

MNHIOG Highlight Report (July – Dec 2021)



Reporting to Transformation Board - 19 January 2022

Dr Stephen Wormald
GP and Mid Notts Clinical Lead for Health Inequalities

Leanne Monger
Deputy Locality Director – Mid Notts Locality Team

Purpose of group:

To provide strategic and operational oversight, interpret data sources, share best practice and learning, agree priority actions, maximise opportunities for place based initiatives and plans, adopt asset based approaches, review associated EQIA, monitor impact, evaluation and recommendations.

The group will influence, inform and help deliver system strategies, such as the ICS Health Inequalities Strategy 2020-2024 and Mid Nott's ICP Objectives.

Initial focus for the group will be the covid vaccination programme to ensure no one is left behind in Mid Nott's, utilising data from the programmes LRF data cell and local intelligence to develop, co-ordinate and deliver an agreed work programme that focusses on the most vulnerable at risk of inequity of access.

Membership: Over 25 system partners, including patient/public members, working together to promote a culture of service improvement, integrated working to improve experience and positive outcomes, provide population health management capability and capacity across partner organisations at place level, communicate and engage with wider partners and communities on work that is being undertaken. Membership Log available.

Meeting Frequency

Fortnightly – moving to monthly in 2022.

Key Activity / Outcomes:

Please see following slides for items covered, covid vaccination programme activity and outcomes.

Planned Activity / Outcomes:

- To agree priorities, develop an oversight workplan and outcomes framework to address health inequalities in Mid Notts and help deliver the ICS Health Inequalities, prevention and Wider Determinants Strategy.
- Delivery of the National Population Health Management Delivery Programme

For escalation or approval:

- Whilst endorsement was received from Transformation Board in June 2021, formal adoption of this group into the new ICP/PBP management structure and governance is required.

MNHIOG Highlight Report (July – Dec 2021)



MNHIOG Agenda Items	
July 21	<ul style="list-style-type: none"> Update from the MN Clinical Lead for Health Inequalities (Dr Stephen Wormall) Covid Vaccination Programme Inequalities – addressing the three Cs (Leanne Monger, CCG Locality Team) Mansfield Health Partnership – update on priority places and targeted, integrated partnership intervention activity to address inequalities (Dominic Ayton, MDC) Health and Wellbeing Roadshows / Pop Ups Planning and Co-ordination (Leanne Monger, CCG Locality Team and MN Alliance CVS Colleagues) PHM Overview and the National Programme (Simon Draycon, MN ICP Team)
Aug 21	<ul style="list-style-type: none"> Update from the MN Clinical Lead for Health Inequalities (Dr Stephen Wormall) Covid Vaccination – Phase 1&2 Reflections /Learning and Phase 3 planning (Leanne Monger, CCG Locality Team) Agree targeted intervention plan following strategic programme lead (Sarah Carter, CCG) meetings with District Councils Newark & Sherwood Health & Wellbeing Partnership - update on priority places and targeted, integrated partnership intervention activity to address inequalities (Helen Ellison, NSDC)
Sept 21	<ul style="list-style-type: none"> Update from the MN Clinical Lead for Health Inequalities (Dr Stephen Wormall) Covid Vaccination Programme Inequalities and Vaccination Bus/Roving Service Planning (Leanne Monger, CCG Locality Team and Carl Ellis, MN ICP Team) Ashfield Health & Wellbeing Partnership - update on priority places and targeted, integrated partnership intervention activity to address inequalities (Andrea Stone, ADC) Overview of Primary Care Networks and Mid Nott’s Practices PHM approach as part of the Enhanced Service Delivery Scheme (Steph Haslam, MN Locality Team)
Oct 21	<ul style="list-style-type: none"> Update from the MN Clinical Lead for Health Inequalities (Dr Stephen Wormall) Covid Vaccination Programme Inequalities (Leanne Monger, CCG Locality Team) Covid-19 Social Recovery Fund (Diane Carter, MN ICP Team) Improving access to psychological therapy’s (IAPT) engagement (Claire O’Mara MN Locality Team and Alex Julian,CCG) Living Well Taking Control National Diabetes Prevention Programme and ESDS Diabetes T&F Group (Steph Haslam,MN Locality Team)
Nov 21	<ul style="list-style-type: none"> Update from the MN Clinical Lead for Health Inequalities (Dr Stephen Wormall) Setting up a Phase 3 Covid Vaccination/Booster/Flu Task and Finish group to meet 18th November (Leanne Monger, CCG Locality Team) Informing our work plan an update on - ICS Health Inequalities, prevention and Wider Determinants Strategy Committee (Hazel Buchanan, CCG)
Dec 21	<ul style="list-style-type: none"> Update from the MN Clinical Lead for Health Inequalities (Dr Stephen Wormall) Covid Vaccination Programme – T&F Group Update (Leanne Monger, CCG Locality Team) ESDS Diabetes and Frailty – T&F Group Update (Steph Haslam, MN Locality Team) NHSEI Prevention Bid and Work Programme for Bellamy and Coxmoor (Diane Carter, MN ICP Team)

