

30 March 2015

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE

HEALTH AND SOCIAL CARE INTEGRATION IN SOUTH NOTTINGHAMSHIRE

Purpose of the Report

1. The report provides details of the work being undertaken to deliver integrated health and social care services across South Nottinghamshire.

Information and Advice

2. This report is one of a series of three which sets out the work currently underway on health and social care integration across Nottinghamshire. On 2 February 2015, Committee received a report on the Better Together Programme in Mid Nottinghamshire and on 2 March Committee received a report on Integration of Health and Social Care Services in Bassetlaw. The report to be considered today is on the work being undertaken across South Nottinghamshire.
3. In South Nottinghamshire, 12 statutory health and social care organisations have come together to consider and work towards the delivery of integrated services. The partners consist of 7 commissioning organisations and 5 provider organisations, as follows:

Commissioners:

- Nottinghamshire County Council
- Nottingham City Council
- NHS England
- Nottingham City Clinical Commissioning Group
- Nottingham North and East Clinical Commissioning Group
- Nottingham West Clinical Commissioning Group
- Rushcliffe Clinical Commissioning Group.

Providers:

- Nottingham University Hospitals NHS Trust
- Circle Partners
- Nottinghamshire Healthcare NHS Trust
- Nottingham CityCare Partners
- East Midlands Ambulance Service.

4. The four Clinical Commissioning Groups (CCGs) make up the South Nottinghamshire Unit of Planning Unit, based around the major acute provider, Nottingham University Hospitals NHS Trust (NUHT).
5. There are a number of complexities in relation to the governance and reporting arrangements across the partnership because, whilst the four CCGs operate as a single Unit of Planning, they have their own governance arrangements through their respective governing bodies. Also, service development is in part determined through two Better Care Funds; one of which is between Nottingham City CCG and the City Council, and one of which is part of the Nottinghamshire BCF. The governance of the BCFs is overseen by the two respective Health and Wellbeing Boards.
6. The South Nottinghamshire partners have identified a number of key challenges which need to be addressed through the integration of health and social care services and through the development of future models of care. These are:
 - increasing demand for health and social care services
 - demographic pressures
 - reductions in funding for social care
 - the ambition to deliver a shift in care from reactive bed-based care to preventative and proactive care close to or in people's homes
 - services that are not always equitable or joined-up
 - divisions in clinical and professional responsibilities leading to a lack of accountability across the whole pathway of care
 - activity-based short-term payment systems that do not incentivise system-wide working and workforce shortages
7. Partners from the 12 statutory health and social care organisations have established the South Nottinghamshire Transformation Partnership (SNTP) to develop and oversee the implementation of transformation across health and social care services. During 2014, the CCGs established the post of Transformation Director and appointed Rebecca Larder who commenced the post in June 2014. Subsequently a programme office has been established to enable delivery of the change programme.
8. The SNTP has set out its commitment to partnership working to create a sustainable, high quality health and social care system to promote the health and wellbeing of the citizens of South Nottinghamshire. To support this, a Partnership Compact has been developed and subsequently presented to the boards of the various organisations, including the County's Health and Wellbeing Board on 4 February 2015. The purpose of the Partnership Compact is to enable and support the work of South Nottinghamshire Transformation Partnership with a particular focus on:
 - support for the overall strategic direction
 - agreement to the principles of collaborative working
 - agreement to the shared work plan, including commitment to provide leadership and participation to secure success
 - agreement to employ high level system measures and to report them quarterly to public Boards or equivalent using a shared single report.
9. As the SNTP is a non-statutory partnership, it has been agreed that representatives on each of the Programme's governing groups will be of sufficient seniority to engage in

developing robust recommendations and ensuring that they align with decision making at statutory body level including Local Authority political approval processes.

10. The South Nottinghamshire Citizen's Advisory Group supports the Partnership by advising on methods and channels of communications and engagement in relation to the Partnership's strategic objectives and its activities.
11. The South Nottinghamshire Transformation Partnership's vision is to:

