

EXECUTIVE BOARD – 21 March 2017

Subject:	Support for Greater Nottingham Health and Care Partnership
Corporate Director(s)/Director(s):	Alison Michalska, Corporate Director of Children and Adults Candida Brudenell, Corporate Director of Strategy and Resources, Helen Jones, Director of Adult Social Care
Portfolio Holder(s):	Councillor Alex Norris, Portfolio Holder for Adults and Health
Report author and contact details:	Colin Monckton, Director of Strategy and Policy 0115 8764832
Subject to call-in: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Key Decision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Criteria for Key Decision:	
(a) <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision	
and/or	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of expenditure: <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Total value of the decision: No financial expenditure	
Wards affected: All	
Date of consultation with Portfolio Holder(s): 2nd March 2017	
Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	<input type="checkbox"/>
Schools	<input type="checkbox"/>
Planning and Housing	<input type="checkbox"/>
Community Services	<input type="checkbox"/>
Energy, Sustainability and Customer	<input type="checkbox"/>
Jobs, Growth and Transport	<input type="checkbox"/>
Adults, Health and Community Sector	<input checked="" type="checkbox"/>
Children, Early Intervention and Early Years	<input type="checkbox"/>
Leisure and Culture	<input type="checkbox"/>
Resources and Neighbourhood Regeneration	<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):	
<p>The City Council has previously committed to the further integration of health and social care services and has, through the Medium Term Financial Plan (MTFP), made assumptions on the impact of the integration to the Council Budget. This proposal in this paper builds on the last three years of work on integrating community health and social care in the City of Nottingham. The decision requested at this stage is to progress the integration work on a number of specified areas, with recommendations from each of those areas of work returning for formal decision making at a later date.</p> <p>The Greater Nottingham Health and Care Partnership (GNHCP) has together conducted a rigorous level of analysis of the whole health and social care system and produced a clear evidence based route map to transformation. That route map is based on detailed actuarial analysis across the whole system and through deep analysis across focused work streams covering all aspects of the system. The work has been done through the use of experienced external support from organisations that have delivered similar transformation, through reference to the NHS New Models of Care and Five Year Forward View, through extensive collaboration between organisations locally to determine the needs of our populations and the areas of current system performance than can be improved through integration.</p>	

The work has identified a recommended route to how we as a group of partners can move to integrate the whole health and social care system, which is suggested to be in some form of Accountable Care System. The next stage is to work up specific proposals for subsequent decision making on the key areas of how to integrate commissioning, to integrate provision and to integrate the system. All partners are being asked to support the next steps from the work, and at the date of writing this report, the City Council is now in the position of knowing that all other partners have now approved the next steps requested in this report.

The recommendations if approved will enable us to make the best use of the resources available.

Exempt information: None

Recommendation(s):

1. Agree to progress the next steps as part of the Greater Nottingham Health and Care Partnership to work up details on how to integrate commissioning, integrate the provision and integrate the system for the Greater Nottingham area.
2. Acknowledge the progress of the design and development of further integration at whole system level in Greater Nottingham.
3. By approving the direction of travel, acknowledge that NHS partners will progress to initiate a procurement process for interim support on behalf of the system, for delivery of an agreed set of tasks to further this work during 2017/18, subject to the funding being made available.
4. Undertake a simple organisational self-assessment of readiness which can draw out any organisational red lines or barriers to moving forwards with this work, as well as identifying the current capacity and capability within organisations to move forwards with the next steps of the design process.

1 REASONS FOR RECOMMENDATIONS

- 1.1 There are significant financial and demand pressures in adult social care which if allowed to result in reductions to the care provided to citizens will result in risks to the statutory responsibilities of the City Council, and result in significantly more cost pressure on the NHS. (see Kings Fund report published 21st February)
- 1.2 This is in support of delivering against our responsibilities under the Care Act 2014 which require integration with health services
- 1.3 The activities recommended as part of the Greater Nottingham Health and Care Partnership represents work that was underway before the Sustainability and Transformation Plan (STP) process was initiated and now do form a substantial part of the delivery of the Nottingham and Nottinghamshire STP.
- 1.4 This is the continuation of our work in the City over the last three years to integrate health and social care.

