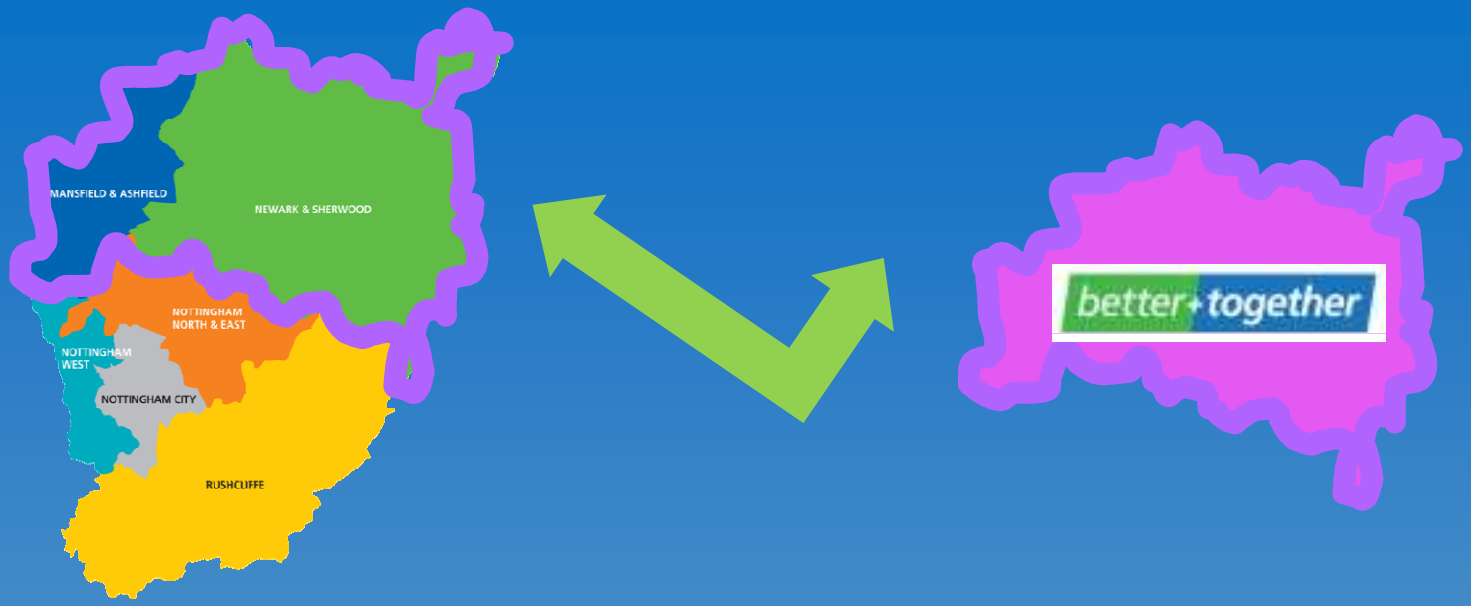
NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Mansfield and Ashfield
Clinical Commissioning Group



