



Integrated Care Partnership Meeting Agenda

Monday 03 March 2025 10:00 – 10:45

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

“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 10:00
2.	Confirmation of quoracy	Kathy McLean	Verbal -
3.	Declaration and management of interests	Kathy McLean	Paper -
4.	Minutes from the meeting that took place on 24 March 2025	Kathy McLean	Paper -
5.	Action log and matters arising from the meeting that took place on 24 March 2025	Kathy McLean	Paper -
6.	Chair and Vice-Chair Updates	Kathy McLean, Cllr. Helen Kalsi, Cllr. John Doddy	Verbal 10:05
Items for discussion			
7.	Progress in delivering the Integrated Care Strategy: Annual Report	Lucy Hubber, Clair Raybould, Vivienne Robbins	Paper 10:15
Closing items			
8.	Questions from the public relating to items on the agenda	Kathy McLean	Verbal 10:40
9.	Any other business	Kathy McLean	Verbal -
Meeting close		-	- 10:45



Meeting Title:	Integrated Care Partnership
Meeting Date:	02/03/2026
Paper Title:	Declaration and management of interests
Paper Reference:	ICP 25 003
Report Author:	Committee Secretariat
Report Sponsor:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)
Presenter:	Kathy McLean

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.
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:

Appendix A: Register of Declared Interests for members of the ICP.

Appendices:

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	Chief Executive, Bassetlaw District Council	Employee	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to Bassetlaw District Council .
BANKS, David	Member, South Nottinghamshire Place Based Partnership	Director, Rushcliffe Borough Council	Employee	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to Rushcliffe Borough Council .
BRIGGS, David	Executive Director of Outcomes (Medical), NHS Derby and Derbyshire, Nottingham and Nottingham shire and Lincolnshire ICBs	British Medical Association	Member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DODDY, John	Chair of the Health and Wellbeing Board, Nottinghamshire County Council	Hicklings Lane Medical Centre	General Medical Practitioner		✓			05/05/2025	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
DODDY, John	Chair of the Health and Wellbeing Board, Nottinghamshire County Council	Nowenigma Ltd	Director	✓				05/05/2025	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
KALSI, Helen	Chair of the Health and Wellbeing Board, Nottingham City Council	Nottingham University Hospitals NHS Trust	Employee	✓				16/04/2025	Present	This interest will be kept under review and specific actions determined as required.
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.
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.
MAWJI, Huseinali (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.

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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.
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.
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Director of Kathy McLean Limited, a private limited company offering health related advice	Ownership and/or directorship of a private company	✓				01/07/2022	Present	To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Kathy McLean
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Member of the Workforce Policy Board at NHS Employers, an organisation which supports workforce leaders and represents employers in the NHS	Role within an NHS, local authority or provider organisation.		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Chair of National Negotiation Committee for staff and associate specialists on behalf of NHS Employers, an organisation which supports workforce leaders and represents employers in the NHS	Role within an NHS, local authority or provider organisation.		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Occasional Advisor to the Care Quality Commission, the Independent regulator of health and social care services in England	External role or association (non-NHS), declared for transparency.	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Chair of The Public Service Consultants Ltd, a public sector consultancy business	External role or association (non-NHS), declared for transparency.	✓				01/07/2022	Present	To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by The Public Service Consultants Ltd
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Advisor at Lio (formerly Oxehealth) Ltd, a health-tech company that develops digital monitoring and operational platforms focussed on inpatient mental health care.	External role or association (non-NHS), declared for transparency.	✓				01/11/2024	Present	To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Lio Ltd.
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Chair of the ICS Network Board at NHS Confederation, a membership organisation for the whole healthcare system in England, Wales and Northern Ireland.	Role within an NHS, local authority or provider organisation.	✓				01/04/2024	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	Trustee of the NHS Confederation, a membership organisation for the whole healthcare system in England, Wales and Northern Ireland.	Trustee or leadership role in a voluntary, charitable or community organisation		✓			01/06/2025	Present	This interest will be kept under review and specific actions determined as required.
RAYBOULD, Clair	Executive Director of Strategy & Citizen Experience, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable

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	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.
SMITH, Richard	Interim Corporate Director of Adults and Health, Nottingham City Council	Director, Nottingham City Council		✓				01/09/2025	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be
SULLIVAN, Amanda	Chief Executive, NHS Derby and Derbyshire, Nottingham and Nottinghamshire and Lincolnshire ICBs	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
VAN DICHELE, Guy	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	Nottinghamshire County Council	Corporate Director for Adult Social Care and Health	✓				01/09/2025	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
VAN DICHELE, Guy	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	United Response (national charity)	Vice Chair	✓				01/09/2025	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 24 March 2025 09:30-11:30

Rufford Suite, Nottinghamshire County Council, County Hall, NG2 7QP

Members present:

