

Mid-Nottinghamshire ICP Board Meeting

Monday 18 November 2019, 2.30 – 4.40pm
The Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield, NG19 7BH

Public Agenda

Time	Reference	Item	Action/Paper	Lead
14:30	ICP/19/038	Welcome and Introductions	Note (Verbal)	Chair
	ICP/19/039	Apologies for Absence:	Note (Verbal)	Chair
	ICP/19/040	Declarations of Interest	Note (Verbal)	All
	ICP/19/041	Notes and Action Log from the September 2019 Mid-Nottinghamshire ICP Board Meeting	Approve (Enc.)	Chair
	ICP/19/042	Chair's Update (attendance record and welcome new members)	Note (Verbal)	Chair
14:45	ICP/19/043	Update/Feedback from Wigan – Kings Fund Evaluation Report	Discuss (Enc.)	Chair, Richard Mitchell and Peter Wozencroft
14:55	ICP/19/044	Q2 System Performance Report	Discuss (Enc.)	Peter Wozencroft
15:05	ICP/19/045	Nomination of potential new members	Approve (Enc.)	Peter Wozencroft
15:15	ICP/19/046	Forward Plan and Meeting Dates/Venues for Dec 2019 and 2020	Agree (Enc.)	Chair
	ICP/19/047	ICS Update	Note (Enc.)	For information only
15:25	ICP/19/048	Neighbourhood Approach Part 2	Workshop	Matt Finch, Leanne Monger, David Evans, Andrea Stone and David Ainsworth
Date and Time of Next Meeting: Monday 16 December 2019, 2.30 – 5.00pm – venue TBC				
16:40 Move to Confidential Session				

**Minutes of the Mid Nottinghamshire ICP Board meeting held on
Monday 9 September 2019, 2.30 – 5.00pm
The Summit Centre, Kirkby in Ashfield, NG17 7LL**

Present:

Rachel Munton	Independent Chair
Kerry Beadling-Barron	Director of Communications and Engagement, Mid-Nottinghamshire ICP
David Ainsworth	Locality Director, Mid-Nottinghamshire CCGs
Peter Wozencroft	Director of Care Integration, Mid-Nottinghamshire ICP
Robert Mitchell	Chief Executive, Ashfield District Council
Hayley Barsby	Chief Executive, Mansfield District Council
David Evans	Head of Communities and Wellbeing, Mansfield District Council (up to agenda item ICP/19/034)
Michael Cawley	Operational Director of Finance – Mid-Nottinghamshire CCGs
Gavin Lunn	Clinical Chair, Mansfield and Ashfield CCG
Melanie Brooks	Nottinghamshire County Council
Matthew Finch	Director - Communities and Environment, Newark and Sherwood District Council
Theresa Hodgkinson	Director of Place and Communities, Ashfield District Council
Steve How	Chair, Citizens' Council
Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
Paul Robinson	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Sharon Creber	Deputy Director of Business Development and Marketing, Nottinghamshire Healthcare NHS Foundation Trust

In Attendance:

Rebecca Tryner	Mid-Nottinghamshire CCGs (Minutes)
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Apologies for absence:

Andy Haynes	Medical Director, Sherwood Forest Hospital NHS Foundation Trust
Mark McCall	Service Director, Nottinghamshire County Council
Greg Cox	General Manager – Nottinghamshire Division, EMAS
Ben Widdowson	Associate Director of Estates and Facilities, Sherwood Forest Hospitals NHS Foundation Trust
Jane Laughton	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Richard Mitchell	ICP Lead and Chief Executive, Sherwood Forest Hospital NHS Foundation Trust
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Dr Kevin Corfe	Primary Care Network Representative

Dr Andrew Pountney	Primary Care Network Representative
Alison Wynne	Nottingham University Hospitals NHS Trust
Julie Hankin	Medical Director, Nottinghamshire Healthcare NHS Foundation Trust
Jonathan Rycroft	Associate Director of Financial Recovery, Nottinghamshire CCGs
Richard Henderson	East Midlands Ambulance Service
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
Thilan Bartholomeuz	Clinical Chair, Newark and Sherwood CCG
Cllr. Tony Harper	Chair, Adult Social Care and Health Committee, Nottinghamshire County Council

ICP/19/028 Welcome and Introductions

The Chair welcomed members to the meeting, particularly Ms Brooks and Ms Larder who were attending their first meeting of the Board. Members were informed that this would be Mr Robert Mitchell's last meeting as he was moving into a new role later in September 2019. The Chair thanked Mr Robert Mitchell for his contributions to the Board and wished him well in his new role.

The Chair thanked members of the public for joining the meeting to observe the discussions. The Chair advised that as the Board meeting was being held as a 'meeting in public' members of the public would not be permitted to ask questions during the meeting; however, they were invited to introduce themselves and outline their interest in attending at the commencement of the meeting, and advised there would be an opportunity for them to reflect on the discussions once the meeting had closed.

The Chair invited a round of introductions.

ICP/19/029 Apologies for Absence

Apologies for absence were noted as outlined above.

ICP/19/030 Declarations of Interest

No conflicts of interest were declared.

ICP/19/031 Minutes and Action Log of the August 2019 Mid-Nottinghamshire ICP Board Meeting

The minutes of the Mid-Nottinghamshire ICP Board meeting held on 13 August 2019 were approved as an accurate record of discussion.

Members noted the completed ICP Board Action Log and further discussion took place around the following:

7. (1) and 7. (4) – Mr Wozencroft noted that these actions would be picked up under agenda item ICP/19/033.

ICP/19/004 – The Chair explained that she was happy to sponsor the approach to ICP Board development ensuring that it reflected the aspirations of all Board members and added value. Through discussions with Mr Lee Radford, the Chair had been informed of a diagnostic tool that was available to the Board; however, after consideration with Mr Richard Mitchell, it was felt that it was not the right time for this type of development. The Chair suggested that she make contact with the facilitators affiliated to the East Midlands Leadership Academy to ascertain whether they would be willing to work with the Board on a bespoke development model. The successful facilitator would be required to attend meetings going forward in order to work and grow with the Board.

Mr Robert Mitchell supported the Chair's suggestion and agreed that it was not the right time for a diagnostic piece of work. He felt that the Board was making good progress and a light touch approach to development would be the most beneficial way forward. Ms Barsby added that it would be useful for the successful facilitator to support with some of the neighbourhood work and challenge members to think outside of the box to shape the place based agenda.

The Chair agreed to continue discussions with Mr Lee Radford in order to secure a bespoke development offer for the Board.

ACTION: The Chair to continue discussions with Mr Lee Radford in order to secure a bespoke development offer for the Board.

ICP/19/018 (1) – Members were reminded of the opportunity to attend a conference on 7 October 2019 to hear more about the work being undertaken in Wigan to transform relationships with citizens and staff culture to deliver improved services.

ICP/19/022 – Mr Wozencroft explained that Mr David Pearson had written to Mr Richard Mitchell in December 2018 to outline the initial objectives for the ICP. Mr Wozencroft had approached the relevant partners for updates against the objectives, with a view to providing a consolidated formal response to Mr David Pearson by the end of September 2019. The draft response would be shared with Board members to ensure collective support and ownership. Members noted that this would be a one-off exercise as the ICP would contribute/align to the ICS response to the Long Term Plan going forward.

ICP/19/023 (1) – Ms Barsby confirmed that Mrs Drew had arranged to meet with colleagues from Mansfield District Council.

ICP/19/023 (2) and ICP/19/023 (3) – Mr Wozencroft confirmed that Ms Palmer was progressing the actions around the Drivers of Demand work and High Intensity Service Users.

ICP/19/024 – Ms Larder noted that the ICS had accepted the invitation to join the Rural Health and Care Alliance subject to formal sign-off at the next meeting of the ICS Board.

ICP/19/032 Chair's Update

Mr Cawley reported on the challenging financial context which all ICP health partners were currently operating within. Finance Directors and Executive Directors from the health organisations across the ICP were developing high level, system-wide financial recovery plans to improve the financial position across the system. Mr Cawley impressed upon members the importance of rapidly mobilising schemes such as the Intensive Rapid Response Service (IRRS) to support the financial recovery process. Mr Cawley acknowledged that the financial update was NHS centric, but all organisations within the local public sector were facing similar drivers of challenge.

The Chair noted the importance of understanding the financial context and where decisions around finance and performance were taken. Whilst the Board was keen to avoid duplicating discussions that were already happening elsewhere, it was also important to ensure that it was not operating in isolation.

The Chair thanked Ms Beadling-Barron for ensuring that the recently approved ICP identity was being used in all ICP reports and documentation.

The Chair noted that the Board would struggle to get continuity if organisations were fielding different representatives at each meeting. Agreement had previously been reached to move to one member and one alternate per organisation. Members agreed that it would be useful to review the ICP Board meeting attendance record at the November 2019 meeting.

ACTION: Miss Tryner to add the ICP Board meeting attendance record to the Forward Programme for November 2019.

Members noted the potential Board meeting dates from January 2020 onwards would be canvassed soon. The Chair thanked Mr Robert Mitchell for organising the venue for the first 'meeting in public' and noted that members would be asked to put forward suggestions for venues across the patch moving forward.

Ms Creber reported that a decision had been made to join up the HR functions across Nottinghamshire Healthcare NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust by having a single Director working across both Trusts.

ICP/19/033 Partnership Agreement, Terms of Reference and Governance Diagram

The Chair noted the lengthy documents included within agenda pack and clarified that the Board was being asked to:

- Approve and adopt the terms of reference
- Note an ICP accountability framework and structure
- Discuss the revised interim ICP agreement

The chair asked that in future when papers of such length and breadth were presented, that the cover sheet identifies what the required focus was within the document to assist members in their preparation for the meeting.

Mr Wozencroft presented the ICP Board Terms of Reference, which reflected the comments received from members and outlined the role and purpose of the Board. Members noted there were some discrepancies between the membership described within the terms of reference and the draft Interim Partnership Agreement, and that there was a need for internal consistency in all core documents.

The Chair explained that the terms of reference would be continually reviewed to ensure read across to other relevant documents. The Board would be asked to review the terms of reference initially on a six-monthly basis with the aim to move to annually. The Board approved the terms of reference on that basis.

Ms Brooks informed members that Nottinghamshire County Council were aiming to field the most appropriate representatives at meetings and maintain some internal consistency as they were invited to cover the ICS Board and three ICPs.

In response to a query from Mr Guyler around the governance chart included within the pack and how the structure addressed the deliverables outlined within Mr David Pearson's letter, Mr Wozencroft explained that the ICP Transformation Board was responsible for overseeing transformational schemes up to the point of delivery and as schemes moved into business as usual, the ICP Operational Delivery Group (ODG) would then oversee delivery. There were three groups reporting into the Board; ICP Transformation Board, ICP Operational Delivery Group and A&E Delivery Board, and agreement had been reached for these groups to provide quarterly update reports to the Board.

Mr Gribbin welcomed the purpose of the Board focussing on improving the health and wellbeing of the population and addressing inequalities.

The Chair asked Mr Wozencroft to update and bring together the ICP governance chart and Schedule 7 of the ICP Agreement to form a revised accountability framework for the ICP. The revised framework would be circulated to members for virtual approval by the end of September 2019.

ACTION: Mr Wozencroft to update and bring together the ICP governance chart and Schedule 7 of the ICP Agreement to form a revised accountability framework for the ICP and circulate the revised framework to members for virtual approval by the end of September 2019.

Mr Wozencroft presented the draft interim Partnership Agreement which had been adapted from the Alliance Agreement, which a number of partners were already signed up to. In explaining the recommendation that Mid-Nottinghamshire adopt an interim Partnership Agreement, he suggested that it was a pragmatic step to preserve some of the mutual obligations and protections from the Alliance Agreement, whilst marking a point on the journey towards becoming an Integrated Care Provider. He explained that NHS England had recently published a draft Integrated Care Provider contract, which was in no way mandatory, but signalled a national direction of travel towards more formalised arrangements whereby single provider entities (ICPs) would enter into single contracts with strategic commissioners to address the health and social care needs of their "places". It was acknowledged that Mid-Nottinghamshire was some way from such a scenario at present, but

it was important to note the direction of travel and the commitment towards it that entering into the Partnership Agreement implies.

Members noted that due to the nature of the framework in which the ICP was working, the CCG could no longer be a member, but would still be invited to input and participate in discussions. It had been assumed that Primary Care Networks (PCNs) would wish to be members of the ICP and Mr Wozencroft suggested that consideration be given to NEMS, the out of hours provider across mid-Nottinghamshire and PICS, provider of infrastructure support to the mid-Nottinghamshire PCNs, becoming members of the ICP.

The Chair asked members whether they were happy to support the direction of travel to move towards a continued formal partnership agreement.

Ms Creber supported the direction of travel stating that it was essential to maintain this approach. She noted that it would be helpful to have a greater understanding of the end destination point in order for partners to articulate what they were moving towards.

Ms Barsby noted that the Better Together Alliance had not been in her view sufficiently partnership focussed and there would be some issues to overcome to make the revised agreement more so. If these issues could be resolved, she would support the direction of travel.

In response to a query from Mr Gribbin, Mr Wozencroft confirmed that Nottinghamshire County Council would be a member of the ICP because of its provider elements. Ms Brooks noted that Nottinghamshire County Council would support an interim partnership agreement, particularly one that was built around place and neighbourhood.

Mr Ainsworth stated that a formal partnership agreement signalled to the public that the ICP was serious about its commitments and signified collective ownership of the ICP objectives and plans.

Mr Robert Mitchell noted that he was happy with the direction of travel, but Ashfield District Council would require greater clarity and full understanding of any potential risks etc. before signing a formal agreement.

The Chair summarised that members supported the proposal to work towards formalising the partnership approach through developing and signing up to a formal partnership agreement. The agreement itself required further work and possibly some legal advice. It was also agreed that the Draft ICP Contract published by NHSE would be circulated to members for information.

ACTION: Mr Wozencroft to circulate the Draft ICP Contract produced by NHSE.

Members of the Board:

- **APPROVED** the ICP Board Terms of Reference noting that they were a work in progress and would be continually reviewed.

- **AGREED** that the accountability framework required further work and a revised version would be circulated to members for virtual approval by the end of September 2019.
- **SUPPORTED** the proposal to work to further refine the interim Partnership Agreement, with a view to members signing up to it in the near future.

