

11 December 2023

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

URGENT AND EMERGENCY CARE TRANSFORMATION PROGRAMME – APPROVAL OF EXTERNAL PARTNER ON BEHALF OF NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM

Purpose of the Report

1. The report informs the Cabinet Member of the programme of transformation of Urgent and Emergency Care to be undertaken across the Nottingham and Nottinghamshire Integrated Care System (ICS) and seeks approval of Nottinghamshire County Council's role within the transformation work.
2. This is a Key Decision because it will have significant effects on two or more electoral divisions.

Information

3. The Nottingham and Nottinghamshire ICS is the partnership for health and care that brings together Nottingham City Council, Nottingham and Nottinghamshire Integrated Care Board, Nottinghamshire Healthcare Foundation Trust, Nottingham University Hospital Foundation Trust, Sherwood Hospital Foundation Trust, City Care, East Midlands Ambulance Trust and Doncaster and Bassetlaw Trust. The ICS has been working to improve Urgent and Emergency Care (UEC) for some time with a shared ambition to transform outcomes for people, manage the increasing and unsustainable levels of demand for people accessing services, and deliver a world-class UEC offer that operates at nationally leading levels of performance.
4. ICS partner organisations agreed the need to bring in an independent supplier to support the resetting of the UEC demand, capacity and flow work in the system. Procurement was led by the Integrated Care Board (ICB) with the work to be completed in four phases:
 - Diagnostics (this would require data sharing and sharing of financial information and existing intelligence)
 - Development of benefits realisation plan
 - Develop and agree delivery model
 - Oversight of implementation.

5. A transformation provider has been identified following due process involving each organisation's agreed representatives. A 'break clause' was put into the contract after Phase 1 to ensure that the provider can evidence the opportunity and benefits realisation plan. Phase 1 is the diagnostic phase, by the end of which there should be clarity on the potential for delivering Phases 2-4.
6. The ICS will require NHS England approval of the Investment Business Case prior to contract award with the contract held by the ICB on behalf of the partners. If this approval is given, or if an alternative approach is required to deliver aspects of the transformation work, the Council commits to contributing up to a total of £239,000 as its share of the contract value.

Aims and objectives of the transformation programme

7. It is anticipated that transformation in urgent and emergency care will be achieved through a shift towards prevention, proactive care, removal of duplication across services and organisations, supporting the development and usage of community assets, and using the capacity created to support people with greater complexity and need in the community, avoiding the need for hospital and inappropriate residential care admissions.
8. For Adult Social Care, the County Council expects to see its Strategy and Annual Delivery Plan objectives being met through this work. Specifically, that the experience of people being discharged from hospital settings is improved, that people are supported to live independently in their own home wherever possible and that there is a consistent focus on therapy led re-ablement and rehabilitation to reduce reliance on longer term social and health care and support. Learning from the [Healthwatch engagement with older people leaving hospital](#) showed that whilst areas of good practice were identified in people's experience, there is more work to do to ensure people receive the right care in the right place at the right time.
9. The following story highlights this and the benefits of accessing timely therapy:

Mr M lived in his own home prior to going into hospital. He was discharged into a temporary standard residential care home because of concerns in hospital about his ability to manage safely on the steps into his property. The care home did not provide rehabilitation, so a social care Occupational Therapist (OT) went to see him to talk about what he wanted to do. He desperately wanted to return home and said he felt like he was in prison because he had lost his independence and was told what time he had to go to bed.

The OT went on a walk with him, and they practised using the stairs. There were no issues of concern - he did not need the frame he had been issued and was able to manage very well. The OT provided a walking stick and showed him how to use it and talked to the home about giving him more flexibility whilst his return to his own home was planned. Had there been a better understanding of his walking abilities earlier, he could have returned directly home which would have been a much better experience for him and would have meant social care staff were arranging just one move for him and therefore would also have been more cost effective.

10. The transformation partner will also focus on supporting improved outcomes for people once they have been discharged back home so that they are linked into the right support

to continue to live safe, well, and independently in their local community for as long as possible, reducing reliance on health and care services.

11. An example of this is Ms R who lives alone and was referred to social care for care and support after being in hospital. A visit was arranged initially from the local Connect prevention service. Through conversation it was established that Ms R's main need was for support with shopping. The worker liaised with Ms R's preferred local supermarket and because she was unable to do her shopping online, came to an arrangement with staff there that she could order her shopping via a telephone call, which she felt confident with. This maintained Ms R's choice, control and independence and meant she did not need to rely on social care support.
12. There are many good examples across all partners where things work well, however this is not happening at sufficient scale and pace across the system to give people a consistent offer. There is an acceptance across the local system that fundamental changes are needed to achieve the shared ambition for the people requiring help and support. It has been extremely challenging to release skilled internal capacity from business as usual to drive the transformation needed through the pandemic and then the Winter Crisis.
13. Given the scale and complexity of the programme, the system leaders agreed the need for access to expert advice, tools, and facilitation from an experienced external transformation partner to ensure delivery of the required benefits consistently and to work at pace. The partner will support the ICS to address issues and implement interventions, bringing a robust evidence base, a set of proven solutions and expert clinical, care, operational and economic skills.