Dr Kathy McLean (Chair)	Chair of NHS Nottingham and Nottinghamshire ICB
Dr Dave Briggs	Medical Director, NHS Nottingham and Nottinghamshire ICB
Cllr. Bethan Eddy (Joint Vice-Chair)	Chair of Nottinghamshire County Health and Wellbeing Board
Teresa Hodgkinson	Chair, Mid Nottinghamshire Place Based Partnership
David Johns	Deputy Director of Public Health, Nottingham City Council (nominated substitute for Lucy Hubber)
Prof. Daniel King	Chair of Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance
Dr Jill Langridge	Clinical Director, South Nottinghamshire Place-Based Partnership
Dr Husein Mawji	Clinical Director, Nottingham City Place-Based Partnership
Anthony May	Chief Executive, Nottingham University Hospitals NHS Trust (representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)
Victoria McGregor-Riley	Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB
Andrew Redfern	Chief Executive, Framework Housing Association (partner member nominated by Nottinghamshire County Council)
Vivienne Robbins	Director of Public Health and Communities, Nottinghamshire County Council
Sabrina Taylor	Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire
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
Sue Wass	Corporate Governance Officer, NHS Nottingham and Nottinghamshire ICB (minutes)

Apologies:

David Armiger	Chair, Bassetlaw Place Based Partnership
Cllr. Jay Hayes (Joint Vice-Chair)	Chair of the Nottingham City Health and Wellbeing Board
Lucy Hubber	Director of Public Health, Nottingham City Council

Vicky Murphy Corporate Director Adult Social Care and Health, Nottingham City Council
Volt Sacco Chief Executive, Fosse Healthcare (partner member nominated by Nottinghamshire County Council)

Introductory items

ICP 24 014 Welcome, introductions and apologies

Kathy McLean welcomed members to the meeting of the Integrated Care Partnership (ICP) 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.

A particular welcome was extended to Teresa Hodgkinson, who had now joined the ICP's membership as Chair of the Mid Nottinghamshire Place Based Partnership.

ICP 24 015 Confirmation of quoracy

The meeting was confirmed as quorate.

ICP 24 016 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 24 017 Minutes from the meeting that took place on the 28 October 2024

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

ICP 24 018 Matters arising from the meeting that took place on the 28 October 2024

Four actions were considered completed. A further three remained open and on track for completion.

ICP 24 019 Chair and Vice-Chair updates

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

- a) Referencing several recent announcements regarding national policy developments from the Department of Health and Social Care, including the abolition of NHS England, Kathy noted that the detail of changes, including any potential change for ICPs, was yet to be announced.
- b) The national policy announcements regarding local government re-organisation would also have significant implications on the local landscape.

However, it was important to maintain a focus on the Integrated Care Strategy and the health and wellbeing priorities for the population of Nottingham and Nottinghamshire.

- c) Following on from the conversation regarding local government re-organisation, Cllr Bethan Eddy noted that the full County Council had met recently and had voted to submit its plan for local government reorganisation for two unitary authorities, one for the county and one for the city.
- d) The County Health and Wellbeing Board had refreshed its workplan and membership following a review and Bethan would be stepping down as Chair following the local elections in May 2025.
- e) Thanking Bethan and Cllr Jay Hayes, who had stepped into the role of Chair of Nottingham City's Health and Wellbeing Board on an interim basis, Kathy noted that in an extremely challenging climate, it was important to continue to work in partnership to ensure the very best outcomes for the population within the resources available, as, although the political landscape would change over the coming year, the needs of the Nottingham and Nottinghamshire population would stay the same.

Items for discussion / decision

ICP 24 020 Progress in delivering the Integrated Care Strategy: Year-end update

Victoria McGregor-Riley presented the item, supported by David Johns and Vivienne Robbins, and together they highlighted the following points:

- a) The report provided the Partnership with a summary of progress with delivery of the Integrated Care Strategy during 2024/25, with full details provided in the first Integrated Care Strategy Annual Report, appended to the report. This demonstrated a continuing adherence to the three guiding principles of supporting a shift of focus to prevention, further integration, and ensuring a focus on equity.
- b) Examples of achievements were highlighted under the four aims of the Strategy. These had included the introduction of mental health support teams in schools, integrated services for advice to help people make positive lifestyle choices, and earlier diagnosis of prevalent conditions in the local area, such as hyper-tension. The Nottingham and Nottinghamshire Health and Care Awards had celebrated and highlighted successful projects. They had also demonstrated the important added value that the voluntary and community sector was making to delivery.
- c) A key success had been the development of an Outcomes Framework to monitor the impact of the Strategy on the population. The latest figures for 2021-2023 had indicated a reduction in life expectancy compared to baseline figures. This was noted as a national trend.
- d) The long-term challenge of cultural change to embed the Strategy's principles was noted, and several workshops had been held across the system to raise understanding of staff.

- e) The risks to the continued delivery of the Strategy were discussed, with note to the current complexity of the financial and operating environment and changes to currently commissioned services in order to achieve financial sustainability, which may impact on the delivery of the Strategy.