HEALTH AND WELLBEING BOARD

WEDNESDAY 2ND JULY 2014

Helping to shape future health and social care in Mid Nottinghamshire

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Two key documents

Helping to shape future health and social care in Mid Nottinghamshire

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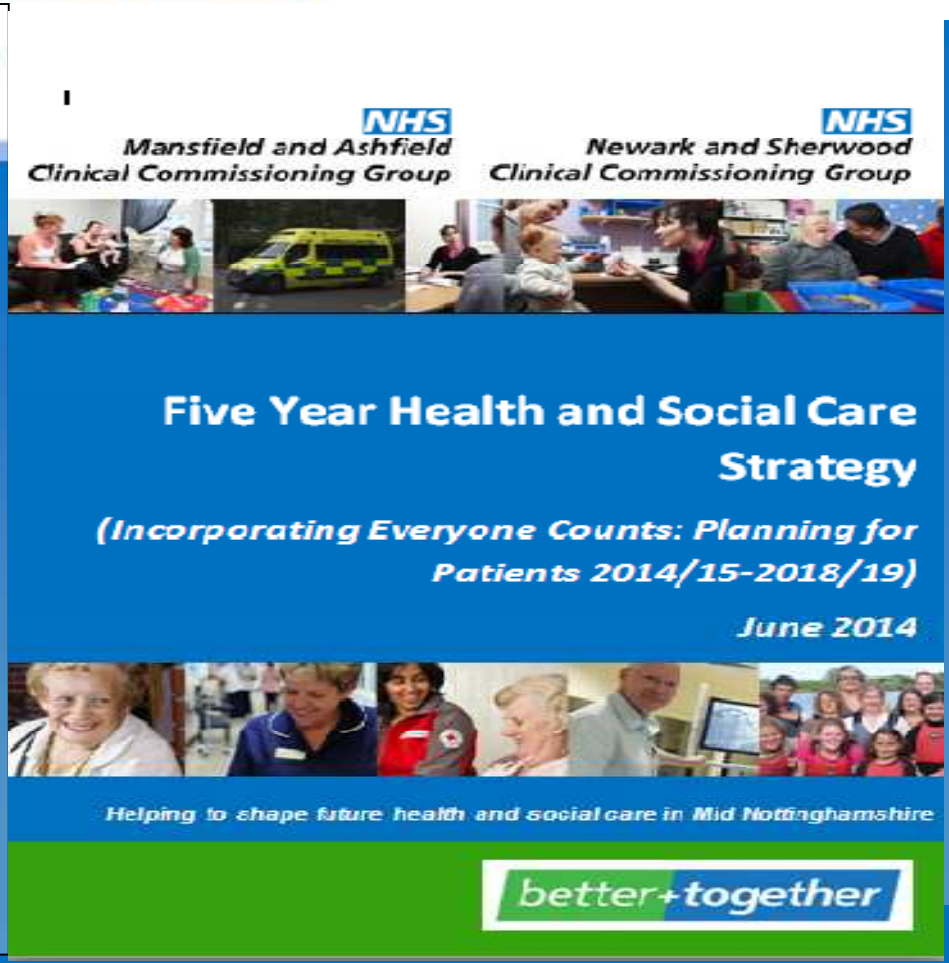

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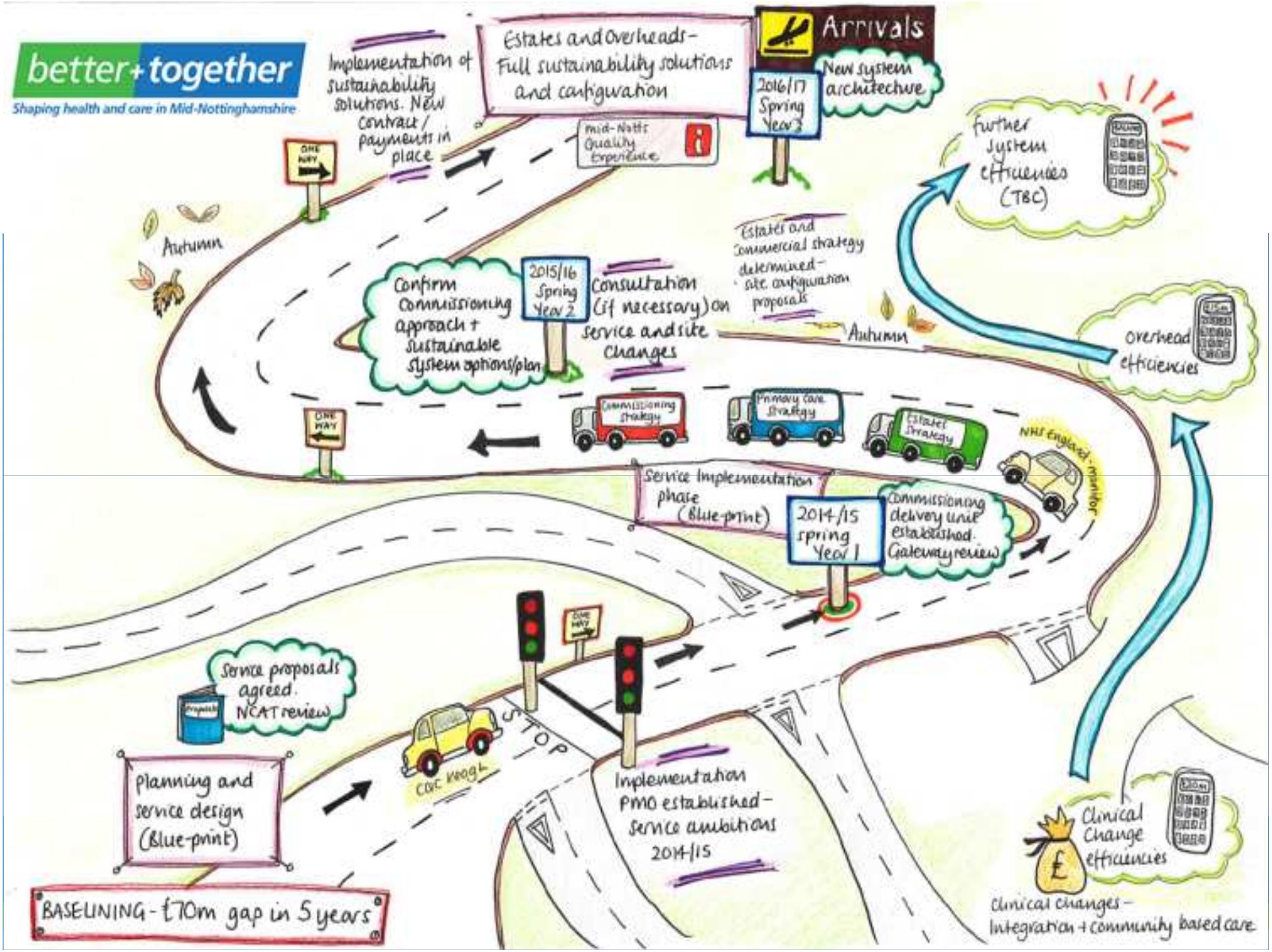
Mid-Nottinghamshire health and social care roadmap for the next 5-10 years

