

**REPORT OF THE CHAIR OF THE ADULT SOCIAL CARE AND HEALTH
COMMITTEE****UPDATE ON PROGRESS WITH ARRANGEMENTS TO INTEGRATE HEALTH
AND SOCIAL CARE IN MID-NOTTINGHAMSHIRE****Purpose of the Report**

1. To provide Members with an update on arrangements to integrate health and social care in Mid-Nottinghamshire.

Information and Advice

2. The Better Together Alliance (The Alliance) is a partnership between Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, seven NHS health providers and voluntary sector partners.
3. On 11 November 2015, Policy Committee resolved that a quarterly report would be provided to the Committee on the work of the Better Together Alliance's 'Leadership Development Board'.
4. The County Council is represented on this Board by the Chair of Adult Social Care and Health (ASCH) Committee and the Corporate Director, Adult Social Care, Health and Public Protection.
5. This Board is responsible for implementation of plans (The Better Together Programme) for the formal integration of arrangements between health and social care in Mid-Nottinghamshire.
6. The Programme's ambition is that everybody who uses both health and social care services in Mid-Nottinghamshire will have integrated care – through services which work together better to give the best care based on a person's personal circumstances. In addition, it aims to put in place joined up, responsive urgent care services that operate outside of hospital wherever possible.
7. The programme has the following core workstreams:
 - **Urgent and Proactive care** (including care for people with long term conditions such as Diabetes, Chronic Heart Disease, Stroke)
 - **Elective Care**
 - **Maternity and paediatric care**

8. This report provides the first quarterly update and outlines plans for the next phase of integration.

Progress to implement key integration projects

9. Progress to date with key integration projects in Mid-Nottinghamshire includes:
 - **Local Integrated Care Teams (LICTs)** are eight multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. Each team has a social worker co-located within the team, funded by the CCGs. Initial evaluation has concluded that the teams have had a positive effect on reducing hospital admission and preventing admissions to residential care. Further data is being gathered regarding detail of the impact of the approach on preventing, delaying or reducing the need for packages of social care.
 - **The Self-Care Hub** based at Ashfield Health and Wellbeing Village commenced in July 2015. Its main objective is to help people better manage their health condition(s) themselves. Plans are underway for Nottinghamshire County Council Social Work and Occupational Therapy Clinics to take place in the centre. The new Council commissioned short term prevention service 'Connect' started in January and is meeting with the Self Care Hub to plan a local co-ordinated approach.
 - **Transfer to Assess** schemes aim to avoid people being delayed in hospital any longer than necessary. Once people are medically well enough to move out of an acute ward, any further assessments required will be carried out in another setting, ideally their own home. This has had a positive impact on reducing the number of Delayed Transfers of Care from hospital. It is acknowledged, however, that the schemes in Mid-Nottinghamshire rely too heavily on the use of interim residential and nursing care beds as the place of assessment and further planning is now being undertaken to achieve the aim that wherever possible, people return to their own homes for assessment. This provides the best opportunity for people to regain their independence and confidence.
 - **Call for Care** is a service that health and social care staff will be able to contact to identify what appropriate service(s) have available capacity that can be put in place quickly to avoid emergency hospital admissions. The service is being rolled out in stages and commenced at a restricted level for the ambulance service and GPs in November 2015. It does not yet include access into social care. These pathways are planned to be included during 2016 following work with the district teams and Customer Care/Adult Access Service to ensure the positive performance of resolving 70% of all enquiries at the front end is maintained.
 - **Specialist Intermediate Care Teams and Crisis Response (SICT)** are not fully implemented across Mid-Nottinghamshire and the model is being reviewed in light of the difficulty in recruiting to some key roles. A new joint plan is being developed, reviewing which health, care and housing services should be put in place to most effectively prevent hospital and residential care home admissions, support people home from hospital quickly and maintain people with complex needs in their own homes for as long as possible.

- **Housing input to Integrated Discharge Team.** A pilot scheme is underway with Mansfield District Council to improve discharges from hospital. A named Housing Officer, who is funded by the CCGs, works alongside health and social care staff at King's Mill Hospital to offer solutions to issues such as inappropriate housing and homelessness. An independent evaluation of the pilot by Nottingham Trent University showed clear benefits of earlier discharge and taking into account the cost of providing the service evidenced savings on bed days, which could rise further if the service was to be scaled up.

Next phase of integration – a formal Alliance Agreement

10. Building on work to implement these initial integration projects, there is an ambition now to move further and strengthen arrangements through the development of a formal Alliance across the whole system of health and social care.
11. Work to develop this has been led by the 'Leadership Development Board', which includes County Council representation as described in **paragraph 4** of this report.
12. On 2 November 2015, ASCH Committee agreed that Council would be a party to a Memorandum of Understanding (MOU) to work with other Mid-Nottinghamshire partners to develop a formal Commissioner Provider Alliance agreement, which would operate from April 2016.
13. The purpose of the Alliance is to provide a financial governance and contractual framework that delivers the commissioner participants' key current objectives, as well as form a robust partnership to meet future demand from changing levels of need, changing funding levels, new legislation and/or policy imperatives.
14. This will be achieved by:
 - ensuring health and care system sustainability through more effectively managing system cost whilst maintaining appropriate quality and service user safety
 - securing best value for the public sector budget in terms of outcomes per pound spent
 - ensuring that integrated health and care services are delivered coherently and that fragmentation of service delivery is minimised by reducing organisational, professional and service boundaries
 - directing resources to the right place in order to adequately and sustainably fund the right care for improved patient outcomes
 - incentivising the achievement of positive outcomes for the benefit of the population's health and wellbeing
 - supporting the process of transition to new care, support and well-being models delivering improved outcomes for service users
 - protecting and promoting service user choice.