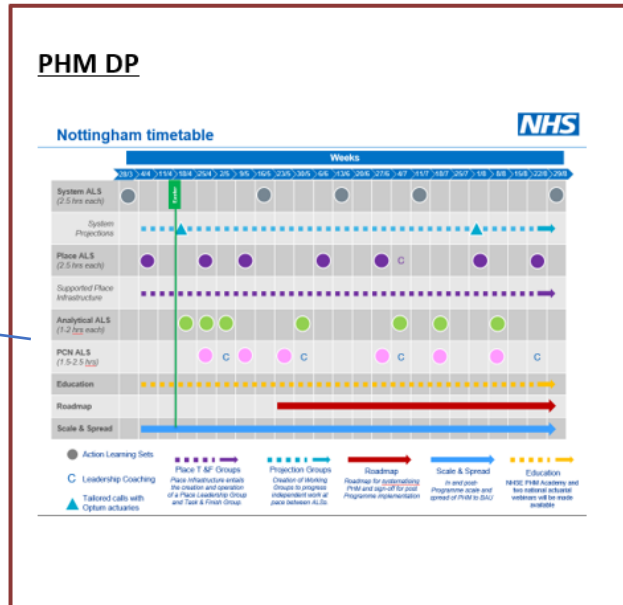
Current Population Health Management Projects



DWP Access to Work Pilot – Ashfield South (Jacksdale Medical Practice)

- Access to work can offer discretionary grant-based awards that can pay for work related support for people with a disability, health or mental health condition beyond those needs covered by an employer's responsibility.
- A Social Prescriber Link worker is reviewing patients that have been issued 2 or more Med3's in 12 weeks.
- Appropriate patients are then being contacted by the Social Prescriber Link worker and with consent being referred to the Access to Work scheme to try and get these people back into work.
- This is currently being piloted with Jacksdale Medical Practice and hasn't been opened up to any other practices yet.
- Key leads for this project are:
 - Dr Stephen Wormald - CCG (Stephen.wormald1@nhs.net)
 - Katie Jordan - CCG (katiejordan@nhs.net)
 - Jacqueline Tomlinson - DWP (JACQUELINE.TOMLINSON@DWP.GOV.UK)
 - Barbara Thomas - DWP (BARBARA.THOMAS@DWP.GOV.UK)
 - Rebecca Whittaker – SPLW (rebecca.whittaker13@nhs.net)

“What is the impact of COVID on different segments of our population, for example, younger populations, frail elderly, end of life, BAME patients and those who are socially deprived, in terms of health and social care service provision, needs for both services, disease burden and health outcomes?”



Financial incentives for pregnant women who smoke (Mid Notts)

- Young pregnant women in the lowest socioeconomic decile are mostly likely to be smokers at delivery.
- Financial incentives have been shown to be effective in pregnant smokers.
- A new integrated smoking cessation service which is part of the antenatal team is beginning in late 2021
- Resources have been secured to begin using smoking cessation incentive sin early 2022.
- Key Leads for this project are:
 - Dr Stephen Wormald – CCG (Stephen.wormald1@nhs.net)
 - Claire Allison – Tobacco Dependence Maternity Lead (claire.allison2@nhs.net)

Fuel Poverty (Mid Notts)

- Patients who are at the highest risk of cold related harm are identified using combined data sets.
- This includes patients that are medically vulnerable, at a high risk of a hospital admission, who live in poor energy efficiency housing.
- Identified patients are contacted by a social prescriber link worker to discuss the fuel poverty intervention service and discuss the options that are available to them.
- Key leads for this project are:
 - Dr Stephen Wormald – CCG (Stephen.wormald1@nhs.net)
 - Katie Jordan – CCG (katiejordan@nhs.net)
 - Claire Haigh – SPLW (claire.haigh3@nhs.net)