ICP/19/036 ICS Q1 Update

Ms Larder reported that the Chief Executives of NHS organisations across Nottinghamshire and a small number of the ICS support team met with NHS England and NHS Improvement colleagues on 16 August 2019 to discuss Q1 NHS performance. This was the first time regulators had met with organisations as a system and signalled a positive step in the right direction. It was anticipated that these meetings would be held on a quarterly basis, but the frequency would be dependent on performance. The first meeting covered finance, operational performance, quality, workforce and workforce planning and system development. Going forward ICS colleagues would work with the Board to prepare and feedback on ICP progress to the quarterly meetings with regulators.

Members noted that the NHS Long Term plan was published earlier this year which set out the future ambitions from an NHS perspective. The ICS was required to respond with their contribution to the delivery of the Long Term Plan and a draft response had to be submitted by the end of September 2019. The ICS Board would oversee the local response, which was being coordinated by the ICS Planning Group and a number of working sessions had been held with contributions from a range of partners across the system on specific areas. There would be an opportunity for the Board to comment on the response prior to final submission.

Ms Barsby stated that one of the challenges for the ICP was around ensuring a strategic view and engagement from all partners as this work was not being driven by District Councils. Ms Larder acknowledged that the Long Term Plan was health focussed as NHS organisations had to respond to national requirements from the Department of Health and NHS England. Ms Barsby noted that the partners represented at the ICS Board were not broad enough.

The Chair declared an interest in the next item as she was previously the Managing Director of the East Midlands Academic Health Science Network (AHSN).

Ms Larder explained that the AHSN was funded by NHS England to support the adoption of innovation. The AHSN had a list of innovations that it was supporting across the East Midlands and had offered to work with Nottinghamshire on a series of innovation exchanges. There was an opportunity to influence that portfolio of innovations and there was some funding available to support this. The ICS Board was supportive of the innovation exchanges and Dr Andy Haynes had agreed to sponsor them. The first session was scheduled for 1 November 2019 and the details would be shared with colleagues in due course.

The Chair suggested that it might be beneficial to invite colleagues from the AHSN to attend the November 2019 meeting of the Board to observe the neighbourhood presentation.

ACTION: Ms Larder to liaise with colleagues from the AHSN, with a view to the ICP executive extending an invitation to attend the November 2019 meeting of the Board to observe the neighbourhood presentation.

ICP/19/034 Neighbourhood Approach

Mr Finch reported that all District Councils considered themselves as leaders of their populations. The presentation was to outline how the neighbourhood approach presented an opportunity to do things differently and increase the understanding of the challenges facing some of the Mid-Nottinghamshire neighbourhoods. The second part of the presentation, to be delivered in November 2019, would set out how these challenges could be addressed by linking in with the PCN agenda, as the central focus of the ICPs work in this next period.

Mr Finch, Mr Evans, Ms Hodgkinson and Mr Ainsworth presented on the District Councils' Approach to Neighbourhoods highlighting the following key areas of note:

- The wider determinants of health which included: poor access to services, housing standards, high levels of unemployment, low levels of income and high levels of crime and anti-social behaviour;
- The strategic objectives and key themes across the patch from District Health and Wellbeing Plans which included: to give every child the best start in life and to maximise opportunities to develop our built environment into healthy places;
- The priority neighbourhoods across Newark, Sherwood, Mansfield and Ashfield and the methodology that had been used to prioritise these neighbourhoods;
- Some of the common themes across the priority neighbourhoods such as low income, long-term unemployment and high crime rates;
- The increased opportunities to support the priority neighbourhoods through the development of PCNs.

Dr Lunn stated that the next steps should focus on what the ICP was going to do differently and how it was going to do it.

Mr Gribbin endorsed the approach taken, which was in line with best evidence. He noted that health and care profiles for all PCNs had been developed to support some of their planning and these could be used to support discussions at the November 2019 meeting.

In response to a query from Ms Creber, Mr Finch confirmed that the contributors to the presentation were working on the neighbourhood approach in greater detail outside of the meeting. Further detail would be provided to the Board in November 2019.

Discussion ensued around the operational models across PCNs and the fact that they would need to be locally sensitive. It was noted that the Board would be required to drive some system leadership and agree to provide resource to tackle this priority area. Mr Barsby noted the importance of focussing on a true neighbourhood approach, not a thematic approach such as a focus upon alcohol for example, as this would not tackle all of the issues within a community.

The Chair noted that the Board had made a commitment to continue to explore how partners could best address the neighbourhood focus across Mid-Nottinghamshire. A further facilitated discussion would take place at the November 2019 meeting.

ICP/19/035 GP Provider Alignment; Winter Respiratory Admissions Prevention / PCN Update

Dr Lunn presented on Winter Respiratory Admission Prevention, Wellbeing and Respiratory Management and Standing Together on Preventing Flu plans noting the following key points:

- The reasons for focussing on respiratory which included: high disease prevalence, respiratory being a leading cause of ED attendance and admission over winter and the need to mitigate demand across the whole system;
- The initiative principles including; aggregate marginal gains, align incentives/existing funding and evidence based innovation;
- An outline of Wellbeing and Respiratory Management and Stop Flu highlighting the importance of targeting at-risk groups and optimising vaccine update;
- Next steps included GP provider meetings with SFHT and NUH respiratory clinicians, liaison and alignment with wider system partners.

Discussion ensued and members agreed that this initiative would align to a place based approach and could address a number of issues for priority neighbourhoods. Ms Barsby highlighted the importance of being methodical around the initiatives the ICP chose to pilot through the neighbourhood approach and suggested that this should be done through the discussions at the November 2019 meeting. Members noted that November 2019 would be too late to impact on flu this winter. Mr Robert Mitchell offered to put Dr Lunn in touch with a colleague at Ashfield District Council to support and take this initiative forward.

Members discussed the best way to target existing resources to maximise the impact on at-risk groups and priority neighbourhoods.

ACTION: Mr Robert Mitchell to put Dr Lunn in touch with a colleague at Ashfield District Council to support and take this initiative forward.

The Chair noted that this initiative might also benefit from the support of the AHSN.

The Chair thanked the venue for their hospitality and members of the public for taking the time to observe the meeting. The Chair provided members of the public with the opportunity to reflect on the discussions.

The meeting closed at 5.20pm.

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Actions arising from the Mid-Nottinghamshire ICP Board

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/010	9 July 2019	Mr Ainsworth	To liaise with Mr Taylor following the meeting to link health in with the District Council projects	Contact has been made with Mr Taylor at ADC, to date no response has been received	Amber
ICP/19/022	13 August 2019	Mr Wozencroft	To seek updates against ICP commitments and assemble a progress report. System status reports to be added quarterly to agenda forward plans.	This action was completed and the response to the ICS sent in the relevant timeframe	Green
ICP/19/023 (2)	13 August 2019	Ms Palmer	To obtain further insight into the apparent reduction in community activity to understand the cause and impact, and share this with key stakeholders as a further refinement of the Drivers of Demand work	Meeting to agree lines of enquiry and analysis required 5 September, with follow up confirm and challenge meeting ahead of the presentation of findings 24 September	Amber
ICP/19/023 (3)	13 August 2019	Ms Palmer	Subject to information governance requirements, to liaise with District Council colleagues to share information on the High Intensity Service User cohort, with a view to identifying service users in common and refining approaches to addressing the root causes of their intensive use of public services.	Contact made with District Council colleagues and meeting to be set up to take forward	Amber
ICP/19/031	9 September 2019	Ms Munton	To continue discussions with Mr Lee Radford in order to secure a bespoke development offer for the Board		

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/032	9 September 2019	Miss Tryner	Miss Tryner to add the ICP Board meeting attendance record to the Forward Programme for November 2019	Complete	
ICP/19/033 (1)	9 September 2019	Mr Wozencroft	To update and bring together the ICP governance chart and Schedule 7 of the ICP Agreement to form a revised accountability framework for the ICP and circulate the revised framework to members for virtual approval by the end of September 2019	Complete – virtual approval has been obtained and the documents are incorporated into the papers for information.	
ICP/19/033 (2)	9 September 2019	Mr Wozencroft	To circulate the Draft ICP Contract produced by NHSE	Complete	
ICP/19/036	9 September 2019	Ms Larder	To liaise with colleagues from the AHSN, with a view to the ICP executive extending an invitation to attend the November 2019 meeting of the Board to observe the neighbourhood presentation	Complete	
ICP/19/035	9 September 2019	Mr Robert Mitchell	To put Dr Lunn in touch with a colleague at Ashfield District Council to support and take this initiative forward	Ms Beadling-Barron to liaise with Andrea Stone at Ashfield District Council to link the work on the engagement model with the Stop Flu initiative	

Mid-Nottinghamshire ICP Board Update – September 2019

Below is a summary of the key discussions and decisions taken at the latest Mid-Nottinghamshire ICP Board which met on 9th September 2019.

Meeting in Public

ICP Chair Rachel Munton was pleased to welcome seven members of the public to the Board's first meeting in public. The members of the public were all given the opportunity to comment and ask questions at the start and end of the meeting and were thanked for their contributions. It was also the first time the meeting had been held in a community setting - The Summit Centre in Kirkby in Ashfield. As part of the Board's approach to transparency and engagement, papers went online beforehand on the ICP website [here](#) and were advertised on the ICP twitter account (@careinMidNotts).

Partnership Agreement, Terms of Reference and Governance Diagram

Peter Wozencroft (Director of Care Integration, Mid-Nottinghamshire ICP) presented the ICP Board Terms of Reference. The Chair explained that these would be reviewed continually to ensure read across to other relevant documents. The Board would be asked to review the Terms of Reference initially on a six-monthly basis with the aim to move to annually. The Board approved them on that basis.

Mr Wozencroft agreed to update and bring together the ICP governance chart and Schedule 7 of the ICP Agreement to form a revised accountability framework for the ICP and circulate the revised framework to members for virtual approval by the end of September 2019.

He also presented the draft interim Partnership Agreement which had been adapted from the Alliance Agreement, which a number of partners were already signed up to. Members supported the proposal to work towards formalising the partnership approach by developing and signing up to a formal partnership agreement. The interim ICP agreement itself required further work and possibly some legal advice.

Neighbourhood approach presentation

Matt Finch (Director - Communities and Environment, Newark and Sherwood District Council), David Evans (Head of Communities and Wellbeing, Mansfield District Council), Theresa Hodgkinson (Assistant Director – Place and Wellbeing Ashfield District Council) and David Ainsworth (Locality Director, Mid-Nottinghamshire CCGs) presented the District Councils' Approach to Neighbourhoods highlighting:

- The wider determinants of health which included: poor access to services, housing standards, high levels of unemployment, low levels of income and high levels of crime and anti-social behaviour;

- The strategic objectives and key themes across the patch from District Health and Wellbeing Plans which included to give every child the best start in life and to maximise opportunities to develop healthy places;
- The priority neighbourhoods across Mansfield, Ashfield, Newark and Sherwood and the methodology that had been used to identify and then prioritise these;
- Some of the common themes across the priority neighbourhoods such as low income, long-term unemployment and high crime rates;
- The increased opportunities to support the priority neighbourhoods through the development of PCNs.

A further discussion will take place at the November meeting to explore how partners will collectively address the neighbourhood focus across Mid-Nottinghamshire.

GP Provider Alignment; Winter Respiratory Admissions Prevention

Dr Gavin Lunn (Clinical Chair, Mansfield and Ashfield CCG) presented on Winter Respiratory Admission Prevention noting:

- The reasons for focussing on respiratory which included: high disease prevalence and respiratory being a leading cause of ED attendance and admission over winter;
- An outline of Wellbeing and Respiratory Management highlighting the importance of targeting at-risk groups and optimising vaccine update;
- Next steps included GP provider meetings with hospital respiratory clinicians, liaison and alignment with wider system partners.

After a discussion members agreed that this initiative would align to a place based approach and could address a number of issues for priority neighbourhoods, as above.

Thanks Given

This was the last meeting for Rob Mitchell who is moving on from his role of Chief Executive of Ashfield District Council to become Chief Executive of Charnwood Borough Council in Leicestershire. He was congratulated on his new role and thanked by ICP Chair Rachel Munton on behalf of the Board for his passion and enthusiasm for the ICP.

The next ICP meeting will take place on November 18 following an urgent matters only meeting on 7 October meeting to allow members to attend the Wigan Deal conference. The November meeting will again take place in a Mid-Nottinghamshire community venue, this time at Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield and papers will be available on the ICP website prior to this.

Mid-Nottinghamshire ICP Board Update – October 2019

We did not meet in October as Board colleagues went to the Wigan Deal conference to further learn from a high performing health and care system. Instead, we have listed below a summary of key items which we have worked on this month.

Six month update

This month we sent a six month update on our progress to the Integrated Care System. The letter is attached and key highlights are shown in Appendix 1 at the end of this document.

Joint working example: Mental Health and Ashfield District Council pilot

A new Complex Case Worker has been appointed for the next six months to support people who have complex needs and mental health concerns. The new role is funded by the Ashfield Community Partnership using a grant from the Office of the Nottinghamshire Police and Crime Commissioner. The pilot was agreed following conversations between Ashfield District Council and Nottinghamshire Healthcare NHS Foundation Trust who recognised they could work more closely with families and individuals who are known to both of them.

The aim of the pilot is:

- To develop and deliver actions specific to individuals which will help residents to become self-sufficient and live a balanced life;
- To provide practical support and assistance in one place for residents in crisis, who have previously had to access different organisations.

Geographically the post will cover: Sutton, Kirkby, Huthwaite, Annersley, Skegby, Stanton Hill, Selston and Underwood areas and will work with Primary Care Networks in Ashfield North and Ashfield South.

Flu campaign planning

Work has continued to promote the flu vaccine. During October the national Public Health England campaign is supported with additional local focus planned for November. Case studies have been written and in Mid-Nottinghamshire these five key messages will be focused on:

- General vaccine messages
- Stop smoking advice
- Hand hygiene advice
- Exercise advice
- Diet advice including taking a vitamin D supplement

Joint partnership working is taking place with Nottinghamshire County Council to link to their campaign.

