



# Next Steps for the Better Together Alliance

## Integrating Care Across Mid- Nottinghamshire

*Helping to shape future health and social care in Mid Nottinghamshire*

**We are working with all NHS and social care organisations across Nottingham and Nottinghamshire, whilst focusing on the needs of people who live in Newark, Sherwood, Mansfield and Ashfield:**

Our vision is that people stay healthy for an extra three years. Although life expectancy has improved, people are living with more health conditions in later years.

People will also be supported to stay well and independent as close to home as possible. This means more care and support at home or in community settings. Hospital and residential care will only be used when necessary to meet specific needs – not as a default because alternatives are not available. Care will be provided in the best place, in a coordinated way, with the same quality and waiting times standards - regardless of where people live. Equal importance will be given to physical and mental health.

Principles and behaviours were agreed early in the Better Together formation and are still valid today

## Moving from

- Leadership conversations focused on transactional arrangements
- Focus on Organisational boundaries and requirements
- Moving the “deficit” around the system
- The financial gap is increasing

## Alliance Approach

- Leadership conversations focused on transformation and system strategy
- Focus on what is “best for service” for the Mid Nottinghamshire population
- Working to reduce the deficit of the Mid Nottinghamshire System
- Risk and Reward in place to manage transition risk

## Tenets

The principles need to be strengthened with formal recognition of the tenets underpinning discussions to achieve financial sustainability:

- Constitutional targets / national priorities must not be compromised unless these are specifically agreed with NHSI and NHSE, DH or relevant regulatory body
- Quality (including safety), equality and equity impacts of service change must be assessed and mitigated where necessary
- Reducing overall system cost must be the focus of the work across the system, achieved through transformation, efficiencies and prioritising spend on the most clinically and cost effective healthcare interventions
- Accountability for delivery of CIP / QIPP / savings proposals needs to be clear for programme leads, with aligned reporting into the Alliance and statutory bodies and a shared mandate across organisations to execute the mid-Notts plan
- Public and patient engagement will be undertaken systematically to gain insights and support public information and engagement with their health, independence and wellbeing
- Clinical relationships will be developed, so that care is based around integrated practice units and not organisations

# Operating context

- The Alliance operates as part of the Nottingham and Nottinghamshire Integrated Care System (ICS)
- The vision and main priorities are completely in line with the ICS.
- The Alliance works to make services as good as they can be day-to-day and to deliver changes that can be best implemented at a local level.
- Over time, the ICS will ensure that the same standards of care are delivered across the whole area, taking the most effective ways of working from all areas. It will also determine the shape of services.
- The mid-Nottinghamshire Alliance is likely to become an Integrated Care Partnership (ICP) and this will put plans and standards into practice.
- There will be localities that have teams working together to provide care.





# Planning Guidance— Integrated system working



The Nottingham and No  
Sustainability and Transform

## **Tier 1. Nottinghamshire Integrated Care System:**

Responsible for strategic commissioning

Planning for the future and production of the 'single plan'.

Functions include:

Aligning commissioning

Integrating regulation

Managing performance

Providing system leadership

Owning and resolving system challenges

## **Tier 2: 'Integrated Care Partnerships.'**

Provider-led Partnerships

Responsible for 'tactical commissioning', supply chain management and local delivery

Functions include:

Tactical commissioning devolved by the ICS

Patient navigation

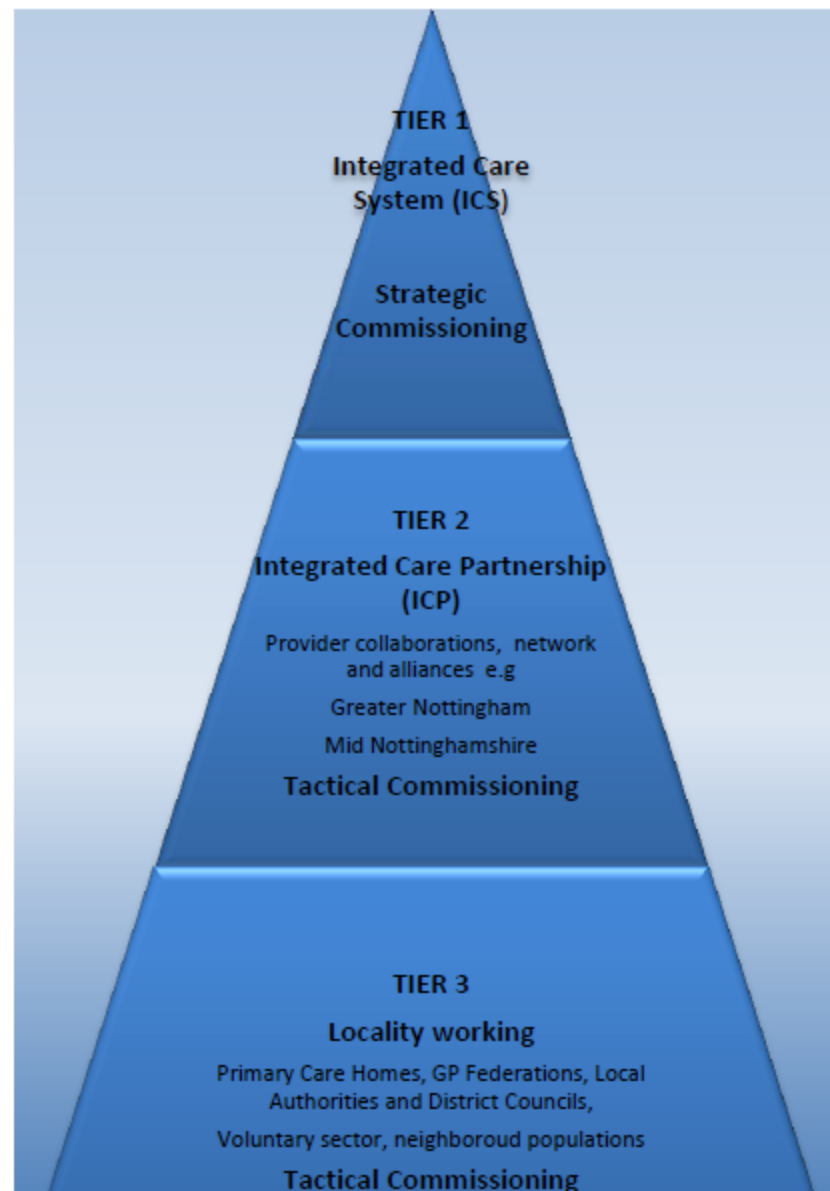
Planning for delivery of service change

Focus on defined population

Market management and setting contracts

## **Tier 3: Locality working.**

Integrated teams set up around the needs of 50-80,000 populations



- Risk stratification of the population
- Integrated health and social care community teams, based around general practice lists
- Specialist intermediate care (step up and down services)
- Community-based clinical navigation – Call For Care (111 for professionals)
- Working across settings – community teams at hospital front door and back door
- Single front door – Out of Hours and ED combined
- Elective pathways – integrated MSK, advice and guidance
- Self-care, early intervention and prevention

# The Story So Far – What We Have Achieved

## Successes

- Greater benefits than anticipated on access targets and hospital productivity
- Some success in managing population demand, not good for managing the money in part due to the limitations of activity-based payment incentives
- Reduction in beds with fewer admissions than would have otherwise occurred
- Proactive care may increase activity in the short term, as latent disease is more likely to be picked up. The Alliance has worked together to reduce activity and reverse non-elective admission trends in 2017/18

## But

- System financial deficit
- Narrative became lost
- Transformation become 'becalmed' with focus on financial position
- Clinical / professional leadership and public / patient engagement need to be strengthened
- Levels of engagement, ownership and alignment of system vary
- Need to refresh and focus



## **Manging Today**

- System Planning: Provide assurance to the statutory organisations and STP that plans of individual organisations and the Mid Notts system plan are consistent
- Delivery: Hold each other to account for delivery of system objectives, including financial sustainability and performance standards

