

**13<sup>th</sup> November 2017****Agenda Item: 4****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS IN  
NOTTINGHAM AND NOTTINGHAMSHIRE: UPDATE TO THE PLAN AND  
ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING****Purpose of the Report**

1. The purpose of the report, and supporting presentation, is to update the Committee on the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) update published in July 2017, and to advise the Committee on the requirements of the Accountable Care System Memorandum of Understanding for Nottingham and Nottinghamshire, and progress to date.

**Information and Advice**

2. The Nottingham and Nottinghamshire STP was submitted to NHS England in October and published on 24 November 2016. This was a draft Plan, produced and supported by all partner organisations. The South Yorkshire and Bassetlaw STP will be covered in a separate report to Committee.
3. The Plan built on existing service improvement work and drew on information that had been gathered from conversations with local people as part of this. The draft Plan set new, ambitious goals to renew and strengthen the commitment to working together as a health and care system.
4. Since the publication of the draft Plan, the Partnership has sought further feedback and comments from citizens, patients, carers, service-users, staff and organisations, providing a number of ways for people to feed in their views over a three-month period.
5. Feedback on the Plan did not indicate a need to change the overall priorities or strategic direction. However, concerns were raised about how ambitious the Plan is, how it will be delivered and how the Partnership will bring about the required culture change in the way it works across individuals and organisations to provide joined up health and social care services. The feedback also highlighted aspects of care for individuals or groups of people that did not have enough focus, for example children and young people, those with mental health problems and carers.

6. The update to the STP was published in July 2017 on [www.stpnotts.org.uk](http://www.stpnotts.org.uk) . It restates the challenges and provides additional detail on how the Partnership intends to respond to these. The main areas covered in the update are:
- the approach to delivery
  - communication and engagement with local people and staff
  - providing more detail on themes people said were important to them – mental health, children and young people and carers
  - Update on accountable care systems
  - Finance and governance
  - What will be different in 2017/18

### **Accountable Care System Memorandum of Understanding**

7. In NHS England's *Next Steps*, Nottingham and Nottinghamshire with an early focus on Greater Nottingham was identified as a potential site for Accountable Care System (ACS) development. The *Next Steps* explains ACSs as:

*'ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:*

- *agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19.*
- *together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers*
- *create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies*
- *demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery*
- *demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social care services*
- *deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self-management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme*
- *establish clear mechanisms by which residents within the ACS defined local population will still be able to exercise patient choice over where they are treated for*

*elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS budget.'*

8. In August 2017 the local system agreed a Memorandum of Understanding (MOU) for a shadow ACS with NHS England and NHS Improvement. The constituent organisations of the STP have been asked to note the requirements outlined in this MOU, and asked to give consideration to how they can align organisational priorities with these requirements.

## **Update Report on Greater Nottingham Accountable Care System Development**

### ***Integrating Commissioning***

9. One of the key components of an Accountable Care System is a form of integrated commissioning. This does not mean a single commissioning organisation, although that could be considered as an option, but a co-ordinated and coherent approach to commissioning across health and care organisations.
10. There has recently been a process to appoint a single Accountable Officer for the four Clinical Commissioning Groups (CCGs) in the Greater Nottingham area, which include NHS Nottingham North and East CCG, NHS Nottingham West CCG, NHS Nottingham City CCG and NHS Rushcliffe CCG (South Nottinghamshire). At the beginning of September, Sam Walters was confirmed as the Accountable Officer for the four Greater Nottingham CCGs. Transition arrangements are currently being confirmed.
11. Discussions about how health and social care commissioning can be better integrated are also planned for the near future.

### ***Integrating Provision***

12. The development of an ACS is an opportunity to improve outcomes for local people by having a more joined up health and social care system to improve the health of local people and make the best use of available resources.
13. To assist with the transformation of the health and care system, the Government created 50 Vanguard sites across England. One of the vanguards is in Rushcliffe and as part of developing the model in the south of the County, expertise was provided from international companies: Centene Corporation from the United States and Ribera Salud from Spain.
14. A piece of work was then completed looking at how transformation could be achieved and led to a proposal that was agreed by NHS England on how an ACS could be developed and national funding was awarded by NHS England to local NHS partners. This involves an extra £3.4m in this financial year for this purpose and has not been taken from local health and care budgets.
15. In order to consider how this might work, a number of conversations have taken place with other parts of the country which are bringing health and care service providers together in different ways. Discussions have taken place with areas such as Sunderland, Somerset and Taunton, Wolverhampton, South Warwickshire, Chesterfield, Northumbria

and Cornwall. Across these areas there are a number of different models of integrating provision being considered, ranging from full integration of primary, community and acute care, to any combination of the above.