Joint LMC GP and Hospital Doctor meeting

The first joint meeting between the Local Medical Committees, GPs and hospital doctors took place this month with representation from the ICP including executive lead Richard Mitchell, locality director David Ainsworth and ICP Clinical lead Andy Haynes. The evening was well attended and there was a focus on building relationships between colleagues in primary and secondary care. Further events are planned also involving Nottinghamshire Healthcare NHS Foundation Trust.

The next ICP meeting will take place on 18 November in the Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield and papers will be available on the ICP website [here](#) prior to this.

Appendix 1: Six month update

Mid-Nottinghamshire
Integrated Care Partnership



ICP SIX MONTH UPDATE



WORKING TOGETHER

We are working with ICP colleagues to strengthen primary and community provision. We can already see the benefits of this through the Street Health and high intensity service user projects.



SINGLE FINANCIAL PLAN

We have a single financial plan which builds on the single financial control total across the Integrated Care System. This is supported by us taking steps to integrate the financial functions across NHS organisations.



OPEN AND TRANSPARENT

Our public meetings take place in community settings across Mid-Nottinghamshire. We will continue to strengthen our relationship with the Council for Voluntary Service and Healthwatch.



URGENT AND EMERGENCY CARE DEMAND

Demand for urgent and emergency care continues to grow. We have completed a "drivers of demand" analysis and are now focussed on delivering the joint actions.



ADULT MENTAL HEALTH

In response to the number of people cared for out of area, services were strengthened from September and a psychiatric clinical decisions unit will open in October.



OUTPATIENT APPOINTMENTS

We have an ambitious plan to reduce unnecessary face to face outpatient appointments this year. So far, 20,000 appointments have been identified as avoidable or can be provided in an alternative setting.

NEXT STEPS

A focus on our most challenged and underserved neighbourhoods to work up a more detailed plan.

29 September 2019

Dear Colleagues

Re: Mid Nottinghamshire Integrated Care Partnership six month update

The Mid Nottinghamshire Integrated Care Partnership signed up to ten objectives in 2019-2020 as agreed with David Pearson, Chair of the Nottingham and Nottinghamshire Integrated Care System (ICS) and we wanted to update you on what we have collectively achieved in the first six months of the year. In addition to the ten objectives, Peter Wozencroft, Director of Care Integration, and Kerry Beadling-Barron, Director of Communications and Engagement, have both been seconded to work full time in the ICP, we have appointed Rachel Munton, as our new Independent Chair, we have developed and agreed Terms of Reference and a Board meeting schedule that takes us out into the community, we have created and published a logo and website and we have a draft summary strategy.

1. Specific plans to contribute to the delivery of the Memorandum of Understanding with national bodies for the ICS

The scope of the MOU is too broad to give a detailed account of every contribution, but I hope you will recognise the Mid-Notts ICP has played a full and active part in all aspects of the ICS work. We have made progress in each of the identified priority areas in terms of the design and delivery of different service models. We are pleased with how all system partners have come together under the umbrella of the ICP to focus on our shared objective of strengthening primary and community provision. We would particularly single out the contribution of our District Councils and the emergent Primary Care Networks, who have strengthened and enriched the debates and solutions over the last 12 months. Despite our best efforts, demand for urgent and emergency care continues to grow at a rate that concerns all of us. We have completed a detailed analysis of the factors driving the demand and we are now working on delivering joint actions, but we should acknowledge the demand pressures and other challenges are leading to non-delivery of a number of key standards.

2. Integrated Financial Planning and Implementation:

- **A single financial plan – building upon a single financial control total supported by integrating the financial function across NHS organisations with a Finance Director**
- **Integrating finance and the transformation team**
- **A joint approach to QIPP and FIP targets**
- **Ensuring that financial plans are aligned and complementary across the NHS and local authorities.**

NHS partners now have a single control total at the ICP level and a single plan to deliver. The Mid Notts Transformation Board provides the single governance and joint integrated delivery

architecture to deliver CIP and QIPP. Further work is required to align Local Authorities. This will be delivered through the Mid Notts Planning Group.

3. Steps taken to strengthen the voice of non-NHS organisations including local authorities, CityCare and NEMS

Our three District Council colleagues are making a strong contribution to our ICP, complementing the continued positive engagement of the County Council. NEMS has traditionally been fully engaged in the Better Together programme and we are working with them to ensure their contribution can continue. We have yet to achieve the level of meaningful engagement with the third sector we want to secure. We continue to engage with the CVS and enlist support from Healthwatch Nottingham and Nottinghamshire where we can, but recognise we need to increase our focus in this area in future. From September, all of our meetings have been in public and in community settings throughout our geography and we were pleased to have seven members of the public attend the September meeting.

4. A single plan for capacity, in particular community capacity based on population health and wellbeing and population health management principles to maximise people's independence and enable as many as possible to receive care from their own homes

We have not yet developed a single capacity plan but we are adopting an incremental approach that focuses on identifying gaps in existing capacity and constraints. These are mainly workforce-related. The focus of one of our key digital enablement projects (referenced in section 10 below) is increasing the visibility of available capacity and attempting to establish a common currency to help capacity and flow will be a key tool for the future.

5. A single capital plan that feeds into the ICS plan

We have not yet developed a single capital plan for the ICP. From a land and buildings perspective, all ICP partners are members of the ICS Estates Planning Group which holds a register of all significant Estates capital works planned across the system for the next five years. These schemes form part of the Estates Strategy Checkpoint and will be quality rated by NHSI/E during Q3 2019/20. Whilst each organisation continues to manage its own "maintenance" capital programme, any new or emerging schemes of system significance are brought to this group for approval and alignment with ICS priorities before ratification at the ICS Planning Group. Ben Widdowson was appointed earlier in the year as the joint lead for capital and estates across the ICP.

The digital transformation agenda represents a closer approximation to a single capital plan, although it is still a fragmented picture. The longstanding collaboration between our digital leaders through Connected Nottinghamshire, and their pursuit of specific components of the Local Digital Roadmap, has given us a strong basis for aligning priorities for both infrastructure and applications development. We are fortunate the key initiatives on capacity and flow and public-facing digital services come with ring-fenced national funding, but these are progressing well as local implementations and we are confident they will provide us with key tools to re-shape urgent and planned care. We continue to build upon the firm foundations of system interoperability,

information-sharing and workflow management which has resulted in health and social care professionals being able to provide better care and support through better visibility of citizens' needs.

6. Strengthen mental health planning and provision

The Nottinghamshire Mental Health transformation programme has anticipated the core changes needed to address known gaps in performance and/or provision in order to meet the Five Year Forward View for Mental Health ambitions by 2020/21. The added detail provided by the national implementation plan confirms the scale of change, the pathways in scope, and how achievement will be monitored nationally, thus reinforcing the necessity of redesigning our existing care models and realigning existing financial envelopes to meet current and future standards.

The Nottinghamshire Mental Health and Intellectual & Developmental Disabilities Transformation programme has been formalised through the 2019/20 contractual agreement with Nottinghamshire Healthcare (NHFT) using the Service Development and Improvement Plan (SDIP) and Data Quality Improvement Plan (DQIP) as the mechanisms for change. NHFT is the main provider of Mental Health services in Nottinghamshire with a contract value of £108m.

The programme aims to meet the requirements of the FYFVMH and the Long Term Plan transformation ambitions through various ways including:

- The identification of the core services that contribute to the targets defined in the FYFVMH and LTP
- The review of existing care delivery models to identify gaps, risks, new ways of working
- The redesign of care delivery models to ensure the achievement of national standards

The main areas of present transformation focus are on the adult mental health pathway which faces a high degree of challenge. Our system is under national scrutiny for the number of patients cared for out of area. Whilst the number is reducing, this is coming as a cost pressure for the system. In response to this challenge, services were strengthened from September and a psychiatric clinical decisions unit will open in October. We are remodelling the early intervention in psychosis service across Nottinghamshire and then we will refine the scope and capacity of local mental health teams in 2020. These developments are currently on track.

7. Closer working between primary care, secondary care and community provision around the needs of particular groups of the population who require an integrated approach

We have a good track record in this area. We would point to our successes in our joint musculoskeletal service, our successful Street Health work, our support for people at the end of their lives, our support to care home residents and work to address the needs of high intensity service users.

8. A focus on specific population health actions – to the principles set out in the ICS prevention objectives and plan

The ICP approach to managing population health is through a triangulation of population health, prevention and the emergent outcomes framework. The ICP is using cross-sector collaboration with a focus on place through the primary care networks (PCNs). This work is with partners wider than health including social care, district and county councils with a key link into the voluntary, community and social enterprise community through, for example, social prescribing. We will define ICP and PCN measures that link back to the outcomes framework. The outcome framework is centred on the 'triple aim' together with priorities from the local Health & Wellbeing Boards.

The strategic priorities have been agreed across the ICP and include:

- Tobacco and Related Harm
- Alcohol Related Harm
- Diet and Nutrition
- Children & Young People
- Healthy & Sustainable Places and Communities
- Antimicrobial Resistance

The ICP Board and membership have decided to address these priorities through a focus on our most challenged and underserved neighbourhoods. A more detailed plan of this work will be developed in the next period.

9. Review and reform outpatient referrals and treatments on a joint basis

Sherwood Forest Hospitals Foundation Trust (SFHFT) and the wider system is responding to the NHS long term plan which sets out a vision to reduce face to face outpatients (new and follow up) by 33% by 2023/24. Using 2018/19 as a baseline, the ambition over five years would equate to a reduction in the region of 125,000. An ambitious plan has been set for 19/20 which focuses on two priorities to reduce unnecessary face to face outpatient appointments by 34,595 in the first year.

To do this SFHFT is implementing best practice from other systems and is building on the ideas generated by SFHFT clinicians, staff, GPs and patients. Building on the wealth of evidence and best practice available, the transformation programme has been aligned to the long term plan around the following key themes:

- Patient Initiated Follow Up (PIFU)
- Advice & Guidance
- Virtual Assessment and Virtual Appointments
- Standardised Referral Pathways & Templates
- Pre-Operative Pathways
- Technology
- Directory of Services (DOS).

To date 20,000 appointments have been identified as being avoided or having the potential to be provided in a different setting whether that is virtual or in the community. A "bridge" for each outpatient specialty has been developed, underpinned by a set of actions, risks and issues.

The current gap to the 34,595 appointments target agreed with commissioners is 14,263 appointments, however opportunities continue to be identified.

To facilitate this programme of work, transformation funding of £362,000 has been committed across the system. This is being jointly managed by the CCG and SFHFT and will be allocated against initiatives that will assist in meeting the Trust's strategy for Outpatients and the vision set out in the Long Term Plan.

It has been agreed that implementation of service transformation beyond 2019/20 will focus on

- Maximising capacity across the ICP
- The implementation of personalised care approaches through tools such as Patient Activation Measures (PAMS)
- Frequent Attenders and Referrals without subsequent activity (much the same as undertaken for ED/Urgent care attendances)
- Maximising the digital opportunities that arise with Public Facing Digital Services (PFDS)
- On-going transactional/efficiency review of all acute clinics
- Improving communication and links between GPs and consultants
- Identifying further opportunities for services to be provided more locally in PCNs.

10. Formulate and implement plan for the use of technology to integrate information and utilise technology to enable care and treatment in line with the work of the ICS workstream.

In order to support the delivery of the priority areas defined in the Long Term Plan there are a number of digital enablement projects either underway or planned over the next five years. Some of the key deliverables from a digital enablement perspective have already been completed and are now embedded into system wide business as usual.

Data Analytics and Population Health Management are significant themes running through the Long Term Plan. The GP repository for Clinical Care (GPRCC) and e-Healthscope are widely utilised across the system, particularly within care co-ordination. This enables data pulled from providers across health and care within Nottinghamshire to be amalgamated to identify care gaps and risk scores, facilitating efficient and effective individualised care. This will be scaled up over the next few years to support population health management and predictive analytics.

Electronic communications between health and social care provide a more seamless transition between SFHFT and social care, enabling electronic referrals for patients requiring social care assessments. A dashboard view ensures SFHFT clinicians are aware of the progress of all these patients, facilitating efficient and timely discharge. Electronic communications additionally support urgent and emergency care providing ED staff with the ability to establish whether patients have had a care package in place, thereby preventing unnecessary admissions and enabling patients to return home as soon as possible.

The ability for NHS 111 to book patients directly into GP appointments for some areas of the ICP provides has eased potential pressure in urgent and emergency care.

The digital first agenda, and empowering the population to manage their own health and care through digital tools, provides the digital enablement to support many of the Long Term Plan priorities across: Prevention and Wider Determinants, Cancer, Planned Care, Proactive Care and Mental Health. The Public Facing Digital Services programme will provide the population of Nottinghamshire with the tools they need to undertake different types of consultation i.e. online consultation and remote monitoring of Long Term Conditions, self-care and information, community signposting and social prescribing.

In order to support the Urgent and Emergency care priorities detailed in the Long Term Plan a system wide capacity and flow programme is underway and has identified short term solutions to ease winter pressures and is the process of developing a long term strategic system wide approach to support the management and flow of patient flow.

Locally the Integrated Digital Care Record will continue to expand to provide a single shared health and care record across Nottinghamshire and progress is being made to move towards a longitudinal health and care record across the East Midlands.

We were keen to capture in this comprehensive letter the progress we have made over the first six months of this year. There is lots of evidence our organisations and teams are working closer together than ever before and we are grateful for your support with this important agenda. One important example of this is NHFT and SFHFT appointing Clare Teeney as their joint director of HR and the move towards identifying opportunities for closer HR and OD working across both provider organisations.

We recognise “system working” is complex and can be challenging, but our joint effort is so important to ensure we deliver sustainable improvement across the wider determinants of health for the citizens of Mid Nottinghamshire

Yours sincerely



Rachel Munton
Independent Chair



Richard Mitchell
Lead Executive Officer

Mid-Nottinghamshire ICP Board

TITLE:	Update/Feedback from Wigan – Kings Fund Evaluation Report
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DATE OF MEETING:	18 th November 2019	PAPER REF:	ICP/19/043
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AUTHOR:	Peter Wozencroft	PRESENTER:	Chair, Richard Mitchell, Peter Wozencroft
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EXECUTIVE SUMMARY (OVERVIEW):
The slide deck summarises the Kings Fund report into the Wigan Deal, and contextualises feedback from the Chair and Executive Lead about the visits to Wigan undertaken in recent months.

