NHS England

"What matters most": Person centred co-ordinated care for LTCs

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Goal:

Improve quality of life and experience of end of life care for people with Long Term Conditions and their carers

Person centred coordinated care

"My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes"

National Voices
People shaping health and social care

What is the challenge?

- 15 million people in England and increasing with long term conditions (LTC) have the greatest healthcare needs of the population (50% of all GP appointments and 70% of all bed days).
- Their treatment and care absorbs 70% of NHS and social care budgets in England
- 30 % people have more than 1 LTC, which increases with age and deprivation
- People living longer but not always well
- Focus on treating the disease not the person
- Increasing evidence on over-treatment and harm
- System working as individual components
- Major spending cuts to public sector including a recent £200m reduction in public health budgets

The vision

Demand for Services

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  and multi-morbidity
- Increasing expectations

Supply of Services

- Increasing costs
- pathways
- Separation of commissioners, contracts, funding
- Constrained public resources

Transformational change:

- A health and wellbeing service, not just an illness service
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- Co-ordination of care between services for all that need it
- Stronger commissioning to focus on value (people and system)

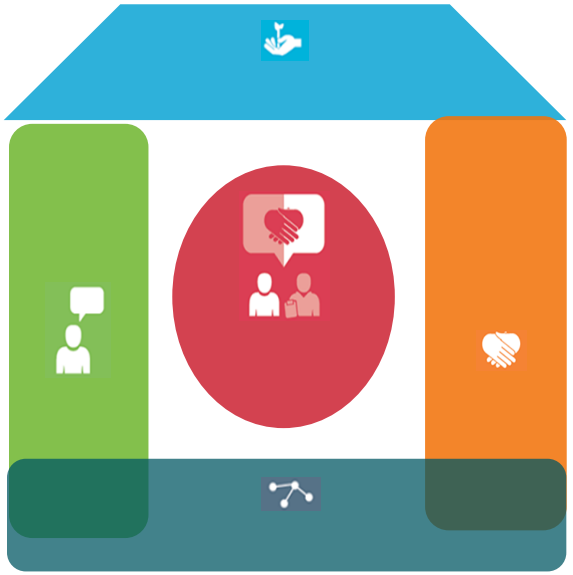
Person centred co-ordinated care

Framing delivery….

LTC Framework:

- Empowered patient and carers
- Professional collaboration
- Best Practice (clinical and organisational)
- Commissioning

Delivering Person Centred Co-ordinated Care



LTC Strategy

- Raising professional and public awareness of and engagement with PCC
- Improving evidence and implementation of it to commission better care
- Strengthening the enablers that drive change including data and incentives
- Embedding personalised care and support planning as the core component for PCC
- Increasing co-ordination and continuity of care though development and testing of new models
- Focussing on areas of inequality – care homes, older people, Neuro, MSK, palliative care for non-cancer conditions

ARMA MSK Clinical Networks Project

Why are we supporting;

- Case for change
  - People with MSK conditions have the 2nd worst QoL (after neurological conditions)
  - MSK accounts for £4.76 billion NHS spend each year
  - 10.8 millions working days lost as a result of MSK conditions
- Peter Kay's leadership (and tenacity)
- Synergy – your vision and plans for MSK firmly align with ours, both for LTCs as a whole and for MSK
- Building on what's already been done to add value, expertise and resource

NHS England and ARMA as formal partners

- NHS England relies on partners to help deliver the changes needed
- Formal partnership arrangement aims to improve two-way dialogue and co-production
- ARMA seen as a key partner for NHS England due to it's remit, make up and strategic position
- Won't replace existing relationships or working arrangements
- Flexible as different approaches for different partners

And finally - the world we operate in…

I can't change the direction of the wind, but I can adjust my sails to always reach my destination.

Jimmy Dean

Thank you

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