"Create a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better."
12. Partner agencies have been involved in the development of the South Nottinghamshire 5-year strategy for quality and sustainable care. In September 2014 the 5-year strategy was resubmitted to NHS England, which stated the intention to develop a new improved system of care for local citizens. It is recognised that the transformation needed would require cultural, operational as well as potentially financial and contractual change. In delivering the transformation the intention is to use existing mechanisms where appropriate together with new mechanisms such as outcomes based commissioning to enable delivery of the change.
13. The partnership has developed a 'Case for Change' which proposes the move to an outcomes-based model of commissioning of health and social care services for all adults. The Case for Change was presented to health and social care commissioners at the South Nottinghamshire Commissioner Group on 10 December 2014 and endorsed by this group and subsequently by the Chairs of both County and City Health and Wellbeing Boards in January 2015. The Case for Change statement of intent is as follows:
 - the strategic aim is to adopt outcomes-based commissioning for the population of South Nottinghamshire
 - the process of achieving this strategic aim will be a journey in which the proportion of activity commissioned via current contracting mechanisms declines as the proportion commissioned by outcomes-based contracts increases
 - in the short-term commissioners will actively seek opportunities to introduce outcomes into current contracts and frame all contract discussions within the wider strategic aim
 - in the medium-term further consideration will be given to the scope of the first iteration of outcomes-based contracts for the adult population, building on the analysis in the South Nottinghamshire Case for Change
 - from January to March 2015 local authorities, commissioners, citizens, clinicians and other stakeholders will work together towards commissioning and contracting for outcomes.
14. The SNTP has agreed that the process of transformation, which is expected to span cultural, operational, financial and contractual change, will be centred on a new philosophy, which is being termed an 'accountable care philosophy'.

15. The components of South Nottinghamshire's accountable care philosophy include:
- **Outcomes-based care:** moving from a system focused on process measures and targets to a system that measures and improves the outcomes that matter to citizens
 - **Population-focused care:** moving from a system focused on institutional based care to a system delivering evidence based whole pathways of care for defined population groups
 - **Value-based care:** moving from a system focused on quality to a system that focuses on the outcomes achieved for citizens over the cost of achieving those outcomes
 - **Integrated care:** moving from a fragmented system organised around professionals and organisational boundaries to a joined-up system, centred around the needs of citizens
 - **Accountable care:** moving from a system where the divisions of responsibility are apparent to a system where everyone working within it is accountable to citizens, each other and the success of the system as a whole.

Outcomes based commissioning

16. The key components of outcomes based commissioning include providing the means of paying for health and care services based on rewarding the outcomes that are important to the people who use them. It involves the use of a fixed budget for the care of a particular population group, with aligned incentives for care providers to work together to deliver services which meet outcomes. The approach aims to achieve better outcomes through more integrated, person centred services.
17. Outcomes-based contracts differ from the current approach to contracting in that they typically span a number of years so as to promote strategic and longer term delivery, planning, innovation and investment. The contracts may include incentive payments which are linked to specific desired outcomes. The contracts should ultimately provide better value for every pound spent on health and care.
18. The work currently being undertaken by the Transformation Director and the programme office is to scope the potential options for the delivery of an accountable care system and to consider the implications for the relevant health and social care organisations. It is anticipated that this work will be completed within the next 12 – 18 months and will then be brought to Members for further discussion and consideration.
19. An approach to developing outcomes based commissioning for the adult population has been agreed by South Nottinghamshire commissioners with plans to develop an initial business case by July 2015. Work is now underway to plan how to engage with citizens and develop a potential set of outcomes that could be included in an outcomes based contract. In addition, a review of current contracts and spend on the adult population across South Nottinghamshire will be completed by the end of March.

This will enable health and social care commissioners to form an initial view on the potential scope of an outcomes based contract.

Urgent care

20. At the same time as developing a new model for health and social care services, the 12 partner agencies are undertaking various streams of work centred around urgent care and the pressures within NUHT in relation to A&E and supported discharge processes and arrangements. This includes:
 - reviewing and revising care navigation and care co-ordination to help prevent avoidable hospital admissions and improve flow of patients through hospital and in to community services
 - the deployment of System Resilience Funding to ease pressures within NUHT including the provision of additional bed-based and at home intermediate care services commissioned from the community health providers, Health Partnerships and City Care; and interim home care services commissioned from Crossroads
 - the development of a model of care delivery groups centred around GP practices
 - support to care homes.
21. The majority of the intermediate care services delivered across South Nottinghamshire are currently provided by Health Partnerships in the County and by CityCare across Nottingham City. The majority of this funding comes from the CCGs but the County Council is also funding some intermediate care services delivered by health partnerships. The Council has assessment staff who are part of the intermediate care service. As part of the savings and efficiencies proposals that were approved by Council in February 2013, the Council has reduced its funding for intermediate care and further reductions are planned between 2016 and 2018 as approved by Council in February 2015.
22. The three south County CCGs and the Council have undertaken a review of existing intermediate care services to inform the future commissioning intentions and requirements for intermediate care beyond 2016. This review has looked at the range of bed based and at home intermediate care services that will be required in the community in order to help reduce avoidable hospital admissions and to enable people to move out of hospital at the earliest opportunity once they are deemed medically fit and safe for transfer. The service specification for the new service has been developed by the CCGs in partnership with the Council and the service is due to be procured shortly with a commencement date of April 2016.
23. The Urgent Care work stream includes consideration and development of 'Transfer to Assess' provision which will enable patients to be discharged to community facilities for a multi-disciplinary team assessment to determine their on-going health and social support needs. Members will recall that at Full Council on 26 February 2015 the decision was made to retain three of the Council's Care and Support Centres for a three year period and to use these facilities for assessment and reablement purposes with a view to preventing the need for admissions in to long term care. In the South of the County, Leivers Court will be used for this purpose.