Long-term conditions (proactive care)	Scaling up and expansion of integrated health and social care community services (known as the PRISM programme) to make frail and elderly care more proactive and community-based
Urgent care	Provide an integrated urgent care service that that patients receive the right care in the right place from the right professional – integrate GP and A&E / MIU services and develop a care navigation service to ensure people get to the right service in hospital or community settings
Elective care	Review each specialty to ensure that safety and viability standards are met – use existing capacity more effectively
Women and children	Provide rapid medical assessments for children and pregnant women. Ensure that children with complex needs have joined up packages of care and more support in


better+together
Shaping health and care in Mid-Nottinghamshire
Implementation of sustainability solutions. New contract / payments in place
Estates and Overheads - Full sustainability solutions and configuration
Arrivals
New system architecture
2016/17 Spring Year 3
mid-Notts Quality Experience
ONE WAY
Autumn
Confirm Commissioning approach + Sustainable System options/plan
2015/16 Spring Year 2
Consultation (if necessary) on service and site changes
Estates and Commercial strategy determined - site configuration proposals
Autumn
further System efficiencies (TBC)
overhead efficiencies
Commissioning Strategy
Primary Care Strategy
Estates Strategy
NHS England - monitor
Service Implementation phase (Blue-print)
2014/15 spring Year 1
Commissioning delivery unit established. Gateway review
Service proposals agreed. NCAT review
STOP
CQC Rough
Planning and service design (Blue-print)
Implementation PMO established - service ambitions 2014/15
Clinical Change efficiencies
£
Clinical changes - Integration + community based care
BASELINING - £70m gap in 5 years