Smoking Cessation Referrals for the most deprived patients (Mid Notts)

- Patient's that meet the following criteria are sent an Opt out text message. If they don't reply NO within 14 days, the patient is referred to the smoking cessation service (Your Health Notts):
 - Current smoker
 - Not declined smoking cessation referral / advice in the past 12 months
 - In socioeconomic deprivation decile 1 (the 10% most deprived)
 - Have not declined to be contacted by SMS
 - Not on end-of-life register
- This project is available for all Mid Notts practices.
- Key leads for this project are:
 - Dr Stephen Wormald - CCG (Stephen.wormald1@nhs.net)
 - Katie Jordan - CCG (katiejordan@nhs.net)
 - Rachel Parker-Haynes – Your Health Notts (r.parker-haynes@nhs.net)

GP Registrations – Mansfield only

- GP Registrations is a joint project with Mansfield PCN and Mansfield CVS which came about following an increase in inappropriate attendances at ED.
- GP registration sessions are planned to be held in Mansfield, assisting people with completing the necessary forms to register with GP practices.
- The priority area of focus is the homeless community and non-English speaking residents – however all cohorts are being targeted.
- Key Leads for this project are:
 - Leanne Monger - CCG (leanne.monger1@nhs.net)
 - Nicki Glencross – CCG (nicki.glencross@nhs.net)
 - Lesley Watkins – Mansfield CVS (lwatkins@mansfieldcvs.org)

Nottingham and Nottinghamshire Integrated Vaccination Programme 2021/22

Equalities and Health Inequalities Assessment and Forward Plan

- In Nov 2021 the MNHIOG set up a **Mid Notts Phase 3 Covid Vaccination, Booster and Flu Vaccination Task and Finish Group** which meets fortnightly to deliver the ICS phase three programme commitments at a place level. Priority activities have included:
- Asset mapping
- Utilise data to agree immediate priority areas of focus and cohorts – captured in a strategic action plan.
- Co-ordinated delivery of a MN plan of interventions and communications messages delivered from trusted system partners, using trusted sources and settings, including Community Champions.
- Vaccination bus scheduling, pre-engagement and system delivery (first bus visit to MN 26.04.21 at Lammas Leisure Centre)
- Community Transport – inequalities funding bid
- Engagement, listening and responding accordingly to address vaccine hesitancy.
- Targeted Health and Wellbeing Pops Ups



6. Phase three commitments

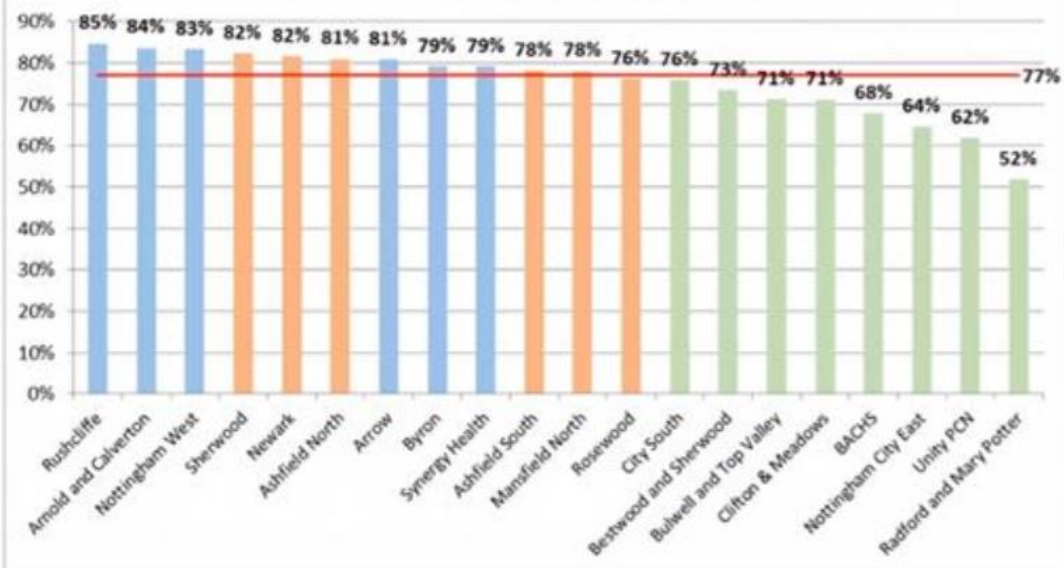
Further to the above principles and activities we will commit to the following actions:

- Produce, use and share data for the programme and its partners, in a variety of population levels, to inform inequalities actions and to measure our progress;
- In addition to continuing to develop community engagement commenced in phase 1 and 2, develop focused work with Eastern European Communities and traveller communities
- Using the bus as a mobile vaccination clinic to target communities and groups where take up is lower
- Work with ICPs, PCNs, district and borough council expertise and the voluntary sector to ensure locally nuanced provision
- Pay particular attention to groups experiencing barriers, to include those on low incomes and those whose voice may not be heard otherwise, including people with LD, severe mental illness, the homeless, refugees and asylum seekers and dementia
- Be attentive to communication needs of our patients, including having appropriate staffing of telephone contact lines, using letters, text messages and social media tailored to the audience, having Braille materials and a process for BSL interpretation and physical accessibility measures
- Upscale messages reinforcing risks of covid to pregnant women using system-wide engagement networks including a whole family approach to engagement
- Maintain a roving team to support vaccination of target communities and groups, care homes and the housebound
- Continue to promote the 'evergreen' offer
- Listen to our patients, and design our offer responsibly





PCN Booster Dose % Eligible Vaccinated



Average uptake has increased from 74.7% to 77.3%

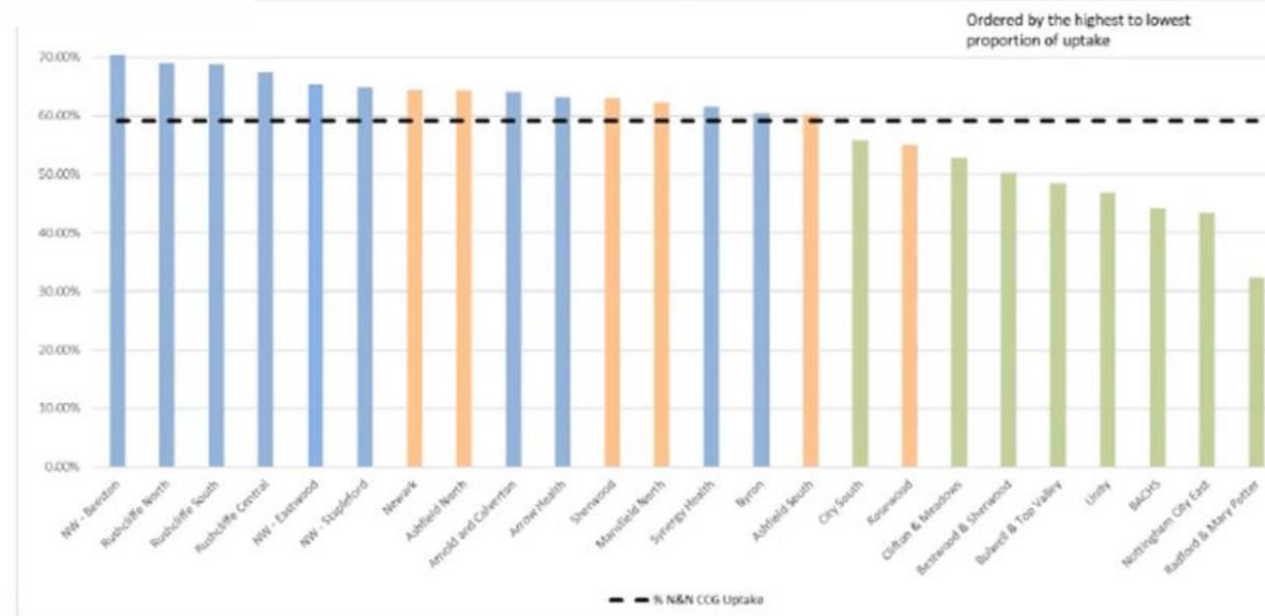
Radford and Mary Potter uptake increased from 47% to 52%
Unity uptake increased from 56% to 62%

As at 10 Jan 2022

Continued priorities:

- Focus on inequalities and targeted work with communities and neighbourhoods working with system partners to support increased uptake of vaccinations
- Promote the evergreen offer