24. The above work is aligned to the schemes contained in the two BCFs, again aimed at developing integrated health and social care services which seek to deliver services in or closer to people's own homes.
25. In recognition of the difficulties in securing sufficient high quality home care services across the South of Nottinghamshire and in Nottingham City, the System Resilience Board has sponsored a leadership development programme, Leading Across Boundaries, to consider a system-wide approach to supporting the development of flexible, responsive and sustainable home based care services. The programme is run by the East Midlands Leadership Academy spanning over an eight month period and is being attended by officers representing the two local authorities, the CCGs and the community health providers.

Other Options Considered

26. The Council and the CCGs could continue to arrange and commission services as they do currently, however services remain fragmented, with overlap and duplication, and care pathways are not always easy to navigate for people who use the services. The statutory health and social care organisations are not consistently delivering joined-up, quality and sustainable systems of care for the South Nottinghamshire population.
27. There is a very clear mandate to develop integrated health and social care services which achieve improved outcomes for service users and carers and which deliver more efficient and effective services which can be contained within reduced funding allocations.

Reason/s for Recommendation/s

28. Across the South Nottinghamshire health and social care system a £140 million financial gap is forecast by 2018/19, based on current models of health and social care service provision. As such, there is a financial imperative for the statutory agencies to work closely together to develop new models of care. There is also the need to ensure that services are effective in improving health and wellbeing of the population of South Nottinghamshire.

Statutory and Policy Implications

29. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

30. There are ongoing financial pressures across health and social care services given the significant funding reductions at a time when demand for services continue to increase. As such, there is a financial imperative to improve commissioning arrangements in order to deliver cost efficiencies.

31. The work currently being undertaken across the South Nottinghamshire partnership to develop a model of care should deliver cost efficiencies across health and social care services.

Implications for Service Users

32. It is recognised that the current configuration of health and social care services are disjointed and care pathways are not clearly defined or easy to navigate. The purpose of an accountable care system is to have a transformed system of care which delivers services that will improve outcomes for people. This will be achieved through the development of new integrated care pathways and services that are centred around individual needs. The model of care will focus on integrated health and social care services which help people to remain independent, which prevent needs from escalating and which are delivered at or closer to people's homes.

RECOMMENDATION/S

- 1) That the progress in developing the transformation programme across South Nottinghamshire for integrated health and social care services be noted.

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Constitutional Comments

33. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 09/03/15)

34. The financial implications are contained within paragraphs 30 and 31 of the report.

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.

Better Together Programme in Mid Nottinghamshire – report to Adult Social Care & Health Committee on 2 February 2015

Integration of Health and Social Care Services in Bassetlaw - report to Adult Social Care & Health Committee on 2 March 2015

South Nottinghamshire Transformation Programme Partnership Compact – report to Health and Wellbeing Board on 4 February 2015

Revenue Budget 2013/14 – report to Full Council on 28 February 2013

Annual Budget Report 2015/16 – report to Full Council on 26 February 2015

Electoral Division(s) and Member(s) Affected

Hucknall Cllr Alice Grice, Cllr John Wilkinson, Cllr John Wilmott

All Electoral Divisions in Broxtowe: Cllr John Handley, Cllr Steve Carr, Cllr Kate Foale, Cllr Stan Heptinstall MBE, Cllr Jacky Williams, Cllr Dr John Doddy, Cllr Richard Jackson, Cllr Keith Longdon, Cllr Ken Rigby, Cllr Philip Owen

All Electoral Divisions in Gedling: Cllr Pauline Allan, Cllr Michael Payne, Cllr Roy Allan, Cllr Muriel Weisz, Cllr Boyd Elliott, Cllr Nicki Brooks, Cllr John Clarke, Cllr Jim Creamer, Cllr Darrell Pulk, Cllr Chris Barnfather

All Electoral Divisions in Rushcliffe: Cllr Martin Suthers OBE, Cllr Richard Butler, Cllr John Cottee, Cllr Mrs Kay Cutts, Cllr Reg Adair, Cllr Andrew Brown, Cllr Steve Calvert, Cllr Liz Plant, Cllr Gordon Wheeler