

**Mid-Nottinghamshire Integrated Care Partnership Board (ICP) Meeting**  
(Meeting held in Public)

**Thursday 27 February 2020, 14:30 – 17:00**  
**The Summit Centre, Pavilion Road, Kirkby in Ashfield, NG17 7LL**

**Agenda**

Time	Reference	Item	Action/Paper	Lead
14:30	ICP/20/015	Welcome and Introductions	Note (Verbal)	Rachel Munton
	ICP/20/016	Apologies for Absence	Note (Verbal)	Rachel Munton
	ICP/20/017	Declarations of Interest	Note (Verbal)	All
	ICP/20/018	Notes and Action Log from the January 2020 Meeting of the Mid-Nottinghamshire ICP Board	Approve (Enc.)	Rachel Munton
14:45	ICP/20/019	Facilitated discussion to set ICP priorities for 2020/21	Discuss and Agree	Karen Lynas and Rachel Munton
		Contextualised by: Update on 2019/20 ICS priorities for the ICP	Note (Enc.)	Richard Mitchell
		Presentation on ICP plans and alignment with ICS objectives, with particular emphasis on Prevention, Population Health Management and Proactive Care	Discuss (Presentation)	David Ainsworth and Theresa Hodgkinson
16:30	ICP/20/020	Q3 System Progress Report	Note for information (Enc.)	Richard Mitchell
	ICP/20/021	Nottingham and Nottinghamshire Integrated Care System (ICS) Update	Note for information (Enc.)	Rebecca Larder
	ICP/20/022	Primary Care Network Update	Note for information (Enc.)	David Ainsworth
16:40	ICP/20/023	Invitation to Partner in a Musculoskeletal Value Improvement Project	Discuss and Approve (Enc.)	Rebecca Larder and Thilan Bartholomeuz
16:50	ICP/20/024	Chair Summary and next steps	Discuss (Verbal)	Rachel Munton
	ICP/20/025	Any Other Business		
17:00	Meeting Close			
<b>Date and Time of Next Meeting:</b> Thursday 26 March 2020, 13:00 – 15:30, The Towers, Botany Avenue, Mansfield, NG18 5NG				

**Minutes of the Mid Nottinghamshire ICP Board meeting held on  
Thursday 30 January 2020, 1.00 – 3.30pm  
Function Room, South Forest Leisure Complex, Robin Hood Crossroads,  
Clipstone Road, Edwinstowe, NG21 9JA**

**Present:**

Rachel Munton (RMu)	Independent Chair
David Ainsworth (DA)	Locality Director, Mid-Nottinghamshire CCGs
Hayley Barsby (HB)	Chief Executive, Mansfield District Council
Thilan Bartholomeuz (TB)	Clinical Chair, Newark and Sherwood CCG (up to and including agenda item ICP/20/008)
Kerry Beadling-Barron (KB)	Director of Communications and Engagement, Mid-Nottinghamshire ICP
Michael Cawley (MC)	Operational Director of Finance – Mid-Nottinghamshire CCGs
Dr Kevin Corfe (KC)	Primary Care Network Representative (from agenda item ICP/20/004 and up to and including agenda item ICP/20/008)
Greg Cox (GC)	General Manager – Nottinghamshire Division, EMAS (up to agenda item ICP/20/012)
Sharon Creber (SC)	Deputy Director of Business Development and Marketing, Nottinghamshire Healthcare NHS Foundation Trust
Matthew Finch (MF)	Director - Communities and Environment, Newark and Sherwood District Council
Arwel Griffiths (AG)	Chief Executive, Nottingham Emergency Medical Services Community Benefit Services (up to agenda item ICP/20/012)
Tim Guyler (TG)	Director of Integration, Nottingham University Hospitals NHS Trust
Theresa Hodgkinson (TH)	Director of Place and Communities, Ashfield District Council (up to and including agenda item ICP/20/008)
Jane Hildreth (JH)	Partnership and Engagement Officer, Newark and Sherwood CVS
Teresa Jackson (TJ)	Manager, Ashfield Voluntary Action
Paul Johnson (PJ)	Service Director - Strategic Commissioning and Integration, Nottinghamshire County Council
Rebecca Larder (RL)	Programme Director, Nottingham and Nottinghamshire ICS
Dr Gavin Lunn (GL)	Clinical Lead – Mid-Nottinghamshire, PICS Limited and Primary Care Network Representative
Richard Mitchell (RMi)	ICP Lead and Chief Executive, Sherwood Forest Hospital NHS Foundation Trust
Paul Robinson (PR)	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust
Ben Widdowson (BW)	Mid-Nottinghamshire ICP Estates Lead
Peter Wozencroft (PW)	Director of Care Integration, Mid-Nottinghamshire ICP

**In Attendance:**

Mike Chitty (MCh)	Facilitator
Dr Mike O'Neil (MO)	GP Advisor (for agenda item ICP/20/010)
Rebecca Tryner (RT)	Mid-Nottinghamshire CCGs (Minutes)

**Apologies for absence:**

Jonathan Gribbin (JG)	Director of Public Health, Nottinghamshire County Council
Dawn Jenkin (DJ)	Consultant in Public Health Medicine, Nottinghamshire County Council
Jane Laughton (JL)	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Steve Morris (SM)	Chief Officer, Mansfield CVS
Dr Andrew Pountney (AP)	Primary Care Network Representative
Amanda Sullivan (AS)	Accountable Officer, Nottinghamshire CCGs
Sarah Taylor (ST)	Health and Wellbeing Officer, Ashfield Voluntary Action
Lesley Watkins (LW)	Partnership and Engagement Manager, Mansfield CVS

**ICP/20/001 Welcome and Introductions**

RMu welcomed members noting that the meeting would be held in a less formal cabaret style to facilitate more collaborative discussions on key agenda items. Feedback on the revised format of the meeting was welcomed.

Introductions were made and members noted that TB had been appointed to the role of Clinical Lead for the Mid-Nottinghamshire ICP and HB had been appointed to the role of Deputy Executive Lead. These appointments signified the true partnership arrangement of the ICP and the importance of ensuring a balance between health and social care priorities.

**ICP/20/002 Apologies for Absence**

Apologies for absence were noted as outlined above.

**ICP/20/003 Declaration of Interest**

No conflicts of interest were declared.

**ICP/20/004 Notes and Action Log from the December 2019 Meeting of the Mid-Nottinghamshire ICP Board**

The minutes of the meeting held on 16 December 2019 were approved as an accurate record of discussion subject to the following amendment:

Page 1, Monday 16 December ~~August~~ 2019, 2.30 – 5.00pm

In response to a query from RMu regarding Nottinghamshire Healthcare NHS Foundation Trust's (NHT) membership, SC confirmed that Sarah Furley, Director of Partnerships, would be NHT's principal member on the Board when she commenced in post in March 2020.

Members noted the completed ICP Board actions and further discussion took place around the following:

ICP/19/048 – PW and DA had discussed potential innovations with Ms Horobin at the Academic Health Science Network (AHSN) and conversations would be progressed in conjunction with colleagues at the Integrated Care System (ICS). RL noted that a further meeting with colleagues from the AHSN was scheduled to take place the week commencing 3 February 2020 to maintain momentum. Members agreed that the action could be closed.

Dr Corfe joined the meeting at this point.

ICP/19/053 (2) – PW noted that views around whether District Council colleagues felt the ICP Board agenda was still relevant to their organisations would be canvassed in the spring, with feedback presented to the April 2020 meeting of the Board. RMu explained that she had recently taken part in a peer review for Ashfield District Council to discuss the Council's contribution to the ICP. RMu took the opportunity to thank TH and formerly, Robert Mitchell, for their hard work and support, which had helped the Board to get to its current position.

ICP/19/055 – KB reported that she had arranged to meet with colleagues from Mansfield District Council to discuss how the engagement model could be linked to the Healthy Mansfield work. The model would be used on the Undefeatable campaign and discussions were taking place with the relevant colleagues around using the model to support the Targeted Lung Health Checks Programme.

#### **ICP/20/005 Public Observations**

Volt Sacco (VS), Managing Director, Fosse Healthcare, fed back his observations from the December 2019 meeting of the Board. The meeting had provided a useful networking opportunity and connections had already been followed up with a number of colleagues. VS felt that the Board would benefit from the work being taken forward by MCh and Karen Lynas. Achievement of the Board's mission would be dependent on the execution of the strategy due to the size of the group and breadth of the scope.

Members noted that Fosse Healthcare was keen to support the system and had submitted a proposal to Nottinghamshire County Council to bring together its clinical and home care division to upskill carers to undertake more preventative tests in the community. The proposal was in line with the Council's projections around anticipatory care and would be funded through the Better Care Fund (BCF). PW added that workstreams across the ICP were actively discussing how to engage with Fosse Healthcare and other similar organisations.

**ACTION:** PJ agreed to oversee ICP engagement with the independent social care provider sector and keep the Board informed of progress.

Members of the public were invited to introduce themselves and feedback their observations of the Board. It was noted that members of the public would value clarity around the relationship and governance arrangements between the ICS, ICP and CCG, particularly in regard to decision making. RMi explained that there was no clear framework for what the ICP was trying to achieve. The Board had previously agreed a number of specific actions that they had signed up to deliver in 19/20 and discussions were taking place with the ICS around the actions for 20/21.

**ACTION:** Members agreed that it would be beneficial for the Board to receive an update on progress against the specific ICP Board actions for 19/20 at the February 2020 meeting.

#### **ICP/20/006 Facilitator Feedback and Integrated Care Partnership Leadership Response**

MCh noted the revised format of the meeting already felt more intimate, collaborative and connected. Whilst meeting in community settings felt like the right thing to do, it would be important to better understand how the venues fit with the Board's agenda. The meetings should be a space for rich and generative conversations and members of the public should be invited to participate in discussions. Members were encouraged to keep their engagement high throughout the meeting. MCh suggested that Board reports should be short and consumable and noted the requirement to move away from looking to provide answers to questions within the meeting by exploring questions further and approaching them with curiosity, listening and learning.

RMu explained that the ICP Senior Leadership Team had already responded to MCh's comments and reiterated the importance of members engaging in the meeting and keeping their presence high.

HB felt the Board needed to create a space for co-production in order to develop something that was better than what already existed acknowledging that there might be some nervousness around what this would mean for individual organisations. The less formal setting of the meeting was welcomed, but it would be important to ensure that the Board was productive and generated richer conversations and outcomes. The formality of previous meetings provided a sense of safety, which partners needed to move away from to explore new territory. DA added that members should create opportunities to meet with each other outside of the Board setting in order to build and strengthen relationships.

RMi noted that whilst the ICP was not responsible for the delivery of access or financial standards at the moment, this may change in the future. If informality was a way to build a level of trust and collaboration, that would be good. However, members should not forget the ICP was looked to with expectation and the Board needed to identify the best way to enact that responsibility.

TJ explained that the less formal setting would help those partners who sometimes felt as though they were on the fringe to be more engaged and maintain interest.

