

12th June 2017

Agenda Item: 9

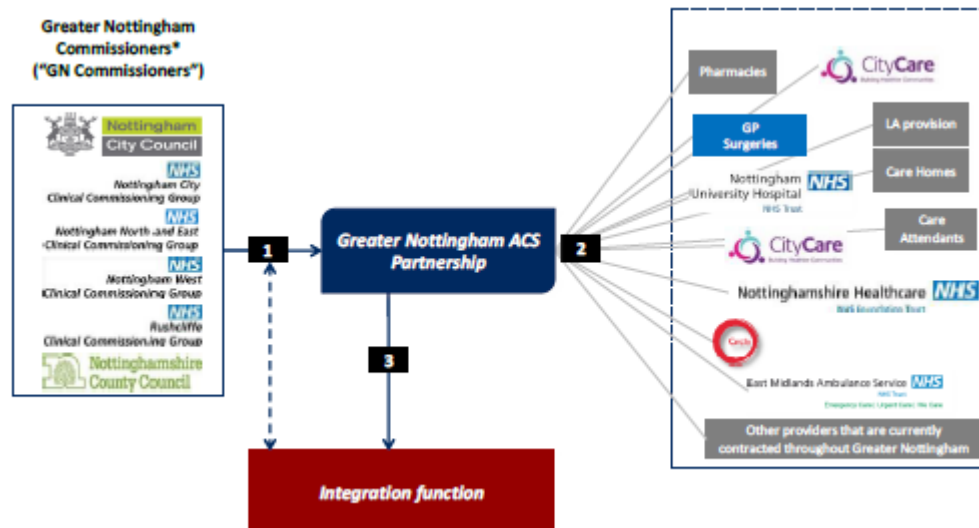
**REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND
PUBLIC PROTECTION****INTEGRATION OF HEALTH AND SOCIAL CARE IN SOUTH
NOTTINGHAMSHIRE - TRANSFORMATION PROGRAMME UPDATE****Purpose of the Report**

1. The report advises Committee on the progress of the Transformation Programme across South Nottinghamshire.
2. The report seeks approval to re-establish and continue with the monthly cross-party Members Reference Group, which is a discussion and oversight forum for integration plans throughout Nottinghamshire.
3. This report seeks approval to establish the following post for 12 months from appointment:
 - 1 FTE (full-time equivalent) Project Officer (Band B).

Information and Advice**Background**

4. The Transformation Programme across South Nottinghamshire is overseen and agreed by the Greater Nottingham Health and Care Partners - GNHCP. The partnership is made up of the four Clinical Commissioning Groups (CCGs: Nottingham City, Nottingham North and East, Nottingham West and Rushcliffe), the City and County Council, Nottingham University Hospital, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham Citycare Partnership, Circle, East Midlands Ambulance Service and Nottingham Emergency Medical Services.
5. The vision of the partnership 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”. The partnership aspires towards three main goals which align to the Nottinghamshire Sustainability and Transformation Plan (STP). The STP brings together health and social care to improve the local population’s health and well-being. There are two STP planning areas that cover Nottinghamshire: Nottingham and Nottinghamshire with Bassetlaw as an associate area and South Yorkshire and Bassetlaw. The STP aims to increase healthy life expectancy for citizens, improve the quality of care provided, and ensure that the cost of providing services is sustainable moving forward.

6. To assist with the transformation of the health and care system, the Government created 50 Vanguard sites across England. Each site is implementing one type of new care model to “act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system”. There are three Vanguards in South Nottinghamshire as part of the NHS 5 Year Forward View (2015). The Vanguards are: Rushcliffe Multi-Specialty Community Provider (MCP), Urgent and Emergency Care, and care homes. The combined strategy and vision following the implementation and learning from these Vanguards have fed into the Nottingham and Nottinghamshire STP.
7. As part of developing the model expertise was provided from international companies: Centene Corporation from the United States and Ribera Salud from Spain.
8. Two phases of work were then completed:
 - Phase 1 (February – April 2016) - Completion of a detailed actuarial analysis as a health and care system demonstrating the opportunities for quality and cost effective care. This showed that by investment in preventative, self-care and population health management there is an opportunity to meet the Transformational Programmes objectives.
 - Phase 2 (July – November 2016) - A diagnostic and exploratory piece of work with all partners to assist in articulating a full set of factors that help to realise the opportunities outlined in Phase 1. This work focused on how pathways currently work and provided recommendations on how pathways could be re-designed in certain key service areas e.g. Hospital Discharge.
9. This work formed the basis of a revised Value Proposition in December 2016 and a proposed model to NHS England on how an Accountable Care System (ACS) could be progressed. The Value Proposition sets out how partners across health and social care would improve the health and social care for the local population. An ACS is where there is one provider organisation that is accountable for all the care and services provided to a defined population. There are three main areas within the Value Proposition:
 - Integration of commissioning, provision and data systems across the health and care system.
 - ACS transformation programme management and capability building
 - Investment funding.