RECOMMENDATION:
<input type="checkbox"/> To endorse <input type="checkbox"/> To approve <input type="checkbox"/> To receive the recommendation (<i>see details below</i>) <input checked="" type="checkbox"/> To discuss



Lessons learned about the Wigan Deal

From evaluation report carried out
by the Kings Fund published June
2019

Creating happier, healthier communities together



Outcomes

- Healthy life expectancy increased by 31 months for females and 19 months for males between 2009-11 and 2015-17 to 62.6 and 60.5 years respectively – against England averages of 64 and 63.5 which had been static over the same period
- Council has reduced its recurrent expenditure by £142m between 2011/12 and current year
- 91% of people over 65 who received re-ablement service still at home 91 days after discharge in 2017/18 against England average of 83%
- Delayed transfers of care less than half the average rate for England
- Lots of citizen stories and colleague feedback that things are better in ASC and health
- Results took three years to begin to emerge



Trigger and response

- Response to austerity – recognising that salami slicing and stretching existing resources more thinly was not the answer
- Conscious drive to reduce the amount that citizens would need from the Council services – investment in prevention and early intervention as well as improving efficiency of service provision



Theoretical underpinning

- Concept of “relational welfare” (Cottam et al)
 - relationship of citizens with welfare state is too passive and transactional, new model sees people and communities develop their own capabilities and build new relationships that help them make progress in their lives
- Shorthand – strength/asset based model.
People are the greatest asset but other stuff helps



Different conversations with citizens

- Trained social care staff to have more open and exploratory conversations, encompassing a person's strengths and interests as well as their needs
- Combination of social, community, physical and personal assets being identified and drawn upon to help individuals and communities to help themselves and build confidence and pride
- Citizen deal – gives and gets with meaning



Focus on council staff

- Different conversations require different solutions, so giving permission to innovate and take risks
- Leaders backing staff and maintaining a “constancy of purpose” that is humble but bold – particularly in the face of obstacles and set-backs
- Effort to spread across all aspects of council business and wider stakeholders – acknowledged to be work in progress
- Parting company with people who are unable or unwilling to buy in



Investment

- Amidst reductions in service costs, used council reserves to invest up front in local voluntary sector and communities themselves – the Deal for Communities Investment Fund, collaborative commissioning, citizen-led public health and community link workers
- Enabling existing assets to scale up e.g. paying for an extension for a foster carer to enable them to care for more children



Places

- Seven footprints within a town with a population of a similar size to Mid Notts, with socio-economic and health characteristics similar to M&A



Healthier Wigan partnership – ICP and ICS

- Wigan is one of the 10 boroughs that comprise the GM Health and Social Care Partnership – this has brought NHS into the frame more strongly since 2015 – parallel with Notts ICS
- NHS partners bought in to the deal intellectually, but a way to go to fully embrace and embed



Summary

- The deal is real – adult social care and health and children's services are in the vanguard, but wider council and wider H&SC economy on the journey
- Pride and buy-in from those in the council, the community and voluntary sector and citizens that have been directly involved is tangible with many stories of better outcomes
- Has the makings of a new social contract with citizens, but isn't there yet – beyond those with direct experience of social care citizens do not recognise improved offer or vfm



Considerations for Mid-Notts ICP

- Wigan Council provided the impetus for what became the Wigan Deal and kept it in house for some time – is it feasible to replicate this impetus across multiple organisations? If so, how?
- To what extent can our emergent neighbourhood approach embrace the relational welfare concept and be systematised across Mid-Notts – are we prepared to lead our teams into this territory?
- Is there a way in which we can create an investment fund to facilitate and accelerate change?
- Are there structural changes to leadership arrangements that we would need to bring about or accelerate to increase our chances of success?

Mid-Nottinghamshire ICP Board

TITLE:	Q2 System Performance Report
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DATE OF MEETING:	18 th November 2019	PAPER REF:	ICP/19/044
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AUTHOR:	Peter Wozencroft	PRESENTER:	Peter Wozencroft
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EXECUTIVE SUMMARY (OVERVIEW):
The report gives an account to ICP Board members of system performance and outcomes to the end of Quarter 2 (September 2019)

RECOMMENDATION:
<input type="checkbox"/> To endorse <input type="checkbox"/> To approve <input type="checkbox"/> To receive the recommendation (<i>see details below</i>) <input checked="" type="checkbox"/> To discuss



Mid Nottinghamshire Transformation Programme

Summary report from
Transformation Board to Leadership
Board

Month 6, September 2019

Creating happier, healthier communities together

Activity and demand summary



- ED attendances and emergency admissions were both 5% above plan in September 2019. This remains much higher than last year's activity levels.
- From the urgent care dashboard there were no outlier data points on the SPC charts in September 2019. However, for both EMAS conveyances and ED attendances there have now been 7 consecutive data points above the mean average and this can be seen as a sustained increase in activity.
- This increase in urgent care demand has impacted the activity monitoring of the QIPP schemes. In September 2019 the only cohort of patients which saw a reduction in admissions compared to last year was for High Intensity Service Users. The patient cohorts linked to frailty, end of life and COPD have all observed an increase in September.
- For out-patient first attendances there has been an increase in Dermatology first attendances impacting the targeted reduction in outpatient activity. The activity reduction schemes for Pain Management out-patient firsts and out-patient transformation do however continue to be successful.
- The majority of the activity indicators for planned care show expected activity levels in September 2019.

Issues to note from the transformation programme



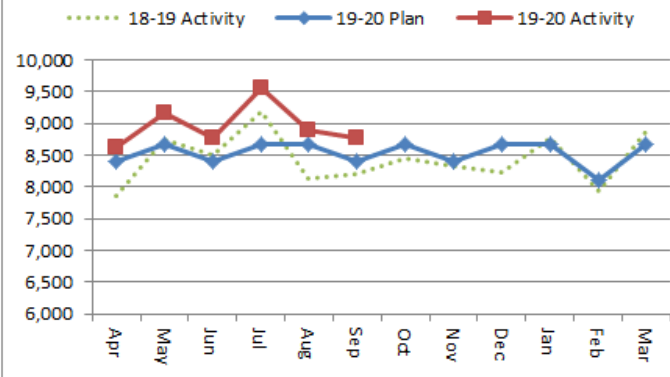
- The Outpatient Transformation Programme has identified initiatives that are estimated to remove a full year equivalent of 34,000 outpatient appointments. This exceeds the pro rata Long Term Plan reductions which equates to circa 23,000 appointments in year 1 for SFH. As noted on slide 2 and illustrated on slide 5, confidence levels are high, although the bulk of the reductions in follow-up appointments are due to be delivered in the remainder of the year. Mainly because of the phasing of the activity reductions, SFH has not been able to identify cost reductions equivalent to the income reduction that it will see, and will therefore experience a cost pressure in 2019/20.
- A detailed delivery plan is in place with weekly oversight for each of the 8 recommended actions identified in the Drivers of Demand work. A number of these are expanded on below.
- Progress with implementation of the agreed model for Integrated Rapid Response Service (IRRS) has been made this quarter and the service should have an appreciable impact on ED attendances and non-elective admissions during the winter.
- ED attendances for care home residents have increased in line with overall activity trends. The CCGs have strengthened supportive interventions into care homes with higher levels of attendances.
- The Home First Integrated Discharge (HFID) team is undertaking process re-design of all aspects of the hospital discharge process. The complexity of current processes, and the extent of the culture change required to optimise them and meet the scheme objective of getting more people home first following a stay in hospital is becoming evident. It has been acknowledged that whilst there will be some improvements in the short term, which will help to support the system through the winter, it will not be possible to remove any bed capacity during 2019/20, and therefore overall system costs are unlikely to reduce.
- Transformation funding is being actively deployed in line with the ICP Board agreement to support return on investment in 2019/20 and 2020/21.

SFHFT month 5 contact position

Activity vs Plan



A&E Activity vs Plan - MN CCGs at SFH

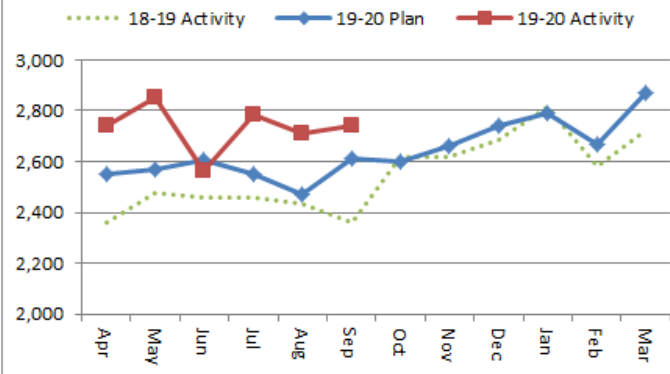


Month	Plan	Actual	Diff	% Diff
Apr	8,388	8,613	225	2.7%
May	8,668	9,169	501	5.8%
Jun	8,388	8,768	380	4.5%
Jul	8,668	9,561	893	10.3%
Aug	8,668	8,883	215	2.5%
Sep	8,388	8,773	385	4.6%
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
YTD	51,167	53,767	2,600	5.1%

These charts and tables detail the current activity position against contract plan.

A&E attendances are currently 5.1% above plan.

NELs Activity vs Plan - MN CCGs at SFH



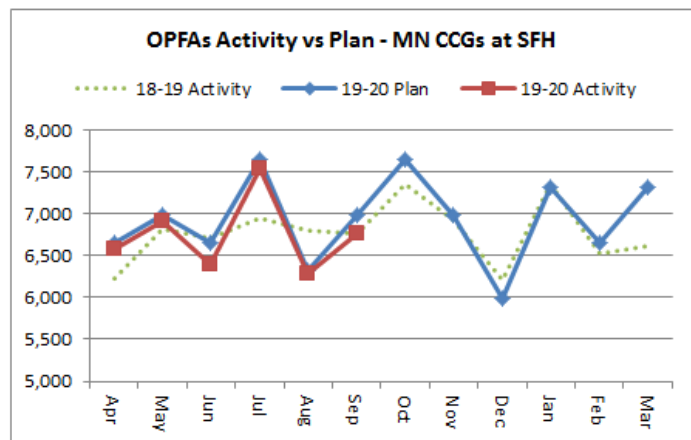
Month	Plan	Actual	Diff	% Diff
Apr	2,548	2,744	196	7.7%
May	2,571	2,851	280	10.9%
Jun	2,606	2,561	-45	-1.7%
Jul	2,552	2,786	234	9.2%
Aug	2,472	2,708	236	9.5%
Sep	2,613	2,743	130	5.0%
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
YTD	15,362	16,393	1,031	6.7%

Non-elective admissions are currently 6.7% above plan.

The number of NEL admissions is closely following the increased number of ED attendances.

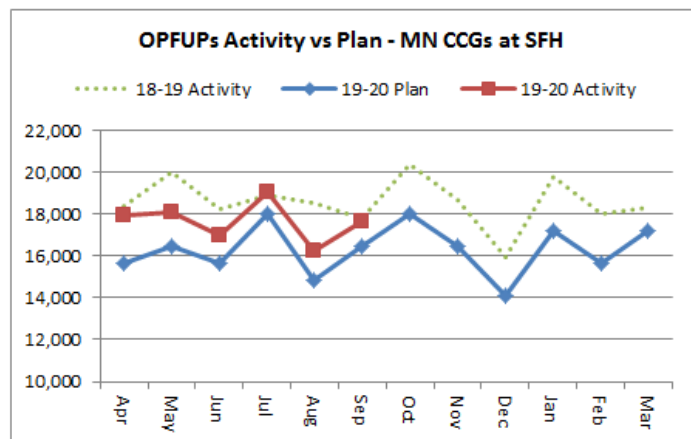
SFHFT month 5 contact position

Activity vs Plan



These charts and table details the current activity position against contract plan.

Out-patient first attendances are currently 1.9% under plan.



Out-patient follow-up attendances are currently 9.1% above plan.

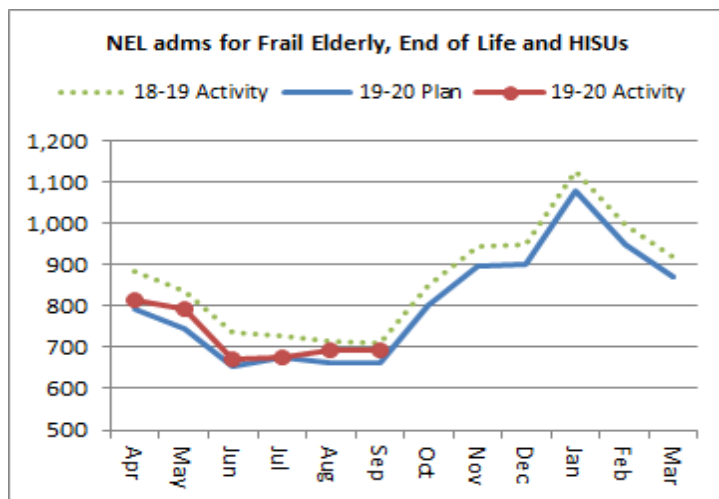
The OP transformation schemes is planned to deliver activity reductions later in the year but this reduction has been phased more equally in the contract plan.

QIPP activity reductions by scheme & month – urgent care



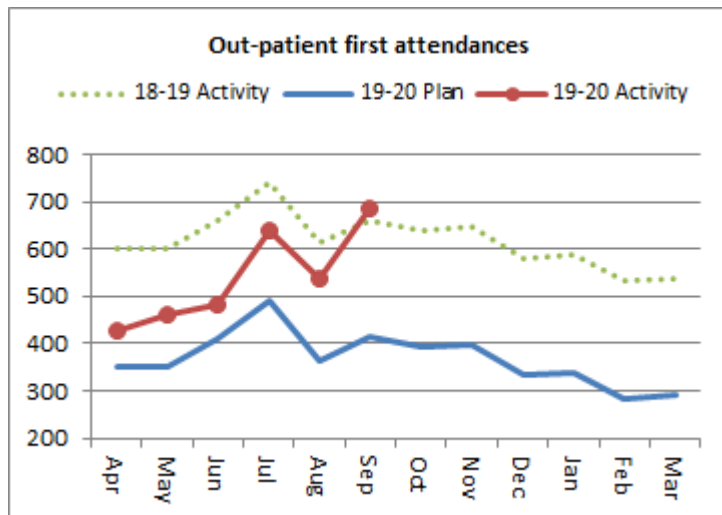
The below chart details the impact on non-elective admissions for those urgent care schemes that target the frail elderly population, patients on an End of Life pathway and High Intensity Service Users.