#### **ICP/20/007 Estates Update**

BW provided an Estates update, covering the following key points:

- The Estates workstream was a key enabler in achieving the aims of the ICP
- The immediate and longer term aims of the ICS Estates Strategy, which included: maximising utilisation of fixed point assets (including Private Finance Initiative and Local Improvement Finance Trust funded buildings) leading to rationalisation of freehold and leasehold site across ICS partners to align services to achieve revenue savings and likely requirement to invest in primary and community estate to enable new service models

- The ICP Estates Group was chaired by BW and had representation from Local Authorities, Nottinghamshire Healthcare NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust and the CCG. Early links had been made with Newark and Sherwood District Council and the invitation would be extended to Ashfield District Council and Mansfield District Council.
- A number of early opportunities had been identified within the Newark locality including Newark and Sherwood District Council progressing a bid for land adjacent to Newark Hospital, part of which would be transformed into a car park to support additional clinical services at the hospital

In response to a comment from RMI, BW confirmed that the ICP Estates Group would embed this work with the sustainability agenda.

SC informed members that Nottinghamshire Healthcare NHS Foundation Trust was looking to purchase St Andrews Hospital, Mansfield, subject to Board approval, to address the estate issues for adult mental health inpatient services in the area. SC clarified that the Millbrook site would be retained to deliver mental health services for older people.

Facilitated group discussions took place around the value the ICP Board could add to this work, how this work could link into the community engagement model and to provide details of the relevant contacts within their respective organisations to assist with a locality asset mapping exercise. Feedback from the group discussions included:

- The need to challenge the current mind-set around the purpose of estate;
- The importance of starting from citizen need, not from what exists;
- The need to consider other community assets such as churches and schools;
- The need to understand the other assets in communities, such as the talents, skills and motivations of local communities and how the buildings can be used to enhance and reinforce these.

**ACTION:** BW agreed to collaborate with partners around the One Public Estate agenda to ensure that community assets and estate were accessible to all system partners and utilised to the best system benefit. The outputs of the group discussions would be pulled together by BW for discussion/sign-off at the March 2020 meeting of the Board. The actions would be progressed through the ICP Estates Group.

**ACTION:** DA to arrange for the asset mapping work that had been undertaken with primary care to be shared with BW.

#### **ICP/20/008 Invitation to Partner in a Musculoskeletal Value Improvement Project**

Mr Wozencroft reported that the Nottingham and Nottinghamshire ICS had been invited to participate in a 12 month Musculoskeletal (MSK) value improvement programme in partnership with the Oxford Centre for Triple Value Healthcare (3V) and Pfizer. Partners across Mid-Nottinghamshire had successfully created an integrated MSK model which had achieved significant quality and cost benefits. Officers of the ICS and ICP had carefully considered the offer and were keen to participate in the programme on the basis that the service had the resources and capacity to meet its obligations and participation would

enable the ICP to further improve the musculoskeletal health and wellbeing of local citizens. Further clarification was awaited around governance and information sharing arrangements.

Members of the Board were asked to support the partnership with 3V and Pfizer in a twelve month MSK value improvement programme subject to appropriate governance arrangements and delegate to the Transformation Board the responsibility for ensuring that outstanding governance requirements were fulfilled and that the practical engagement in the project was properly managed.

TB noted that the concept and principle of the programme provided a template to adapt for other areas. However, the current MSK pathway was set up from the point of GP referral and he would like to see more of a focus on prevention. TB suggested that it would be beneficial to receive a case study to outline what the programme would involve and the expected outcomes. Further clarity was also required around Pfizer's role in the programme. MC added that consideration would need to be given to the ownership rights of any intellectual property.

DA explained that MSK was one of the main reasons that people came into the NHS and one of the main reasons for people taking time off of work. He suggested that the scope of the programme should be broadened to cover wider determinants such as high cost to employers.

RMi queried whether members were able to represent their organisations on this type of decision, if the Board was to support the partnership in principle. He noted that in order to take a balanced view, members would need to consider the benefits and risks of the programme and whilst the report clearly articulated the benefits, it did not explain the risks.

PW acknowledged the areas that required further clarity and confirmed that the 12 month programme had a provisional start date of April 2020.

In response to a query from HB, RL advised that the invitation had not been formally considered by the ICS as it was felt that the ICP should determine whether the programme aligned to its priorities.

Members agreed that due to the number of questions raised, further evidence should be presented to the next meeting of the Board in order for members to take a balanced view on whether to accept the invitation to participate in the programme.

**ACTION:** PW to submit a paper to the February 2020 meeting of the Board to provide clarity on the questions raised around the MSK value improvement programme in relation to governance, information sharing, procurement, clinical scope and risks. PW to engage with TB, KC and DA to ensure clinical input.

TH, KC and TB left the meeting at this point.

#### **ICP/20/009 Our Purpose and Processes – Next Steps**

This item was deferred to the February 2020 meeting of the ICP Board.

### **ICP/20/010 Population Health Management**

MO, Nottinghamshire GP and member of Connected Notts presented on Population Health Management (PHM) noting that PHM focussed on outcomes for identified groups or segments, healthy population as much as those who are sick, resource planning that included the wider determinants of health and risk management approach promoting wellbeing, preventing ill health. The presentation provided greater detail on outcomes, population segmentation, impactable interventions and implementation.

RMu noted that the cross cutting segments spoke to the neighbourhood approach that had been discussed at previous meetings of the Board. DA stated that consideration would need to be given to the fact that many people would not fit neatly into any one segment and there would be components, such as mental health, that would span all segments.

Members noted the requirement for cultural change and for common solutions to be worked through in collaboration with the local population.

Group discussions took place around the commitment each ICP partner could make to change its approach to embrace PHM, how partners would manage the tension between statutory organisation priorities and local delivery, how the ICP would manage the tensions between partner organisations when prioritising/tackling inequalities and what part the community engagement model could and should play in the implementation of PHM in Mid-Nottinghamshire. Feedback included:

- Recognition that regulation and responsibilities for statutory organisations were very much about the here and now whilst PHM had a longer time frame for delivery. There would be opportunities to deliver both by taking actions over the next 12 months that would support the longer term aims.
- The importance of having a common set of data across all partners in order to start discussions with a shared understanding and to recognise the common purpose, which was to improve the health and wellbeing of the local population.
- Links to previous Board discussions around the engagement model and neighbourhoods and the need for shifts in culture and mind-sets.
- To consider the appetite for secondary and community care in its broadest sense to share the PHM workload.

GL explained that there were some optimal health interventions that the ICP could improve on, such as flu vaccinations. Significant benefits could be achieved in this area by committing a small amount of resource. KB noted that work was underway with the Mid-Nottinghamshire Locality Team around this year's flu campaign as there had been variability across GP practices in regard to flu vaccine uptake.

MO thanked members for their feedback, which would inform his discussions with other ICPs.

### **ICP/20/011 Nottingham and Nottinghamshire Integrated Care System (ICS) Update**

Members noted the ICS Board Summary Briefing – January 2020.



**ICP/20/012 Primary Care Network Update**

DA noted that Nottinghamshire County Council was consulting on the closure of the Children's Centre on the Bellamy Estate due to underutilisation. Colleagues from the CCG and Mansfield District Council were scheduled to meet with Nottinghamshire County Council to raise concern around the potential closure as the Bellamy Estate had been identified as one of the areas of greatest need within Mid-Nottinghamshire.

HB requested that partners routinely share with the ICP Board any decisions that were being considered that could impact on the remit and/or focus of the ICP. Members supported this request.

GC and AW left the meeting at this point.

HB noted that District Council colleagues had been invited to attend the East Midlands Housing Health and Care Initiative and asked members whether a collective ICP narrative should be considered.

**ICP/20/013 Chair Summary**

RMu thanked MCh for his flexibility in deferring his agenda item, which would be re-crafted for discussion at the February 2020 meeting of the Board. Members were encouraged to take away the tabled Our Vision document which would provide a springboard for MCh's future discussion.

The meeting closed at 3.35pm.

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

## Actions arising from the Mid-Nottinghamshire ICP Board

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/041	18.11.19	Mr Wozencroft	To arrange for the ICP Transformation Board, ICP Operational Delivery Group and Mid-Nottinghamshire A&E Delivery Board to provide progress reports to the Board on a quarterly basis	The chairs and leads of the three groups will collaborate to produce a single highlight report to the ICP Board in February 2020, when the next quarterly update is due.	Green
ICP/19/044 (1)	18.11.19	Mr Wozencroft	To arrange for further system performance reports to include additional benchmark data	Benchmark data will be included in the highlight report referenced under ICP/19/041 where it is readily available.	Green
ICP/19/044 (2)	18.11.19	Mr Robinson and Mr Wozencroft	To include an overview of the financial position in future iterations of the system performance report	This will be included in the highlight report.	Green
ICP/19/044 (3)	18.11.19	Mr Wozencroft	To ensure that future reports focus less on the activity graphs and place greater emphasis on the actions being taken to resolve issues	Comments will be taken into account when producing the highlight report.	Green
ICP/19/053 (2)	16.12.19	Mr Wozencroft	To canvass views in the spring as to whether District Council colleagues felt the ICP Board agenda was still relevant to their organisations	This will be scheduled for the April Board cycle	Grey

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/055	16.12.19	Ms Beadling-Barron	To pilot the new model on a small number of programmes and then arrange for an engagement update to be provided to the Board in a few months' time, which included personal stories and/or testimonials with suggestions of how assurance would be provided to the Board.	The model and toolkit has been circulated to communication and engagement leads across Mid Nottinghamshire for them to use. A meeting set up between Kerry Beadling-Barron and colleagues from Mansfield District Council to discuss how this can be linked to the Healthy Mansfield work. The model will be started to be used on the Undefeatables campaign	
ICP/20/005 (1)	30.01.20	Paul Johnson	To oversee ICP engagement with the independent social care provider sector and keep the Board informed of progress		
ICP/20/005 (2)	30.01.20	Peter Wozencroft	To arrange for the Board to receive an update on progress against the specific ICP Board actions for 19/20 at the February 2020 meeting	This is included in the papers to support the discussion on ICP priority setting for 2020/21. This is a summary update, pending a more detailed end of year progress report	
ICP/20/007 (1)	30.01.20	Ben Widdowson	To collaborate with partners around the One Public Estate agenda to ensure that community assets and estate were accessible to all system partners and utilised to the best system benefit. The outputs of the group discussions would be pulled together by BW for discussion/sign-off at the March 2020 meeting of the Board. The actions would be progressed through the ICP Estates Group	An update will be scheduled for the March Board meeting	

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/20/007 (2)	30.01.20	David Ainsworth	To arrange for the asset mapping work that had been undertaken with primary care to be shared with BW	Complete	
ICP/20/008	30.01.20	Peter Wozencroft	To submit a paper to the February 2020 meeting of the Board to provide clarity on the questions raised around the MSK value improvement programme in relation to governance, information sharing, procurement, clinical scope and risks. PW to engage with TB, KC and DA to ensure clinical input	On the agenda with supporting paper	

## **Mid-Nottinghamshire ICP Board Update – January 2020**

Below is a summary of the key items discussed. The full papers (and details of forthcoming meetings) can be found here: <http://bit.ly/ICPBoard>

### **Board appointments**

Chair Rachel Munton confirmed that Hayley Barsby, Chief Executive at Mansfield District Council will also be deputy executive lead of the ICP. She joins Thilan Bartholomeuz, local GP and clinical chair of Newark and Sherwood CCG who is now the Clinical lead for the ICP.

### **Estates Strategy Development**

ICP Estates lead Ben Widdowson presented work done to date by the ICP estates group and how it fits in with the ICS estates strategy to maximise the use of assets which included what had already been identified in Newark. There was then a discussion on what other assets were available to communities and how this linked to the ICP's community insight model so that communities had assets they wanted and needed. Ben will collate the feedback into an update paper which will return to Board later this year.

