene and Ribera

- Santiago

# Questions and discussion





# Thank you

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