



Partners in improving local health



North of England
Commissioning Support



NEW MODELS OF CARE

DESIGNING NEW CARE MODELS. MULTI-SPECIALITY COMMUNITY PROVIDERS (MCPs). EVALUATION AND METRICS. CLINICAL ENGAGEMENT. INTEGRATED COMMISSIONING AND PROVISION. PRIMARY AND ACUTE CARE SYSTEMS (PACS). EMPOWERING PATIENTS AND COMMUNITIES. PATIENT INVOLVEMENT. HARNESSING TECHNOLOGY. ENHANCED HEALTH IN CARE HOMES. WORKFORCE REDESIGN. LOCAL OWNERSHIP. LOCAL LEADERSHIP AND DELIVERY. NATIONAL SUPPORT. COMMUNICATIONS AND ENGAGEMENT.



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ABOUT US

North of England Commissioning Support (NECS) is one of the leading Commissioning Support organisations in the country. The breadth and depth of our portfolio of services meet the end-to-end commissioning support needs of public sector organisations across the health and social care spectrum and beyond.

Our dedicated, high calibre, multi-disciplinary teams, supported by a broad spectrum of external talent, utilise their extensive knowledge and practice based NHS experience to tailor services to meet our customers' needs. Supporting CCGs, Commissioning Support Units, Foundation Trusts, Local Authorities, NHS England and its regional offices, and Clinical Networks. We deliver high quality, cost effective and innovative services locally, regionally and nationally.

Building on core NHS values, experience and expertise, NECS is proud to be part of the NHS, for the NHS and wider public sector. We combine these attributes with a sharp focus on customer care and a relentless pursuit for improvement.

WHAT WE DO

We help our customers achieve their goals, to create real sustainable change, to improve services and transform people's lives. Our commitment to driving change and transformation is seen through our innovative thinking and creative collaboration.

Combining the unique knowledge and specialist skills of our experienced workforce with market leading applications we provide customers with high quality services. We develop creative solutions, working with customers to make sure we meet their specific needs.

Our values drive everything we do and the way we do it. We pride ourselves in being highly professional, acting with honesty and integrity, delivering to the highest performing standards.





NEW MODELS OF CARE

NHS England and its national partners have announced a new programme to focus on the acceleration of the design and implementation of New Models of Care in the NHS.

As set out in the Five Year Forward View, rapid progress is needed to speed up the development of new care models for promoting health and wellbeing and providing care that can then be replicated more easily in other parts of the system.

Through the New Models of Care Programme, individual organisations and partnerships, including those within the voluntary sector, are invited to apply to be 'vanguard' sites. These organisations will have the opportunity to work with national partners to co-design and establish new care models, tackling national challenges in the process; NECS is able to support vanguard sites in the delivery of New Models of Care.

SERVICES TAILORED TO YOU

NECS can provide you with a bespoke support package that reflects the key enablers identified by vanguard sites to successfully deliver the five new care models:



Multispeciality
Community Providers
(MCPs)



Integrated Primary and
Acute Care Systems
(PACS)