### **Invitation to participate in a Musculoskeletal value improvement programme**

ICP Director of Care Integration Peter Wozencroft and ICS representative Rebecca Larder brought a proposal to the ICP which would see it participate in a 12 month value improvement programme in partnership with the Oxford Centre for Triple Value Healthcare and Pfizer. A discussion was had about the clear benefits and some concerns over details still to be worked out in terms of resource requirements for local GPs and the role of Pfizer. While members agreed in principle that this was a positive proposal, they wanted these details finalising first before committing to it. Peter and Rebecca agreed to work on this and bring it back to a future ICP Board.

### **Outcomes Framework and the approach to Population Health Management (PHM)**

Dr Mike O'Neil, Nottinghamshire GP and member of Connected Notts presented on PHM, the possibilities and limitations of the data that is already available and how this can be used for decision making. Members discussed three key points:

- How can PHM support and be supported by the ICP's priority neighbourhoods approach?
- How does the ICP balance delivering now, while meeting tomorrow's needs?
- How will the ICP adopt PHM to deliver impactable interventions as part of its processes and how will the Board ensure delivery is different this time?

Summaries of the discussions were fed back to Mike to help with his discussions with other ICPs. Members also discussed areas (such as flu planning) where this could start to be used at an ICP level.

Next month's meeting will take place on February 27 at 2.30pm at the Summit Centre in Kirkby. Papers will be available a week in advance on the ICP website.



## Mid-Nottinghamshire ICP Board

<b>TITLE:</b>	Update on 2019/20 ICS priorities for the ICP
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<b>DATE OF MEETING:</b>	27 <sup>th</sup> February 2020	<b>PAPER REF:</b>	ICP/20/019
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<b>AUTHOR:</b>	Peter Wozencroft	<b>PRESENTER:</b>	Richard Mitchell
		<b>SPONSOR / COLLABORATOR:</b>	

<p><b>WHICH ICP OBJECTIVES DOES THIS RELATE TO (SELECT ALL THAT ARE RELEVANT)</b></p> <p><input checked="" type="checkbox"/> To give every child the best start in life</p> <p><input checked="" type="checkbox"/> To promote and encourage healthy choices</p> <p><input checked="" type="checkbox"/> To support our population to age well</p> <p><input type="checkbox"/> To maximise opportunities to develop our built environment into healthy places</p> <p><input type="checkbox"/> To tackle physical inactivity</p>
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<p><b>EXECUTIVE SUMMARY (OVERVIEW):</b></p> <p>This paper provides a brief update on progress of the ICP priorities agreed with the ICS for 2019/20.</p>
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<p><b>RECOMMENDATION:</b></p> <p>X To note</p>
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**ICP Board meeting 27<sup>th</sup> February 2020**

**Mid Nottinghamshire Integrated Care Partnership 2019/20 priorities update**

**1. Specific plans to contribute to the delivery of the Memorandum of Understanding with national bodies for the ICS**

The Mid-Notts ICP has continued play a full and active part in all aspects of the ICS work. We recognise that the MoU has been superseded by the NHS Long Term Plan and the ICS 5 year strategic plan in response. Our ICP contribution to the strategic plan, and the strategic and operational plans we have been working on for local delivery of the priorities has been coordinated through a series of inclusive workshops. We have assessed our plans against the ten levers for change, and recognised that our current plans will not bridge the financial sustainability/delivery challenge. We are now turning our attention to how that gap will be closed. Despite our best efforts, demand for urgent and emergency care continues to grow at a rate that concerns all of us. We have completed a detailed analysis of the factors driving the demand and we are now working on delivering joint actions, but we should acknowledge the demand pressures and other challenges are leading to non-delivery of a number of key standards.

**2. Integrated Financial Planning and Implementation:**

- **A single financial plan – building upon a single financial control total supported by integrating the financial function across NHS organisations with a Finance Director**
- **Integrating finance and the transformation team**
- **A joint approach to QIPP and FIP targets**
- **Ensuring that financial plans are aligned and complementary across the NHS and local authorities.**

NHS partners now have a single control total at the ICP level and a single plan to deliver. Further work is required to align Local Authorities. During the preparation of the ICS 5 year plan and the ICP operational response, we have been planning on the basis of the ICP contribution to the ICS delivery plan and the supporting, activity and financial analysis has been broken down to ICP level.

**3. Steps taken to strengthen the voice of non-NHS organisations including local authorities, CityCare and NEMS**

Our District Council colleagues continue to make a very strong contribution to our ICP, complementing the continued positive engagement of the County Council. NEMS and PICS are now full members of the ICP with Board representation. All three of our Councils for Voluntary Services are now members of the ICP with Board representation. From September 2019, our ICP Board meetings have been held in public, and members of the public are now actively contributing to discussions and shaping the priorities for the partnership.

**4. A single plan for capacity, in particular community capacity based on population health and wellbeing and population health management principles to maximise people's independence and enable as many as possible to receive care from their own homes**

We have not yet developed a single capacity plan but we are adopting an incremental approach that focuses on identifying gaps in existing capacity and constraints. Greater visibility of community capacity has come as a result of the work on demand drivers and mitigations. Work continues on the Health System Led Investment (HSLI) capacity and flow project, which aims to achieve a real-time single view of health and care resource so that we can allow seamless transition between care settings for our citizens.

**5. A single capital plan that feeds into the ICS plan**

A single capital plan is a longer term aspiration. An ICP Estates Group has been convened by the estates lead, and it has begun to work based upon "one public estate" principles. An initial focus upon Newark and district has presented some mutually beneficial opportunities to rationalise the current estate and utilise high quality assets for the best health and wellbeing impact upon local communities. The intention is to broaden this approach to include Sherwood, Mansfield and Ashfield, and also to deepen it by identifying community assets, particularly within the fourteen priority neighbourhoods that have been identified by the partnership.

**6. Strengthen mental health planning and provision**

The Nottinghamshire Mental Health transformation programme has anticipated the core changes needed to address known gaps in performance and/or provision in order to meet the Five Year Forward View for Mental Health ambitions by 2020/21. The planning and implementation work is continuing at pace. The planned acquisition of the St Andrews Mansfield Hospital by Nottinghamshire Healthcare promises to substantially improve the adult mental health inpatient provision for Nottinghamshire. The number and duration of inappropriate out of area placements continues to decline sharply – on track to meet the target of eradicating them by April 2021.

Planned and funded developments for 2020/21 are broadly grouped into those that will strengthen all-age crisis and early intervention services, and those that will strengthen community mental health services for adults.

**7. Closer working between primary care, secondary care and community provision around the needs of particular groups of the population who require an integrated approach**

The emergence of the Population Health Management methodology adopted across the ICS has enabled the ICP to put its emerging approach into a structured framework and build upon early successes in addressing the needs of homeless people, care home residents and high intensity users of health and care services.

**8. A focus on specific population health actions – to the principles set out in the ICS prevention objectives and plan**



The ICP approach to managing population health is through a triangulation of population health, prevention and the ICS outcomes framework. The ICP objectives are fully aligned with the Prevention, Inequalities and Wider Determinants of Health and the Proactive Care, Personalisation and Self-Management chapters of the ICS 5 year plan.

During the course of the year, the ICP has refined its strategic objectives, which are:

- To give every child the best start in life
- To promote and encourage healthy choices, improved resilience and social connection
- To support our population to age well and reduce the gap in life expectancy
- To maximise opportunities to develop our built environment into healthy places
- To tackle physical inactivity by developing our understanding of barriers and motivations

In light of the defined ICS priorities for these first two domains from the 5 Year Plan, the ICP is now defining its delivery priorities for 2020/21.

## **9. Review and reform outpatient referrals and treatments on a joint basis**

Sherwood Forest Hospitals Foundation Trust (SFHFT) and the wider system continues to reduce the levels of unnecessary outpatient referrals and appointments, through a combination of the following measures:

- Patient Initiated Follow Up (PIFU)
- Advice & Guidance
- Virtual Assessment and Virtual Appointments
- Standardised Referral Pathways & Templates
- Pre-Operative Pathways
- Technology
- Directory of Services (DOS)

We are making good progress against the overall ICS and national target of reducing outpatient appointments by 33% by the end of 2023/24.

It has been agreed that implementation of service transformation beyond into 2020/21 will focus on

- Maximising capacity across the ICP;
- The implementation of personalised care approaches through tools such as Patient Activation Measures (PAMS);
- Frequent Attenders and Referrals without subsequent activity (much the same as undertaken for ED/Urgent care attendances);
- Maximising the digital opportunities that arise with Public Facing Digital Services (PFDS);
- On-going transactional/efficiency review of all acute clinics;
- Improving communication and links between GPs and consultants;
- Identifying further opportunities for services to be provided more locally in PCNs.

**10. Formulate and implement plan for the use of technology to integrate information and utilise technology to enable care and treatment in line with the work of the ICS workstream.**

In order to support the delivery of the priority areas defined in the Long Term Plan there are a number of digital enablement projects either underway or planned over the next five years. Some of the key deliverables from a digital enablement perspective have already been completed and are now embedded into system wide business as usual.

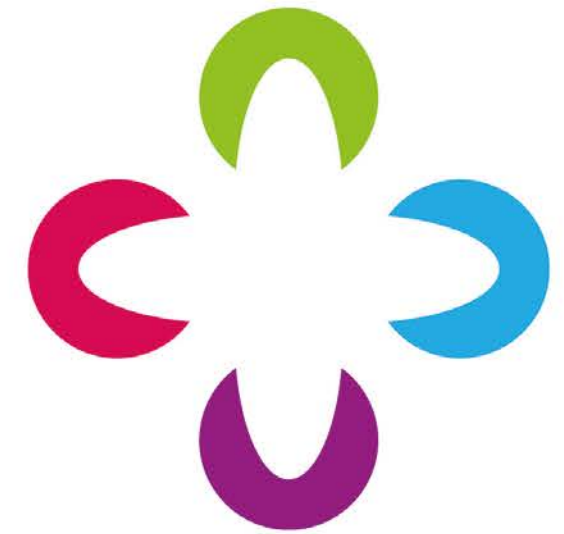
Data Analytics and Population Health Management are significant themes running through the Long Term Plan. The GP repository for Clinical Care (GPRCC) and e-Healthscope are widely utilised across the system, particularly within care co-ordination. This enables data pulled from providers across health and care within Nottinghamshire to be amalgamated to identify care gaps and risk scores, facilitating efficient and effective individualised care. This will be scaled up over the next few years to support population health management and predictive analytics.

Electronic communications between health and social care provide a more seamless transition between SFHFT and social care, enabling electronic referrals for patients requiring social care assessments. A dashboard view ensures SFHFT clinicians are aware of the progress of all these patients, facilitating efficient and timely discharge. Electronic communications additionally support urgent and emergency care providing ED staff with the ability to establish whether patients have had a care package in place, thereby preventing unnecessary admissions and enabling patients to return home as soon as possible.

The digital first agenda, and empowering the population to manage their own health and care through digital tools, provides the digital enablement to support many of the Long Term Plan priorities. The Public Facing Digital Services programme will provide the population of Nottinghamshire with the tools they need to undertake different types of consultation i.e. online consultation and remote monitoring of Long Term Conditions, self-care and information, community signposting and social prescribing.

