

Sustainability and Transformation Partnerships in Nottingham and Nottinghamshire: update to the plan and Accountable Care System Memorandum of Understanding

Purpose of the Report

1. To update the Board on the Nottingham and Nottinghamshire STP Update published in July 2017
2. To advise the Board on the requirements of the Accountable Care System Memorandum of Understanding for Nottingham and Nottinghamshire

Information and Advice

Update to the Sustainability and Transformation Partnership (STP)

1. The Nottingham and Nottinghamshire STP was submitted to NHS England in October and published on 24 November 2016. This was a draft Plan, produced and supported by all partner organisations.
2. The Plan built on existing service improvement work and drew on information that we had gathered from conversations with local people as part of this. The draft Plan set new, ambitious goals to renew and strengthen our commitment to working together as a health and care system.
3. The NHS England *Next Steps* outlined a change in focus from Sustainability and Transformation Plans to Sustainability and Transformation Partnerships covering every area of England. These partnerships are more than just the wiring behind the scenes. They are a way of bringing together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around the patients who need it most. They are a forum in which health leaders can plan services that are safer and more effective because they link together hospitals so that staff and expertise are shared between them.

Public Engagement

4. Since the publication of the draft Plan, we have sought further feedback and comments from citizens, patients, carers, service-users, staff and organisations, providing a number of ways for people to feed in their views over a three-month period.
5. Feedback on the Plan did not suggest we needed to change our overall priorities or strategic direction. However, concerns were raised about how ambitious the Plan is, how we will deliver it and how we will bring about the required culture change in the way we work together as individuals and organisations to provide joined up health and social care services. The feedback also highlighted aspects of care for individuals or groups of people that did not have enough focus, for example children and young people, those with mental health problems and carers.



6. The Update to the STP was published in July 2017 on www.stpnotts.org.uk . It restates our challenges and provides additional detail on how we intend to respond to these. The main areas covered in the Update are:

- Our approach to delivery
- Communication and engagement with local people and staff
- Provide more detail on themes people told us were important to them – mental health, children and young people and carers
- Update on accountable care systems
- Finance and governance
- What will be different in 2016/17 (Appendix 1)

Accountable Care System Memorandum of Understanding

7. In NHS England's *Next Steps*, Nottingham and Nottinghamshire with an early focus on Greater Nottingham was identified as a potential site for Accountable Care System (ACS) development. For transparency the *Next Steps* explains ACSs as:

ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:

- *Agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19.*
- *Together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area.*
- *Create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies.*
- *Demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery.*
- *Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services.*
- *Deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance*



patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme.

- *Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise patient choice over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.*

8. In summary, an ACS will build upon the STP approach with an increased emphasis on collective responsibility for resources and the population health and care needs of citizens. ACS sites will have more freedom over how services are developed and delivered than non-ACS sites and will lead the way in developing and implementing new models of care. This may include:

- A more collaborative relationship with NHS England and NHS Improvement.
- Managing funding for a population rather than for individual organisations to work towards shared goals.
- Joint decision making arrangements and governance structure to align individual statutory responsibilities.
- Increased integration between health providers both in hospitals and general practice.
- A focus on promoting independence and prevention to support for citizens to remain independent and self-manage their long-term health conditions when appropriate.
- Improved consistency of care in-line with national guidance and evidence based practice.
- Improved choice and improved use of personal budgets.

9. In August 2017 our system agreed a Memorandum of Understanding (MOU) for a shadow ACS with NHS England and NHS Improvement. The constituent organisations of our STP have been asked to note the requirements outlined in this MOU, and asked to give consideration to how they can align organisational priorities with these requirements.

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