Enhanced Health in Care
Homes



Acute Care Collaboration



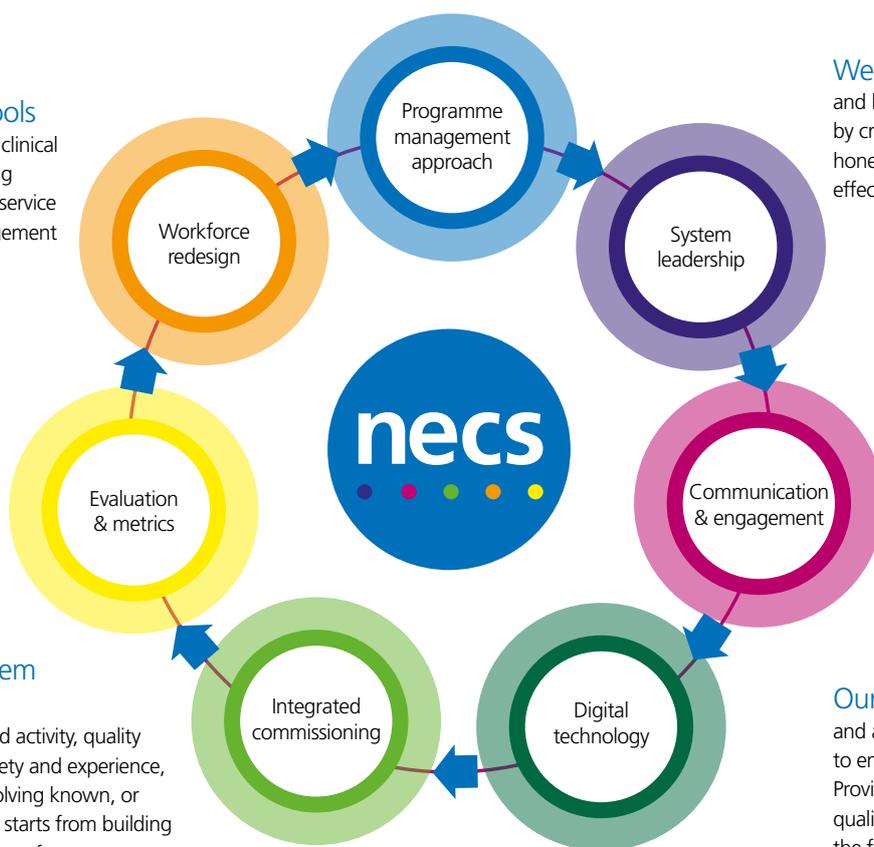
Urgent and Emergency

We recognise the need for a modern flexible workforce to ensure new care models are built around the needs of diverse local populations. Our offer of support includes mapping and profiling the existing workforce, identifying the creation of new roles and number of staff needed to address any capacity and capability gaps associated with their new model of care.

Our agile approach can be applied and tailored to other non-vanguard large scale transformation programmes. For example we have been contracted by the 5 CCGs in Durham and Tees Valley to provide the programme management for a major reconfiguration of acute hospital and community services. This involves assessing our services in key areas against national standards and assessing how we can best meet these standards given major workforce constraints and financial pressures. In addition to developing public engagement for changes made across the sub region.

OUR AGILE APPROACH TO SUPPORT YOUR REQUIREMENTS

Applying value-driven methodologies and tools
drawing together expert-level clinical personnel, focused on ensuring excellent financial and clinical service delivery, underpins our management of provider contracts.



We understand your business
and how best to work in your system by creating the environment for open, honest conversations about the most effective ways to deliver the service.

To support early problem identification
we closely monitor finance and activity, quality (patient outcomes, access, safety and experience, CQC) and CQUIN trends. Resolving known, or identifying underperformance starts from building a shared understanding of the performance challenges being met and assessing root causes using our system-wide improvement expertise.

This involves combining targeted data analysis, observations, stakeholder interviews and benchmarking to determine scale and causes of performance issues.

Our matrix operating model
and approach provides a strong platform to enable integration across disciplines. Providing both process efficiency and quality of insight that is shared through the formal collaboration of all the commissioning support teams.

