![Nottinghamshire County Council logo]

**Report to Adult Social Care and Public Health Committee**

5 February 2018

Agenda Item: 7

REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

UPDATE ON THE DEVELOPMENT OF AN INTEGRATED HEATH AND SOCIAL CARE PARTNERSHIP IN SOUTH NOTTINGHAMSHIRE AND NOTTINGHAM

Purpose of the Report

1.   This report advises Committee on progress with the development of an integrated Health and Social Care partnership in South Nottinghamshire and Nottingham (shortened to Greater Nottingham in formal correspondence) as part of the Sustainability and Transformation Partnership in Nottinghamshire and Bassetlaw.

Information

Background

2.   NHS England announced on 15th June 2017 that the Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) will be an accelerator site to develop an Accountable Care System (ACS) with an early focus on South Nottinghamshire and Nottingham. It is one of only eight sites nationally. Additional funding of £3.4m was awarded to progress this development.

3.   An Accountable Care System has NHS organisations (both commissioners and providers), often in partnership with councils, taking on collective responsibility for resources and population health. They provide joined up, coordinated care.

4.   This Transformation Programme is overseen by the Greater Nottingham Transformation Partnership (GNTP) which is made up of the four clinical commissioning groups (CCG: Nottingham North and East, Nottingham West, Rushcliffe and Nottingham City) city and county councils, Nottingham University Hospital Trust, Nottingham's Citycare Partnership, Nottinghamshire Healthcare NHS Foundation Trust, Circle, East Midlands Ambulance Service and Nottingham Emergency Medical Services.

5.   The vision of the Partnership is to deliver the triple aims of the STP:

- improving health and well-being
- improving quality and care
- addressing the growing pressure on health and social care budgets.

6.   Centene UK were appointed to support and advise the health and social care system in order to co-design an integrated system to better meet the Health and Wellbeing needs of the population. Out of this work a business case will be developed describing how a changed system would operate and options for its delivery.

7.   The diagram below outlines the key elements of the system and the indirect enablers that are required.
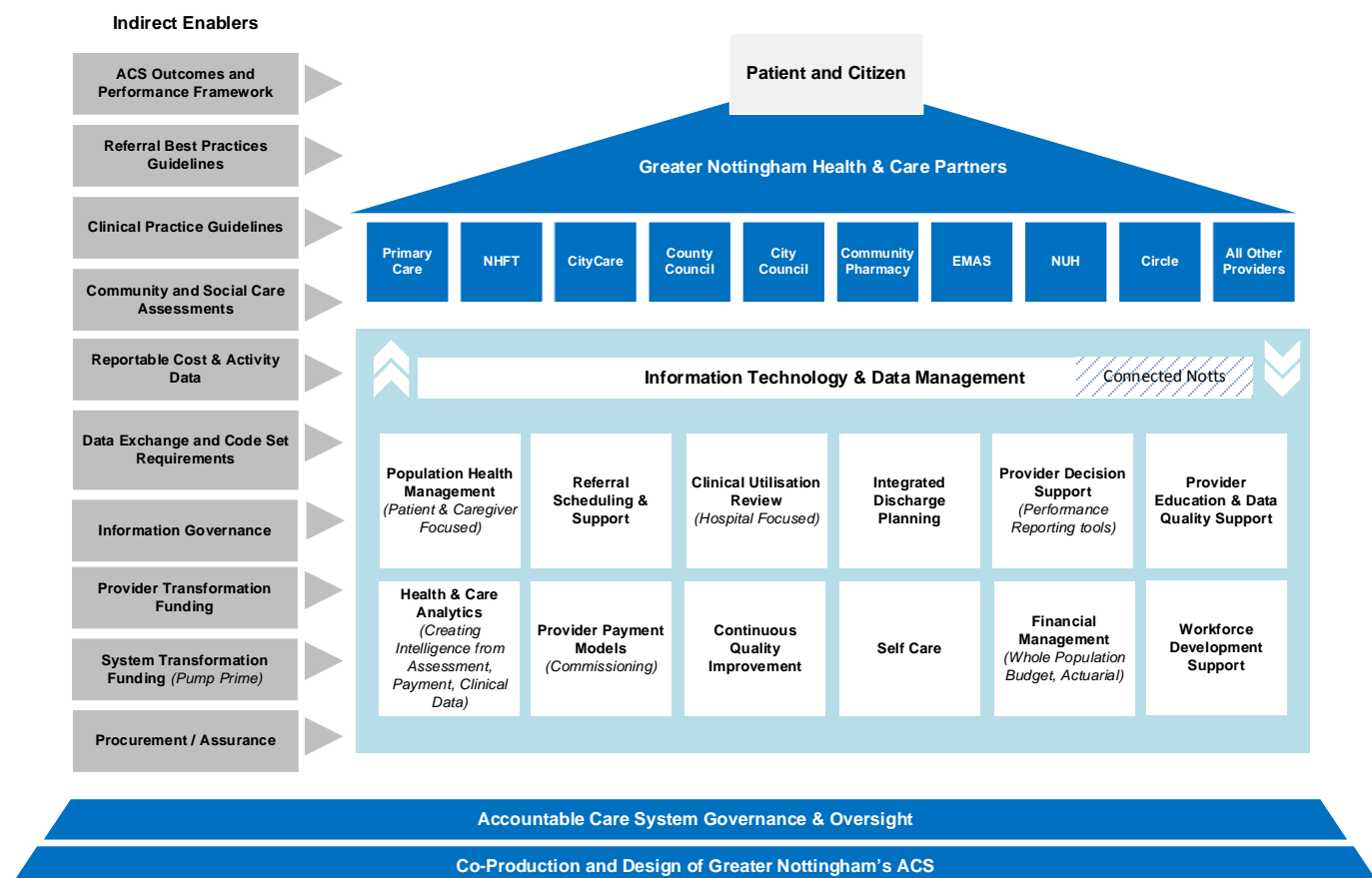
8.   The Integration functions and indirect enablers are the subject of workstreams. This work is a key part of the contract with Centene.

