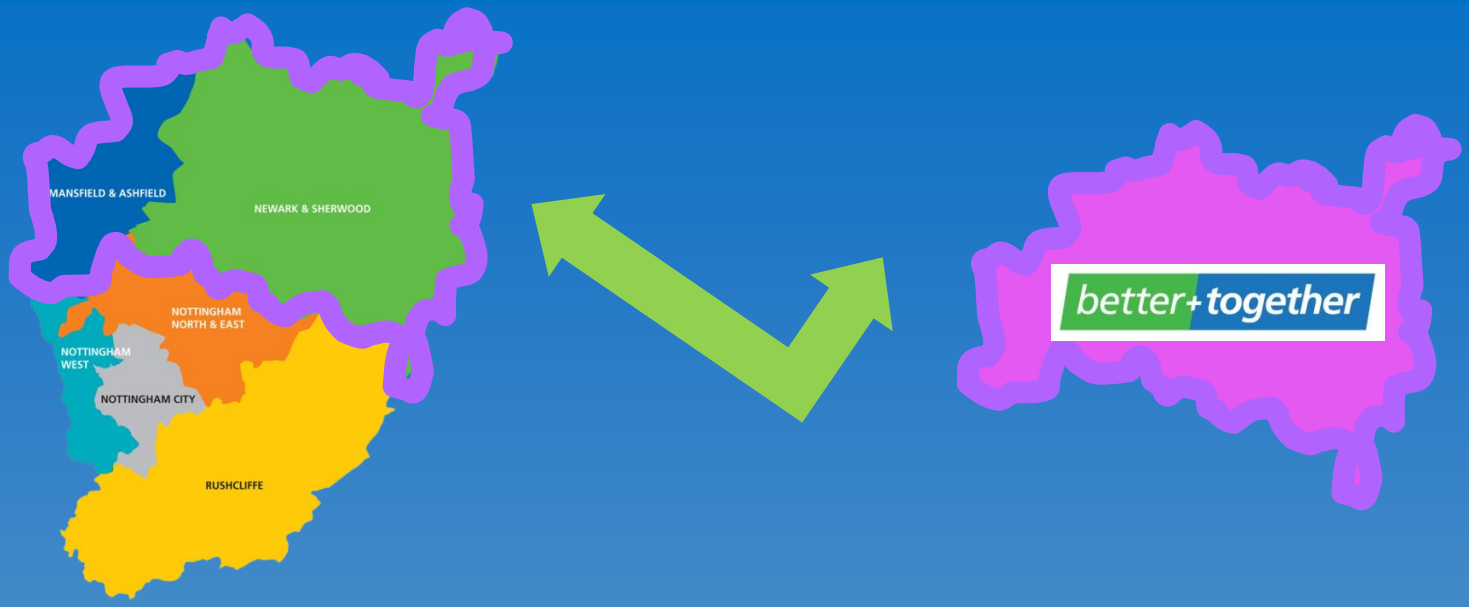
NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Mansfield and Ashfield
Clinical Commissioning Group



New Models of Care – Update to the Health and Wellbeing Board – March 2016

Helping to shape future health and social care in Mid Nottinghamshire

Nottinghamshire heritage and impact on population health

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Sherwood Forest Hospitals
Kings Mill Hospital

United Lincolnshire Hospitals

Sherwood Forest Hospitals
Newark Hospital

Nottingham University Hospitals (City Hospital, Queen's Medical Centre)

Mansfield + Ashfield + Newark + Sherwood

What are we trying to achieve?

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Patients and healthcare professionals have told us that our services are:

- **Disease specific – patients often under the care of 3 or more different teams / individuals**
- **Fragmented, with poor communication between teams**
- **Confusing – Professionals and patients don't always know what services are available and how to refer to them**
- **Frustrating, with lengthy referral times / waits**
- **Inconsistent, with patients falling through the gaps**
- **Limited, particularly in relation to a lack of out of hours cover – only option for some is 999**
- **Overloaded, especially primary care and community services**
- **Reactive – care is based around crisis management**

