



Greater Nottingham: Work to date & progress in last 6 months

19 April 2018

Greater Nottingham

- 730,000 diverse population
- Nottingham City and South of Nottinghamshire County
- £1.3 billion annual health and social care budget
- Complex health and social care landscape
- Part of wider Nottingham and Nottinghamshire Integrated Care System



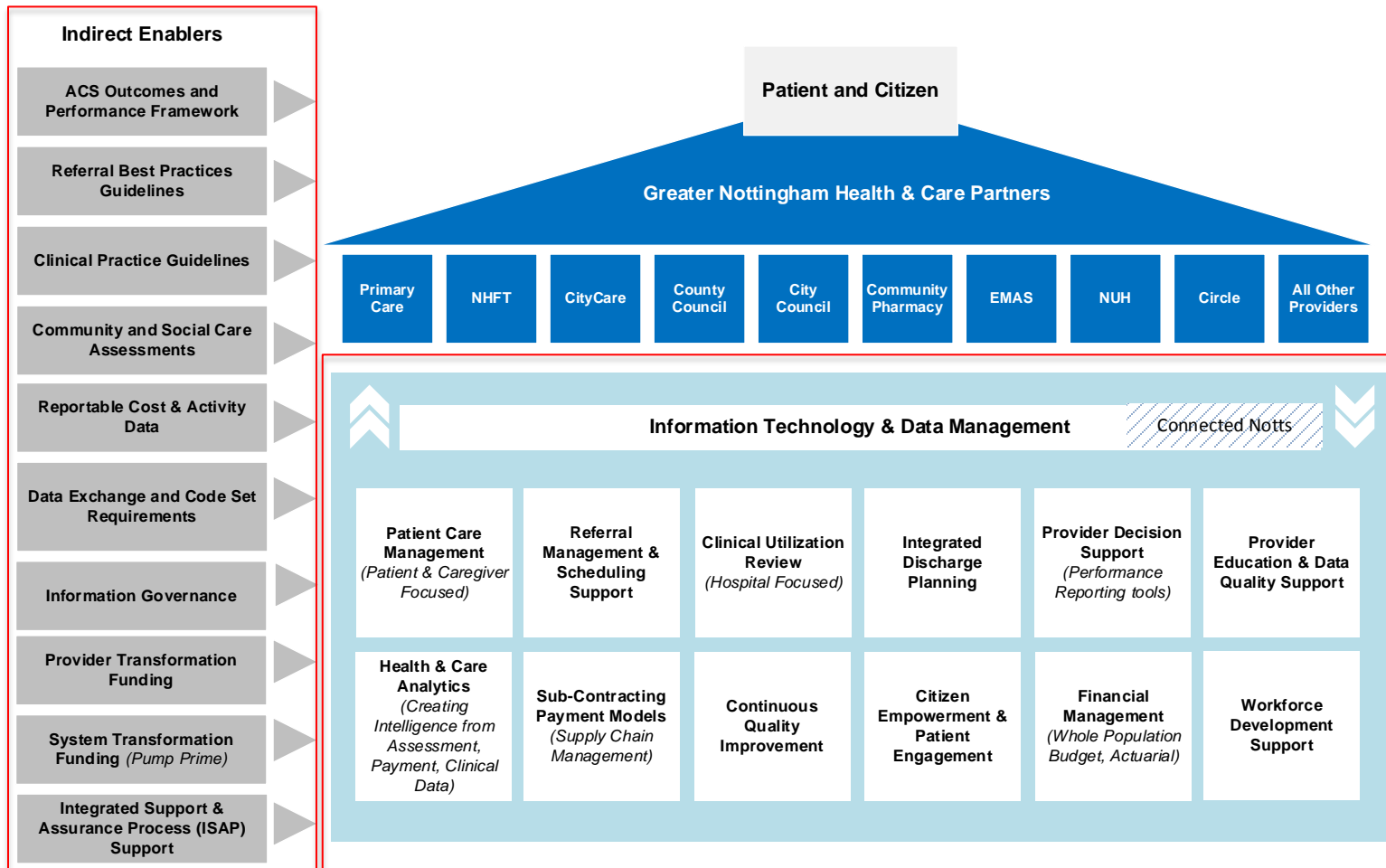
Our challenges

- **Health and wellbeing:** Local healthy life expectancy is too low
- **Care and quality:**
 - High mortality rates for patients with long-term conditions
 - elderly and frail spend too much time in hospital
 - urgent care pathway doesn't achieve national standards
 - Health problems are diagnosed late – often in crisis – leading to avoidable hospital care and worse outcomes
- **Affordability:** Current funding gap projected to grow to £314m by 2020/21 unless we make radical changes
- **Culture:** limited track record of delivering major whole system transformational change

Phase 1 : value opportunity 2016

- Greater Nottingham organisations collectively completed an actuarial analysis
- Provided the opportunity to understand where user activity & costs are in the system with the identification of the opportunities to move to person and population-centred care (i.e. reshaping the care system, with a specific focus of tailoring services to the user groups with the biggest value opportunity)
- This analysis provided a starting point that would enable decisions to be informed by patient / population and system value, rather than organisational benefit

Phase 2 : Designing an integration framework late 2016 to mid 2017



Accountable Care Governance & Oversight

Co-Production and Design of Greater Nottingham's ACS

Phase 3: progressing the framework: 2017/18

Best practice care (inc.)	Optimal infrastructure (inc.)	Operating / Governance model
<ul style="list-style-type: none">• Population health management• Standardised pathways• Patient flow (levels of care)• New models of cross organisational care (e.g. Integrated Discharge)	<ul style="list-style-type: none">• IMT and data management• Reportable quality, activity and cost data• Financial management on whole population basis	<ul style="list-style-type: none">• Integrated, strategic commissioning• Provider partnership• System integration i.e. ongoing management of a set of integration functions and activities



