

## **Mid Nottinghamshire Place Based Partnership: Briefing for Development Discussion 17<sup>th</sup>**

**November 15.30-17.00**

### **Purpose -what are we here for?**

The Mid Nottinghamshire Place Based Partnership [MNPBP] formerly the Integrated Care Partnership exists to **serve the collective and individual health and wider care needs of the citizens of Mansfield and Ashfield Newark and Sherwood** geographies. Building upon a strong alliance history, it is a cross system and sector partnership that benefits from a granular understanding of its communities and citizens and the nuanced differences between them. It has a particular focus upon those sectors of the population currently underserved, and bases its interventions and actions on the very broadest determinants of health and wellbeing.

### **Who are we?**

MN PBP is made up of 17 organisations/bodies that come together to serve our purpose. The 43 members of the MN PBP Board can be found at Appendix 1.

These members include an Independent Chair [Rachel Munton]; a lead CEO [Mansfield DC CEO Hayley Barsby]; a Clinical Lead [Thilan Bartholomeuz] and a Programme Director (Lorraine Palmer interim to Sept 22. We enjoy regular attendance from members of the public at our Board.

An Executive Group is convened to lead the activity of the MNPBP and is subject to review.

### **Our Principles**

We have set out the principles that differentiates our work as MN PBP

- The ICP will “do what only it can do” – confining our activities to those where our collaborative approach adds value over and above that of a single body or organisation
- We are inclusive - overtly reflecting that all member organisations are of equal importance and value irrespective of their size or sector -no organisation has primacy of control
- We listen to our citizens, act on what we hear and put this feedback at the heart of what we do
- We connect with those neighbourhoods that have the greatest need and prioritise them
- We are clear about who is accountable for leading any piece of whilst involving as many partners as possible to ensure we bring diversity of thought and approach
- We are tenacious about the objectives we have set and resist dilution of effort through diversification, unless there are compelling reasons to do so
- We work in line with the wider needs of the system in particular the ICB [formerly ICS]
- We pay attention to the ongoing impact of the Covid Pandemic

### **Our Objectives**

We have agreed a set of five strategic objectives, under which we focus upon ten breakthrough objectives. Each Strategic Objective is led by partners from differing organisational backgrounds, and all are tethered to the ICS strategic priorities

ICS Strategic Priority	ICP Strategic Objectives	Breakthrough Objectives
➤ <b>WOMEN'S HEALTH &amp; CYP</b>	1.To give every child the best start in life	1.1 Increase readiness for school and the number of children with skills needed to start school. 1.2 Mothers and Babies have positive pregnancy outcomes. Children and parents have good health outcomes.
➤ <b>PROACTIVE CARE, SELF MANAGEMENT AND PERSONALISATION</b> ➤ <b>MENTAL HEALTH incl LD</b> ➤ <b>PREVENTION, INEQUALITIES AND WIDER DETERMINANTS OF HEALTH</b>	2, To promote and encourage healthy choices, improved resilience and social connection	2.1 Improve the connections and integration of the voluntary sector and current health and social services available, to build effective services that support alcohol, diabetes, cancer, EOL and joint and bone pain (MSK) 2.2 Help people to stop smoking.
➤ <b>PROACTIVE CARE, SELF MANAGEMENT AND PERSONALISATION</b> ➤ <b>PREVENTION, INEQUALITIES AND WIDER DETERMINANTS OF HEALTH</b> ➤ <b>URGENT AND EMERGENCY CARE</b> ➤ <b>PLANNED CARE &amp; Cancer</b>	3, To support our population to age well and reduce the gap in healthy life expectancy	3.1 Build on the Integration across the PCNs building on community-based assets that include the voluntary sector, care homes and care in the community. 3.2 Make sure people known to be frail are looked after in the best possible way.
➤ <b>PREVENTION, INEQUALITIES AND WIDER DETERMINANTS OF HEALTH</b> ➤ <b>MENTAL HEALTH incl LD</b> ➤ <b>PROACTIVE CARE, SELF MANAGEMENT AND PERSONALISATION</b>	4, To maximise opportunities to develop our built environment into healthy places	4.1 Continue to ensure the physical environment within our communities is better used to ensure it has a positive impact on their health and wellbeing. 4.2 Continue to ensure everyone lives in safe and suitable housing and there is increased availability of social housing.
➤ <b>PROACTIVE CARE, SELF MANAGEMENT AND PERSONALISATION</b> ➤ <b>MENTAL HEALTH incl LD</b> ➤ <b>PREVENTION, INEQUALITIES AND WIDER DETERMINANTS OF HEALTH</b>	5, To tackle physical inactivity, by developing our understanding of barriers and motivations	5.1 Increased awareness within targeted communities of the existing and new programmes and initiatives 5.2 Building on our understanding of physical activity, work together to enable communities to move more.

## **Our successes to date**

We have achieved some important outputs for our citizens underpinned by our own collegiate approach. We can evidence a consistent level of trust and collaboration as a MNPBP and will move to the next stage of our development with these solid foundations.