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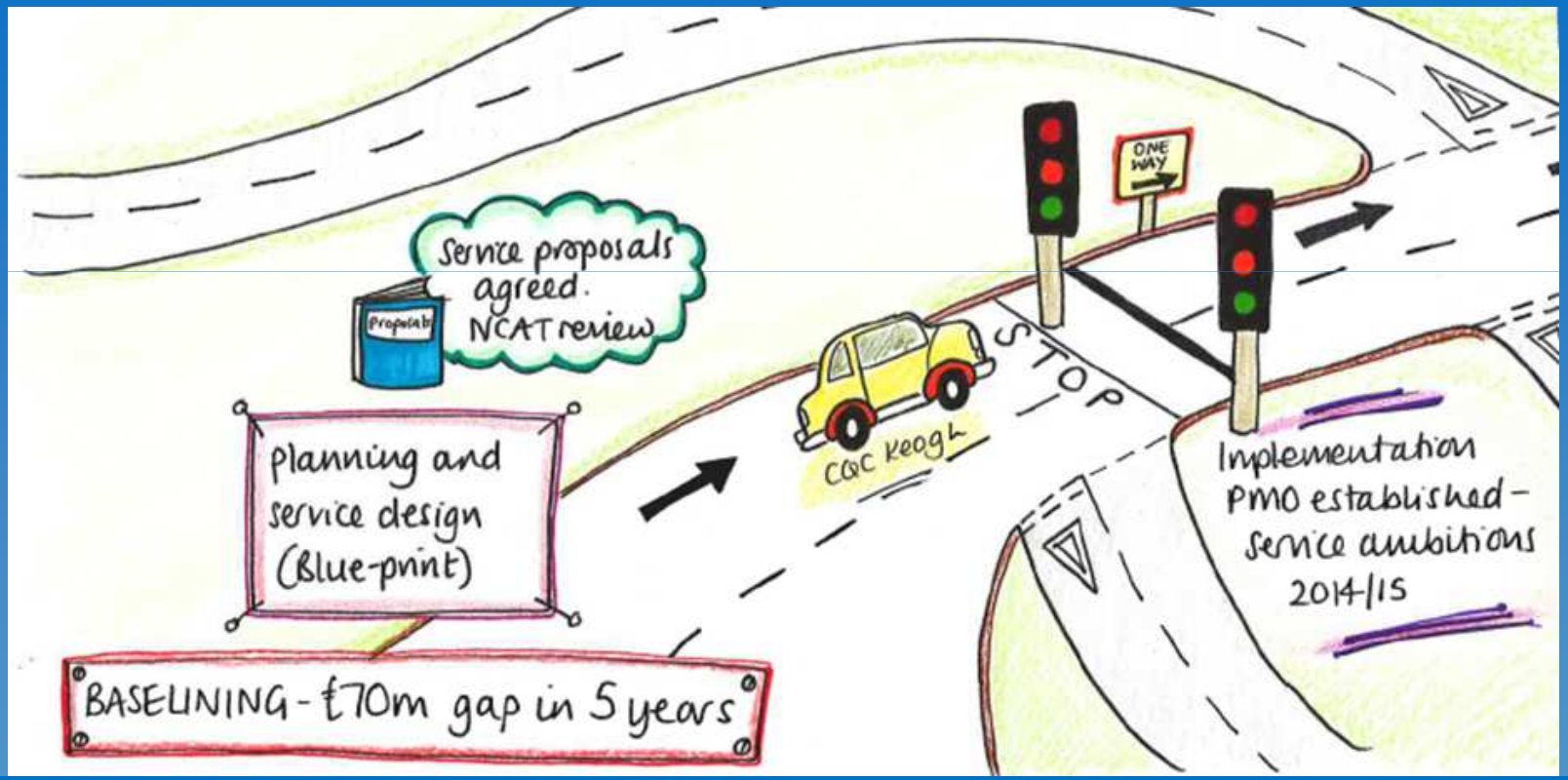
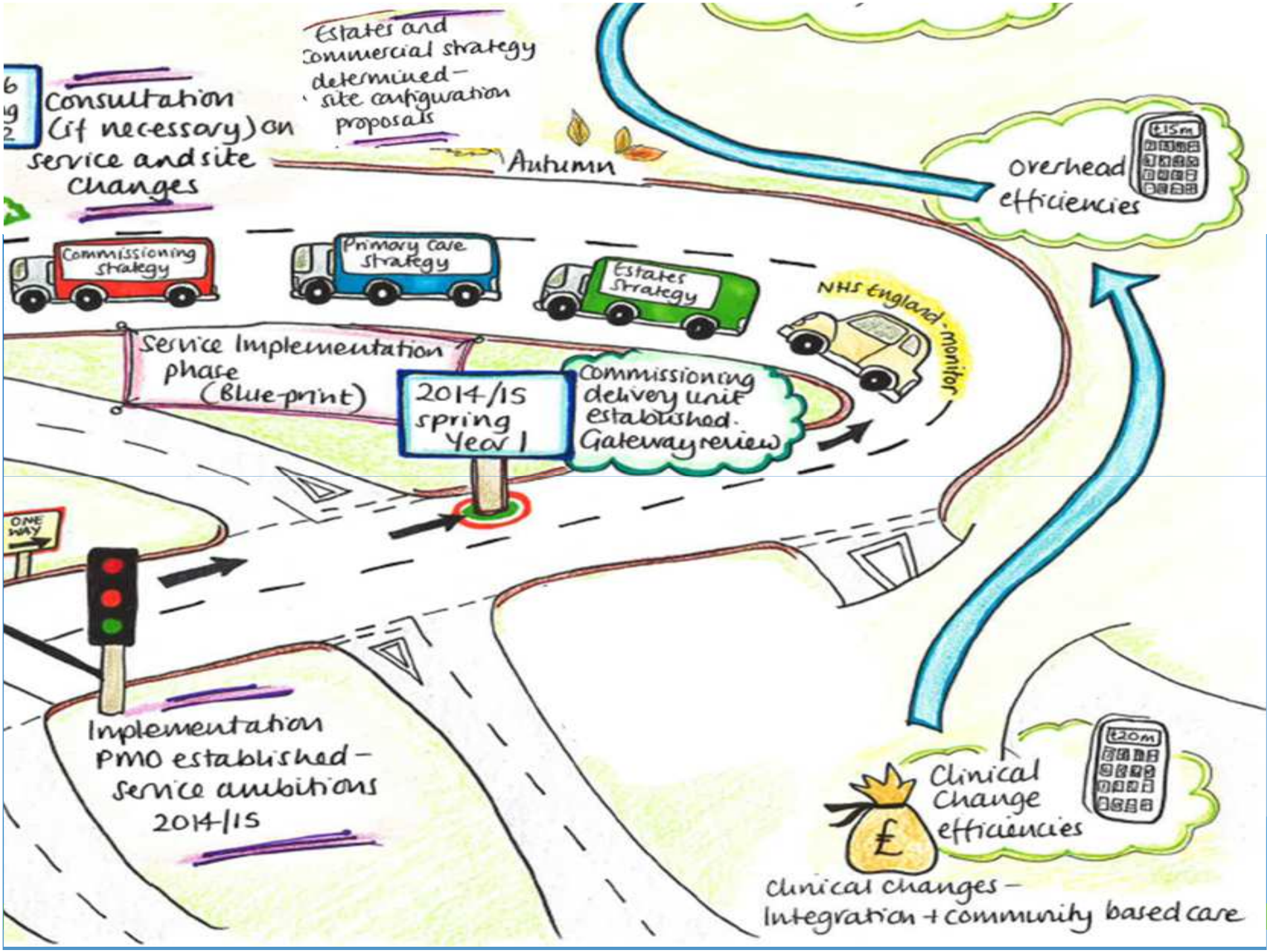