The following points were made in discussion:

- f) In response to a query regarding why there had been a reduction in life expectancy, it was noted that there was a lag in the data, which would include the impact of the pandemic. This may continue to impact into future years as the pandemic had had a significant and continuing impact on certain population groups, which was being compounded by cost of living rises. A focus on preventative actions, including the earlier diagnosis of prevalent conditions such as cardiovascular disease and diabetes, would result in a reduction in individuals presenting with severe disease over time, thus increasing their life expectancy.
- g) Noting that work continued to provide a more accurate picture of the local population's health, members welcomed a presentation of further data sets at future meetings.
- h) A member queried why measures to address some prevalent conditions, such as weight loss drugs, could not be rolled out faster. It was noted that new drugs did take time to become generally available due to the need to test their efficacy. There were also cost effectiveness and pathway redesign considerations. However, on this particular drug, work was in progress.
- i) There followed a conversation regarding the need to ensure that treatment also went hand in hand with lifestyle and preventative interventions. Noting that many individuals only sought medical treatment at crisis points, there was a discussion as to whether 'Making Every Contact Count' (MECC) as a concept could be built upon to enable all staff in health and care settings to provide advice. The practicality of how to take this suggestion forward was discussed, including issues regarding resourcing, implementation and work that was already being undertaken at Place-level. It was agreed that work would be taken forward to refresh the system's MECC approach. It was stressed that this needed to be a cultural shift, rather than a mandated training approach.

The Integrated Care Partnership **received** the Integrated Care Strategy Annual Report.

ICP 24 021 Annual refresh of the Integrated Care Strategy

Victoria McGregor-Riley presented the item, supported by David Johns and Vivienne Robbins, and together they highlighted the following points:

- a) At its previous meeting in October 2024, the ICP had confirmed that a 'light touch' review of the Integrated Care Strategy should be undertaken. The updated Strategy was presented for consideration and approval.
- b) Integrated Care System partners had been contacted to seek feedback on the refresh and responses had been incorporated. It had also been the main topic of the Partners Assembly at their February 2025 meeting. Participants confirmed their continuing support of the Strategy's principles and agreed that the focus on the Government's 'three shifts' from hospital to community, analogue to digital, and treatment to prevention was appropriate. This had generated a useful discussion on practical considerations. The Partners Assembly also confirmed its support for the use of the voluntary and community sector to add value in these areas.
- c) The refreshed Strategy included a greater focus on those priorities where system partners, working together, could add the most value, and included high level delivery expectations, which had also been welcomed by the Partners Assembly. There was also a focus on the transformational approach through Integrated Neighbourhood Teams for 2025/26.
- d) The refreshed Strategy provided a helpful structure for the refresh of the city and county's Health and Wellbeing Strategies and had responded to the high-level expectations of the Government's Ten-Year Plan. However, it was noted that a further refinement may be necessary once the detailed plan had been published later in the year.
- e) Following approval, and subject to minor changes in content and presentation, the Strategy would be circulated to all system partners.

The following points were made in discussion:

- f) There was a suggestion that in order to ensure that different partners or stakeholders could see where they could add their value to the delivery of the Strategy, a series of targeted briefings should be developed, which was agreed. With reference to the discussion had in the previous item regarding MECC, the importance of this approach to the delivery of the Strategy was noted.
- g) Emphasising the message from the Partners Assembly that the focus now needed to be on delivery, the Chair requested that a progress report should be brought to the next meeting to demonstrate how actions were being taken forward.
- h) Sabrina Taylor noted the need for the ICP to be cognisant of whether service users actually considered that services were improving.
- i) On behalf of the ICP, the Chair gave thanks to colleagues for their hard work in co-ordinating the refresh and the Strategy.

The Integrated Care Partnership **approved** the updated Integrated Care Strategy following the 'light touch' review

Action: A progress report on delivery to be presented to the ICP's next meeting.

ICP 24 022 Review of the Integrated Care Partnership

Kathy McLean introduced the item and highlighted the following points:

- a) The ICP had been established for three years in its role as the 'guiding mind' of the Integrated Care System. During this time, it had developed and refreshed an Integrated Care Strategy. As focus was now shifting to delivery and monitoring its impact on the population of Nottingham and Nottinghamshire, it was timely to reflect on how the ICP had been operating since its establishment in July 2022, and its future role.
- b) Kathy invited Melanie Williams and Amanda Sullivan, as founding members of the ICP, to provide their assessment.
- c) The ICP was a joint committee of the ICB and the Nottingham City and Nottinghamshire County Councils. As such, it had strong political leadership and a good spread of representation from other organisations. It was important that the ICP continued to have strong representation from public health, social care and commissioners.
- d) Whilst the principles of the ICP were still relevant, delivery mechanisms had evolved and matured. The ICP had a very broad agenda; however, it should try to balance being inclusive, whilst not duplicating the role of other forums within the system architecture.
- e) The ICP must also be open and agile to changes that may arise from national government policy.