Governance of the Alliance

A) Ratification

15. The Leadership Development Board has now developed the formal Alliance Agreement, which has a legally binding status. This includes a set of principles, objectives and behaviours that all Members sign up to on joining the Alliance.
16. Now that the work to develop the Alliance Agreement has been completed, the name of the Leadership Development Board will change to the 'Alliance Leadership Board'.
17. Nottinghamshire County Council's participation with this Agreement was agreed by ASCH Committee on 7 March 2016.
18. The ASCH Committee also agreed that the Corporate Director for Adult Social Care, Health and Public Protection (or his authorised senior officer delegate) be the Nottinghamshire County Council representative on the Alliance Leadership Board. The outcome of the transition activities and any relevant decisions that need to be taken will be brought to the ASCH Committee, or such other body of the Council as may be appropriate in the circumstances.
19. The ASCH Committee also agreed that the Council will be a Full Member of the Alliance as opposed to an Associate Member.

B) Membership requirements

20. Full Membership of the Alliance means that the Council will have a vote on the Leadership Development Board; it will play an active and key strategic role in developing and delivering transformation plans and will also take a share in the risks and rewards of delivering the partnership's objectives.
21. Full Members also commit to transparent open book accounting wherever possible. For the County Council this will mean sharing information regarding the relevant expenditure on social care in Mid-Nottinghamshire. Understanding the total amount of public funds available will assist the Alliance to make strategic decisions regarding its best use to meet local health and social care needs.

C) Decision making and transition arrangements

22. Under the Agreement, all decisions by the Alliance Leadership Board must have unanimous support from all Full Member organisations. This protects the interest of the Council, particularly given that the other Full Members to date are health providers and commissioners.
23. As might be expected when developing complex and innovative arrangements, further work on some issues is needed to determine how to implement some of the intentions of the Alliance.
24. To accommodate this, the Agreement established a transition period to 31 August 2017. This period will enable issues to be worked through with partners. Protecting the Council's

interests it will also guarantee that the present and future requirements and duties placed on social care will not be impeded by any emerging new arrangements.

25. At the end of the transition period, if agreement on the way forward has not been reached, then there will be a decision as to whether the Alliance reconfigures its membership or is dissolved. There is also an option to extend the transition period (acting unanimously) to allow more time for resolution.
26. If agreement has been found, then at this point the Alliance Agreement will be reviewed and up-dated to reflect this and a further report will be brought to ASCH Committee at that time to seek approval to sign off the outcomes of the transition period.

D) Termination of participation at any point

27. The national and local policy context is continually changing and there may be other drivers which affect how social care needs to evolve and develop. In light of this, the agreement provides for an Alliance Member to terminate its participation by giving three months' notice in the event of a policy change at national or local government level which materially impacts on any member's ability to participate in the Alliance.

E) Nomination of other Members

28. The Alliance is keen to increase the involvement of social care providers, to ensure effective integration. A clause in the Alliance Agreement allows the Council to nominate any other social care provider(s) to become an Associate Member of the Alliance or to request Full Membership (subject to agreement from other Alliance Members).
29. In order to raise awareness of this opportunity, a briefing about the Alliance was held on 29 February 2016 for any social care provider who receives funding from ASCH for social care services provided to residents of Mid-Nottinghamshire. 16 organisations attended the briefing and discussions are now underway to determine how best to involve relevant providers in Alliance work, whilst ensuring that further involvement does not give any preferential procurement advantages.

Priority projects during the transition period

30. During the sixteen month transition period, the following priority projects have been identified for development and agreement:
 - a) development of a system to allocate funding to health providers based on population characteristics (also referred to as a "capitated payment mechanism"). This will exclude funding allocated as social care Personal Budgets
 - b) expand the outcomes based payment model for the NHS service contracts, which allocates a portion of funding based on achievement of agreed outcomes rather than specific activity. For example, payment to providers could be dependent on success with supporting people to manage their diabetes, rather than all funding being related to how many health interventions were provided in relation to diabetes care
 - c) agree the detail of how sharing of risks and rewards will operate across the partnership

- d) establish Care Design Groups, which will make recommendations about how existing resources could be reorganised and care pathways improved, to increase effectiveness and achieve agreed outcomes
 - e) the ongoing development of models of care.
31. During this period there will also be further discussion about which social care resources and contracts might be included in the Alliance in the long term and appraisal of the option of creating a formal pooled budget.
32. An outcomes based payment model is a new development which will be implemented into the contracts between the CCGs and NHS providers for 2016/17, commencing on 1 April 2016. Around £4.5m will be made available to the six NHS provider partners subject to the successful achievement of agreed targets against seven prioritised outcomes. It is acknowledged that the participation of primary care, the voluntary sector and the Council (in differing degrees) will be crucial for achieving these targets.
33. Whilst the Council, primary care and the voluntary sector cannot benefit from the £4.5m funding, the value of achieving these outcomes is recognised, particularly in relation to the reduction of permanent admissions to residential care homes. Having the support of the other partners to work on this will give a significant boost to this important strategic aim.