Locally the Integrated Digital Care Record will continue to expand to provide a single shared health and care record across Nottinghamshire, progress is being made to move towards a longitudinal health and care record across the East Midlands.

# Mid-Nottinghamshire Integrated Care Partnership



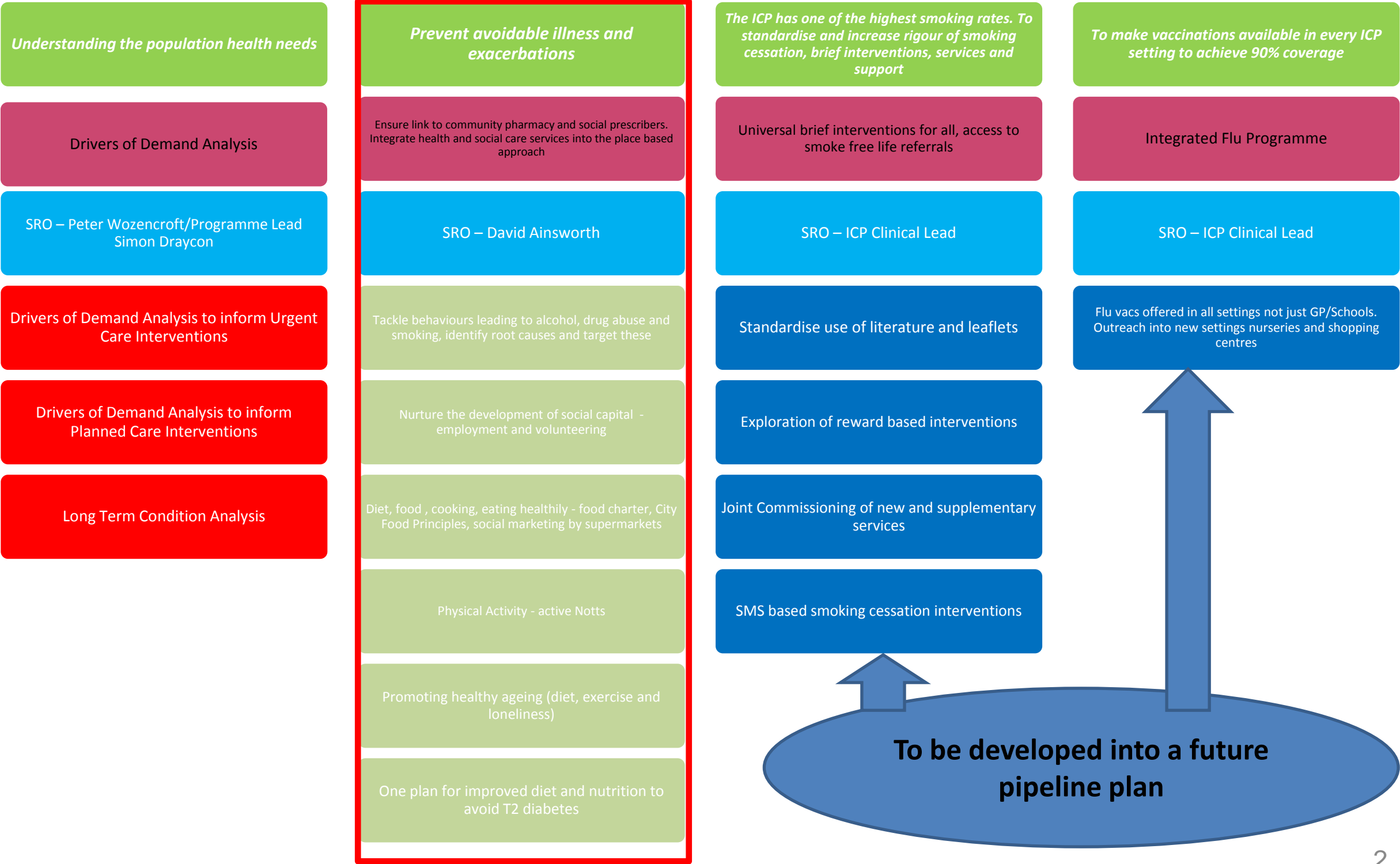
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## **ICP Plan and Alignment with ICS Objectives**

**Prevention, Population Health  
Management and Proactive Care**

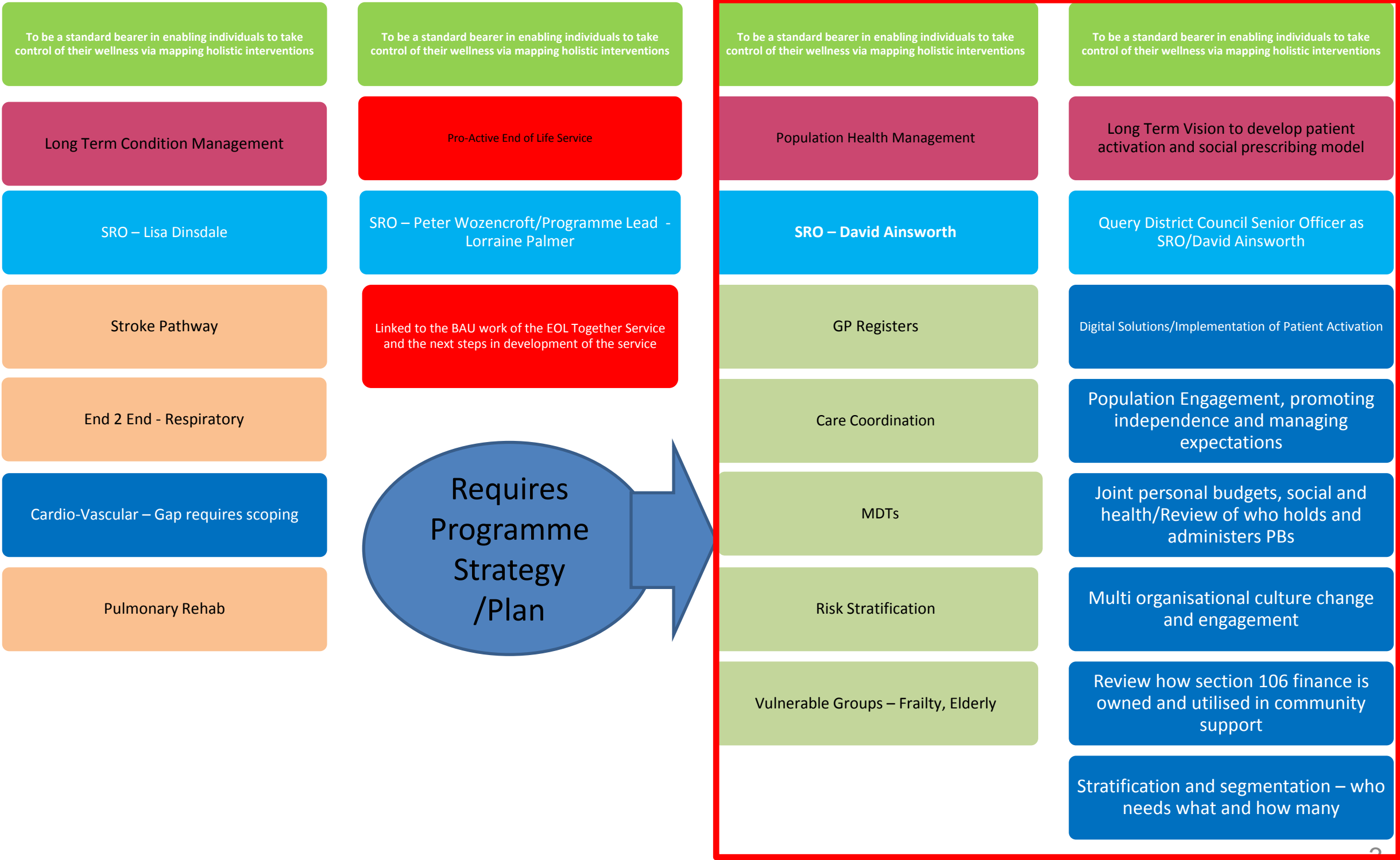


Prevention, Inequalities and Wider Determinants of Health





Proactive Care, Personalisation and Self Management





# Long term vision

## SRO - David Ainsworth

- **Prevention, Inequalities and Wider Determinants of Health**
  - - Prevent avoidable illness and exacerbations
- **Proactive Care, Personalisation & Self Management**
  - - Population Health Management
  - - Patient Activation & Social Prescribing

## Cross Cutting Themes:

- **Prevention**
- **Population health management**
- **Personalisation**
- **Place-based interventions**
- **NB: contributor to multiple strategic priorities**  
e.g. long term conditions, care homes, flu

## Enablers:

- **PCN development**
- **Workforce**
- **Digital**
- **Estates**
- **Managing demand**



Evidence, research,  
community sustainability,  
behavioural change,  
education, awareness &  
choices

Community, Activation &  
Sustainability

Green Spaces

Early Health  
Outcomes

Outcomes  
framework

2022

Additional Roles:  
Paramedics

CVSE Actions

Tobacco, Alcohol,  
Weight Management

Best Start in Life

Employment as a  
Health Outcome

NTU Research

Community activation,  
business & Employees,  
collaboration with partners

Crime & ASB

Housing & Health

2021

Alcohol  
CGA

Additional Roles:  
Physician Associates

Air Quality

Prevention, public health  
management, partner  
collaboration which includes  
education and district  
councils

Tobacco

Homelessness  
Single Approach

National PCN  
DES

2020

Launch Integrated  
WB Service

Additional Roles:  
First Contact Physio

Foundation, GP practice,  
Community

Identify Place-Based  
Priorities

111 Direct  
Booking

Additional Roles:  
Clinical Pharmacies

Additional Roles:  
Link Workers

PCNs Established & CDs  
Appointed

ICP  
Established

Extended GP  
Access & Hours

2019



# Action plan

ICS aim	Prevention, Inequalities and Wider Determinants of Health				
ICP priority	Prevent avoidable illness and exacerbations		Lead	Timeframe	Cross-Cutting Theme
ICP priority Action	Work with identified communities to target and positively influence healthy lifestyle choices. Specifically - identify root causes and implement brief targeted interventions.	Implement a co-ordinated approach to brief interventions behaviour change techniques and health coaching: - smoking - weight management - alcohol - mental health and wellbeing - physical activity	Nottinghamshire County Council - Public Health Commissioned service providers - e.g. CGL/ ABL	2020-2021	Integrated Wellbeing Service Smoke-Free Life services Substance misuse Long Term Conditions
	Nurture the development of social capital- employment and volunteering	1. Promote employment as a health outcome to build inclusive work-place policies and support development of healthy workplaces. 2. Create new approaches to volunteering to increase social interaction.	ICP partner organisations	2021-2022	Employment Volunteering Sustainability of the VCSE
	Diet and Nutrition	1. Develop local strategies that target the food environment in order to promote healthy eating, to include childhood education, healthy eating options, employer & food industry contributions. 2. Implement and evaluate childhood obesity trailblazer	1. ICP partner organisations	2020-2021	Diabetes prevention & management Lived experiences Third generation and inter-generational interaction.
	Physical Activity	1. ICP partners to endorse and contribute to Active Notts programme. Agree common activity opportunities for Children and Families Engage local partners to educate and promote physical activity and make use of local assets. 2. Specifically implement and evaluate UndeafTABLES campaign.	ICP partner organisations 2. Mansfield CVS	2020-2021	Newark YMCA Development Ashfield Leisure Centre Development
	Healthy Ageing	1. Contribute to the ICS Ageing Well programme to bring consistent policy to all areas inc. falls, frailty, loneliness, advance planning, MDT & care homes. 2. Develop local strategies to promote healthy ageing and preventing loneliness and isolation.	ICP partner organisations	2021-2022	Diet & Nutrition Physical Activity Dementia Care Homes End of Life Urgent & Emergency Care
Place-Based Approach	Develop place-based ICP model with District partners	1. Agree common data-set, targeted priorities, develop partnerships and implement local actions to address population health outcomes 2. Review and improve the use of section 106 finance to build community resilience and support. 3. Develop robust business cases for the potential Towns Funds.	1. Place-based partners inc. PCNs District Councils 2. District Councils 3. District Councils	2021-2022	Public Health priorities District Council - Housing S106 link to personalisation and self care strategic aim
	Homelessness as a priority intervention	Develop place-based plans to tackle homelessness according to local need, taking forwards recommendations from Joint Strategic Needs Assessment	District Council / Nottinghamshire County Council/ CCG	2020-2022	Housing & Health
	Air Quality	Incorporate air quality in local plans including sustainable transport, reduced emissions, greater community engagement.	Nottinghamshire County Council - Public Health with Caren Rice, CCG	2021	Respiratory as a long term condition CCG approach to pulmonary rehab, spirometry and respiratory hubs.
	Crime & Disorder	Find new approaches in tackling anti-social behaviour and crime and disorder through new partnership approaches.	Police & Crime Commissioner and District Councils	2021	Reported overall well being Improving engagement with local services