The following points were made in discussion:

- f) During a discussion regarding whether the right partners were on the ICP, it was noted that representatives from the universities, or business representation organisations, and the East Midlands Combined Authority could be taken into consideration.
- g) A member noted the need for a representative for children's services to sit on the ICP, which was supported. It was also noted that the City Council had two vacancies for their partner member nominations, which would need to be filled.
- h) There was also a suggestion to consider an increase in the number of meetings to three a year in order to incorporate greater links with the agendas of the Health and Wellbeing Boards and to potentially invite wider participants for a programme of themed focus areas.
- i) The Chair noted that although she was content to continue to lead the ICP, she would be equally content to hand the chair role over to either local authority going forward.

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

Closing items

ICP 24 023 Questions from the public relating to items on the agenda

No questions had been received.

ICP 24 024 Any other business

Alex Ball asked members to note the Combined County Authority's interim Inclusive Growth Plan, which had strong links with the Partnership's agenda.

Andrew Redfern requested that consideration be made of using a future meeting to have a more in-depth discussion on supported housing.



ACTION LOG for the Integrated Care Partnership meeting held on 24/03/2025

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed	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	Future meeting arrangements and reporting requirements to be discussed at the Integrated Care Partnership's development session on 2 March 2026.
Closed	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	A decision was taken to pause the Health and Care Awards in 2025, due to NHS and Local Government reforms. Once there is more clarity on the health and care landscape for the future, then consideration will be given to restarting the Awards.
Closed	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	Future meeting arrangements and reporting requirements to be discussed at the Integrated Care Partnership's development session on 2 March 2026.

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed	24.03.2025	ICP 24 021: Annual refresh of the Integrated Care Strategy	A progress report on delivery to be presented to the ICP's next meeting.	Lucy Hubber, Vivienne Robbins, Victoria McGregor- Riley	March 2026	See agenda item 7.

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:	02/03/2026
Paper Title:	Progress in delivering the Integrated Care Strategy: Annual Report
Paper Reference:	ICP 25 007
Report Author(s):	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB
Report Sponsor(s):	Clair Raybould, Executive Director of Strategy and Citizen Experience, NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB, and NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Director of Public Health and Communities, Nottinghamshire County Council
Presenter(s):	Clair Raybould, Lucy Hubber, and Vivienne Robbins
Recommendation(s):	The Integrated Care Partnership is asked to receive the Integrated Care Strategy Annual Report.

Summary:

The report provides the Integrated Care Partnership with an update on progress with delivery of the Integrated Care Strategy during 2025/26, alongside reflections on progress to consider moving into 2026/27. Delivery is aligned to the Nottingham City and Nottinghamshire County Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan.

Progress is described within the context of the evolving health and social care policy landscape, as well as 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.
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:
Not applicable

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Progress in delivering the Integrated Care Strategy: Annual Report

Introduction

1. This paper presents the Integrated Care Strategy Annual Report in Appendix A.
2. 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.
3. The report highlights progress against the strategic aims, outcomes and priorities for 2025/26.

Delivery of outcomes

4. Since the March 2025 update to the Integrated Care Partnership (ICP) on outcomes, new data is available only for life expectancy. No further data has been published nationally for the other outcomes.
5. The improvements seen in life expectancy during 2023 have been maintained in 2024 after a dip in 2020-2022. This is alongside improvements being seen in population health metrics.
6. Work has continued to develop a local multimorbidity free life expectancy metric to complement the healthy life expectancy 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.
7. Public Health and System Analytics Intelligence Unit (SAIU) data teams have supported development of reporting metrics as part of an Integrated Care Partnership Oversight Group. The ICS Collaborative Clinical and Care Leadership and Transformation Group endorsed the approach on 28 March 2025, and a live dashboard has been developed.

Oversight arrangements

8. 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.
9. 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.
10. 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.

11. 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 and Public Health, with the offer of membership extended to all partner organisations.
12. The Ten Year Health Plan signalled changes to the way that Integrated Care Systems will operate, including the future status of the ICP and Integrated Care Strategy. Architecture to support the delivery of the strategy will be reviewed to reflect health and social care policy changes and the clustering arrangements for Integrated Care Boards.

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. National changes signal that a review of our approach is needed.
15. System partners continue to operate within a complex financial and operating environment with revised policy arrangements and reform nationally, e.g. Ten Year Health Plan, Local Government reorganisation or the further development of mayoral authorities. The need for a continued collective focus on transformation remains to maximise the opportunities to improve population health and wellbeing.
16. The Strategy provides an opportunity to ensure a focus on undertaking key actions to support the health and wellbeing of local people.

