

BRIEFING ON MID-NOTTINGHAMSHIRE BETTER+TOGETHER INTEGRATED CARE TRANSFORMATION PROGRAMME (ICTP)

PRESENTATION OF THE OVERARCHING SYSTEM PROPOSAL, ELECTIVE REFERRALS, ELECTIVE SPECIALTY TRANCHE ONE AND PROACTIVE AND URGENT WORK STREAM PROPOSALS

1. Purpose of the Report

Work on the Better+Together Programme began 12 months ago, in view of the quality and sustainability issues facing the health and social care economy. The first phase baselined the current cost of service provision and developed ideas about what a more sustainable system could look like. The ideas for the new system were generated by service users, clinicians and care professionals. The second phase of the work, currently being presented, is a further refinement of the initial blueprint. This phase of work has enabled us to develop the clinical service models and to validate the initial clinical blueprint assumptions. The third phase, yet to be developed, will identify outcome specifications and commissioning/procurement plans for the services. Enabling plans, such as an estates strategy and workforce plan will also be developed. Once specific plans have been developed, it may be necessary to consult on discrete service changes within the overall blueprint for future services.

In February 2014, the Governing Bodies of Newark and Sherwood CCG and Mansfield and Ashfield CCG approved the proposals to move towards implementation planning. As this work progresses there will still be a considerable opportunity for clinicians, stakeholders and members of the public to influence how it all works in practice.

The Health Scrutiny Committee is asked to endorse the overarching proposal for service transformation, with progress on the development of detailed outcome specifications to be presented at the Committee's request.

2. Information and Advice

Four work streams were identified in the original blueprint; urgent care (emergencies and urgent health problems), proactive care (long-term conditions), elective (planned) care and women's and children's. During the development work, the commonly occurring inter-relationships between urgent and proactive services were acknowledged and it was decided to develop a joint proposal. The aim of this was to maximise the effectiveness of services and to reduce unhelpful silos in the way that services are delivered.

Elective referrals and the initial tranche of specialty reviews form the second proposal, with a further tranche of elective services being considered in spring 2014. Women's care is now being considered as part of a wider review of maternity services. For Children's services the proposed short-stay paediatric assessment unit will be considered as part of the elective tranche two service reviews. Additional aspects of children's care will be considered as part of the county-wide development of the Integrated Children's and Young Peoples Strategy. This will support a

more holistic review of very complex services and inter-relationships. Again the work from the Better+Together programme will be fed into this process.

Full details of the Overarching, Proactive and Urgent Care and Elective Care proposals can be accessed at <http://www.bettertogethernidnotts.org.uk/>

The key proposals in the clinical work streams are:

A) Integrated Proactive and Urgent care

- i) Multi-disciplinary proactive management of patients with complex health needs. The aim is to avert future crises and unnecessary hospital admissions by early identification of individual risk, assigning named care coordinators and developing personalised care plans. This is based on the PRISM model that has previously been reviewed by the Committee.
- ii) Integrated health and social care teams who will provide coordinated care, tailored to meet individual need. Where possible, care will be provided in the patient's own home with hospital or residential care only when necessary.
- iii) Easier access to urgent care and emergency care with a 'single front door' at Kings Mill Hospital. There will be additional staff including GP, Advanced Nurse Practitioner for Older People and specialist intermediate care nurses. GPs will also be integrated into MIU at Newark Hospital.
- iv) Improved access to GP services.
- v) A 'care navigator' for professionals to phone when they have a patient with an urgent care need and they are looking for community alternatives to admission or to support a discharge from hospital to home or care home.
- vi) A quick response team to support patients at home where hospital admission might not be the most appropriate form of care and also to support timely discharge from hospital.