Integrated Commissioning

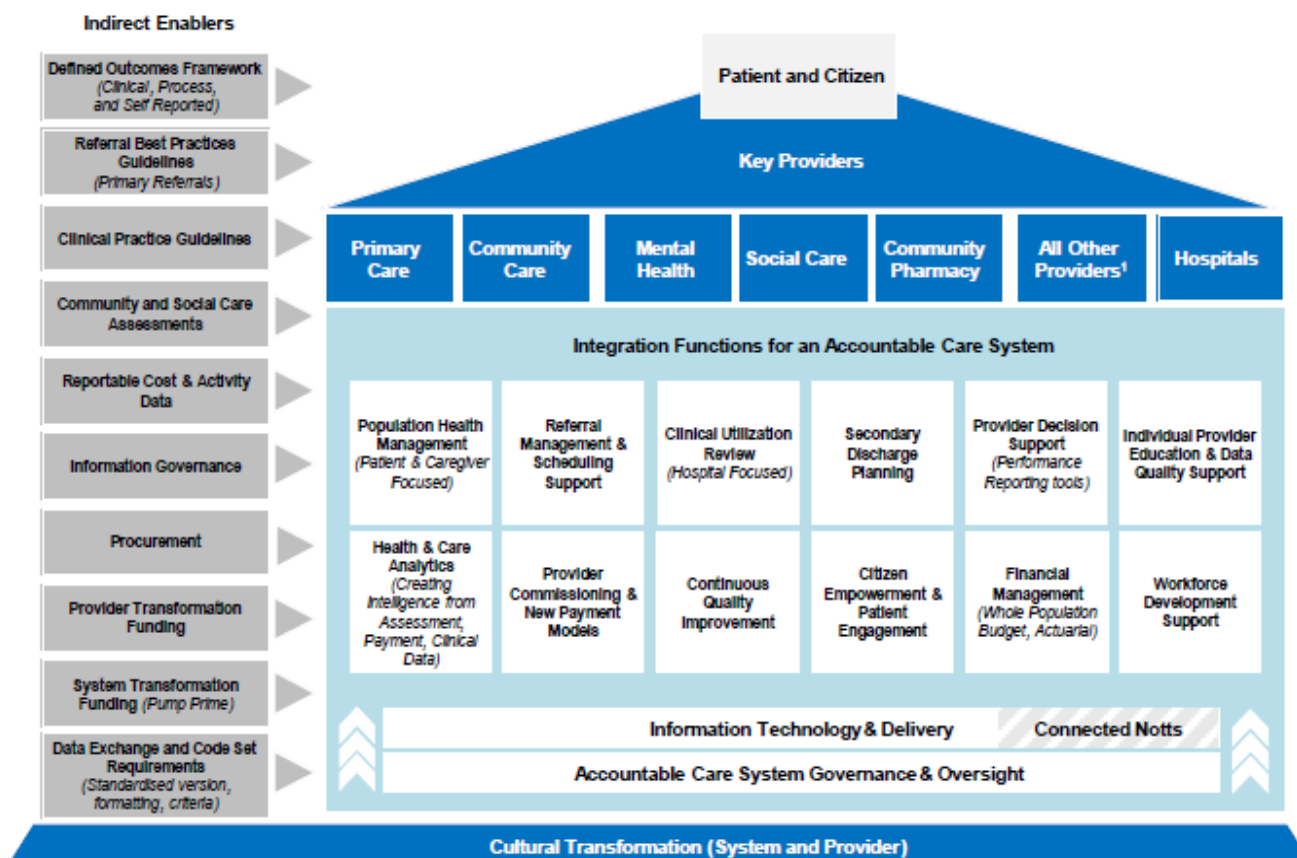
10. The ACS potentially will be accountable for all physical, mental health and wellbeing needs of the population. Therefore the ACS holds the budget for and provides a wide range of services including Public Health, Primary Care, Community Services, Social Care, secondary Acute Care, prescribing, Mental Health and continuing care. The commissioners will form a joint Committee and as system leaders will oversee the provider landscape, orchestrate provider relationships within the ACS and will ensure value for money. Commissioners will remain responsible for setting the required outcomes and accountability for the ACS provider partnership.

Integrated Provider

11. The ACS is a vehicle through which a number of providers will collaborate to improve the health and well-being for the people of South Nottinghamshire. The Provider partnership or potential Joint Venture agreement will enable the delivery of or contracting for provision of all NHS and Local Authority funded health and care services. This group will also have the responsibility to integrate primary, community and hospital services.