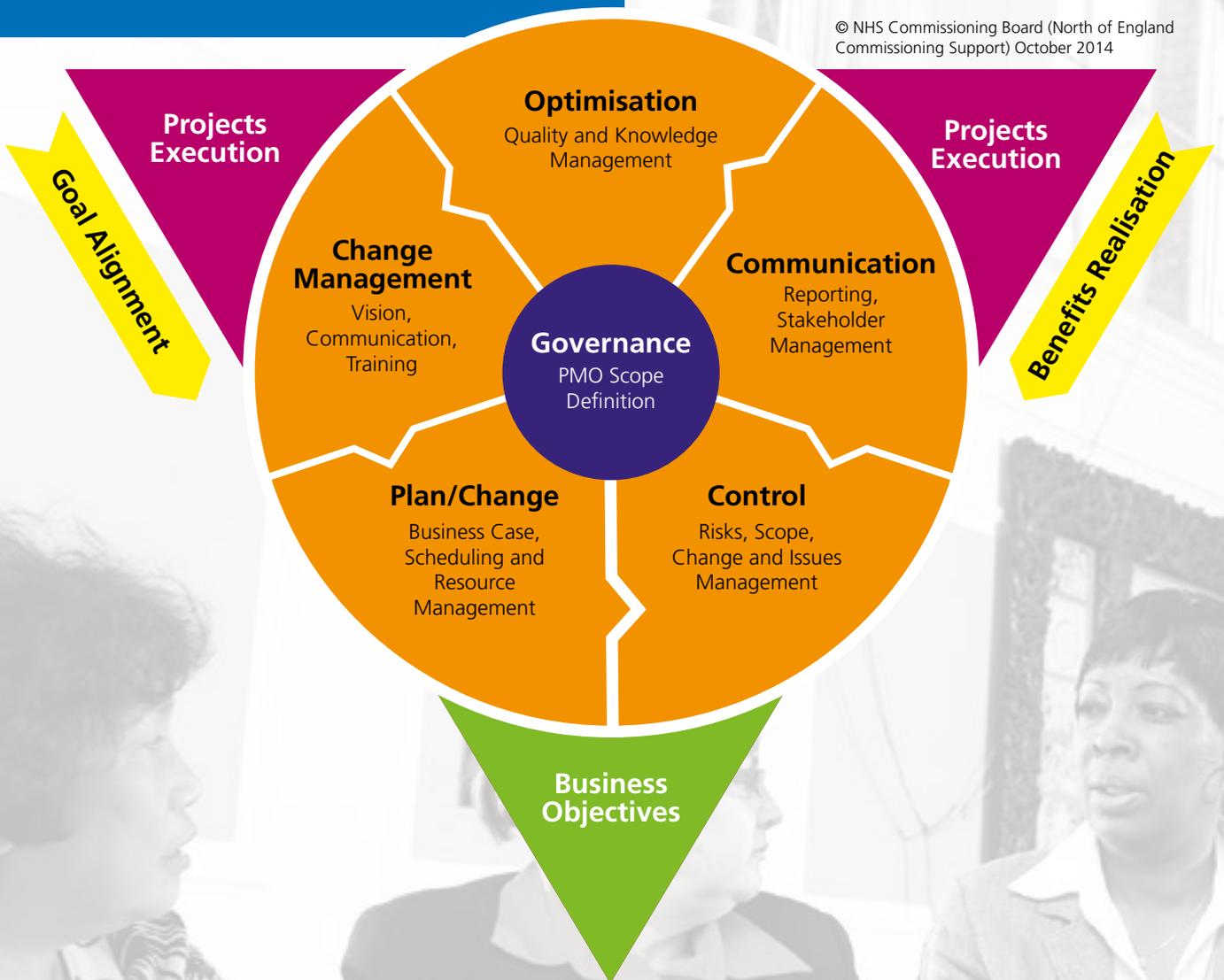


With over 900 people, a turnover of £62m and a broad range of supply chain partners, NECS offer expertise, flexibility, resilience and a strong track record in the delivery of programmes and projects in this field. Our Enterprise Programme Management Office (EPMO) has developed an effective programme governance framework that will be applied to the delivery of this programme.

Our comprehensive approach is built on Prince2 and MSP methodologies, and enhanced by our leading-edge automated programme and resource management tool (EPM Live), which tracks progress, risks, qualitative and quantitative benefits in real-time.

PROGRAMME MANAGEMENT APPROACH

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SYSTEM LEADERSHIP

The scale of change proposed by the new care models requires leadership capability across the system. Thinking needs to be focused on population health and creating true integration of the health and social care system that can be sustained for future generations. This will require systems thinking outside of conventional boundaries and ensuring collaborative working.

NECS can provide external facilitation to support local leaders across health and social care. This creates a shared vision and common purpose that will support the successful delivery of new models of care.

We recognise that integration of health and social care generates additional challenges and we can support the development of new contract models. Through our supply chain partners we can provide legal advice to ensure new care models are developed that adhere to statutory requirements.

EVALUATION & METRICS

To understand the outcomes for better patient care and cost effectiveness of new care models, it is essential that evaluation is built in from the onset as an integral part of the service delivery. NECS has an established Research & Development department working in the NHS, they have established partnerships with Universities in the North East of England providing national and internationally renowned researchers in the health care sector. This brings independent academic rigour to any evaluations, from a range of methodological experts on quantitative, qualitative and health economic perspective working to develop, undertake and disseminate innovatively an appropriate level of evaluation.

This has recently been demonstrated in a NECS led evaluation for NHS England. NHS 111 learning and development pilots nationally, where Newcastle University working in partnership with NECS added the independent multi-method academic approach to evaluation of the pilots to inform future commissioning intentions and support evidence informed commissioning decision.

DIGITAL TECHNOLOGY

Working with our supply chain partners we can accelerate and support the spread of digital health care. We can support the development of digital health care strategies that will transform the delivery of care maximising the use of technology.

We will ensure that all local information systems can 'speak with each other' allowing an uninterrupted data flow between them seamlessly.

CONTRACTING ARRANGEMENTS

Our teams deploy expert practice-based skill in negotiation, procurement and the management of a variety of bespoke and standard contract models across all providers.

We can construct the most appropriate outcome based commissioning approach and criteria for customers, drawing on external research base (e.g. Spain-Alzira, USA-ChenMed), NHS European Office (Innovation Partnerships) and our local experience in:

- Outcome Based Commissioning (OBC).
- Capitated outcomes based commissioning.
- Case-based outcomes.
- Personal health budgets.
- Integrated personalised commissioning.
- Social impact bonds.
- Best practice tariffs.