# Action plan

ICS aim	Proactive Care, Personalisation & Self Management				
ICP priority	Population Health Management		Lead	Timeframe	Cross-Cutting Theme
ICP priority Action	GP registers	Ensure local health needs are identified and addressed through effective use of e-Healthscope and digital solutions to improve information sources, access and population health management	Locality Team - Mid Notts	2019-2021	Long term Conditions: CVD, Respiratory, flu, EOL, diabetes, Mental Health Demand Management
	Care coordination	Review care coordination service and implement future model aligned to PCN priorities.	Locality Team - Mid Notts	2020	Long term Conditions Demand Management
	Effectiveness of Multi-disciplinary Teams (MDTs)	Develop and Review specifications for effective MDTs, promote multi-professional engagement and monitor improvement plans.	Locality Team - Mid Notts Notts Healthcare Trust - Community Services	2020	Long term Conditions Demand Management
	Risk stratification (and segmentation)	Implement population health management strategy to identify local priority population groups and action evidence-based interventions.	NHS E - population health team Locality Team - Mid Notts	2021	
	Vulnerable groups - frailty, falls	1. Develop common frailty strategy to ensure consistent high quality of care. 2. Implement enhanced care in care homes specification across PCNs.	CCG Commissioning Directorate. Locality Team - Mid Notts	2021	Urgent & emergency care Care homes Carer identification and support
Place based Approach	Develop PCN plans to implement place-based health priorities	1. Create annual plans and OD plans to ensure PCNs have capacity and capability to act as local leaders. 2. Implement PCN Network Directed Enhanced Service and service specifications. 3. Implement PCN additional role development in accordance with PCN DES (Social Prescribing Link Works, Pharmacists, First Contact Physiotherapist, Community Paramedics) 4. Working with partners ensure PCNs are inclusive	Locality Director- Mid Notts Locality Team - Mid Notts	2020-2021	Long term Conditions: CVD, Respiratory, flu, EOL, diabetes, Mental Health Demand Management
	Develop PCN partnerships to lead local improvements in health and wellbeing	Develop wider primary care offer through dentists, community Pharmacists, optometrists.	Locality Director- Mid Notts Locality Team - Mid Notts	2020-2022	Long term conditions, smoking cessation, flu
	Build Primary Care capacity though improved GP access & PCN services	Develop sustainable plan to increase access to primary care based services	Locality Director- Mid Notts Locality Team - Mid Notts	2019-2021	Planned Care Demand Management Digital Strategy

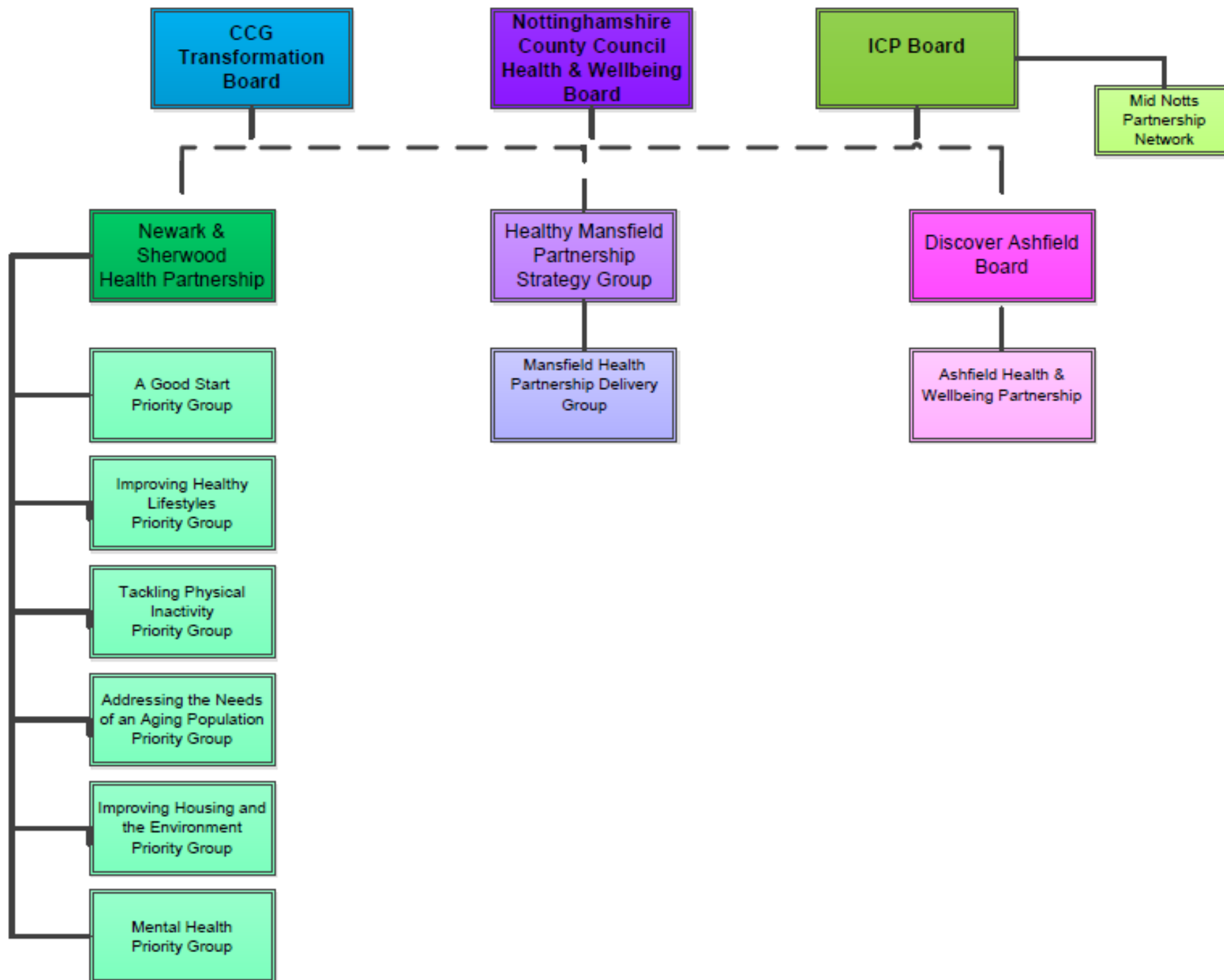


# Action plan

ICS aim	Proactive Care, Personalisation & Self Management				
ICP priority	Patient Activation & Social Prescribing		Lead	Timeframe	Cross-Cutting Theme
ICP priority Action	Joint Personal Health Budgets across health and social care.	<ol style="list-style-type: none"> <li>1. Extend the use of personal health budgets through collaborative working across health and social care.</li> <li>2. Investigate how PHB can achieve ICP &amp; PCN priorities</li> </ol>	Nottinghamshire Council Council/CCG Mid Notts Locality Team	2021-2022	Universal Personalisation Programme
	Progress voluntary & community development and social prescribing	<ol style="list-style-type: none"> <li>1. Working with CVS partners, develop place-based voluntary, community and social enterprise support, offer to place model and sustainability plans.</li> <li>2. Develop joint commissioning and collaborative partnerships to build social prescribing link worker network across Mid Notts</li> <li>3. In conjunction with NTU develop a research proposal for social prescribing.</li> </ol>	Nottinghamshire Council Council/ District councils / CVS / CCG	2021-2022	Digital Strategy
	Build on Population engagement to bring cultural change	<p>Develop role of social prescribing Link workers to promote patient activation through personalisation and self-management messages.</p> <p>Develop social media and digital solutions to promote cultural change.</p>	Nottinghamshire Council Council/ District councils / CVS / CCG	2022	Universal Personalisation Programme Patient activation Digital Strategy
Place based Approach	Develop joint plans with Districts and ICP partners to implement priority ward actions	<p>Contribute to the development of priorities for the following areas:</p> <p><b>Mansfield DC</b></p> <p>- priority wards include: Bull Farm, Bellamy, Oak Tree, Portland Place</p> <p><b>Ashfield DC</b></p> <p>- priority wards include: Stanton Hill, New Cross, Leamington Estate, Coxmoor, Broomhill</p> <p><b>Newark &amp; Sherwood DC</b></p> <p>- priority wards include: Devon, Ollerton</p>	District Councils / CCG / PCNs	2020-2021	



# Current place-based governance





# **Group discussion [1]**

## **Governance**

- 1. Have we got the right structures**
- 2. How do we ensure NHS providers remain engaged?**
- 3. Is this governance structure going to give us embedded HWB across our workforce?**



## **Group Discussion [2]**

- 1. Have we got the priorities right?**
- 2. Have we got the timescales right?**
- 3. Do we have capacity and capability to implement the plan?**
- 4. What do we need to in relation to communicating the plan and who should we engage?**



## **Group Discussion [3]**

**How do we want to shape our forward plan  
to ensure we receive updates and  
promote the value added conversations?**



## Mid-Nottinghamshire ICP Board

<b>TITLE:</b>	Q3 System Progress Report
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<b>DATE OF MEETING:</b>	27 <sup>th</sup> February 2020	<b>PAPER REF:</b>	ICP/20/020
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<b>AUTHOR:</b>	Peter Wozencroft	<b>PRESENTER:</b>	Richard Mitchell
		<b>SPONSOR / COLLABORATOR:</b>	

<b>WHICH ICP OBJECTIVES DOES THIS RELATE TO (SELECT ALL THAT ARE RELEVANT)</b>
<input type="checkbox"/> To give every child the best start in life <input checked="" type="checkbox"/> To promote and encourage healthy choices <input checked="" type="checkbox"/> To support our population to age well <input type="checkbox"/> To maximise opportunities to develop our built environment into healthy places <input type="checkbox"/> To tackle physical inactivity