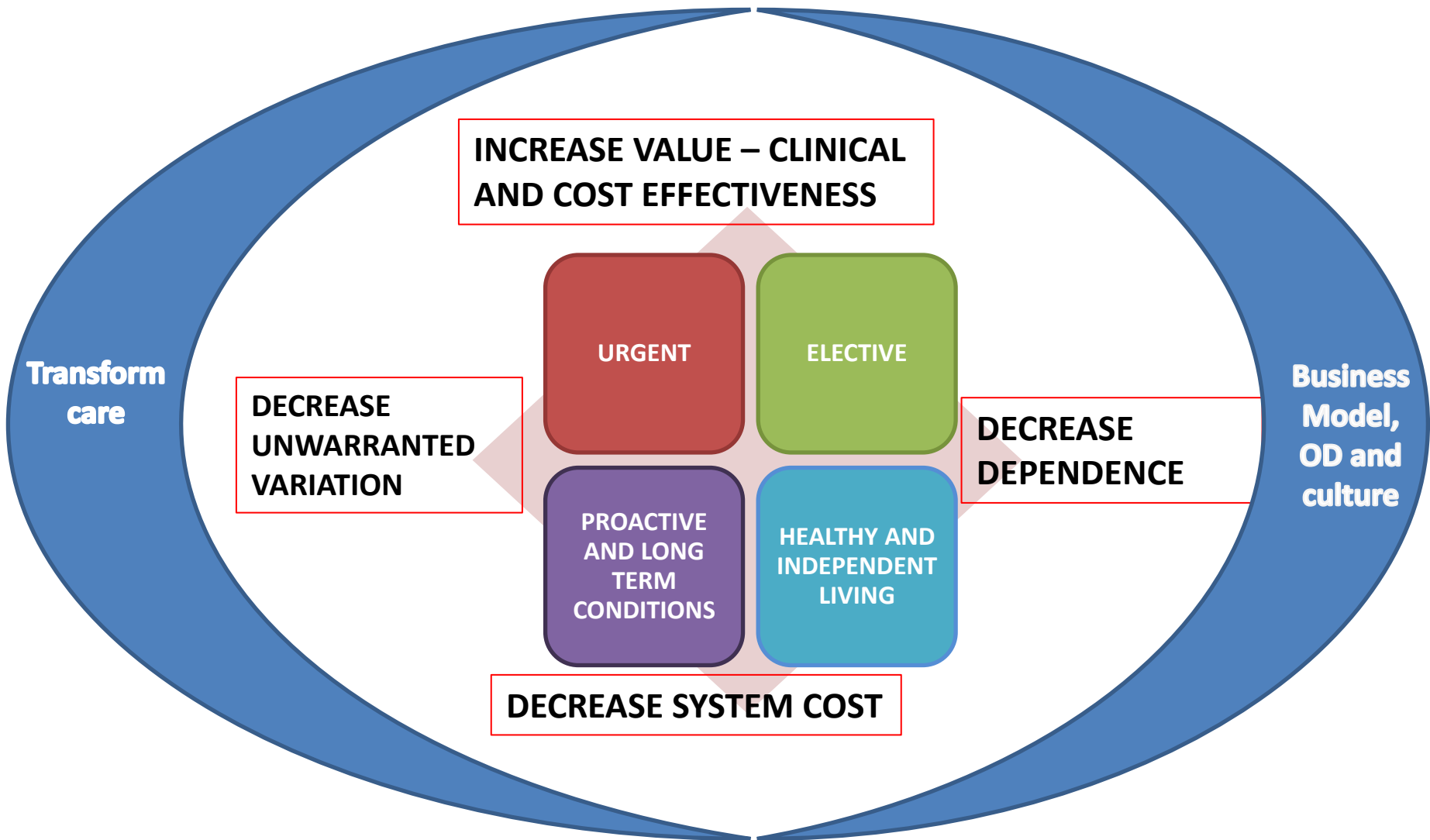
## **Building Tomorrow's System**

- Care Models and Pathways: Develop and implement new models of care and care pathways to provide integrated, high quality and sustainable care
- Out of Hospital Services: Build capacity in primary care led out of hospital and local community services to deliver the new care models
- Business Model: Develop the Business Model to underpin delivery of services and in line with STP
- Cultural paradigms and ways of working: Undertake whole system development to enable population health management and integrated care provision