9.   There are currently 21 workstreams, two of which are being led by social care across the County and City Councils and are in bold below.

10.   Social Care has also requested a workstream to consider community and primary care capacity to ensure there is sufficient capacity across health and social care to provide therapeutic services to support recovery and reablement.

11.   Workstreams a-d are described as indirect enablers and need to be in place for any functional integration to occur.

        a) Outcomes and Performance Framework – this workstream will bring together the outcomes from all the workstreams in phase 3 and also look to develop the performance metrics required for any future integrated Health and Social Care partnership

b) **Referral Best Practice Guidelines – Social Care** – this workstream will review the current referral guidelines in place for the Council and include an appraisal of the source and outcome of referrals. These findings will be compared to the City Council with recommendations to develop referral guidelines across both Councils to reduce any unwarranted variation in any future arrangements

c) Clinical Practice Guidelines (CPGs) - this workstream is a health only workstream which will identify and collect an inventory of the current CPGs across health providers, with recommendations on how a single set of evidence based CPGs can be introduced and objectives measured

d) **Social Care Assessment** – this workstream will review and compare County and City Council's electronic assessments, looking at the outcomes and data produced from the assessments. It will also map the processes and turnaround times of assessments across different services within Older and Younger Adults and compare the assessment policies used across both Councils. This appraisal will help identify any recommendations for consistency across County and City Councils.

12. Workstreams e-t are the integration functions or activity that must be performed continuously to facilitate the coordination of care across different providers and settings.

e) Information Governance – this workstream will produce a risk and impact report covering all the workstreams in phase 3

f) Procurement/Assurance – this workstream will gather information from all workstreams to support any recommendation regarding an integrator partner for any future integrated Health and Social Care partnership. It will also look at future governance and funding models and pooled budget methodologies to take forward into the next phase of the development

g) Population Health Management (PHM) - this workstream will produce a report that identifies PHM services that are aligned to population groups, with detailed process mapping of patient pathways, and recommendations for the next phase of development

h) Self-Care – this workstream will produce an inventory and report on existing self –care and citizen empowerment services and how these services would align

i) Referral Scheduling & Support – this workstream will assess the current practice of GP referrals for non-urgent physical and mental health issues. It will identify gaps in order to develop a South Nottinghamshire and Nottingham specification for a referral scheduling hub required

j) Referral Best Practice Guidelines (from Primary Care) (RBPGs) – this workstream will agree on a governance process to review and update guidelines across Primary Care and prepare recommendations to consolidate all existing RBPGs and identify areas where there is inconsistency or variation across CCGs

k) Integrated Discharge Function - this workstream implemented an Integrated Discharge Team in October 2017, where health clinicians and social care colleagues are working

together to facilitate the safe discharge of service users, which is embedding the 'discharge to assess' model where in the majority of cases any assessment for long term care takes place in the community

l) Provider Education and Data Quality Support/Provider Decision Support – these workstreams are about developing education programmes to improve provider performance against contracts and the data and ICT tools that will be required

m) Health & Care Analytics – this workstream will produce the actuarial analysis across partner organisations to help design and provide the financial impact of this transformation

n) Provider Commissioning and new payment models – this workstream will provide an inventory of all existing provider commissioning functions, including process maps, KPIs and staffing resources. It will also complete recommendations including specifications and detailed business requirements for a future integration function with comparisons to the current state