<b>EXECUTIVE SUMMARY (OVERVIEW):</b>
<p>This brief report gives the Board an overview of activity, demand and resultant NHS performance for the Mid-Nottinghamshire ICP to the end of December 2019.</p> <p>The main points to note are that urgent care demand continues at high and growing levels, outstripping national averages by a considerable margin. This is putting the system under pressure and is driving an increasingly difficult underlying financial position. In spite of the pressure, the system continues to perform strongly by comparison with peers and national averages.</p> <p>For planned care, performance is also comparatively strong, although not consistently compliant with national standards. The underlying position is improving, and significant inroads are being made into re-designing outpatient care and reducing activity in this area.</p>

<b>RECOMMENDATION:</b>
<p>X To note</p>



# **Mid Nottinghamshire Transformation Programme**

Summary report from Transformation  
Board, Operational Delivery Group and  
A&E Delivery Board to ICP Board  
Quarter 3 ending December 2019

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The report enclosed is intended to provide ICP Board members with an overview of the key areas of performance

1. Current Performance across key Urgent and Planned Care Metrics
2. Mitigation of urgent and emergency care demand
3. Planned Care Overview
4. Summary of Q3 ICP Financial Performance



## 1. Q3 Performance Summary

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# Activity and Performance Summary – Emergency Care – ED Attendances



At the end of Q3 - 19/20

Comparison 18/19

SFH view



5.5% Above  
Plan



6.7% Above  
Plan



Nationally ED  
attendances are up  
by 4.4%

CCG view (all providers)



4.3 % Above  
Plan



5.6% Above  
Plan



# Activity and Performance Summary – Emergency Care – Non Elective Admissions



At the end of Q3;

At the end of Q3 - 19/20

Comparison 18/19

SFH view



10.3% Above  
Plan



13.3 % Above  
Plan



Nationally Non  
Elective Admissions  
are up by 3.8%

CCG view (all providers)



9.2% Above  
Plan



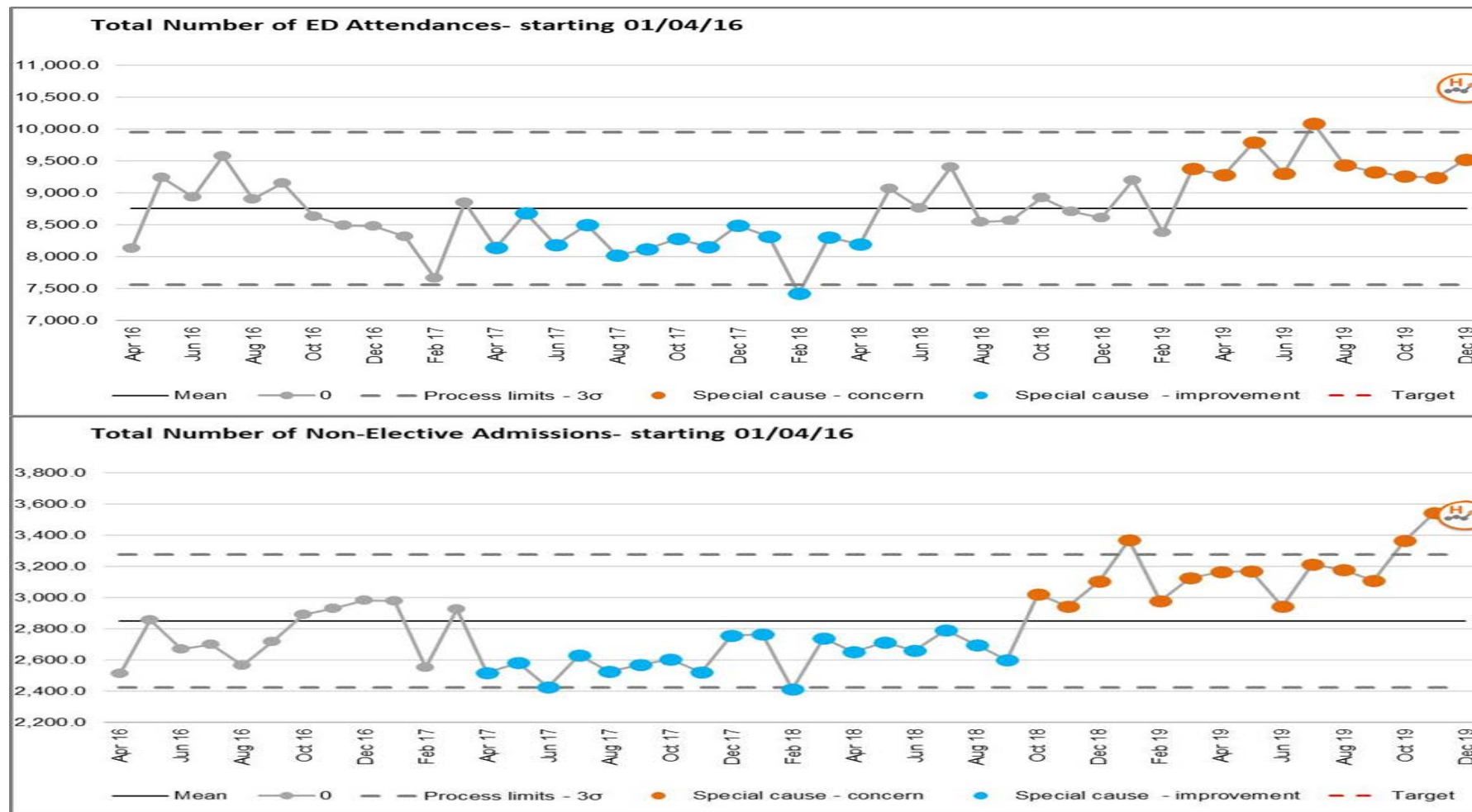
12.9% Above  
Plan



# Activity and Performance Summary – Emergency Care -



The graphs below provide a longer term view of activity to provide context on performance and have been included in the Drivers of Demand work.



# Activity and Performance Summary – Emergency Care - Four Hour Standard Performance

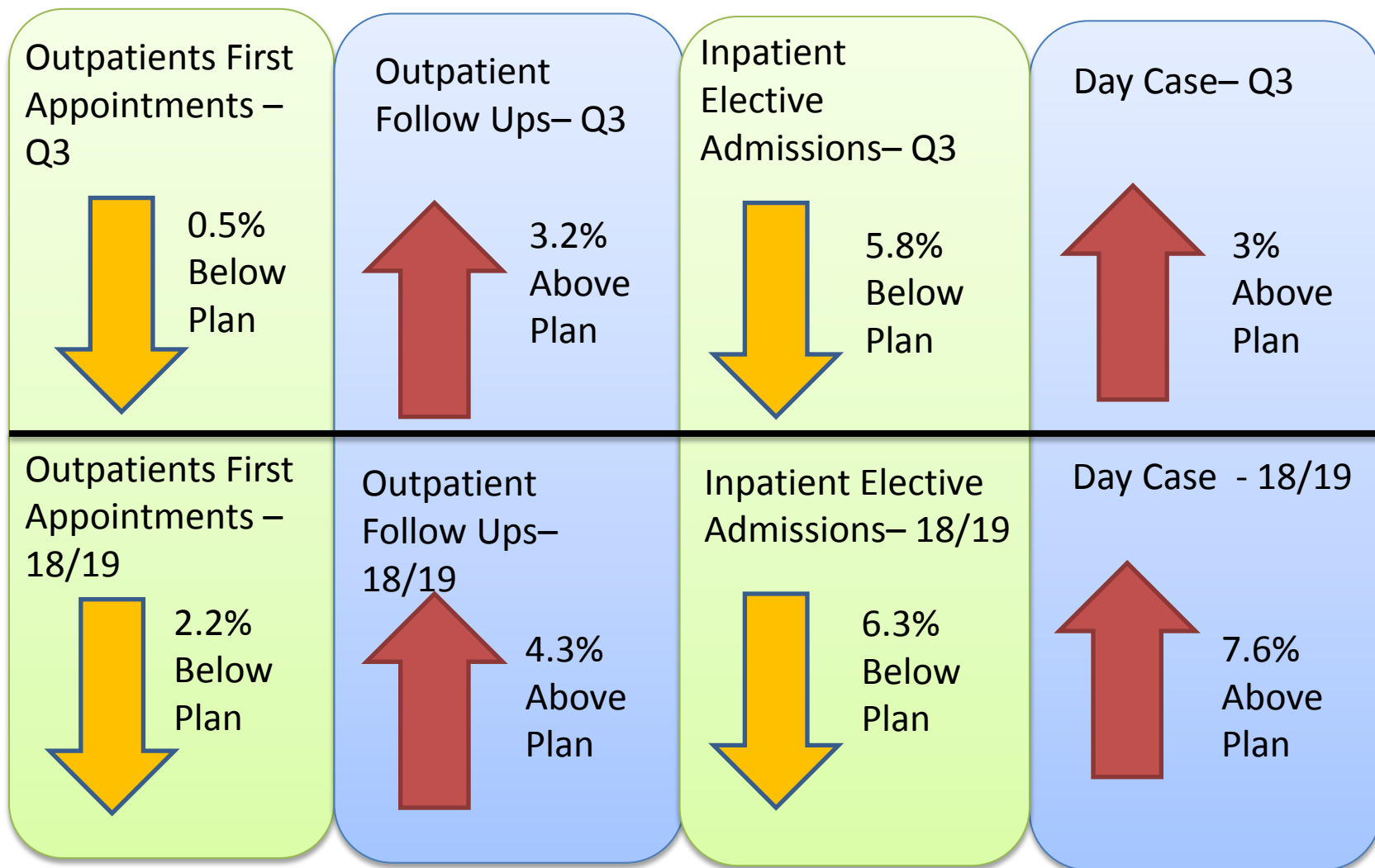


- Performance against the four hour standard was 88.9%
  - KMH ED 85.4%
  - Newark UCC 97.1%
  - PC24 95.1%

Compared to the following:

- Peer Group Average 79.3%
- National Average 81.6%

# Activity and Performance Summary – Elective Care **Total Mid- Notts Data**



# Activity and Performance Summary – Elective Care Performance Indicators



- **Referral to Treatment - 86.04% of people were treated within 18 weeks as at Dec 2019 against a standard of 92%.**

This compares to

- Peer Group performance of 84.16% and
- National average of 83.80%, both as at Nov 2019.
- Main specialties driving the position are Ophthalmology, Cardiology and ENT.
- Recovery plans are in place for all specialties achieving below the standard.
- There were no month end 52 week waits.
- The overall size of the waiting list is reducing.



