



Integrated Care System

Nottingham & Nottinghamshire

ICS Board Summary Briefing – July 2021

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 1st July. Please ensure this is cascaded to Governing Boards/Bodies, Management Teams and other key stakeholders and teams across your respective organisations. Minutes from the ICS Board meetings held earlier in the year are always published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>

Introduction

The Chair of the ICS, Dr Kathy McLean, welcomed the Board members to the meeting and also noted that this would be the final meeting as ICS Clinical Lead for Dr Nicole Atkinson. Kathy led the Board's tributes to Nicole's work and noted that she would be continuing as Clinical Lead for the South Nottinghamshire ICP.

Kathy also welcomed a number of citizens and staff from across the system to the virtual Board meeting, streamed live on YouTube. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions – all the papers for the meeting are available at <https://healthandcarenotts.co.uk/about-us/ics-board/>. Interested parties can also submit questions to be asked to the Board – details of how to do this are included with the papers on the website and promoted on social media.

Citizen Story – Improving Musculoskeletal Health in Mid Nottinghamshire

Dr Thilan Bartholomeuz, GP and Clinical Lead for Mid Nottinghamshire ICP presented the citizen story of the work to deliver better Musculoskeletal (MSK) outcomes in Mid Nottinghamshire including the showing of a short video from patient representative, Debs Dulake. By way of introduction, Dr Bartholomeuz noted that MSK is the third largest cause of reduction in health life expectancy in the country and that around one fifth of the population have some sort of MSK condition.

The Board heard via the video of the recent improvements in MSK care in Mid Notts including a more collaborative and integrated approach. This new approach was based on the feedback from patients who had previously noted that care was disjointed and often involved periods where patients were unclear who was in charge of their condition. The new approach does not involve additional resources, just better deployment of existing staff and money to achieve improved outcomes.

The Board welcomed this presentation of the improved approach and discussed how these learnings would be translated to other ICPs within the ICS. They also discussed how a Health Inequalities approach underpinned this work, seeking to ensure that those in potentially excluded groups could access this kind of elective treatment on a more equitable basis. The Board also noted that this was not about matching patients to a pathway but about creating a more personalised approach and helping patients to navigate through it.

Report of the Executive Lead and Chair

In a new, regular, agenda item, Kathy and Amanda Sullivan, Interim ICS Executive Lead, shared a round-up of developments from across the system recent weeks. In particular, Amanda and Kathy heralded the pending publication of the Government's Health and Care Bill but noted that the change to Secretary of State for Health and Social Care might impact on the timetable for this. In the period before the publication of the Bill, leaders from across the ICS were continuing to make progress on ensuring the structures, processes and arrangements were in place for an anticipated April 2022 commencement of the Government's reforms. This progress has been boosted in recent days by the publication of NHSE/I's ICS 'Design Framework' setting out the expectations for Systems, pending confirmation via the Parliamentary process. Amanda and Kathy were able to confirm to the Board that good progress was being made and the expectations set out in the Design Framework were in line with our working assumptions so far.

ICS 'Partnership Agreement'

Dr Kathy McLean confirmed to the Board that the ICS's Partnership Agreement was nearing its completion and adoption across the system. Many organisations had already endorsed it with others just waiting on their formal meetings to complete that process. Cllr Adele Williams from Nottingham City Council confirmed that the Agreement would also be going through the formal adoption process at the Council but also proposed a number of additional elements for the Agreement which were broadly accepted for inclusion.

Insights on Health and Wellbeing – Joint Strategic Needs Assessment

Led by Jonathan Gribbin, Director of Public Health, Nottinghamshire County Council and Lucy Hubber, Director of Public Health, Nottingham City Council, the Board had an in-depth and wide-ranging discussion on the development and use of the system's Joint Strategic Needs Assessments (JSNAs).

JSNAs are a continuous process of strategic assessment and planning. The JSNA process ensures that a comprehensive picture of health and wellbeing needs for the local population is formed and used to shape commissioning priorities to improve health and wellbeing and reduce health inequalities in our communities. Local Authorities and CCGs have joint responsibility to ensure that JSNAs are produced and used to inform commissioning priorities and activities. Nottingham City and Nottinghamshire County have, in recent years, collaborated closely on the production of their JSNAs, ensuring a common format and approach wherever possible.

Work to develop a fresh JSNA for both Local Authority areas has been impacted by the Covid-19 pandemic but as that work starts to abate, and with the publication of the Government's White Paper and the anticipated transition to a statutory ICS, it is now timely to refresh the approach and direction of the development of the JSNAs to ensure that their work and outputs is central to the work of the ICS.

Jonathan and Lucy asked ICS Board members to consider two questions – what topics and themes would be appropriate for prioritisation within the JSNA production process; and, what resources and approaches would ICS partners be able to offer to support the production of the JSNAs.

Colleagues from all partners confirmed their support of this refreshed approach and offered a number of possible areas for focus including: the impact of Covid-19 (including 'Long Covid') on population health; the impact of neurological conditions; support to PCNs to understand their populations; longstanding factors on health including smoking, alcohol and obesity; health inequalities; and, the appropriate Restoration of NHS and Local Authority services paused during the Pandemic.

Jonathan and Lucy welcomed the wide variety and depth of inputs in this discussion as well as offers of support and committed to return with a proposed workplan and work with partners to take forward specific topics.

Priority Population Groups

The ICS Board agreed in May 2021 to focus on three transformation areas to embed the Outcomes Framework within clinical transformation, with a focus on key population groups within Nottingham and Nottinghamshire as follows:

- a) Community Care;
- b) Children and Young People; and
- c) Integration of Person Centred Commissioning

Amanda Sullivan, Interim Executive Lead, updated the Board on progress since the last public meeting. This included broad-based engagement with relevant parties on the Community Care work to develop the approach; a review of Commissioning arrangements and the submission of an Expression of Interest to NHSE/I to be a pilot area for Children and Young People transformation; and, the development of a high-level roadmap for Person Centred Commissioning.

The Board welcomed this update and confirmed its ongoing support for the work.

Other Business including Performance Report

The Board received reports from the Transition and Risk Committee, the Quality Committee and the Finance Committee. This included confirming that the work to manage the transition to a statutory system by April 2022 was on track (as described above) and the endorsement of an overall ICS approach to Quality.

Amanda Sullivan described some headlines from the Performance Report for the system. These included increased pressure on A&E and also 111 as well as the local impact of the nationally recognised increase in elective operation waiting lists. A new report format was welcomed by the Board and it was noted that the data clearly displayed the Health Inequalities present in access to care, including for elective operations, as discussed earlier in the MSK Citizen Story.

The Board reviewed the meeting against the Partnership Agreement and confirmed that the next meeting in public would be on 2nd September 2021.

***Dr Kathy McLean,
Independent Chair, Nottingham and Nottinghamshire ICS***

***Amanda Sullivan,
Interim Executive Lead, Nottingham and Nottinghamshire ICS***