Helping to shape future health and social care in Mid Nottinghamshire


Consultation (if necessary) on service and site changes
Estates and commercial strategy determined – site configuration proposals
Autumn
Overhead efficiencies
£15m
Commissioning strategy
Primary care strategy
Estates Strategy
NHS England - monitor
Service Implementation phase (Blue-print)
2014/15 spring Year 1
Commissioning delivery unit established. Gateway review
ONE WAY
Implementation PMO established – service ambitions 2014/15
£20m
Clinical Change efficiencies
£
Clinical changes – Integration + community based care

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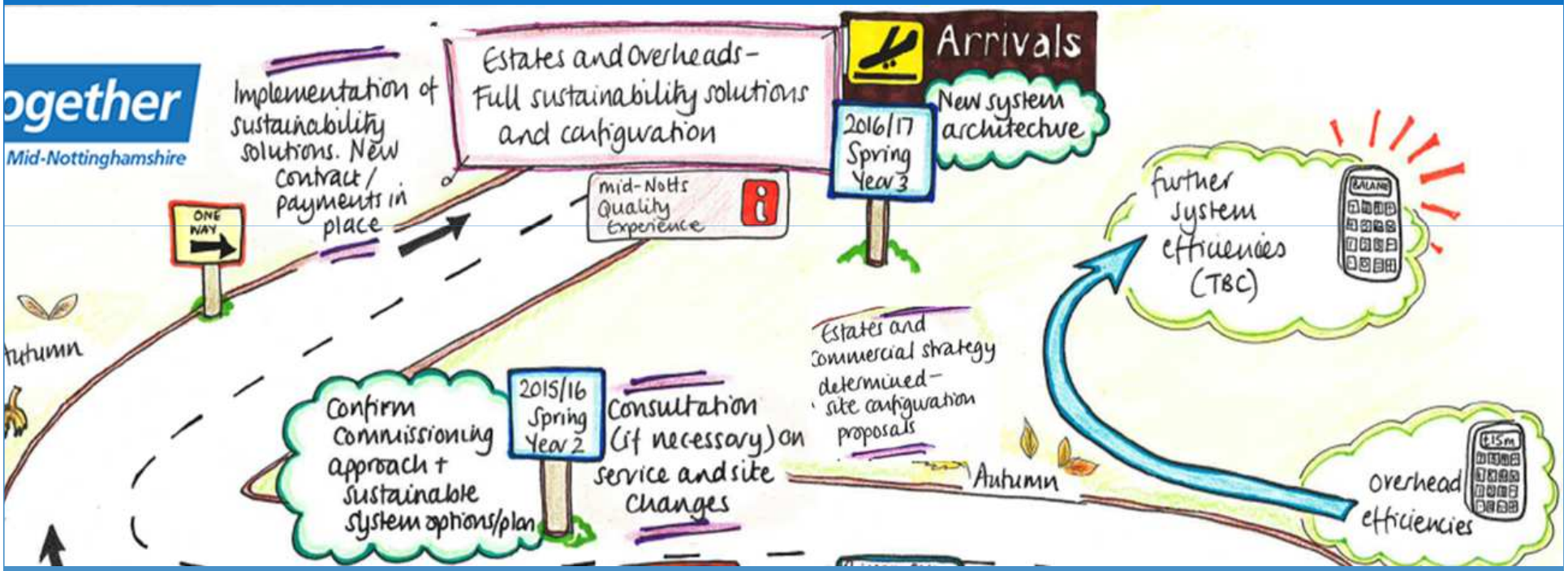

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Strategy at a glance
"Plan on a Page"

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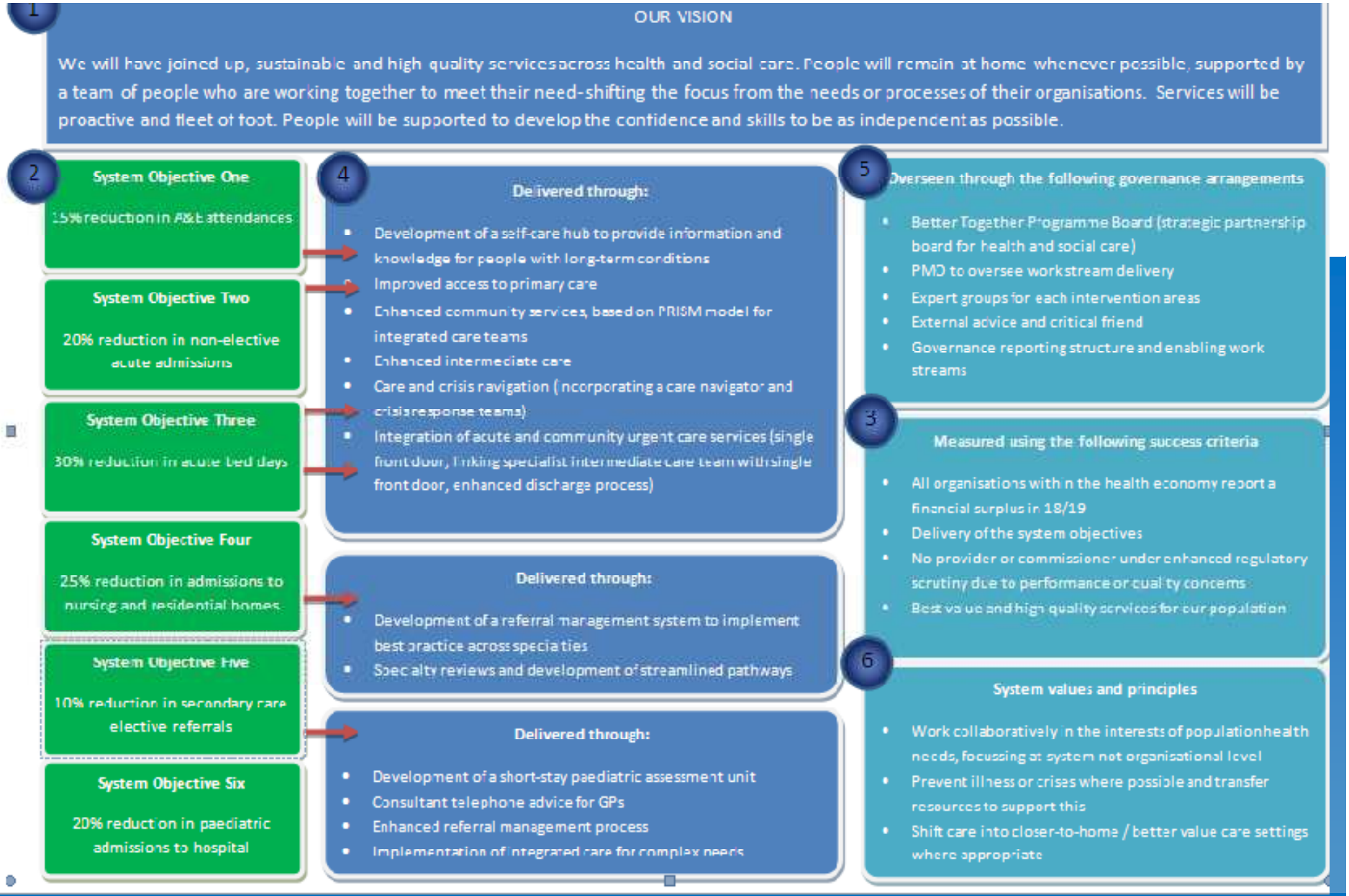

