NOTTINGHAMSHIRE COUNTY COUNCIL
HEALTH SCRUTINY COMMITTEE 23rd June 2014
UPDATE ON THE MID NOTTINGHMSHIRE TRANSFORMATION PROGRAMME – IMPLEMENTATION PHASE

1. Overview and Background

The health and social care system in the Mansfield and Ashfield CCG and the Newark and Sherwood CCG "Unit of Planning" footprint faces the very significant challenge of determining how it should deliver care to the quality/ outcomes required within the limited (but still very substantial) funds available. The current models of care are not delivering best health outcomes and are not affordable or sustainable if scaled up to address the anticipated growth in population demand.

In order to address the likely future pressures, leaders in health and social care in Mid Nottinghamshire worked together through the early part of 2013 to produce a "blueprint" for future services. This was Phase 1 of the whole system transformation programme.

2. Recap on key features of the "blueprint" - Phase 1

Key features of the "blueprint" recommended interventions include:

- A proactive, co-ordinated multidisciplinary and properly resourced team based in the community to help maintain wellbeing – particularly for frail and elderly people;
- Support allowing people to return to their normal place of residence sooner and reduce the risk of losing the ability, support structures and confidence to live independently;
- Integrated urgent care services centred around the patient, with care professionals working seamlessly between acute, primary, community and social care under a single structure;
- Care professionals able to access the right services at all times – with social, community and primary care as accessible and responsive as A&E;
- Elective care focussed on those patients most likely to benefit from it, and provided where there are enough patients to run a high quality, sustainable service; and
- Maternity and paediatric services that provide access to expert opinions earlier and only admit where necessary.

When aggregated together, these interventions create a strategically different model of care, with a greater proportion of care provided outside of acute hospital

settings, and with care professionals working across organisational and professional boundaries

3. Detailed design and deliberative engagement – Phase 2

Building on the interventions identified within the "blueprint', Phase 2 of the programme led to the development of detailed design solutions for the main clinical proposals i.e. re-design of the urgent care system, focussing on active management of citizens with long term conditions, improving access and referrals in to elective services, and re-designing services for women and children.

Documents describing the service changes were reviewed by the Governing Bodies of the two sponsoring CCGs in February 2014 and approval was given for proposal implementation, subject to on-going input into detailed outcome specifications and commissioning approaches. The detailed proposals have been publicly available since February 2014.

4. Moving in to implementation – Phase 3

The vision for implementation is reflected in the CCG's Five Year Health and Social Care Strategy (2014/15 to 2018/19) and is consistent with the '5 ambitions' jointly agreed with the acute provider, namely:

- Integrated community teams (PRISM) roll out
- Intermediate care redesign
- Care planning in care homes
- Transfer to assess
- Elective referral gateway

Based on the earlier approved detailed proposal documents, the programme has progressed into Phase 3 focused on implementation and commissioning.

A "Gateway" review was conducted in April 2014, providing helpful feedback and recommendations which have been incorporated into our plans. Furthermore, the National Clinical Advisory Team reviewed the detailed service proposals submitted to Governing Bodies and fully endorsed them. Governance arrangements have been established with separate Boards to address Programme and Commissioning processes.

Each care work stream delivers discrete 'improvement elements' during 2014/15 and 2015/16, as well as working to develop outcome based specifications for service commissioning.

A commissioning work stream has been established to determine how the integrated models of care are to be re-commissioned. In order to stimulate and develop provider capability to respond to the commissioning requirements of the new services a Commissioning Delivery Unit (CDU) has been mobilised. At present the CDU are finalising proposals for re-commissioning options for consideration by

Governing Bodies, as part of their statutory duties. Subject to formal sign-off, the proposed approach and timescale for re-commissioning will be formally communicated to stakeholders in July 2014.

5. Further ongoing work in support of implementation

Re-commissioning considerations; The Mid-Nottinghamshire Blueprint sets out a new approach to how health and social services should be configured to deliver the best outcomes for the population from the resources available. These represent some far reaching transformational changes to the way services are delivered and how different parts of the system will need to work together. The Blueprint also envisages new ways of commissioning to support and reinforce the models of care – giving the system the best chance of achieving the required benefits in patient / citizen outcomes, quality and financial sustainability.