B) Elective(Planned) Care

- i) Patient feedback, clinical, quality and financial modeling tools to understand where and how services could be better delivered from 2015.
- ii) Where needed the co-design, redesign or update of services. In Tranche 1 we will be looking at Ears, Nose and Throat, Gynaecology (women's health), Ophthalmology (eyes), Rheumatology (joints), Pain, Trauma and Orthopaedics (bones), Respiratory (breathing), Cardiology (hearts), Geriatrics (older people) and Urology (bladder, kidneys and passing urine) with further services in Tranche 2

3. Communications and Engagement

In the initial months of the programme, staff, patients and members of the public were involved in the process through Care Design Groups. During November and December 2013 there was a more intensive phase of engagement. Staff, patients, the public and other stakeholders had the opportunity to comment and give feedback on initial proposals. The CCG Governing Bodies considered the public feedback at their meetings in January 2014.

The engagement took place via a number of routes and approaches:

- Three interactive public events
- Meetings with 'seldom heard' groups, coordinated by Newark and Sherwood CVS and Voluntary Action Ashfield
- 'Outreach' engagement at four public venues including King's Mill and Newark Hospitals, and two local Asda stores
- Meetings with Patient Participation/Reference Groups in Mansfield and Ashfield
- Meetings with the Citizens' Board (including representatives from Mansfield and Ashfield and Newark and Sherwood). The Citizens' Board is made up of representatives from the Mansfield and Ashfield and Newark and Sherwood Citizens' Groups, alongside officers from the CCGs and Nottinghamshire County Council. This was established to actively engage citizens and patients before, during and after transformation and to test possible options and desired outcomes with patients ahead of any possible formal consultation
- A self-completion questionnaire available in printed version and online via the Better Together website with a combination of qualitative (open) and quantitative (closed) questions
- Social Media was harnessed through the use of Twitter and the establishment of a Facebook page

Headline messages from engagement were:

- Support for the changes
- Agreement that better coordination and a joined up approach are needed
- Agreement that care closer to home is good
- Support for efficiencies but also for quality care and staff – the relative importance varied between outreach engagement and survey results
- Concern about funding costs in the light of financial constraints for the NHS and the County Council
- Concern about staffing – current staffing under pressure and the perception is that this potentially needs more staff
- Concern about appropriate training
- Need for better GP access – this was a point strongly and repeatedly made
- Need for education and information about how to use services and how new systems will work
- Need for better communication between professionals, and between professionals and patients/service users, including easy read, translators etc.
- Need for better understanding of the needs of people with disabilities
- Need for support for carers
- More services requested at Newark Hospital
- Transport needs to be considered – public transport, parking, access from rural areas
- Concern about ability of ambulance service to support the changes

The engagement has shown that patients, the public, staff and stakeholders understand and support the need for change, but have some concerns about whether it will be possible.

We have noted the comments about the way services are delivered, for example the concerns of people with disabilities, and will take these into account as we continue to plan.

We have noted that people like the idea of local elective care, and would like continuity of care with regard to the specialists they see.

Support for the changes to children's care was particularly strong, and we have noted this and shared with partners at County Council.

All comments were fed into the business cases and informed development of the proposals. We will continue to listen to all groups as we take forward the proposed changes.

Better Together has now begun to recruit 'champions' for the Programme who can get involved as the work progresses. Through all the activities we have been seeking public, patient and stakeholder sign up to the champions programme. We are looking to recruit 300 individuals to champion and disseminate the case for change, but most importantly to get actively involved in the Programme. These patient insights were fed into the business proposals. The full report can be downloaded from the Better Together website <http://www.bettertogethernottingham.org.uk>.

An external evaluation of the communications and engagement scope and methodology has been commissioned and an Equality Impact Assessment for the whole programme is currently being completed

4. The National Clinical Advisory Team (NCAT)

NCAT has been asked to comment on the blueprint for change and work supporting the proposals and their report is awaited.

5. Other Options Considered

The case for change has been well made nationally and is considered within the proposals. We have an ageing population, which is leading to an increased demand on health and social care services. The NHS is planning for the future on the basis that there will be no real terms growth in funding. We have to spend every penny as wisely as possible in order to ensure that the NHS continues to meet everyone's health needs.