For the month of September the only patient cohort that had observed a reduction in activity compared to last year was for High Intensity Service Users.



QIPP Activity Reductions by Scheme					
Month	Frailty	End of Life	High Intensity Service Users	COPD	Total
Apr	30	25	11	2	68
May	0	31	11	2	44
Jun	0	42	12	12	66
Jul	0	33	13	5	51
Aug	0	0	20	0	20
Sep	0	0	20	0	20
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					

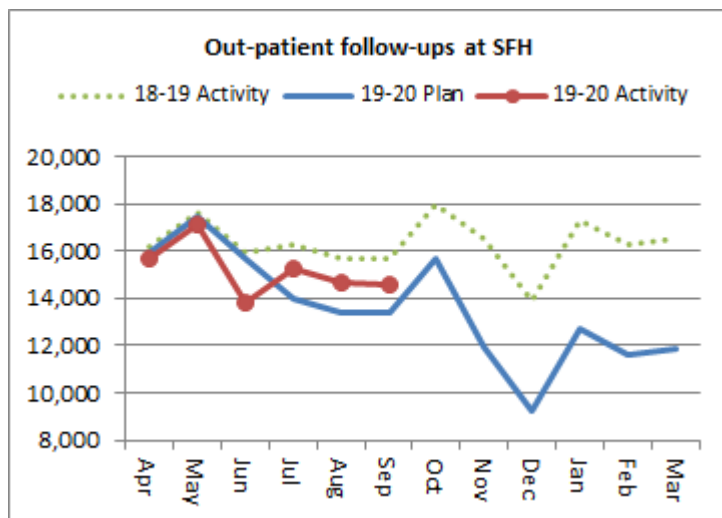
Activity patterns by schemes & month – planned care



These charts detail the impact of those schemes targeting a reduction in out-patients.

Dermatology out-patient firsts observed a large increase in September leading to 0 reported QIPP activity.

The out-patient transformation scheme at SFH is continuing to deliver a lower level of out-patient follow ups compared to last year.



Month	QIPP Activity Reductions by Scheme		
	Pain Management	Dermatology	Out-patient transformation
Apr	443	637	533
May	295	532	545
Jun	255	584	2,083
Jul	275	195	1,054
Aug	461	241	1,076
Sep	846	0	1,058
Oct			
Nov			
Dec			
Jan			
Feb			
Mar			

Urgent Care, Elective & MSK Activity Dashboards

APPENDICES

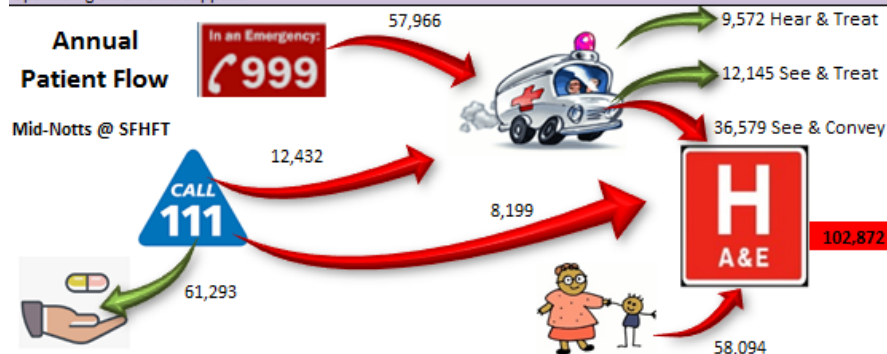
Urgent Care 1 of 2

Mid-Nottinghamshire Transformation Board - System Data Pack for Urgent Care

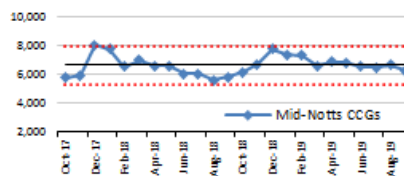
All SPC charts have been normalised to equal calendar days (30.4 days)

Transformation Priorities

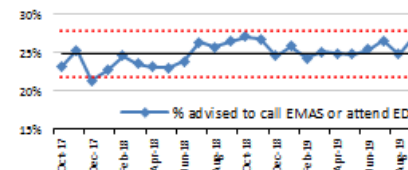
Focus on simplifying pathways to make it easier to use system resource effectively
Reducing demand a key principle including working with EMAS and NHS111 to reduce ED atts
Optimise risk stratification to ensure sustained, consistent performance
Better management of last 12 months of life across all partners
Integrated management of frailty and falls
Optimising Care Home support



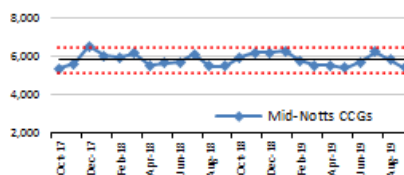
111 Calls



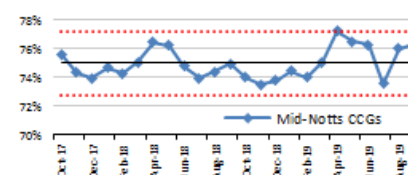
111 disposition to EMAS or ED



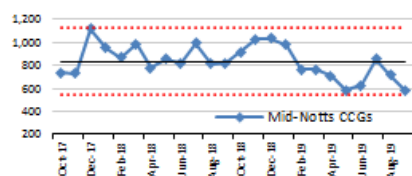
EMAS Calls received



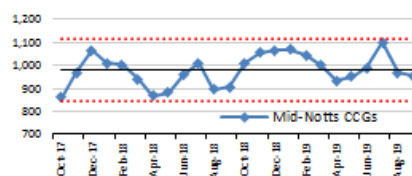
EMAS Conveyance %



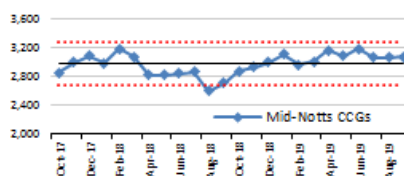
EMAS Hear & Treat



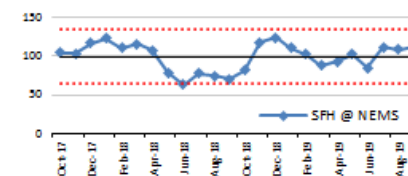
EMAS See & Treat



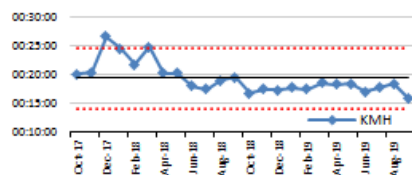
EMAS See and Convey



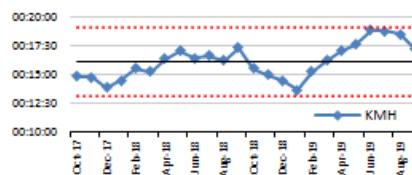
Ambulance arrivals streamed to PC24



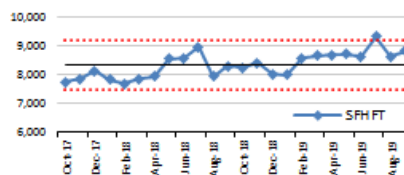
Average Pre Clinical Turnaround at KMH



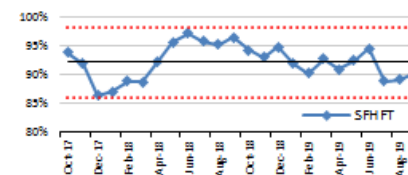
Average Post Clinical Turnaround at KMH



A&E Attendances

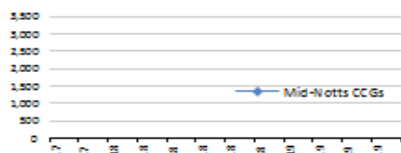


A&E % < 4 hr

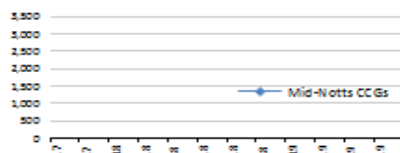


Urgent Care 2 of 2

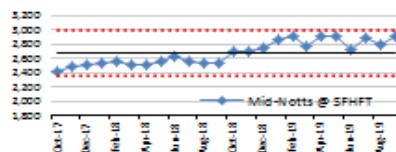
Mental Health KPI 1



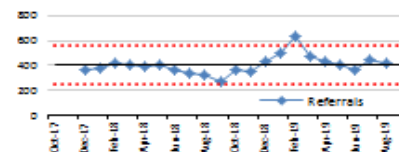
Mental Health KPI 2



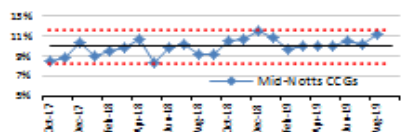
Non-Elective admissions



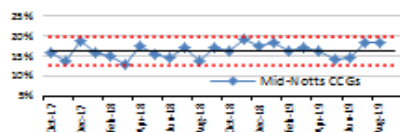
Call for Care



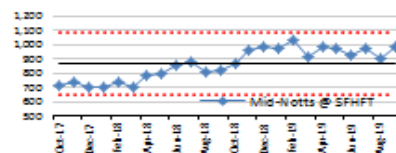
Emergency 30 day re-admission % rate
Age 70-84 yrs



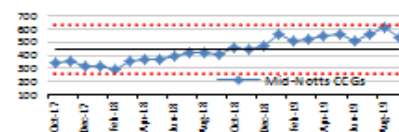
Emergency 30 day re-admission % rate
Age 85+ yrs



0 day Non Elective admissions



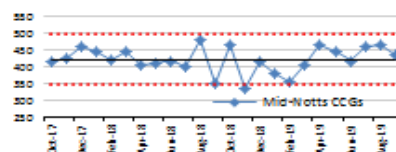
Number of Emergency admissions to
AECU @ KMH



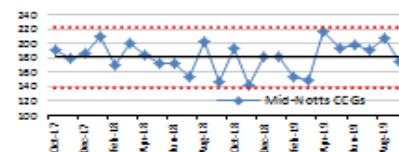
Efficiency Scheme Progress Update - M6 programme reporting

Projec	Project	Milestones	Overall Status
1819-044	Mid Nottinghamshire	Blue	Blue
1819-048	Chatsworth Unit - Neuro -	Amber	Green
1819-113	Pop Demand Management	Green	Red
1819-013	Frailty	Amber	Red
1819-008	End of life	Blue	Amber
1819-015	Ambulatory Emergency Care	Blue	Blue
1819-085	DVT	Blue	Blue
1819-117	COPD Community Pathway	Blue	Blue
1819-130	Significant 7	Amber	Red
1920-04	HIUS Service	Amber	Green
1920-02	IRRS Community Rehab	Amber	Red
1920-02	Integrated Urgent Care	Green	Green
1920-036	HFID	Red	Red
1920-028	Stroke	Red	Red
1920-04	Effective Discharges	Amber	Amber

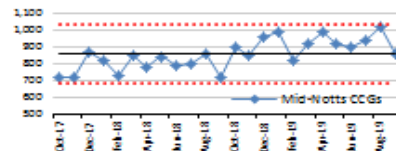
ED attendances to KMH from Care Homes



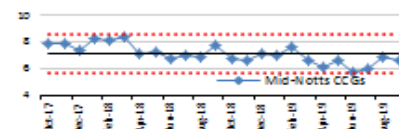
Emergency adms to KMH from Care Homes



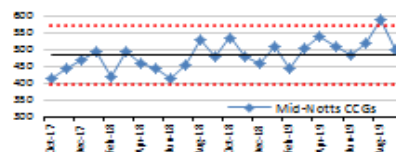
KMH Emergency adms aged 70-84 Years



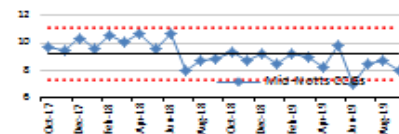
KMH Emergency admissions aged 70-84
Average LoS days