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Key issues going forward:-

- mobilising workforce
- stimulating and developing the provider market for the future
- engagement and consultation
- delivering now
- managing the transition
- measuring the benefits = “seeing the change”
- complimentary strategies; co-commissioning for primary care

South Nottinghamshire CCGs
5 year plan

Paul Oliver
Clinical Lead
Nottingham North and East CCG

Nottinghamshire County Council
Nottingham City Council
NHS

Our vision: Whole system reform for whole patient care

"Creating a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better"

Nottinghamshire County Council
Nottingham City Council
NHS

What people have told us

People have told us they want:

- To be supported to stay well and be independent for as long as possible
- Care close to home
- To be treated with dignity and respect

We will:

- Help people look after themselves
- Encourage responsible use of services
- Tell people about health and social care services available
- Have an honest dialogue with our communities

Delivering our vision

- Re-shape health and social care – care organised around patient, not institutions
- Organisational barriers come down; teams work together
- Hospitals for people who need to be in hospital
- Care predominantly in the home/community
- GPs/primary care at the fulcrum
- Resources shift from hospitals to primary and community care; reduced ED attendance; shorter hospital stays.
- Changes based on clinical needs of patients, with patient safety paramount
- High quality, accessible, sustainable services based on real needs of the population.

How will we know we have achieved our vision?

- People only in hospital if that is the best place – not because there is nowhere else to go
- Services in the community will allow patients to be rapidly discharged from hospital
- New technologies will improve people's ability to self-care
- Specialist workforce teams will be concentrated in one place
- The workforce will be trained to offer more flexible care
- Services from the NHS, social care, voluntary sector, care homes, home care will deliver a continuum of care, working to a single set of processes
- People will understand and will access the right services in the right place at the right time
- People will be living longer, more independent and better quality lives, remaining at home for as long as possible

Proactive care

Aim	Support people to thrive and live as independently as possible through a focus on prevention, early identification of need, timely, appropriate co-ordinated and planned delivery of advice, information, support and care, via a fully integrated local community care team with general practice and primary care as the driving force
Initial areas of focus	• Local multi-disciplinary and multi-agency integrated teams aligned with groups of GP practices • Integrated multi-agency community hub • Predictive modelling tools to identify those at risk of deterioration • Case managers/key workers for those who need a proactive care approach • Advice and information to support people to self-care • Proactive approach to safe and timely transfer out of hospital • Range of rehabilitation and reablement services in the community

Urgent care

Aim	An integrated community, primary and secondary approach to front line care for our population who present with emergency needs – co-ordinating care around patients needs and delivering urgent care efficiently, safely and in a timely manner avoiding admission to hospital where possible.
Initial areas of focus	• Review and reshape 'front door' services to urgent care, including testing new models in primary care and developing a new urgent care centre • Establish a system to help patients access specialist advice • Enhance primary care • Develop crisis response services • Focus on the resilience of older people, eg by developing integrated care plans and appropriate rapid response services • Determine capacity needed across the health and social care system to meet current and future demand • Extend support to care and nursing homes