Sustainability as a system

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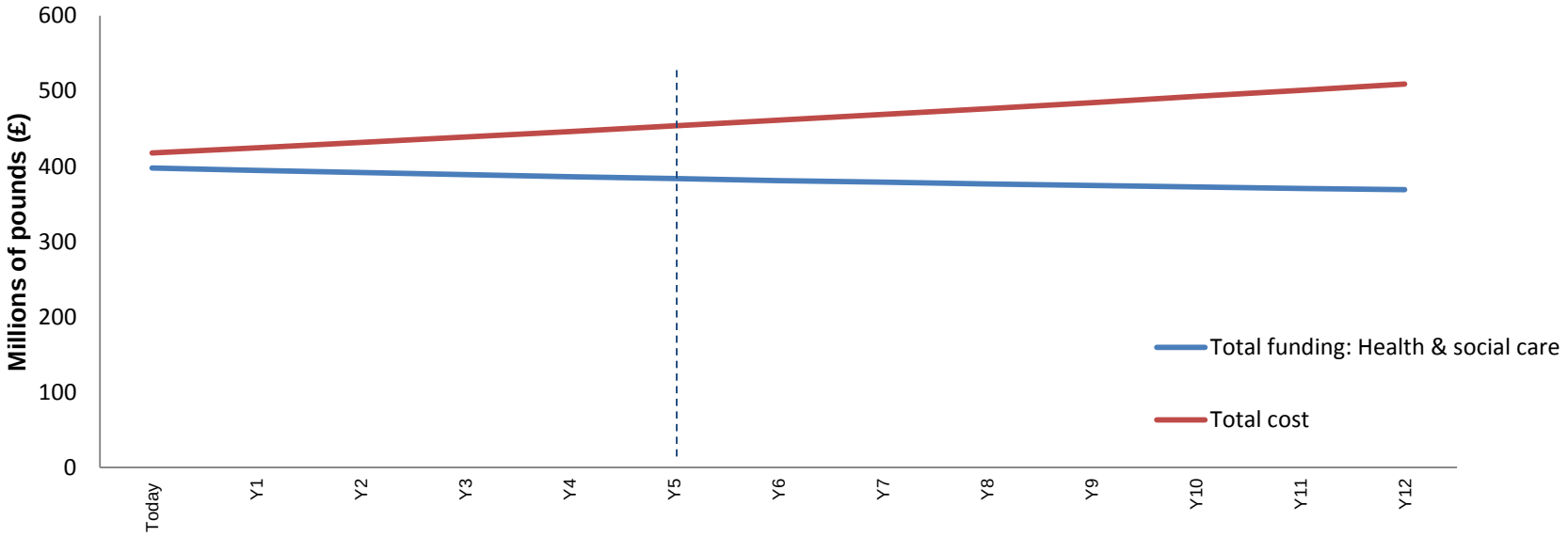
£70 million projected gap within 5 years



Note: Figures as at 2012/13

What is the Vanguard?

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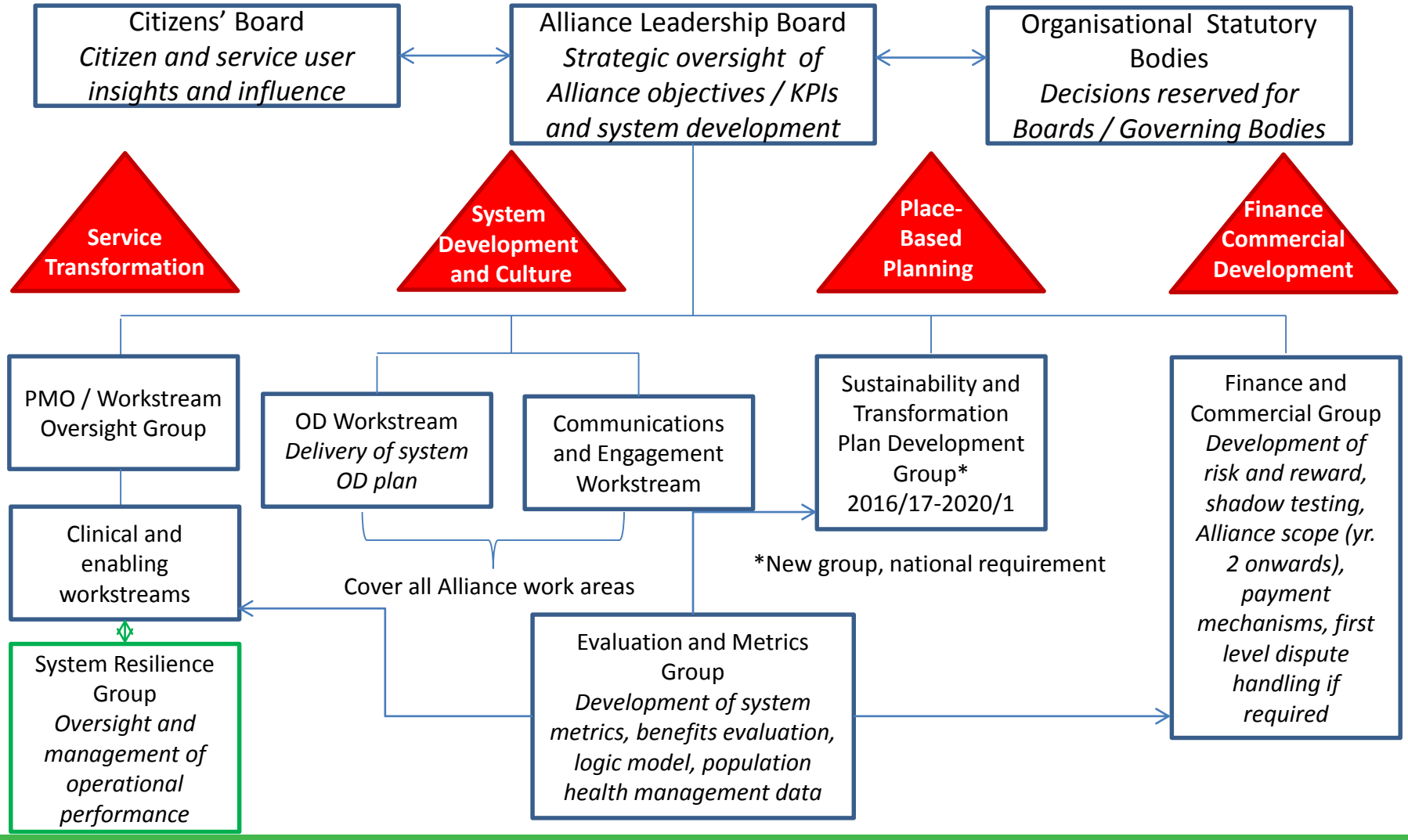
- National recognition and support / resources to take forward Better Together at scale and pace
- In line with the NHS 5 Year Forward View
- PACS (primary and acute care system) now known as I(integrated)PACS
- Multi-specialty Community Providers (MCPs) don't include secondary care, but the aspiration is for them to move towards PACS models over time
- Horizontal integration (partnership approach, not take over was always part of the mid-Notts bid)
- Initial indications from the national team are that our key areas for support will be capacity for transformation and primary care at scale
- Mid Nottinghamshire is the lead Vanguard for new payments model


