Integrated Care Partnership Meeting Agenda

Friday 22 March 2024 14:00 – 15:30

The Council Chamber, County Hall, West Bridgford, Nottingham, NG2 7QP

"Every person enjoying their best possible health and wellbeing"

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Our guiding principles: **prevention** is better than cure; **equity** in everything; and **integration** by default.

Our core values:

- We will be open and honest with each other.
- We will be respectful in working together.
- We will be accountable, doing what we say we will do and following through on agreed actions.
- We will challenge each other if we fall short of upholding our aims and guiding principles.
- We will work with our population and put their needs at the heart of the ICS.

	Item	Presenter	Type	Time
Introductory items				
1.	Welcome, introductions and apologies	Kathy McLean	Verbal	14:00
2.	Confirmation of quoracy	Kathy McLean	Verbal	-
3.	Declaration and management of interests	Kathy McLean	Paper	-
4.	Minutes from the meeting that took place on 06 October 2023	Kathy McLean	Paper	-
5.	Matters arising from the meeting that took place on 06 October 2023	Kathy McLean	Verbal	-
	• Verbal update on extending water fluoridation in Nottingham and Nottinghamshire	Cllr Jon Doddy		
Items for discussion/decision				
6.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact in 2023-24 and proposed next steps	Sarah Fleming, Joanna Cooper, Lucy Hubber, Lucy Rutter	Paper	14:15
7.	Review of the Integrated Care Partnership's terms of reference and proposed work programme for 2024/25	Lucy Branson	Paper	15:05
Closing items				
8.	Questions from the public relating to items on the agenda	Kathy McLean	Verbal	15:20
9.	Any other business	Kathy McLean	Verbal	15:25
	Meeting close	**-**	**-**	**15:30**

Meeting Title:	Integrated Care Partnership
Meeting Date:	22/03/2024
Paper Title:	**Declaration and management of interests**
Paper Reference:	ICP 23 015
Report Author:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB
Report Sponsor:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)
Presenter:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)

Summary:

The Integrated Care Partnership (ICP) is required to implement and demonstrate robust arrangements for the identification and management of conflicts of interest. These arrangements should support good judgement about how any interests should be approached and managed; safeguarding the ICP from any perception of inappropriateness in its decision-making and assuring the public that the use of taxpayers' money is free from undue influence.

ICP members must ensure that they always comply with their organisational/ professional codes of conduct and details of the declared interests for members of the ICP are attached at Appendix A. Members are reminded of their individual responsibility to highlight any interests not already declared should a conflict (or potential conflict) become apparent in discussions during the meeting.

A protocol for managing conflicts of interest at meetings of the ICP is attached at Appendix B.

An assessment of members' interests has been performed against the meeting agenda and the outcome is recorded in the section below on conflicts of interest management.

Recommendation(s):

The Integrated Care Partnership is asked to **note** this item.

How does this paper support	the Integrated Care System's core aims to:
Improve outcomes in population health and healthcare	It is essential that the Integrated Care Partnership (ICP) establishes effective arrangements for managing conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of the ICP's decision-making processes towards the achievement of the four core aims.

How does this paper support	the Integrated Care System's core aims to:
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:
Appendix A: Register of Declared Interests for members of the ICP. Appendix B: Protocol for managing conflicts of interests at meetings of the ICP.

Report previously received by:
Not applicable to this report.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Register of Declared Interests

• The ICP has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the ICP will be taken and seen to be taken without being unduly influenced by external or private interests.

• The register is reviewed in advance of the meeting to ensure the consideration of any known interests in relation to the meeting agenda. Where necessary (for example, where there is a direct financial interest), members may be fully excluded from participating in an item and this will include them not receiving the paper(s) in advance of the meeting.

• Members and attendees are reminded that they can raise an interest at the beginning of, or during discussion of, an item if they realise that they do have a (potential) interest that hasn't already been declared.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
ARMIGER, David	Chair, Bassetlaw Place Based Partnership	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
BRIGGS, David	Medical Director, NHS Nottingham and Nottinghamshire ICB	British Medical Association	Member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Valley Road Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be
DADGE, Lucy	Director of Integration	Nottingham Schools Trust	Chair and Director			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration	Lilya Lighthouse Education Trust Limited	Trustee		✓			01/12/2023	Present	This interest will be kept under review and specific actions determined as required.
DODDY, Cllr John	Chair of the Nottinghamshire Health and Wellbeing Board	Hickings Lane Medical Centre	General Medical Practitioner	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DODDY, Cllr John	Chair of the Nottinghamshire Health and Wellbeing Board	Nowenigma Ltd	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DODDY, Cllr John	Chair of the Nottinghamshire Health and Wellbeing Board	Clayfields House Secure Unit	Employed to provide medical care	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
HILL, Adam	Chair, Mid Nottinghamshire Place Based Partnership	Mansfield District Council	Chief Executive	✓				06/01/2023	Present	This interest will be kept under review and specific actions determined as required.
HOWARD, Emma	Head, Nottingham University Samworth Academy	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
HUBBER, Lucy	Director of Public Health, Nottingham City Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
KING, Daniel	VCSE Alliance Chair	Nottingham Trent University	Employee	✓				06/09/2023	Present	This interest will be kept under review and specific actions determined as required.
LANGRIDGE, Jill	Clinical Lead	Village Health Group (formerly Keyworth Medical Practice)	Salaried GP	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
LANGRIDGE, Jill	Clinical Lead	Village Health Group (formerly East Leake Medical Group)	Spouse is GP Partner				✓	01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.

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LANGRIDGE, Jill	Clinical Lead	Nottingham and Nottinghamshire ICB	Spouse is Deputy Medical Director				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
LANGRIDGE, Jill	Clinical Lead	Partners Health LLP (a membership organisation of general practices in Rushcliffe. Provider of extended access service and non-core provider for Rushcliffe PCN and employer for additional roles staff with the PCN)	Employed on the Rushcliffe Dementia Communicaton and Support project	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Victoria and Mapperley Practice	Senior GP Partner	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Nottingham City GP Alliance	Director, Company Secretary & Shareholder	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
HUSEINALI, Mawji (Dr)	Clinical Director, Nottingham City Place Based Partnership	Nottingham City GP Alliance GP + Service	Sessional GP	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Nottingham City Changing Futures Programme Board	Vice Chair		✓			01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	NEMS Community Benefit Services Ltd	Sessional GP, Member of NEMS Clinical Audit Group and NEMS Medical Advisory Panel	✓				01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	HV Healthcare Ltd	Director, Chair and Shareholder	✓				01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	HV Healthcare Ltd	Spouse is Director and Shareholder				✓	01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAY, Anthony	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
MCLEAN, Kathy	ICB Chair	University Hospitals of Derby and Burton NHS Foundation Trust	Trust Chair	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Kathy McLean Limited- Private limited company offering health related advice	Director	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Kathy McLean Ltd.
MCLEAN, Kathy	ICB Chair	Barts Health NHS Trust (London)	Non-Executive Director	✓				01/07/2022	31/03/2024	This interest will be kept under review and specific actions determined as required.

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MCLEAN, Kathy	ICB Chair	Barking, Havering and Redbridge University Hospitals NHS Trust	Non-Executive Director	✓				01/09/2022	31/03/2024	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Employers	Member of the Workforce Policy Board		✓			TBC	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Employers	Chair of the national negotiation committee for Staff and Associate Specialists on behalf of NHS Employers		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Care Quality Commission (CQC)	Occasional Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	The Public Service Consultants Ltd (Public Sector Consultancy)	Senior Clinical Advisor	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions
MCLEAN, Kathy	ICB Chair	NHS England	Lay Advisor	✓				01/07/2022	18/12/2023	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Providers Board	Trustee		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NEMS Healthcare Ltd	Partner is a shareholder				✓	01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by NEMS CBS.
MCLEAN, Kathy	ICB Chair	Oxehealth Ltd (vision-based patient monitoring and management)	Member of the advisory board	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Oxehealth Ltd.
REDFERN, Andrew	Chief Executive, Framework Housing Association	Derbyshire County Cricket League	Executive Committee Member			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
REDFERN, Andrew	Chief Executive, Framework Housing Association	Christian Projects Development Trust	Treasurer and Trustee			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
ROBBINS, Vivienne	Acting Director of Public Health, Nottinghamshire County Council	*TBC*								
SACCO, Volt	Chief Executive Officer, Fosse Healthcare	Nottinghamshire Care Association	Co-Chair		✓			01/06/2023	Present	This interest will be kept under review and specific actions determined as required.
SHERRATT,Donna	Race Health Inequalities Programme Lead, Nottingham City Place-Based Partnership	Nottingham CityCare Partnership	Employee	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
SULLIVAN, Amanda	Chief Executive	Hillview Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TAYLOR, Sabrina	Chief Executive Officer (Interim), Healthwatch Nottingham and Nottinghamshire	*TBC*								

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
UNDERWOOD, Catherine	Corporate Director for People Services, Nottingham City Council	Nottingham City Council	Corporate Director of People	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottingham City Council
UNDERWOOD, Catherine	Corporate Director for People Services, Nottingham City Council	Ruddington Medical Centre	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
WILLIAMS, Melanie	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	Nottinghamshire County Council	Corporate Director for Adult Social Care and Health	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottinghamshire County Council
WILLIAMS, Melanie	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	Orchard Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Nottingham City Council	Councillor and Portfolio Holder Adult Social Care and Health		✓			*TBC*	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottingham City Council
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	BT PLC	ex-employee and current shareholder	✓				*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Nottinghamshire Bench	Magistrate		✓			*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Heathfield Primary School	Governor			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Various charities (Framework, Notts and Lincs Air Ambulance, Salvation Army)	Regularly donate			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Labour Party	Member			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Co-Operative Party	Member			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Unite Community Notts Branch	Member			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Notts Womens Runners	Run Leader			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.
WOODINGS, Cllr Linda	Chair Nottingham City Health and Wellbeing Board	Junior Parkrun and Parkrun	Volunteer			✓		*TBC*	Present	This interest will be kept under review and specific actions determined as required.

Appendix B: Protocol for managing conflicts of interest at meetings of the Nottingham and Nottinghamshire Integrated Care Partnership

1. A conflict of interest is defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act is, or could be, impaired or influenced by another interest they hold.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
    - Financial interests: where an individual may get direct financial benefits from the consequences of a decision.
    - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their reputation or status or promoting their professional career.
    - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
    - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.
    - Loyalty interests: where decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

    The above categories are not exhaustive, and each situation must be considered on a case-by-case basis.
4. In advance of any formal meeting, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.
5. At the beginning of each formal meeting, members and others attending the meeting will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the meeting will determine how declared interests should be managed, which is likely to involve one the following actions:
    - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to decision-making arrangements.
    - Allowing the individual to participate in the discussion, but not the decision-making process.
    - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to decision-making arrangements.
    - Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.

Integrated Care Partnership (Open Session)
Unratified minutes of the meeting held on:
Friday 06 October 2023 14:00 – 16:30
Council Chambers, County Hall

Members present:

Kathy McLean (Chair)	Chair, NHS Nottingham and Nottinghamshire ICB
Dave Briggs	Medical Director, NHS Nottingham and Nottinghamshire ICB
Cllr. John Doddy (Joint Vice-Chair)	Chair, Nottinghamshire County Health and Wellbeing Board
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
Lucy Hubber	Director of Public Health, Nottingham City Council
Jane Laughton	Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire
Dr Husein Mawji	Clinical Director, Nottingham City Place-Based Partnership
Andrew Redfern	Chief Executive, Framework Housing Association (partner member nominated by Nottinghamshire County Council)
Volt Sacco	Chief Executive Officer, Fosse Healthcare (partner member nominated by Nottinghamshire County Council)
Donna Sherratt	Race Health Inequalities Programme Lead, Nottingham City Place-Based Partnership (partner member nominated by Nottingham City Council)
Amanda Sullivan	Chief Executive, NHS Nottingham and Nottinghamshire ICB
Melanie Williams	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council
Cllr. Linda Woodings (Joint Vice-Chair)	Chair, Nottingham City Health and Wellbeing Board

In attendance:

Alex Ball	Director of Communications and Engagement, NHS Nottingham and Nottinghamshire ICB (for items ICP 23 006 and ICP 23 007)
David Banks	Deputy Chief Exec and Direction Neighbourhoods, Rushcliffe Borough Council (deputising for Dr Jill Langridge)
Lucy Branson	Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB
Joanna Cooper	Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB (for item ICP 23 008)
Tim Guyler	Assistant Chief Executive and Director of Integration, Nottingham University Hospitals NHS Trust (deputising for Anthony May)
Victoria McGregor-Riley	Locality Director, Bassetlaw and Mid Nottinghamshire Place-Based Partnerships (deputising for David Armiger and Adam Hill)
Maria Principe	ICB Population Health and Outcomes Lead, NHS Nottingham and Nottinghamshire ICB (for item ICP 23 009)
Sabrina Taylor	Healthwatch Nottingham and Nottinghamshire

Sue Wass	Corporate Governance Officer, NHS Nottingham and Nottinghamshire ICB (minutes)
Apologies:	
David Armiger	Chair, Bassetlaw Place Based Partnership
Lucy Dadge	Director of Integration, NHS Nottingham and Nottinghamshire ICB
Adam Hill	Chair, Mid Nottinghamshire Place-Based Partnership
Emma Howard	Head Teacher, Nottingham University Samworth Academy
Daniel King	Chair, Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance
Jill Langridge	Chair, South Nottinghamshire Place-Based Partnership
Anthony May	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)
Catherine Underwood	Corporate Director for People Services, Nottingham City Council

Introductory items

ICP 23 001 Welcome, introductions and apologies

Kathy McLean welcomed members to the meeting of the Integrated Care Partnership. A particular welcome was extended to new members Cllr. Linda Woodings and Dr Husein Mawji and a round of introductions was undertaken.

Apologies were noted as above.

ICP 23 002 Confirmation of quoracy

The meeting was confirmed as quorate.

ICP 23 003 Declaration and management of interests

No interests were declared in relation to any item on the agenda; however, Volt Sacco asked the Chair to note a new interest regarding his co-chairmanship of the Nottinghamshire Care Association, which would be added to the Partnership's Register of Interests.

The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

ICP 23 004 Minutes from the meeting that took place on the 17 March 2023

The minutes were agreed as an accurate record of the discussions held.

ICP 23 005 Matters arising from the meeting that took place on the 17 March 2023

No actions from the last meeting were noted and there were no matters arising from the minutes.

Items for discussion

ICP 23 006 Integrated Care System Partnership Agreement

Alex Ball introduced the item and highlighted the following points:

a) In 2021, partners in the Nottingham and Nottinghamshire Integrated Care System (ICS) had signed up to a Partnership Agreement, setting out the values and expected behaviours for the system.

b) This Agreement had served partners well over the last two years but reflecting the ongoing maturation of the system, the evolving external context in which the system was operating, and the turnover of senior leaders within the local system, it was felt timely to refresh it.

c) The updated Agreement presented to the meeting reflected feedback from a range of stakeholders and partners including the ICS Reference Group and Voluntary, Community and Social Enterprise (VCSE) Alliance, as well as discussions within the Place Based Partnerships and Provider Collaborative.

d) Feedback suggested that the Agreement was broadly fit for purpose; however key changes included specific mention of the wider determinants of health, the inclusion of the ICS principles and aims; and an updating of the language to reflect the role of the VCSE sector in the system.

e) The Partnership was asked to note examples of how the Agreement was becoming embedded by partner organisations.

f) It was also noted that the Agreement was open to all partners working within the ICS and as many partners as possible should be encouraged to sign up.

g) Following approval, the next step was to ask all partners working in the system to formally sign up to the Agreement.

The following points were made in discussion:

h) On behalf of the Partnership, the Chair thanked Alex and his team for the work that had gone into ensuring that the Agreement reflected the views of a broad range of stakeholders and commended the organisations that had already embedded the Agreement in their own aims and values. It was noted as important that the Agreement should also be used within system meetings to reflect whether decisions had been made in line with the values within the Agreement.

i) The valuable contribution of the district councils was noted with regard to the use of language within the refreshed Agreement.

j) Cllr. Woodings reflected on a working group that she had been part of regarding the refreshing of the Agreement, where several GPs had raised concern that smaller organisations, such as GP practices, dentists and pharmacies felt remote from decision making processes. The key role of Primary Care Networks to facilitate greater engagement was discussed and for the Agreement to be used as the starting point for engagement.

k) The Chair concluded the discussion by highlighting that the Agreement held the Partnership accountable for doing what we say we will do and following

through on agreed actions. It was important to keep this in mind and to act if this was not happening.

The Integrated Care Partnership **approved** the revised Partnership Agreement for the Nottingham and Nottinghamshire ICS.

ICP 23 007 Service user and citizen insights report

Alex Ball introduced the item and highlighted the following points:

a) Following the approval of the Integrated Care Strategy in March 2023, work had continued across the system to continuously listen to the local population to obtain key insights and intelligence from communities.

b) This report provided the Partnership with a summary of the activities and findings of work from across the ICS.

c) This was the first report to the Partnership and provided a valuable collection of data sources and the output from several learning and listening exercises.

d) Key findings were listed, which included a consensus that the prevention agenda was important, but that current services needed to be protected. The cost-of-living crisis had also meant people were more likely to think in the short term, and de-prioritise longer term goals, such as climate adaptation.

e) The report contained several conclusions and recommendations for discussion and, as it was the first report of its kind, feedback on how to strengthen future reports was welcomed.

The following points were made in discussion:

f) The Chair welcomed the rich collection of information contained within the report, noting the need to connect back to the feedback in the actions the system needed to take.

g) It was noted that another consequence of the cost-of-living crisis was that individuals were working longer hours and a significant proportion of the population had not got access to the internet, therefore there was a need to ensure that services were accessible to all and to ensure these people were not falling through the net with regard to receiving health checks.

h) Noting the value of the findings to guide future policy development, members discussed the need to have a continuous dialogue with respondents to ensure relationships were maintained.

i) It was also noted that the recommendations may not fully reflect work that was already ongoing in many of the areas.

j) The use of data was discussed, specifically the need to ensure that local differences were not lost in system wide reporting, for example, ethnicity statistics.

k) The importance of finding ways to reach people who had not responded was also highlighted.

l) Regarding future iterations of the report, several suggestions were put forward: focusing the report on findings of strategic importance for future policy development; having a forward plan of content; for future reports to be broadened to make it more of a local system report, as opposed to a mainly NHS-focused report, for the 'children's voice' to be heard, and to include Place-Based Partnership-specific reports. It was also noted that, where issues were raised, future reports should contain an understanding of how they were being actioned. It was agreed that the report should be produced on an annual basis.

m) It was agreed to take the report to the next meeting of the ICS Partners Assembly.

The Integrated Care Partnership **noted** the report.

ICP 23 008 Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of impact

Victoria McGregor-Riley introduced the item and highlighted the following points:

a) Following approval of the Nottingham and Nottinghamshire Integrated Care Strategy at the last meeting, work had focussed on implementation and refining measures to monitor the impact of the Strategy in order to assure the Partnership that the right conditions for success had been established and embedded.

b) This report provided on overview of progress since the last meeting as well as outlining an approach to reviewing and refreshing the Strategy by March 2024.

c) The Strategy was being delivered by the Nottingham City and Nottinghamshire County Health and Wellbeing Boards through the implementation of their joint local health and wellbeing strategies, and by NHS partners coalescing around the development and delivery of the NHS Joint Forward Plan.

d) During the financial year, Nottinghamshire County Council had allocated an additional circa. £1 million of in-year funding from public health grant reserves to strengthen impact within a range of programmes that would contribute to delivery of the Joint Health and Wellbeing Strategy. These included increasing support for those with the greatest need, weight management, community support through Community Friendly Nottinghamshire, alcohol use, and tobacco.

e) Tobacco control was a priority for both the Nottingham City and Nottinghamshire County Health and Wellbeing Boards; and the Nottingham and Nottinghamshire Smoking and Tobacco Control Alliance had launched a smoking and tobacco control vision document and delivery plan.

f) In July 2023, the Integrated Care Board had approved its first Joint Forward Plan, the local NHS response to the Integrated Care Strategy. Work was

underway with NHS partners to confirm the delivery and oversight mechanisms for the lifetime of the plan.

g) Key areas of progress were highlighted; which included good headway on improving children's services; hospital admissions avoidance measures; a new Integrated Wellbeing Service; and the agreeing of clinical priorities for focus over the next two years.

h) Lucy Hubber noted that the Place-Based Partnerships, as the main delivery bodies of the Strategy, were making good progress on the clinical priorities, such as working in schools to prevent uptake of smoking, increasing the capacity of Integrated Wellbeing Services, the development of a Gambling Strategy, and active transport initiatives.

i) Jonathan Gribbin noted that a good example of joined up working was the integration of smoking and weight loss services; and the work being undertaken to wrap services around individuals with serious mental illness.

j) Regarding the future review of the Integrated Care Strategy, it was noted that the Partnership also needed to consider any changes in a wider context, including new or changed policies or guidance. A process and high-level timeframe were proposed, which included a period of engaging with statutory partners and key system groups.

The following points were made in discussion:

k) Referencing the Prime Minister's recent aim to make the UK smoke free by 2030, members acknowledged the significant impact that smoking had on public health and welcomed the announcement.

l) Whilst welcoming the progress made to date, members noted that a focus on the prevention agenda would be difficult to undertake with non-recurrent funding unless more sustainable solutions were found.

m) The Chair proposed a possible refresh of the Steering Group and a workshop to bring together the leadership of all partners to commit to delivery of discrete areas of the Strategy. Cllr. Woodings suggested a process similar to that used by the Safeguarding Boards, whereby they receive reports from partner organisations on progress in relation to their strategy. There was a consensus of support for the concept of pledging commitment, and it was agreed this could be taken forward at the Provider Collaborative and the Partners Assembly. Timings were debated and it was agreed that Spring 2024 would provide time for conversations regarding resourcing of sustainable future models of funding.

n) Regarding the proposal to refresh the Strategy, the Chair proposed that a light-touch process should be taken, to enable the main focus to remain on the delivery of the existing Strategy.

o) Andrew Redfern wished to raise a specific concern regarding the future of social housing. He asked the Partnership to note a growing national issue of increasing negativity towards social housing and decreasing resources for it. He noted that the role of social housing played a key role in the wider

determinants of health for individuals with sever multiple disadvantages. Cllr. Woodings noted the positive outcomes of the City Council's 'Housing First' programme and the need to ensure that social housing was adequately regulated. It was noted that this issue would be taken forward at a future Chief Officers meeting.

The Integrated Care Partnership **noted** the report and agreed the proposed approach for review of the Integrated Care Strategy.

ICP 23 009 Population Health Management (PHM) Outcomes Framework

Dr Dave Briggs and Maria Principe introduced the item and highlighted the following points:

a) In 2019 the ICS had agreed an Outcomes Framework for Nottingham and Nottinghamshire to provide a comprehensive view of the health and wellbeing of local communities across a range of indicators covering areas such as physical health, mental health, education, employment, crime, and the environment. However, despite the national recognition of the Outcomes Framework as a beacon of good practice, it had struggled to effectively monitor and track progress.

b) At the time of approving the Integrated Care Strategy, the Integrated Care Partnership had endorsed a proposal to establish a collaborative virtual intelligence system across the ICS to enable a Population Health Management (PHM) Outcomes Framework to be developed. This report provided an update on progress.

c) In collaboration with key partners, NHS Nottingham and Nottinghamshire Integrated Care Board's System Analytics and Intelligence Unit was leading a programme aimed at delivering a population health outcomes monitoring dashboard that harnessed local, patient-specific population data.

d) This programme of work was expected to span three years, with an interim dashboard launched by March 2024. Phase one of the four phase project had been completed. This had developed a dashboard that covered several high-level outcomes, as noted in the report. The second phase of the programme would address the necessary governance and oversight of the dashboard and work would continue with subject matter experts and public health colleagues to identify the most impactful interventions that could be incorporated.

The following points were made in discussion:

e) Members discussed the importance of data quality, and it was noted that the Integrated Care Board had recently appointed to a role that would work with partners to help them understand and improve the quality of data.

f) Members noted the importance of the Outcomes Framework to the prevention and equity agendas by being able to demonstrate where and when

interventions were happening. The future use of the Outcomes Framework in the allocation of resources was also discussed.

g) Members queried whether qualitative data was being captured and it was noted that a pilot project would commence later in the programme to capture this.

The Integrated Care Partnership **noted** the report.

ICP 23 010 Water Fluoridation

Cllr John Doddy introduced the item and highlighted the following points:

a) Water fluoridation was a population-level public health intervention that had been shown to reduce the likelihood and scale of tooth decay in children and adults. Studies had confirmed that water fluoridation was an effective and safe public health measure, providing the greatest value for money of all oral health interventions for 0–5-year-olds.

b) There was a significant unmet oral health need leading to preventable illness across the Nottingham and Nottinghamshire Integrated Care System, with many children experiencing worse dental health than many other parts of England.

c) Locally water fluoridation schemes currently operated in North Nottinghamshire, including parts of Ashfield, Mansfield, and Bassetlaw, plus a small area in Newark and Sherwood. There were no water fluoridation schemes operating in Nottingham City.

d) The Health and Care Act 2022 had put new provisions in place, which gave the Secretary of State for Health and Social Care powers to establish new, vary or terminate existing water fluoridation schemes in England.

e) Over the summer, full County Council and City Council support had been confirmed to explore expanding the current fluoridation schemes to the rest of the local population.

f) The purpose of the report was to seek agreement from the Integrated Care Partnership to formally endorse a letter to the Secretary of State for Health and Social Care that requested him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

The following points were made in discussion:

g) Members gave their unanimous support to what they recognised would be a significant contribution to the prevention agenda.

h) Next steps were noted as gaining the approval of the Integrated Care Board and progressing to public consultation on the issue.

The Integrated Care Partnership **endorsed** a letter from the Chairs of the two Health and Wellbeing Boards, the Chair of the Integrated Care Partnership, and

the Chief Executive of the Integrated Care Board, to the Secretary of State for Health and Social Care which requests him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

Closing items

ICP 23 011 Questions from the public relating to items on the agenda

At this point, the Chair noted that no questions had been received in advance of the meeting from members of the public. Members of the public in attendance at the meeting were then given the opportunity to ask any questions they may have, having observed the meeting. No questions were raised.

ICP 23 012 Any other business

There was no other business.

Date and time of next meeting held in public: 22 March 2024, 14:00-16:30

Meeting Title:	Integrated Care Partnership
Meeting Date:	22/03/2024
Paper Title:	**Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact in 2023-24 and proposed next steps**
Paper Reference:	ICP 23 018
Report Author:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Report Sponsor:	Lucy Dadge, Director of Integration, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Presenter:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Lucy Rutter, Consultant, Public Health, Nottinghamshire County Council

Summary:

The Integrated Care Partnership (ICP) confirmed in October 2023 that there would be a light touch review of the Integrated Care Strategy at the end of its first year. The updated Strategy is presented with the changes outlined in the paper for the ICP to consider. A summary of progress against the 14 priorities of the Strategy is also provided highlighting key successes and where work continues to progress.

As part of the refresh, partners have been considering the approach to provide ongoing oversight of delivery of the Strategy. It is proposed that the added value of the ICP is in understanding the collective impact of the changing operating and financial context across partner organisations and ensuring a collective approach to maintaining the commitment to the principles of prevention, equity, and integration.

An approach to ongoing oversight and future development is proposed that will enable a collective understanding of the impact of the Integrated Care Strategy.

Recommendation(s):
The Integrated Care Partnership is asked to: • **Consider and approve** the updated Integrated Care Strategy following the light touch review. • **Note** progress with delivery of the 14 priorities of the Integrated Care Strategy. • **Discuss** the proposed approach for the Integrated Care Partnership to provide ongoing oversight of the Integrated Care Strategy through the development of a Strategy Oversight Group.

How does this paper support	**the Integrated Care System's core aims to:**
Improve outcomes in population health and healthcare	The Integrated Care Strategy is fundamental to meeting the four core aims.
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:
Appendix A: Integrated Care Strategy 2023-2027 (refreshed March 2024). Appendix B: Proposed amendments to the 14 priorities. Appendix C: Summary of progress against 14 priorities.

Report previously received by:
Previous strategy papers have been presented at each meeting of the Integrated Care Partnership since its establishment in July 2022.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact in 2023-24 and proposed next steps

Introduction and context

1. The Integrated Care Partnership (ICP) approved the Nottingham and Nottinghamshire Integrated Care Strategy on 13 March 2023. The Strategy has been publicised on the ICS website: https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf.
2. Subsequent work has focussed on understanding the mechanisms to oversee delivery of the Strategy, recognising the role of the local Health and Wellbeing Boards in monitoring delivery of their respective Joint Local Health and Wellbeing Strategies, and the role of local NHS organisations in monitoring the requirements of the NHS Joint Forward Plan.
3. The ICP agreed in October 2023 to a light touch review of the Integrated Care Strategy at the end of its initial year, including a review of progress with the 14 key deliverables.
4. This paper presents the refreshed Strategy, a summary of progress in year one and recommendations for the role of the ICP in ongoing oversight of the Strategy.

Refresh of the Integrated Care Strategy

5. The ICP agreed in October 2023 to a light touch review of the Integrated Care Strategy.
6. Since the meeting, the Department of Health and Social Care has published updated guidance on the preparation of Integrated Care Strategies.[1] These changes do not materially impact on the decision made by the ICP about the review and can be summarised as:
    a) Additional guidance on localised decision-making at place level, including how local place plans could shape the strategy.
    b) Greater clarity on the opportunity of considering the wider determinants of health.
    c) Greater clarity on the expectation for ICPs to promote widespread involvement when developing their strategies, including involving inclusion

[1] https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies

health groups, seldom heard voices, groups that may be routinely missed in needs assessments and important life phases and transition points.

d) Supporting a full life course approach, including a new case study on palliative and end of life care.

e) Addition of more case studies throughout the guidance.

f) Addition of references to new developments since July 2022, including the NHS Long Term Workforce Plan.

7. The refresh has considered the impact of the Strategy for health and care in Nottingham and Nottinghamshire, and the risk to delivery in light of the current operational and financial context.

8. The refreshed Integrated Care Strategy is provided at Appendix A. The changes are summarised as:

a) Refreshed Foreword from the Chair and Vice Chairs.

b) Strengthened wording and proposed re-ordering of the 14 priorities with an emphasis on children and young people, frail older people, and long-term conditions. Appendix B highlights these changes and proposed prioritisation.

c) A shorter document focussed on the priorities and actions, with much of the background information referenced to the Strategy published in March 2023.

d) Updated case studies for the four aims of the Strategy to demonstrate examples of progress from the last year.

9. The ICP is asked to consider and approve the refreshed Strategy for the coming year.

Delivery of the 14 priorities of the Integrated Care Strategy

10. The Integrated Care Strategy set out 14 priority areas. A summary of progress is shown at Appendix C. This is not intended to be exhaustive but provides examples of work that has progressed.

11. Key successes include:

a) Place Based Partnerships working with local communities on a wide range of initiatives including children and young people’s mental health, Making Every Contact Count, and a co-ordinated approach to the cost-of-living crisis.

b) ICS Carers Strategy co-produced with carers, with work now progressing to support the identification of carers and to provide access to carer support.

c) Work commenced on the rotation of Occupational Therapists across Health and Local Authorities. Additional charity funding has been secured to progress the work further.

12. There will be a continued focus during 2024/25 on the opportunities to maximise our collective approach to delivering the Integrated Care Strategy.

Proposed approach for ongoing oversight of the Integrated Care Strategy

13. The Integrated Care Strategy sets out the vision, aims, guiding principles and an approach to delivery, providing an overarching framework for the functioning of the Integrated Care System.

14. This is in the context of detailed delivery objectives being set out in the Nottingham City and Nottinghamshire County Joint Local Health and Wellbeing Strategies, and the NHS Joint Forward Plan.

15. Delivery of the Joint Local Health and Wellbeing Strategies and NHS Joint Forward Plan is monitored, both in terms of progress with milestones and the impact on population outcomes, by the relevant governance forums i.e., the Nottingham City and Nottinghamshire County Health and Wellbeing Boards and the Integrated Care Board.

16. The value of the Integrated Care Strategy continues to be in setting direction for the health and care system. It is recommended that the ICP continues to focus on the three guiding principles of the strategy: prevention, equity, and integration, and understanding how partners collectively adhere and contribute to these principles.

17. It is recognised that partner organisations are experiencing a challenging operating and financial context with individual organisations required to make unavoidable and necessary savings, as are other areas nationally.

18. It is suggested that a system-wide health impact assessment approach is developed to collectively own and solve the implications of the current context and to determine the opportunities to maintain our ambitions for prevention, equity, and integration. The impact assessment will support a shared understanding of how to target our resources to optimise health and wellbeing and reduce health in the medium-and long-term.

19. This will enable the ICP, as the guiding mind of the system, to support future planning of the Integrated Care System and provide a framework in which we can understand and map the consequences of proposed changes to service offers to manage the operational and financial challenges.

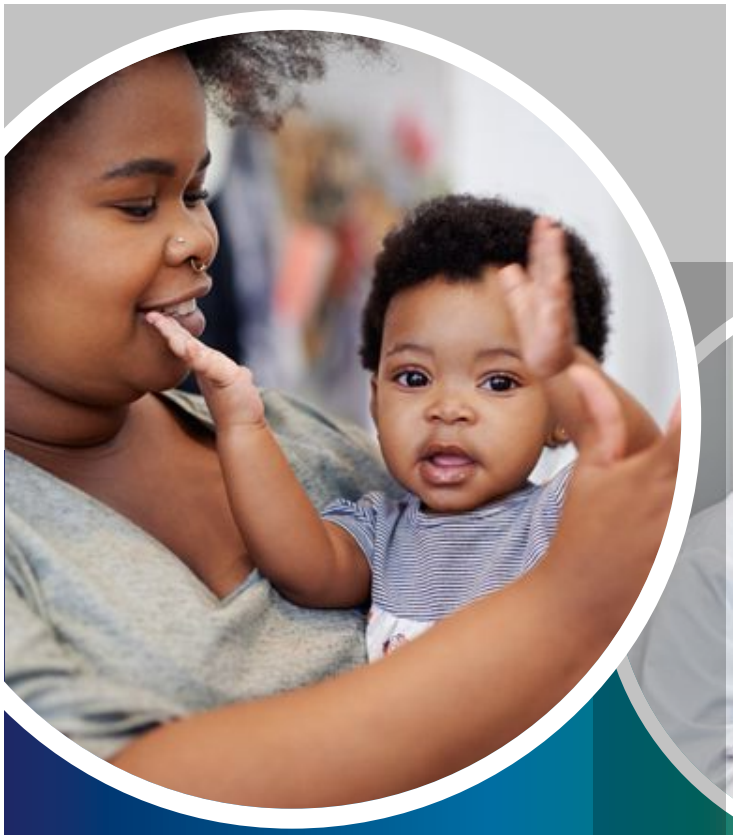
Next steps

20. Partners are considering the optimal approach to ensure regular development and oversight of delivery of the Integrated Care Strategy. The opportunity for a Strategy Oversight Group is being considered to collectively understand progress with delivery, key risks, and issues arising across partner organisations, and to ensure the ongoing development of the Strategy throughout the year.
21. It is proposed that an annual report on delivery of the Integrated Care Strategy is produced from 2024/25 onwards. A proposal for the content of the annual report will be developed for consideration by the ICP.
22. Approaches to oversight of the Integrated Care Strategy will give due regard to existing reporting approaches for both Joint Local Health and Wellbeing Strategies and the NHS Joint Forward Plan and be clear about the added value.
23. A practical framework that articulates how we will deliver our ambitions for prevention, equity and integration will be developed. This will describe the ways in which partners will work to meet these principles, describing tangible actions that can be monitored and assessed for impact.
24. A Population Health Management Outcomes dashboard has been developed by the System Analytics Intelligence Unit. Work is progressing in Q1 2024/25 to confirm outcome targets/ambitions that reflect the refreshed Strategy and associated delivery plans.

DRAFT DOCUMENT

To be considered by the Nottingham and Nottinghamshire Integrated Care Partnership on 22 March 2024

Appendix A



Integrated Care System
Nottingham & Nottinghamshire

Every person will enjoy their best possible **health** and **wellbeing**

Integrated Care Strategy 2023 - 27

March 2024

Nottinghamshire County Council

Nottingham City Council

NHS

Contents

Foreword

The Nottingham and Nottinghamshire Integrated Care System (ICS) brings together partner organisations from across health and care with a renewed focus on providing joined up services and improving the lives of all people who live and work in the city and county.

We know that many people in Nottingham and Nottinghamshire could be living longer, healthier, happier lives than they currently do. To address this, our ICS health and care partners agreed in 2023 to work together to ensure that 'every person will enjoy their best possible health and wellbeing'. That is our vision, and this Integrated Care Strategy will guide us as we seek to deliver that vision over the next five years.

Our strategy was set against a backdrop of very challenging times as we sought to recover from the pandemic and cope with the cost-of-living crisis, issues which have both had a huge impact on people's health and wellbeing. Colleagues across the health and care system were facing an unprecedented challenge in delivering services, with pent-up demand from the pandemic, the ongoing increased demand on services due to Covid-19 and seasonal viruses, significant shortfalls of staff across services which are running a high number of vacancies, and continued pressures on budgets. In setting the strategy we were mindful that staff reported feeling over-stretched, stressed and exhausted.

Collectively we acknowledged that this is a situation that cannot be tolerated. We have to do things differently.

In spite of the challenges that we continue to face, we believe there is cause for optimism and that we have an opportunity to change how we approach improving health and wellbeing, with a sense of common purpose and shared endeavour across all partners. We have reviewed our strategy for the coming year to ensure that it continues to set out a way forward to best improve services, access, outcomes, experiences and, critically, tackle health inequalities.

The strategy is built on a series of important principles - placing a greater emphasis on supporting wellbeing and preventing ill health; ensuring equity in our approach to supporting people and their communities; and seeking to better integrate services – and we have made significant progress in each over the last few years. However, there is much more to do.

We remain committed over the next five years to:

- Reframe health and wellbeing as an asset,not a cost. We recognise that without good health and wellbeing, life becomes infinitely harder for people from all backgrounds
- Focus on children and young people, including the most vulnerable such as those with autism, special educational needs, disabilities and looked after children. They are the future and everything that we can do to support them to make a healthy start in life is an investment that benefits us all
- Increase investment in wellness, as well as sickness, and focus resources in such a way that frail older people are supported to remain independent in their own home and reduce our current reliance on hospital and social care
- Recognise that while some services are universal, access to the majority is not and where inequity in access or outcomes exists, we will seek to rectify it
- Use data and intelligence to help us understand issues better, like smoking and obesity. We will tailor and personalise support for people, so that they feel empowered to make healthy changes in areas that are important to them and their families

- Work together as a system, embracing the views and experiences of local people. We will work on the basis of what is best for our population, best for our system and best for our organisation, in that order and, in doing so, enable our staff to work across the system in genuinely integrated ways
- Make careers in health and care an attractive option for all, especially our young people, so that our workforce is representative of the people we serve
- Spend our money wisely, recognising the challenged economic circumstances and we will seek to support local business when we are buying goods and services
- Be honest, transparent and accountable for delivering what we set out in this strategy and we will be the first ICS to report progress in ways that puts health and wellbeing on a par with finance, wealth and productivity

The strategy highlights the importance of our role as large public sector organisations in adding 'social value' to our local communities. This will be particularly seen through the way we spend our money and how we recruit to our workforce in creating additional benefits for society. We also want to make sure that we are doing all that we can to reduce our impact on the environment and deliver sustainable health and care services.

We will work together for the people of Nottingham and Nottinghamshire to improve the health and wellbeing of our population, to make a difference through our combined resource and work in new and innovative ways.

Dr Kathy McLean OBE
Chair of the Integrated Care Partnership

Chair, NHS Nottingham and Nottinghamshire

Cllr Linda Woodings
Vice Chair of the Integrated Care Partnership

Chair of Nottingham City Health and Wellbeing Board

Cllr John Doddy
Vice Chair of the Integrated Care Partnership

Chair of Nottinghamshire Health and Wellbeing Board

Plan on a page

This is the five-year strategy of the Nottingham and Nottinghamshire Integrated Care System (ICS). Figure 1, below, summarises our vision, key aims, guiding principles and our approach to delivery.

Why are we here?

Our vision: Every person will enjoy their best possible health and wellbeing

What are we going to do: Our aims and principles

1. **Improve outcomes** in population health and healthcare	2. **Tackle inequalities** in outcomes, experiences and access	3. Enhance **productivity and value for money**	4. Support broader **social and economic development**

Prevention is better than cure

Equity in everything

Integration by default

What we need to achieve

• We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood • We will support frail older people with underlying conditions to maintain their independence and health • We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing	• We will support children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage) • We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/ stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide	• We will establish a single health and care recruitment hub • We will adopt a consistent system-wide approach to quality and continuous service improvement • We will bring our collective data, intelligence and insight together • We will align our Better Care Fund programme to our strategic priorities. • We will make it easier for our staff to work across the system	• Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations • We will add social value as major institutions in our area • Work together to reduce our impact on the environment and deliver sustainable health and care services • We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.

How are we going to do it

Supporting our workforce	**Working with people and their communities**	**Evidence based approach, whilst encouraging innovation**	**Focus on outcomes and impact to ensure we're making a difference**	**Our delivery vehicles**	**Having the right enabling infrastructure**

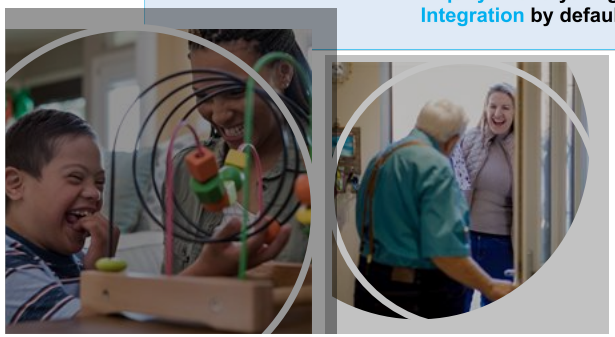
Three key principles to system working:

- We will work with, and put the needs of, local people at the heart of the ICS
- We will be ambitious for the health and wellbeing of our local population
- We will work to the principle of system by default, moving from operational silos to a system wide perspective

Three core values:

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions
- We will challenge each other if we fall short of upholding these principles and aims.

Our agreed 14 Integrated Care Strategy Priorities
We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood.
We will support children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).
We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.
We will support frail older people with underlying conditions to maintain their independence and health.
We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide.
We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.
We will establish a single health and care recruitment hub.
We will adopt a consistent system-wide approach to quality and continuous service improvement.
We will bring our collective data, intelligence and insight together.
We will align our Better Care Fund programme to our strategic priorities.
We will make it easier for our staff to work across the system.
Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations.
We will add social value as major institutions in our area.
Work together to reduce our impact on the environment and deliver sustainable health and care services.
Underlying principles guiding our delivery ⬇ **Prevention is better than cure** **Equity in everything** **Integration by default**



Strategic aims

Overarching Ambitions of the Integrated Care Strategy		
Improving Healthy Life Expectancy	**Improving Life Expectancy**	**Reducing Health Inequalities**
An improvement in years of healthy life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	An improvement in years of life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	A reduction in life expectancy gap (measured in years) between those living in the most and least deprived areas of the ICS from 2018-2020 baseline.

Aim one: Improve outcomes in population health and healthcare

Our priority: We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood.

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood by: ◦ Prioritising the first 1,001 critical days including implementing recommendations from the Ockenden Review to equitably transform our maternity services ◦ Develop multidisciplinary family hubs to support the holistic needs of all children and families and equip parents to make informed decisions ◦ Tackling the impact of Covid-19 on our children, with a particular focus on emotional health and wellbeing and school readiness, including speech and language support ◦ Delivering our six physical health transformation programmes, with a particular focus on developing a system approach to childhood obesity	**Our ambitions** ◦ A reduction in the proportion of women smoking at time of delivery to close the gap between the local and England average so that the ICS matches the England average by March 2028 ◦ An improvement in breastfeeding prevalence at six to eight weeks after birth to achieve an ICS average of 56% by March 2028 ◦ A stabilisation of the rising rates of obese and overweight children in year six to a 2.7% rise from the 2021/22 baseline up to March 2028

- Recognising young carers at the earliest opportunity and ensuring that appropriate person-centred support is in place following a needs-led, strengths-based and personalised conversation
- Prioritising those children at greatest need. We know our most vulnerable groups can be similar to adults but also include those with special educational needs and disabilities, children in care and youth justice system, plus from the LGBTQ+ community and those with complexities requiring therapeutic placements to meet their emotional, behavioural and physical needs to avoid prolonged acute hospital stays
- Ensuring that palliative and end of life care services for children and young people are flexible and meet their needs

- Increase the percentage of children with free school meal status achieving a good level of development at the end of reception from the national average to statistically better than the national average by March 2028
- A sustained positive annual reduction from the 2020/21 baseline of 380.6 per 100,000 hospital admissions as a result of self-harm
- To continue to exceed the national annual targets set for numbers of children and young people who access mental health services
- By March 2028, 90% of children and young people who are identified in their last year of life have had an anticipatory care planning discussion recorded

Case Study

One version of the truth data to support hospital discharge

Teams from health and social care have worked together to create a 'one version of the truth' discharge dataset that all partners agree is accurate.

This data supports collaboration and data-informed practice across the wards and the multi-disciplinary Transfer of Care Hubs in managing the timely, safe and appropriate discharge of older people once they are well enough to leave hospital and return home.

It has supported better practice and decision making and more people are now going directly home in a shorter time, leading to people spending 20,000 fewer days a year in a hospital bed at one of our acute hospitals.

The work is being rolled out across all three acute hospital sites in the ICS and is viewed as national best practice, with NHS England and the Department of Health and Social Care featuring the project in their national workshops to consider new metrics for hospital discharge.

Our priority: We will support frail older people with underlying conditions to maintain their independence and health.

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will focus on supporting frail and/or older people with underlying conditions to stay well, remain independent and avoid unnecessary admissions to hospital in the short term. This will include: ◦ Using risk stratification to identify, screen and categorise those people at greatest risk of frailty and admission to hospital ◦ Developing multi-disciplinary personalised care plans for those at greatest need to support their health, care and independence needs ◦ Seeking parity of esteem for mental and physical health needs including a focus on dementia ◦ Prioritising secondary and tertiary prevention (including social care, falls prevention, home adaptations, and technology) to delay disease progression and maintain independence for as long as possible ◦ A system review of hospital discharge and reablement pathways to get people back to their place of home as quickly and independently as possible. This includes implementing the Local Government Association recommendations on transfer of care, one shared data set and culture ◦ Recognising carers of all ages at the earliest opportunity, and ensuring that appropriate person-centred support is in place following a needs-led, strengths based and personalised conversation ◦ Further improving infection prevention and control practice and reducing antimicrobial resistance to reduce the likelihood and impact of hospital acquired infections	**Our ambitions** ◦ A 5% reduction in emergency hospital admissions over the next 5 years compared with an unmitigated growth scenario ◦ A reduction in the rate of emergency admissions due to falls in people aged 65 and over (rate per 100,000) ◦ An increase in the proportion of people who feel they have control over their daily life ◦ Achieve the NHS England annual target for the proportion of adults in contact with secondary mental health services living independently, with or without support ◦ 100% of discharges made on the same day or the next day as the person was deemed medically safe for discharge/ medically fit for discharge (MFFD) ◦ Achieve annual targets to increase the proportion of people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (effectiveness of the service and offered the service) ◦ An increase in the proportion of carers who reported that they had as much social contact as they would like ◦ An increase in carer reported quality of life score ◦ To achieve national ICB annual targets to reduce hospital acquired infections including MRSA BSI, C.difficile and Gram -negative bloodstream infections (GNBSI) ◦ Reduce healthcare associated Gram -negative bloodstream infections (GNBSI) by 50% by 2024/25

Our priority: We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will ensure that all health and care staff understand the building blocks of health and health inequalities and are competent and confident to deliver brief interventions on a range of prevention topics to support people's wellbeing. This will include: ◦ Developing a Making Every Contact Count (MECC) framework for action across ICS organisations ◦ Developing a flexible approach to MECC training and support that will be owned and tailored by the different services across the ICS. This will be linked to health literacy, shared decision making, better three conversations and strengths based approaches ◦ Embedding MECC training into the personal development plans and appraisals of all health and care staff, with consideration that MECC becomes mandatory training ◦ Clarifying signposting and referral mechanisms into prevention services, collaborating with local health and wellbeing services ◦ Prioritising brief interventions or those of greatest need ◦ Maximising the potential of roles that support the whole person, such as Social Prescribing Link Workers	**Key actions** ◦ MECC framework developed **Our ambitions** ◦ A reduction in under 75 mortality rate from causes considered preventable from the 2017-2019 baseline ◦ 90% of frontline health and care professionals to have completed MECC training by 31st March 2028 ◦ 70% of overall workforce to have completed MECC training within the past 5 years by 31st March 2028 ◦ All new starters to have completed MECC training as part of standard induction across all employers by March 2026 ◦ An increase in referrals into prevention services from 2022/23 baseline to 31st March 2028 ◦ An increase in the number of Social Prescribing Link Workers across the system

Aim two: Tackle inequalities in outcomes, experiences and access

Our priority: We will support children, young people and adults with the greatest needs (the 20% most deprived areas nationally, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will prioritise the areas and population groups of most need, including those living in the most deprived areas, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage. This will involve embedding a 'proportionate universalism' approach, delivering a core service to our people, but tailoring the scale and intensity to the level of need. This will include: ◦ Delivering the priorities of the adult and children and young people NHS England Core20+5 frameworks - more information can be found at: https://bit.ly/41ygkfl ◦ Equitable access to immunisation and screening and health checks, including babies and children and those for people with severe mental health and learning disabilities ◦ Identifying and addressing the 'care gap' in effective anticipatory care and secondary prevention interventions that are not completed, to provide a holistic, personalised approach to care, prioritising those most in need ◦ Embedding a trauma informed approach across the system ◦ Ensure support and services for those with palliative and end of life care needs are in place and equitably available children, young people and adults. More information can be found at: https://bit.ly/3mgPzMw ◦ Delivering the priorities of the NHS Mental Health Implementation Plan and adopting the reforms to the Mental Health Act ◦ Reviewing progress of the local Learning Disability and Autism Programme	**Key actions** ◦ Improving the data quality for ethnicity and disability **Our ambitions** ◦ To achieve equity in access and experience and equal outcomes from services for those of greatest need ◦ To meet the Core20+5 ambitions across the five clinical areas for adults – maternity, severe mental illness, cancer, respiratory and cardiovascular disease – and children and young people - epilepsy, asthma, mental health, diabetes and oral health ◦ A reduction in non-elective activity through proactive management of long-term conditions to achieve Long Term Plan and ICS Clinical Prioritisation ambitions ◦ 80% of target staff attending trauma informed approach training ◦ At least 75% of people aged 14 or older with a learning disability will have had an annual health check (NHS Long Term Plan) ◦ Reducing the number of people with learning disabilities and autism in an inpatient environment and increasing the number of people living in their local community, in line with our system trajectory

- Focusing on populations including those with severe mental illness, homelessness, domestic abuse, severe multiple disadvantage, financial vulnerability, multiple or life limiting illness, ethnic minority groups, care leavers and people with learning disabilities and/or autism
- Focusing on children and young people with complex needs requiring therapeutic placements

Case Study

BAME wig project

Feedback from patients at Nottingham University Hospitals NHS Trust showed that that no black hairdressers were on the list of eligible suppliers of wigs for patients suffering from alopecia due to cancer treatment.

The Black Asian Minority Ethnic Shared Governance Council worked closely with Sistas Against Cancer, a Nottingham based community support group that offers peer support to anyone affected by cancer or anyone supporting someone with cancer. They approached Nottingham Hospitals Charity for funding to purchase appropriate wigs and scarves for trial.

The project initially started off for BAME patients experiencing hair loss following chemotherapy, however the service now caters for all patients experiencing hair loss regardless of ethnicity. As of September 2023, 70 patients have accessed the trichologist services (providing scalp care).

Onyinye Enwezor, Development Lead for Clinical Leadership and Chair of the BAME council, said: "Within the African and Caribbean culture, a woman's hair is her pride but it's also her husband's pride and her family's, so that loss of hair feels like a huge chunk of their dignity is being taken away from them."

Our priority: We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight , oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/ stroke/ cancer/ chronic obstructive pulmonary disease COPD, asthma and suicide.

What will we do?

We will prioritise equitable investment in prevention across the ICS, focusing on the key priorities of the two local Joint Health and Wellbeing Strategies. This will include:

- Creating an Inequalities and Innovation Investment Fund to tackle the top prevention priorities for local people, including tobacco, alcohol, healthy weight and mental health
- Agreeing to adopt the principle of 'proportionate universalism' in future funding allocations across the partnership so that resources are deployed according to need rather than historic allocation
- Completing an evidence-based system review of the prevention offer and operating model to reshape and integrate services

How will we know we have got there? A five-year ambition unless otherwise stated.

Key actions

- Development of an ICS all age Mental Health Strategy
- A commitment to increasing the proportion of spend on prevention.

Our ambitions

- Best start in life indicators
- A smoke free generation by 2040 ensuring that we take an equitable approach to working with our most vulnerable groups:

  - Reduction in smoking prevalence in adults (aged 18+) to 5% by 2035.

  - Smoking prevalence in adults (18+) with serious mental illness (SMI) - proportion (%)

  - Smoking prevalence in adults in routine and manual occupations (18 years to 64 years).
- A 10% reduction in alcohol-related hospital admissions from 2020/21 baseline
- A stabilisation of the rising rates of obese and overweight adults (aged 18 +) from 2020/21 baseline (split by deprivation where possible)
- Suicide rates (persons, directly standardised rate per 100,000) to be statistically similar or lower than the England average by 2027/28
- A reduction in the numbers of children under 10 years who require tooth extraction in hospital

Aim three: Enhance productivity and value for money

Our priority: We will establish a single health and care recruitment hub.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will explore opportunities to develop a single health and care recruitment hub. This is likely to include: ◦ Leading on joint recruitment, enabling deployment and sharing of staff to respond to service needs. This could include benchmarking and exploring opportunities across the ICS and the wider D2N2 Local Enterprise Partnership ◦ Completing work to explore opportunities to address parity issues for care workers across the system	**Key actions** ◦ Workforce is more reflective of our local population at Place (split by deprivation, age, ethnicity, gender and disability) – through all levels / bands. To determine what the breakdown currently is by March 2024 then develop bespoke targets by Place **Our ambitions** ◦ Provider collaborative at scale partners working together from April 2023. By April 2024, the model may be expanded to include wider partners for selected shared staff groups, such as care support workers and nurses ◦ A reduction in ICS health and care staff turnover rate to 10% by March 2028 ◦ An increase of 10% in the number of jointly employed health and care posts ◦ A reduction of staff sickness and absence rates to pre-Covid levels (4.5%)

Our priority: We will adopt a consistent system-wide approach to quality and continuous service improvement.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will adopt a consistent system-wide approach to quality and continuous service improvement, exploring opportunities and aligning where practicable.	**Key actions** ◦ Strategic aims and principles embedded into staff induction by March 2024 and all staff performance development reviews by March 2026 **Our ambitions** ◦ Staff trained in system-wide quality and improvement approach building on Quality, Service Improvement and Redesign (QSIR) foundations ◦ Adoption of the NHS IMPACT approach within QI communities approach by Q4 2024-25.

Our priority: We will align our Better Care Fund programme to our strategic priorities.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will ensure our Better Care Fund programme is meeting the needs of local people and aligned with the ambition of this strategy	**Key actions** ◦ Review of the Better Care Fund programme completed. Areas being explored where we can expand the programme and go further

Our priority: We will bring our collective data, intelligence and insight together.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will collaborate on our collective data, intelligence and insight. This will include: ◦ Creating a common view of outcomes, quality and performance across the ICS ◦ Looking for opportunities for alignment across the system to support service planning and integration ◦ Developing 'one version of the truth' through agreed system metrics and dashboards ◦ Developing a pipeline for the next generation of data, intelligence and insight workforce across the system	**Key actions** ◦ Development of a collaborative virtual intelligence system across the ICS ◦ An agreed ICS outcomes framework, with associated dashboards, that is used to identify priorities across the system

Case Study

Promoting Independence Service

The Promoting Independence Service, delivered by Bassetlaw Action Centre, works with health and voluntary sector colleagues to provide practical interventions to help people regain their independence following a hospital stay.
The support offered by the service includes befriending, home support with daily living tasks, housing advice, support to get active and a community car scheme.
Patients are equipped with the tools and services they require to continue their recovery at home, regaining their independence, without specific time limitations.
It is estimated that the service is saving £686,400 to the healthcare system every year in reduced hospital bed days.

Our priority: We will make it easier for our staff to work across the system.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will make it as easy as possible for staff to work across different teams and organisations. This will include: ◦ Establishing jointly employed head of commissioning posts for Ageing Well and Living Well, and head of quality and market management ◦ Further developing the Memorandum of Understanding for mutual aid between organisations ◦ All NHS providers being registered to utilise the digital staff passport to support movement of staff between organisations ◦ Developing a rotational scheme to support allied health professionals to move between sectors (NHS providers, primary care and social care) ◦ Establishing an integrated commissioning function and a quality and market management function across the ICS ◦ Developing integrated discharge hubs to encourage an integrated approach to service delivery ◦ Reviewing data sharing agreements to ensure staff have access to the information they need to deliver the best care	**Key actions** ◦ Recruited Head of Commissioning posts for Ageing Well and Living Well, and Head of Quality and Market Management ◦ Refresh signed Memorandum of Understanding for mutual aid between NHS organisations by Q2 2023/24 and explore potential to roll out to wider partners where appropriate by March 2026 ◦ Digital staff passport being fully utilised by March 2025 ◦ Working with partners on a common Strategic Workforce Plan approach. ◦ Integrated discharge hubs implemented ◦ Integrated commissioning function and a quality and market management function established across ICS ◦ Streamlined, appropriate information sharing in place ◦ Agreed an ICS staff induction which sets out the expected standards across the workforce to embody this strategy's principles

Aim four: Support broader social and economic development

Our priority: We will add social value as major institutions in our area

What will we do?

We will use our role as large public sector organisations that are linked integrally to place, people and communities (anchor institutions), to go beyond normal service delivery. We will use our resources and influence to maximise social, economic and environmental impacts (social value) to improve the building blocks of health and reduce inequalities. Collectively, we have the potential to leverage our size and strengths to deliver greater benefits. We will also need to consider how other anchor institutions (private sector) can contribute to our aims and their local communities. This will include:

- Building on the work of local authorities to align the social value approach across the system
- Strengthening the ICS Anchor Champions Network to explore how we maximise support for social and economic development through the collective work of anchor institutions and the ICS delivery groups
- Implementing the Universities for Nottingham Civic Agreement as our mission for anchor institutions across the ICS and D2N2 Local Enterprise Partnership
- Reducing our environmental impact by delivering our ICS Green Plan
- Putting actions in place to support local people with the rising cost of living, including signposting to relevant support services and fair reimbursement for skills
- Work directly with young people, looked after children, care leavers and carers including those with special educational and disabilities to consider working in health and care

How will we know we have got there? A five-year ambition unless otherwise stated.

Key actions

- Strengthen ICS contribution to key strategic partnerships for social and economic development.
- Partnership working with all major suppliers that identifies opportunities for local apprentice schemes, supports disadvantaged groups and engages with local providers by March 2026
- Universities for Nottingham Civic agreement approved across all organisations party to the agreement
- Finalise our Estates Strategy, including a system wide prioritised list of Estates and Infrastructure Schemes by March 2025
- Staff across all organisations are empowered to make changes, reducing waste in their work by March 2026
- Progress with delivery of national and local priorities and opportunities to reduce carbon emissions, as outlined in our ICS Green Plan

Our ambitions

- Increase the % of health and care workforce under the age of 25 years
- An increased proportion of the population with health conditions who are supported back into work.

Our ambitions

Carbon Net zero
For scope 1 and 2 emissions:

- 80% carbon net zero by 2028-2032
- 100% carbon net zero by 2040

Supported by:

- 100% of electricity from renewable sources -April 2023
- 0% of secondary care sites primary heat sources are oil fuelled on– April 2023
- Ensuring over 90% of our owned or leased fleet vehicles under 3.5 tonnes are low emission vehicles, and 5% of those will be ULEV or ZEV (ultra-low –or zero-emission vehicles)
- CO_2 impact of inhalers is reduced by 50% by 2028

Case Study

Small Steps Big Changes Family Mentor Service

Family Mentors are a highly trained paid peer workforce that deliver the Small Steps at Home evidence-based programme of child development and preventative health support to parents of 0—4-year-olds.

The Family Mentor Service provides social value through commissioning established voluntary and community sector organisations that employ local people based on aptitude not qualifications. It provides accredited training at Level 2 (equivalent to GCSE). The Service is co-produced with and co-delivered by the community it serves and the mentors speak 14 non-English home languages.

Parents reported improvements in wellbeing and confidence in both parents and children, children eating healthy food options, and improved sleeping routines and behaviour (2019). Children who used the service scored significantly higher on communication and gross motor areas of the Ages and Stages Questionnaire in the first year.

“It has been amazing having a Family Mentor and sharing the first 4 years of my child’s life with her – the good, the bad and the hilarious., Knowing I could ask her anything without her judging me has been great.” Amanda, Aspley.

Appendix B: Proposed amendments to the 14 priorities

March 2023 Strategy	March 2024 Proposal
Our agreed 14 Integrated Care Strategy Priorities	Our agreed 14 Integrated Care Strategy Priorities
We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood.	We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood.
We will support frail older people with underlying conditions to maintain their independence and health.	We will support children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).
We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.	We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.
We will support children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).	We will support frail older people with underlying conditions to maintain their independence and health.
We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide.	We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide.
We will establish a single health and care recruitment hub.	We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.
We will adopt a single system-wide approach to quality and continuous service improvement.	We will establish a single health and care recruitment hub.
We will bring our collective data, intelligence and insight together.	We will adopt a consistent system-wide approach to quality and continuous service improvement.
We will review our Better Care Fund programme.	We will bring our collective data, intelligence and insight together.
We will make it easier for our staff to work across the system.	We will align our Better Care Fund programme to our strategic priorities.
Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations.	We will make it easier for our staff to work across the system.
We will add social value as major institutions in our area.	Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations.
Work together to reduce our impact on the environment and deliver sustainable health and care services.	We will add social value as major institutions in our area.
We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.	Work together to reduce our impact on the environment and deliver sustainable health and care services.
Underlying principles guiding our delivery ⬇ Prevention is better than cure Equity in everything Integration by default	Underlying principles guiding our delivery ⬇ Prevention is better than cure Equity in everything Integration by default

Appendix C: Summary of progress with 14 priorities

Aim One: Improve outcomes in population health and healthcare
We will support children and young people to have the best start in life with their health, development, education, and preparation for adulthood.
Nottingham City Place Based Partnership (PBP) is supporting the Nottingham City bid to be recognised by UNICEF as a “Child Friendly City”. A programme is in place focused on supporting children and young people leaving the care system. Since July 2020, the PBP has worked with Barnardo’s to deliver a range of services and support offers including supported lodgings, a befriending service, mental health support workers and tutors. Bassetlaw has increased volunteering initiatives for younger people through the Point of View project which has provided over 100 new volunteer opportunities. South Notts PBP has established a Children and Young People’s (CYP) Mental Health Programme with a range of initiatives including a project to support CYP to manage mild common mental health problems through green social prescribing - a service developed with Nottingham CVS and Positively Empowered Kids providing a range of activities for 15–19-year-olds. In Mid Notts PBP, the Ashfield Local Design Team (part of the Community Services Transformation programme) has identified mental health in children and young people as a priority and is working with partners including Active Notts, local schools, Child and Adolescent Mental Health Services (CAMHS) to identify areas of support required, co-produced with young people and their families.
We will support frail older people with underlying conditions to maintain their independence and health.
Engagement undertaken with frail older people by Voluntary and Community Sector organisations is informing the development of service redesign priorities. A Frailty Same Day Emergency Care (SDEC) service has been established at Nottingham University Hospitals and Sherwood Forest Hospitals.

Appendix C: Summary of progress with 14 priorities

Care navigation services are using e-HealthScope to identify those at greatest risk of escalating need to identify where discussion by a multi-disciplinary team would be beneficial and to identify suitable support offers. Work is progressing on advance care planning in care homes. Following a system-wide review of hospital discharge, Transfer of Care hubs have been embedded within acute hospitals. A Joint Carers Strategy in place across the ICS, co-produced with carers and is based on needs they have identified. Work is ongoing to implement the strategy and support carer identification and access to carer support across all services. Rehabilitation/reablement: Both City and County are on track to achieve the annual target for people (aged 65 and over) who were still at home 91 days after discharge from hospital at Q3 2023/24.
We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.
A MECC framework has been developed. There is recognition of the impact of wider determinants of health particularly through PBP working. In Mid Notts PBP partners have come together to ensure a co-ordinated approach to tackling the cost-of-living crisis including co-ordination of information in a variety of formats to ensure every household is aware, text messages sent to over 90,000 patients signposting them to support resources; Making Every Contact Count and Suicide Awareness training available for all PBP Partners' workforce. Bassetlaw PBP cost-of-living support booklet launched for the second year in a row, including a new version in Braille. South Notts PCN Practice Nurse Lead delivered Making Every Contact Count training to Health Care Assistants and Nursing Associates.

Appendix C: Summary of progress with 14 priorities

Aim Two: Tackle Inequalities in outcomes, experience, and access
We will support children, young people, and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).
The ICB Health Inequalities Investment Fund has allocated c£4.8m in 2023/24 and 2024/25 across nine schemes relating to three themes of Severe Multiple Disadvantage, Integrated Neighbourhood Working and Best Start in Life. The mobilisation of schemes has happened at a varying rate, primarily dependant on recruitment and whether there was already a service in place. It is expected the majority of schemes will fully mobilise in 2024/25. Work is progressing to improve the data quality for ethnicity and disability.
We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health, and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack / stroke / cancer / chronic obstructive pulmonary disease (COPD), asthma, and suicide.
An ICS all age Mental Health Strategy is being developed. ICB commitment to sustain the tobacco pathways for inpatient and maternity in Nottingham University Hospitals (NUH), Sherwood Forest Hospitals (SFH), and Doncaster and Bassetlaw Hospitals (DBH), and mental health inpatient and community services in Nottinghamshire Healthcare Trust. The ICB is working with public health to align these pathways with wider service offers. Alcohol Care Teams continuing to evolve. NUH, ICB and Public Health are working to deliver a sustainable service integrated with community provision. HIIIF funding supporting SFH service development. ICS Health Inequalities Group considering ongoing approach for alcohol and weight management.

Appendix C: Summary of progress with 14 priorities

Aim Three: Enhance productivity and value for money
We will establish a single health and care recruitment hub
A “One Workforce” approach is being developed that will consist of the right number of people, to meet demand and improve health outcomes, working at the right location to deliver the treatment and care our populations deserve, with the skills and training to support prevention as well as treatment to enable the population to stay healthy and at a cost that is affordable. This recognises that the future workforce will want to have flexible rewarding careers within a system that recognises and develops talent and is representative of the population of Nottingham and Nottinghamshire.
We will adopt a single system-wide approach to quality and continuous service improvement
All NHS organisations have adopted the Quality, Service Improvement and Redesign (QSIR) approach which builds improvement capability at scale.
We will review our Better Care Fund Programme
The Better Care Fund (BCF) review has been completed and is now focussed on progressing the review recommendations to identify opportunities for greater integration. In City HWB, the approach is for ongoing alignment with planned commissioning reviews particularly linked to community transformation. In County HWB a review is underway on early intervention/prevention commencing with 'navigator' type services.
We will bring our collective data, intelligence, and insight together
Work continues to take place between the ICB System Analytics Intelligence Unit and Public Health Intelligence to bring data and insight together.
We will make it easier for our staff to work across the system

Appendix C: Summary of progress with 14 priorities

Work has commenced on the rotation of Occupational Therapists across Health and Local Authorities. Additional charity funding has been secured to progress the work further.

Three providers are in Wave 2 for the implementation of the Digital Staff Passport which will support the flexibility of staff movement between NHS organisations that utilise ESR.

Joint posts progressing with two posts recruited to focus on mental health inpatient flow and the development of community alternatives. The Head of Quality and Market Management has been recruited.

Aim Four: Support broader social and economic development

We will add social value as major institutions in our area

The Anchor Champions Network held an ICS workshop in September 2023 to stretch our thinking and identify priorities for 2024/25. This identified three broad themes: Employment, skills, and health; Community Anchor Principles; and Health as an Investment. Plans will continue to develop for these key areas.

The Network is maintaining links with Universities for Nottingham Civic Agreement and Midlands Engine.

The Working Well – East Midlands Individual Placement and Support in Primary Care service has been established locally to provide personalised support for people who are out of work or find it hard to retain a job due to disability or physical and mental health issues – to find, stay and thrive in employment. The service sits at the heart of the local work and health system, connecting together the wider support and services available to meet participants' needs.

A Social Value Procurement Policy has been developed which expands on our ambitions ensuring that we are adding social value throughout our commissioning, procurement, and contract management activity. The ICS will develop an appropriate reporting framework to measure the amount of social value procurement and associated benefits secured in contracts.

Meeting Title:	Integrated Care Partnership
Meeting Date:	22/03/2024
Paper Title:	**Review of the Integrated Care Partnership's terms of reference and proposed work programme for 2024/25**
Paper Reference:	ICP 23 019
Report Author:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire Integrated Care Board
Report Sponsor:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair) Cllr. John Doddy, Joint Vice-Chair of the Integrated Care Partnership (and Chair of the Nottinghamshire County Health and Wellbeing Board) Cllr. Linda Woodings, Joint Vice-Chair of the Integrated Care Partnership (and Chair of the Nottingham City Health and Wellbeing Board)
Presenter:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB

Summary:

The Nottingham and Nottinghamshire Integrated Care Partnership (ICP) was established as a joint committee of Nottingham City Council, Nottinghamshire County Council and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) in July 2022.

This paper seeks to reflect on how the ICP has been operating since its establishment in July 2022 and consider whether any amendments are required to its terms of reference.

The paper also presents an indicative meeting schedule and work programme for the Integrated Care Partnership and its supporting ICS Partners Assembly for 2024/25.

Recommendation(s):

The Integrated Care Partnership is asked to:

- **Discuss** any proposed changes to its terms of reference.
- **Discuss** and **endorse** the proposed work programme for 2024/25, noting that this will be subject to ongoing review and refinement over the year.

How does this paper support	the Integrated Care System's core aims to:
Improve outcomes in population health and healthcare	The Integrated Care Partnership (ICP) is established to further the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.

How does this paper support	the Integrated Care System's core aims to:
Help support broader social and economic development	As above.

Appendices:
Appendix A: Nottingham and Nottinghamshire ICP terms of reference. Appendix B: List of nominated ICP members.

Report previously received by:
Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Review of the Integrated Care Partnership's terms of reference and proposed work programme for 2024/25

Introduction

1. Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022), requires Integrated Care Boards (ICBs) and upper tier Local Authorities to establish Integrated Care Partnerships (ICPs) as equal partners.
2. In July 2022, the Nottingham and Nottinghamshire ICP was established as a joint committee of Nottingham City Council, Nottinghamshire County Council and NHS Nottingham and Nottinghamshire ICB.
3. Since this date, the ICP has met five times in its role as 'guiding mind' of the Integrated Care System; developing and publishing an Integrated Care Strategy for Nottingham and Nottinghamshire and reviewing its early impact. Following its initial period of operating, it is timely to now review the ICP's terms of reference.
4. In line with good governance practice, and as we move forward into 2024/25, we also need to establish an annual work programme for the ICP and its supporting ICS Partners Assembly, which sets out a coherent cycle of business for the next year of meetings.
5. The purpose of this paper is to:
    a) Reflect on how the ICP has been operating since its establishment in July 2022 and consider whether any amendments are required to the ICP's terms of reference.
    b) Present an indicative work programme for 2024/25 for review and discussion.

Review of terms of reference

6. The initial terms of reference for the ICP were developed collaboratively across system partners and were approved by the Full Council meetings of both Local Authorities and by the Board of the ICB; the terms of reference are attached at Appendix A to this report.
7. A meeting between the ICP's Chair, Joint Vice-Chairs and the Nottingham City and Nottinghamshire County Directors of Public Health was held on 12 February to reflect on the ICP's initial period of operating and to review the continued appropriateness of the ICP's terms of reference in light of this.
8. As a result of initial discussions, it is not proposed that any material amendments are required to the terms of reference in relation to the ICP's

membership, Chair and Joint Vice-Chair arrangements, and meeting frequency, all of which are felt to be appropriate and working well; however, the views of ICP members in these areas are welcomed.

9. One area was highlighted as worthy of wider discussion. This relates to the ICP's purpose, which as currently defined within its terms of reference is primarily concerned with the development of the Integrated Care Strategy. Now that the initial strategy for Nottingham and Nottinghamshire is in place, it is felt that some reflection and further consideration regarding the ongoing purpose of the ICP could be of benefit to ensure that arrangements continue to evolve and mature.

10. Consideration could also be given to the principles set out within the terms of reference, with a view to confirming that these are guiding the work of the ICP.

Proposed outline work programme and schedule of meetings

11. It is proposed that the ICP continues to meet twice per year, supported in its work by the ICS Partners Assembly.

12. All formal meetings of the ICP will continue to be held in public with meeting dates, venues, agendas and papers published on the Integrated Care System's website here: Our Integrated Care Partnership - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS (healthandcarenotts.co.uk).

13. The below table presents a high-level outline work programme for 2024/25. This builds on learning from the initial period of operating and will be updated to reflect any feedback from members at the meeting.

Date	Meeting	Proposed high-level focus
22 April 2024	ICS Partners Assembly	• To present examples of progress towards the aims and principles of the Strategy. • To hold group sessions for attendees to discuss their own role in working towards the Strategy, rate progress so far and discuss barriers to success.
September 2024 *(Exact date to be confirmed)*	Integrated Care Partnership	• To receive insights from service users and citizens, and from discussions at the Partners Assembly. • To review the impact of the Integrated Care Strategy, including against the ICS Outcomes Framework *(to be*

Date	Meeting	Proposed high-level focus
		further defined in line with the work described in the earlier strategy paper).
Autumn 2024 *(Exact date to be confirmed)*	ICS Partners Assembly	• To hold the 2024 Nottingham and Nottinghamshire ICS Health and Care Awards.
February 2025 *(Exact date to be confirmed)*	ICS Partners Assembly	• To discuss the 2025/26 refresh of the Integrated Care Strategy.
March 2025 *(Exact date to be confirmed)*	Integrated Care Partnership	• To receive an annual report on delivery of the Integrated Care Strategy *(to be further defined in line with the work described in the earlier strategy paper)*. • To consider the extent to which any revisions to the strategy may be required, based on national guidance and insights from the Partners Assembly. • To review the Integrated Care Partnership's terms of reference, proposing any amendments should these be required in readiness for 2025/26. • To discuss and agree the ICP's work programme for 2025/26.

Next steps

14. The Full Council meetings of both Local Authorities and the Board of the ICB will be presented with the reviewed terms of reference for the ICP at their scheduled meetings in May 2025, which once approved, will be circulated to members for information.

Appendix A

Nottingham and Nottinghamshire Integrated Care Partnership

Terms of Reference

1.	**Description/ status**	The Nottingham and Nottinghamshire Integrated Care Partnership ("**the ICP**") is a joint committee of NHS Nottingham and Nottinghamshire Integrated Care Board**,** Nottingham City Council and Nottinghamshire County Council ("**the Statutory Organisations**"), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022). The ICP will act as the 'guiding mind' of the Nottingham and Nottinghamshire Integrated Care System (ICS) and is authorised to operate within these terms of reference, which set out its purpose, membership, authority and reporting arrangements. The ICP will not duplicate the work of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards. ICP members will champion and act as ambassadors of effective partnership working for local population benefit.
2.	**Purpose**	a) The primary purpose of the ICP is to produce an Integrated Care Strategy and Outcomes Framework for Nottingham and Nottinghamshire, setting out how the assessed health and social care needs identified by the Nottingham and Nottinghamshire Joint Strategic Needs Assessments (JSNAs) are to be met by the Statutory Organisations or NHS England, in line with their respective commissioning responsibilities. b) In preparing the Integrated Care Strategy, the ICP will: i) Involve Nottingham and Nottinghamshire Healthwatch and the people who live and work in Nottingham and Nottinghamshire. ii) Consider the extent to which health and social care needs could be met more effectively through arrangements for pooled budgets, joint commissioning and integrated delivery under

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	section 75 of the NHS Act 2006 (as amended). iii) Have regard to the mandate published by the Secretary of State for Health and Social Care under section 13A of the NHS Act 2006 (as amended). iv) Have regard to any further guidance issued by the Secretary of State for Health and Social Care. c) The ICP may also include within the Integrated Care Strategy its views on how arrangements for the provision of health-related services in its area could be more closely integrated with arrangements for the provision of health services and social care services in the area. d) To support the development of the Integrated Care Strategy, the ICP will engage with a wider assembly of partners, at least once a year, comprising people who rely on care and support, unpaid carers, the full range of social care and NHS providers, the voluntary and community sector, local professional committees (e.g. optical and pharmaceutical committees), the Office of the Police and Crime Commissioner, etc. e) The ICP will review the impact of the Integrated Care Strategy, focusing on improving outcomes in population health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and supporting broader social and economic development. f) The ICP will also receive reports on insights gained from service users and citizens. g) The ICP will consider the extent to which the Integrated Care Strategy needs to be revised on receipt of an updated JSNA.
3. Principles	The following principles will be used to guide the work of the ICP: a) Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced inequalities. b) Support the triple aim (better health and wellbeing for everyone, better care for all and efficient use of the collective resource).

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	c) Enable consistent standards and policy across the ICS (strategically sound) whilst allowing for different models of delivery in accordance with diverse populations served (locally sensitive). d) Ensure all delivery mechanisms (e.g., primary care networks, place-based partnerships and provider collaboratives at scale) are equally respected and supported, in line with the principle of subsidiarity. e) Champion co-production and inclusiveness throughout the ICS. f) Put at the forefront the experience and expertise of professional, clinical, political and community leaders, and promote strong clinical and professional system leadership. g) Create a learning system, fostering a culture of innovation, bravery, ambition and willingness to learn from mistakes. h) Optimise the role of health and care as anchor organisations within the local community. i) Utilise existing networks, groups, and governance structures, including staff forums and insights gained from place and neighbourhood engagement. j) Come together under a distributed leadership model and commit to work together equally. k) Accountable to one another and the public including through transparency and building trust.
4. Membership	The membership of the ICP will be comprised as follows: *Nottingham City Council:* a) Elected Member Representative who is the Chair of the Health and Wellbeing Board b) Corporate Director for People Services c) Director of Public Health for Nottingham d) City Partner to be identified e) City Partner to be identified *Nottinghamshire County Council:* f) Elected Member Representative who is the Chair of the Health and Wellbeing Board g) Corporate Director, Adult Social Care and Health

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	h) Director of Public Health for Nottinghamshire i) County Partner to be identified j) County Partner to be identified *NHS Nottingham and Nottinghamshire Integrated Care Board:* k) Chair of the Integrated Care Board l) Chief Executive m) Director of Integration n) Medical Director o) Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale *Other:* p) Representative of Healthwatch Nottingham and Nottinghamshire q) Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance r) Representative of the Bassetlaw Place-based Partnership s) Representative of the Nottingham City Place-based Partnership t) Representative of the Mid-Nottinghamshire Place-based Partnership u) Representative of the South Nottinghamshire Place-based Partnership
5. Chair and vice-chair arrangements	The ICP will be Chaired by the Chair of NHS Nottingham and Nottinghamshire Integrated Care Board. The Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards will act as joint Vice-Chairs of the ICP.
6. Substitutes	Members are permitted to nominate a suitable substitute to attend a meeting of the ICP on their behalf should they be unable to attend themselves. Members are responsible for fully briefing any nominated substitutes. Substitutes need to be confirmed in writing to the Chair of the ICP ahead of the meeting.
7. Quorum	The quorum will be at least one member from each of the Statutory Organisations.

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	Nominated substitutes will count towards the quorum. Members will not count towards the quorum if attending remotely. If any member of the ICP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum. If the quorum has not been reached, then the meeting may only proceed on an informal basis and no decisions may be taken.
8. Decision-making arrangements	It is expected that at the ICP's meetings, decisions will be reached by consensus and a vote will not be required. Any decisions taken will be record in the minutes of the meeting. If consensus cannot be reached and if timeframes allow, then the item will be re-scheduled for discussion at the next meeting of the ICP. Otherwise, decisions will be taken by simple majority.
9. Conflicts of interest	A register of the declared interests of ICP members will be maintained and published. In advance of any meeting of the ICP, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. At the beginning of each meeting of the ICP members will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declarations will be formally recorded in the minutes for the meeting. The Chair of the ICP will determine how any declared interests should be managed. ICP members must ensure that they comply with their organisational/ professional codes of conduct at all times.
10. Meeting arrangements	The ICP will meet at least twice per year. Extraordinary meetings may be called for a specific purpose at the discretion of the Chair in consultation with the Vice-Chairs.

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	At least five clear working days' notice will be given when calling meetings. Meetings of the ICP shall be open to the public unless considering exempt information. The ICP is subject to the same requirements of openness and transparency as other meetings of the Statutory Organisations. As such, agendas and supporting papers, including ratified minutes of meetings, will be published. A protocol will be published separately for members of the public to set out arrangements for submitting questions to meetings of the ICP.
11. Secretariat	Secretariat support will be provided to the ICP by NHS Nottingham and Nottinghamshire Integrated Care Board. Agendas will be agreed by the Chair in consultation with the Vice-Chairs prior to each meeting. Any items to be placed on the agenda are to be sent to the secretary no later than nine clear calendar days in advance of the meeting. Items that miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair. Agendas and supporting papers will be circulated no later than five clear working days before each meeting. Minutes will be taken at all meetings and will be ratified by agreement of the ICP at the following meeting.
12. Reporting arrangements	The ICP must: a) Publish its Integrated Care Strategy (and any revised strategies). b) Provide a copy of its Integrated Care Strategy (and any revised strategies) to the Statutory Organisations.
13. Review of terms of reference	These terms of reference will be formally reviewed on an annual basis but may be amended at any time in order to adapt to any national guidance as and when issued. An early review of these terms of reference may be required during the ICP's first year of operation, as arrangements across the Nottingham and Nottinghamshire Integrated Care System evolve. Any proposed amendments to the terms of reference will be submitted to the Statutory Organisations for ratification.
14. Date approved	July 2022

Appendix B – List of nominated ICP members

Nottingham City Council nominated members	Cllr. Linda Woodings	Chair of Nottingham City Health and Wellbeing Board
	Catherine Underwood	Corporate Director for People Services, Nottingham City Council
	Lucy Hubber	Director of Public Health, Nottingham City Council
	Donna Sherratt	Race Health Inequalities Programme Lead, Nottingham City Place-Based Partnership (partner member nominated by Nottingham City Council)
	Emma Howard	Head Teacher, Nottingham University Samworth Academy (partner member nominated by Nottingham City Council)
Nottinghamshire County Council nominated members	Cllr. John Doddy	Chair of Nottinghamshire Health and Wellbeing Board
	Melanie Williams	Corporate Director, Adult Social Care and Health
	Vivienne Robbins	Acting Director of Public Health, Nottinghamshire County Council
	Andrew Redfern	Chief Executive, Framework Housing Association (partner member nominated by Nottinghamshire County Council)
	Volt Sacco	Chief Executive, Fosse Healthcare (partner member nominated by Nottinghamshire County Council)
NHS Nottingham and Nottinghamshire ICB nominated members	Dr Kathy McLean	Chair of NHS Nottingham and Nottinghamshire ICB
	Amanda Sullivan	Chief Executive, NHS Nottingham and Nottinghamshire ICB
	Lucy Dadge	Director of Integration, NHS Nottingham and Nottinghamshire ICB
	Dr Dave Briggs	Medical Director, NHS Nottingham and Nottinghamshire ICB
	Anthony May	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)
Other members	Sabrina Taylor	Chief Executive Officer (Interim), Healthwatch Nottingham and Nottinghamshire
	Professor Daniel King	Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance
	David Armiger	Chair, Bassetlaw Place Based Partnership
	Dr Husein Mawji	Clinical Director, Nottingham City Place-based Partnership
	Dr Jill Langridge	Clinical Director, South Nottinghamshire Place-based Partnership
	Adam Hill	Chair, Mid Nottinghamshire Place-Based Partnership