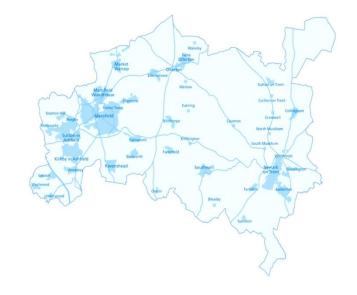


Mid Nottinghamshire Integrated Care Partnership(ICP)

Work Plan Summary 2021/22

MN ICP Board 17th June 21







Summary Work Plan 21/22



1.Delivering the Objectives

2.PHM – Developing and Using Data

3.Building our Community Assets/Role of the PCNs

4.An integrated Care Home Model

5.MSK 2

6.Primary Care and PCN Development (David Ainsworth and Locality Team)

Lead - Diane Carter/Sheila Brownlow /Designated System Leads

Working with System partners to develop and deliver the objectives

Integration and collaboration with the CVS and Voluntary Sector

Reporting to ICP Board/Execs and partner organisations Lead – Simon Draycon / Pui-Shan Tang

Developing An ICP single approach to data involving the 3 ICPs and all partners — identifying opportunities and interrogating what we need to know

Building interface with system Business Intelligence Unit and ICP partner data teams SFH/Primary Care Community Facing Services

GP Direct Access

GP Led triage in SFH

Instant access to advice for GPs – Thilan Bartholmeuz

Ensure citizens voices and community engagement is core to PCN development

Proactive management of people living at home or in a care home

Using examples like the COVID Vaccination Bus/Bellamy Estate to look at wider options to support the population Lead – Diane Carter/Stephanie Haslam/Danielle Clayton

Development of the Business Case, and approval to develop and implement

Working with the CHHC cell to develop the ICP model – Look out side of the current model

"Whole Care Home Approach" Lead – Jane Ferreira

Programme Budget and Governance Model

Implementing the Value Proposition

Developing the MSK Dashboard

Integration with the voluntary sector

Implement additional roles as set out in the National Contract

Implement Social Prescribing as a sustainable ICP offer

Recover and Redesign

Widen partnership engagement to ensure ICP partners are integral in the development and delivery at PCN level

Summary Work Plan 21/22



7.EOL 2

8.Inequalities

Lead - Leanne

Monger/Kim Ashall/Diane

9.Community Mental Health Transformation

10.D2A **Delivery Model** and Provider Partnership

11.Business as Usual

12.Transition and Risk Committee Place Work Stream

Lead - Carl Ellis/Band 8a opportunity/Katie Towndrow/?

Capacity and Demand Inequalities Oversight

ICP Partnership Board

Develop and Agree a model to identify and develop interventions that will target our

Lead - Simon Draycon / Mental Health Transformation Team

Severe Mental Illness Transformation Programme Board established with ICP representation to support the delivery

Detailed wok plan to be developed following first meeting 21st June 21

Lead - Kim Ashall/ICP Team

Developing the delivery model and supply chain

Partnership Agreement/Collaboration

Programme Budget and Palmer/Mick Cawley/Neil Moore/Paula Longden/ICP Team

Developing Data - Pui-

PHE Swabbing Contract -**ECRT Team**

COVID Vaccination Programme - ECRT Team Draycon/Katie Towndrow

Place work stream milestone and delivery

ICS/ICP MOU - September

ICP Service Development

December 21

Programme budget and operating model

March 22

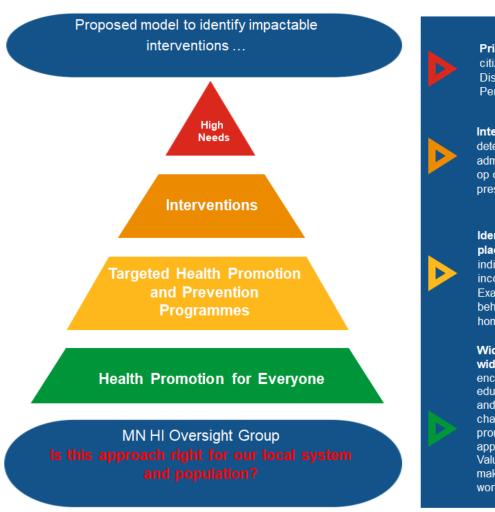
Revised contract for EOL 2

– April 22 onwards

population inequalities



Inequalities Oversight Group – Developing model for identifying interventions



Interventions

Priority service delivery to citizens; Example; Hospital Discharge, Vulnerable Persons Panels/MDTs

Intervention activity for those at high risk of deterioration in their health and wellbeing or hospital admission. Examples; immunisation programs, preop optimisation, NHS@Home, GP apt, social prescribing.

Identified population cohorts – priority
places and/or at risk groups that are tailored to
individual and families around lifestyle factors;
incorporating case management as needed.
Examples; diet & nutrition counselling,
behavioural therapy for pre- diabetes /diabetes,
homeless prevention, community safety.

Wider determinants of health, population wide interventions around empowerment and encouraging healthy behaviours. Examples; education on sexual health, improving smoking and alcohol interventions, supporting behaviour change, maintaining a healthy weight, promoting benefits physical activity, cultural appropriateness, open spaces and air quality. Valuing our system workforce and champions – making every contact count and strength based working.

Owners

- Individuals
- Communities
- PCNs
- Partnership Groups and sub groups
- MN HI
 Oversight
 Group
- ICP
- ICS
- H&W Board

= Co-produced Positive Outcomes