Workforce and Cultural Change

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Best practice care

Early success: Integrated discharge

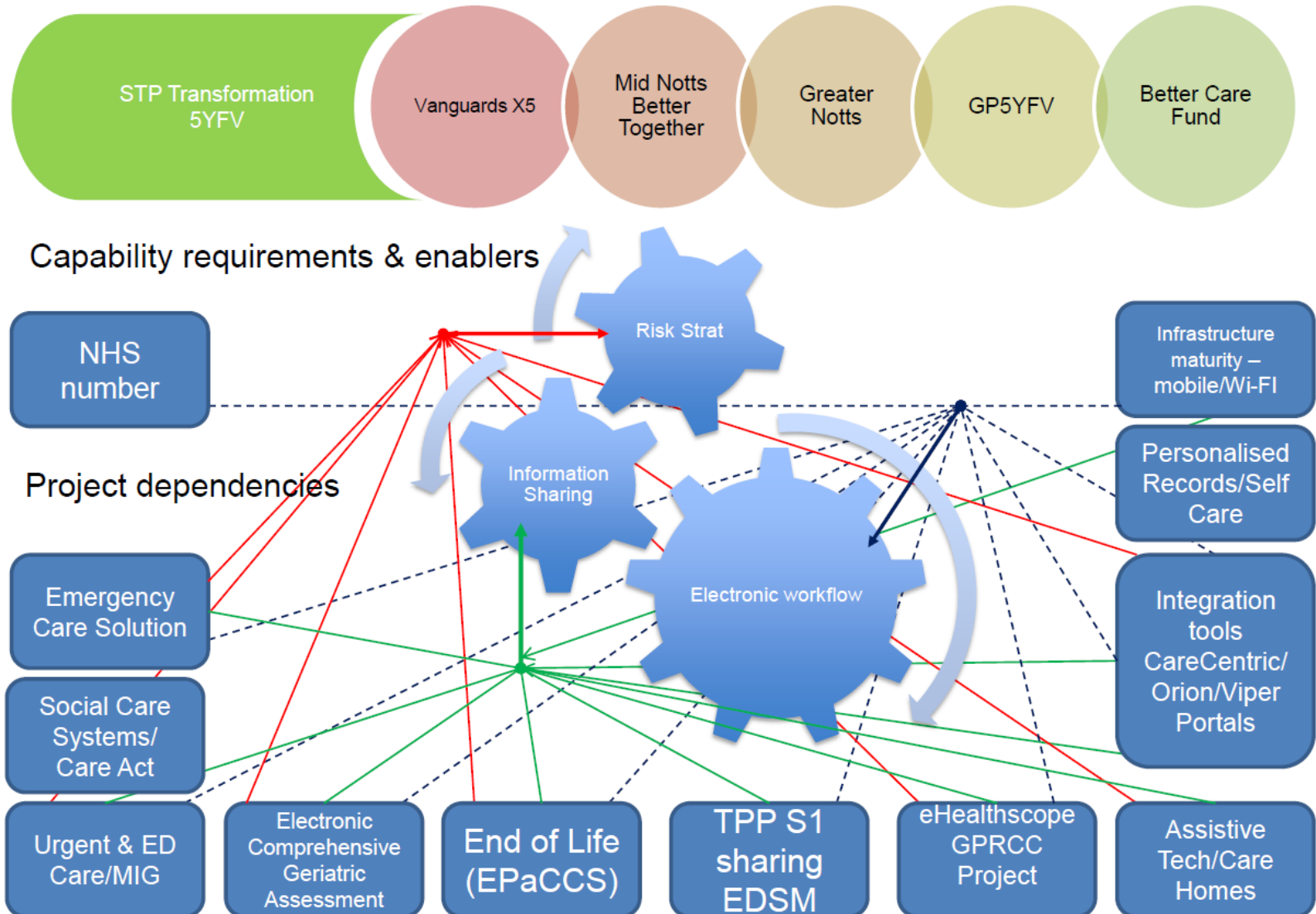
- Integrated Discharge work-stream looks at the way people go home from hospital (with a 'Home First' priority):
 - No one stays in hospital more than 24 hours of being identified as medically safe to go home
 - Long-term care needs assessed at home rather than in hospital (unless best interests are to remain in hospital)
 - Patients and carers involved in all discussions
- Work included:
 - Single point of access and for health and social care
 - Care plan in place within 14 hours of admission to hospital
 - 44 referral forms for hospital reduced to just one form
- **Results:** Target of 180 supported discharges per week – now reaching 240 (week before Christmas 2017 saw 362 supported discharges, compared to 182 same week in 2016)