People also have changing expectations about the timing and type of care they receive and this also increases pressure on the NHS and social care. The status quo was considered as an option and ruled out as unsustainable for these reasons. Options were initially considered by the Care Design Groups and proposals were then developed on the basis of best practice standards and public feedback about current services.

6. Reason/s for Recommendation/s

The Health and Wellbeing Board has been appraised of the progress of the Better+Together Programme and their advice has fed into our Communications and Engagement activity. The Board supports the proposals and considers them to be in line with the overall strategic direction for Nottinghamshire. The Governing Bodies of the two Clinical Commissioning Groups have approved the proposals to move toward implementation planning. We are bringing the

proposals to the Health Scrutiny Committee for consideration and endorsement ahead of the implementation phase.

7. Statutory and Policy Implications

The proposals have been compiled after consideration of the *Joint Strategic Needs Assessment (JSNA)* and the *Planning and Delivering Service Changes for Patients: A Good Practice Guide for Commissioners on the Development of Proposals for Major Service Change and Reconfiguration (NHS England)*.

There has been consideration of the implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, 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 engagement has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

No implications identified

Financial Implications

The need to provide safe and sustainable care services has been a key driver in the proposals.

Human Resources Implications

The Proposals have assessed the workforce requirements including possible training and development requirements and further work will be developed in the implementation planning phase. The Communications and Engagement Programme includes staff and providers as key stakeholders.

Implications in relation to the NHS Constitution

The proposals have considered the implications in relation to the NHS Constitution and fully support the rights and values of the NHS in relation to patients, service users and staff.

Public Sector Equality Duty Implications

Throughout the Programme, care has been taken to ensure that the patient and public voice, including that of seldom heard groups is included. In addition an Equality Impact Assessment is being completed.

Safeguarding of Children and Vulnerable Adults Implications

There are no specific implications for the safeguarding of children. The comments of Learning Disability and Carers groups have been fed into the proposals.

Implications for Service Users

It is projected that the proposals will improve care for service users through streamlining processes and bringing care closer to or into patients' homes wherever possible.

Implications for Sustainability and the Environment

There are no specific implications. The proposals will be carried out within the NHS and local authority frameworks for sustainability. Travel Impact Assessments will form part of the detailed implementation planning phase.

Ways of Working Implications

The proposals will impact considerably in a positive ways on ways of working within the local NHS and social care, as they will bring them into closer working relationships and improve systems and processes.

8. Delivering the Plan

Following the detailed design and planning stages, the proposals were submitted to the Clinical Commissioning Groups (CCGs) at the beginning of February 2014. The CCGs will start implementation planning, subject to endorsement from the Health Scrutiny Committee. New integrated ways of working will require different ways of contracting and new payment mechanisms. These will need to be developed and tested with local authority colleagues in order to secure health and social care integrated services. Additionally, the Mid Nottinghamshire CCGs are working as part of a county wide process, to submit a Better Care Fund plan. This will provide earmarked pooled funds to support the development of new and integrated ways of working.

9. Risk Management Issues (Including Legal Implications, Crime and Disorder Act Implications and Equality and Diversity Implications)

Throughout the Programme, care has been taken to ensure that the patient and public voice, including that of seldom heard groups is included. In addition an Equality Impact Assessment is being completed. During this implantation planning phase there will be further public and staff involvement.

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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.

- Overarching Proposal
- Executive Summary Elective Referrals Proposal
- Executive Summary Proactive and Urgent Care Proposal
- Elective Referrals Proposal
- Proactive and Urgent care Proposal

Electoral Division(s) and Member(s) Affected

HYPERLINK

"http://cms.nottinghamshire.gov.uk/home/your_council/councillorsandtheirrole/councillors/whoisyourcldr.htm"

- 'All' or start list here