# Activity and Performance Summary – Elective Care Performance Indicators



- **Cancer waits - 85.71% received their first definitive treatment within 62 days following an urgent referral for suspected cancer as at Dec 19, against a standard of 85%.**

This compares to

- Peer Group performance of 78.33% and
- National average of 77.37% , both as at Nov 19.
- 2 week wait referrals up 5% and treatments up 11% when compared to 18/19
- January forecast 70% as patients choose to wait for diagnostic tests and/or treatment until after Christmas and New year
- A revised Trust and CCG recovery action plan will be in place by the end of February 2020. It will be based around 3 key themes:
  - Wait for first outpatient appointment
  - Wait for diagnostic tests
  - Efficiency in the management of pathways



## 2. Mitigation of urgent and emergency care demand



## Activity and demand summary – Urgent Care Demand – **Mitigation of Demand**

- End of Life Together, MSK Together and High Intensity Service User services continue to successfully enhance and improve the patient experience as well as delivering significant financial benefit to the ICP
  - ***EOL Together £1.7 million savings delivered in 19/20 at month 9***
- Home First Integrated Discharge Model (HFID - Discharge to Assess) has facilitated Non Weight Bearing Patients not requiring an acute bed to return home with packages of care.
- The HFID model commenced its roll-out on Monday 10<sup>th</sup> February, to support the early discharge of patients to their place of residence for assessment.
  - Benefits will include, improve flow through SFH, a reduction in length of stay, reduced risk for patients remaining in a bed from hospital acquired infection
  - ***6 patients were safely discharged through the new model in week 1 of the roll-out***



## Activity and demand summary – Urgent Care Demand – Mitigation of Demand

- The Operational Delivery Group has been focusing on the high and increasing number of people being conveyed to ED by ambulance, and steps that can be taken to reduce these volumes.
- There has also been a focus on community service capacity, and how this can be optimised to reduce ED attendances and non-elective admissions – the mobilisation of an Integrated Rapid Response Service has been the main element of this work.
- In support of the demand mitigation work, a number of audits are being undertaken during February and March, led by the ICP team and in conjunction with key clinical and operational colleagues from across the system, including:
  - An audit of 300 patients conveyed by ambulance to ED, to determine whether their attendance/admission could have been avoided;
  - An audit of 300 people who attended ED and were known to be approaching the end of their life, to determine whether the EOL Together service could have avoided the attendance/admission.
- The Urgent and Emergency Care Drivers of Demand work is being refreshed in order to give more insight into specific factors that may be amenable to interventions to reduce demand.



### 3. Planned Care Overview

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**Elective / Day case activity:**

- Focus on day case activity over winter period as planned.
- Reduced in-patient operating for orthopaedics Jan /Feb. Back to full IP operating from 6<sup>th</sup> March.

**Outpatient Innovation Programme:**

- Successful implementation during 2019/20 is being forecast to result in 21,000 fewer appointments than in 2018/19.
- Plans for 2020/21 well developed with a firm SFH plan to reduce appointments by a further 12,000 , against a target of 18,000, and further work to identify other opportunities.



## 4. Q3 ICP Financial Summary



Year-to-date (pre-PSF, MRET & FRF) – health and social care position of **£39.7 million deficit (£7.4m worse than plan).**

- Local Authority pressures £2.2m due to overspends on staffing & growth pressures on external residential placements.
- Commissioner pressures £4.8m arising for acute activity & non-delivery of QIPP.
- Provider pressures £0.4m arising from non-delivery of CIP.

Forecast (pre-PSF, MRET & FRF) – health and social care position of **£43.4 million deficit (£3.2 million worse than plan).**

- £0.4 million better than plan associated with the required additional surplus requirement.
- £2.9 million worse than plan on Local Authorities in line with above pressures.
- £0.7 million worse than plan on NUH arising from non-delivery of CIP and staffing pressures.

Provider Sustainability Funding (PSF), Marginal Rate Emergency Tariff (MRET) & Financial Recovery Fund (FRF): year-to-date have received £18.2 million (**£0.8m worse than plan**), year-end forecast to receive £26.9million (**£1.5m worse than plan**).

Underlying recurrent position – **£71.9 million deficit (£27.1 worse than plan)**, this movement reflects the deteriorating in-year position and non-recurrent mitigations.

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## **ICS Board Summary Briefing – February 2020**

*Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 16<sup>th</sup> January. Please ensure this is cascaded to Governing Boards/Bodies, Management Teams and other key stakeholders and teams across your respective organisations. Minutes from the ICS Board held on 6<sup>th</sup> November 2019 will shortly be published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>*

### **Introduction**

The Chair of the ICS, David Pearson, welcomed a number of citizens and staff from across the system to the Board meeting – reminding colleagues that the meeting was held in public and all the papers for the meeting are available at <https://healthandcarenotts.co.uk/about-us/ics-board/>. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

### **Patient Story – Mansfield ‘Street Health’**

Lynn Smart, Head of Nursing and Allied Health Professionals, Kate Wright, Associate Chief Allied Health Professional and Emma Wilson, Specialist Safeguarding Nurse from Sherwood Forest Hospitals NHS Foundation Trust presented a patient story showing the impact of the Street Health initiative in Mansfield. Even though it has been running for just eighteen months, the Street Health programme has already had a profound impact on the health of homeless citizens in Mansfield. Drawing together colleagues from across the Trust and from the wider community, including church and voluntary groups, the Street Health programme works with homeless citizens on their terms, offering services and support to address the widest possible health needs. This includes flu vaccinations, wound dressing, help with drug and alcohol issues, mental health support and wider care like hairdressing and provision of clothing. The initiative stemmed from the nursing team at the Trust recognising that this group of citizens were sixty times more likely than the average to attend A&E and that the traditional way of arranging services was not serving their needs.

The Board heard about Dean, a long term homeless resident of Mansfield who, through the support of the initiative has been able to receive care for his leg wounds, deal with his drug issues and move into permanent accommodation. Dean's story is an example of the wider impact including the fact that twelve street health clients now have avoided attending A&E for at least a year, with their needs being provided for in a more appropriate way. The Board commended the results and the impact, but in particular celebrated the way that the programme was developed – with front-line colleagues not waiting for permission or formal approval to start the work but instead doing the right thing, working across organisational boundaries and focussing on the patient. This was identified as an exemplar way of working for team across the whole ICS.

### **Operational Planning for 2020/21**

Paul Robinson, the ICS's Director of Finance updated the Board on progress on planning for the year 2020/21. The Board discussed the recent national planning guidance issued by the NHS and in particular noted that the timetable to agree and submit a plan into NHS England / Improvement required all organisations to move at pace. Partners around the table discussed various elements of the planning guidance including changes to the way that funding will be allocated and performance against financial targets measured. Local Authority partners in particular were keen to ensure that the clear direction in the planning guidance around social care, communicate care and prevention were at the forefront of our plans. The Board will discuss the latest draft of the 2020/21 plans at the March Board and confirm final approval at the April meeting.

### **ICPs Update**

Dr Nicole Atkinson, Clinical Director of the ICS and also Clinical Director of the South Nottinghamshire ICP presented an update on the work of the South Notts ICP to date.

Recognising the fact that the ICP area contained a range of communities and had perhaps a less coherent geography than the other two ICPs that make up the ICS, Dr Atkinson nevertheless identified the significant track record of innovation and transformation in the area. Now that the ICP has clear and settled leadership from Dr John Brewin, Chief Executive of Nottinghamshire Healthcare Trust and Dr Atkinson, the intention is to accelerate the standardisation and adoption of those innovations. Early priorities include a roll out of the proven social prescribing model and also the Primary Care Psychological Medicine service which was featured at the ICS Board in June 2019.

The Board noted and celebrated the progress to date and thanked Dr Atkinson for the presentation. The Board also noted written reports from the City and Mid Notts ICPs.

### **Integrated Performance Report**

The Board discussed the latest performance figures for the ICS, and highlighted the fact that the latest guidance from national leaders of the NHS is that ICSs should be operating as a "system by default" and focussing on both transformation of services and also ensuring that the system is performing as expected. The Board discussed how to ensure that the agendas of future meetings are aligned to those expectations.

***David Pearson,***  
***Independent Chair, Nottingham and Nottinghamshire ICS***

***Dr Andy Haynes,***  
***Executive Lead, Nottingham and Nottinghamshire ICS***



## Mid-Nottinghamshire ICP Board

<b>TITLE:</b>	Primary Care Network Update
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<b>DATE OF MEETING:</b>	27 <sup>th</sup> February 2020	<b>PAPER REF:</b>	ICP/20/022
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<b>AUTHOR:</b>	Mid Notts Locality Team	<b>PRESENTER:</b>	David Ainsworth
		<b>SPONSOR / COLLABORATOR:</b>	

<b>WHICH ICP OBJECTIVES DOES THIS RELATE TO (SELECT ALL THAT ARE RELEVANT)</b>
<input checked="" type="checkbox"/> To give every child the best start in life <input checked="" type="checkbox"/> To promote and encourage healthy choices <input checked="" type="checkbox"/> To support our population to age well <input checked="" type="checkbox"/> To maximise opportunities to develop our built environment into healthy places <input checked="" type="checkbox"/> To tackle physical inactivity

<b>EXECUTIVE SUMMARY (OVERVIEW):</b>
<p>The Primary Care Network (PCN) update report provides the ICP Board with an update against the key priorities in each of the following four work stream:</p> <ul style="list-style-type: none"> <li>• PCN Development and Assurance</li> <li>• Primary &amp; Secondary Care Integration</li> <li>• Community &amp; Mental Health</li> <li>• Mid Nottinghamshire Partners</li> </ul>

<b>RECOMMENDATION:</b>
<input checked="" type="checkbox"/> To note

## Mid Nottinghamshire Primary Care Network (PCN) Update – February 2020

### PCN Development & Assurance

#### **Evaluating Social Prescribing in the Mid-Nottinghamshire area - Scoping Study: Initial rationale**

Resource has been identified within Nottingham Trent University for a limited scoping study to support a NIHR bid on Evaluating Social Prescribing in the mid-Nottinghamshire area. A part-time Research Assistant will work over 4 months to collect information and undertake interviews with: members of community groups, the public and Link workers involved in delivering the service. Background information will also be collected on the service from a range of stakeholders in the area. This information will be used to compile an initial report on the scope and scale of Social Prescribing Link Works (SPLW), the challenges it faces and its potential for enhancement.

These sources of data will be combined with background information from Nottinghamshire County Council on the scale and range of third sector activity. It is hoped the scoping document will be of use to those providing SPLW in identifying current strengths and opportunities for development of the existing provision as well as underpinning the case for NIHR funding to undertake a larger-scale research project.

**Group Consultations** - The Health Education England (HEE) funded Group Consultation training continues to roll out across the county.

A regional HEE learning event is planned for March 2020 for the attendees to attend.

We are continuing to maintain regular contact with practices to obtain feedback and offer support.

Members of the Mid Notts Locality Team (Jacqui Kemp and Natalia Remizovsky) have discussed possibilities of holding a further Group Consultation training event with the regional lead, who has also suggested setting up a network community of practice to share best practice, examples of patient feedback, concerns and advice.

A meeting has taken place with the practice manager and Social Prescribers at Lombard Medical Centre to explore and discuss the potential of Social Prescribers using Group Consultation for their patients.