Citizens' Board
Citizen and service user insights and influence
Alliance Leadership Board
Strategic oversight of Alliance objectives / KPIs and system development
Organisational Statutory Bodies
Decisions reserved for Boards / Governing Bodies
Service Transformation
System Development and Culture
Place-Based Planning
Finance Commercial Development
PMO / Workstream Oversight Group
OD Workstream
Delivery of system OD plan
Communications and Engagement Workstream
Sustainability and Transformation Plan Development Group*
2016/17-2020/1
Finance and Commercial Group
Development of risk and reward, shadow testing, Alliance scope (yr. 2 onwards), payment mechanisms, first level dispute handling if required
Clinical and enabling workstreams
Cover all Alliance work areas
*New group, national requirement
System Resilience Group
Oversight and management of operational performance
Evaluation and Metrics Group
Development of system metrics, benefits evaluation, logic model, population health management data

Why is an Alliance the preferred approach to these challenges?

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- The Better Together Programme has introduced a number of changes to services through collaborative working across organisations and sectors.
- Partners agree that we need to become more joined up if we are to make services more joined up for our citizens.
- The CCGs tried to achieve this by asking providers to come together to work under the umbrella of one overall contract. This is a recognised procurement route, known as the 'most capable provider' process.
- We tested the collective provider capability to deliver integrated services in May 2015 (known as the Capability Assessment).
- This assessment showed that, whilst there was a general willingness to work together to improve services, large scale sharing of risk and reward for the delivery of service outcomes was felt to be too risky in a single step. Providers preferred a more defined means of working together; one that separated joint risks of pathway provision that they could influence and take control of from other potential risks (such as pre-existing provider deficits).
- Plans are now underway for an Alliance to operate with Better Together partners from April 2016.

The Alliance will be a group of partners who collectively determine how services will be delivered and are collectively responsible for improving health outcomes.

In 2016/17, the Alliance will cover the following areas:

- Development of whole-system plans for sustainable services until 2020. This is a national requirement and the Alliance will be well-placed to lead this work
- Development and shadow testing of new payment mechanisms (capitation, based on outcomes)
- Working together to achieve some defined service changes under an Alliance contract. Individual contracts with providers will also exist alongside this