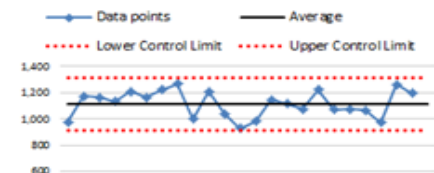
KMH Emergency adms aged 85+



KMH Emergency admissions aged 85+
Average LoS days

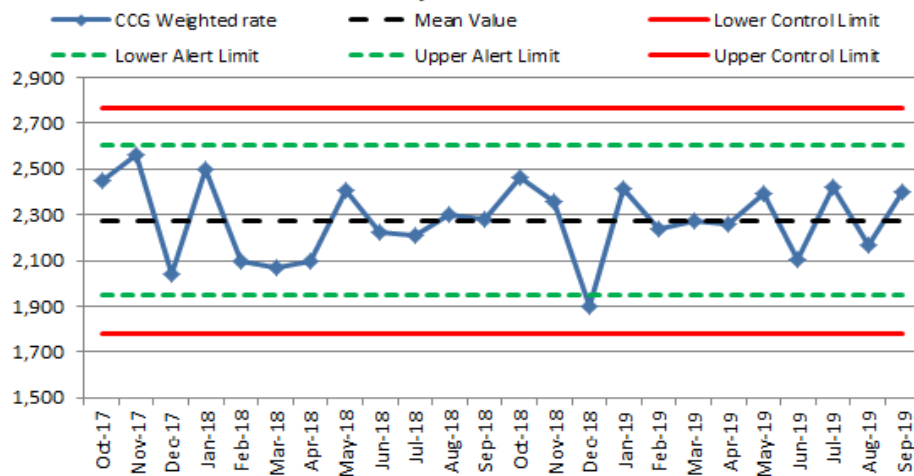


SPC Key

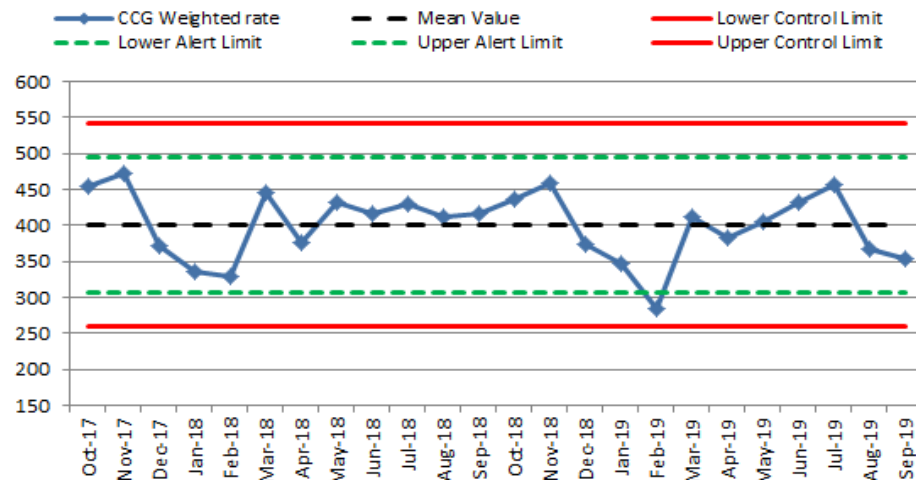


Elective Care 1 of 1

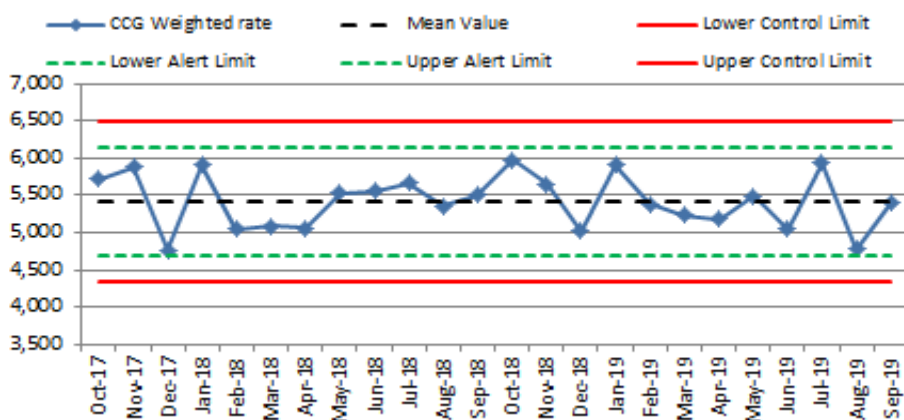
SPC Chart Day Case Admissions



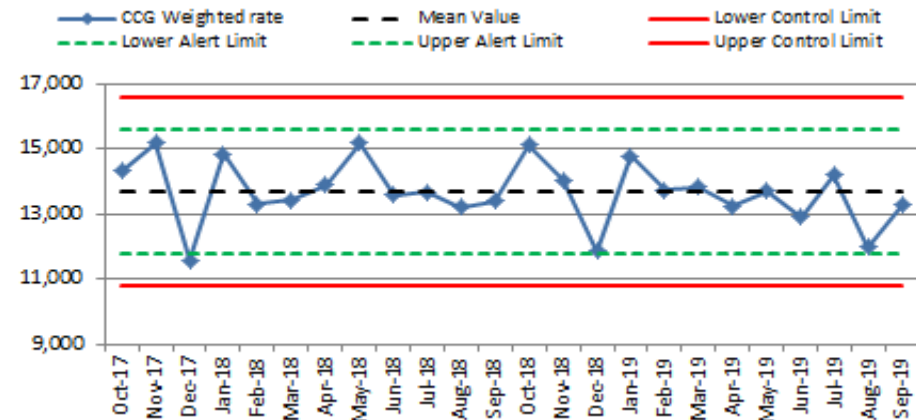
SPC Chart IP admissions



SPC Chart OP first



SPC Chart OP FUP

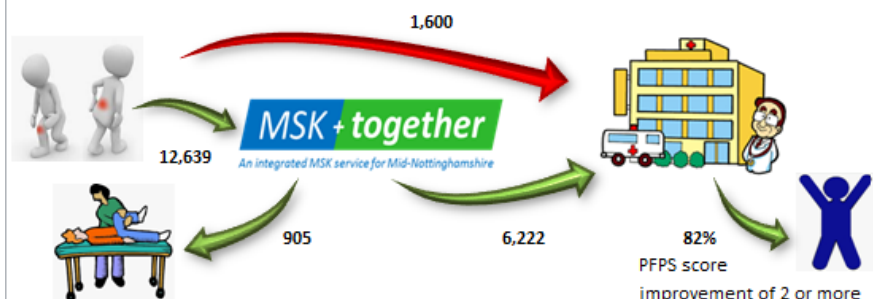


Mid-Nottinghamshire System Data Pack for MSK Services

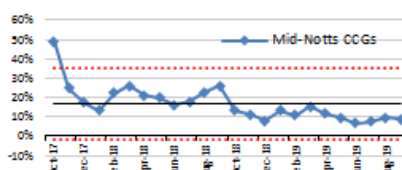
All SPC charts have been normalised to equal calendar days (30.4 days)

MSK Together Priorities

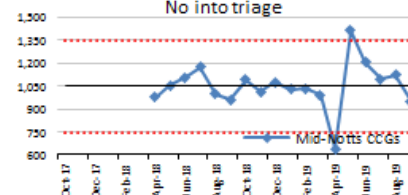
Annual Patient Flow



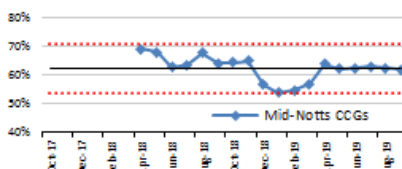
% of referrals bypassing triage



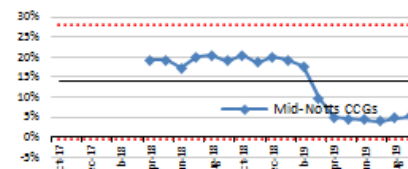
No into triage



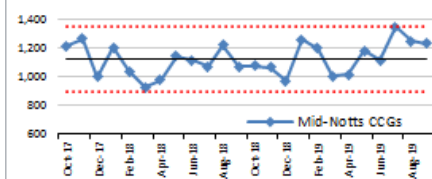
% triaged into secondary care



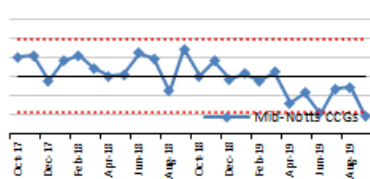
% triaged into community podiatry, the pain service and back pain unit



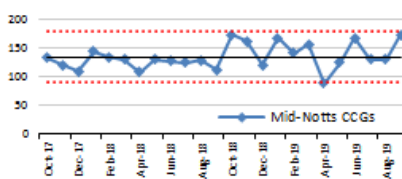
T&O out-patient firsts



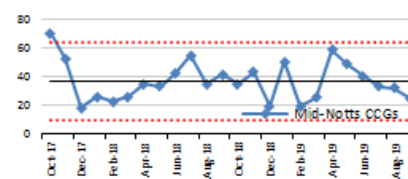
Pain management out-patient firsts



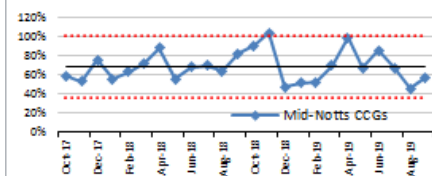
Rheumatology out-patient firsts



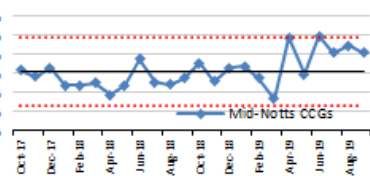
Podiatry out-patient firsts



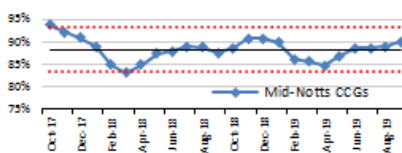
T&O conversion rates at SFH



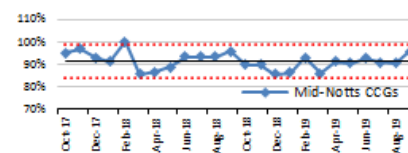
T&O conversion rates - Non-SFH



% Incomplete RTT pathways over 18 weeks - T&O



% Incomplete RTT pathways over 18 weeks - Rheumatology



MSK 2 of 2

YTD activity reductions from baseline period

POD	17-18 YTD	18-19 YTD	19-20 YTD	Trend
Out-patient first	9,060	8,677	8,795	
Out-patient follow up	29,076	27,471	24,930	
Day case admission	2,558	2,319	2,114	
Inpatient admission	845	777	778	

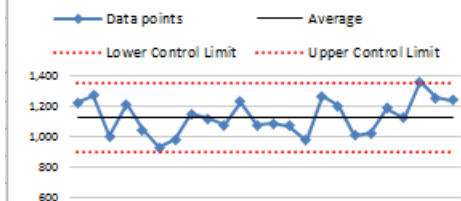
YTD activity change from baseline period

POD	17-18 YTD	18-19 YTD	19-20 YTD
Out-patient first	-	-4%	1%
Out-patient follow up	-	-6%	-9%
Day case admission	-	-9%	-9%
Inpatient admission	-	-8%	0%

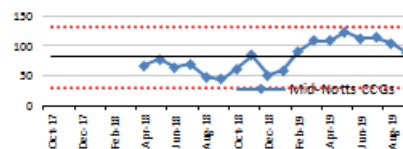
First to follow-up ratios

Specialty	17-18 YTD	18-19 YTD	19-20 YTD	Trend
T&O	2.4	2.4	2.1	
Rheumatology	10.1	8.8	8.1	
Pain Management	3.9	3.8	4.0	
Podiatry	2.7	3.4	3.0	

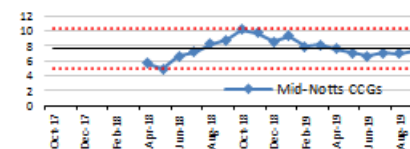
SPC Key



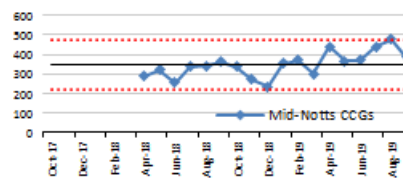
Referrals into MSK community physiotherapy



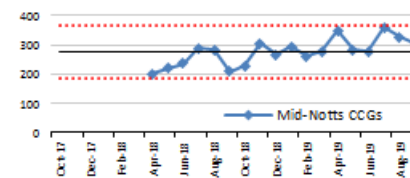
Average waiting time for MSK community Physio



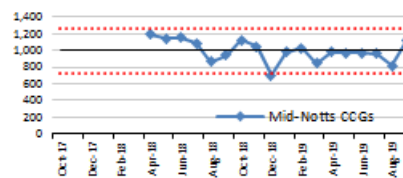
MSK APP contacts - NHCT



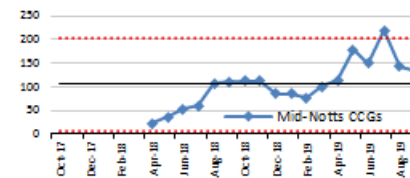
MSK APP contacts - SFHFT



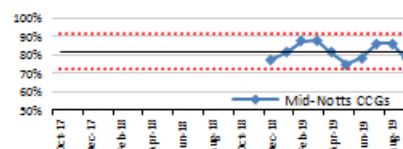
Generalist physiocontacts - NHCT



Generalist physiocontacts - SFHFT



% patients improving their PSFS score by 2 or more



Number of patients participating in shared decision making



Mid-Nottinghamshire ICP Board

TITLE:	Nomination of potential new members
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DATE OF MEETING:	18 th November 2019	PAPER REF:	ICP/19/045
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AUTHOR:	Peter Wozencroft	PRESENTER:	Peter Wozencroft
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EXECUTIVE SUMMARY (OVERVIEW):
The paper presents a rationale for NEMS and PICS to be invited to become members of the ICP and nominate Board representatives.

RECOMMENDATION:
<input type="checkbox"/> To endorse <input checked="" type="checkbox"/> To approve <input type="checkbox"/> To receive the recommendation (<i>see details below</i>) <input type="checkbox"/> To discuss

Mid-Nottinghamshire Integrated Care Partnership

Board Meeting 18th November 2019

Proposal for the Inclusion of Additional Members

Introduction

The Integrated Care Partnership (ICP) is evolving, building up on the successes and learning points from our participation in the Better Together programme since 2013. The landscape and political context in which the ICP is operating is changing rapidly, and to some extent we are trying to anticipate the future direction for care integration without definitive guidance or changes to the statutory framework within which each party operates.

As we develop our role as a delivery vehicle for the population health and wellbeing objectives of the Nottingham and Nottinghamshire Integrated Care System, it is important that we maintain our inclusivity, whilst recognising that membership of the ICP signifies a commitment to working collaboratively for the closer integration of health and care.

Proposal

In the process of delivering our plans during 2019/20, and developing our approach to planning and delivery for 2020/21 onwards in the context of the ICS overall objectives and response to the NHS Long Term Plan, it has become clear that there are some important providers which are not currently members of the ICP. This paper seeks to address these gaps by providing a brief rationale for inclusion for NEMS Community Benefit Services Limited (NEMS CBS), and Primary Integrated Community Services (PICS), and suggesting that subject to discussion and agreement by the Board, an invitation be issued to them to join the ICP and nominate Board members accordingly.

NEMS CBS – rationale for membership

NEMS is the incumbent provider of out of hours primary care across Mid-Nottinghamshire, and the PC24 service that forms a key component of the single front door service at King's Mill Hospital. During 2019/20, the Nottinghamshire CCGs have decided to award a contract to NEMS, in conjunction with Derbyshire Health United (DHU) the incumbent provider of NHS111, for the provision of an integrated Clinical Assessment Service to strengthen out of hospital urgent care provision across the county. NEMS also features prominently alongside other ICP partners in plans to ensure the provision of Urgent Treatment Centres at KMH and Newark Hospital – to be operational and compliant with NHS England stipulations from December 2019. NEMS is therefore firmly embedded in the provision of urgent care across Mid-Notts, and it is essential that they are enabled to make a strategic contribution to the plans for further care integration.

