

8 January 2014

Agenda Item: 6

## **REPORT OF CHIEF OFFICER, NHS MANSFIELD AND ASHFIELD CLINICAL COMMISSIONING GROUP AND NHS NEWARK AND SHERWOOD CLINICAL COMMISSIONING GROUP**

### **MID NOTTINGHAMSHIRE INTEGRATED CARE TRANSFORMATION PROGRAMME (ICTP) - UPDATE.**

#### **Purpose of the Report**

1. To update the Board and seek comments on the Mid Nottinghamshire Integrated Care Transformation Programme and engagement activity associated with it.

#### **Information and Advice**

2. Details of the Mid Nottinghamshire Integrated Care Transformation Programme (ICTP) were brought to the Board in April and June 2013, when the blueprint for integrated health and care services across Mansfield & Ashfield and Newark & Sherwood was shared.
3. This report details progress to date, including the outputs from the Clinical Design Groups; the ongoing and planned communications and engagement activity and next steps for the Programme.

#### **Update on ICTP Activity – Clinical Design**

4. Each of the four work streams identified in the original blueprint, Proactive Care, Urgent Care, Elective (Planned) Care and Women's and Children's have completed an intensive phase of clinical design work, supported by lay members.
5. The resulting design proposals are now being tested through staff and public communication and engagement and the ICTP Citizens' Board. The responses from this activity will inform the individual business cases and the overall programme business case, which will be submitted to the Clinical Commissioning Group (CCG) Governing Bodies in January 2014.
6. The main proposals in each of the work streams are:-

##### **i) Proactive Care**

- Multi-disciplinary proactive management of patients with complex health needs with the aim of averting future crisis and unnecessary hospital admissions by early identification of individual risk, assigning named care coordinators and developing personalised care plans.
- 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 where necessary.
- A new 'self-care' hub bringing together all of the various information and services which are available to support the patient maintain wellbeing and independence at home.
- Where patients are admitted to hospital, support to enable them to go back to their own homes quickly and with appropriate levels of health and social care support.

## **ii) Urgent Care**

- Easier access to urgent care and emergency care with simpler access with a 'single front door' at Kings Mill Hospital where there will be additional staff including GP, Advanced Nurse Practitioner for Older People and specialist intermediate care nurses.
- Improved access to GP services.
- 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 or care home.
- 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.

## **iii) Planned (Elective) Care**

- Patient feedback, clinical, quality and financial modeling tools to understand where and how services could be better delivered from 2015.
- Where needed, the co-design, redesign or update of services. In Tranche 1 we will be looking at Ears Nose and Throat, Gynaecology, Ophthalmology, Rheumatology, Pain, Trauma and Orthopaedics, Respiratory, Cardiology, Geriatrics and Urology with a further 23 services in Tranche 2.

## **iv) Children's Care**

- More reassurance and support to parents and children to keep hospital time to a minimum. This would involve creating a short stay assessment unit where children can be thoroughly assessed quickly without being admitted to hospital unnecessarily.

- Where hospital care is needed the assessment unit will ensure that specialised care is immediately available.
- Improved community based services for children with complex needs.

## **COMMUNICATIONS AND ENGAGEMENT**

7. A range of communications activity has been developed to support ongoing and meaningful dialogue with the media and all stakeholders, including staff, partners, patients and citizens. This means that the patient and public voice will be fully embedded within the programme. The design and co-ordination of the communications and engagement materials and activity has been supported by a vibrant working group which includes members from partner organisations including Healthwatch Nottinghamshire and Nottinghamshire County Council.