COMMUNICATIONS & ENGAGEMENT - EMPOWERING COMMUNITIES

NECS has a highly skilled Communications and Engagement Team with wide-ranging expertise. Team members have on average 10 years' experience in delivering patient and public participation and engagement approaches, including complex and high profile changes.

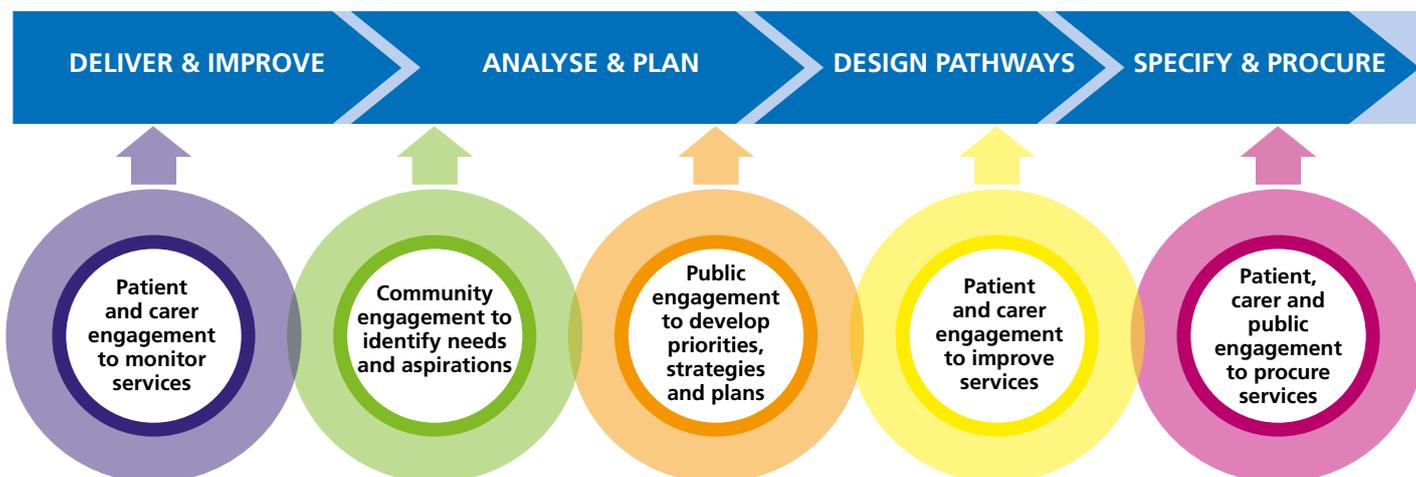
We have delivered over ten programmes in three years around major service change and consultations. The team includes specialists in media activity with extensive experience of managing with reputationally challenging situations.

We are well placed to empower patients and communities supporting personalisation, service redesign and service reconfiguration including formal consultations. We can undertake a baseline assessment of your readiness to meet the six principles as part of the new model of partnership:

- Care and support is person-centred: personalised, coordinating and empowering
- Services are created in partnership with patients and diverse communities
- There is a focus on reducing health inequalities
- Carers are supported
- Voluntary, community and social enterprise sectors are key enablers
- Volunteering and social action are key enablers

Our reputation as an innovator in enabling patients to be active partners in their healthcare has led to national recognition, including being a provider of support in public and patient participation and Patients in Control. We are supported by our supply partnership with the Consultation Institute for design, quality assurance, development and delivery of specialist support on public engagement.

NECS APPROACH TO PATIENT AND CARER ENGAGEMENT.