PICS – rationale for membership

PICS has two key roles within the ICP. The first is as a provider of clinical services direct to citizens. These include acute home visiting, specialist nursing support to people with long term conditions, end of life care services and the community pain service. The second role

is as the provider of infrastructure support to our Primary Care Networks – PICS is acting as the employer for social prescribing link workers and first contact practitioners, as well as coordinating a range of “back office” support services to enable the PCNs to operate as efficiently as possible. As such, PICS makes and will make an increasing contribution to the development of the ICP and this needs strategic alignment through membership of the ICP and its Board.

Recommendation to the ICP Board

The Board is asked to discuss the rationale for membership for NEMS and PICS, and subject to agreement, extend an invitation to the organisations to join the ICP and nominate Board representatives.

Peter Wozencroft

11th November 2019

Key:
Standing Item
Provisional Item

Mid-Nottinghamshire ICP Board Forward Programme – 2019

Meeting Date	Deadline for Papers	Agenda Item	Lead
16 December 2019	10 December 2019	ICP Vision – Full	Kerry Beadling-Barron
		Engagement Model	Kerry Beadling-Barron
		Outcomes Framework	Tom Diamond
		Digital Innovation	Andrew Haw (Peter Wozencroft)
		Estates Checkpoint Exercise	Ben Widdowson
		Cultural Strategy Arts Council	Rebecca Blackman (Richard Mitchell)
		PCN Update	PCN Clinical Director / David Ainsworth
		ICS Update	Deborah Jaines

To be allocated:
ACES and Safeguarding
Integrated Well Being Service

ICS Board Summary Briefing – October 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 9th October. 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 held on 12th September 2019 will shortly be published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>

Introduction

The Chair of the ICS, David Pearson, welcomed a number of citizens and staff from across the system to the Board meeting – reminding colleagues that the meeting was held in public and all the papers for the meeting are available at <https://healthandcarenotts.co.uk/about-us/ics-board/>. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions. The Chair and the Board also congratulated Dr Andy Haynes on his appointment as the ICS's interim Executive Lead following a system-wide recruitment process.

Patient Story – RedThread

Representatives from Red Thread (<https://www.redthread.org.uk/>), including a young service user, attended the Board to describe the diversion work being done in Nottingham on knife crime and other violent offences at the point of attendance in A&E. Through the targeted deployment of youth workers and by offering one-on-one support to young people at risk, the Red Thread team have been able to successfully break the cycle of violence for many young people. The Board heard a presentation from Chloe who was a beneficiary of the Red Thread service at her own 'teachable moment' as a victim of violent crime and has subsequently gone on to become a peer mentor and ambassador for the organisation. Board members including representatives from NUH and the local authorities strongly endorsed the work of Red Thread which prompted a discussion on how best to support the ongoing provision of this service.

Estates Strategy

The ICS's Finance Director shared an update on the system's estates strategy, noting in particular that the ICS's approach to Estates planning was rated by national regulators in 2018 as "Improving" and that only systems with a higher rating of 'Good' or 'Strong' would be eligible for capital investment from national sources. A significant volume of work from across all system partners has been invested in recent months to move the strategy forward, including ensuring that the strategy is fully aligned to the emerging Clinical Services Strategy.

Shortly after the conclusion of the Board meeting, notification was received from NHS England/Improvement that the ICS's Estate Strategy had now officially been upgraded to a 'Good' status which will support the application for further capital investment into the system from national sources.

Innovation Exchange with East Midlands Academic Health Science Network

Following the discussion at the Board in June, Dr Andy Haynes updated on progress towards organising an 'Innovation Exchange' with East Midlands Academic Health Science Network (EMAHSN, <https://www.emahsn.org.uk/>). Drawing on the AHSN's expertise in connecting industry, academic and the NHS, it is anticipated that significant improvements can be made in the deployment of proven innovations across the ICS geography. ICS partners, in particular, the City Council have also ensured that direct connections are made to the two local Universities to fully maximise the resources available to improve cutting-edge patient care. The first Innovation Exchange will be held on 1st November and the Board approved the approach and committed members of the ICS to fully participate in the process.

Winter Plans

The Board received and discussed in detail the plans for winter across the ICS including the approach to ensure that members of the public and staff across the city and county are vaccinated against flu. The planning for this year's seasonal pressures has been informed by some detailed work on 'Drivers of Demand' that has unlocked a deeper understanding of the reasons behind the increased pressures on the urgent and emergency care system. The Board endorsed the Winter Plans and noted that the A&E Delivery Boards were now accountable for its ongoing delivery.

ICPs Update

The Board received updates from all three of the system's Integrated Care Providers – City, Mid-Nottinghamshire and South Nottinghamshire. Good progress has been made across all three ICPs in establishing their ways of working, governance and priorities as well as supporting the development of the Primary Care Networks. In particular, the ICPs are focussing on: better understanding their populations through partnership working with the Local Authorities including the development of detail population health 'dashboards'; ensuring that the new social prescribing link workers are recruited and well supported; developing local priorities for the year ahead and planning for launching these to staff, and; preparing for winter including flu vaccination plans.

Governance and Chair's Update

The Chair shared with the Board a number of updates regarding the ongoing governance development of the ICS including the development of an Executive Group of senior leaders – this will be further updated at the Board meeting on 6th November. The Chair also highlighted the meeting for Non-Executive Directors and Elected Members on 19th November which will be centred on the local Long Term Plan.

Mid-Nottinghamshire ICP Board

TITLE:	Neighbourhood Approach
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DATE OF MEETING:	18 November 2019	PAPER REF:	ICP/19/048
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AUTHOR:	Matt Finch, Hayley Barsby, Theresa Hodgkinson and David Ainsworth	PRESENTER:	Matt Finch, Hayley Barsby, Theresa Hodgkinson and David Ainsworth
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EXECUTIVE SUMMARY (OVERVIEW):
<p>As requested by the ICP Board, the District Council partners of the ICP have come together to work with the Mid Nottinghamshire CCG Locality Director to provide the Board with a two part presentation setting out the approach being taken towards addressing 'Place based' provision.</p> <p>Part 1 took part in September 2019 and among other areas focused on</p> <ul style="list-style-type: none"> • The District Council role - as leaders of place/recognising wider determinants. • Mid-Notts Strategic Objectives - key themes from their District/Borough Health and Wellbeing Plans (aligned to the ICP Plan and H&W Board). • Their Priority Places in Mid-Notts - stating our priority neighbourhoods/wards/estates with maps and like David has said, a short explanation as to how/why these have been identified as priority areas for tackling health inequalities. • Next steps ...alignment with PCN developments. <p>At this meeting part 2 will be presented and will focus on:</p> <ul style="list-style-type: none"> • PCN alignment with District / Borough Place based approaches. • Operational model - to co-ordinate targeted interventions at place level, drawing on asset based approaches within communities. • A call for action/support from the ICP Board Members.

RECOMMENDATION:
<p>X To receive the recommendation (<i>see details below</i>)</p> <p>The ICP Board is asked to support the second presentation in November in order that the board reaches a common understanding of the work around Place Based Provision in Mid Nottinghamshire.</p>



District Council's Approach to Neighbourhoods – PART 2

Speakers: Leanne Monger, David
Evans, Andrea Stone and David
Ainsworth

Creating happier, healthier communities together



As previously agreed...

Our PART 2 presentation to the ICP Board will cover:

- Operational models - to co-ordinate targeted interventions at place level, drawing on asset based approaches within communities.
- PCN development with District / Borough place based approaches.
- A call for action/support from the ICP Board Members.

District / Borough Council's – contribution to the wider determinants of Health and Wellbeing

Mid-Nottinghamshire
Integrated Care Partnership



People

Sheltered housing, homes, homelessness advice, debt advice, benefits advice, complex case, care leavers offer, Leisure Centre programmes and initiatives, volunteering, safeguarding, GP referral

Social and Community Environment

Community safety, Community Protection Officers, environmental health, food safety, pest control, noise control, health and safety, licensing, leisure centres, promotion of activities, play provisions, Breast feeding friendly, Take a seat

Local economy

Regeneration, economic development, local employers, local government jobs, commissioning services, grants, business grants, tourism, marketing, Dementia Friendly Businesses, Wellbeing at Work

Built environment

Housing, strategic housing, home adaptations, affordable housing, private sector enforcement, planning, building control, creating green spaces, parks and playing fields, play spaces, healthy infrastructure, cycle routes, car parking, CCTV

Natural environment

Sustainable development, home insulation, planning and development control, climate change strategies, air quality monitoring, waste and recycling collections, conservation areas, allotments, cemeteries



Strategic Objectives

Key themes across Mid-Notts from District Health and Wellbeing Plans – creating sustainable and health places:

- To give every child the **best start in life** (Breastfeeding, smoking during pregnancy, domestic abuse, school readiness, healthy eating)
- To promote and encourage **healthy choices**, improved resilience and social connection (Smoking, alcohol, substance misuse, nutrition and healthy eating, sexual health, volunteering, wellbeing@work)
- To support our population to **age well** and reduce the gap in healthy life expectancy (Carers, housing for the elderly, social isolation, cancer, stroke, respiratory disease, dementia)
- To maximise opportunities to develop our built environment into **healthy places** (Improving housing, greener places, food environment, air quality)
- To tackle **physical inactivity**, by developing our understanding of barriers and motivations (, leisure centre provision, sports clubs, childhood obesity)
- **Recognising that mental health is cross cutting in all themes**

Priority Neighbourhoods

Mid-Nottinghamshire
Integrated Care Partnership



**Mid-Nott's
Priority
Neighbourhoods**



Exercise

In small groups, could you please:

- draw/doodle the community you'd like to live in.
- What does a happy, healthy and sustainable place would look like?

We're not expecting a piece of artwork, instead look to represent all the things that matter to you.

Be as colourful and expressive as you like



Population Health

The Kings Fund animation (3 minutes)



<https://youtu.be/itNE8uan8XI>

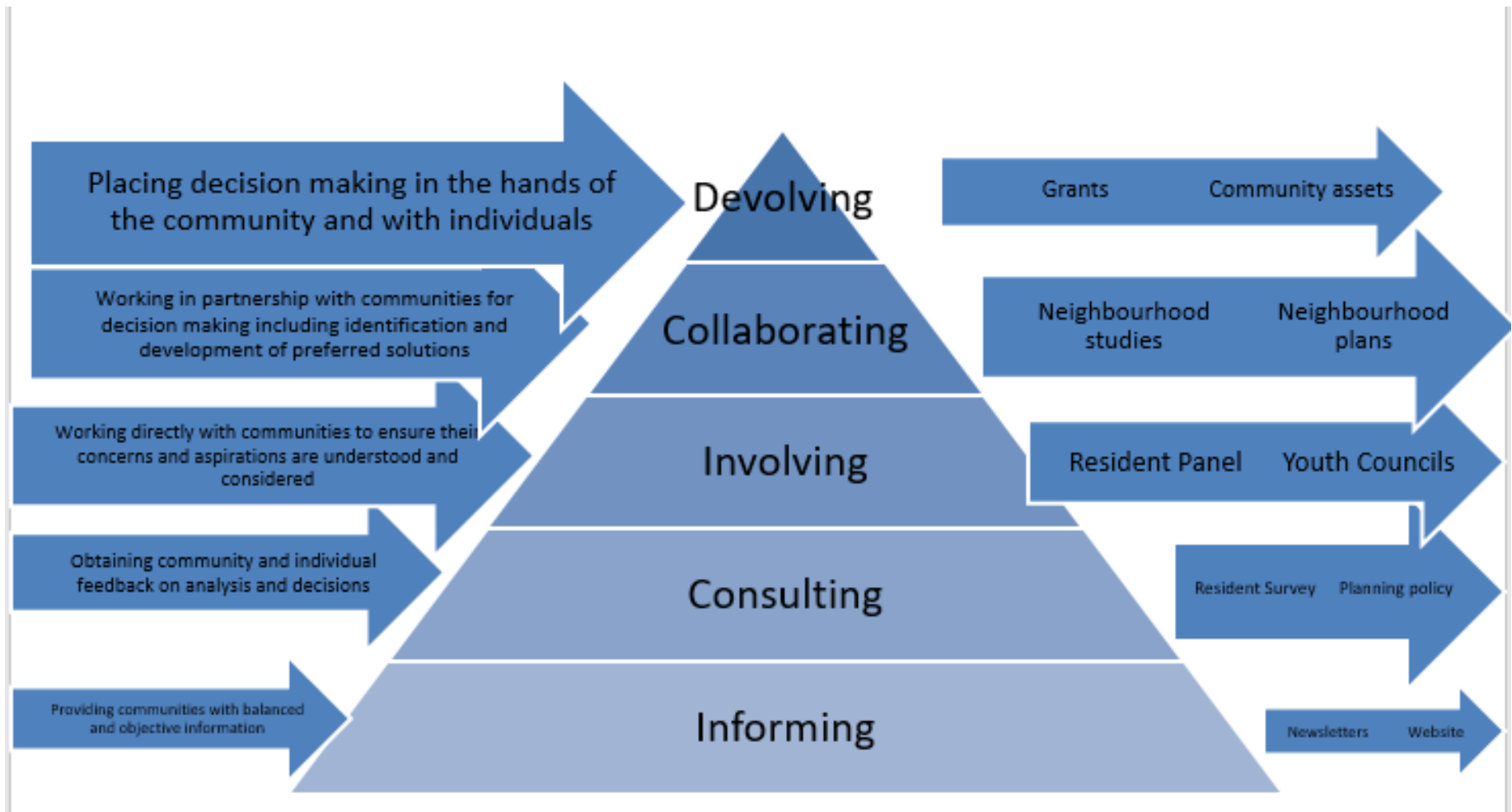


Our proposed approach...