- 1.5 The recommendations are based on enabling us to make best use of resources available. It remains the view that further funding is required to support the transformation and health and care system into the future and to support its future sustainability.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 This paper provides an update to the Executive Board on the progress that has been made in the development of an integrated health and care system in Greater Nottingham, and proposes next steps to take this work forwards.
- 2.2. A similar paper with the same set of recommendations has been taken to all of the Greater Nottingham Health and Care Partners or Governing Body meetings throughout January and February.
- 2.3 During the last 12 months, partners have undertaken detailed system analysis to model the financial demand and resources over the next 5 years, analyse the current system performance and make comparisons to national and international systems, undertake deep analysis on the opportunities for improving outcomes across the system. This work has set out options for us to integrate commissioning, integrate provision and drive system integration in order to:
- a) Reduce delivery risk
 - b) Accelerate benefits realisation
 - c) Build capabilities
- 2.4 The purpose of this paper is to bring this recommendation to the Executive Board and seek approval to proceed to the next steps towards developing a fully integrated health and care system in Greater Nottingham. Each step taken along the journey does not pre-empt the decisions that each partner organisation and the GNHCP will have to make in the future.
- 2.6 There are a series of engagement events for the STP of which the latest held in the Council House was on 22nd February. The outputs from these will be integrated into the proposed next steps, and we will continue to engage thoroughly as the work develops.
- 2.7 The next steps proposed are:
- Implement a number of improvements which put in place some critical components required for transformation. We recommend we support these changes, which are to develop Accident & Emergency diversion activities, to include a secondary care referral hub, and to develop an integrated discharge unit. Each of these activities, especially the first and third, have a full and direct requirement to include public health and adult social care in order to be successful.

It is imperative to the City Council that the system initiatives are prioritised as they enable steps to reduce the demand on the acute settings, reducing the high cost interventions enabling diversion of resources to support community settings.

- The next steps to integrate commissioning will include looking at how to create some form of joint committee arrangement to secure proper governance over the system commissioning, including the role that the City Council will play in system level decision making. This represents the mechanism by which we will ensure that the population needs of residents of Nottingham City are prioritised appropriately within the system. If we are not fully involved in this it is less likely that the interests of Nottingham residents will be strongly represented. This work will include setting out how the alliance of providers will be procured and where risks will be held within the system.
- The next steps to integrate provision will include providers, including the City Council, working together to define the type of alliance that is most advantageous to meeting our goals. This will involve legal advice on the appropriate form and will enable improved citizen centred provision of services.
- The next steps to integrate the system will build on the work undertaken over the past few months that have defined the integration functions necessary to enable full system integrations. We have concluded that integration at system level requires new capabilities to ensure the integration is successful, which will provide support to all organisations involved to ensure that plans are achieved and information provided in order to support decision making at clinical and system level. We do not believe the system can succeed without these functions. This include functions around data warehousing, workforce development, health and care analytics, decision support, clinical utilisation reviews, contract management and others.

2.8 It is proposed that a procurement process takes place to secure some interim support to further develop, design and deliver these changes, and bring back further recommendations. The funding for this interim support has been submitted as a transformation bid, and this paper asks to note this next step which will be taken forward by local NHS partners, subject to funding.

2.9 In order for all organisations in the partnership to better understand their current position on this work it is suggested that we undertake a simple organisational self-assessment of readiness which can draw out any organisational red lines or barriers to moving forwards with this work, as well as identifying the current capacity and capability within organisations to move forwards with the next steps of the design process.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 The work to date has outlined a range of options on how best to integrate the system for the benefits of citizens and organisations alike, and the purpose of this paper is to proceed with working up more detail on the options to be brought back for further consideration

The only other option for the City Council is to cease to support the GNHCP. There are three main reasons why this is not considered a realistic way forwards:

