

Better Together – a summary of the overarching proposal

Introduction

Better Together is a programme created to develop a joined up way of working for health and social care in Mansfield and Ashfield, Newark and Sherwood. It sets out a bold vision for the way health and care services will look over the next five years, based on population needs and public, stakeholder and staff feedback about current services.

The programme focuses on several important areas – urgent and proactive care (including care for people with long term conditions like diabetes or asthma, and frail older people) and early and planned care (including care for women and children with particular needs, and planned care such as surgery for hips and knees, or cataracts).

So why the need for change?

The health and social care system in this part of Nottinghamshire and indeed throughout England faces great quality and finance challenges. This is because of growth in the numbers of older people in particular who need our services, which means services must stretch further, so that we still deliver the best possible care within the limited (but still substantial) funds available.

At the moment, NHS staff are working on detailed plans of what services will look in the future. We know that the way we provide care needs to be reorganised so that we give and can continue to give better care, and we join up the different parts of the system.

What work has taken place so far?

We have been working since early in 2013 to develop ideas about how we can do this. In phase one we looked at how doctors, nurses, social workers and others give care, and whether they work together or separately. We also looked at other expenses such as buildings and back office support. In phase two we worked in 'clinical design' groups to see in more detail how improved, joined-up care can be given in future.

Where can I find the detailed plans?

The detail of our plans is in the individual proposals which have now been approved by the Clinical Commissioning Groups in Mansfield and Ashfield and Newark and Sherwood. NHS and social care staff will now start to work on the detail which may include solutions such as helping people to access the right urgent care, in the best place for them, bringing together multidisciplinary teams and groups of professionals to support people in their own homes and in the community, and reorganising the way information is made available to doctors, social workers and other professionals.

In this overarching proposal we looked at the overall impact of our plans and thinking about further opportunities for financial savings through our use of buildings and other costs. We are also considering the needs of and for the workforce.

How does this fit into other NHS plans?

We have tied this into our overall five-year strategic and financial plans that we submitted to NHS England on 14 February. We have also taken into account some 'one-off' money that will be available to help us change our way of working so that health and social care work together more closely. However, at first we will need to manage any extra costs through possibly reducing investment in other areas.

Now that we have finished our proposals for change we have a clearer idea of how they will help us save money whilst maintaining or improving clinical services. We have more certainty about how the new plans will work. If we discover further improvements we can make as we move towards putting our plans into action, and these improvements would involve significant changes to services, we might need to carry out a formal public consultation.

Many of our plans will change how care is given in acute hospitals eg King's Mill Hospital and Newark Hospital. We will need to put in place plans that take account of this.

We have tested our ideas with stakeholders, clinicians, staff and the public. There is support for the new way of working we are proposing. There will be further opportunities for these groups to influence us as we continue our plans and put them into practice.

What we are proposing will mean that far more care is given outside hospitals, in people's homes, care homes and the community. Care professionals will work across organisational and professional boundaries.

What happens next?

The proposals were discussed at Nottinghamshire County Council Health Scrutiny Committee in February 2014. The Health and Wellbeing Board has considered the initial plans on two occasions and supports the direction of travel.

The governing bodies of the Clinical Commissioning Groups will then receive information on how the vision will become a reality. This will involve a process of challenge and assurance to ensure that the plans will deliver the changes required for the future.

Where can I obtain further information?

You can visit the Better Together website – www.bettertogethernidnotts.org.uk or contact Wendy Tomlinson, wendy.tomlinson@mansfieldanddashfieldccg.nhs.uk Tel. 01623 673591.