The CDU have discussed the commissioning and commercial considerations with the CCG Governing Bodies who will make a decision in order to commission local health and social care services in a way that supports the Blueprint models of care. If the full benefits are to be realised, providers will have to move away from traditional models of care – and should be incentivised to do so. The relationships between providers and the behaviours they exhibit internally and with one another will also need to align behind the Blueprint models.

Ensuring this focus commissioning for outcomes does not necessarily require complex organisational or statutory changes but rather the right incentives are put in place by redesigning the contractual arrangements – moving away from an activity based model towards a model that incentivises and rewards the right behaviours and aligns risk with control. This is likely to involve an outcomes focused and capitated model of commissioning.

Whilst the re-commissioning approach continues to be developed, a number of other critical pieces of enabling work are continuing as follows;

Primary Care Strategy; In June 2014, a Primary Care Strategy will be presented to the CCG Governing Bodies for approval. This strategy outlines the model of urgent care in General Practice, together with a capacity plan for ensuring an appropriate staffing model supported by a resource plan for implementation. CCGs are also considering the options for, and benefits of, taking on responsibilities for co-commissioning of primary care services to ensure the best possible local fit with transformation plans.

Communications and Engagement; Clinical, partner organisation, citizen, service user, staff and public engagement have supported and informed the development of the service designs defined in the proposal documents shared in February 2014. There remains a commitment to provide continued opportunity for our stakeholders to contribute to detailed design and implementation activity. As implementation planning evolves the need for formal public consultation on distinct elements of the programme will be kept under review.

The main on-going objectives of this work include:

- Ensuring the Better Together programme embraces a commitment to listening to, and involving communities, their representatives and others in the way services are planned and provided in the future and that the patient and public voice is fully embedded within the on-going development of the programme
- Delivering effective two-way communication with the public, patients, staff, partners and other identified stakeholders, ensuring changes can be implemented smoothly
- Ensuring effective communication of the programme to all staff, fully engaging them in the development of the work streams and creating opportunities for their active involvement and participation
- Actively engaging all stakeholders to enable them to fully understand and support the need to work differently in the delivery of Better Together
- Use of digital, print, broadcast and social media to target and reach all sections of the Mid-Nottinghamshire demographic.
- Continuing to present the case for change to public, staff, partners and stakeholders, building on the engagement programme delivered thus far

Workforce; the Workforce element of the programme is considered to be an area of both significant risk (owing to its complexity) and opportunity. Engaging the workforce in designing and delivering the change is a recognised critical success factor. In order to deliver the changes required, there are a number of key considerations:

- What are the workforce requirements to deliver the change? What roles are required? Where will those roles be based? And what are the potential phasing requirements?
- What are the potential efficiency / productivity opportunities to be gained, through the workforce from new roles and different ways of working?
- How will the workforce support the desire to provide truly integrated care across the Mid-Nottinghamshire health and social care community?
- What is the current supply of the workforce and how will recruitment, retention and training requirements impact on that supply?
- What considerations need to be given to the technical aspects of the transition?
- How will the healthcare system manage the transition, maintaining the engagement of a loyal and committed workforce, ensuring that the change is managed in a truly engaging and involving way, providing a foundation for its long-term sustainability?

Information Management & Technology*;* IM&T has been recognised as an important area that needs careful planning and implementation within the context of the programme.
An approach is being adopted that describes the requirements for delivering the necessary capabilities and provides an overview of how these new IM&T requirements can be met using existing capabilities where possible, and procuring new capabilities where none (of required maturity) exist today.

Estates; To enable the maximum benefits to be derived from the Better Together proposals, a high level review of the Mid- Nottinghamshire health and social care

estate is underway. This review will make recommendations and generate scenarios that should be considered to optimise performance and efficiency of the whole estate. Due regard will be given to accessibility, as well as quality and value for money considerations when generating scenarios and a range of stakeholder engagements will inform suggested outcomes.

6. Conclusions

The work to embed the new ways of working that will deliver the outcome and sustainability aspirations of the Better Together transformation programme continues. Measurable changes in service models and consequent improvement in performance metrics are already being evidenced (e.g. avoidance of emergency admissions) as the health and social care system begins to change.

Full realisation of benefits will only be achieved by creating new ways of commissioning through a series of clear outcome based specifications, and these will encourage and drive new and more integrated ways of provider working. Commissioners are also maintaining a focus on ensuring performance through transition to a fully integrated health and social care system.

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