- In 19/20 our MSK service received 12,650 referrals into the MSK Triage Hub where 43% were diverted away from secondary care
- Before we established our End of Life Together Service only 64% of our population at end of life died in their planned place of death, 87% now achieve their planned place of care
- The end of life service supporting our population through the last months of life reduced ED attendances and Non-Elective admissions resulting in £1.365m of savings
- Social prescribers in 20/21 received 2922 referrals leading to 5,335 referrals into support services
- 504 volunteers from our CVSs supported the Covid Vaccination Programme by volunteering at the vaccination sites
- 61 Volunteer Community Champions were recruited to support our population in a response to the pandemic and in their communities
- In 21 the CVS led two events to support the PBP objectives in Diabetes and Learning Disabilities
- In 20/21 the Enhanced Care Response Team (ECRT) developed and delivered by MN PBP
  - Delivered 1,517 flu vaccinations into 115 care homes on behalf of the GPs
  - Supported PHE swabbing programme for Covid undertaking 3,880 swabs across the County and City – The PBP now holds a formal contract for this service
  - Delivered 3,388 sessions of training into 163 care homes to help build the home resilience during the pandemic and to mitigate demand in other areas of the system

Funding for ECRT ceased in December 20 and we are currently developing a proposal for an integrated model for care homes that builds on the learning and with care homes still wanting to access the service

- With the City and South PBP successfully achieved a bid for £200k of NHSE/I funding to support listening to our communities in some of our priority areas which will see health funding used to support understanding inequalities and wider determinants of health through the voice of our citizens. Work has commenced in delivering this project

## **Our next steps in the transition to a Place Based Partnership from April 22**

We are poised for the next steps required of us given the likelihood of an emergent structure, processes and year on year development and devolution of responsibility. The way we have worked

to date equips us well to be fleet of foot and a fertile environment for grow into the next stages of autonomy and accountability. We will continue to work with the three other PBP on Nottinghamshire.

- As part of the Place work stream work with system partners to determine the role of place for the future, understanding what functions and roles can be delegated to Place from the ICB and in response to the NHS statutory requirements
- Working with system partners to develop the Description of Arrangements paper that will set the first steps for the transition into April 22, identifying the phase 1 priorities, understanding the resources required and the governance required to enable PBPs to discharge their obligations
- Working with Local Authorities and Health and Wellbeing Board to understand the role PBPs will play, how they will be represented in the HWB Boards, how PBPs can positively influence the HWB strategies and to what extent PBPs will be the delivery vehicle for elements of the Health and Wellbeing Strategy
- Working internally within our partnership to understand the steps we will need to take to be ready for the change, the resources required, actions we will need to take to ensure we can discharge our obligations and the governance required to support the development and transition of our PBP
- As part of the phase 1 step, work with partners to develop a programme budget approach to MSK and EOL services to build and develop the service model to provide autonomy, flexibility, efficiency and more importantly to respond to the service user need and extending beyond the medical approach

Lorraine Palmer /Hayley Barsby/Rachel Munton/Thilan Bartholemeuz

## Appendix 1 – MNPBP Board Membership

Mid Nottinghamshire Board Membership	
Name	Capacity in which attending
Rachel Munton	Independent Chair
Mid-Nottinghamshire Place Based Partnership	
Hayley Barsby	ICP Lead
Thilan Bartholomeuz	ICP Clinical Lead
Lorraine Palmer	Interim Programme Director
Ben Widdowson	ICP Estates Lead
CCG/ICS	
David Ainsworth	Mid-Nottinghamshire Locality Director
Amanda Sullivan	Accountable Officer
Michael Cawley	Operational Director of Finance – Mid-Nottinghamshire
Jane Hufton	Engagement Assistant NHS Nottingham and Nottinghamshire CCG
Leanne Monger	Deputy Locality Director, NHS Nottingham and Nottinghamshire CCG – Mid Notts
EMAS	
Richard Henderson	Chief Executive
Greg Cox	General Manager – Nottinghamshire Division
Nottingham University Hospitals NHS Trust	
Tim Guyler	Director of Integration
Claire Culverhouse	Deputy Director of Integration
Nottinghamshire Healthcare NHS Foundation Trust	
Sarah Furley	Director of Partnerships
TBC	Deputy Director of Business Development and Marketing
Primary Care Networks	
Dr Khalid Butt	Representing the six Mid-Nottinghamshire PCNs
Dr Gavin Lunn	Representing the six Mid-Nottinghamshire PCNs
Sherwood Forest Hospitals NHS Foundation Trust	
Paul Robinson	Chief Financial Officer and Deputy Chief Executive
Emma Challans	Director of Culture & Improvement
Ashfield District Council	
Theresa Hodgkinson	Chief Executive
Mansfield District Council	
Mariam Amos	Strategic Director
Newark and Sherwood District Council	
Suzanne Shead	Director of Housing, Health and Wellbeing
Nottinghamshire County Council	
Sue Batty	Service Director
Jonathan Gribbin	Director of Public Health
Maria Ballantyne	Group Manager – Living Well South
Dawn Jenkin	Consultant in Public Health Medicine
Nottingham and Nottinghamshire ICS	
Rebecca Larder	Transformation Programme Director
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Healthwatch Nottingham and Nottinghamshire	
Jane Laughton	Chief Executive
Newark and Sherwood CVS	
Madeleine O’Sullivan	Chief Executive
Jane Hildreth	Communication and Engagement Officer
Mansfield CVS	
Steve Morris	Chief Officer
Lesley Watkins	Partnership and Engagement Manager
Ashfield Voluntary Action	
Teresa Jackson	Manager
Sarah Taylor	Health and Wellbeing Officer
Nottingham Emergency Medical Services Community Benefit Services	
Arwel Griffiths	Chief Executive
PICS Limited	
Dr Gavin Lunn	Clinical Lead – Mid-Nottinghamshire
Ali Rounce	Managing Director
Regular Public Observers	
Ann Mackie	
Pat Kelsey	
Gilly Hagan	