Integrated system (Transformation Partner)

12. As highlighted in order to enable an effective ACS there are a number of integration 'functions' and 'enablers' that need to be in place as outlined in the diagram below. The main areas include: effectively managing and integrating data, business and resource allocation, and system leadership. An options appraisal was then undertaken as to how these gaps could be addressed.
13. It is concluded that partners procure a fully integrated transformation partner that brings capital and bears risk with partners as an ACS.



14. The agreed form and function of the ACS is still being considered. Any discussion and final decision for the agreed ACS will need Committee approval once full consultation has been undertaken.
15. Nottinghamshire, with an early focus on South Nottinghamshire, has been confirmed as one of nine areas nationally which will now be part of the programme of 'accelerated' systems towards an ACS in the country. South Yorkshire and Bassetlaw is also one of these sites. The confirmation of the funding to help make these changes has not yet been received.

Members Reference Group (MRG)

16. The MRG is a cross party group that was set up in 2015 to enable Members to discuss, have oversight and make recommendations to the ASCH Committee. The MRG enables participating Members to maintain a particular focus on the developing agenda across the three locality planning areas and provide a regular steer to officers about the way forward for the Council. It is proposed that the MRG meets bi-monthly.
17. The MRG is underpinned by a set of 'Guiding Principles' that were formed and developed between officers and Members upon the Group's formation in 2015.

Promoting Independence across Health & Social Care

18. A key approach to managing demand and improving outcomes across social care and health is to promote independence and self-care. This approach is not new in social care

and is reflected in the Adult Social Care Strategy and the principles of integration agreed with Members.

19. By working better together with health, a consistent approach can be taken to embed promoting independence and self-care across the health and social care workforce. This will require a joint approach that is readily understood across health, social care and partners.
20. Alongside this early work to develop a joint approach, a framework is required about how to develop the workforce to have the skills and confidence to deliver this. This may include:
 - a. An e-learning package for awareness of an integrated approach to promoting independence and self-care
 - b. Develop toolkits for staff to have different conversations based on an asset based approach to independent living and decision making
 - c. Develop a shared induction programme for the health and social care workforce
 - d. Develop face-to-face prevention training for cohorts of health and social care staff, identifying staff to target, then evaluate and roll out the project, if successful.
21. On 24 February 2017, the Strategic Workforce Transformation Delivery Group agreed that a temporary Project Officer should be appointed to deliver this. The post is funded by Health Education England and currently held by Nottingham Citycare Partnership. The group is made up of representatives from organisations within Nottingham and Nottinghamshire. It is chaired by Nicky Hill, NUH Director of HR, and the aim is to translate the integrated workforce strategy into a work programme and oversee the delivery, drawing on skills, capacity and expertise from across the system.
22. Approval is therefore sought for the establishment of a temporary full time equivalent Project Officer post at Band B for a year at a cost of £45,776 including on-costs. This post is externally funded and at no cost to the Council. The post is to be based at County Hall.

Funding Arrangements

23. The establishment and recruitment for the Project Officer post is funded by Health Education England. The funds is currently held by Nottingham Citycare Partnership.

Other Options Considered

24. The Project Officer post is fully supported by the Strategic Workforce Transformation Delivery Group partnership and has agreed to fund the post. Development of a plan using resources from within partner organisations was considered but there is lack of capacity in this skill set to progress these areas for transformation and to support and enable organisations to take forward plans in a planned and consistent way. The post will ensure the Social Care and Health workforce has the required skills to meet the Strategic Workforce Transformation Delivery Group requirements and to 'Make Every Contact Count'.

Reason/s for Recommendation/s

25. The progress of the Transformation Programme across South Nottinghamshire is for noting only. The MRG is supported in relation to facilitating a Nottinghamshire wide discussion forum on the detailed proposals moving forward.
26. The Project Officer post is recommended as part of building the capacity and capability to enable the change programme that is required to deliver on the core objectives and goals.

Statutory and Policy Implications

27. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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

28. The cost of the temporary Project Officer post at Band B for 12 months from the date of appointment is £45,776, to be met from funding from Health Education England. This is external funding and therefore there will be no additional cost to the County Council.

Implications for Service Users

29. The ACS and STP will improve the quality of care and the health and wellbeing of the population.

RECOMMENDATION/S

That Committee:

- 1) notes the progress of the Transformation Programme across South Nottinghamshire
- 2) agrees the re-establishment of the Members Reference Group for integration from June 2017 onwards
- 3) approves the establishment of the following post:
 - 1 FTE Project Officer (Band B) for 12 months from the date of appointment.

Paul McKay

Service Director – South Nottinghamshire and Public Protection

For any enquiries about this report please contact:

Paul McKay

Service Director, South Nottinghamshire & Public Protection

T: 0115 9774116

E: paul.mckay@nottscc.gov.uk

Constitutional Comments (LM 23/05/17)

30. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Public Health Committee.

Financial Comments (CT 24/05/17)

31. The financial implications are contained within paragraph 28 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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