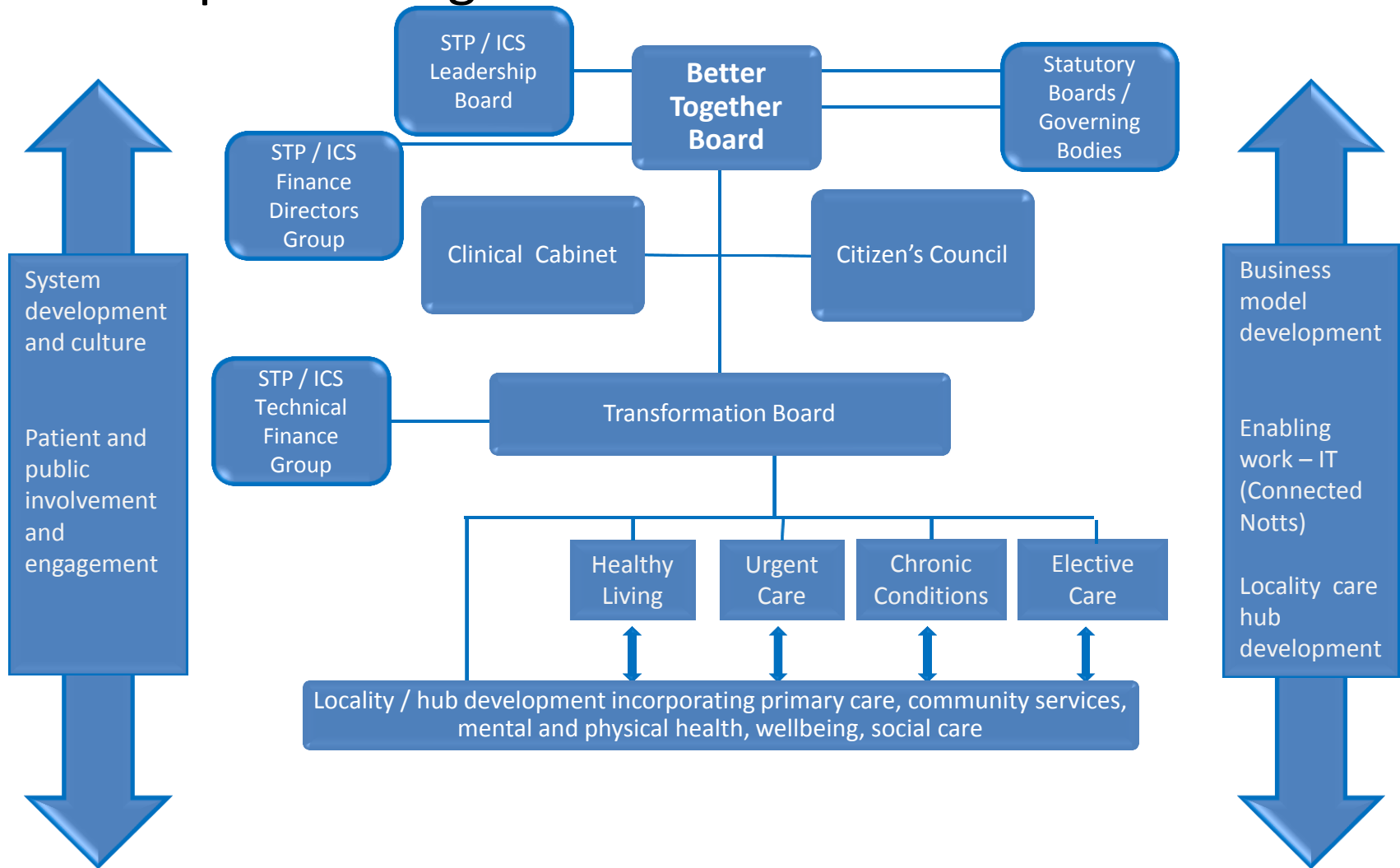
# Care Models and care Pathways



Shaping health and care in Mid-Nottinghamshire



# Proposed Programme Structure\*



\*Transformation Board to include whole system partners, including housing. Business and care models to be developed in line with ICS requirements.