Integrated Care System
Nottingham & Nottinghamshire

Clinical and Community Services Strategy

Briefing Paper

Purpose and background

This paper summarises the work of the Clinical and Community Services Strategy. The strategy provides a framework for the future model of clinical and community health and wellbeing services across Nottingham and Nottinghamshire and will drive the work to develop services in terms of what will be delivered where.

The Clinical and Community Services Strategy has been developed based on robust evidence and citizen engagement. The ongoing work to review services in line with the model set out in the strategy has citizen involvement embedded within its approach.

A draft of the strategy has been developed and is provided with this paper.

Case for change

The Clinical and Community Services Strategy has been developed in response to a number of challenges facing the health and care system in Nottingham and Nottinghamshire. These challenges form our case for change.

Improving health and wellbeing
Depending on where you live, overall life expectancy and healthy life expectancy can vary significantly across Nottingham and Nottinghamshire. Addressing these health inequalities is a key objective of the Integrated Care System (ICS). Our clinical and community services need to take account of the wider determinants of health to have an impact in this area.

Transforming the quality of care
Our citizens have told us that they want easier access to services and greater control over their own health and wellbeing. This means transforming the way that services are delivered, for example making greater use of technology to improve access.

Clinical sustainability
The current healthcare system is clinically unsustainable. Our services cannot keep pace with the increases in demand. This means that we need to transform how and where services are delivered and move to a more proactive model of care that focuses on prevention and early intervention.

Workforce
To improve health and wellbeing and transform our healthcare system we need to have people with the right skills and expertise in the right locations. As with other healthcare systems, we face a number of challenges in recruiting and retaining the staff we need. The ICS People and Culture Strategy sets out how we will recruit and retain the staff we need to provide the right services across the system.

Sustainable finances
The healthcare system faces a significant financial gap, which is projected to increase if we do not change how we deliver services. Much of the cost increases in the system are driven by increases in demand. A transformed health and care model needs to focus on prevention and early intervention to reduce demand to be financially sustainable.

Our clinical model

Our Clinical and Community Services Strategy sets out six principles that define our clinical model. These principles have been developed over a series of clinically led workshops. They are informed by what our citizens have told us over recent years across a range of engagement activities. Our clinical design principles underpin all of the work that this strategy will drive.

Our clinical design principles

- Principle 1 - Care and support will be provided as close to home as is both clinically effective and most appropriate for the patient, whilst promoting equality of access
- Principle 2 - Prevention and early intervention will maximise the health of the population at every level and be supported through a system commitment to 'make every contact count'
- Principle 3 - Mental health and well-being will be considered alongside physical health and wellbeing
- Principle 4 - The model will require a high level of engagement and collaboration both across the various levels of the ICS and with neighbouring ICSs
- Principle 5 - The models of care to be developed will be based on evidence and best practice, will ensure that pathways are aligned and will avoid un-necessary duplication.
- Principle 6 - They will be designed in partnership with local people and will operate across the whole healthcare system to deliver consistent outcomes for patients through standardised models of care except where variation is clinically justified.

Our clinical model is based around a life continuum, which recognises that people need different types of support at different times in their lives. Our life continuum includes a progression of care needs.

Progression of care needs

- Staying healthy
- Living well
- Care in a crisis
- Managing illness
- End of life

Our model is summarised in the diagram at Appendix 1.

Given the challenges and expectations of the people of Nottingham and Nottinghamshire we are being ambitious in our proposed changes. There are some things that we will not change. These are our fixed reference points to support service and capital planning. They are set around core areas of urgent access and interdependency of services in those locations. While many services not on this list will not change location, their future planning will be undertaken by reference to these fixed points through the service review process and engaging with patients and the public.

Agreed fixed points of delivery

- **Kingsmill Hospital** - Accident & Emergency for all patients and antenatal and postnatal obstetrician led services
- **QMC Nottingham** - Accident & Emergency for all patients; Major Trauma & associated services; Antenatal and Postnatal Obstetrician led services; Neonatal Intensive Care; Nottingham Children's Hospital
- **Newark Hospital** - Designated range of Commissioner Requested Services which includes high volume/low complexity elective care and diagnostics plus Urgent Care services
- **Rampton Hospital** - High secure mental health facilities
- **Wells Road Centre Nottingham** - Low secure adult mental health facilities
- **LIFT and PFI facilities** - All the LIFT and PFI healthcare facilities will be effectively used.

Delivering our new model of care

Our Clinical and Community Services Strategy is underpinned by other work being progressed across the system.

Informatics and technology strategy
Maximising use of technology will be essential to delivering our new model of care. Our Informatics and Technology Strategy prioritises work to develop an integrated shared care record. Without better use of information across the system we cannot make the shift to a more proactive and prevention based model of care.

Estates
Our Estates Strategy, with the service reviews being driven by the Clinical and Community Services Strategy, will help guide decisions about where services will be located.

Workforce
The ICS has developed a People and Culture Strategy that sets out how we will review the workforce needs of a transformed system.

Demand and capacity modelling
Our Clinical and Community Services Strategy will seek to reduce demand on services and shift activity from acute hospital settings to a community setting. It may also result in the relocation of services as a consequence of service reviews, which will require closer consideration of impact and potentially public consultation. To support these decisions there is a need to develop a system wide approach to demand and capacity modelling – analysis to understand how to meet the health needs of the population.

Next phase of strategy development

Driven by the clinical model developed within this draft strategy, we are currently undertaking a range of service reviews. While a minimum of 20 service reviews have been identified, the following have been prioritised and are underway.

- Cardio vascular disease – stroke
- Respiratory – COPD and asthma
- Frailty
- Children and young people
- Colorectal services
- Maternity and neonates.

Each of the above service reviews is underpinned by our clinical design principles and is driven by clinical and patient input. Each review includes has patient engagement embedded across its approach and involves clinicians, health professionals and patients in developing end-to-end care pathways.

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Appendix 1