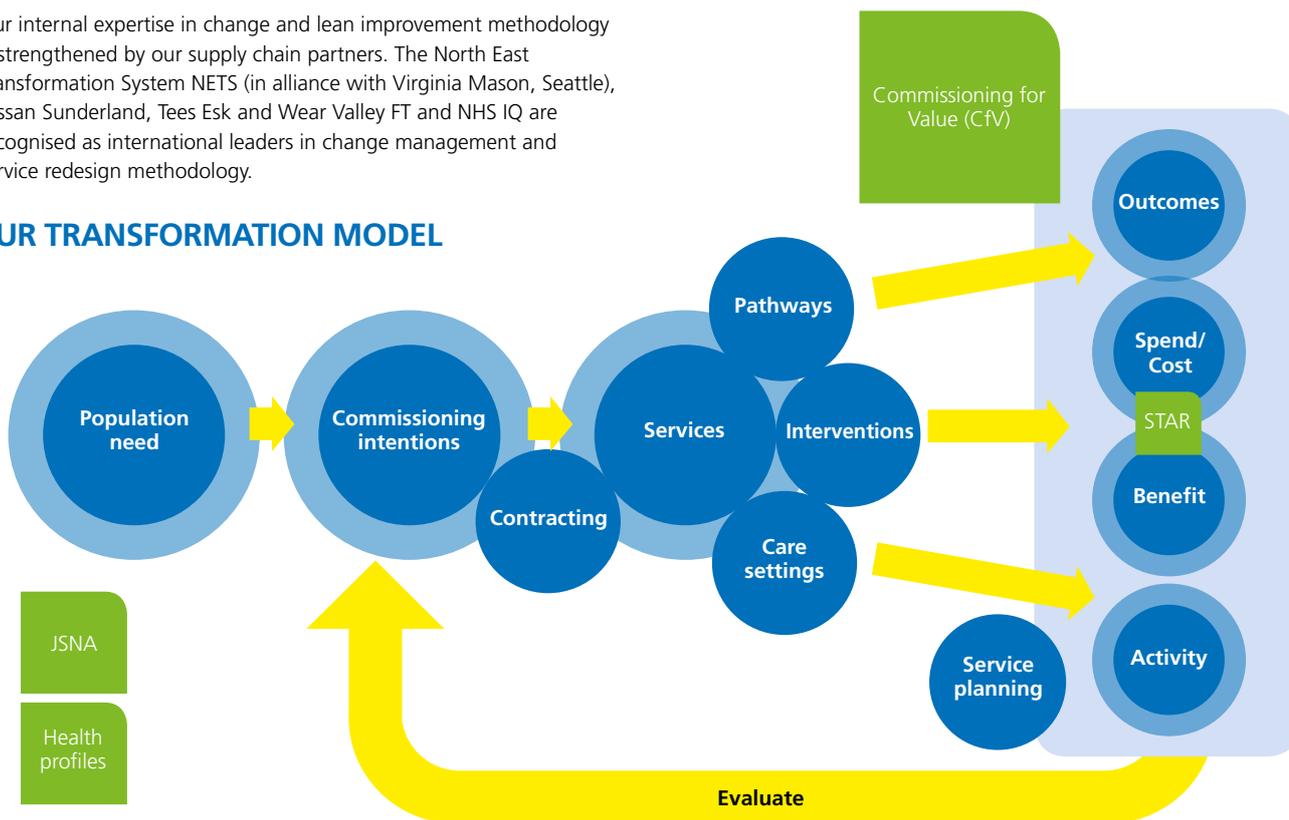
TRANSFORMATION

We have invested heavily in transformation methodology and recognise that embedding good quality improvement methods at the outset of transformation leads to greater success.

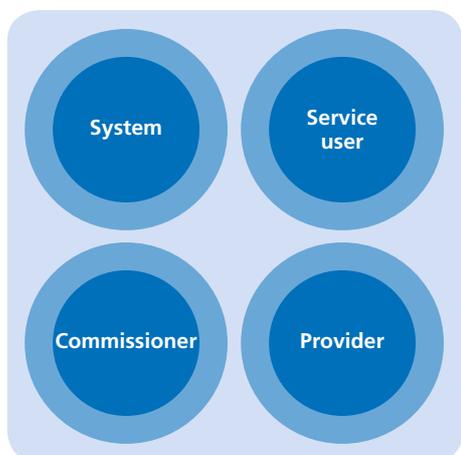
Expertise in service planning is underpinned by a range of tools and techniques including logic modelling. We recognise the importance of effective planning to improve the chance of successful programme delivery.

Our internal expertise in change and lean improvement methodology is strengthened by our supply chain partners. The North East Transformation System NETS (in alliance with Virginia Mason, Seattle), Nissan Sunderland, Tees Esk and Wear Valley FT and NHS IQ are recognised as international leaders in change management and service redesign methodology.