System Dynamics

Mid Nottinghamshire – One Budget, One System

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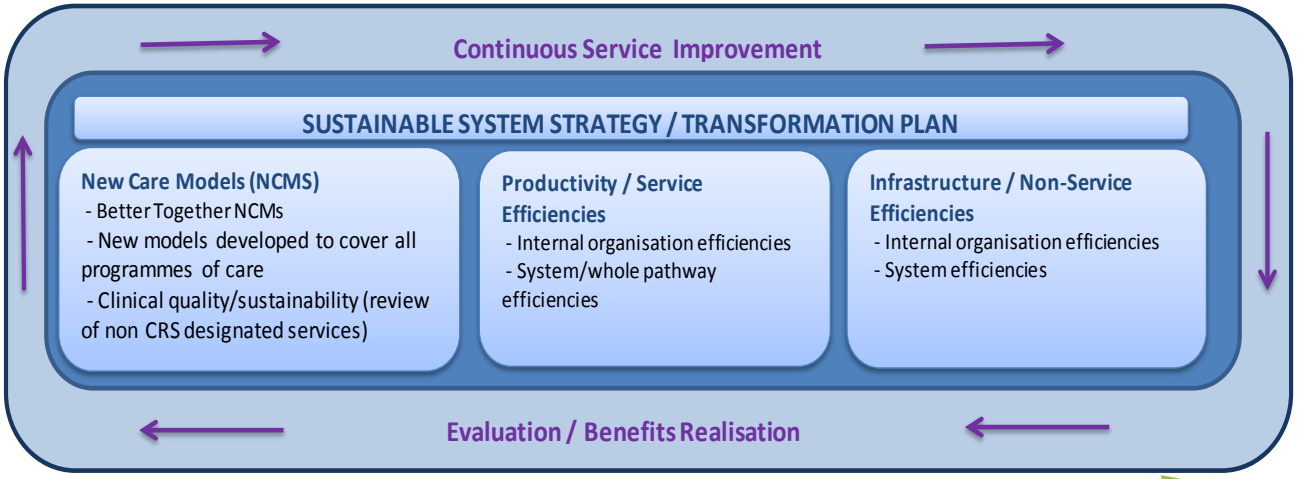
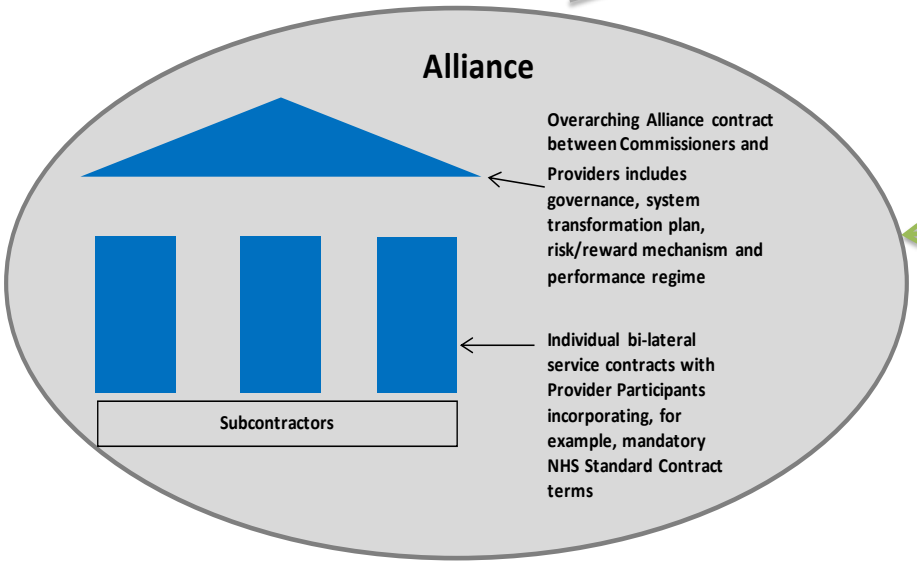
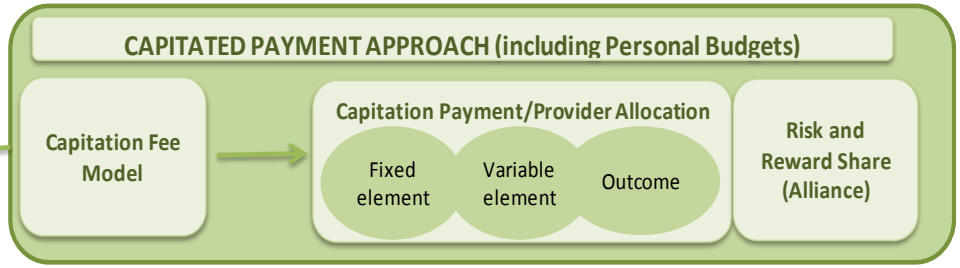




System strategy and transformation supported by capitated payment approach



What Alliance Year 1 looks like

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Better Together and system sustainability

Alliance Requisites for 2016/17 (system requirements for Alliance functioning)	Current State	Alliance remit for 2016/17
Implementation of Better Together Year 3 service objectives, building on service developments in 2015/16	• Year 2 schemes being implemented (PRISM enhancements, SFD, care navigator, self-care hub)	• Delivery of 2016/17 service development milestones, in line with commissioning intentions letter and NHS planning guidance • Maximise benefits of service investments (e.g. admission avoidance) through joint schemes • Maximise partnerships (including social care and primary care)
Development of system sustainability plan to 2020, including clinical and non-clinical efficiencies	• Separate strategic plans in each organisation, although broadly aligned • Commissioner requested services identified • Vanguard status with national links to ALBs • General practice provider sector representation and care model under development • Refresh of system-wide financial gap underway	• One place-based plan (likely national requirement to be submitted July 2016) • Development of clinical and financial sustainability plan for acute services (in line with CRS and Monitor requirements) • Business case for sustainability plan and likely public consultation • General practice future model identified and integrated into Alliance working • Alignment of plan to different planning regimes

What Alliance Year 1 looks like

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Alliance contracting and payment arrangements

Alliance Requisites for 2016/17 (system requirements for Alliance functioning)	Current State	Alliance remit for 2016/17
Alliance contract in place, formalising commitment to partnership working and problem solving on behalf of the population. Bilateral contracts that begin to align and support overall Better Together objectives	• Capability assessment and system OD diagnostic undertaken • MoU developed with agreement to work collaboratively to develop the Alliance • Bilateral contracts not aligned, with some workarounds (e.g. joint CQUIN, PRISM) • Programme Board (strategic partnership forum) developed into the Alliance Development Leadership Group with supporting transactional and transformational structure	• Alliance contract in place, with supporting bilateral contracts • Agreed service objectives (Year 3 Better Together) included in contracts • Governance structure in place to oversee delivery of 2016/17 service changes, development of joint sustainability plan, KPI monitoring, public consultation as required • OD plan delivered • Defined assurance process and phased schedule for on-going development of the Alliance (including risk and reward, entry and exit criteria) • Social care providers selected and part of the Alliance
Testing and development of new payment mechanism that aligns incentives and is outcomes-focused	• Misalignment of financial incentives, inhibiting required service transformation and home as the default of care • National lead Vanguard for payment mechanism development, with national support to redesign payment mechanisms • Limited data at population level and understanding of service line cost across providers	• Introduction of some outcomes-based incentives, building on CQUIN and QOF, linked to commissioning intentions (limited risk during testing phase) • Schedule of capitation payment model development and service scope in place, with governance to oversee progress and impacts • Shadow running schedule and milestones to develop evidence-base and options, prior to implementation of capitation and gain and loss share • Review options for personal budgets to operate within / alongside a capitated budget

