



Better Together Stakeholder Briefing Number 2

Issued: February 5th 2014

## Introduction

Welcome to the second briefing from the Better Together programme team. This briefing document is being sent to you as part of the local health and social care community and associated organisations. It aims to keep you up to date with the development of the Mid – Nottinghamshire Integrated Care Transformation Programme - Better Together.

In this issue, we will be updating you on the development of the proposals, talking about the next steps, and inviting you and members of your organisation to become 'Champions' for Better Together.

Please feel free to cascade it to others in your organisation.

For your reference, briefing number 1 can be found at the end of this document.

## Background

The Better Together programme brings together all the health and social care organisations across our area to review and shape future health and social care services in Mid-Nottinghamshire. These include Nottinghamshire County Council, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Newark and Sherwood Clinical Commissioning Group and Mansfield and Ashfield Clinical Commissioning Group and East Midlands Ambulance Service NHS Trust.

The aim of the programme is to ensure that future health and social care services work together effectively and can meet future challenges and embrace the opportunities for improvement.

## Progress to date

Since our last briefing, we have been working with partners and our stakeholders to take the programme forward. As you know, in November and December, we held a number of engagement events which provided us with a rich source of information.

Everyone who attended the sessions agreed that a new way of delivering some of our services had to be found. Those that attended helped us to define what the benefits of doing so were, along with some of the challenges we will face when attempting to deliver such changes.

## Useful links

Click [HERE](http://www.bettertogethernidnotts.org.uk) to visit the Better Together website - [http:// www.bettertogethernidnotts.org.uk](http://www.bettertogethernidnotts.org.uk)

Click [HERE](#) to Follow us on Twitter

The sessions focused on elective care (planned treatment), urgent and proactive care (long-term conditions and the frail and elderly) and children's care.

The work stream leads have now finalised their proposals for change, using the information gathered from these events and during our initial engagement.

These proposals will now be shared with the CCG Governing Bodies who are meeting this week.

To view the proposals, please click on the following links:

Mansfield and Ashfield CCG  
Newark and Sherwood CCG

### **Update on work streams**

The four original work streams, which comprised 1) proactive and 2) urgent care, 3) planned (elective) care and 4) women's and children's care, have now been combined into two programme work streams: 1) proactive and urgent care and 2) early and elective care.

Children and women's care has been integrated into work that is taking place across the whole County. This includes the proposal for a children's urgent care assessment centre, which we know was particularly popular with patients and members of the public during our engagement.

### **You said, we did - thank you**

Our stakeholders gave us lots of ideas and suggestions - Thank you if you provided these.

Many of these have been included in the proposals. See above for the link to these.



## **Next steps**

The Better Together programme proposals will be presented to the Governing bodies of Newark and Sherwood Clinical Commissioning Group and Mansfield and Ashfield Clinical Commissioning Group this week. Following this, further discussion will take place with Nottinghamshire's Health and Well Being Board and Overview and Scrutiny Committee.

Although we have completed a significant amount of engagement activity, we have chosen to undertake an Equality Impact Assessment in January and February 2014 to provide additional insight which will identify any outstanding concerns from protected groups.

We will continue to engage with stakeholder groups as the programme moves through to the next phase.

## **Get involved and become a Champion**

The Better Together team are looking for people to become 'Champions' for the programme.

Our Champions will help to ensure that the voice of our public and patients continues to play a fundamental role in shaping the development of new health and social care services, every step of the journey.



## **Your Feedback**

Many people have given us their ideas on the Better Together proposals and this has been fed into the development work of the changes. Click [HERE](#) to visit the Better Together website to find out more.

## What does a champion do?

A Champion is a volunteer who wants to be involved with the programme in some way. This may be attending an event, answering surveys, visiting existing services and sharing the news of the changes with your friends and family, colleagues and peers. How much or how little you get involved is entirely up to you.

You will receive a Champions' Pack and regular updates with lots of information about the changes we would like to make to local services. We want you to share it, talk about it with others and give us your feedback. You will receive a 'Better Together' badge and membership pass and you can talk to other Champions at meetings or on our Facebook page.

You will be invited to see some of our ideas in progress: to visit our facilities, to meet our clinical staff and talk about your experiences using local services and potential options on how we can improve.

You will be invited to take part in our Champions Training Programme. This will begin with a one day course that will support you to have confidence to ask the right questions, challenge our thinking and learn how to engage with your local community.

If you have a specific interest in one of the elements of our programme, you will be invited to join one of our work streams. As the programme progresses, this could include giving ideas about what's important to you, co-creating requirements for future service providers and looking how to communicate new services

## How do I sign up?

Please click [HERE](#) to download and complete a form.

## Key Contacts

For more information, contact Wendy Tomlinson, Programme Manager and Mid Nottinghamshire Integrated Care Programme

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## **Better Together Stakeholder Briefing No. 1 – 14 January 2014**

### **Update on Mid-Nottinghamshire Integrated Care Transformation Programme – Better Together**

#### **Introduction**

Welcome to the first Better Together stakeholder briefing.

This briefing has been sent to you as part of the local health and social care community and associated organisations, to keep you up to date with the development of the Mid – Nottinghamshire Integrated Care Transformation Programme. Please feel free to cascade it to others in your organisation.

The Better Together programme brings together all the health and social care organisations across our area to review and shape future health and social care services in Mid-Nottinghamshire. These include Nottinghamshire County Council, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Newark and Sherwood Clinical Commissioning Group and Mansfield and Ashfield Clinical Commissioning Group and East Midlands Ambulance Service NHS Trust.

The aim of the programme is to ensure that future health and social care services work together effectively and can meet future challenges and embrace the opportunities for improvement.