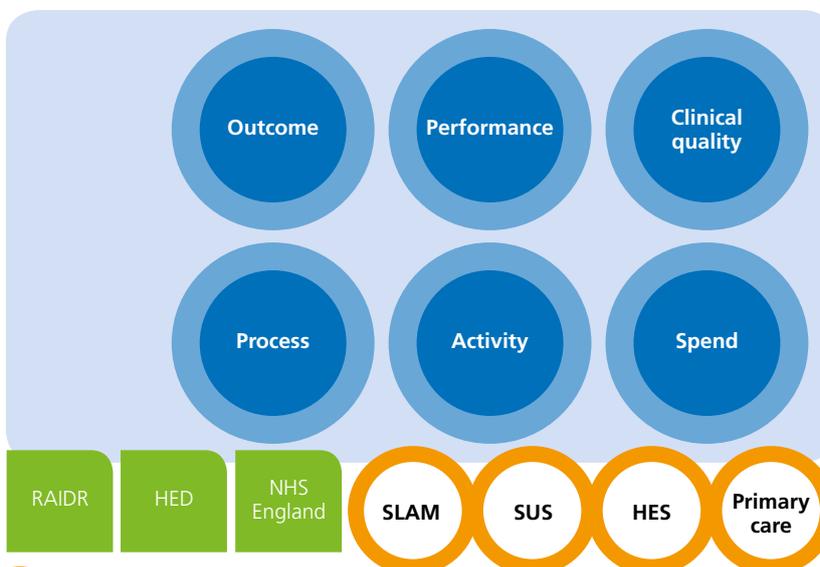
OUR TRANSFORMATION MODEL



PERSPECTIVE



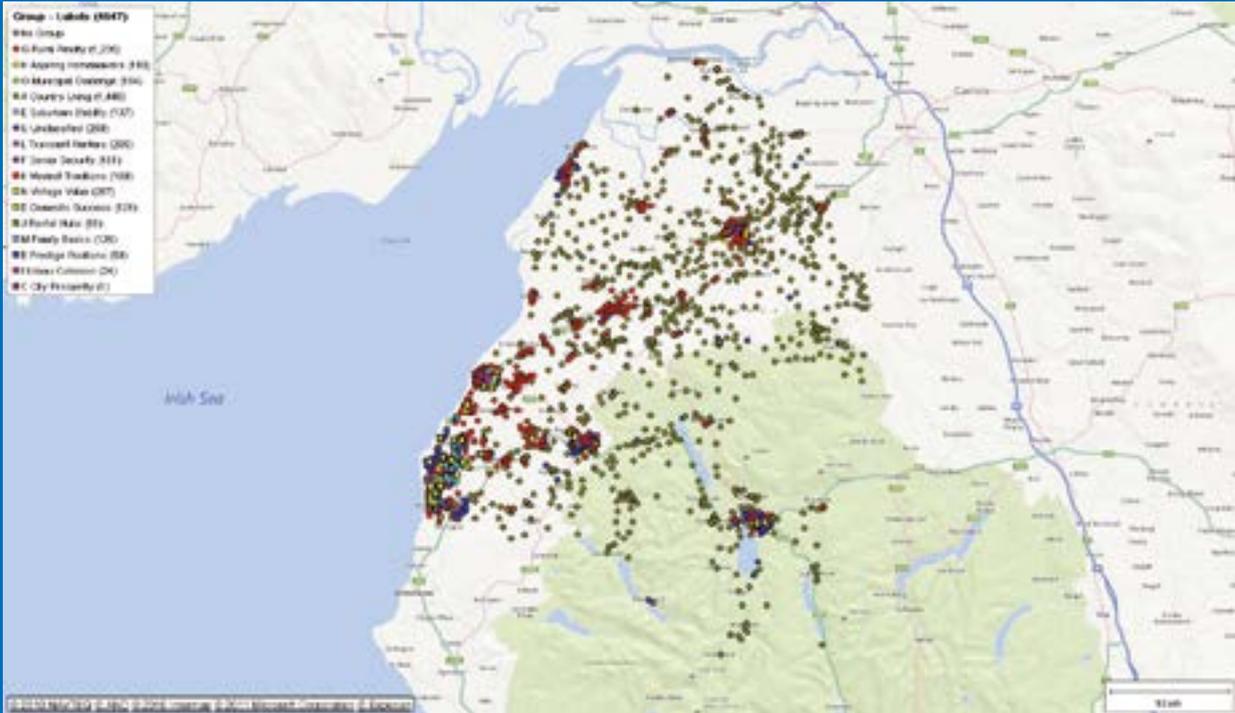
INDICATORS/MEASURES



Key: ● Step ■ Tool/report ● Data source

POPULATION SEGMENTATION

We spend time analysing and understanding the demographic makeup of the local population, which forms the foundation of our modelling approach. Our tools enable unprecedented insight into the makeup of specific populations enabling targeted interventions that improve outcomes and help to determine the impact of new care models across the local population.



Your area is the **Alerdale population**
 Comparison area is the **National - England (Population)**



Date: 31/07/15

Mosaic Public Sector classifies all consumers in the United Kingdom by dividing them into one of 18 Groups and 99 Types. These paint a rich picture of UK citizens in terms of their socio-economic and socio-cultural behaviour.