Work plan: key components and tasks to April 2016

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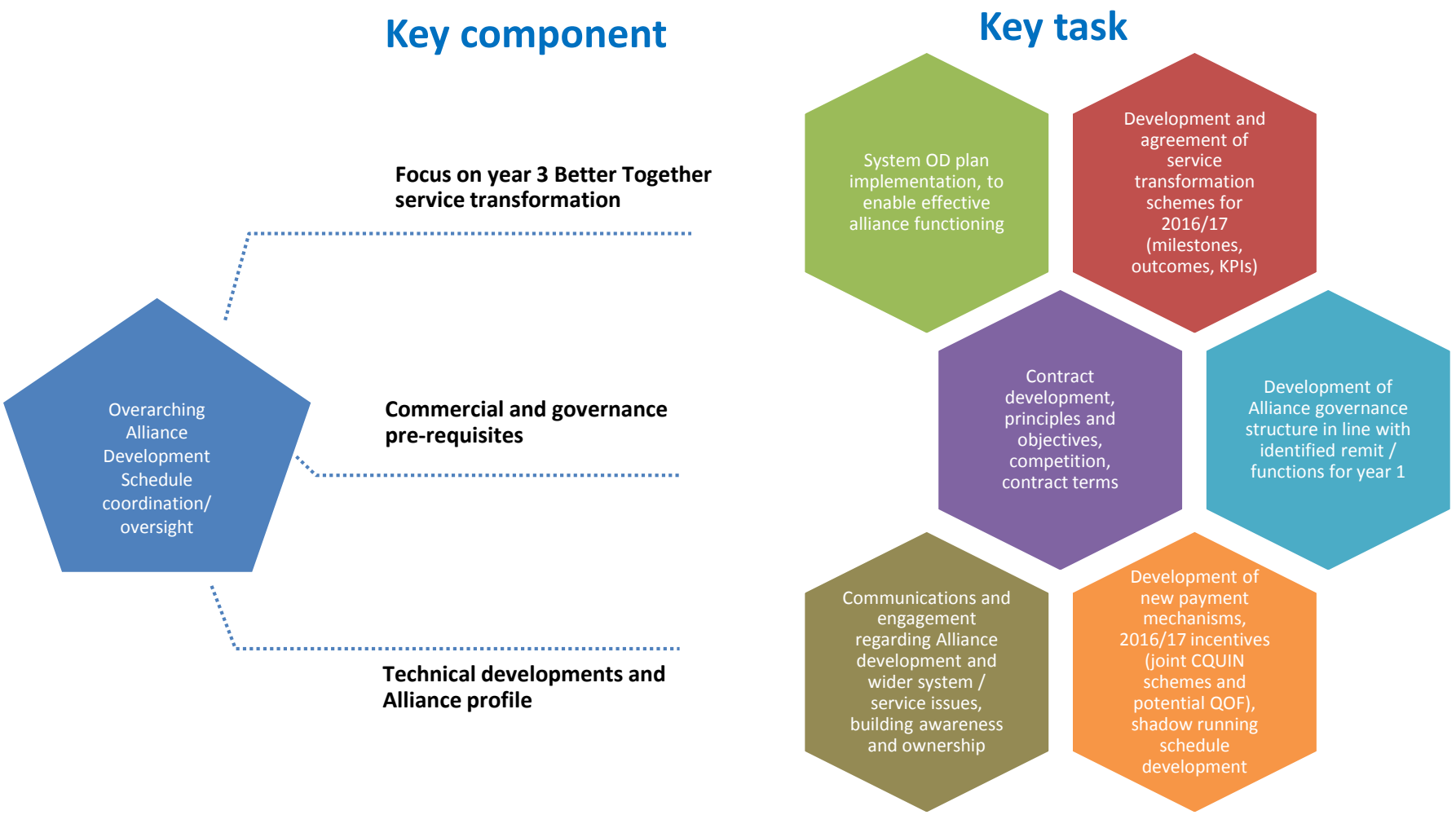

Service Ambitions and Benefits

Helping to shape future health and social care in Mid Nottinghamshire

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 (PRISM programme) to make frail and elderly care more proactive and community-based
Urgent care	Integrated urgent care service; 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, Map of Medicine
Women and children	Rapid medical assessments for children and pregnant women. Children with complex needs have joined up packages of care and more support in the community

Urgent and Proactive Care

- **Local Integrated Care Teams –** ***an integrated health and social care model for the Mid Notts footprint***

  - The PRISM model is based on the concept of providing preventative care to patients deemed high risk of future admissions to hospital. Patients are identified via a risk stratification process (the Devon Tool) and then a course of action is determined following a case review by the wider multi-disciplinary team (MDT).

