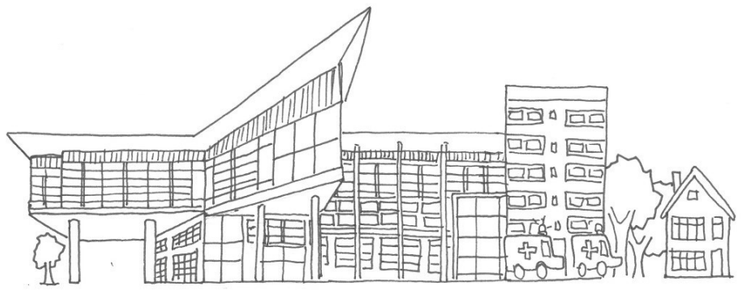
An Innovative, Integrated Model of preventative Care in Bromley



1. The Spark

The challenge facing the NHS is one of the biggest since 1948, and the Five Year Forward View places new models-of-care at the heart of the solution.

Bromley CCG and its local partners set out to make this a reality by introducing a radically different way of providing care for patients who are the biggest users of NHS services, to deliver better health outcomes, reduce avoidable hospital admissions and to do this at a lower cost.

Bromley CCG identified a focus on proactive, coordinated and accessible care in an out-of-hospital setting could improve health outcomes, and asked iMPOWER to work in partnership to understand the pressures, and co-design innovative solutions with key stakeholders.

2. The Chemistry

iMPOWER undertook a system-wide diagnostic to understand patterns of demand and financial flows to co-develop an Integrated Care Network (ICN) model of care for Bromley, where three ICNs would each serve a third of Bromley's population and comprise of a group of GP practices, who will work together with a dedicated and specialised networked support. Each ICN will have an increased focus on consistent and coordinated case management.

The new model shifts away from the dominant model of reactive care to one that benefits from economies of scale, simplifies access, utilises resources to change behaviours and empowers personal and system change.

3. The Model

The new model-of-care is innovative in three ways:

1) Local partners formally committed to deliver a new model-of-care, breaking down traditional ways of working and forming new partnerships. An agreement underpinned by a signed Memorandum of Understanding was co-developed with the CCG, which means Bromley is now ahead of many other areas trying to develop similar care models.

2) Proactive care will help patients live happier, healthier and more independent lives at home; They will play a central role in developing their own care plans.

3) Patients and carers will be empowered and actively-supported to better manage their own care, linked to a multi-disciplinary team of professionals and voluntary sector care navigators.

4. The Results

The first phase of model implementation by the providers, identifies patients with the greatest need, who will benefit from world-class preventative care comprising of:

•Integrated care plan focused on each individual, and key aspects of their wellbeing, not just their medical condition.

•Day-to-day support from non-clinical care navigators who promote independence and are a key contact to help the individual navigate the health and care system.

•Patient and carer education to encourage better self-management.

•Support from an integrated expert multi-disciplinary team (MDT) to ensure care is optimised, including mental health.

5. The Impact

The ICN model-of-care was mobilised in October 2016 including:

• Completing recruitment to new ICN roles.

• The first MDT meeting was on 18 October 2016 with more arranged from November through to September 2017.

• 50 patients have already been referred, assessed and now have a new integrated care plan and the MDT are working with a further 50 patients.

• Gaps in patient care have been identified and actioned.

CONTACT

For more information on this case study or our wider work in alternative delivery models, please contact Vanessa Reeve at vreeve@impower.co.uk / 020 7017 8030

Our approach

iMPOWER develops solutions to complex social challenges that are bespoke to each client.
However, our approach and our values remain constant

People with first hand **experience** in their field

Using **behavioural** insight

Sustainable change

Impact: improving practice, saving money

Openness: sharing our emergent thinking

Understand the **whole system**

Seeing the problem **differently**

Always **co-designed**

Clients **better equipped** to take on challenge of 21st Century public services

Project started April 2015

Overall model of care required transformation to align with the NHs Five Year Forward View

Identified a need to change culture and behaviours

Design principles of the new care model were drawn up and tested with key stakeholders

Core purpose of the new care model is preventative, focusing on integrated case management

Co-designed the strategy with GPs, providers, commissioners, the voluntary sector and patients

A strategy to reduce Bromley's share of the national £18 billion funding gap; better health outcomes for the people of Bromley

Bending the curve by moving the provision of care into an out-of-hospital setting,

Lessons learnt and expertise available on our website as a case study and will form part of iMPOWER's future health ptojects

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