

10<sup>th</sup> December 2018

Agenda Item: 13

## **REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH, AND SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE**

### **UPDATE ON THE DEVELOPMENT OF AN INTEGRATED CARE SYSTEM IN SOUTH NOTTINGHAMSHIRE, NOTTINGHAM AND MID NOTTINGHAMSHIRE**

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

1. This report advises Members on progress with the development of an Integrated Care System across Nottinghamshire, including work on transformational change in South Nottinghamshire, Nottingham and Mid Nottinghamshire, and seeks approval of the following:
  - a) the proposed next steps for the Council as outlined in **paragraphs 20 & 21** for South Nottinghamshire
  - b) that a further report be brought to the Committee before the end of March 2019 setting out the options for the Council in relation to continued membership of the Better Together Alliance in Mid Nottinghamshire
  - c) that a further report on the Integrated Care Partnership for South Nottinghamshire and Nottingham be brought to the Committee in June 2019 detailing the options and recommendations, and that Members are kept up to date with progress through the dedicated Members Reference Group for Health Integration.
2. The report also updates Members on the 'Discharge Guidance for Greater Nottingham' (available as a background paper) for Nottingham University Hospitals (NUH).

#### **Information**

##### **Background**

3. Integrated care systems (ICSs) have evolved from Sustainability & Transformation Partnerships (STPs) and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

4. NHS England has confirmed agreement that the Nottinghamshire Sustainability and Transformation Partnership graduate to an Integrated Care System, in 2018/19, recognising the collaborative work and progress being achieved locally in improving health and wellbeing, and quality and affordability of care for the local population.
5. A Memorandum of Understanding (MoU) has been agreed by NHS England, NHS Improvement and all the local ICS partner organisations, including the County Council, outlining the improvements in health and care expected for the people of Nottinghamshire and Nottingham. A second year of national transformation funding has been received to support delivery of the improvement programme across Nottingham and Nottinghamshire.

### **Aims of the Nottinghamshire Integrated Care System**

6. The Nottinghamshire health and social care ICS has confirmed its aims as follows:
  - lead the way in integrating health and care services at the population and person level
  - re-design and integrate clinical and care pathways to better meet the needs of the local population
  - develop population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illnesses and hospitalisation
  - take collective responsibility for financial and operational performance, quality of care and health outcomes
  - create more robust cross-organisational arrangements to tackle the systematic challenges that the health and care system is facing.

### **Progress to date**

#### **Integrated Commissioning and Integrated Provision across Nottinghamshire and Nottingham**

7. In April 2018, the four Clinical Commissioning Groups (CCGs) in Rushcliffe, Nottingham West, Nottingham North and East, and Nottingham City came together under the leadership of one Accountable Officer and shared management team. The new commissioning arrangements aimed to reduce fragmentation and complexity, ensuring commissioning decisions are strategically sound whilst remaining locally sensitive to the diverse population needs.
8. Since this time, with external consultancy support from Deloitte, further work has been undertaken to ensure 'fit for purpose' future commissioning arrangements. The proposal is to develop one strategic commissioner across Nottingham and Nottinghamshire (excluding Bassetlaw) which will:
  - be strategic, focusing more on outcomes and pathways and less on tendering services in isolation or monitoring process metrics
  - provide strong system leadership, focusing on relationships with all system participants supported by a single and clear vision for shared outcomes

- ensure greater consideration of wider determinants of health by drawing more intensively on public health expertise
  - work in close partnership with local authorities on shared outcomes and better co-ordinated commissioning, supported by aligned or pooled budgets.
9. Additionally, two Integrated Care Partnerships (ICPs) are being developed in Mid Nottinghamshire, building on the Better Together Alliance Programme, and in South Nottinghamshire and Nottingham further developing the Transformation Partnership.
  10. ICPs are collaborative networks of care providers, bringing together healthcare professionals (including doctors, nurses, pharmacists, social workers, and hospital specialists); the voluntary and community sectors; local council representatives; and service users and carers, to design and coordinate local health and social care services.