  - The service will be provide safe effective care to patients in their own home allowing patients to remain as independent for as long as possible and improving the patient experience and reducing the reliance on acute hospital care.

  - The service will identify patients at future risk of crisis and/ or future hospital admission and work proactively to deliver comprehensive multi-disciplinary solutions and prevent the need for acute intervention or long term residential care. The service will deliver low and enhanced intermediate care (step up/ step down) and work closely with Specialist Intermediate Care teams when in place (separate project).

Urgent and Proactive Care

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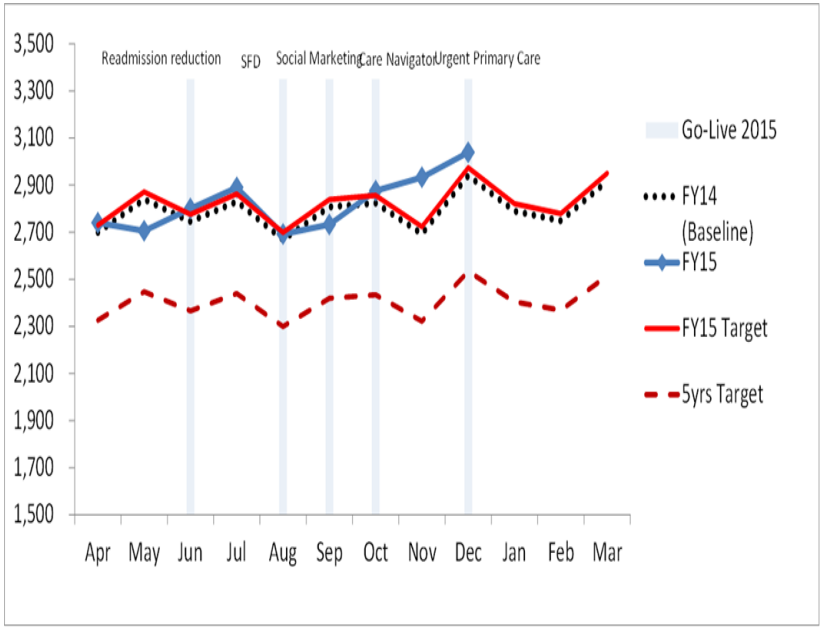
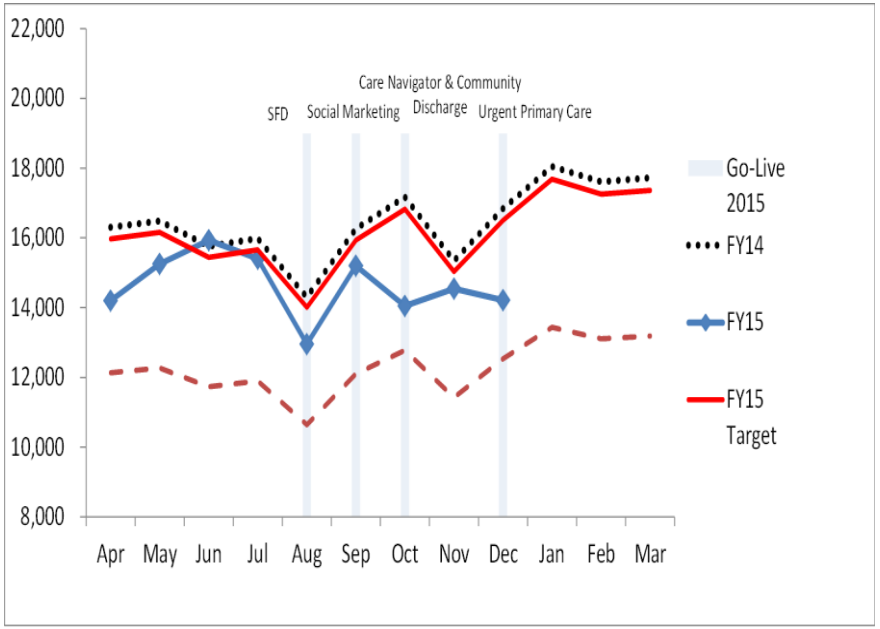
KPI & Benefit Tracking
OBJECTIVE 2 - 19.5% REDUCTION IN EMERGENCY ADMISSIONS



