

<b>Local Members Interest</b>
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## **Health and Care Overview and Scrutiny Committee Monday 30 January 2023**

### **Developing Integrated Care Hubs in the context of changes to NHS capital arrangements**

#### **Recommendation(s)**

I recommend that:

- a. The Committee note the update provided on the implementation of the clinical commissioning groups' decision-making business case that proposed a model of integrated care and approved the development of four integrated care hubs in North Staffordshire and Stoke-on-Trent.

Report of Clare Trenchard, Associate Director of Communications and Strategic Partnerships, Midlands Partnership NHS Foundation Trust.

#### **Summary**

##### **What is the Overview and Scrutiny Committee being asked to do and why?**

1. The committee is being asked to receive an update from the working group that is providing the overview and scrutiny of the North Staffordshire Integrated Care Hubs.

##### **Background**

2. North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups undertook a 14 week public consultation between December 2018 and March 2019.
3. This informed a decision-making business case, which resulted in the plan to introduce Integrated Care Hubs across North Staffordshire.
4. Four hubs will be developed at:
  - a. Leek Moorlands Hospital
  - b. Bradwell Hospital
  - c. Haywood Hospital
  - d. Longton

5. The implementation of that decision is being led by Midlands Partnership NHS Foundation Trust (MPFT).
6. In January 2022, the committee received an update from MPFT and the committee was asked to consider how it would fulfil its functions over a sustained period of time as the implementation of the hubs will take a number of years. The committee was also asked to consider how it could support MPFT avoid presenting to multiple overview and scrutiny committees. The result was the establishment of a working group, comprising four members from each relevant county authority and chaired by Cllr Richard Cox, vice chair of this Health and Care Overview and Scrutiny Committee.

### **Update from the working group**

7. There have been two meetings of the working group plus a site visit of each site where a hub is planned.

### **16<sup>th</sup> November 2022**

8. The first meeting of the working group received a presentation from representatives of MPFT. This presentation covered:
  - a. Details of the pilot areas of a GP referral system, including a demonstration of the system
  - b. What a multi-disciplinary clinic looks like
  - c. How MPFT responded to the consultation feedback about Cheadle and Biddulph
  - d. How MPFT decided which patients would go to which hub
  - e. Whether patients could choose where they went (if they lived in Newcastle, but worked in the city, for instance, could they go to Haywood rather than Bradwell?)
  - f. How the voluntary and community sector will be involved in the model.

### **Benefits of integrated care**

9. One of the main benefits of integrated care is that individuals who need to see different healthcare professionals will be able to do that in one clinic, at one location, in one day and they will only need to tell their story once.
10. In the same place will be voluntary and community sector organisations who can provide additional support to improve the overall well-being of local residents.
11. Three conditions have been prioritised and pilots have started:
  - a. Wound care

- b. Musculo-skeletal
- c. Long-term conditions

### **Wound care**

12. In the same clinic there will be a district nurse and a podiatrist (a specialist in feet or lower leg). Previously, a person would have seen these professionals separately and possibly on different days and locations.

### **Musculo-skeletal**

13. Launching at Bradwell and piloted in Haywood, these clinics feature a physiotherapist, well-being practitioner and activity co-ordinator. These clinics will help to identify people who are experiencing poor mental health due to their physical condition and get them help sooner. It will also help to improve health through exercise.

### **Long-term conditions**

14. This is at an earlier stage than the other two, but is looking to bring together specialists in diabetes, heart conditions and respiratory issues. These conditions were chosen because they are expected to increase over the next few years.

### **Changes to NHS capital funding**

15. The same meeting also heard about national changes to the Capital Departmental Expenditure Limit (CDEL) which has resulted in NHS England setting capital spending limits for Foundation Trusts.
16. At the time the Decision-Making Business Case (DMBC) was approved by the clinical commissioning groups, Foundation Trusts had more financial freedoms and MPFT was able to commit £31.9m to the development of three of the integrated care hubs (Leek, Haywood and Bradwell).
17. The change to NHS capital means MPFT is no longer be able to access cash reserves, held for the purpose of implementing the DMBC.
18. Each Integrated Care System is set a limit for capital expenditure and there is no funding for the hubs in the current Staffordshire and Stoke-on-Trent Integrated Care System plan for 2022-2025.

19. MPFT, with the support of the Integrated Care System, now needs to bid for capital funding. Bids go through a three stage process. The first stage is the development of a strategic outline case.
20. MPFT has agreed to develop four strategic outline cases; one for each hub. It has also agreed to develop one outline business case (OBC), at risk. An OBC would usually only start after NHS England approval of the strategic outline case. The final stage is a full business case.
21. As a consequence of this, MPFT is proposing a period of involvement to determine which of the hub locations progresses to an Outline Business Case first.
22. This was the focus of the second meeting of the working group.

### **11<sup>th</sup> January 2023**

23. The presentation delivered at the meeting on 11<sup>th</sup> January 2023 is attached to this report.
24. In summary, MPFT is proposing to conduct an involvement exercise that will help determine the order in which the hubs are progressed and sought feedback from members of the working group on the proposed process and criteria, as part of its wider stakeholder engagement. The decision-making body is the Integrated Care Board and MPFT is updating the System Transformation Group as appropriate.
25. The working group provided two key pieces of feedback:
  - a. Add a stage into the process which captures experience of service users and staff
    - a. Patient experience of pilots
    - b. Experience of people in services which will be integrated into a hub
  - b. Add travel to the criteria – update the work which was completed by the CCG for the decision-making business case.

### **Conclusion**

26. Midlands Partnership NHS Foundation Trust is progressing the integration of care with a number of different service pilots.
27. These pilots will help shape the model of care provided by an integrated care hub; enabling individuals who need to see different healthcare professionals to do that in one clinic, at one location, in one day so they only tell their story once.

28. Changes to NHS capital mean that MPFT now needs to bid for capital funding, which involves the development of three cases; strategic outline, outline business and full.
29. MPFT has agreed to develop four strategic outline cases; one for each hub. It has also agreed to develop one outline business case (OBC), at risk.
30. As a consequence of this, MPFT is proposing a period of involvement to determine which of the hub locations progresses to an Outline Business Case first.

## Contact Details

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