Total Influenza Vaccination Uptake by N&N CCG PCNs as at 9th January



Involvement of system partners in ESDS Domains using PHM approach

ESDS Domains Task & Finish Groups – Plan On A Page

Domain 1 - Diabetes

- Identify members of T&F Group
- First Meeting (1 hour) 29.9.21
 - Discuss specification
 - Discuss System Integration
 - Agree Actions
- Second Meeting (1 hour) 13.10.21
 - Update re: Actions
 - Any other Actions arisen
- Review Meetings (30 mins) 20.10.21, (1 hour) 24.11.21, (30 mins) 8.12.21
 - Review Actions
- Follow Up Meeting (1 hour) 12.1.22
 - Catch Up with progress
 - Agree when to evaluate and how

Forward Plan

– format as Domain 1

- Domain 2 – Frailty – Nov / Dec 2021
- Domain 3 – Mental Health – Dec 2021 / Jan 2022
- Domain 4 – Health Promotion – Feb / Mar 2022

Lead by Steph Haslam, Service Transformation Manager



Reporting to Transformation Board - 19 January 2022

Leanne Monger
Deputy Locality Director – Mid Notts Locality Team

Purpose of group:

An information sharing and delivery group made up of partners within the Mid Notts Integrated Care Partnership (ICP) and wider Nottinghamshire and Nottingham Integrated Care System (ICS), which focuses on supporting partnership working across the six Primary Care Networks and three Health and Wellbeing Partnerships in Mid Notts (Ashfield, Mansfield and Newark & Sherwood) to help deliver the Mid Notts ICP Objectives in accordance with the Place-Based Working Operating Model and the three District Health and Wellbeing Strategies in Ashfield, Mansfield, Newark and Sherwood.

The aim is that collectively the attendees work together to support local people - all age, whole population to have more choice and control of their own health, wellbeing and the wider determinants of health including: Housing, debt, finance and access to services and share learning through examining case studies, learning lessons and considering performance outcomes

Membership: Membership Log available.

Meeting Frequency:

This is a growing partnership / collaborative network of Health, Social Care, Local Authorities, Voluntary Community and Social Enterprise (VCSE) Organisations and wider partners that will explore best practice and share information across the Integrated Care Partnership (ICP).

Monthly

Key Activity

Case studies reviewed:

- The death of dementia patient Terence by his wife, Christine. (Jane Hildreth, Communications and Engagement Officer N&S CVS)
- Complex Older Persons with multi health an social care needs (Jackie McGuinness, Age UK)
- SPLW complex case re hoarding and eviction requiring (Louise Redhead, Pics)

Planned Activity

TBC – given current transition to ICS and PBP/ICP

Service Improvement:

- Learning Disabilities Listening Event and One Conversation Film (Lesley Watkins, Mansfield CVS)
- Innovation Sites: Strength Based Approach and Local Area Co-ordination (Naomi Russell, Emma Shand NCC)
- Update on Ashfield Citizen’s Advice wok programmes (Neil Clurow)

For escalation or approval:

Whilst endorsement was received from Transformation Board in June 2021, formal adoption of this group into the new ICP/PBP management structure and governance is required.

Health and Wellbeing Partnership Updates:

- July 21 - MDC (Dominic Ayton MDC and Melissa Morrell Active Notts)
- Sept 21 – NSDC (Helen Ellison, NSDC)
- Oct 21 – ADC (Andrea Stone, ADC)

Sharing of Information

Newark and Sherwood Workforce Connector



Welcome to the December edition of the Newark and Sherwood Newsletter!

Welcome to the December edition of the 'place' newsletter that's specifically for those working in Newark and Sherwood. Our aim through this newsletter is to help connect and integrate our amazing workforce, including volunteers from across health, police, community support, education, religious establishments, social care, councils and the like.

We want this newsletter to complement external facing news updates to help make introductions, build awareness of each other's roles and priorities and create opportunities to work together on similar issues. We know many teams will be working with the same families and communities and by working together we can continue to achieve great things - and create happier, healthier communities through a happy, healthy, integrated and valued workforce.



This news bulletin is developed by the Locality Team in Mid Notts Integrated Care Partnership, led by David Ainsworth – Locality Director (david.ainsworth@nhs.net), Dr Thilan Bartholomeuz - Clinical Lead (thilan.bartholomeuz@nhs.net) and Leanne Monger – Deputy Locality Director and N&S Lead (Leanne.monger1@nhs.net)