KPI & Benefit Tracking
OBJECTIVE 3 - 30.5% REDUCTION IN ACUTE BED DAYS



Urgent and Proactive Care

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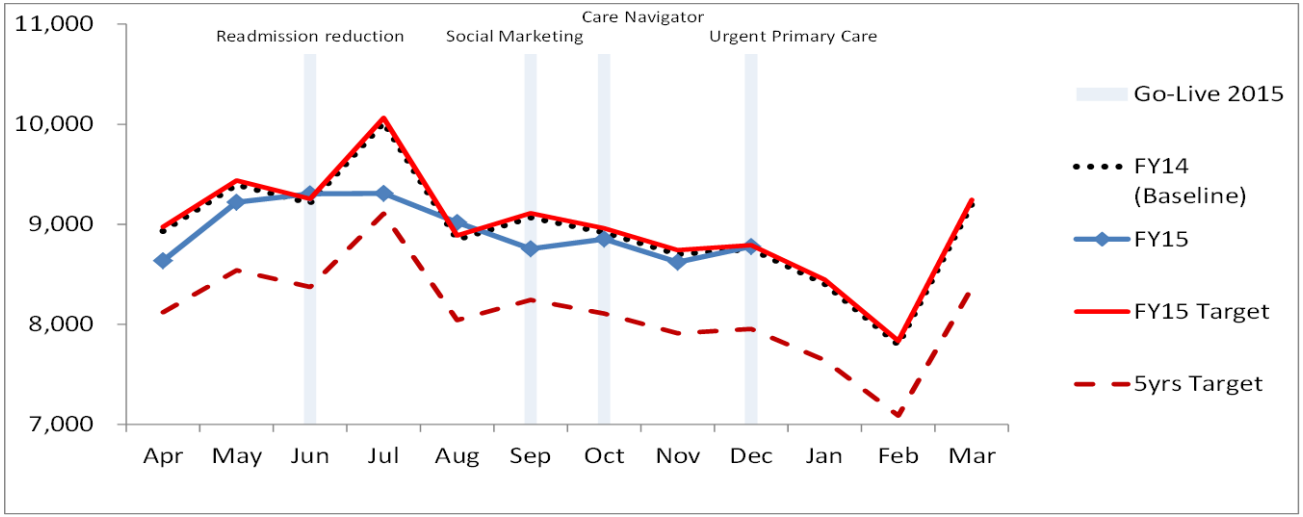
- **Single Front Door –** ***improved patient triage/streaming protocols to ensure patients receive the most appropriate care in the right setting***

  - Improve patient flow between primary & secondary care
  - Improve patient experience through simplified access and streamlined process



Urgent and Proactive Care

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Call for Care (care navigation service) – ***single point of access for health professionals to have access to quick and effective care co-ordination***

- Proof of concept – in operation for 4 months

- Call for Care will be a seven day service that health and social care professionals can call when a patient presents with an urgent care need.

- The Care Navigator (Call for Care) will help to identify and arrange community alternatives to hospital admission or support a discharge from hospital care home.

- GPs will be encouraged to use the service for all unplanned hospital admissions with the exception of patients with clear life threatening conditions.

Urgent and Proactive Care

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Specialist Intermediate Care Team – *will support patients requiring intensive intermediate car and rehabilitation on discharge*

- Intensive level Intermediate Care support will be delivered by the community based specialist Intermediate care team (SICT).

- The SICT team will support patients requiring intensive Intermediate Care and Rehabilitation on discharge for up to 14 days before facilitating and co-ordinating handover to the MDTs for longer term support (Enhanced - Low Level) as required.

- The Specialist Intermediate Care team will also provide intensive level input to patients who require “step-up” care to avoid a hospital admission.

- The Specialist Intermediate care team will incorporate the Crisis Response service and work closely with the relevant MDT to ensure seamless step down as required.

Urgent and Proactive Care

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Self-Care Hub – *targeted approach and support for patients and families to self-care*

- Mid Nottinghamshire Strategy 2014 – 2019 - the vision to deliver an increased understanding of, and knowledge about Self Care support and services for patients and carers

- Self Care Advisors as an integral part of the 8 Local Integrated Care Teams operating across both CCGs

- Self Care hub serving the whole of Mid Nottinghamshire to referrals from anyone across the health and social care community.

National requirements

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There are 9 national 'must dos' and we plan to achieve these in 2016/17. The 'must dos' are:

-Work with partners to develop a Sustainability and Transformation plan to 2020/21. This plan must progressively address health inequalities, quality gaps and financial sustainability across the system – Nottinghamshire footprint
-Work to achieve aggregate financial balance across the system
-Develop plans to improve quality and ensure sustainability in general practice
-Achieve access standards in emergency care (A&E and ambulance waits)
-Achieve waiting times standards for planned treatments
-Achieve cancer standards (waiting times and survival rates)
-Improve mental health access (psychological therapies and early intervention in psychosis)
-Ensure that people with learning disabilities are not detained in hospital inappropriately
-Improve quality and avoidable mortality

