Integrated Care Partnership: Insight Report

October 2023

Nottingham and Nottinghamshire Integrated Care System

1   Executive Summary

1.1   Preface

In line with guidance from the Department of Health and Social Care[1] (DHSC), in March 2023, the Integrated Care Partnership approved the Nottingham and Nottinghamshire Integrated Care Strategy. The strategy has been published and widely disseminated and can be found on the ICS website[2].

To support the implementation of the Strategy and maximise its impact, work has continued across the system to continuously listen to our population to obtain key insight and intelligence from our communities. This report provides the Partnership with a summary of the activities and findings of work from across the Integrated Care System.

This is intended to support the ambition of the Integrated Care Partnership to act as the "guiding mind" of the system and enable it to consider how we continue to meet the needs of our communities.

1.2   Introduction

As part of the workplan of the Integrated Care Partnership (ICP), it was agreed that an Insight Report would be produced to provide evidence and insight to the Partnership. The purpose of the Integrated Care Partnership is to also support the development of the Integrated Care Strategy and 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. The insights from the Assembly will provide an opportunity for the Integrated Care Partnership to review the impact of the Integrated Care Strategy, focusing on 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.

Integrated Care Partnerships are a critical part of Integrated Care Systems (ICSs), and the journey towards better health and care outcomes for the people they serve. ICPs will provide a forum for NHS and Local Authority leaders to come together with key stakeholders from across the system and community. This report will provide details to the ICP on what we are hearing from our communities and citizens of Nottingham and Nottinghamshire.

Nottingham and Nottinghamshire Integrated Care Partnership (ICP) has developed an Integrated Care Strategy to improve health and care outcomes and experiences for local people (2023-2027). The Strategy has been developed for the whole population using the best available evidence and data, covering health and social care, and addressing the wider determinants of health and wellbeing. It builds on existing strategies including the Joint Health and Wellbeing Strategies for Nottingham[3] and Nottinghamshire[4].

As part of developing the Integrated Care Strategy, extensive work was undertaken to listen to citizens to understand their aspirations and ambitions for our area. Using a two-step approach, first a desktop research exercise was undertaken to understand the needs of our citizens and how these can be met. This stage also included identifying people and communities who are not regularly

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[1] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
[2] Integrated-Care-Strategy-2023_27.pdf (healthandcarenotts.co.uk)
[3] www.nottinghamcity.gov.uk
[4] What is the Health and Wellbeing Board? | Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026 (healthynottinghamshire.org.uk)

heard from in order to understand who we need to involve, and gaps in our knowledge that could form the basis of our involvement work. The second stage involved a number of listening activities to test the findings from the desk research, explore gaps in our knowledge, test the emerging content of the Integrated Care Strategy, and test the Vision and purpose for our ICS.

To support the delivery and implementation of the Strategy, and as part of their business-as-usual activities, all system partners have continued to listen to our population and this work is shared and coordinated through the ICS's Engagement Practitioners Forum. This report summarises that intelligence which has been gathered across the system and offers a synthesis of its combined findings.

More information about the Engagement Practitioners Forum and its members can be found in Section 5 and in particular, thanks is given to the following organisations for their contributions to this report.

- NHS Nottingham and Nottinghamshire Integrated Care Board
- Nottinghamshire Healthcare NHS Foundation Trust
- Voluntary Community and Social Enterprise Alliance
- Ashfield Voluntary Action
- Mansfield Community and Voluntary Sector
- Nottingham Community and Voluntary Sector
- Nottinghamshire County Council
- Nottingham City Council
- Nottingham Trent University
- University of Nottingham
- Healthwatch Nottingham and Nottinghamshire
- Small Steps Big Changes
- Nottingham University Hospitals NHS Trust
- Local Charities
- Citizens of Nottingham and Nottinghamshire.

1.3   Key Findings

- The population of Nottingham and Nottinghamshire in 2021 is larger, older, less likely to be in a legal relationship and less white than 10 years previously (*see below: 2 Nottingham and Nottinghamshire Census Data 2021)*
- The majority (80%) of the public continue to think the NHS needs an increase in funding, compared to 17% who think the NHS should operate within its current budget (*see below: 3.1 Perceptions of the NHS*).
- There is the most support for an additional tax earmarked specifically for the NHS (31%), as well as an increase in National Insurance (22%), and an increase in Income Tax (21%) (*see below: 3.1 Perceptions of the NHS*).
- When proposing the re-organisation of NHS services there will be differential responses according to the type of service being proposed to change including due to the frequency of use and the life stage impacted *(see below: 4.2 Tomorrow's NUH)*
- Our population generally support a shift to Prevention and an approach centred in Equity – but for both of these changes they are sceptical about how this can be achieved while protecting existing services and want to be involved in the choices involved *(see below: 4.3 Joint Forward Plan)*
- For Children Young People and Families, there needs to be more support provided around breastfeeding together with services being more co-ordinated and promoted to understand