Integrated Care Strategy Annual Report

April 2025 to March 2026



Integrated Care System
Nottingham & Nottinghamshire



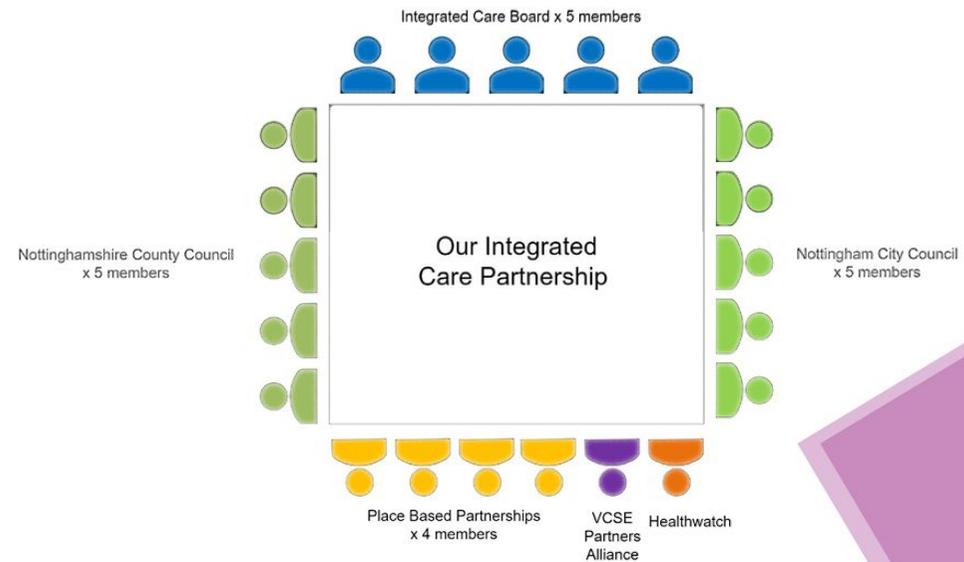


Nottingham and Nottinghamshire ICP

Our ICP was established in 2022 in response to the Health and Care Act 2022 as a Joint Committee of the three statutory partners who have a duty to collaborate under the Health and Care Act 2022 i.e. ICB, City Council and County Council. Chaired by ICB Chair, and HWB Chairs as Joint Vice Chairs.

The ICP was established as the **guiding mind of the system** with the purpose of:

- Producing an Integrated Care Strategy and Outcomes Framework.
- Considering any new or amended Joint Health and Wellbeing Strategies or JSNAs and whether the strategy needs to be revised.
- Receiving reports on insights gained from service users and citizens.



Our Partners Assembly met four times during 2022-2025 to shape our strategy

Developing our approach

The assembly events helped us to gain feedback from local people, statutory, private and voluntary and community sector and faith organisations to develop and shape our strategy and priorities.

Empowerment

The assembly gave attendees the opportunities to network, collaborate on ideas and deliver inspirational stories and case studies.



Working together

The events highlighted how important it is for organisations to align more effectively, tackle issues and possibilities together and strengthen regional partnerships.

Scaling and spreading

Promoting the strategy and enlisting people to deliver it – securing their commitment to change to make our collective ambitions possible.

Partners Assembly feedback

Digital transformation should be inclusive and ensure that individuals with learning disabilities, language barriers and financial constraints are not left behind.

A move towards community-based healthcare is widely supported due to ease of access and reduction in the pressure on hospitals. Community hubs with multidisciplinary teams integrating primary care, pharmacy and social care can enhance service delivery.

There is strong interest in using Artificial Intelligence for administrative processes, but there are concerns about data security and ethical use. Many highlighted that AI and digital tools could enhance prevention through better triage, data integration, and early illness detection.

There is strong support for prioritising self-care, lifestyle changes and early intervention to alleviate pressure on acute care services. Empowering individuals to make informed health choices and nurturing community connections will enhance overall wellbeing

Equity, integration, and prevention must be prioritised. Collaborative working across health, social care, and voluntary sectors is essential for effective preventative care. Existing assets should be used to improve access, reduce duplication, and support community-led programmes like social prescribing. The health and care system of the future should be efficient, integrated, accessible, and personalised.

Embedding the Integrated Care Strategy

Work has taken place to bring the Strategy to life and embed the aims and objectives with partners across the system.

Health and Care Awards

The Health and Care Awards ran in 2023 and 2024 to reward best practice aligned with the aims and objectives of the Integrated Care Strategy. 260 nominations were received from health, care and voluntary sector organisations from across the system over the two years.



Video case studies

A series of video case studies were filmed highlighting the best examples from across the system demonstrating the aims and objectives of the strategy.

Monthly shout-outs

Monthly shout-outs were shared on the ICS website and social media to promote good practice.





We are committed to improving outcomes for local people

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. We remain committed to improving outcomes for local people and recognise that we still have some work to do.

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.

