

Outcomes and Impacts directly attributable to the MN ICP Collaboration February 2021

COVID Vaccination

The Enhanced Community Response Team [ECRT] established in June 2020 as part of the Nottingham and Nottinghamshire vaccination programme Roving Services team, and in conjunction with local GP practices and PCNs, has successfully delivered over **11,000** first vaccination doses to the care home/extra care sector. This team evolved using ICP partner's expertise, knowledge and collaboration to:

- Develop a recruitment and HR network, procurement, logistics and IT infrastructure plan
- Through CVS partners ensure 24/7 availability at all vaccination sites
- Deliver the vaccine safely and efficiently to the most vulnerable in our society, offering this service to the whole of Nottingham/Nottinghamshire working across all ICPs/PCNs.

Discharge to Assess [DTA] partnership model

DTA focusses on the system leadership challenge of those people medically fit for discharge yet occupying an inpatient bed.

- The MN ICP agreed there should be a maximum of **20** such individuals at any time
- This target is currently achieved and was lowest at **13** in summer 2020.

The DTA programme resulted from ICP sponsorship of the East Midlands Leadership Academy system leadership programme focussing on integrated discharge. The sponsored individuals are now able to influence, convene, enable and support their workforce across boundaries.

End of Life [EOL] Together

The EOL Together Service is a provider collaboration between key system partners that operates within a defined governance structure and programme budget, underpinned by our MN ICP Alliance Agreement.

MN ICP base this work on the evidence that at any time 1% of their citizens with require EOL support. Our shared resource, people, estates, knowledge, skills, leadership and finance enables the service to be proactive in the palliative care needs of the local population. System level KPIs have demonstrated the effectiveness of this pathway:

- An increase in the number of patients proactively identified with end of life care needs, from a baseline of 0.5 to current figure of **0.75%**
- **1431** patients dying in their preferred location, **87%** of the 2018-19 total
- From October 2018-March 2019 19,841 elective admissions avoided within this population

Social Prescribing: Link Worker

Supported by MN ICP partnerships a team of 14 Link workers support our citizens with their wide-ranging issues and concerns through:

- **5,256** referrals received in Q1-3 2020-2021

- **600** direct interventions and **3000** phone contacts per calendar month [Nov 2020-Jan 2021] addressing issues including mental health, housing, domestic violence, loneliness, hospital discharge to home, finances, relationships and prevention

Pulse Oximetry

Employing novel approaches for COVID positive patients deemed at risk of deterioration and subsequent hospital admission.

- To date, **36** people have avoided admission using technology and nursing teams in the community
- Observations are recorded up to three times a day and detect deterioration early leading to fewer hospital admissions and improved health outcomes.

East Midlands Ambulance Service [EMAS] Non-conveyance

Through enabling ambulance crews on scene direct access MN ICP and the six PCNs, unwarranted conveyance to hospital and thus admission is reduced.

- In January 2021 of **118** calls made **115** were converted to a more clinically appropriate Primary Care appointment.

Musculoskeletal [MSK] Together Service

MN MSK Together service is the first MN developed integrated model, where multiple providers work in collaboration whilst being commissioned under traditional contractual arrangements.

- A full value review is underway on the future development of MSK 2, involving service providers, ICP and ICS representatives with Oxford Centre for Triple Value Healthcare (3V) and Pfizer Ltd.
- Currently 6% of the commissioning budget is spent on MSK conditions and our aim is to ensure best use of our allocated resources, equitably enhancing the quality of life through providing appropriate support for empowerment and self-care.

Direct Enhanced Services [DES] building upon Enhanced Community Response Team [ECRT]

The established ECRT is acting as a springboard to build a single integrated model of Care Home support that will incorporate the requirements of the Primary Care DES. A business case is being developed in collaboration with system partners demonstrating provider collaboration and system integration, where the operating model is clinically led, with care home providers at the heart of the design. Successes of the ECRT model to date:

- ECRT team now formally commissioned by PHE to delivery COVID swabbing across the County – Contract Value **£175,000**
- ECRT have swabbed **2992** residents across the City and County
- ECRT have delivered training to **3,300** across **238** homes
- ECRT have on behalf of the GPs administered **1,517** flu vaccinations in care homes

MN ICP Executive February 2021