Mosaic Public Sector Groups	Your area	%	Comp.	%	Per. %	Index
A Country Living	20,962	23.63	3,198,874	9.96	0.81	408
B Prestige Properties	1,488	1.64	4,115,958	7.67	0.24	17
C City Property	0	0.00	2,413,888			
D Domestic Success	4,819	4.92	4,891,233			
E Suburban Stability	3,370	4.80	3,399,854			
F Senior Security	4,771	4.38	4,228,381			
G Rural Reality	32,238	23.63	3,340,123			
H Ripping Homeowners	3,547	3.26	3,367,217			
I Urban-Corridor	217	0.26	3,628,019			
J Rental Hubs	709	0.85	3,748,435			
K Mutual Traditions	3,334	4.80	3,324,866			
L Transient Residents	3,888	5.45	3,234,747			
M Family Basics	4,780	4.38	4,771,475			
N Village Value	5,510	5.04	3,348,188			
O Unique Challenges	8,160	7.52	1,967,433			
Total	100,000	100	33,822,711			

We also analyse and understand the specific health needs of our population, including those needs that may be currently unmet, using a range of algorithms.

Your area is the **Alerdale population**
 Comparison area is the **National - England (Population)**



This page lists the Mosaic Public Sector Groups in your area by percentage. Following this is a description of the top five groups.

Rank	Mosaic Public Sector Groups	Your area	%	Comp.	%	Per. %	Index
1	G Rural Reality	32,238	23.63	3,340,123	9.30	1.03	338
2	A Country Living	20,962	20.85	3,198,874	9.96	0.81	408
3	O Unique Challenges	8,160	7.52	1,967,433	5.03	0.28	138
4	L Transient Residents	3,888	5.45	3,234,747	9.23	0.16	80
5	N Village Value	5,510	5.04	3,348,188	9.70	0.22	109
6	E Suburban Stability	3,370	4.03	3,399,854	6.27	0.16	79
7	K Mutual Traditions	3,334	4.80	3,324,866	6.34	0.23	112
8	D Domestic Success	4,819	4.52	4,891,233	9.08	0.16	85
9	M Family Basics	4,780	4.38	4,771,475	9.80	0.16	48
10	F Senior Security	4,771	4.38	4,228,381	7.99	0.11	58
11	H Ripping Homeowners	3,547	3.26	3,367,217	10.08	0.07	32
12	B Prestige Properties	1,488	1.64	4,115,958	7.07	0.04	17
13	J Rental Hubs	709	0.85	3,748,435	0.96	0.02	9
14	I Urban-Corridor	217	0.26	3,628,019	0.77	0.01	5
15	C City Property	0	0.00	2,413,888	4.91	0.00	0
Total		100,000	100	33,822,711	100	0.26	100