### **System Integration in South Nottingham and Nottingham**

11. In August 2017, Centene UK were engaged by the South Nottinghamshire and Nottingham Transformation Partnership to support and advise the local health and social care partners with their programme of integration. The 12-month contract, (which has now ended) locally described as Phase 3, followed on from two earlier phases of work:
  - Phase 1 was an actuarial analysis, which was a point in time benchmarking exercise which compared South Nottinghamshire and Nottingham with that of well-managed international integrated health and care systems. This analysis has been refreshed during Phase 3, with similar findings although the analysis has highlighted where improvement has already been achieved, for example through the work of the Rushcliffe Vanguard.
  - Phase 2, undertaken over a six-month period, was the high-level design solution to achieve the opportunity identified in the actuarial analysis. The resultant output was confirmation of a set of Enablers, which are the conditions that need to be in place, and a set of Integration Functions, which are the ongoing integration activities that need to be performed. These are depicted in the diagram attached as **Appendix 1**.
12. Phase 3 has been far more complex than originally thought and has provided a very detailed baseline assessment of the extent to which South Nottinghamshire and Nottingham currently has each Enabler and Integration Function in place in accordance with the requirements of a well-managed system. **Appendix 1** provides a detailed description of the enablers and functions and outputs from Phase 3. In high level headline terms, the insights gained from this work include:
  - most of the Enablers required are not present today, certainly not to the standard required. For example South Nottinghamshire and Nottingham: is not working to one Outcome and Performance Framework for the local population; does not have a comprehensive single set of Referral Best Practice Guidelines in place to support optimal care delivery; and does not have reportable data across whole pathways of care to ensure people are getting the right care in the right place at the right time

- many of the Integration Functions exist in the current system albeit they are being delivered in a fragmented manner from an organisational rather than population and system perspective.

13. Phase 3 has started to address some of the gaps highlighted, including:

- assessing five outcomes frameworks, including the Social Care Outcomes Framework, to determine the measures against which an ICP could be held accountable for integrated care. The key insight from this is only 18% of the current measures can be measured, reported and impacted by integrated care
- developing Minimum Data Sets in community health services where traditionally poor, resulting in significant clinical variation
- developing an Information Model which will provide data on whether the system is achieving the required outcomes and performance ambitions at both a system and provider level is required. Where the system falls short, the Information Model will enable very tailored and precise solutions to be put in place.

14. Additionally Phase 3 has provided an extremely detailed blueprint of what South Nottinghamshire and Nottingham needs to put in place in respect of processes, workforce, quality measures and key performance indicators, data and systems for specified Enablers and Integration Functions to achieve the value opportunity reconfirmed in the actuarial analysis.

### **Benefits Achieved**

15. Examples of progress achieved to date in providing joined up, coordinated care which improves the health and social care outcomes for local people, and enables more care closer to a person's home in the community, including support to promote independence and self-care include:

- a project to promote wellness for the 'at risk' of stroke population, which was initiated in Rushcliffe. Through the diagnosis and treatment of a condition called atrial fibrillation approximately 30 strokes and 10 deaths are being prevented each year across the borough providing benefits to the local population and increasing sustainability of the NHS and care system. This project is now being rolled out further across the system
- the Integrated Personal Commissioning (IPC) programme, which encourages people to take a more active role in their health and wellbeing by offering personalised support plans and personal health budgets, where appropriate. At the end of 2017/18 1,700 people had benefited from the choice and control from a personal health budget. The national evaluation of the IPC programme shows that people who have an integrated support plan and budget results in improved outcomes and an average saving of 17% for people with Continuing Healthcare funding
- between April 2016 and March 2017, the Mid Notts Call for Care service provided urgent care in people's own homes so that 1,520 people avoided having to go to hospital as an emergency and 613 people could be discharged from the Emergency Department back home with care, avoiding an admission

- the redesign and development of an Integrated Discharge process for patients requiring supported discharge from Nottingham University Hospitals NHS Trust, has resulted in an increase in supported discharges, from an average of 180 to 240 per week, but further improvement is still needed.
  - evaluation by Nottingham Trent University and PeopleToo, published in December 2017, showed how health and social care staff working together in Integrated Care Teams deliver better outcomes for service users who have a combination of health and social care needs, than health and social care staff working in separate teams to support people. This evidence was reported to Adult Social Care and Public Health Committee in March 2018.
16. Such examples do not combine however to bring about transformation, of the scale and pace needed, to achieve the required improvements in outcomes, quality and sustainability of care. As such, further work is planned centred on integrated commissioning, integrated provision, and system integration.

### **Public Engagement in South Nottinghamshire and Nottingham**

17. Since the previous report to Committee in February 2018, three public events have taken place specifically to share and gain public opinion on the system integration work. These events have been designed and facilitated by members of the Greater Nottingham Citizens Advisory Group, have included Social Care input, and have been held in Radcliffe, Bestwood and Hucknall.

### **Future Work in South Nottinghamshire and Nottingham**

18. Work will continue with partner organisations over the coming weeks and months on both:
- the practical implementation and execution of improvement initiatives for the local population based on the outputs from Phase 3
  - the further development of Integrated Commissioning and Integrated Provision arrangements.
19. Additionally, South Nottinghamshire and Nottingham are taking stock of the comprehensive outputs of the Phase 3 system integration work, and hope to co-produce a route map for implementation with the Greater Nottingham Transformation Board in the coming weeks. This will include, wherever sensible, alignment of work programmes across the whole ICS as well as the requirement for any business cases for future development.
20. These next steps on system integration in South Nottinghamshire and Nottingham will also include 'the asks' of each of the partner organisations. As a minimum, the County Council can expect to be asked to:
- report on minimum data set information (MDS) for social care services
  - report on quality measures against the Outcomes and Performance Framework requirements once confirmed
  - provide data on spend and activity at both a service and individual level to support a system level understanding of the impact of activity and investment on population outcomes.