Healthy Life Expectancy	Life Expectancy	Health Inequalities
Baseline (2018-2020): Females: 57.2 years Nottingham 61.5 Nottinghamshire Males: 57.3 years Nottingham 61.7 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: 7.9 years Nottingham 7.8 years Nottinghamshire Males: 9.6 years Nottingham 9.3 years Nottinghamshire
Latest (2021 - 2023): Females: 56.8 years Nottingham 59.7 years Nottinghamshire Males: 57.2 years Nottingham 60.0 years Nottinghamshire	Latest (2022 - 2024): Females: 80.8 years Nottingham 83.2 years Nottinghamshire Males: 76.4 years Nottingham 79.1 years Nottinghamshire	Latest (2021 - 2023): Females: 7.3 years Nottingham 7.3 years Nottinghamshire Males: 10.1 years Nottingham 10.1 years Nottinghamshire
<i>Source: Public Health Outcomes Framework</i>	<i>Source: Public Health Outcomes Framework / Office for Health Improvement and Disparities (OHID) Fingertips</i>	<i>Source: Public Health Outcomes Framework</i>



Our Integrated Care Strategy

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.





Delivering against our key priorities

What will we do in 2025/26	Progress Update
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)	Work completed with partners. ICS Green Plan in place. County JSNA chapter on health and work refreshed. City JSNA chapter on Work and Health published September 2025.
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	Collaborative established and meeting regularly. Two events hosted by Nottingham Trent University, and have agreed on a joint delivery plan to understand need, evidence of what works and to hear residents' voices. This is bringing key partners together to drive systematic action on reducing economic inactivity due to ill 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	Pilot in place in Rosewood PCN in Mansfield, integrating employment support services in primary care.
Develop and implement a refreshed Best Start Strategy across City and County	Children and Young People's Mental Health and Wellbeing Plan in place. There are two separate Best Start strategies, one for City and one for County with a joint infant feeding Framework for action now agreed and being implemented
Implement the Keeping Children Safe and Helping Families Thrive policy	On track – Policy implemented with Families First Partnership Programme plans in place.
Continue to increase coverage of Mental Health Support Teams in Schools	Nottingham and Nottinghamshire's 2025-2028 Children and Young People's Mental Health and Wellbeing plan has been endorsed. Mental Health Support Teams in Schools expansion is on track, 14 teams are live, with a further two on track to be mobilised in 2026/27.
Implement Integrated Neighbourhood Health Teams supporting people with severe or moderate frailty	On track – neighbourhood teams (INT) being rolled out with 9 INT are live (as at 03/02/26) and a further 3 on target for going live by the end of the March. City successfully bid to become one of 42 pioneer areas across England to participate in the first wave of the National Neighbourhood Health Implementation Programme (NNHIP).
Support people's independence through the roll out of home devices and sensors (Technology Enabled Care, TEC)	5081 people have TEC as part of their package of social care. This is an increase of 481 compared to the previous 12 months. 528 people used TEC to delay or prevent a high assessed risk of admission to residential care between April 2025 and January 2026 (against a target of 390 for 2025/26). 605 hospital discharges supported with TEC.
Promote eating and moving including exercise to support people with frailty to stay well for longer and reduce deterioration	On track - Good outcomes being reported through Place Based Partnership schemes including Best Years Hub and the roll out of strength and balance courses
Roll out Making Every Contact Count (MECC) training and support the front-line staff across our partnership have healthy conversations.	Multi-level training package developed to be launched across all partners. New bespoke eLearning created and 36 new MECC trainers to cascade targeted training (24 from local authorities, 4x voluntary sector, and 8x Primary/Secondary Care/other healthcare providers.

What we've achieved (examples)



1. Improve outcomes in population health and healthcare

Best start

Best Start Family Hubs being developed.

Living well

Figures show a decline in smoking prevalence which can be attributed to the actions taken across the smoking alliance. Trusts continue to provide commissioned services focused on inpatients, maternity and mental health.

NottAlone developed as an award winning all age mental health and wellbeing resource

Ageing well

Improve Frailty Management: Increase clinical frailty scoring, establish frailty registers, and enhance personalized care planning for moderate-to-severe frailty and end-of-life care.

Strength and Balance classes provided in South Nottinghamshire to reduce the risk of falls, improve physical activity levels, and support wider wellbeing.



2. Tackle inequalities in outcomes, experiences and access

Best start

LMNS health inequalities strategy agreed.

Living well

Investing in Communities programme, which is positively impacting on the building blocks of health in priority communities.

Over 600 people have taken part in a Healthy Hearts cardiovascular evening in Hucknall.

Severe Mental Illness (SMI) healthchecks commissioned via SMI Locally Enhanced Service (LES) and Health Improvement Workers in place. Support to local projects addressing food insecurity and improving access to nutritious and affordable food through food redistribution schemes via the Local Communities Fund, with 16 projects supported in 2025.

Ageing well

Implement programs like "Best Years Hub" to reduce loneliness and frailty in older adults through social engagement.



3. Enhance productivity and value for money

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

Key enabling strategies and plans further developed : ICS Workforce Strategy, ICS Research Strategy, ICS Infrastructure Strategy, Medicines Optimisation, Primary Care Strategy, ICS Mental Health Strategy.

Pharmacy First service provided 32,000 consultations between April - September 2025, offering quicker, more convenient access to NHS medicines and expert advice.