#### **Clinical Design**

Four work streams were identified in the programme's original blueprint. They were Proactive Care, Urgent Care, Elective (Planned) Care and Women's and Children's. They have each completed an intensive phase of clinical design work, supported by lay members. This has led to a decision to refocus the work stream on Women's and Children's just onto the care of children and to combine the Proactive and Urgent Care into one work stream.

#### **Proposals**

The main proposals in each of the work streams are:-

##### **1. Integrated Proactive and Urgent Care**

- Multi-disciplinary proactive management of patients with complex health needs. The aim is to avert future crisis and unnecessary hospital admissions by early identification of individual risk, assigning named care coordinators and developing personalised care plans.
- Integrated health and social care teams who will provide coordinated care, tailored to meet individual need. Where possible care will be provided in the patient's own home with hospital or residential care only where necessary.
- Easier access to urgent care and emergency care with simpler access with a 'single front door' at Kings Mill Hospital where there will be additional staff including GP, Advanced Nurse Practitioner for Older People and specialist intermediate care nurses.

- Improved access to GP services.
- A 'care navigator' for professionals to phone when they have a patient with an urgent care need and they are looking for community alternatives to admission or to support a discharge from hospital to home or care home.
- A quick response team to support patients at home where hospital admission might not be the most appropriate form of care and also to support timely discharge from hospital.

## **2. Planned ( Elective) Care**

- Patient feedback, clinical, quality and financial modelling tools to understand where and how services could be better delivered from 2015.
- Where needed co-design, redesign or update the following services as part of Tranche 1: - Ears Nose and Throat, Gynaecology, Ophthalmology Rheumatology, Pain, Trauma and Orthopaedics, Respiratory, Cardiology, Geriatrics and Urology.
- Specialities under review in Tranche 2: General Surgery, Breast Surgery, Gastroenterology, Paediatric medicine and surgery, Diabetic medicine and endocrinology, Dermatology and Neurology.

## **3. Children's Care**

- More reassurance and support to parents and children to keep hospital time to a minimum. This would involve creating a short stay assessment unit where children can be thoroughly assessed quickly without being admitted to hospital unnecessarily.
- Where hospital care is needed the assessment unit will ensure that specialised care is immediately available.

## **Communications and Engagement**

In the initial months of the programme staff, patients and members of the public were involved in the clinical design groups.

During November and December 2013 there was a more intensive phase of engagement, when staff, patients, the public and other stakeholders had the opportunity to comment and give feedback on initial proposals.

The engagement took place via a number of routes and approaches:

- Three interactive public events.
- Meetings with 'seldom heard' groups, coordinated by Newark and Sherwood CVS and Voluntary Action Ashfield.
- 'Outreach' engagement at four public venues including Kings Mill and Newark hospitals, and two local Asda stores.
- Meetings with Patient Participation/Reference Groups in Mansfield and Ashfield.
- Meetings with the Citizens' Board (including representatives from Mansfield and Ashfield, Newark and Sherwood)

- A self-completion questionnaire available in printed version and online via the Better Together website with a combination of qualitative (open) and quantitative (closed) questions.
- Social Media was harnessed through the use of Twitter and the establishment of a Facebook page.

The objectives were:

- to communicate the case for change
- to share the blueprint for each of the four work streams
- to invite and receive feedback on the proposals
- to use feedback gained to input into the business cases to help shape the design of future services
- to ensure the widest and most representative interactive engagement

Information about the Better Together programme and the engagement opportunities was shared and sent out to a wide range of stakeholders, including partner organisations, the voluntary sector, staff, patients and the public. The partners in the programme were all involved in cascading the information to their staff, stakeholder and patient contacts. Members of the CCGs patient and stakeholder reference groups and the two NHS trusts' membership schemes also received information. The engagement was publicised to the local media, including an advertisement in the Newark Advertiser, and there was an interview on BBC Radio Nottingham.

### **Key messages from the engagement**

Headline messages from engagement in this phase were:

- Support for the changes
- Agreement that better coordination and a joined up approach are needed
- Agreement that care closer to home is good
- Support for efficiencies but also for quality care and staff – the relative importance varied between outreach engagement and survey results
- Concern about funding costs in the light of financial constraints for the NHS and the county council
- Concern about staffing – current staffing under pressure and the perception is that this potentially needs more staff
- Concern about appropriate training
- Need for better GP access – this was a point strongly and repeatedly made
- Need for education and information about how to use services and how new systems will work
- Need for better communication between professionals, and between professionals and patients/service users, including easy read, translators etc
- Need for better understanding of the needs of people with disabilities
- Need for support for carers
- More services requested at Newark Hospital
- Transport needs to be considered – public transport, parking, access from rural areas
- Concern about ability of ambulance service to support the changes

The engagement has shown that patients, the public, staff and stakeholders understand the need for change, but are concerned about whether it will be possible.

We have noted the comments about the way services are delivered, for example the concerns of people with disabilities, and will take these into account as we continue to plan.

We have noted that with regard to planned care patients like the idea of local care, and would like continuity of care with regard to the specialists they see.

Support for the changes to children's care was particularly strong, and we have noted this.

We will continue to listen to all groups as we take forward the proposed changes.

The full report can be downloaded from the Better Together website <http://www.bettertogethermidnotts.org.uk>

### **Next steps**

The responses are being fed into the final business cases.

Better Together has now begun to recruit 'champions' for the programme who can get involved as the work progresses.

For more information contact: Wendy Tomlinson, Programme Manager, Mid Nottinghamshire Integrated Care Programme. [wendy.tomlinson@mansfieldandashfieldccg.nhs.uk](mailto:wendy.tomlinson@mansfieldandashfieldccg.nhs.uk)