21. Over the coming months the Council can also expect to be asked to consider the level of integration it wishes to pursue, for the local population, in joining up aspects of care such as care co-ordination, referral management, and discharge processes together with elements of supporting the infrastructure such as health and care data and information.

### **Future work in Mid Nottinghamshire**

22. Discussions about the future system architecture for the Nottingham and Nottinghamshire ICS involve Mid Nottinghamshire partners. The Better Together Alliance partners continue to meet to discuss and agree priorities and service transformation for Mid Nottinghamshire at the Better Together Transformation Board. The Council signed up to the Better Together Alliance Agreement as a Full Member in March 2015; this membership continues for a three-year period until March 2019 (as set out at paragraph 40 of the report to Committee in March 2016 on this subject). All partners have the choice to continue with membership beyond this point or break with the Alliance. The future of this Agreement is being considered alongside all the system architecture discussions and a recommendation about the Council's participation in this Agreement beyond March 2019 will be brought back to Committee in early 2019.

### **Leaving Hospital Guidance South Nottinghamshire and Nottingham**

23. Following discussion at the NUH A&E Delivery Board it was agreed that NUH needs to enforce a more robust management procedure for the management of patient choice; many patients remain in hospital after they are medically fit because they are waiting for homecare providers or residential / nursing facilities that they would prefer to use rather than those which are available at the point that they are medically fit.
24. NUH staff have discharge guidance which identifies the need for patients to leave hospital when they are medically fit. The guidance is available as a background paper. However they are now using a national revised approach to ensure that all patients receive the same information and communications to ensure that they are aware that they need to leave the acute setting as soon as they are medically fit and that if the services they would prefer to access are not available e.g. popular nursing or residential units with waiting lists, they will move out of the acute setting into alternative provider services whilst they wait for the services they would prefer to be available.
25. Therefore as a system NUH have asked all partners to support them in these communications to ensure a standardised message is shared with all patients. Once they are medically fit, patients will be expected to leave the hospital setting with the appropriate support provided (if they are eligible) to enable them to leave.
26. This has no policy implications for the Council and is for information only.

### **Other Options Considered**

27. The Care Act 2014 places a duty on councils to promote integration, therefore doing nothing is not an option as it will not adequately meet the needs of the population in the future, or effectively make the best use of resources available across health and social care.

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

28. The outputs from the Phase 3 work have been far more complex than anticipated and further time is now needed for partners to shape the next steps in this transformation journey in South Nottinghamshire and Nottingham, particularly around the “asks” of each organisation.
29. Further time is also required to allow discussions to take place regarding the future of the Alliance contract with partners in Mid Nottinghamshire.

## **Statutory and Policy Implications**

30. 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**

31. Any requests for Council data during the development of an ICS will be reviewed with Legal Services and Information Governance colleagues.

## **Financial Implications**

32. As yet there are no financial implications for the Council in South Nottinghamshire.

## **Human Resources Implications**

33. As yet there are no HR implications for the Council in South Nottinghamshire.

## **Implications for Service Users**

34. It is anticipated the development of an ICS 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:

- 1) the proposed next steps for the Council to explore with partner organisations, as outlined in **paragraphs 20 & 21**, be approved.
- 2) a further report be brought to the Committee before the end of March 2019 setting out the options for the Council in relation to continued membership of the Better Together Alliance in Mid Nottinghamshire.

- 3) a further report on the Integrated Care Partnership for South Nottinghamshire and Nottingham be brought to the Committee in June 2019 detailing the options and recommendations, and that Members are kept up to date with progress through the dedicated Members Reference Group for Health Integration.

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### **Constitutional Comments (LM 22/11/18)**

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

### **Financial Comments (CT 28/11/18)**

36. The financial implications are contained within paragraph 32 of 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.

- The Mid-Nottinghamshire 'Better Together' Alliance agreement contract – report to Adult Social Care and Health Committee on 7<sup>th</sup> March 2016
- Integration of Health and Social Care in South Nottinghamshire, Transformation Programme Update - report to Adult Social Care and Public Health Committee on 12<sup>th</sup> June 2017
- Update on the Development of an Integrated Health and Social Care Partnership in South Nottinghamshire and Nottingham - report to Adult Social Care and Public Health Committee on 5<sup>th</sup> February 2018
- Evaluation of the impact of social care staff embedded within Integrated Care Teams – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> March 2018
- Discharge Guidance for Greater Nottingham: June 2018

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

All.

ASCPH594 final