Over 8 million general practice appointments were provided in 2025 - the highest ever on record.

A primary care consortium led by the University of Nottingham Health Service has been awarded one of 14 new National Institute for Health and Care Research (NIHR) Primary Care Commercial Research Delivery Centres (PC-CDRC) in England and the only one in the Midlands region.



4. Support broader social and economic growth

A multi-level, consistent 'Make Every Contact Count' (MECC) training offer has been co-designed with the Health and Social Care workforce.

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.

Development of the Nottingham and Nottinghamshire Housing Directors Strategic Partnership Group to maximise opportunity to drive collaboration and strategic alignment.

Delivery of systemwide Building Blocks of Health communications sessions and development of a community of practice, where we continue to see ripple effects of this programme of work with partners utilising the recommendations to shape communications and influence action.

ICS Green Plan developed.

We continue on our journey of change



Health and Wellbeing Strategy for Nottingham

- Alcohol
- Best start in life
- Eating and moving for good health
- Smoking and tobacco control
- Work and health
- Severe multiple disadvantage

Health and Wellbeing Strategy for Nottinghamshire

1. Give every child the best chance of maximising their potential.
2. Create healthy and sustainable places
3. Everyone can access the right support to improve their health
4. Keep our communities safe and healthy

Derbyshire, Lincolnshire and Nottinghamshire Cluster ICBs

Every person in every community will live longer and healthier lives.

Key Delivery Programmes focusing on delivery of commissioning ambitions and priorities:

- Children and Young People
- Neighbourhood and Community Transformation (incl. primary care)
- Urgent and Emergency Care
- Mental Health, Learning Disabilities and Autism
- Planned Care (incl. Cancer)
- Supported by enabling functions and operational frameworks that 'wrap around' and guide delivery

Our legacy from the Integrated Care Partnership



Ensure that partners continue to align around our local populations needs and neighbourhood working to support coherence across strategies and plans.



Ensure a clear focus on delivery, and how as a partnership we are assured of progress in the moment so that we can make an impact.



Evolve our system governance arrangements to meet changing national and local expectations.



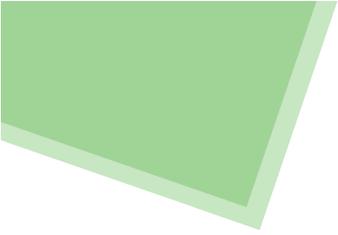
Embedding our strategy principles of prevention, equity and integration has supported staff to implement the strategy into the ways that we all work.



Embed our collective ambitions into future strategies and plans across all of our organisations e.g. ICB Commissioning Intentions, Joint Health and Wellbeing Strategies.



Additional information: progress against key metrics from the system outcomes dashboard



Improving Healthy Life Expectancy

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Females 57.2 years, Males 57.3 years	Females 61.5 years, Males 61.7 years
Latest (2021-2023)	Females 56.8 years, Males 57.2 years	Females 59.7 years, Males 60.0 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Multi-morbidity Free LE – Female ICS Multi-morbidity Free LE – Male	-	Female: 62.9 Male: 62.9	-	-	2024
Early Cancer Diagnosis – Nottingham & Nottinghamshire ICB	54.1%	62.1%	Towards target	75% (National target for 2028)	New source: NDRS Rapid Cancer Registration. Baseline 01/04/19, latest 01/09/25
Carer reported quality of life score - Nottingham	46.6%	42.7%	Away from target	46.6% or higher	Joint ICS Carers Strategy and model of support was co-produced with carers, the ICB and both local authorities in 2022. Carers services are commissioned jointly through the Better Care Fund.
Carer reported quality of life score – Nottinghamshire	43.7%	40.1%	Away from target	43.7% or higher	As above
Quality of life for people with care needs – Nottingham	18.7 (out of 24)	18.6 (out of 24)	Away from target	18.7 (out of 24) or higher	The data from the measure is taken from responses to the annual Adult Social Care (ASC) survey, which is only sent to people in direct receipt of ASC services. The measure includes responses about: control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity. Higher scores are better.
Quality of life for people with care needs – Nottinghamshire	18.8 (out of 24)	19.0 (out of 24)	Towards target	18.8 (out of 24) or higher	Nottinghamshire scores have improved since baseline, but there are differences for females and clients age 18 to 64 (where scores are better than England) and males and clients over 65 (where scores are worse than England).