#### **Next Steps:**

1. A monthly network email to all practices to share experiences, best practice and feedback.
2. A group consultation evaluation questionnaire has been created which will be sent out with the first email.
3. Observation of a Group consultation session at Skegby Family Medical Centre on 18th March 2020.
4. Progression of group consultation concept with Social prescribers meetings planned to discuss facilitation and look at patient cohort for Lombard Medical Practice.
5. Review learning points from sessions already held, example include communication to patients and how this might be explained more fully to improve uptake of sessions

6. Development of a business case to try and secure any available funding to support a further practice cohort.

### **Individual PCN Updates:**

#### **Ashfield South**

- PCN plans in place to alleviate system pressures over winter by appointing an ANP to work 2 days per week providing 100% population coverage for the PCN.
- CD engagement visits taking place with member practices
- CD meeting to discuss and evaluate annual plan
- Positive links established with Ashfield District Council
- Patient & stakeholder engagement event scheduled for the end of March 2020

#### **Ashfield North**

- PCN appointed patient rep to attend PCN meetings.
- CD engagement visits taking place with member practices
- CD meeting to discuss and evaluate annual plan
- Positive links established with Ashfield District Council
- PCN considering ways to support and increase utilisation for flu vaccine uptake across the PCN
- Patient and stakeholder engagement event scheduled for the end of March 2020

#### **Newark PCN**

- PCN appointed Hazel Firmin as PCN Lead Nurse
- Scoping work on spirometry accreditation and development of a Hub approach subject to agreement by the PCN members
- Potential second patient engagement event following a successful PPG engagement event
- Development of a proposal to address winter pressures and increase capacity in Primary Care
- CD engagement visits to member practices underway

#### **Sherwood**

- Scoping work on Sherwood PCN wider stakeholder engagement event undertaken.
- Scoping work on use of the OD funding completed.
- CD meeting to discuss annual plan

#### **Mansfield North**

- Developing PCN member practice engagement event for all GP and practice staff.
- A pilot Care Home MDT (CHMDT) has been held to review patients by the GP, Proactive Care Homes Nurse, Pharmacist, Care Home Nurse and Manager. Lessons are currently being evaluated.
- Nurse Lead - taking the proposal to next PCN meeting for wider consideration of the details around the role, possible use of underspend to be used for Spirometry accreditation to support the role.
- Possible proposal around developing a "Practice Support Scheme" to be raised at the next PCN meeting, which would support the training of staff within the PCN.

#### **Rosewood**

- Proposal for appointment of Nurse Lead discussed and Practices currently reviewing proposal for feedback to CD.

- PCN agreed to explore using their underspend to employ a trainer to cascade Group Consultation training to member practices.
- Agreed to utilise underspend to fund Spirometry accreditation and PCN Administrator Role.

## Primary & Secondary Care Integration

### First Contact Practitioners on track – Physios

In collaboration with the Mid Nottinghamshire Integrated MSK Service, all PCNs have agreed to implement an integrated workforce model. PCN First Contact Physiotherapists and MSK Hub Advanced Practitioner Physiotherapists will work across primary and secondary care with each working part of the week in general practice and part of the week in the MSK Hub.

## Benefits

To the PCN	To the MSK Service	To the Patient
First Contact Physiotherapists (FCP) get peer support and mentorship from experienced MSK Hub physiotherapists	Advanced Practitioner Physiotherapists have a variety of practice and experience in general practice/FCP role – career development	One single pathway with no unnecessary duplication
Increased retention of FCPs – less likely to burn out in practice 100% of the time	Greater visibility of all MSK roles for workforce planning and career progression across ICP	FCP knowledge of available groups etc. means improved access
FCP gets experience and knowledge of pathways	Improved communication with GP's	FCP able to discuss next steps with knowledge of the whole pathway
Access to relevant groups for continued rehab	Streamlining of working practice, no unnecessary repeat assessments	Shared decision making process started early

The First Contact Physiotherapist advert went live on 29th January with a closing date of 28th February. Interviews are scheduled for 12<sup>th</sup> March. Work is underway with the PCN Clinical Directors, PICS and the MSK Hub to plan induction programmes and work schedules. Once successful candidates have accepted the roles, a training needs analysis will be completed for each.

## Mid Nottinghamshire Partners

### **The Childhood Obesity Trailblazer Project - Local Strategic Approach to Childhood Obesity**

Childhood obesity is a complex problem with over 100 interlinked causes. These can be considered in 7 themes (Nottinghamshire JSNA, 2016):

- Societal influences: the impact of society, for example the influence of the media, national policy, education, culture

- Food environment: the influence of the local availability, affordability and quality of food on an individual's food choices
- Physical Activity environment: the influence of the issues such as safety, infrastructure and open space on an individual's ability to be physically active
- Physical Activity: the type, frequency and intensity of activities an individual carries out
- Food consumption: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet
- Individual psychology: the effect of psychology on an individual's eating and physical activity patterns
- Biology: the influence of genetics and ill health.

To influence these themes at a local level there is a need to work across Council departments and across organisations with communities in an evidence based “whole system approach” to obesity as set out by Public Health England. This recognises the place-making role of councils and the role they can play in helping to harness the strengths residing in communities.

In Nottinghamshire this is approached through the priorities under the County's Health & Wellbeing Strategy relating to developing healthy and sustainable places and a best start in life for children. Childhood obesity is also an emerging strategic priority within the Nottinghamshire Integrated Care System and the Bassetlaw Integrated Care Partnership. The Council's Trailblazer project presents a small but important part of this overall system work.

### **Taking a partnership approach to domestic violence**

Led by Ashfield DC, partners across education, health, police and council staff came together to find new ways of tackling the increasing numbers of reported domestic violence in Ashfield. A set of actions were agreed and these will form the plan for 2020/21.

### **Healthy Towns Fund Bidding – all District Councils**

All district councils are working with partners to develop joint business cases for the recently announced healthy towns funds. Three broad principles apply;

1. Urban regeneration around land and premises;
2. Skills and Enterprise supporting workforce and education and
3. Connectivity including digital connectivity. The locality team are involved in the development of the business cases as well as the formal sign off process.



## Mid-Nottinghamshire ICP Board

<b>TITLE:</b>	Invitation to Partner in a Musculoskeletal Value Improvement Project
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<b>DATE OF MEETING:</b>	27 <sup>th</sup> February 2020	<b>PAPER REF:</b>	ICP/20/023
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<b>AUTHOR:</b>	Peter Wozencroft	<b>PRESENTER:</b>	Thilan Bartholomeuz and Rebecca Larder
		<b>SPONSOR / COLLABORATOR:</b>	

<p><b>WHICH ICP OBJECTIVES DOES THIS RELATE TO (SELECT ALL THAT ARE RELEVANT)</b></p> <p><input type="checkbox"/> To give every child the best start in life</p> <p><input checked="" type="checkbox"/> To promote and encourage healthy choices</p> <p><input checked="" type="checkbox"/> To support our population to age well</p> <p><input type="checkbox"/> To maximise opportunities to develop our built environment into healthy places</p> <p><input checked="" type="checkbox"/> To tackle physical inactivity</p>
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<p><b>EXECUTIVE SUMMARY (OVERVIEW):</b></p> <p>The paper seeks to systematically address the queries raised by the Board during the discussion of this matter at the January meeting. On the basis of the content and discussion, and the fact that Sherwood Forest Hospitals as the coordinating provider of the MSK Together Service in Mid-Nottinghamshire to be the signatory to the agreements with 3V and Pfizer on behalf of the ICS, the ICP Board is asked to indicate that it supports accepting the invitation to partner in the 12 month value improvement project for MSK services.</p>
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<p><b>RECOMMENDATION:</b></p> <p><input checked="" type="checkbox"/> To approve</p>
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## ICP Board meeting 27<sup>th</sup> February 2020

### Update on queries relating to the Invitation to Partner in a Musculoskeletal Value Improvement Project

#### Background and context

ICP Board members will recall that a paper was discussed at the meeting on 30<sup>th</sup> January 2020. Whilst the Board recognised the invitation as a positive opportunity, it did not feel able to support/accept the invitation on behalf of the ICS for the following reasons:

There were a number of queries relating to the proposal, and some outstanding matters relating to the governance of the project that the Board required further assurance upon;

The fact that the ICP is not a statutory organisation, and a statutory body was required to enter into the agreements with 3V and Pfizer on behalf of the ICS, required a degree of organisational scrutiny that had not yet been applied;

#### Update on queries arising from the Board discussion

##### ***Governance and in particular the role and interest of Pfizer as project sponsor***

Since 30/1/20, further discussions have taken place between the ICP, ICS, 3V and Pfizer to achieve clarity. The mutual rights and obligations of Pfizer and the ICS have been codified in a Letter of Engagement which has been scrutinised by Sherwood Forest Hospitals' in-house legal team, which has no concerns about the content, and SFH Trust Management Team has agreed that SFH will be the signatory to the Letter of Engagement on behalf of the ICS.

In summary:

- a. Pfizer sponsorship enables 3V to participate in the value improvement project with no direct cost to the Nottingham and Nottinghamshire ICS;
- b. Pfizer will not influence the conduct or outcome of the value improvement project, and their involvement will be limited to attendance at regular progress meetings;
- c. This is a non-promotional (of any Pfizer products or services) sponsorship;
- d. The outputs of the project, including the Atlas of Value, will be available to Pfizer and 3V to use as they see fit, with mutual rights/obligations to approve any publications of the material;
- e. Any Intellectual Property generated through the conduct of the project belongs to the ICS and, in granting Pfizer and 3V a licence to be able to share the learning, safeguards have been built into the governance to ensure the outputs cannot be taken out of context.

### ***Information Sharing***

Advice has been sought from Information Governance leads (SFH and CCG), who observe that this type of data sharing is common and familiar to CCGs and providers. There will be no patient identifiable data shared with either 3V or Pfizer, and the North East Commissioning Support Unit will be managing the information sharing and have long-standing relationships with Mid-Notts colleagues.

### ***Procurement***

Advice has been received from the CCG procurement lead, who confirms that since no party in the ICS is paying either 3V or Pfizer for any product or service, procurement regulations do not apply.

### ***Clinical scope***

Case studies have been obtained from 3V describing value improvement projects they have carried out in other regions, and have been shared with the ICP Clinical Lead and the MSK Head of Service.

Further discussions have taken place between the Head of Service and 3V to explore the methodology and gauge the level of commitment required from the MSK Together service and wider stakeholders. The MSK Together operational group, which comprises medical and allied health professions colleagues has discussed the expectation and is keen to progress with the project on the basis that it will support the next phase of development of the MSK Together service to the benefit of Mid-Nottinghamshire citizens. There is a CCG GP clinical adviser already contributing to the MSK Together operational group and the ICP Clinical Lead has agreed to provide advice from a primary care perspective.

Wider stakeholders will be invited to contribute to the project without obligation, as would be the case for any value improvement project or clinical change management initiative, of which there are many progressing across the ICS.

### ***Risks***

Risks to the Mid-Nottinghamshire ICP have been identified as follows:

Dilution of participation in the value improvement project due to operational pressures of other factors will reduce the beneficial impact of the project and reduce the overall value derived for Mid-Nottinghamshire citizens.

Data quality and/or accessibility issues may limit the accuracy of the Atlas of Value and the ability to measure progress towards any population health and wellbeing goals.

Disputes between the parties to the project may lead to delays and/or reduced quality of outcomes of the project.

The involvement of Pfizer as sponsor may pose a reputational risk in respect of the public perception of a conflict of interest.

### ***Risk Mitigation***

Mitigations are being put in place for each of the identified risks, and governance arrangements allow for the project to be terminated without incurring any liabilities if/as required by either party.

### **Organisational scrutiny and statutory body nomination**

As referenced above, Sherwood Forest Hospitals has agreed to assume the governance lead role relating to participation in the value improvement project. Discussion at the Trust Management Team on 19<sup>th</sup> February 2020 was contextualised by sight of the project description previously seen by the ICP Board, updates on the matters contained within this paper, and sight of the Letter of Engagement between Pfizer and the ICS.

On this basis, SFH agreed to be the statutory body signatory to enter into the agreements with 3V and Pfizer, subject to the approval of the ICP Board at its February meeting.

### **Recommendation**

On the basis of the clarifications provided, and recognising that SFH will act as signatory, the ICP Board is asked to accept the invitation to participate in the value improvement project with 3V and Pfizer.

Peter Wozencroft

Thilan Bartholomeuz

Rebecca Larder