

Mid-Nottinghamshire ICP Board Update – October 2019

We did not meet in October as Board colleagues went to the Wigan Deal conference to further learn from a high performing health and care system. Instead, we have listed below a summary of key items which we have worked on this month.

Six month update

This month we sent a six month update on our progress to the Integrated Care System. The letter is attached and key highlights are shown in Appendix 1 at the end of this document.

Joint working example: Mental Health and Ashfield District Council pilot

A new Complex Case Worker has been appointed for the next six months to support people who have complex needs and mental health concerns. The new role is funded by the Ashfield Community Partnership using a grant from the Office of the Nottinghamshire Police and Crime Commissioner. The pilot was agreed following conversations between Ashfield District Council and Nottinghamshire Healthcare NHS Foundation Trust who recognised they could work more closely with families and individuals who are known to both of them.

The aim of the pilot is:

- To develop and deliver actions specific to individuals which will help residents to become self-sufficient and live a balanced life;
- To provide practical support and assistance in one place for residents in crisis, who have previously had to access different organisations.

Geographically the post will cover: Sutton, Kirkby, Huthwaite, Annersley, Skegby, Stanton Hill, Selston and Underwood areas and will work with Primary Care Networks in Ashfield North and Ashfield South.

Flu campaign planning

Work has continued to promote the flu vaccine. During October the national Public Health England campaign is supported with additional local focus planned for November. Case studies have been written and in Mid-Nottinghamshire these five key messages will be focused on:

- General vaccine messages
- Stop smoking advice
- Hand hygiene advice
- Exercise advice
- Diet advice including taking a vitamin D supplement

Joint partnership working is taking place with Nottinghamshire County Council to link to their campaign.

Joint LMC GP and Hospital Doctor meeting

The first joint meeting between the Local Medical Committees, GPs and hospital doctors took place this month with representation from the ICP including executive lead Richard Mitchell, locality director David Ainsworth and ICP Clinical lead Andy Haynes. The evening was well attended and there was a focus on building relationships between colleagues in primary and secondary care. Further events are planned also involving Nottinghamshire Healthcare NHS Foundation Trust.

The next ICP meeting will take place on 18 November in the Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield and papers will be available on the ICP website [here](#) prior to this.

Appendix 1: Six month update



ICP SIX MONTH UPDATE



WORKING TOGETHER

We are working with ICP colleagues to strengthen primary and community provision. We can already see the benefits of this through the Street Health and high intensity service user projects.



SINGLE FINANCIAL PLAN

We have a single financial plan which builds on the single financial control total across the Integrated Care System. This is supported by us taking steps to integrate the financial functions across NHS organisations.



OPEN AND TRANSPARENT

Our public meetings take place in community settings across Mid-Nottinghamshire. We will continue to strengthen our relationship with the Council for Voluntary Service and Healthwatch.



URGENT AND EMERGENCY CARE DEMAND

Demand for urgent and emergency care continues to grow. We have completed a "drivers of demand" analysis and are now focussed on delivering the joint actions.



ADULT MENTAL HEALTH

In response to the number of people cared for out of area, services were strengthened from September and a psychiatric clinical decisions unit will open in October.



OUTPATIENT APPOINTMENTS

We have an ambitious plan to reduce unnecessary face to face outpatient appointments this year. So far, 20,000 appointments have been identified as avoidable or can be provided in an alternative setting.

NEXT STEPS

A focus on our most challenged and underserved neighbourhoods to work up a more detailed plan.