Local priorities

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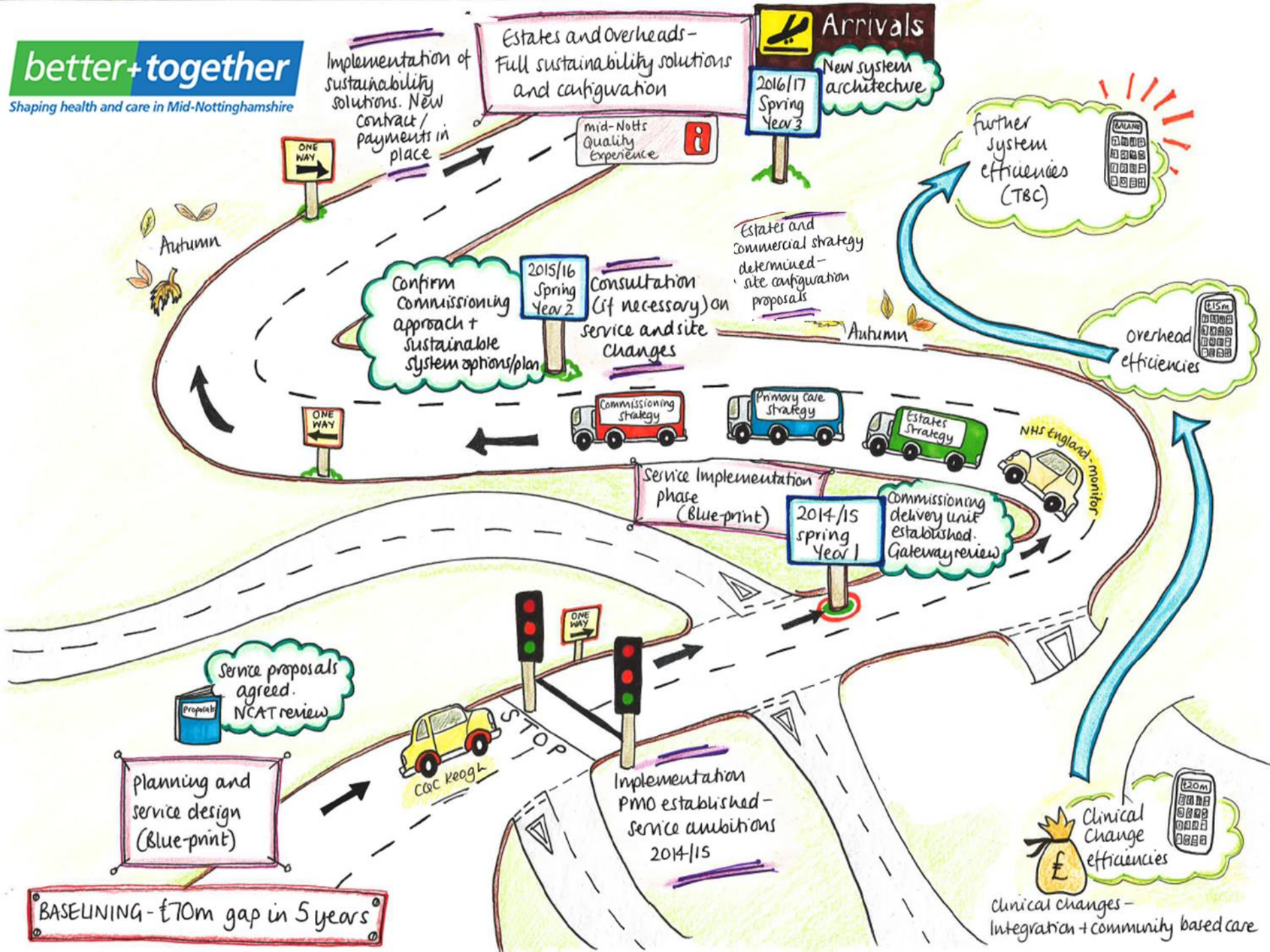
- **Sustainable primary care**
- **Joining hospital and community services and re-cohorting patients into out-of-hospital care**

Service developments in 2014/15	Further developments in 2015/16	Planned developments in 2016/17
Roll out of integrated health and social care community teams (PRISM) in Mansfield and Ashfield and extension of existing services to 7-day working in Newark and Sherwood	Design and implementation of specialist intermediate care services to join up expanded community services with hospital services and general practice 7 day integrated community team working in Mansfield and Ashfield	Further development of specialist intermediate care facilities to required capacity Implementation of the cancer and end of life strategies, in line with integrated community teams Development of joint working arrangements across hospital and community clinical teams

Service developments in 2014/15	Further developments in 2015/16	Planned developments in 2016/17
Introduction of new hospital discharge processes and community services to prevent medically fit people being detained in hospital for assessments regarding their long-term care requirements (transfer to assess)	Expansion of crisis response teams in people's homes, introduction of care navigator for professionals (Call to Care), so that they can guide people to the services they need first time Expansion of transfer to assess to wider patient groups	Redesign of continuing healthcare assessment process to reduce complexity and hospital length of stay
Development of a self-care strategy (including how we will provide additional information and support for people to promote health and wellbeing and independence, advice and support for carers)	Development of Health and Wellbeing Hub at Ashfield Health Centre and Self-Care information and advice centres in other locations across Mid-Nottinghamshire, targeted communication	Integration of advice and information with integrated community teams Introduction of systematic shared decision making for elective procedures
Joint clinical protocols between out-of-hours GPs and emergency care at Kings Mill A&E and Newark MIU, pilots of ways to change GP appointment systems and improve access to urgent care	Building extensions and adaptations at both sites and integration of hospital and GP urgent care services, roll out of successful GP extended access pilots	Development of primary care hubs, full implementation of single front door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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
further system efficiencies (TBC)
£15m
Estates and Commercial strategy determined - site configuration proposals
Confirm Commissioning approach + sustainable system options/plan
2015/16 Spring Year 2
Consultation (if necessary) on service and site changes
Autumn
overhead efficiencies
ONE WAY
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
Service proposals agreed. NCAT review
Proposals
STOP
planning and service design (Blue-print)
Implementation PMO established - service ambitions 2014/15
£20m
Clinical Change efficiencies
£
BASELINING - £70m gap in 5 years
clinical changes - Integration + community based care