### **i) Activity**

- A new brand has been created and is being applied across the Integrated Care Transformation Programme (ICTP). The aim of the brand is to provide an accessible identity for the ICTP, aimed at promoting engagement with as wide a group of population as possible. Better Together was chosen to encourage the public, staff, and stakeholders and seldom heard groups to join us in shaping health and social care.
- Briefing toolkits have been provided to all staff and stakeholder groups to promote the widest communication and engagement. A film is being produced aimed at supporting staff and public briefings. The media have also been engaged. Dr Amanda Sullivan was interviewed about integrated health care on BBC Radio Nottingham on 26<sup>th</sup> November.
- Four outreach events were held in November and 544 interactions achieved. These events were held at Kings Mill Hospital, Asda in Mansfield, Newark Hospital and Asda in Newark. Each interaction included the completion of a short survey.
- Three public events were held in November and early December in Edwinstowe, Mansfield and Newark. These involved presentations on the case for change and each of the work streams; a panel question and answer session and table work on the work stream proposals. Attendees were also invited to complete a questionnaire and to become patient champions for the programme.
- Events for special interest and seldom heard groups, including carers groups have also been delivered in partnership with the local CVSSs. Easy read versions of the materials are available.

### **ii) Citizens' Board**

- A Citizens' Board, made up of representatives from the Mansfield & Ashfield and Newark & Sherwood Citizens' Groups alongside officers from the CCGs and Nottinghamshire County Council has been established. Its function is 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.

### **iii) Better Together Champions**

- Through all the activities we have been seeking public, patient and stakeholder sign up to the advocate 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.

### **iv) The National Clinical Advisory Team (NCAT)**

- NCAT has been asked to comment on the blueprint for change and will also look at the business cases as they become available.

### **v) Feedback and Engagement Activity**

- At the time of writing, detailed quantitative and qualitative analysis is ongoing, but a verbal update will be given at the meeting. The completed analysis will also be shared with ICTP partners and stakeholders and fed into the work stream and programme business cases. The communications and engagement activity and outputs will be externally reviewed for scope and appropriateness and an equality impact assessment will be completed by 31 January 2014.

## **DELIVERING THE PLAN**

8. Following the detailed design and planning stages, the work stream and programme business cases are being developed and will be submitted to the Clinical Commissioning Groups (CCGs). Once signed off, the CCGs will start to look at the best way to deliver the plans. New integrated ways of working will require different ways of contracting and new payment mechanisms and these will need to be developed and tested. Additionally the Mid Nottinghamshire CCGs, in conjunction with their local authorities and as part of a county wide process, are submitting an Integrated Transformation Fund bid. If successful this will provide additional funds to support the development of new and integrated ways of working. These proposals may be subject to formal consultation, and will be subject to the usual overview and scrutiny arrangements.

## **Reasons for Recommendations**

9. The Health and Wellbeing Board has a function to promote and encourage integrated working, including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate. The Integrated Care Programme appreciates the importance of keeping the Health and Wellbeing Board informed on progress

and has already presented two updates. The Health and Wellbeing Board is now being asked to comment on the Mid Nottinghamshire Integrated Care Programme and its communications and engagement work to date and to advise whether any further overview and scrutiny is required.

## **Statutory and Policy Implications**

10. 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 only), 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 consultation has been undertaken and advice sought on these issues as required.

### **Public Sector Equality Duty implications**

An Equality Impact Assessment will be completed by 31 January 2014.

## **RECOMMENDATIONS**

The Health and Wellbeing Board is asked to:

- 1) Note and comment on the ICTP and engagement activity to date.
- 2) Confirm that subject to the continued engagement of seldom heard groups, satisfactory external evaluation and equality impact assessment, the ongoing ICTP communications and engagement activity is considered to be appropriate.

**Amanda Sullivan**

**Chief Officer**

**NHS Mansfield and Ashfield Clinical Commissioning Group**

**NHS Newark and Sherwood Clinical Commissioning Group**

**For any enquiries about this report please contact:**

Amanda Sullivan 0300 300 1234 ext. 43232

### **Constitutional Comments**

11. As the report is for noting and comment, no constitutional comments are required.

### **Financial Comments (ZKM 11/12/2013)**

12. There are no financial implications arising directly from this report.

### **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.

None

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

All divisions in the Mid Nottinghamshire areas of Mansfield & Ashfield and Newark & Sherwood.