Current situation

14. Pressure on services drives poor outcomes for people as well as considerable excess costs to the different organisations across the health and care system. Despite considerable progress in developing partnership working and integrated pathways, local services are not delivering the standards that the system partners want to see.
15. Examples of the impact of this include:
 - older adults who are discharged to interim residential social care placements when the right community capacity is not available
 - people admitted to hospital because there is not the right type or amount of health community capacity
 - people who stay in hospital longer than they needed to and lose mobility, independent living skills and confidence during this time
 - limitations on the ability to undertake elective procedures leading to NHS waiting times at unacceptable levels.

Scope and intended benefits of transformation programme

16. This programme will support better integrated working across the partners with the intended service improvements from the work:
 - better management of UEC demand

- reduced waiting times at A&E
 - reduced ambulance delays
 - reduced delayed discharges from hospital
 - reduced hospital admissions
 - reduced short and long-term residential care placements
 - promotion and support of more independent living across the Nottinghamshire population.
17. Council staff working in the hospitals experience a stressful and high-pressure multi-agency environment, working across different professional practices and cultures. Staff balance this daily, whilst seeking the best outcome for the people and the families they support, within very tight timescales. This is particularly the case at times of increased demand coming into the hospitals. Systems and processes are more complex and fragmented than they need to be and whilst some progress has been made this is slow. Social care staff based in hospitals have a higher average turnover rate when compared with community teams.
18. This programme seeks to resolve these issues which, in turn, will improve the working conditions and job satisfaction of staff, also aiding recruitment and retention. The contract sets out the expectation that the work will engage frontline staff and people with lived experience to build the new ways of working from the bottom up.
19. The ICS partners have signed up to this programme and work has begun to meet the priorities. Expected outcomes are expected to relieve winter pressures in 2023/24, building on initial results in autumn 2023/24, with further outcomes achieved across 2024/25. The programme has been designed to deliver at pace across the four phases of work. The scope is to support the ICS to deliver a sustainable UEC care model and operating model, including:
- interventions for prevention and supporting independence
 - embedding the principles of personalisation across the system to improve assessment, and decision making based on achieving the best outcomes for people
 - developing resilient capacity across social care to support the needs of the population, with a focus on maintaining independence and prioritising wellbeing
 - improving community hospital and assessment/reablement bed flow
 - increasing the efficiency and effectiveness of reablement and rehabilitation
 - improving the hospital front door, ambulance handovers and admission avoidance
 - streamlining care in hospital and ensuring people's discharge outcomes are more independent
 - a future model for integrated commissioning and shared system flow management arrangements in the ICB (Integrated Care Board).
20. It is also intended that the new model will reduce the cost of care and support in the system by addressing significant financial challenges.
21. The total value of the programme is just over £4m. The indicative cost for the Council's two-year (2023-25) commitment to the programme is £239,000. This is proportionate to the projected adult social care benefits as a percentage of the whole programme benefits.

The Council's contribution will be fully covered by an allocation from the national Discharge Fund grant.

Other Options Considered

22. The ICS has considered undertaking the transformation work without the input of an external partner but as described earlier in the report, the system believes additional capacity and capability is required to address the complexity of change needed to reset the UEC model. Improvement efforts to date need to be amplified and accelerated to make the impact required in addressing outcomes, performance and cost. The system does not feel that the benefits expected and required can be achieved by continuing with the same course of action.

Reason/s for Recommendation/s

23. The Nottingham and Nottinghamshire ICS has agreed as a system that the programme of work required needs to be different and better than what has gone before and is needed to build a sustainable model and the enduring capability to deliver on a stretching improvement trajectory. The system leadership team is supportive of this approach and of moving rapidly to implement this before next winter. Learning from other systems shows they have successfully utilised consultancy support to improve performance.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

25. The financial implications for the Council are set out in **paragraph 21**. The costs of the programme and the support required from the Council as a key partner will be covered in full by the national Discharge Fund allocation.

Human Resources Implications

26. Officers from the Council will support the work of the transformation partner as required, alongside colleagues from across the ICS system.

Public Sector Equality Duty implications

27. Equality impact assessments will be undertaken if changes to the current models of service and support are likely to have an impact of people with protected characteristics.

Implications for Residents

28. The ambition of the transformation programme is to improve collaboration across local health and social care partners to produce better support and outcomes for the people of Nottinghamshire in relation to access to urgent and emergency care, support to avoid hospital and residential care admission and experience of community-based support.

RECOMMENDATION/S

That the Cabinet Member:

- 1) notes the programme of transformation to be undertaken across the urgent and emergency care services of the Nottingham and Nottinghamshire Integrated Care System
- 2) approves that the Council will be a part of, and work with, system partners in this transformation project.

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Constitutional Comments (GMG 05/12/23)

29. The recommendations fall within the remit of the Cabinet Member for Adult Social Care under Section 5, Part 2, paragraph 5 of the Council's Constitution.

Financial Comments (KRP 12/6/23)

30. As set out in the report the estimated costs of the proposals are estimated at £4m, with costs shared by all ICS partners. The estimated Council cost is £239,000, spread across 2023/24 and 2024/25. The Council costs will be contained within the national Discharge Grant funding.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Discharge of over 75 year olds from Nottingham hospitals – report of Healthwatch Nottingham and Nottinghamshire April 2020

[Healthwatch engagement with older people leaving hospital](#)

Electoral Division(s) and Member(s) Affected

All.

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