Integrated Care System
Nottingham & Nottinghamshire

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

# Integrated Care Strategy 2023 - 27

March 2024

## Summary

# Background

Our Integrated Care System brings together local health and care organisations 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.

This strategy covers the period up to 2027. It has been produced following extensive engagement with local people and communities and key stakeholders and is based on existing work, such as the two local Joint Health and Wellbeing Strategies.

The strategy is based on three guiding principles:

## Principle 1: Prevention is better than cure

By focusing on prevention, we can make sure we use our limited resources most efficiently and improve people's health and wellbeing. This can mean that people need less treatment, we can stop more serious illness and can stop diseases getting worse.

## Principle 2: Equity in everything

The principle of equity recognises that not all people have equal health and care access, experience or indeed outcomes. This strategy sets out that for some people and communities more support and resource might be required to achieve similar outcomes to others.

## Principle 3: Integration by default

Local people have told us that they want joined up and seamless services. By making collaboration between all the workforce and teams the normal way of working, and by harnessing our resource and ingenuity, we can re-shape services to become more integrated, treating the 'whole person'.



## Strategic aims

Here are our four aims and some examples of how we are working towards them:

### Aim one: Improve outcomes in population health and healthcare

We will support children and young people to have the best start in life and also work to ensure frail older people with underlying conditions maintain their independence and health. We will also maximise the benefits of working together across the health and care system to get good health included in every conversation.

## Case Study

**Ravnita, Bulwell**

Family Mentors are providing a home visiting service for families in four areas of Nottingham to share advice and guidance around key child development outcomes.

Small Steps Big Changes have recruited Family Mentors from these local communities who have lived experience of parenting. The Family Mentors help to build trusted relationships with the families they support.

Family Mentors can give advice and support on topics such as breastfeeding, weaning, teething, sleeping and play.

***"My son loves our Family Mentor dearly. My son's overall development is amazing and that is because of her support. She was not only a Family Mentor but a friend, and such an amazing listener. Her visits were incredibly useful for me. I cannot thank her enough for listening and being there for me."***

## Aim two:
## Tackle inequalities in outcomes, experiences and access

We will focus our efforts on the 20% of our population that need our support the most due to their income or other circumstances that mean they are disadvantaged in society. We will also invest in prevention activities around issues such as: smoking, alcohol abuse, being overweight and more.

### Case Study

An outreach nursing team is supporting housebound patients to receive the same primary care services as everyone else. The team offers holistic support for vulnerable people, including health and wellbeing support, long term condition reviews, vaccinations and education around medication.

**Pam Topley, Trainee Nurse Associate,** said: “I helped a lady who had just lost her husband and had no relatives nearby for support. She was locked away at home with the blinds closed and feeling depressed. I made referrals for bereavement counselling and she said afterwards that she felt there was now hope. I will go back and visit her soon to carry out a wellness check.”

**Jane Streets, Community Practice Nurse,** said: “The biggest thing is the social and educational aspect. It’s important to have that face-to-face contact as we pick up things that we couldn’t just over the phone. We can provide the whole range of nursing services that housebound patients would receive if they could attend their GP practice, ensuring they are not disadvantaged because they cannot get to the practice.”

## Aim three:
## Enhance productivity and value for money

We will combine our efforts on things like recruitment and the movement of staff around the system as well as pooling our expertise around data, analytics and insights. We will also check that existing joint working programmes are still delivering what we need and work together to continually improve services.

### Case Study

Joint working has led to a reduction in people in Mid Notts attending emergency departments with end-of-life care needs from 5,304 (2019/20) to 3,433 (2021/22).

The End of Life Together partnership identifies people with care needs and offers advanced care planning. They have access to a multi-disciplinary single point of access and are then linked to the most appropriate service, such as day therapy, carer support or hospice at home support.

**Dr Julie Barker, the GP end of life care lead,** said: “One of my patients was diagnosed with advanced cancer. He lived alone and although he had a caring family, they couldn’t meet his complex care needs as he reached the end of his life. On discharge from hospital, the wonderful team at Beaumond House offered him the choice of support at home with their Hospice at Home team or bed-based care. He opted for the latter and spent his last days comfortable, cared for, enjoying homemade soups he described as delicious and his family and friends spending as much time with him as they wished. His symptoms were well controlled with subcutaneous medication, and he died peacefully. His family were thankful for the care he had received.”


## Aim four: Support broader social and economic development

We will work together as large public sector organisations and with other partners like our Universities and the private sector to maximise investment and grow in jobs for our population. We will also ensure that our activities are continually monitored and improved in terms of their impact on the environment.

## Case Study

Nottinghamshire Healthcare NHS Foundation Trust has used the Green Impact sustainability initiative to help staff, patients and service users deliver sustainability improvements and help contribute to the Trust's Green Plan.

The Trust has run Green Impact for four years, including during Covid-19, and in this time over 600 staff and 250 patients and service users have been involved in this sustainability work within the Trust, with over 1,200 individual sustainability actions completed.

**Lynn Walker, Head of Sustainability,** says: "Green Impact is a fantastic way to get involved in helping to make a difference to environmental performance, deliver sustainable change and reduce our carbon footprint. Teams sign up to a toolkit made up of fun and engaging actions on a range of issues including food, waste, energy, travel and biodiversity, all of which support the Trust's overarching aim of delivering sustainable healthcare."

# Plan on a page

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

**Why are we here?**

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

**What are we going to do: Our aims and principles**

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

**Prevention is better than cure**

**Equity in everything**

**Integration by default**

**What we need to achieve**

- We will support babies, children and young people to have the best start in life with their health, development, education and preparation for adulthood
- We will support frail older people with underlying conditions to maintain their independence and health
- We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing

- We will support babies, children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)
- We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/ stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide

- We will establish a single health and care recruitment hub
- We will adopt a consistent system-wide approach to quality and continuous service improvement
- We will bring our collective data, intelligence and insight together
- We will align our Better Care Fund programme to our strategic priorities.
- We will make it easier for our staff to work across the system

- Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations
- We will add social value as major institutions in our area
- Work together to reduce our impact on the environment and deliver sustainable health and care services
- We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.

**How are we going to do it**

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

Three key principles to system working:

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

Four core values:

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

# How we will organise ourselves to deliver the strategy

All partners – NHS, local government, the voluntary, community and social enterprise sector, and other agencies linked to the ICS – will have a role to play in implementing the strategy. Oversight and ongoing review of the strategy is owned by the Nottingham and Nottinghamshire Integrated Care Partnership (ICP), which brings together NHS, social care, public health and the voluntary, community and social enterprise sector.

Our staff are at the centre of our ambition for integration to deliver better care and support to local people. We are working across the ICS to take a 'one workforce' approach, inclusive of all staff involved in supporting local people's health and wellbeing.

This will enable us to make the most of skills and talent across our system, building integrated teams with the adaptability and capacity to support prevention and deliver person-centred care.

All system partners are committed to putting people at the heart of all that we do by consistently listening to, involving and collectively acting on, the experience and aspirations of local people and their communities. Implementation of the strategy will therefore be under pinned by a process of co-production. This will become the default position for how we will work with people as equal partners at all stages of the design, development and commissioning of health and care services and support.