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Optimal Infrastructure

Analytics and Information Systems: Infrastructure

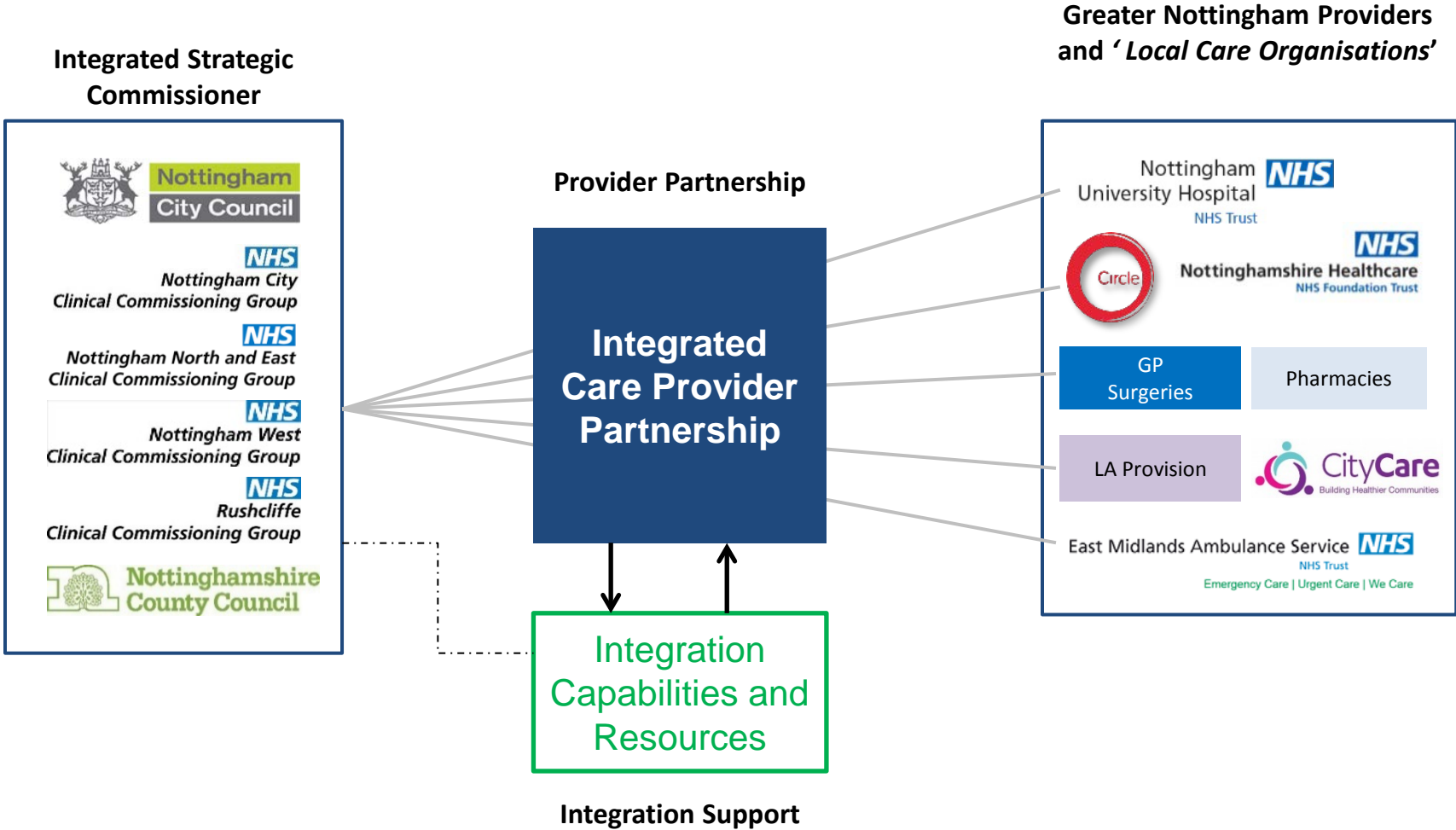
Work building on our 'Connected Notts' IMT programme



Clinical service model (inc.)	Optimal infrastructure (inc.)	Operating / Governance model
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Operating / Governance model

Developing Operating Model



Communications and engagement

- Lay and elected member oversight
- Greater Nottingham Transformation Board
 - Lay representation and HealthWatch
- Greater Nottingham Citizens Advisory Group and STP-level non-exec group
- As part of communications work we have started regular public meetings led by the four Greater Nottingham CCG clinical leads
- First was at Albert Hall, and then Radcliffe. Over 100 attendees at each – lots of helpful feedback and input which has been fed into the workstreams
- Next is in Beeston on 10 May, 1-4pm

Work continues on...

- Implementing best practice aligned to our ICS work-streams
- Developing optimised system infrastructure inc. IT
- Exploring the route to new commissioning arrangements and provider partnerships in line with national guidance
- Determining the integration capabilities and resources needed to support these new models are best achieved
- Strengthening leadership & governance for each stage of the transformation journey
- Continue to engage citizens to help define and steer these changes

City Health Scrutiny Committee

- In due course, seek advice on the level and timing of engagement / consultation activities as plans are developed in more detail
- Request the opportunity to share the emerging case for change and options later in the year



Questions

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