- what people can access and when. Additionally, there should be more support for children with Special Educational Needs and Disabilities *(see below 4.4 Family hubs)*
- Improving support for older individuals includes collaborating across agencies, enhancing access to various services, reducing isolation and addressing transportation issues, while improving digital literacy and innovation in dementia care (see below: 4.5 *Personalised Care & Support Planning*).
- Delivering access to Mental Health support digitally is a positive step forward for many but will not be suitable for all citizens - there needs to continue to be a blended approach *(see below: 4.7 Community Mental Health Co-production and Engagement)*
- There are gaps in services for those who abuse drugs aged 15-24, and also those who self-declare as 'Mixed' ethnicity. There is an unmet treatment need of 74% for alcohol dependent citizens aged 18 and over. This equates to up to 3,800 dependent drinkers who could benefit from specialist treatment *(see 4.12 Review and Commissioning of Alcohol and Drug Recovery and Treatment Services)*
- Collaborating with health, local authorities, Community Voluntary and Social Enterprises, and citizens will allow us to tackle health inequalities focussing on the wider determinants of health with our communities allowing success to be achieved by working with and assessing those experiencing health inequalities *(see 4.16 Community Transformation Programme).*
- The ICS Partners' Assembly revealed strong support for integration and collaborative efforts across organisations, as well as a clear emphasis on coproduction initiatives (see below: *5.2 Integration and Collaboration*).
- However, some did have reservations regarding the practicality and realism of the strategic ambitions of the ICS (see below: *5. ICS Partners Assembly*).
- Additionally, addressing concerns related to access to primary care services, staff retention, and involving individuals with lived experience, children, and young people in early years care and education emerged as top priorities for the Assembly (see below: *5.3 Community Engagement & Empowerment, and 5.8 Workforce Development as a system).*
- Addressing the challenges faced by older individuals requires a comprehensive, multi-agency approach with a strong focus on the VCSE sector, including awareness campaigns, support services, digital solutions, and community involvement *(see below: 6.1 VCSE Alliance – Frailty Deep Dive).*
- The experiences of racial minority groups, especially within Nottingham City, in accessing health and care services is multi-faceted and complex and requires dedicated attention to improve *(see below: 7 Race Health Inequalities Summit)*
- The Cost of Living Crisis means citizens are deprioritising climate change adaptation. This has implications for our carbon neutral ambitions across the system (*see below: 8.1 Climate Change and Ability To Act*)

1.4   Conclusions and Recommendations

Conclusion 1: Older population – We understand from our data that the population of Nottingham and Nottinghamshire are now older than 10 years ago and need to consider how our services will meet capacity and demand in the future.

Recommendation 1: Health and social care providers should work together to create comprehensive programmes that address the various needs of older individuals, including collaborative services, improved transportation, and digital literacy programmes.

Recommendation 2: Allow a multi-agency approach with a strong focus on the VCSE sector, including awareness campaigns, support services, digital solutions, and community involvement

Conclusion 2: Collaborating with health, local authorities, Community Voluntary and Social Enterprises, and citizens will allow us to tackle health inequalities focussing on the wider determinants of health. Success will be achieved by working with and assessing those who are experiencing health inequalities.

Recommendation 3: Understand the needs of our ethnically diverse and underserved communities to understand what is important to them by building trust and working collaboratively with key networks.

Recommendation 4: Continue to work in partnership with systems and collaborate around engagement activity to understand the needs of our population.

Recommendation 5: Prioritise people and communities and allow them to be involved in codesigning and coproducing elements of services and strategic thinking.

Recommendation 6: To ensure we engage and involve children and young people and those with lived experience.

Recommendation 7: Continue to work with our System Analytic Intelligence Unit to understand the current demographics of our population and work with our underserved communities.

Conclusion 3: Collaborative Working of Systems - There is strong support for integration and collaborative working across organisations.

Recommendation 8: Ensure that the ICS builds on strengths, avoids duplication and identifies areas for growth to deliver the best possible health and wellbeing for our citizens.

Recommendation 9: Access to primary care services, staff retention, and involving individuals with lived experience, children, and young people in early years care and education emerged as top priorities for the ICS.

Conclusion 4: Workforce - Staff retention is a concern to system partners and citizens.

Recommendation 10: Support new technology to improve access for patients and increase efficiency and data sharing for staff.

Recommendation 11: To develop a robust workforce plan which will ensure that there is a sustainable workforce and encourage skills development to increase and retain talented staff.

Conclusion 5: Mental Health Services - Enhancing support for children and young people individuals should be a key priority.

Recommendation: 12 Delivering access to Mental Health support digitally is a positive step forward for many but will not be suitable for all citizens, there needs to continue to be a blended approach

Recommendation 13: A multi-agency approach is required, which includes collaborative efforts across organisations to enable improved access to services, reducing social isolation, addressing transportation issues, enhancing digital literacy, and fostering innovation in dementia care.

Recommendation 14: Ensure there is involvement of people with lived experience and children and young people and to start preventative initiatives in early years care and education.

Conclusion 6: Cost of Living - The ongoing Cost of Living Crisis has led to a deprioritisation of climate change adaptation efforts. This shift in focus could have significant implications for achieving carbon-neutral ambitions.

Recommendation 15: Healthcare organisations should reassess and adapt their strategies to continue making progress toward carbon-neutral goals whilst considering the economic challenges faced by citizens. Initiatives that can save money and contribute to the carbon-neutral ambitions should be sought out and progressed.

Recommendation 16: Consideration should be taken into account of the impact of citizens travelling to appointments and the affordability of those, together with those who are digitally disadvantaged for appointments.