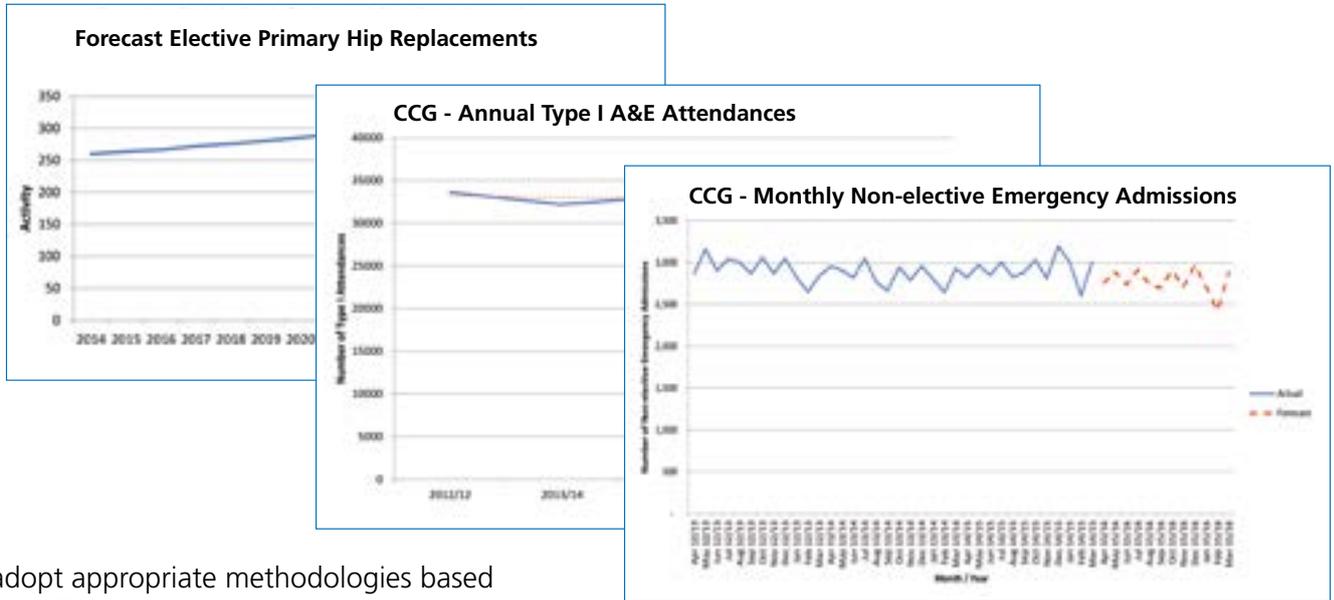
EVIDENCE BASED ANALYTICAL SUPPORT



We use a wide range of tools and intelligence sources to assemble a clear understanding of the current state. This allows us to understand the population, the burden of disease, the nature of the services provided and how the current system is performing. From this picture we can derive what the key issues are for a health economy which provides a robust baseline for our modelling activity.

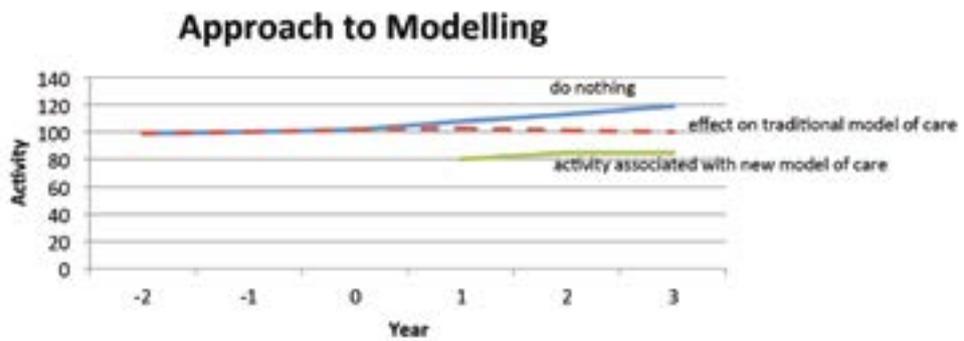


MODELLING

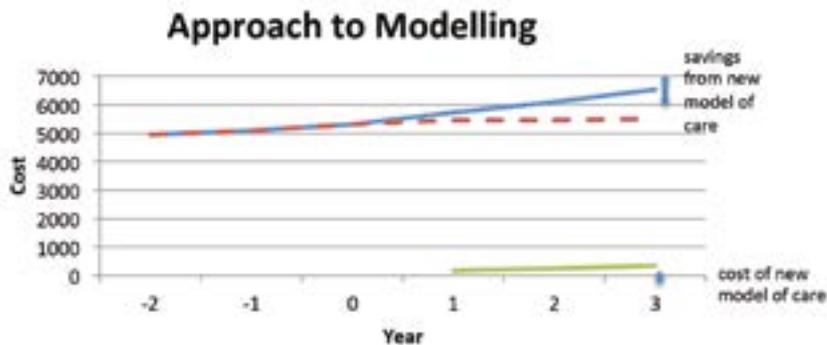


We adopt appropriate methodologies based on up to 5 years historic activity data (where available), to produce the clearest view possible of what the future might look like.

With this view of what the future might look like, we assess the proposed new model of care in terms of patient contacts and activity and the effect it will have on the traditional approach...



...and carry out an economic assessment to test how the finances will flow under the new models of care.



WHAT OUR CUSTOMERS SAY

"The team at NECS have worked extremely well to understand our needs and requirements, providing expert financial and analytical support to develop our New Care Models Value Proposition. They were proactive in the way they worked, often to extremely tight deadlines. We are very happy with the help and support received from North of England Commissioning Support and will certainly seek their support for other pieces of work."

Jo Williams

Assistant Director Health and Social Care Integration
Nottingham City CCG

"North of England CSU were invaluable in their support of Harrogate and Rural Districts New Care Models Value Proposition requirements to NHS England. Their expertise in activity and financial modelling allowed us to articulate our economic case for change, and their facilitation of workshops and conversations across our six partners organisations allowed us to clarify our thinking and approach to the integration agenda"

Anthony Fitzgerald

Director of Strategy and Delivery
NHS Harrogate and Rural District CCG

"North of England Commissioning Support is clearly one of the organisations to watch in the leading edge of commissioning support and this success is based on working closely with CCGs, bringing new ways of working and the ability to operate at scale."

Andrew Kenworthy

National Director
NHS England BDU

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CONTACT US

If you'd like to find out more on what NECS can offer around New Models of Care please contact **Joanne Dobson, Transformation Lead**, on: **0191 301 1300**, or email: joannedobson@nhs.net

www.necsu.nhs.uk

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