Improving Life Expectancy (1/2)

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Females 81.0 years, Males 76.4 years	Females 82.6 years, Males 79.5 years
Latest (2022-2024)	Females 80.8 years, Males 76.4 years	Females 83.2 years, Males 79.1 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Suicide Rates	9.2 age standardised rate per 100,000 population	10.5 age standardised rate per 100,000 population	Away from target	9.2 age standardised rate population or lower	Suicide Prevention and Self-Harm Strategy in place for 2024-2029 to promote a safe and stigma free environment, promote wellbeing and reduce risk in at-risk groups, promote the right support, at the right time and in the right place, and ensure that approaches are underpinned by data and lived experience.
Infant Mortality - Nottingham	6.6 per 1,000 births	5.9 per 1,000 births	Towards target	6.7 per 1,000 births or lower	
Infant Mortality - Nottinghamshire	3.6 per 1,000 births	3.7 per 1,000 births	Away from target	3.6 per 1,000 births or lower	
Perinatal deaths (stillbirths) - Nottingham	4.0 per 1,000 births	4.0 per 1,000 births	No change	4.0 per 1,000 births or lower	
Perinatal deaths (stillbirths) – Nottinghamshire	2.9 per 1,000 births	2.7 per 1,000 births	Towards target	2.9 per 1,000 births or lower	

Improving Life Expectancy (2/2)

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Females 81.0 years, Males 76.4 years	Females 82.6 years, Males 79.5 years
Latest (2022-2024)	Females 80.8 years, Males 76.4 years	Females 83.2 years, Males 79.1 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Avoidable Deaths	262.8 age standardised rate per 100,000 population	247.9 age standardised rate per 100,000 population	Towards target	262.8 age standardised rate or lower	<p>By definition, all avoidable deaths are for people aged 75 or younger - there is an overlap between avoidable deaths and premature deaths; over the last decade (2014 to 2013) over two thirds (67.5%) of premature deaths were avoidable (excluding COVID deaths).</p> <p>Five groups of conditions account for over 90% of avoidable, non-COVID deaths; cancers (1 in 3 of all avoidable deaths), circulatory disease (1 in 4), respiratory (1 in 7), alcohol and drug related (1 in 11) and injury (1 in 12). Of these, the number of avoidable deaths caused by circulatory disease and alcohol/drugs have increased during and since the pandemic. The number and rate of avoidable deaths caused by injury in 2023 was the highest observed in the last ten years.</p>
Premature Deaths	361.7 age standardised rate per 100,000 population	346.3 age standardised rate per 100,000 population	Towards target	361.7 age standardised rate or lower	As above

Reducing Health Inequalities (1/2)

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Gap of 7.9 years females, 9.6 years males	Gap of 7.8 years females, 9.3 years males
Latest (2021-2023)	Gap of 7.3 years females, 10.1 years males	Gap of 7.3 years females, 10.1 years males

Metric	Baseline	Latest Figure	Change	Ambition	Context
School Readiness - Nottingham	60.3%	63.6%	Towards target	60.3% or higher	
School Readiness - Nottinghamshire	66.8%	67.7%	Towards target	66.8% or higher	
Year 6 Prevalence of Obesity	21.6%	23.7%	Away from target	To stabilise	
CYP mental health contact in the last 12 months	17,835	18,398	Towards target	16,124 or higher	The ICS is exceeding the access target of number of children and young people (CYP) receiving support (1+contact); 21,010 CYP were recorded as having at least 1 contact in the rolling 12 months ending April 2025 exceeding the annual plan of 20,475. (Latest figure 2023/24)
5 year olds with experience of visually obvious dental decay - Nottingham	35.8%	28.0%	Towards target	35.8% or lower	<ul style="list-style-type: none"> • Oral health needs assessment completed in 2024 to support prioritisation and targeting of oral health care provision, with a focus on improving access. • Oral health promotion and improvement activity in place targeted at children and young people. • Key stakeholders across Nottingham and Nottinghamshire continue to work jointly to pursue the expansion of water fluoridation.
5 year olds with experience of visually obvious dental decay - Nottinghamshire	19.9%	17.5%	Towards target	19.9% or lower	As above.

Reducing Health Inequalities (2/2)

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Gap of 7.9 years females, 9.6 years males	Gap of 7.8 years females, 9.3 years males
Latest (2021-2023)	Gap of 7.3 years females, 10.1 years males	Gap of 7.3 years females, 10.1 years males

Metric	Baseline	Latest Figure	Change	Ambition	Context
Young people Not in Education, Employment or Training (NEET) - Nottingham	5.0%	3.4%	Towards target	5.0% or lower	Latest figure 2025
Young people Not in Education, Employment or Training (NEET) - Nottinghamshire	1.5%	1.5%	No change	1.5% or lower	Latest figure 2025
Smoking Prevalence (QOF) - Nottingham	19.4%	17.2%	Towards target	19.4% or lower	Nottingham and Nottinghamshire Alliance and Vision for Tobacco Control. NHS services integrating with local authority commissioned services and working with Public Health to take a targeted approach.
Smoking Prevalence (QOF) – Nottinghamshire	16.0%	14.3%	Towards target	16.0% or lower	As above.
ICS – Learning Disabled Patients with Annual Health Check	68.3%	74.4%	Towards target	68.3% of higher	December 2025
ICS – Severe Mental Illness (SMI) Patients with 6 Physical Health Checks	37.2%	58.1%	Towards target	37.2% or higher	December 2025
ICS - Patients on end of life with ReSPECT Form	42.5%	78.7%	Towards target	67.7% or higher	December 2025