- a) That the financial pressures of adult social care and the quality and availability of social care is best provided as part of an integrated health and social care system.
- b) There is legislation that requires Local Authorities to integrate with health within the Care Act
- c) The NHS organisations will pursue this path without us, and it is likely that the best way to secure resources for the population of Nottingham City is to be fully involved in decision making across the health and social care system. To not be included within the governance, commissioning and provision is likely to reduce ability to influence the services secured for the residents of Nottingham City

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 The delivery of the Health & Social Care system transformation agenda is key to ensuring the achievement of the Council's Medium Term Financial Plan (MTFP) in 2017/18; any deviation from this plan would require the review of other services. **The gap included in the MTFP for 2017/18 is £10.111m** (£11.334m approved as part of 2016/17 & 2017/18 budget process less Additional Adult Social Care Allocations of £7.223m issued by Department of Communities and Local Government 9 March 2017)
- 4.2 Implementation of this system change will require additional resources; funding of these will need to be considered from any allocated transformation funding from Central Government.
- 4.3 The GNHCP is a critical component of the Nottingham and Nottinghamshire STP, which in October 2016 outlined a do nothing system gap which was submitted to the Department of Health totalling £628m by 2020/21 of which £292m was the impact for 2017/18. This system gap includes the GNHCP as a subset

The STP Leadership will refresh the system financial profile and highlight any risks to organisational MTFP assumptions.

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 The report identifies actions and proposals which will require legal advice to progress them. For example it will be necessary to consider how the commissioning bodies can work together through a joint committee or s75 agreement or other legal structure. The City Council

must ensure it is represented in the various work streams to satisfy itself that procurement and commissioning proposals will be compliant with the City Council's legal obligations. More specific legal advice will be given at each stage of the process as and when Executive approval is sought.

- 5.2 Procurement forms a key part of the integrated system. The precise nature of any procurement is still to be determined at this point; Nottingham City Council Procurement Team will support the partnership in any future procurement. In particular this will involve supporting the decision making about the route to market and ensuring compliance with procurement regulations.

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISIONS RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE)

- 6.1 No comments

7 SOCIAL VALUE CONSIDERATIONS

- 7.1 There are not specific areas that will be affected directly by the approval to move to the next stage of work, however during the subsequent design options there will be a number of opportunities to enhance social value. For example:

Those who provide care for others, as carers, are a critical source of support for vulnerable people, and also provide support that prevents the need to higher cost help from social care or the NHS. Support for carers is also important as they need help themselves to manage their caring responsibilities and such support will be prioritised within the system model, which seeks to enhance community based support services. This is a critical element of the social fabric of communities and will be supported.

- 7.2 Local jobs for local people are an important goal for the City Council, and we will ensure that our contribution to the system design will emphasise and prioritise this. Through being part of the governance around integrated commissioning we will have the opportunity to ensure this is an integral part of the specifications of the future system.
- 7.3 The emphasis on prevention, early intervention and public health in the design of the future system will be strong, as the plan seeks to shift the balance of where people receive support from acute settings to community settings. This will in part be achieved through prevention and public health, seeking to effect behaviour change within individuals to help them manage their conditions better, and prevent the need to hospital based care episodes in some cases. This in effect will lead to increased resilience in people and communities, and could lead to improvements in community development, achievement at school and ability to secure jobs.

8 REGARD TO THE NHS CONSTITUTION

8.1 There will be legal advice sought during the next phase that will look into this.

9 EQUALITY IMPACT ASSESSMENT (EIA)

9.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because: There will be EIA's attached to subsequent specific proposals.

10 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

10.1 None.

11 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

Kings Fund paper (published 21st February 2017) Link:

<https://www.kingsfund.org.uk/publications/delivering-sustainability-and-transformation-plans>

Nottingham and Nottinghamshire STP Link:

<http://www.stpnotts.org.uk/>

The Care Act 2014 Link:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

12 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

This report is part of ongoing work, and as such a wide range of colleagues from finance, legal, HR, commissioning, procurement, Public Health and social care have provided significant input to this work

From partners:

A wide range of colleagues from across all health and care partners in Greater Nottingham have been involved in this work. The full list of partners is included within the Nottingham and Nottinghamshire STP