16. Further work is due to take place between providers to consider what Greater Nottingham could learn from these models and how a more advanced model of integrated provision can be developed.

### ***Integrating the System***

#### ***Interim Support and Advice***

17. A contract has recently been awarded to Capita and Centene UK to provide interim support and advice to Greater Nottingham in the development of the Accountable Care System. A robust communications plan is in place across all partner organisations in Greater Nottingham to respond to these queries and ensure that there is clarity on the position.
18. NHS Nottingham North and East CCG awarded a contract on behalf of all of the Greater Nottingham partner organisations. The procurement took place through the NHS England Lead Provider Framework, of which Capita is a part. Capita is a sleeping partner for the project and in this instance the delivery of the services specified will be completed by Centene through a sub-contract with Capita.
19. To develop a more joined up system of health and social care will take time and expertise. The NHS has used some of the national funding to procure Centene through a competitive process to buy in the support needed. Centene are now established in the UK and work directly with health and care. They have a track record of transforming health care systems internationally both in the USA and through partnerships in Europe.
20. Centene will provide expertise in bringing organisations together to better meet the needs of the population and the factors that enable this including best clinical practice, information, cost data and organisational redesign. Centene is not a provider of health and social care and accountability will remain with the local organisations. The funding for the contract has been made available following the confirmation of the Nottingham and Nottinghamshire STP (with an initial focus on Greater Nottingham) as a national ACS Accelerator site. The funding was provided by NHS England nationally and has not been taken from any budget for local services.
21. The contract will support and advise colleagues across the health and care system in order to co-design and produce the components that it is known need to exist in any future ACS, as well as providing co-ordination and support to local colleagues as these are implemented. More details on the specific areas that are within scope of the contract can be made available on request.

### ***Future Work***

22. As well as designing and implementing the necessary components of an ACS through the current phase of work, it is also vital to consider what may be needed in the future in order to manage these components on an ongoing basis.

23. Early work on a potential next phase of ACS development has begun, in the form of the development of a business case to consider the options for partner organisations in managing these ACS components going forwards. Legal and procurement support has been secured in order to advise the system on a number of possible options to manage the ACS components in the future system. Terms of Reference for a Steering Group to oversee this next phase of work are also currently being drawn up.
24. The development of an ACS in Greater Nottingham is moving at pace. There is a significant amount of work to be undertaken in order to deliver this and each partner organisation is currently taking stock of the role that they are playing in this. Key decisions will be subject to approval by the constituent organisations.

### **Other Options Considered**

25. This report is to provide an update to the Committee on progress with the Nottingham and Nottinghamshire STP.

### **Reason/s for Recommendation/s**

26. The report and the supporting presentation will ensure that the Committee is aware of the current progress and developments in relation to the Nottingham and Nottinghamshire STP.

### **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.

### **Financial implications**

28. There are no financial implications attached directly to this report. In terms of the overall financial position, the current estimated financial gap for the health and social care system in Nottingham and Nottinghamshire (to 2020/21) is £628m.

### **Service user implications**

29. The STP aims to change how health and social care services are delivered to people in order to improve their experience of services when required. It aims to move care closer to home and organise care around people and their carers in a personalised way.

### **RECOMMENDATION/S**

- 1) That the Committee is advised of the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) update published in July 2017, and aware of the

requirements of the Accountable Care System Memorandum of Understanding for Nottingham and Nottinghamshire, and progress to date.

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**Constitutional Comments (LM 01/11/17)**

30. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

**Financial Comments (OC 02/11/17)**

31. There are no financial implications directly attached to this report as per paragraph 28.

**Background Papers and Published Documents**

None.

**Electoral Division(s) and Member(s) Affected**

All.

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