Elective care

Aim	Organise care around the patient, rather than the organisation. Use resources (people, please, technology) in the most effective way – with patients being seen by the most appropriate clinician relevant to their needs. Explore and adopt learning and experience from elsewhere.
Initial areas of focus	• Review which elective services must be delivered in a hospital setting and develop options for care that can be delivered elsewhere • Seek live citizen/patient feedback about their experiences of care • Look within and outside the NHS and UK for alternative ways of delivering elective care and explore the potential to adapt and implement in South Notts

Children's services

Children's services	Take forward the recommendations and actions from a number of recent reviews, supported by wider changes across the system, in order to support integration and improved services for children, young people and families
Initial areas for focus	• Implementation of the existing strategy for CAMHS with a focus on Looked After Children • Reduce ED attendances and emergency admissions • Upskill professionals and parents to provide care closer to home • Continue the maternity reviews across City and County • Continue the ICCYPH/integrated complex and disabled children's programme across City and County

Appendix A: Plan on a page

1

South Nottinghamshire health economy is a system comprised of partner organisations across health and social care who have come together to agree, refine and implement the following vision of:

Creating a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better

2

System Objective One
Increase the proportion of people living independently at home

System Objective Two
Reduce time spent unavoidably in hospital through more and better integrated care

System Objective Three
Improve the health related quality of life of those with long-term conditions including mental health conditions

System Objective Four
Secure additional years of life for people with treatable mental and physical health conditions (Parity of Esteem)

System Objective Five
Engage with the local population to support behaviour change, promote public health messages and to ensure efficient use of healthcare resources

System Objective Six
Support quality of services – safe and avoidable harm and clinical effectiveness

System Objective Seven
Deliver services which optimise patient/citizen experience; reflect best practice and deliver the NHS Constitution

4

Delivered through:

- *Support to Thrive* activities, for example, neighbourhood multi-disciplinary teams working across primary, secondary, community and social care; re-ablement services to encourage and support patients to develop confidence and skills around conditions and continue to live at home; provision of assistive technology. Emphasis on self-care.
- Local CCG primary care strategies with a focus on improving access, use of GP in EMAS 111 and ED and the exploration of different models for primary care, for example, GP urgent care pilot.
- Unified front door to improve urgent care patient flow.
- *Choose to Admit* activities: for example, community hubs serving as a single point of access for community team referrals following a crisis.
- *Transfer to Assess* activities: for example, early supported discharge – work with NUH and community services to develop early discharge systems and approaches such as in-reach discharge co-ordinators.
- Integrated Children and Young Peoples' services.
- Commissioning services in response to identified need (JSNAs).
- Reducing health inequalities through targeted health initiatives.
- Work to redesign cancer pathways across South Nottinghamshire.

Delivered through:

Community engagement in service planning at a local level and engagement of GPs and the third sector to support delivery of key health messages. Working collaboratively across organisations to ensure effective communication/engagement with all patients including vulnerable and minority groups. Also provision of NHS 111.

Delivered through:

- Commissioning services that hold providers to account through Quality Scrutiny Panels, incentivisation of quality improvement through CQUIN; close monitoring of trends on safety, listening to patient feedback and improving performance against Friends & Family Test. Also the Connected Nottinghamshire Programme is co-ordinating the information system integration requirements required to support transformation.
- Continued joint working at local authority level on safeguarding.
- Ongoing work with HEEM on workforce planning support.

5

Overseen through the following governance arrangements

- Shared system leadership via the South Nottinghamshire Transformation Board (SNTB).
- Diversity in make-up of the SNTB, in addition to Unit of Planning membership, also Healthwatch, public health and lay membership.
- Sharp focus on views and involvement of patients and the public.

3

Measured using the following success criteria

- Delivery of the Unit of Planning vision
- Improved outcomes achieved as per outcome ambitions set for 2014/15 – 2018/19
- Sustainability of the care economy achieved
- Improved patient /citizen and carer experience
- Achievement of KPI/outcome metrics of BCF
- Reduction in emergency activity and hospital length of stay for urgent and proactive care (20 – 30%)

6

System values and principles

- Engage and consult carers, patients, citizens and staff
- Promote health and wellness
- Commit to acting as an accountable care system
- Ambition and courage alongside accepting and managing risk together to support sustainability

High level risks to be mitigated

- Challenge inherent in implementing complex, interdependent, system-wide transformational change
- Maintaining 'business as usual' and improving service quality through significant service change
- Supports sustainability of the health and social care economy through ambitious targets for change.