o) Continuous quality improvement – this workstream will provide an inventory of existing quality management programmes, including process flows and staffing across partner organisations. An assessment of how this would align to the needs of any future arrangements will also be completed. This workstream is closely linked to the Outcomes and Performance Framework above

p) Financial Management – this workstream will pull together the cost estimates required across all workstreams as part of phase 3, and produce project initiation documentation. It will also recommend financial performance measures to track any future integrated Health and Social Care partnership at a system wide level

q) Workforce Development – this workstream is linked to the STP workforce workstream and will produce a summary report for integration function workstreams with gap analysis and recommendations to include any resource needs and /or risks identified

r) Data & Information Management – this workstream will design a Minimum Data Set for individual organisations including social care, for any future integrated Health and Social Care partnership. It will also provide a gap analysis and cost estimate on how this information will be provided to populate a data dashboard

s) Clinical Utilisation Review (CUR) – this workstream is a health only workstream and links to the Clinical Practice Guidelines above. This workstream will assess current practices in reviewing level of care to ensure that the right level of care to meet an individual's needs is completed in the right setting and at the right time

t) Reportable Cost and Activity Data (Community) – this workstream is a health only workstream to establish information management improvements across Citycare and Nottinghamshire Healthcare NHS Foundation Trust in order to use data to inform service delivery

13.   The workstreams are all progressing at different stages with representation from the Council across the following teams/departments:

- Adult Social Care & Health Transformation Team
- Performance and Data
- ICT
- Procurement
- Commissioning
- Legal Services
- Information Governance.

Themes

14. The multiple workstreams detailed earlier are predominantly centred around the system integration element of the three core components.

   ➢ Integrated Commissioning
   ➢ Integrated Provision
   ➢ System Integration.

15. One of the key components is integrating commissioning. The aim is to provide a co-ordinated and coherent approach to commissioning across health and social care organisations.

16. The first step towards this has seen the four Clinical Commissioning Groups (CCGs) across South Nottinghamshire and Nottingham appoint a single Accountable Officer who will oversee and manage the move to an integrated commissioning model for South Nottinghamshire and Nottingham CCGs.

17. Discussions about how social care and health commissioning can be better integrated are being planned in the near future.

18. The development of more integration is an opportunity to improve outcomes for local people by having a joined up health and care system to improve the health of the population and make the best use of resources.

Actuary Analysis

19. Work is currently underway to repeat the Actuary Analysis that was completed by the Health Actuary Milliman as part of an earlier phase development approximately 18 months ago. Partner organisations are providing sets of activity data and outcome costs across Health and Social Care services. This will be analysed and compared with "well managed" systems and will provide the foundation of the re-shaping of the health and care system.

Communication

20. The first public event took place at the Albert Hall on 1st November 2017 and was entitled "Shape the future of Health and Social Care". The event was well attended and the aim was to gain public opinion on:

- **Best Care**: What would a successful system look/feel like to you as a patient?

- **Self-Care**: What is and where does your responsibility to well-being end and the systems responsibility begin?

- **Joined up Care:** What issues do you experience when getting help from more than one organisation? How do we breakdown these barriers?

21.   The second public event is being held on 1st February 2018 at Grange Hall in Radcliffe-on-Trent.

Future Work

22.   Current work is centred around the design and implementation of the necessary components. The majority of this work is scheduled to be completed by the end of March 2018.

23.   Preliminary work has begun with the development of a business case to consider the options which may include the procurement of an Integrator but other options will be considered.

24.   A further report will be presented to Adult Social Care & Public Health Committee in April 2018 to provide an update on the next phase of the development.

Other Options Considered

25.   An alternative is to retain the status quo which will not adequately meet the needs of the population in the future or effectively make use of the resources available.

Reason/s for Recommendation/s

26.   The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

27.   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.

Data Protection and Information Governance

28.   Any requests for Council data during the development will be reviewed with Legal Services and Information Governance colleagues.

Financial Implications

29.   At present there are no financial implications for the Council.

Implications for Service Users

30.   It is anticipated that a redesigned health and social care system will improve the outcomes of the population through a more joined up approach in the procurement and delivery of health and social care services.

RECOMMENDATION/S

That the Committee:

1)   considers whether there are any actions it requires in relation to progress with the development of an integrated health and social care system.

2)   receives a further update on the progress of the development of an integrated Health and Social Care partnership in South Nottinghamshire and Nottingham in April 2018.

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Constitutional Comments (LM 08/01/18)

31.   The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report and to consider whether there are any actions required in relation to the issues contained within the report.

Financial Comments (CT 22/01/18)

32.   The financial implications are contained within paragraph 29 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH519