



Integrated Care Partnership Meeting Agenda

Monday 24 March 2025 09:30 – 11:30

Rufford Suite, Nottinghamshire County Council, County Hall, 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 | 09:30 |
| 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 28 October 2024 | Kathy McLean | Paper | - |
| 5. Action log and matters arising from the meeting that took place on 28 October 2024 | Kathy McLean | Paper | - |
| 6. Chair and Vice-Chair Updates | Kathy McLean, Cllr. Bethan Eddy, Cllr. Jay Hayes | Verbal | 09:35 |
| Items for discussion/decision | | | |
| 7. Progress in delivering the Integrated Care Strategy: Year-end update | David Johns, Vivienne Robbins, Victoria McGregor-Riley | Paper | 09:50 |
| 8. Annual refresh of the Integrated Care Strategy | David Johns, Vivienne Robbins, Victoria McGregor-Riley | Paper | 10:20 |
| 9. Review of the Integrated Care Partnership | Kathy McLean | Paper | 10:50 |

| | Item | Presenter | Type | Time |
|-----|---|------------------|-------------|--------------|
| | Closing items | | | |
| 10. | Questions from the public relating to items on the agenda | Kathy McLean | Verbal | 11:20 |
| 11. | Any other business | Kathy McLean | Verbal | 11:25 |
| | Meeting close | - | - | 11:30 |



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|-------------------------|---|
| Meeting Title: | Integrated Care Partnership |
| Meeting Date: | 24/03/2025 |
| Paper Title: | Declaration and management of interests |
| Paper Reference: | ICP 24 016 |
| Report Author: | Lucy Branson, Director of Corporate Affairs, 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: |
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| 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 | | | | | | | | | | |
|---|---|--|-----------------------------------|--------------------|--------------------------------------|----------------------------------|-------------------|--|----------------|---|
| <ul style="list-style-type: none"> 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. |
| EDDY, Bethan | Chair of the Health and Wellbeing Board, Nottinghamshire County Council | No relevant interests declared | Not applicable | | | | | Not applicable | Not applicable | Not applicable |
| HAYES, Jay | Chair of the Health and Wellbeing Board, Nottingham City Council | Nottingham City Council | Councillor for Bestwood | ✓ | | | | 01/02/2025 | Present | This interest will be kept under review and specific actions determined as required. |
| HAYES, Jay | Chair of the Health and Wellbeing Board, Nottingham City Council | Nottinghamshire Healthcare NHS Foundation Trust Council of Governors | Governor | | ✓ | | | 01/02/2025 | Present | This interest will be kept under review and specific actions determined as required. |
| HAYES, Jay | Chair of the Health and Wellbeing Board, Nottingham City Council | Henry Whipple School | Governor | | ✓ | | | 01/02/2025 | Present | This interest will be kept under review and specific actions determined as required. |
| HAYES, Jay | Chair of the Health and Wellbeing Board, Nottingham City Council | Bestwood Advice Centre | Committee Member | | ✓ | | | 01/02/2025 | Present | This interest will be kept under review and specific actions determined as required. |
| HAYES, Jay | Chair of the Health and Wellbeing Board, Nottingham City Council | Nottingham Education Trust | Committee Member | | ✓ | | | 01/02/2025 | Present | This interest will be kept under review and specific actions determined as required. |
| HODGKINSON, Theresa | Chair, Mid Nottinghamshire Place Based Partnership | 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. |
| 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. |

| 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 |
|-----------------------|--|---|---|--------------------|--------------------------------------|----------------------------------|-------------------|--|------------|---|
| 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 Communicator and Support project | ✓ | | | | 01/07/2022 | 05/03/2025 | 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 | 08/05/2024 | 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. |
| MAWJI, Huseinali (Dr) | Clinical Director, Nottingham City Place Based Partnership | Nottingham City Health and Wellbeing 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 | Nottingham City PBP | Clinical Director | | ✓ | | | 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 | N&N ICB Primary Care Recovery Group, One Voice Forum, General Practice Forum and others | GP Representative | ✓ | | | | 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 | Nottingham and Nottinghamshire GP Practice | Registered Patient | | | ✓ | | 01/10/2023 | Present | This interest will be kept under review and specific actions determined as required. |

| 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 |
|--------------------------|---|--|--|--------------------|--------------------------------------|----------------------------------|-------------------|--|----------|---|
| MAY, Anthony | Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale) | Prime Minister's Office | Deputy Lord Lieutenant for Nottinghamshire | | ✓ | | | 01/04/2023 | Present | This interest will be kept under review and specific actions determined as required. |
| MCGREGOR-RILEY, Victoria | Acting Director of Strategy and System Development | Sheffield Teaching Hospitals NHS Foundation Trust | Spouse employed as a consultant surgeon | | | | ✓ | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MCGREGOR-RILEY, Victoria | Acting Director of Strategy and System Development | GP Practice in Bassetlaw | 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. |
| MCGREGOR-RILEY, Victoria | Acting Director of Strategy and System Development | Managers in Partnership | Trade Union Representative (voluntary) | | | ✓ | | 01/09/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MCGREGOR-RILEY, Victoria | Acting Director of Strategy and System Development | Nottingham University NHS Trust (NUH) | Son employed as a Project Coordinator | | | | ✓ | 04/05/2023 | 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 |
| MCLEAN, Kathy | ICB Chair | NHS Employers | Member of the Workforce Policy Board | | ✓ | | | 01/07/2022 | 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 | | ✓ | | | 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) | Interim Chair | ✓ | | | | 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 | 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 |
| MCLEAN, Kathy | ICB Chair | NHS Derby and Derbyshire Integrated Care Board | Chair | ✓ | | | | 01/05/2024 | Present | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | Oxehealth Ltd (vision-based patient monitoring and management) | Advisor | ✓ | | | | 01/11/2024 | 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. |
| MCLEAN, Kathy | ICB Chair | ICS Network Board, NHS Confederation | Chair | ✓ | | | | 01/04/2024 | Present | This interest will be kept under review and specific actions determined as required. |
| 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. |

| 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 |
|-------------------|---|--|---|--------------------|--------------------------------------|----------------------------------|-------------------|--|----------------|---|
| ROBBINS, Vivienne | Acting Director of Public Health, Nottinghamshire County Council | No relevant interests declared | Not applicable | | | | | Not applicable | Not applicable | Not applicable |
| 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. |
| 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 | No relevant interests declared | Not applicable | | | | | Not applicable | Not applicable | Not applicable |
| 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. |

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:

Monday 28 October 2024 09:30-12:00

Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG

Members present:

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|---|--|
| Dr Kathy McLean (Chair) | Chair of NHS Nottingham and Nottinghamshire ICB |
| Dr Dave Briggs | Medical Director, NHS Nottingham and Nottinghamshire ICB |
| Sarah Collis | Chair of Healthwatch Nottingham and Nottinghamshire (on behalf of Sabrina Taylor) |
| Cllr. Bethan Eddy (Joint Vice-Chair) | Chair of Nottinghamshire County Health and Wellbeing Board |
| Lucy Hubber | Director of Public Health, Nottingham City Council |
| Prof. Daniel King | Chair of Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance |
| Cllr. Pavlos Kotsonis (Joint Vice-Chair) | Chair of Nottingham City Health and Wellbeing Board |
| Dr Jill Langridge | Clinical Director, South Nottinghamshire Place-Based Partnership |
| Victoria McGregor-Riley | Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB |
| Anthony May | Chief Executive, Nottingham University Hospitals NHS Trust (representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale) |
| Andrew Redfern | Chief Executive, Framework Housing Association (partner member nominated by Nottinghamshire County Council) |
| Vivienne Robbins | Acting Director of Public Health, Nottinghamshire County Council |
| Amanda Sullivan | Chief Executive, NHS Nottingham and Nottinghamshire ICB |
| Melanie Williams | Corporate Director for Adult Social Care and Health, Nottinghamshire County Council |

In attendance:

| | |
|---------------|---|
| Alex Ball | Director of Communications and Engagement, NHS Nottingham and Nottinghamshire ICB |
| Lucy Branson | Director of Corporate Affairs, NHS Nottingham and Nottinghamshire ICB |
| Joanna Cooper | Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB |
| Sarah Fleming | Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB |
| Sue Wass | Corporate Governance Officer, NHS Nottingham and Nottinghamshire ICB (minutes) |

Apologies:

| | |
|-----------------|--|
| David Armiger | Chair, Bassetlaw Place Based Partnership |
| Adam Hill | Chair, Mid Nottinghamshire Place-Based Partnership |
| Dr Husein Mawji | Clinical Director, Nottingham City Place-Based Partnership |

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|----------------|--|
| Volt Sacco | Chief Executive, Fosse Healthcare (partner member nominated by Nottinghamshire County Council) |
| Sabrina Taylor | Chief Executive Officer (Interim), Healthwatch Nottingham and Nottinghamshire |

Introductory items

ICP 24 001 Welcome, introductions and apologies

Kathy McLean welcomed members to the meeting of the Integrated Care Partnership and reminded members of the importance of the core values set out within the Partnership Agreement for the Nottingham and Nottinghamshire Integrated Care System.

A round of introductions was undertaken and apologies were noted as above.

ICP 24 002 Confirmation of quoracy

The meeting was confirmed as quorate.

ICP 24 003 Declaration and management of interests

No interests were declared in relation to any item on the agenda.

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

ICP 24 004 Minutes from the meeting that took place on the 22 March 2024

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

ICP 24 005 Matters arising from the meeting that took place on the 22 March 2024

The one action from the last meeting was noted as completed.

ICP 24 006 Chair and Vice-Chair updates

Kathy McLean, Cllr Pavlos Kotsonis and Cllr Bethan Eddy provided members with verbal updates on national, regional and local developments; the following points were highlighted:

- a) Nottingham City Council would shortly be undertaking consultation on its 2025/26 budget proposals. The City's Health and Wellbeing Board Strategy was also being refreshed. Although it was a challenging time for all concerned, there had been progress made, and preventative mental health services and work with asylum seekers and refugees was highlighted. Members were also advised of the recent appointments of Jill Colbert as Corporate Director for Children and Education Services, and Vicky Murphy as Corporate Director for Adult Social Care and Health.

- b) Many of the recommendations in Lord Darzi's review on the state of the NHS in England had resonated with the aims of the Integrated Care Strategy, particularly the focus on moving care into community settings, increased digitalisation and a focus on prevention. Members were encouraged to take the opportunity to feed their comments into the national consultation on the ten-year health plan, which was due to be published in spring 2025.
- c) A recent Nottinghamshire Food Summit had taken place to help to create a shared vision for a sustainable food system in the County. A workshop in support of a refresh of the Best Start Strategy had also taken place. The County's Health and Wellbeing Board had been assessing how it was able to add the greatest value in improving the health and wellbeing of the County's population; this work was continuing. Members were advised that Director of Public Health interviews for Nottinghamshire County would soon be taking place, with an appointment anticipated by December.

At this point Andrew Redfern joined the meeting.

Items for discussion

ICP 24 007 Progress in delivering the Integrated Care Strategy

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

- a) The report provided the Partnership with an update on progress with delivery of the fourteen priorities of the Integrated Care Strategy; noting that delivery was via the Local Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan.
- b) Key achievements were noted as the joint work to pursue the expansion of water fluoridation to improve oral health outcomes; use of local funding for the Changing Futures programme, which sought to improve the lives of people facing Severe Multiple Disadvantage (SMD), good progress on smoking cessation, and a focus on areas of greatest clinical need for the local population, for example cardio-vascular disease. A detailed progress update against each of the priorities was set out in an appendix to the report.
- c) However, the current challenges in the health and care operating environment and the significant financial pressures facing all public sector organisations, could not be underestimated. As a consequence, progress had not been as expected in some areas; notably, the system review of the prevention offer and the 'one workforce' approach.
- d) Given the complexity of challenges across all system partners, there was a need to ensure a continued and collective focus on transformation and partnership working in order to maximise opportunities to improve the local population's health and wellbeing.

The following points were made in discussion:

- e) Noting that substantial progress had been made, it was acknowledged that the risks of managing short term pressures were having a real impact on the ability to fully commit long term resources on priorities such as prevention.
- f) There was a suggestion to look at areas where value could be added by having a collective focus, or effort, in order to drive pace and scale, and as a result impact, such as the consistent promotion of 'making every contact count' and focussing effort on the further development of integrated neighbourhood working. Members also agreed that using the 'building blocks of health' was an effective way of communicating the Strategy's aims to local communities.
- g) Although members confirmed that the fourteen priorities all continued to be relevant, it was agreed that the focus of discretionary resource should be put into just one or two priorities that were pertinent to the local population. In discussion, it was suggested that potential focus areas were frailty and early years, as these were felt to be areas that would significantly benefit from a partnership approach.
- h) Members agreed that should a focussed approach be adopted, it would be important for all partners to agree to commit to tackling these areas and for improvement measures to be in place to monitor progress. Further consideration would be given to this as part of the upcoming refresh of the Strategy.
- i) Noting the need for a continuing focus on ensuring that prevention actions and activities were undertaken, there was a discussion on the differing interpretations of the word 'prevention'. It was agreed that there was a need to articulate this succinctly and in line with the definitions outlined in the strategy. The need to fully utilise existing community assets was also noted.
- j) In summary it was agreed that the proposals around the identification of a small number of priorities to focus effort on would be subject to further reflection and developed as part of the work to be undertaken in relation to the refresh of the Integrated Care Strategy.

The Integrated Care Partnership **noted** the delivery update on the Integrated Care Strategy.

Action: To consider, as part of the upcoming strategy refresh process, the proposed areas for focussed effort by all partners during 2025/26, from the existing priorities within the Integrated Care Strategy.

ICP 24 008 Embedding the Integrated Care Strategy principles of prevention, equity and integration

Joanna Cooper introduced the item and highlighted the following points:

- a) In March 2024, the Partnership had requested that a piece of work be undertaken to articulate how the ambitions for prevention, equity and

- integration would be delivered in practice and how they would be further embedded into 'business as usual' services.
- b) Three workshops had been convened to develop the approach. The workshops had considered the current context and constraints impacting on the embedding of the principles; how to ensure a shared understanding of the key principles of prevention, equity and integration; and how, collectively, to embed the principles and measure success.
 - c) In total, 173 people had attended the workshops, and many useful and interesting conversations were had. Of note, it became clear that there was a need to adopt a consistent understanding of the words 'prevention, equity and integration', which was noted as a concern raised in the previous item at ICP 24 007.
 - d) The workshops had generated a number of tangible actions that were detailed within the report. The Partnership was asked to endorse the proposals, which would be used to develop the approach to the refresh of the Integrated Care Strategy.

The following points were made in discussion:

- e) On behalf of the Partnership, the Chair thanked everyone involved for their hard work over the summer.
- f) Supporting the proposed actions, Cllr Kotsonis noted that there was a need for all to consider the synergies between partners, to resist structural barriers and to consider the integration of processes. Reflecting on this point, members agreed that a cultural shift would also be required.
- g) It was noted that actions around some priorities would be easier to tackle collectively than others, and that some longer-term actions would require momentum to build for effective delivery. It was felt that the longer-term actions may not happen unless there was a push from the system's leaders to drive integration, and it may be helpful if these areas could be highlighted and discussed during the refresh of the Integrated Care Strategy.
- h) Discussing 'health and employment', the adoption of the Nottingham City Place Based Partnership Race Health Inequalities Maturity Matrix by all system partners was noted as a 'quick win' to create more inclusive workplace cultures.

The Integrated Care Partnership **endorsed** the recommendations set out at paragraph 19 of the report.

Action: To reflect the outcomes from the workshops on prevention, equity and integration within the upcoming refresh the Integrated Care Strategy.

ICP 24 009 Defining the Integrated Care Strategy outcomes

Sarah Fleming introduced the item and highlighted the following points:

- a) At its March 2024 meeting, the Partnership had endorsed work to support and strengthen oversight and reporting arrangements for the Integrated Care Strategy. In line with this, the paper presented a set of key outcomes, metrics and ambitions that were proposed to enable monitoring of the Strategy's impact.
- b) The proposal, which reflected the three overarching ambitions within the Strategy, had been developed by a task and finish group comprised of colleagues from public health, the Integrated Care Board (ICB) and the System Analytics and Intelligence Unit (SAIU).
- c) Where no existing target was in place, the proposed ambition was to return to pre-pandemic levels, which reflected the national focus on recovery. This was felt to be a challenging ambition.
- d) A dashboard presenting the baseline and current positions, along with associated ambitions for each metric, was attached to the report. It was proposed that future updates on the delivery of the outcomes would be provided at least annually.
- e) Establishment of an Integrated Care Strategy Operational Outcomes Group was proposed to support the continued evolution of the dashboard and reporting arrangements.

The following points were made in discussion:

- f) Members agreed that the work undertaken to date to develop the Integrated Care Strategy Outcomes Dashboard should be commended, and the proposed establishment of an Operational Outcomes Group to further progress this work was supported.
- g) In discussion, a number of suggestions were put forward for further consideration by the Operational Outcomes Group regarding the future development of the outcome measures. These included ensuring there was a clear connection to the priorities set out within the Strategy, considering how variances across the ICS geographical area could be presented, considering how the contribution of the third sector could be captured, the incorporation of benchmarking data where this was available, and using analytical techniques like 'statistical process control' to show trends. It was also noted that it was important to clearly state the reporting period of the data presented for each metric.
- h) On behalf of the Nottingham and Nottinghamshire Provider Collaborative at Scale, Anthony May highlighted that it would be helpful for the dashboard, once finalised, to be incorporated within NHS Trust and NHS Foundation Trust Board reports, to ensure these partners were sighted on the Strategy's impact, and to draw links between the metrics they monitor routinely and the system's ambitions.

The Integrated Care Partnership **noted** the report, having discussed and supported the proposed outcomes, metrics and ambitions to be used to monitor the impact of the Integrated Care Strategy.

Action: To establish the Operational Outcomes Group, which will take forward the action to further develop the Integrated Care Strategy Outcomes Dashboard in line with members' feedback.

ICP 24 010 Citizen Insights Report

Alex Ball presented the item and highlighted the following points:

- a) In order to support the implementation of the Integrated Care Strategy and maximise its impact, work had continued to listen to the people and communities of Nottingham and Nottinghamshire to obtain key insights and intelligence.
- b) The report provided a summary of these activities and findings and it also included more in-depth reports on timely access and early diagnosis of cancer and the experiences of children, young people and families, as requested when the report was last presented.
- c) Headline findings were that healthcare continued to be a principal public concern. Although many found healthcare services difficult to access, once in the system, many were satisfied with their treatment and care. Mental health was seen as a high and growing priority, particularly amongst children and young people.

The following points were made in discussion:

- d) Discussing the findings, the Partnership agreed that continuing to listen to the citizen voice was critical to ensuring the success of the Integrated Care Strategy.
- e) Sarah Collis emphasised the importance of not only using citizen insights when designing services, but to evidence their use. This was endorsed and the Chair suggested that it would be helpful for the Partnership to have sight of a few examples of how the citizen's voice had been used in service design. It was suggested it could also become a category in the 2025 local Health and Care Awards, which was endorsed.
- f) In discussion, an idea was put forward to use the consultation on the ten-year plan to encourage the local media to spotlight how citizen feedback was being used to shape services in Nottingham and Nottinghamshire.
- g) The focus on carers in the report was highlighted as a concern and it was suggested this could be an area of greater focus, aligned to the existing Carers Strategy. It was noted that the adoption of paid carers leave by all anchor institutions could be a 'quick win'.

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

Actions:

- **To focus the next citizen insights report on a number of case studies to demonstrate how local citizen feedback had been used to shape services.**
- **To consider the use of citizen insights as a category in the 2025 local Health and Care Awards.**

ICP 24 011 Forward look for 2024/25

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

- a) The report presented a proposal for the refresh of the Integrated Care Strategy for the coming year.
- b) It was proposed that a 'light touch' review of the Strategy should be undertaken and presented to the Partnership at its March 2025 meeting. The review would take into consideration all Joint Strategic Needs Assessments from the Health and Wellbeing Boards since the last review; changes in national policy or guidance; feedback from a period of engagement with partners and key system groups; and feedback from this meeting on future priorities and actions to further embed the Integrated Care Strategy principles of prevention, equity and integration.

The following points were made in discussion:

- c) In discussion, members emphasised that the focus of the refresh needed to be on re-focussing priorities and securing delivery, rather than any fundamental changes to content; however, it was acknowledged that explicit alignment with the recommendations from Lord Darzi's review on the state of the NHS in England would also be needed.
- d) In response to a query regarding the role of the Partners Assembly, it was noted that it would be used to gauge how people felt about local health and care services. Members requested that the February meeting of the Assembly be used to support the process of re-focussing the Strategy's priorities.
- e) The Chair suggested that the upcoming meetings of the Partnership be used to examine a series of in-depth reviews of the Strategy's priorities. This was agreed.

The Integrated Care Partnership **endorsed** the proposed approach for the refresh of the Integrated Care Strategy.

Actions:

- **To use the February 2025 meeting of the Partners Assembly to support the process of re-focussing the Strategy's priorities.**

- **To schedule a series of in-depth reviews of the Strategy's priorities for future meetings of the Integrated Care Partnership.**

Closing items

ICP 24 012 Questions from the public relating to items on the agenda

No questions had been received.

ICP 24 013 Any other business

There was no other business and the meeting was closed.

Date and time of next meeting held in public: 24 March 2025



ACTION LOG for the Integrated Care Partnership meeting held on 28/10/2024

| Status | Meeting Date | Agenda Item | Action | Lead | Date to be Completed | Comment |
|----------------------------------|--------------|---|---|--|----------------------|--------------------|
| Closed – Action completed | 28.10.2024 | ICP 24 007: Progress on delivering the Integrated Care Strategy | To consider, as part of the upcoming strategy refresh process, the proposed areas for focussed effort by all partners during 2025/26, from the existing priorities within the Integrated Care Strategy. | Lucy Hubber, Vivienne Robbins, Victoria McGregor-Riley | 24.03.2025 | See agenda item 8. |
| Closed – Action completed | 28.10.2024 | ICP 24 008: Embedding the Integrated Care Strategy principles of prevention, equity and integration | To reflect the outcomes from the workshops on prevention, equity and integration within the upcoming refresh the Integrated Care Strategy. | Lucy Hubber, Vivienne Robbins, Victoria McGregor-Riley | 24.03.2025 | See agenda item 8. |
| Closed – Action completed | 28.10.2024 | ICP 24 009: Defining the Integrated Care Strategy outcomes | To establish the Operational Outcomes Group, which will take forward the action to further develop the Integrated Care Strategy Outcomes Dashboard in line with members' feedback. | Lucy Hubber, Vivienne Robbins, Victoria McGregor-Riley | 24.03.2025 | See agenda item 8. |

| Status | Meeting Date | Agenda Item | Action | Lead | Date to be Completed | Comment |
|---------------------------|--------------|--------------------------------------|--|--|---|--|
| Open – On track | 28.10.2024 | ICP 24 010: Citizen Insights Report | To focus the next citizen insights report on a number of case studies to demonstrate how local citizen feedback had been used to shape services. | Alex Ball | September 2025 <i>(exact meeting date to be confirmed)</i> | To be included within the ICP's 2025/26 Work Programme, which will be developed following the 24 March 2025 meeting. |
| Open – On track | 28.10.2024 | ICP 24 010: Citizen Insights Report | To consider the use of citizen insights as a category in the 2025 local Health and Care Awards. | Alex Ball | Autumn 2025 | In development. |
| Closed – Action completed | 28.10.2024 | ICP 24 011: Forward look for 2024/25 | To use the February 2025 meeting of the Partners Assembly to support the process of re-focussing the Strategy's priorities. | Alex Ball | 24.03.2025 | See agenda item 8. |
| Open – On track | 28.10.2024 | ICP 24 011: Forward look for 2024/25 | To schedule a series of in-depth reviews of the Strategy's priorities for future meetings of the Integrated Care Partnership. | Lucy Hubber, Vivienne Robbins, Victoria McGregor-Riley | September 2025 <i>(exact meeting date to be confirmed)</i> | To be included within the ICP's 2025/26 Work Programme, which will be developed following the 24 March 2025 meeting. |

Key:

| | |
|---|---|
| Closed – Action completed or no longer required | Open – Off track (may not be achieved by expected date of completion) |
| Open – On track (to be achieved by expected date of completion) | Open – Off track (has not been achieved by expected date of completion) |



| | |
|---------------------------|---|
| Meeting Title: | Integrated Care Partnership |
| Meeting Date: | 24/03/2025 |
| Paper Title: | Progress in delivering the Integrated Care Strategy: Year-end update |
| Paper Reference: | ICP 24 020 |
| Report Author(s): | Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB |
| Report Sponsor(s): | David Johns, Assistant Director of Public Health, Nottingham City Council Vivienne Robbins, Director of Public Health, Nottinghamshire County Council Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB |
| Presenter(s): | Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Director of Public Health, Nottinghamshire County Council Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB |
| Recommendation(s): | The Integrated Care Partnership is asked to receive the Integrated Care Strategy Annual Report. |

Summary:

The report provides the Partnership with an update on progress with delivery of the Integrated Care Strategy during 2024/25. This is aligned to delivery of the Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan.

Progress is described within the context of the operating and financial challenges facing public sector organisations and wider partners.

Appendices:

Appendix A: Integrated Care Strategy Annual Report

| How does this paper support the | Integrated Care System’s core aims to: |
|--|--|
| Improve outcomes in population health and healthcare | The Integrated Care Strategy sets out an approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between system partners. |
| Tackle inequalities in outcomes, experience and access | The Integrated Care Strategy describes the approach to ensuring that local population need is understood, and that support and service provision is tailored to this need. |

| How does this paper support the | Integrated Care System's core aims to: |
|--|---|
| Enhance productivity and value for money | Key drivers for productivity and value for money are described in the Integrated Care Strategy along with the contribution each programme / initiative will make. |
| Help the NHS support broader social and economic development | The approach to social economic development is set out the in the Integrated Care Strategy. |

| Report Previously Received By: |
|--|
| Integrated Care Partnership annual review supported by Integrated Care Board, Nottingham Health and Wellbeing Board and Nottinghamshire Health and Wellbeing Board |

| Are there any conflicts of interest requiring management? |
|--|
| No. |

| Is this item confidential? |
|-----------------------------------|
| No. |

Progress in delivering the Integrated Care Strategy: Year-end update

Introduction

1. The Integrated Care Partnership (ICP) received a detailed update against the Integrated Care Strategy delivery priorities and outcomes at their October meeting.
2. This paper presents the first Integrated Care Strategy Annual Report in Appendix A.
3. The Integrated Care Strategy Annual Report has been developed to provide a high-level summary of progress towards delivering the strategy and the impact on population health and wellbeing outcomes during 2024/25.
4. The report highlights progress against the four strategic aims and celebrates our Health and Care Award winners from October 2024 as well as covering key findings from work to embed the principles of prevention, equity and integration into all that we do.

Delivery of outcomes

5. Since the October update to the ICP on outcomes, further data has been published nationally on Healthy Life Expectancy (HLE) covering 2021-2023¹. This latest data shows a slight worsening position compared to the baseline in Nottinghamshire County whilst no significant change has been observed in Nottingham City as shown in the table below.

| Healthy Life Expectancy | Life Expectancy |
|---|---|
| Baseline (2018-2020): Females: 57.2 years Nottingham 60.0 Nottinghamshire Males: 57.3 years Nottingham 62.4 years Nottinghamshire | Baseline (2018 - 2020): Females: 81.0 years Nottingham 82.6 years Nottinghamshire Males: 76.4 years Nottingham 79.5 years Nottinghamshire |
| Latest (2021 - 2023) Females: 56.8 years Nottingham 59.7 Nottinghamshire Males: 57.2 years Nottingham 60.0 years Nottinghamshire | Latest (2021 - 2023): Females: 80.6 years Nottingham 82.9 years Nottinghamshire Males: 76.2 years Nottingham 78.9 years Nottinghamshire |
| Source: Public Health Outcomes Framework | Source: Public Health Outcomes Framework / Office for Health Improvement and Disparities (OHID) Fingertips |

¹ Office of National Statistics

6. Partnership members should note, however, that while a decline in healthy life expectancy has been reported both regionally and nationally over the last four years, HLE figures in Nottinghamshire County are similar to England, but HLE figures in Nottingham City are still significantly lower than England.
7. Conversely, Life Expectancy (LE) has improved in 2023 after a dip in 2020-2022 as well as improvements being seen in population health metrics. This suggests that a positive impact may be seen in Healthy Life Expectancy at the next reporting period (date to be confirmed by the Office of National Statistics).
8. Work continues to develop a local illness-free life expectancy metric to complement the HLE ambition given this is not currently collected at a local level. Using this as an ambition will give us access to local and more timely data. Public Health and System Analytics Intelligence Unit (SAIU) data teams continue to support development of reporting metrics as part of an Integrated Care Partnership Oversight Group. The approach to defining the metric is being considered at the ICS Collaborative Clinical and Care Leadership and Transformation Group on 28 March 2025.

Oversight arrangements

9. 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.
10. This is in the context of detailed delivery objectives being set out in the Nottingham City and Nottinghamshire County Joint Health and Wellbeing Strategies, and the NHS Joint Forward Plan.
11. Delivery of the Joint 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.
12. The Integrated Care Strategy Operational Outcomes Group meets on a bi-monthly basis to ensure reporting is available for the agreed outcomes for the Strategy. The group includes representatives from the SAIU, Public Health, with the offer of membership extended to all partner organisations.

Risks and issues

13. The Integrated Care Strategy is the way in which local health and care organisations come together with a focus on providing joined up services and improving the lives of all people who live and work in the city and county. This requires a joint focus of all system partners on shared priorities, understanding interdependencies, and evidencing new ways of working.

14. The ICB and local authorities have worked together to develop this approach through the development of the Strategy and an associated outcomes framework.
15. System partners continue to operate within a complex financial and operating environment. The need for a continued collective focus on transformation remains to maximise the opportunities to improve population health and wellbeing.
16. Over the coming period, there will be changes to currently commissioned services that may impact delivery of the Strategy in order to achieve financial sustainability. The Partnership will need to understand the risks to delivery and consider how to collectively mitigate these risks.
17. The Strategy provides an opportunity to focus on ensuring a focus on undertaking key actions to support the health and wellbeing of local people.

Next steps

18. Partners are refreshing the approach to oversight of delivery of the Integrated Care Strategy to ensure that it complements the evolution of system governance arrangements. Approaches to oversight of the Integrated Care Strategy will give full regard to existing reporting approaches for both Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan and be clear about the added value.
19. The Health and Wellbeing Boards and ICB will continue to provide leadership to the delivery of the Strategy and ensure that there is clarity over the deliverables and the outcomes they will achieve.
20. ICP will receive a further update on delivery and progress towards achieving outcomes at their Autumn 2025 meeting.



**Integrated
Care System**
Nottingham & Nottinghamshire

Integrated Care Strategy Annual Report

March 2025

Our Integrated Care Strategy is supporting a shift towards prevention



Integrated Care System
Nottingham & Nottinghamshire

People in our ICS are dying earlier than they should...

...and living with illness and disability longer

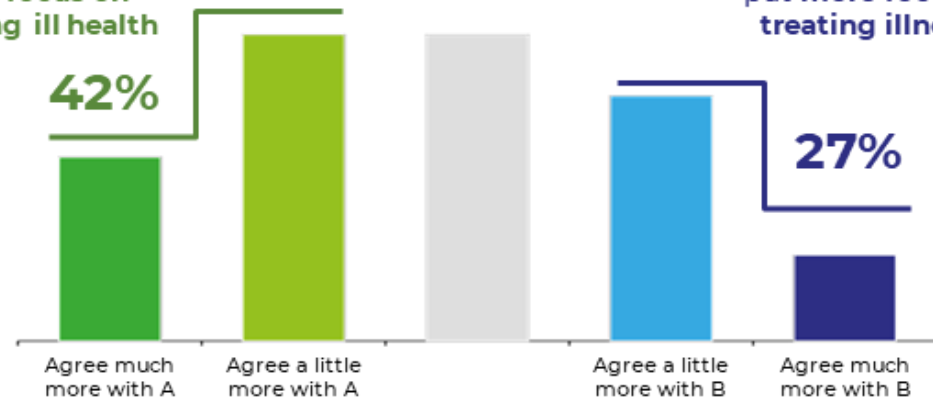
Our system has a significant challenge with deprivation...

...and the public want a shift towards prevention

Public survey on what they want from their health and social care system¹

A. The government should put **more focus on preventing ill health**

B. The government should put **more focus on treating illnesses**

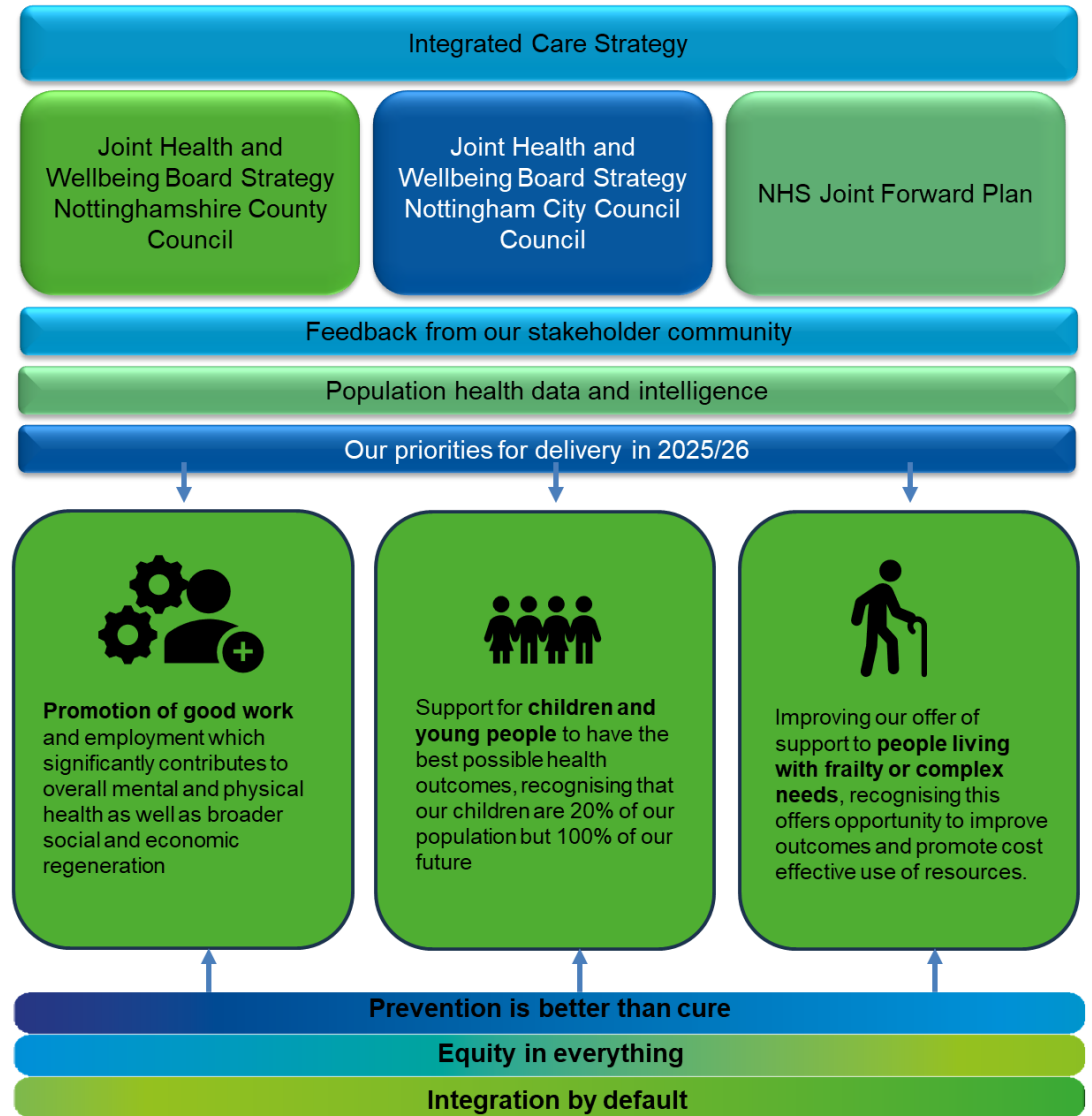


Source: The Health Foundation / IPSOS Mori



Our Integrated Care Strategy agreed in March 2023 commits us to the four ICS aims and the principles of **prevention, equity** and **integration**.

We are committed to maintaining this focus for the people of Nottingham and Nottinghamshire.



We are committed to improving outcomes for local people



Integrated Care System
Nottingham & Nottinghamshire

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. |

Our System Analytics and Intelligence Unit have developed an interactive dashboard for the ICS Outcomes Framework so that we can monitor the impact of the strategy on outcomes for the population.

Our latest data on high level outcomes for our population show a worsening position, in line with what other areas of the country have seen. However, the latest data shows that the more detailed measures underneath these outcomes are moving in the right direction. Our Integrated Care Partnership remain committed to improving outcomes for local people and recognise that we still have some work to do.

| Healthy Life Expectancy | Life Expectancy | Health Inequalities |
|---|---|---|
| Baseline (2018-2020): Females: 57.2 years Nottingham 60.0 Nottinghamshire Males: 57.3 years Nottingham 62.4 years Nottinghamshire | Baseline (2018 - 2020): Females: 81.0 years Nottingham 82.6 years Nottinghamshire Males: 76.4 years Nottingham 79.5 years Nottinghamshire | Baseline (2018-20): Females: 7.6 years Nottingham 7.7 years Nottinghamshire Males: 8.4 years Nottingham 9.3 years Nottinghamshire |
| Latest (2021 - 2023) Females: 56.8 years Nottingham 59.7 Nottinghamshire Males: 57.2 years Nottingham 60.0 years Nottinghamshire | Latest (2021 - 2023): Females: 80.6 years Nottingham 82.9 years Nottinghamshire Males: 76.2 years Nottingham 78.9 years Nottinghamshire | Data for 2018-2020 are the latest available |
| Source: <i>Public Health Outcomes Framework</i> | Source: <i>Public Health Outcomes Framework / Office for Health Improvement and Disparities (OHID) Fingertips</i> | Source: <i>Public Health Outcomes Framework</i> A local methodology is being developed using Patients registered with a GP Practice. |



1. Improve outcomes in population health and healthcare

Best start

Mental Health Support Teams in Schools continue to expand. Rollout has been targeted to areas of highest need with 55% coverage in schools in the city and 35% of all schools in the county.

The new Young Carers Support Service has supported 534 young carers.

Living well

Since September 2022, hypertension diagnosis across the ICS has increased by 10.4% (August 2024) with over 17,800 new cases diagnosed.

Development of an ICS wide framework for Making Every Contact Count training.

Ageing well

The Best Years Hubs launched in June 2024 in both Newark and Sherwood providing support on managing long-term conditions for those over 65 years.



2. Tackle inequalities in outcomes, experiences and access

Best start

Built collective recognition of the benefit fluoridation will bring for residents, especially Children and Young People.

Health Inequalities and Innovation Fund (HIFF) supported a range of activities, including two new obesity services for children and young people.

Living well

Local Authority commissioned health and wellbeing services have supported over 10,000 people in making positive lifestyle changes (i.e. stopping smoking, losing weight, being more physically active or reducing alcohol consumption).

Ageing well

Severe Mental Illness (SMI) healthchecks commissioned via SMI Locally Enhanced Service (LES) and Health Improvement Workers in place. Exceeded national target by 2% at 62% in 24/25.



3. Enhance productivity and value for money

Development of 'one version of the truth' dashboards for agreed system metrics and outcomes.

Six-day working is in place at Nottingham University Hospitals and Sherwood Forest Hospitals integrated discharge hubs.

System Transformation Delivery Group in place with eleven transformation programmes agreed to support step changes in productivity and efficiency including: community transformation, frailty, planned care, urgent and emergency care, digital/IT, workforce, corporate optimisation, estates and facilities, best value opportunities, medicines optimisation, and procurement.

Key enabling strategies and plans further developed to support ways of working: ICS Workforce Strategy, ICS Research Strategy, ICS Infrastructure Strategy, Medicines Optimisation, Primary Care Strategy, ICS Mental Health Strategy, Better Care Fund plans.



4. Support broader social and economic development

Working Well – East Midlands Individual Placement and Support in Primary Care service has been established to support people with a disability or physical and mental health issues to find, stay and thrive in employment.

All tenders now have a minimum of 10% weighting on social value.

Evaluation of Social Advice Prescribing Link Workers embedded in three Primary Care Networks showed evidence of substantial financial gain among service users e.g. estimated £380,000.

Food insecurity JSNA profile pack developed to provide recommendations for local action and research.

ICS Green Plan 2022-2025 commitments met.

Partnership with the charity Become to provide a framework for onboarding care experienced young people and to provide training to raise awareness for staff.

What we've achieved (examples)

Nottingham and Nottinghamshire at our Health and Care Awards 2024: Celebrating our successes



Integrated Care System
Nottingham & Nottinghamshire

<https://healthandcarenotts.co.uk/health-and-care-award-2024-winners-announced/>

Health inequalities award:
Broxtowe Learning Disability Collaborative



Equity award: Swim Sista Swim



Partnership award: Men at the Edge



Prevention award:
Opportunistic Flu Vaccinations at NUH



Value for money award:
Acute Home Visiting Service for Mid Notts



Best outcome award:
Diabetes Transition and Young Person



Social value award: Rhubarb Farm Team



Information about all of our shortlisted projects can be found on our website <https://healthandcarenotts.co.uk/integrated-care-strategy/celebrating-success/health-and-care-awards-shortlisted-2024/>



**Integrated
Care System**
Nottingham & Nottinghamshire

We continue on our journey of culture change



In 2024 we ran workshops to explore the adoption of our core principles across the system and their understanding by staff from front-line to boardroom.

Key findings:

- A shared understanding of the three principles needs to be developed so that we can bring them to life:
 - Prevention – the workshops highlighted the differences in understanding of ‘prevention’ as well as the competition and sometimes conflict, between preventing demand and preventing ill-health.
 - Equity - equity and equality are often used interchangeably however, there is a difference between applying approaches that are equitable or that address inequalities. Support is needed from all partners to take step changes to implement “universal proportionalism” in how we distribute funding to those most in need.
 - Integration – the workshops highlighted the need to see this as a spectrum rather than absolutes.
- Holistic journeys through health and care services need to be promoted e.g. embedding Making Every Contact Count.
- The infrastructure and culture to support the three principles need to be embedded in how we work both within organisations and together in partnership e.g. the strategy principles should be embedded in student / new starter training to reach all staff.

Our Partners Assembly met on 3 February 2025 to discuss the strategy for the coming year



**Integrated
Care System**
Nottingham & Nottinghamshire

- a) There was strong support for the System's goals especially prevention and community however many wanted to focus on outcomes and action over high-level theory.
- b) Delegates highlighted how important it is for organisations to align more effectively, tackle issues and possibilities together and strengthen regional partnerships.
- c) Digital transformation can improve efficiency, but data security, ethical concerns and accessibility should be tackled. Integrated IT systems are key.
- d) Many agreed that more services should shift from hospitals to community settings, with stronger voluntary sector support and empowered individuals.

Our joint work through the Integrated Care Partnership



**Integrated
Care System**
Nottingham & Nottinghamshire

- Continuing to embed our principles of prevention, equity and integration into the ways that we work.
- Our City Health and Wellbeing Strategy is being refreshed to ensure that it is reflecting the needs of local people.
- Producing Joint Strategic Needs Assessments to understand the challenges that local people face and the services and gaps that we need to address.
- NHS partners will continue to work towards delivering our NHS Joint Forward Plan, which has been reviewed and refreshed for 2025/26 to strengthen actions and their impact.
- We're expecting a national 10-year health plan to be published in Spring and we'll work together to make this meaningful for local people.



| | |
|---------------------------|---|
| Meeting Title: | Integrated Care Partnership |
| Meeting Date: | 24/03/2025 |
| Paper Title: | Annual refresh of the Integrated Care Strategy |
| Paper Reference: | ICP 24 021 |
| Report Author(s): | Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB |
| Report Sponsor(s): | Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Director of Public Health, Nottinghamshire County Council Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB |
| Presenter(s): | Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Director of Public Health, Nottinghamshire County Council Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB |
| Recommendation(s): | The Integrated Care Partnership is asked to approve the updated Integrated Care Strategy following the 'light touch' review. |

Summary:

The Integrated Care Partnership confirmed in October 2024 a 'light touch' review of the Integrated Care Strategy.

The updated Strategy is presented with the changes outlined in the paper for the ICP to consider.

Appendices:

Appendix A: Integrated Care Strategy 2023-2027 (refreshed March 2025).

| How does this paper support the | Integrated Care System's core aims to: |
|--|--|
| Improve outcomes in population health and healthcare | The Integrated Care Strategy sets out an approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between system partners. |
| Tackle inequalities in outcomes, experience and access | The Integrated Care Strategy describes the approach to ensuring that local population need is understood, and that support and service provision is tailored to this need. |
| Enhance productivity and value for money | Key drivers for productivity and value for money are described in the Integrated Care Strategy along with the contribution each programme / initiative will make. |

| How does this paper support the | Integrated Care System's core aims to: |
|--|---|
| Help the NHS support broader social and economic development | The approach to social economic development is set out the in the Integrated Care Strategy. |

| Report Previously Received By: |
|--|
| Integrated Care Partnership annual review supported by Integrated Care Board, Nottingham Health and Wellbeing Board and Nottinghamshire Health and Wellbeing Board |

| Are there any conflicts of interest requiring management? |
|--|
| No. |

| Is this item confidential? |
|-----------------------------------|
| No. |

Annual refresh of the Integrated Care Strategy

Introduction and context

1. The Integrated Care Partnership (ICP) approved the Nottingham and Nottinghamshire's Integrated Care Strategy on 13 March 2023. The strategy has been published on the ICS website alongside a refresh of the strategy endorsed in March 2024: <https://healthandcarenotts.co.uk/integrated-care-strategy/>
2. The ICP agreed in October 2024 to a light touch review of the Integrated Care Strategy, in particular:
 - a) In discussion, members emphasised that a key purpose of the refresh needed to be on re-focussing priorities and securing delivery, rather than any fundamental changes to content. It was also suggested that the refresh aligned with the recommendations from Lord Darzi's review on the state of the NHS in England.
 - b) In response to a query regarding the role of the Partners Assembly, it was noted that this forum would be used to gauge how people felt about local health and care services. Members requested that the February meeting of the Assembly be used to support the process of re-focussing the Strategy's priorities.
 - c) The Chair suggested that the upcoming meetings of the Partnership be used to examine a series of in-depth reviews of the Strategy's priorities. This was agreed.
3. This paper presents the refreshed Strategy in Appendix A.

Refresh of the Integrated Care Strategy

4. Following the meeting, ICS partners were contacted by the Chair and Vice Chairs to share key messages from the ICP discussions and seek feedback on the strategy refresh. 53 responses have been logged, including further discussions at several system forums. Feedback received from system partners has been incorporated into the draft of the refreshed strategy.
5. No new guidance has been published by Department of Health and Social Care to inform the refresh.¹
6. The Partners Assembly was held on 3 February and attended by over 150 people. Key messages from the discussions include:

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

- a) There was strong support for the System's goals especially prevention and shift towards community-based health and care services
 - b) The forum was keen that the Integrated Care Partnership focus more on outcomes and delivery in pursuit of these goals.
 - c) Delegates highlighted how important it is for organisations to align more effectively, tackle issues and possibilities together and strengthen regional partnerships.
 - d) Digital transformation can improve efficiency, but issues of data security, ethical concerns and accessibility should be addressed. Integrated IT systems were regarded as key.
 - e) Many agreed that more services should shift from hospitals to community settings, with stronger voluntary sector support and empowered individuals.
7. An engagement report from the Partners Assembly is available.
8. All feedback has informed the refresh of the Strategy (Appendix A). The changes are summarised as:
- a) Refreshed Foreword from the Chair and Vice Chairs.
 - b) Refreshed plan on a page diagram.
 - c) Our accelerated transformational approach in 2025/26 and priority areas.
 - d) How we will continue to promote prevention, integration and equity.
 - e) A summary of what the strategy means for our population, partners and teams.
 - f) Updated case studies to demonstrate examples of progress from the last year.
 - g) High level delivery expectations for 2025/26.
9. The ICP is asked to consider and approve the refreshed Strategy for the coming year. It is recognised that a more substantive review of the Strategy will take place in 2025/6 which is expected to be significantly influenced by the publication of the 10 Year Health Plan, developments associated with the Local Government Reform agenda and the ongoing maturity of the East Midlands Combined County Authority.

Next steps

10. Partners are refreshing the approach to oversight of delivery of the Integrated Care Strategy to ensure that it compliments these emergent national and regional developments and any associated evolution of system governance arrangements. Approaches to oversight of the Integrated Care Strategy will also continue to give full regard to existing reporting approaches for both Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan.

***WORKING**

DRAFT*



Integrated Care Strategy 2023 - 27

March 2025



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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.

Our five-year strategy was developed following extensive engagement and first published in 2023. We have refreshed the strategy on an annual basis and this year we continue this approach. This 'light touch' refresh identifies the priorities that we need to amplify in 2025/26 to deliver our agreed ambitions to improve health and wellbeing outcomes for the people of Nottingham and Nottinghamshire. Although not an extensive rewrite, we are clear in this refresh of our continued commitment to support delivery of our strategic aims:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experiences and access
- enhancing productivity and value for money, and
- supporting broader social and economic development.

This refresh is also written within a highly dynamic national and local environment. This will require us to have ongoing consideration of a number of evolving issues as we continue to deliver our strategy over 2025/26. These issues include:

- Ongoing system challenges in respect to quality and safety concerns alongside rising demand for services
- Local Government Reform agenda and the changing landscape of local authority responsibilities across Nottingham and Nottinghamshire.
- The ongoing maturity of our East Midlands Combined County Authority (EMCCA) and its emergent programme of work to support the economic regeneration of both the Derby and Derbyshire and Nottingham and Nottinghamshire communities.

- Implementation of the recently published NHS 2025/26 priorities and operational planning guidance (January 2025) and our desire for NHS organisations to improve access to, and performance of, services.
- Maintaining our absolute commitment as accountable public sector or voluntary and community sector organisations to deliver services to people within our financial means. All partners are experiencing challenging financial positions and working hard to drive greater efficiency and productivity.
- We are eager to match the commitment of central government to pursue the three shifts from treatment to prevention, analogue to digital, hospital to home. These shifts are highly compatible with our existing strategic approach and principles of Prevention, Equity and Integration. This gives us renewed confidence that by continuing to work in partnership, working with and alongside our communities, we will achieve improved outcomes for local people.
- As a system we continue to actively engage in the development of the NHS 10 Year Plan, due for publication in late Spring. This is likely to require us to undertake a more extensive review of our Integrated Care Strategy in 2026/27. Planning for this has already started.

This document will outline the three things we will jointly focus on in 2025/26 to further advance the achievement of our strategic aims. These are:

- Promoting work and employment.
- Supporting children and young people.
- Supporting frail and vulnerable people.

We believe these priorities, along with our ongoing commitments, will best serve the interests of our communities. In their pursuit we will also remain true to our strategic principles of promoting **prevention**, ensuring **equity** and delivering improvements through greater **integration**.



Dr Kathy McLean OBE
Chair of the Integrated Care Partnership
Chair, NHS Nottingham and Nottinghamshire



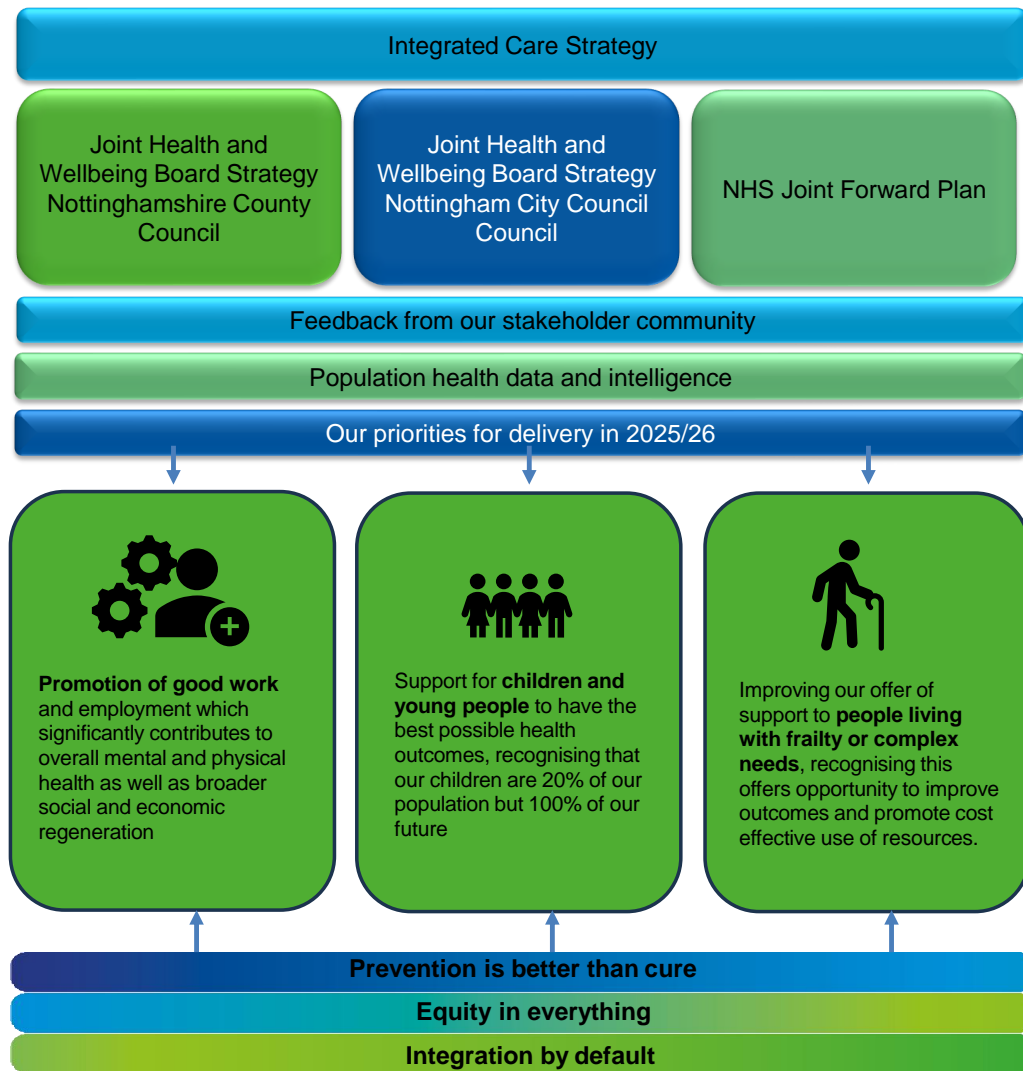
Cllr Jay Hayes
Vice Chair of the Integrated Care Partnership
Chair of Nottingham City Health and Wellbeing Board



Cllr Bethany Eddy
Vice Chair of the Integrated Care Partnership
Chair of Nottinghamshire Health and Wellbeing Board

Plan on a page

The Integrated Care Strategy is implemented through both Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan. In developing our light touch refresh we have listened to local partners and staff to confirm that our strategic principles remain valid and to identify areas where coming together at a system level will add value. We have duly considered local Joint Strategic Needs Assessments and other data and analysis to understand where greater opportunity lies to achieve our strategic aims. We have also considered national policy requirements and our statutory obligations. We are not achieving the sustainable improvements we would wish to. Therefore, we need a step change in our collective efforts in 2025/26 in those areas we know will make a significant difference.



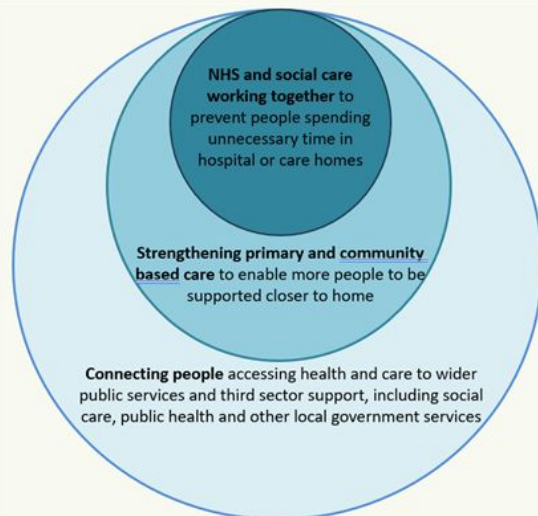
Our accelerated transformational approach in 2025/26

This refresh also signals our intent to be truly transformational in the way our system operates – enabling us to secure long lasting sustainability to the services we offer local people within our collective resources. In 2025/26, whilst focussing on our priority areas, our overall transformation will be characterised by:

Accelerating our integration of health and care teams at neighbourhood level

- Multidisciplinary teams of health and care professionals will be created at pace in 2025/26 to create a 'one team' approach to meet the needs of a defined population cohort. At this early stage this will be people identified as **moderately or severely frail or living with complex needs** (including children and young people).
- Over the next five years teams will mature to incorporate all age, physical and mental health needs of a defined population supporting people to remain independent for longer within their own homes.
- There will be a system model for consistency of approach and impact but its implementation will be sensitive to the specific population needs of each neighbourhood based on population health data and local intelligence.
- This will enable us to target resources better and ensure local interventions are evidence informed and codesigned to be culturally sensitive.
- Place based partnerships will continue to focus on the building blocks of health such as employment, housing, education, encouraging healthy eating and movement, smoking cessation, addressing alcohol misuse etc. They will support neighbourhoods within their footprint to flourish and be active in encouraging local health and care interventions that meet the needs of specific communities.
- Our wider partnership engagement at place level is well established and benefits greatly from the ongoing invaluable support of our local authorities, voluntary and community sector as well as NHS bodies. We wish to encourage this ongoing collaboration in 2025/26 and beyond. Integrated Neighbourhood Teams (INTs) will therefore be a significant building block as part of a wider longer-term ambition to create thriving communities across our system.

Aims for Integrated Neighbourhood Health Teams over the next five years



Promoting greater provider collaboration at place and system level

- We will encourage providers of health and care services to work together more collaboratively and develop more efficient ways to provide services to people. This will reduce duplication, waste and inefficiency across our system. Providers will increasingly share resources, infrastructure, estates, and staff to achieve this.
- We will support hospital providers to continue to work together. This will especially be welcomed in relation to services that are regarded as fragile so that we can promote resilience of services for our population. This will include working more closely with providers in other regions where this makes sense.
- System partners will continue to deliver key transformation programmes using best practice programme methodology to ensure robust oversight and delivery of intended benefits. **These programmes will accelerate delivery of the 'three shifts' of treatment to prevention, analogue to digital, hospital to home in 2025/26.**
- Continue to develop our Voluntary, Community and Social Enterprise Alliance to engage and embed the sector within system governance and decision-making structures.

Accelerating collaborative commissioning approaches and creating the conditions for success

- Our commissioning organisations, Nottingham City Council, Nottinghamshire County Council and the ICB, will work closer together to develop strategic approaches to developing pathways and services, combine our skills and make best use of our collective resources.
- We have previously committed to developing new ways of re-prioritising resources so that people who need our support the most receive it. In this coming year we want to make a step change to implementing this approach.
- We will work with organisations and partners both within and outside of our local area to make sure that we're getting the best outcomes for our local people within the resources we have. This includes working with our East Midlands Combined County Authority on their health and care priorities as well as working with partners across our region.
- We'll learn from other areas and work with our universities, our clinical leaders and health and care staff to make the most of the money that we have through a more cohesive approach to strategic commissioning informed by evidence, data and intelligence.
- In 2025/26 we will continue to work collaboratively as system partners to make difficult decisions about how and where resources are to be best deployed to achieve our ambitions. This will also include exploration of new ways to commission local service delivery and outcomes. It will also include exploring new mechanisms within which shared commissioning and service developments can be jointly discussed.

Promoting Prevention, Integration and Equity

As a joint strategy across NHS and local authority partners it remains important that our focus on the promotion of wellness and prevention of ill health does not diminish. Work will continue into 2025/26 to more clearly refine our prevention delivery priorities with our Health and Wellbeing Boards and in light of ongoing discussions with EMCCA. There is however already a high level of agreement that we collectively continue to pursue prevention initiatives related to:

- **Health and Work** – promoting people to access good work and stay in employment, especially in areas of highest deprivation and need. A range of initiatives are already provided across our system. In 2025/26 we will seek to map these and identify further opportunities to where our combined heft as anchor institutions can add further value and impact.
- **Best Start** through the development and delivery of our refreshed Best Start Strategies across Nottingham City and Nottinghamshire County, which focus on keeping children and young people well and healthy by ensuring the building blocks of wellbeing are in place for all children, including a safe and warm home, close and supportive relationships and attachments in early life and beyond and access to a good education. We will also continue to work together across partners to build our approach to the Keeping Children Safe Helping Families Thrive policy statement and associated transformation.
- **Reducing alcohol misuse** through targeted interventions including the **continued roll out of Making Every Contact Count** across our wider partnership – promoting the concept of ‘no wrong door’ to offer signposting advice to people.
- **Promoting exercise and movement** – which alongside **healthy eating** and reducing obesity can make dramatic differences in overall healthy life expectancy at any age. Exercise in later life, promoting muscle strength and coordination in older people can be especially important to avoid falls and deterioration of independence.
- **Promoting vaccinations and immunisations** especially for older and more vulnerable adults and children and young people. We know that protecting ourselves from common conditions such as flu and disease can significantly help people maintain their health and wellbeing. This helps us manage the demand for more expensive care and treatment today as well as in the future.
- Improved outcomes can also be supported by effective **management of long-term conditions** such as cardiovascular, respiratory disease, dementia, diabetes and cancer and **tackling social isolation and loneliness**.
- Continuing to support people with **severe multiple disadvantage** and those living more complex lives in order to improve overall life chances as well as health outcomes.

Underlying this agenda will be ongoing work to address health inequalities and equity through the CORE 20+5 work already established across our place based partnerships and delivered through NHS and local authority partnerships.

Monitoring of progress

Whilst we have made progress in delivering improvements for our local population (see case study examples below), there remain areas of ongoing significant challenge. Oversight of the delivery of the Strategy will continue to be the responsibility of the Integrated Care Partnership with delivery of in-year activity and outcomes monitored on a routine basis via the Integrated Care Strategy Operational Outcomes Group.

What will this mean for people, communities, our staff and our system

Through our continued focus on the priorities identified for 2025/26 and driving our transformation agenda for sustainability through increased integration we will achieve the following outcomes:

Overall Integrated Care Strategy Aims

Improve people's life expectancy

More people live healthier longer lives

Reduce health inequality across our population

What we can expect from our work together in 2025/26 that will continue to contribute to these aims

For People



Proactive, anticipatory care and maintaining our focus on preventing poor health and wellbeing will help reduce deterioration of people's health and reduce their reliance on more expensive hospital care.

For Our Communities



Increased collaboration across our providers and supporting our Place based Partnerships will improve access for local people to services that meet their needs within their communities and closer to home.

For Our Teams



Staff working more flexibility across provider arrangements will be empowered to provide locally sensitive care and feel part of a wider collaborative and more unified health and care team.

For Our System



Reduction in inefficiency, waste and duplication and more targeted use of resources to achieve impact will improve cost-effective use of our combined resources. This will contribute to financial sustainability and resilience across our system.

Case Study examples of work undertaken in 2024/25

In October we held our annual **Nottingham and Nottinghamshire Health and Care Awards** to celebrate our successes. A selection of case studies are included here with more details on all of our winners on our website - <https://healthandcarenotts.co.uk/health-and-care-award-2024-winners-announced/>

Case Study

Broxtowe Learning Disability Collaborative



Broxtowe Learning Disability Collaborative designed and implemented a series of Learning Disability Health and Wellbeing Roadshows aimed at improving the outcomes and experiences of people with learning disabilities.

The roadshows provided a safe space for people with learning disabilities to have their voices heard and to share their experiences about what matters to them. They also encouraged uptake of the annual learning disability review, raised awareness of the wider determinants of health and promoted a holistic approach to health and wellbeing.

As a result, a number of actions have been implemented including training experience for every PCN trainee nursing associate, Oliver McGowan training with leisure staff, setting up sensory flu clinics for people with learning disabilities and creation of a learning disability advice and information repository.

Video: <https://www.youtube.com/watch?v=DTejBqIkD14&list=PLbn-i-zL-roP2OgJkjj9MEA2wWVV4osb>

Case Study

MEN AT THE EDGE, Oasis Community Church

The MEN AT THE EDGE Project started four years ago following fundraising and time spent restoring property and portacabins at the EDGE site on Plantation Hill in Worksop. The project started in response to a high suicide rate for the area and evidence showed that men were experiencing issues with mental health, unemployment, physical health and disability and isolation.

The team restored a derelict site and began a project to create a safe space for men in any kind of need. Sessions ran several mornings each week with another special morning for veterans, social evenings, men's breakfast project, lifeline educational projects.

The EDGE is a place of safety, security, solace and support and the number of men accessing it has been growing week by week. The EDGE offers support before, during and after other interventions. People need the service to find a place they can belong and find ongoing care and support from people who care for the long term.

Video: <https://www.youtube.com/watch?v=UvyPrUPuPdI>



Case Study

Lung health checks for people with severe multiple disadvantage

Targeted Lung Health Checks (TLHC) help to identify lung cancer at an early stage when there are more curative treatment options available. Prior to the lung health checks, less than 25% of lung cancers were diagnosed at an early stage. As part of a new innovative approach to reduce health inequalities, the TLHC team have worked collaboratively with system partners to deliver these lifesaving checks to some of the most disadvantaged groups in Nottingham.

Nottingham has the eighth highest prevalence of severe multiple disadvantage (SMD) in England and people experiencing SMD have poorer health outcomes than the general population. The lung health check service offered dedicated walk in clinics and the service was adapted to make it easier for people experiencing SMD to attend. There were 15 people identified as eligible and 13 attended during the time ringfenced for drop-in clinics, including three opportunistic drop-in patients too. All 13 patients were assessed as high risk, supporting evidence that this group is at higher risk of developing lung cancer.

Two patients were fast tracked into NUH with suspected lung cancer or other significant finding. The details were passed to key workers and hospital appointments have been attended. These patients had no symptoms prior to screening.






Development of our 2025/26 high level delivery expectations

Specific deliverables will be overseen by our Integrated Care Strategy Working Group to assure the Integrated Care Partnership of progress in 2025/26. Although it is expected that the definition of deliverables will mature over the first quarter, current expectations are as follows:




Health and Work: We want to support people with their health and wellbeing to enable them to be in employment

What will we do in 2025/26?

| | |
|---|---|
| Undertake a mapping exercise with partners to understand the current system response to Health and Work, and wider Fourth Aim ambitions (Net Zero and Social Value) |  |
| Establish a Health and Work Collaborative across Nottingham and Nottinghamshire and with EMCCA partners to drive delivery of key initiatives e.g. Connect To Health |  |
| Work with targeted communities through Integrated Neighbourhood Teams and Place based Partnerships to improve employment and reduce worklessness through education, skills and employment opportunities across our anchor organisations |  |





Promoting the best outcomes for Children and Young People: We want to make sure that babies, children and young people have the best start, are supported with their mental health and children are ready for school

What will we do in 2025/26?

| | |
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| Develop and implement a refreshed Best Start Strategy across City and County |  |
| Implement the Keeping Children Safe and Helping Families Thrive policy |  |
| Continue to increase coverage of Mental Health Support Teams in Schools |  |

Supporting people living with Frailty and complex needs: We want people to live as healthy as possible into older age

What will we do in 2025/26?

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| Implement Integrated Neighbourhood Health Teams supporting people with severe or moderate frailty |  |
| Support people's independence through the roll out of home devices and sensors |  |
| Promote eating and moving including exercise to support people with frailty to stay well for longer and reduce deterioration |   |

Delivery of our strategic principles



Nottingham
City CouncilNottinghamshire
County CouncilNottingham and
Nottinghamshire
Integrated Care Board

| | |
|-------------------------|---|
| Meeting Title: | Integrated Care Partnership |
| Meeting Date: | 24/03/2025 |
| Paper Title: | Review of the Integrated Care Partnership |
| Paper Reference: | ICP 24 022 |
| Report Author: | Lucy Branson, Director of Corporate Affairs, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Report Sponsor: | Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair) Cllr. Bethan Eddy, Joint Vice-Chair of the Integrated Care Partnership (and Chair of the Nottinghamshire County Health and Wellbeing Board) Cllr. Jay Hayes, Joint Vice-Chair of the Integrated Care Partnership (and Chair of the Nottingham City Health and Wellbeing Board) |
| Presenter: | Kathy McLean, Chair of the Integrated Care Partnership |

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 members' reflections on how the ICP has been operating since its establishment in July 2022 and the future role of the ICP.

Recommendation(s):

The Integrated Care Partnership is asked to **discuss** future role of the ICP, in the context of a complex and evolving system infrastructure.

How does this paper support the Integrated Care System's core aims to:

| | |
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| 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. |
| 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

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 upper tier Local Authorities and Integrated Care Boards (ICBs) 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. 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 have since been reviewed annually; the latest version is attached at Appendix A to this report.

Future role of the ICP

4. The ICP has been established now for nearing three years in its role as 'guiding mind' of the Integrated Care System. During this time, it has developed and refreshed an Integrated Care Strategy and associated outcomes framework for Nottingham and Nottinghamshire.
5. It now seems timely to ensure the ICP's focus turns to delivery of the strategy and the impact it is having for our population.
6. In light of the English Devolution White Paper¹, amongst other things, ICP members are asked to consider the current and future role of the ICP, in the context of a complex and evolving system infrastructure. In particular:
 - a) Consideration of the linkages between the Joint Local Health and Wellbeing Strategies and NHS Joint Forward Plan.
 - b) Consideration of the ICP's relationship with its wider Partners Assembly.
 - c) Consideration of the ICP's membership (current membership is set out at Appendix B).
 - d) 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.

¹ <https://www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth/english-devolution-white-paper>.

Proposed schedule of meetings

7. Subject to feedback from members, it is proposed that the ICP continues to meet twice per year in September and March, supported in its work by the ICS Partners Assembly, which will meet ahead of each ICP meeting.
8. 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 \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk).

Next steps

9. A high-level outline work programme for 2025/26 will be developed following the meeting, which will build on learning from the initial period of operating and reflect any feedback from members at the meeting.
10. Should any amendments to the ICP's terms of reference be proposed, then these will be presented for consideration to the Full Council meetings of both Local Authorities and the Board of the ICB at their scheduled meetings in May 2025.

Appendix A



Nottingham and Nottinghamshire Integrated Care Partnership Terms of Reference

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| <p>1. Description/ status</p> | <p>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).</p> <p>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.</p> <p>The ICP will not duplicate the work of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards, which will continue in their statutory roles to improve the health and wellbeing of their local populations and reduce health inequalities, through joint local health and wellbeing strategies.</p> <p>ICP members will champion and act as ambassadors of effective partnership working for local population benefit.</p> |
| <p>2. Purpose</p> | <p>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.</p> <p>b) In preparing the Integrated Care Strategy, the ICP will:</p> <p style="margin-left: 20px;">i) Involve Nottingham and Nottinghamshire Healthwatch and the people who live and work in Nottingham and Nottinghamshire.</p> |

Appendix A

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| | <ul style="list-style-type: none"> 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 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>f) The ICP will also receive reports on insights gained from service users and citizens.</p> <p>g) The ICP will consider the extent to which the Integrated Care Strategy needs to be revised on receipt of an updated JSNA.</p> |
| <p>3. Principles</p> | <p>The following principles will be used to guide the work of the ICP:</p> <ul style="list-style-type: none"> a) Focus on improving outcomes for people, including improved health and wellbeing, supporting people to |

Appendix A

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| | <p>live more independent lives, and reduced inequalities.</p> <ul style="list-style-type: none"> b) Support the triple aim (better health and wellbeing for everyone, better care for all and efficient use of the collective resource). 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. |
| <p>4. Membership</p> | <p>The membership of the ICP will be comprised as follows:</p> <p><u><i>Nottingham City Council:</i></u></p> <ul style="list-style-type: none"> 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) Two Partner members nominated by Nottingham City Council <p><u><i>Nottinghamshire County Council:</i></u></p> <ul style="list-style-type: none"> e) Elected Member Representative who is the Chair of |

Appendix A

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| | <p>the Health and Wellbeing Board</p> <p>f) Corporate Director, Adult Social Care and Health</p> <p>g) Director of Public Health for Nottinghamshire</p> <p>h) Two Partner members nominated by Nottinghamshire County Council</p> <p><u>NHS Nottingham and Nottinghamshire Integrated Care Board:</u></p> <p>i) Chair of the Integrated Care Board</p> <p>j) Chief Executive</p> <p>k) Director of Integration</p> <p>l) Medical Director</p> <p>m) Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale</p> <p><u>Other:</u></p> <p>n) Representative of Healthwatch Nottingham and Nottinghamshire</p> <p>o) Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance</p> <p>p) Representative of the Bassetlaw Place-based Partnership</p> <p>q) Representative of the Nottingham City Place-based Partnership</p> <p>r) Representative of the Mid-Nottinghamshire Place-based Partnership</p> <p>s) Representative of the South Nottinghamshire Place-based Partnership</p> |
| 5. Chair and vice-chair arrangements | <p>The ICP will be Chaired by the Chair of NHS Nottingham and Nottinghamshire Integrated Care Board.</p> <p>The Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards will act as joint Vice-Chairs of the ICP.</p> |
| 6. Substitutes | <p>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.</p> <p>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.</p> |
| 7. Quorum | <p>The quorum will be at least one member from each of the Statutory Organisations.</p> |

Appendix A

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| | <p>Nominated substitutes will count towards the quorum. Members will not count towards the quorum if attending remotely.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may only proceed on an informal basis and no decisions may be taken.</p> |
| <p>8. Decision-making arrangements</p> | <p>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.</p> <p>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.</p> |
| <p>9. Conflicts of interest</p> | <p>A register of the declared interests of ICP members will be maintained and published.</p> <p>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.</p> <p>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.</p> <p>The Chair of the ICP will determine how any declared interests should be managed.</p> <p>ICP members must ensure that they comply with their organisational/ professional codes of conduct at all times.</p> |
| <p>10. Meeting arrangements</p> | <p>The ICP will meet at least twice per year.</p> <p>Extraordinary meetings may be called for a specific purpose at the discretion of the Chair in consultation with the Vice-Chairs.</p> |

Appendix A

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| | <p>At least five clear working days' notice will be given when calling meetings.</p> <p>Meetings of the ICP shall be open to the public unless considering exempt information.</p> <p>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.</p> <p>A protocol will be published separately for members of the public to set out arrangements for submitting questions to meetings of the ICP.</p> |
| 11. Secretariat | <p>Secretariat support will be provided to the ICP by NHS Nottingham and Nottinghamshire Integrated Care Board.</p> <p>Agendas will be agreed by the Chair in consultation with the Vice-Chairs prior to each meeting.</p> <p>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.</p> <p>Agendas and supporting papers will be circulated no later than five clear working days before each meeting.</p> <p>Minutes will be taken at all meetings and will be ratified by agreement of the ICP at the following meeting.</p> |
| 12. Reporting arrangements | <p>The ICP must:</p> <ol style="list-style-type: none"> 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 | <p>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.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Statutory Organisations for ratification.</p> |
| 14. Date approved | May 2024 |

Appendix B – List of nominated ICP members

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| Nottingham City Council nominated members | Cllr. Jay Hayes | Chair of Nottingham City Health and Wellbeing Board |
| | Vicky Murphy | Corporate Director, Adult Social Care and Health |
| | Lucy Hubber | Director of Public Health, Nottingham City Council |
| | <i>To be confirmed</i> | <i>Partner member to be nominated by Nottingham City Council</i> |
| | <i>To be confirmed</i> | <i>Partner member to be nominated by Nottingham City Council</i> |
| Nottinghamshire County Council nominated members | Cllr. Bethan Eddy | Chair of Nottinghamshire Health and Wellbeing Board |
| | Melanie Williams | Corporate Director, Adult Social Care and Health |
| | Vivienne Robbins | 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 |
| | Victoria McGregor-Riley | Acting Director of Strategy and System Development, 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, 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 |
| | Theresa Hodgkinson | Chair, Mid Nottinghamshire Place-Based Partnership |