Update on developments in the wider context of integrating health and social care

34. On 10 February 2016, Policy Committee received a report outlining the national policy and legislative landscape for the integration of health and social care.
35. This report referred to the Better Care Fund. The Nottinghamshire Better Care Fund Plan for 2016/17 was submitted for approval to the Health and Wellbeing Board on 6 April. The Fund value is £56m for 2016/17.
36. The report also referred to the Spending Review 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21', which was published on 22 December 2015. The planning guidance sets out a new approach to help ensure that health and care services are planned by place rather than solely around individual institutions, over a period of five years, rather than just a single year. The design and delivery of Sustainability and Transformation Plans (STPs) are central to this.
37. There are 10 key priorities which need to be addressed within the plan (see **Appendix 1**). The responses to these priorities will show how the STP will close the three priority gaps set out in the NHS Five Year Forward View:
- Health and Wellbeing
 - Care and Quality
 - Finance and Efficiency.
38. The plan is also expected to confirm collaborative leadership arrangements and set out governance and decision making arrangements.

39. Whilst the overarching STP should set out the key strategic aims for the planning area, there is recognition that more local planning may be required in order to provide services that meet the needs of local people.
40. There is a Sustainability and Transformation Fund of £2.1bn nationally for 2016/17, which will rise to £2.9bn in 2017/18 and to £3.4bn in 2020/21. STPs will become the single application and approval process for being accepted onto programmes with transformation funding from 2017/18 onwards. The deadline for the submission of STPs is 30 June 2016.
41. There are 44 STP areas in total across England. Populations range from 300,000 (in West, North and East Cumbria) to nearly three million people (in Greater Manchester). They include five local areas within London, and many are in line with county boundaries.
42. It has been confirmed that the Nottinghamshire STP will cover a planning footprint containing the geographic areas of Mid-Nottinghamshire, South Nottinghamshire and Nottingham City. Bassetlaw has been included in the South Yorkshire planning footprint for STP purposes but will have Associate Membership status of the Nottinghamshire STP.
43. Named individuals have been identified by NHS England to be responsible for convening, overseeing and coordinating the STP work in each area. They are individuals who have a local profile and credibility and national support, whose collective efforts alongside colleagues will help transform health and care over the next few years. David Pearson, Corporate Director for Adult Social Care, Health and Public Protection, has been invited by Simon Stevens, Chief Executive of the NHS, to convene, oversee and coordinate the work to develop the Nottinghamshire STP. He is one of only three Local Government leaders to be asked to lead STPs across the country. The Chief Executive, in consultation with the Leader of the Council, has agreed to allow David to dedicate one day a week to achieve this important task.
44. The Council is a key partner in the development of the STPs. The other partners in the Nottinghamshire STP include 13 health commissioners and provider organisations, Nottingham City Council and other significant partners such as the voluntary sector and six District Councils. A workshop was held on 18 March 2016 to bring together all the partners in Mid and South Nottinghamshire, to start discussions that will produce the Nottinghamshire STP. A similar workshop is being held on 19 April 2016 in Bassetlaw to ensure that partners, including the Council, are able to share their priorities and discuss key themes to feed into the South Yorkshire STP.

Other Options Considered

45. There are no options as this is a report for information.

Reason/s for Recommendation/s

46. To provide a quarterly update as previously agreed by Policy Committee.

Statutory and Policy Implications

47. 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 services), the public sector equality duty, safeguarding of children and adults at risk, 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.

Financial Implications

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

Implications for Service Users

49. The overall aim of the Better Together programme is to deliver improved health and social care outcomes for service users.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the development of integrated arrangements in Mid-Nottinghamshire
- 2) receives a further progress report on the work of the Mid-Nottinghamshire “Better Together” Alliance Leadership Board in July 2016
- 3) notes the development of the Sustainability and Transformation Plan in Nottinghamshire

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Chair of Adult Social Care and Health Committee

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Constitutional Comments

50. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 31/03/16)

51. The financial implications are contained within paragraph 48 of the 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.

- Integration with Health in Mid-Nottinghamshire – report to the Adult Social Care & Health Committee on 2nd November 2015.
- Appointment to Mid-Nottinghamshire Alliance Development Leadership Board – report to Policy Committee on 11th November 2015.
- Integrating health and social care in Nottinghamshire – report to Policy Committee on 10th February 2016.
- The Mid-Nottinghamshire “Better Together” Alliance Agreement contract – report to Adult Social Care and Health Committee on 7 March 2016.
- Better Care Fund Plan 2016-17 – report to Health and Wellbeing Board on 6 April 2016.

Electoral Division(s) and Member(s) Affected

All.

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