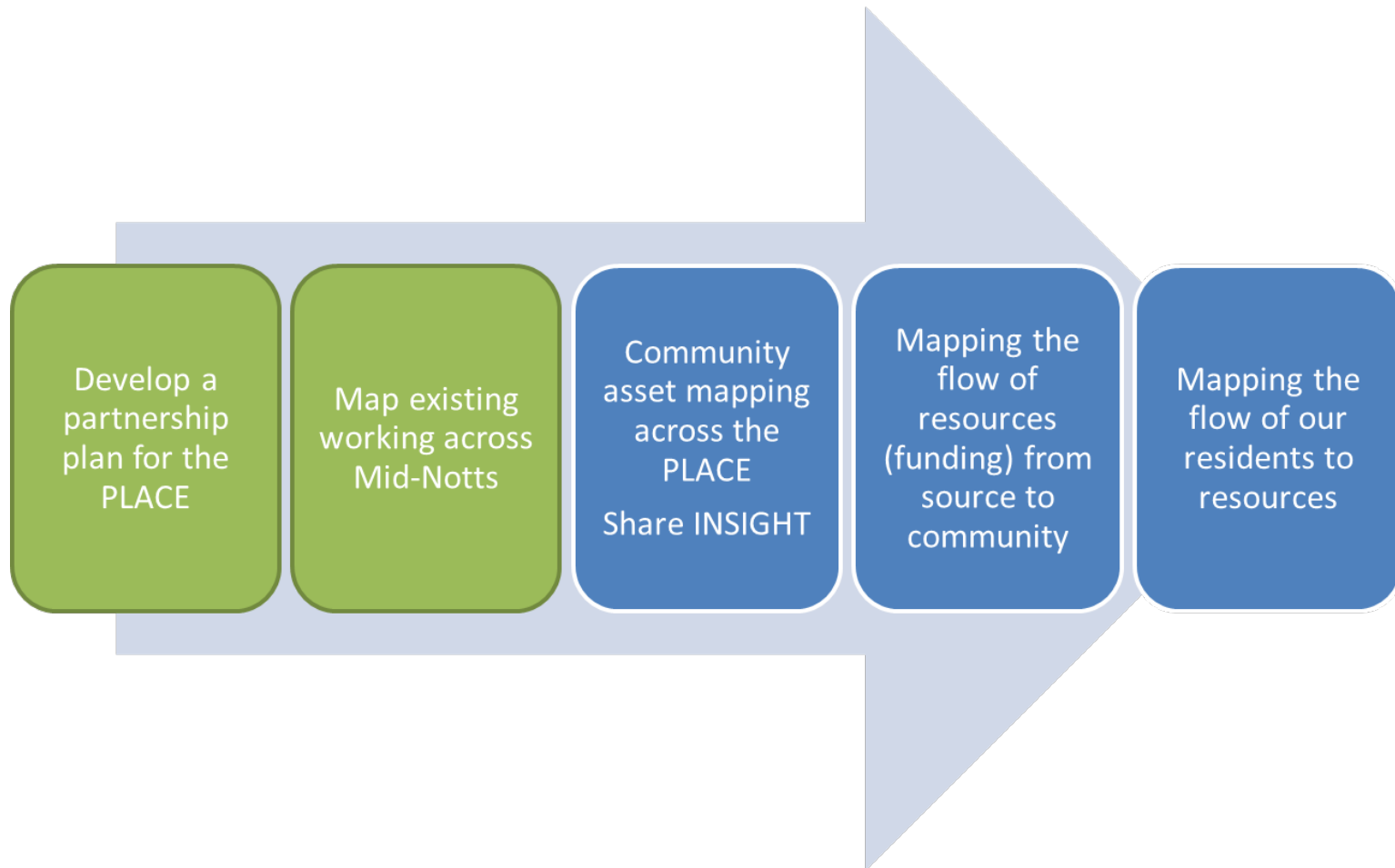
- to engage and involve partners and residents
- To work together to create a culture of ambition and collaborative working to achieve a shared vision around 'place'



Place Model in development....



Co-ordination



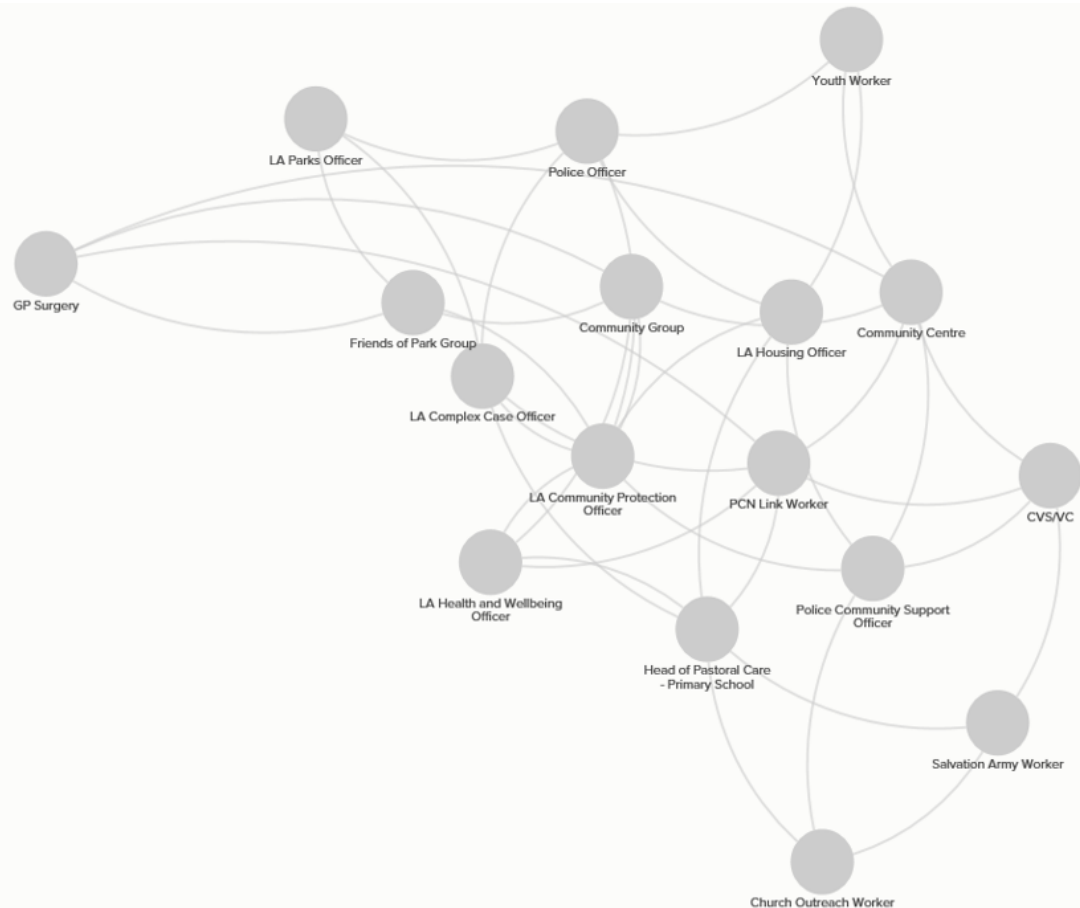
Operational Model



Place / Neighbourhood Team

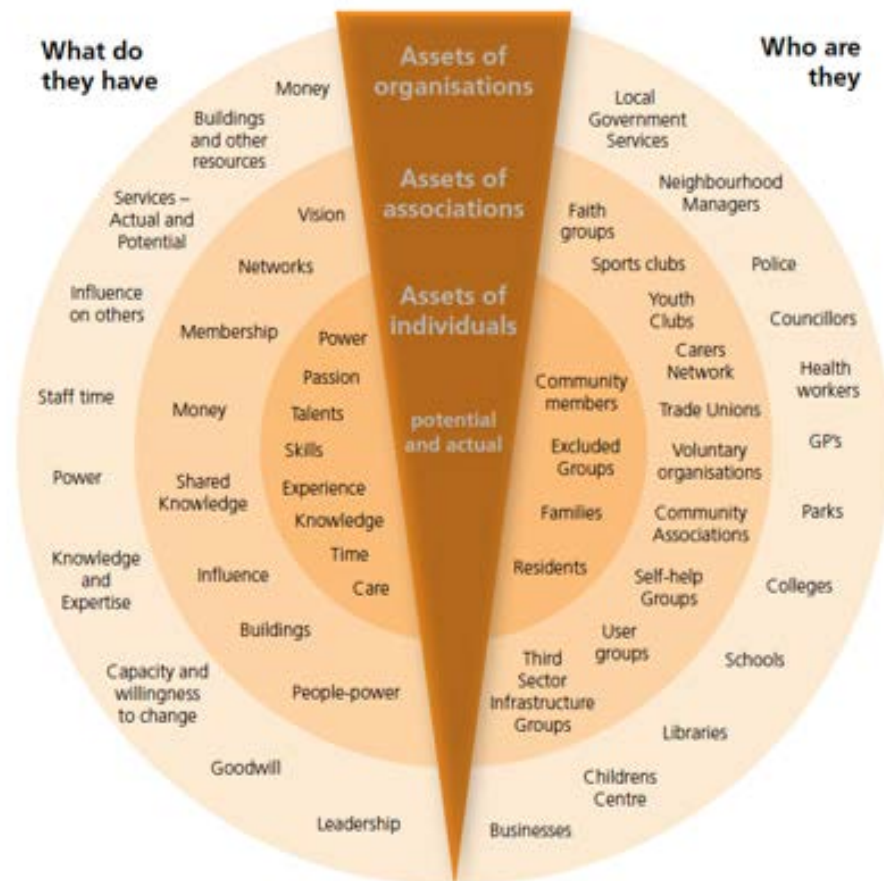
Things to notice

- There is no hierarchy, everyone is equal, all have a role to play, egos are left at the door
- All the organisations are linked up, there isn't a centre, the team doesn't revolve around one or two organisations
- All have strengths to bring and challenges they face – recognising this is key to developing a strong team
- Ethos of we win together, we lose together needs to be developed to ensure the team supports each other, putting over-all purpose ahead of individual organisational need
- There is no outer boundary, other organisations can get involved at any time
- All are working together to build community cohesion and empower residents to make positive choices and take action to improve wellbeing





Asset Mapping

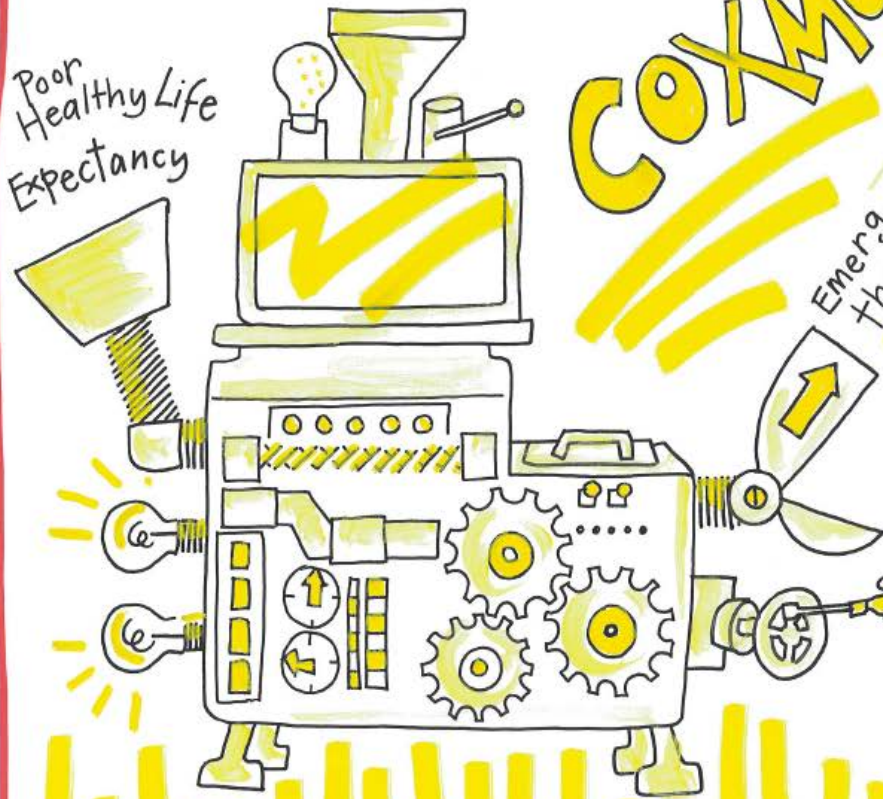


data in...
15 Minute walk to local assets
60% Limited Assets
60% Council Homes
over 25% Limiting disabilities
60% NS SE6-8
34.2% Adults inactive
Worst decile for multiple deprivation

A. considering the complexity of life here... B A. *we* B

COXMOOR

Poor Healthy Life Expectancy



Emerging themes

the need for current conversations

PRIORITY PLACE

People not travelling to opportunities

Poor Mental Health

Low Income

Lack of Accessible Facilities



unpicking the data we already have



Assets & facilities out of reach ... too far

... too expensive

LEISURE CENTRE
SCOUTS
PARK

PERCEPTION VERSUS REALITY

FEAR OF CRIME

WEED

Anti-social behaviour

isolation
depression

low mood

Unsupervised inc. Late at night
bit of a nuisance

BROKEN SWING IS
SOON TO BE
FIXED

Not allowed to play out

Alcohol Misuse

CRIME

TRUST

LISTEN

ACT

Bike Culture

Loose

ADMIT 1
ADMIT 1
CINEMA

We Will
CAPTURE

outcomes
reflection
connections
Numbers
Stories

examples of the
SMALL

STEPS

EVERY DAY TREASURE &
QUICK WINS



domino effect leading to
positive future outcomes

BUILD
TEAM

Communication
Common goals

Trust

support

Collaboration



•O•P•A•G
Visual Minutes by
Oldham Play Action Group

 Ashfield
DISTRICT COUNCIL



PCN Developments

- PCN Meetings to transition into Place Based Groups - co-terminus with district councils and to include wider determinants
- OD approach – to build relationships, dialogue and trust across public sector partners
- Shared priorities – understanding communities; public health population profiles; protection of the vulnerable; promotion of self care and prevention; promotion of community respect; tackling emerging themes; MDT risk stratification.
- Consistent communication, messaging and engagement



Sense check....

ICP vision: to create happier, healthier communities with the goal of reducing differences in healthy life expectancy (the number of years that people live in good general health) by three years. The current difference in healthy life expectancy in Nottinghamshire between the healthiest and the least healthy is 14.9 years for men and 14.4 years for women.



A Call for Action

- ICP to be ambassadors and endorse approach
- Resource the place/neighbourhood teams and consider different ways of working and training for the workforce
- Consider joint communications
- Share evidence/insight
- Make best use of all public funds