



Mid Notts Place-Based Partnership (PBP) Plan

2023/24

Foreword

Welcome

Our health and wellbeing is strongly shaped by the conditions in which we are born, grow, live, work and age throughout our lives.

Improving lives is going to require a renewed focus on improving and joining up services, tackling health inequalities in a purposeful and co-ordinated way working alongside our communities in Mid Nottinghamshire.

This is in addition to committing to be a proactive partnership, that seeks to prevent ill health and ensure equity in our approach.

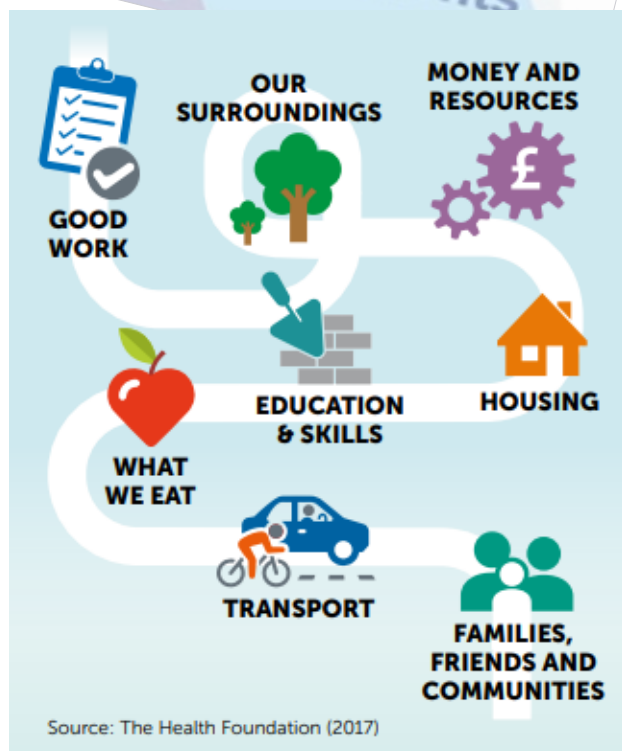
We have some significant challenges but as a mature partnership of key stakeholders we are at a time of real opportunity to continue our work together in the delivery of this Place Plan 2023-24, bringing lasting benefit to the lives of people who live and work in Mid Nottinghamshire.



Adam Hill
Chair



Thilan Bartholomeuz
Clinical Lead



Our Place Plan 2023-24

- This document is aimed at system and operational leaders working as partners of our Mid Nottinghamshire Place Based Partnership to set out our strategic direction for the partnership and our areas of focus, through partnership programmes and integrated teams. Our Mid Notts PBP is a key delivery vehicle and integral part of the wider Nottingham and Nottinghamshire Integrated Care System family.
- This plan sets out who we are, our challenges, what we have achieved, what we want to achieve together in the future working towards a shared vision and priorities, how we intend to achieve this through our programmes of work, how we intend to know we are adding real value and making an impactful difference in serving our populations and supporting our workforce.

This Plan should be considered alongside:

- **The Nottingham and Nottinghamshire Integrated Care Strategy 2023-27**
- **The Nottinghamshire Joint Health and Wellbeing Strategy 2022-26**
- **Ashfield's Be Healthy, Be Happy Strategy 2021-25**
- **Mansfield's Towards 2030: A Plan for Wellbeing**
- **Newark and Sherwood's Health and Wellbeing Strategy 2022-2026**
- **Nottingham and Nottinghamshire NHS Joint Forward Plan 2023-2027**

Challenges

This plan has been developed in a national context of reduced healthy life expectancy, increasing health inequalities, climate change and recovery from the pandemic. After a challenging winter (2022-23), dealing with critical system pressures, an ageing and growing population with evolving health and care needs as people and organisations also struggle to cope with the cost of living crisis – but we remain committed and ambitious for our people and communities in Mid Nottinghamshire. We know that by working together we can better respond to the challenges facing us today, improve health outcomes over the longer term by building on our partnership and community assets through place based integrated working.

This Place Plan has been informed by:

Mid Nottinghamshire PBP Workshop held on 25th January 2023, surveys, speaking and listening to organisations and people at various meetings including our three community transformation local design teams and through community conversations.

Mid Nottinghamshire

Key health challenges for Mid Nottinghamshire

People living in the more deprived areas have higher levels of unemployment, lower levels of qualifications, less healthy lifestyle choices and poorer health and wellbeing outcomes compared to those in less deprived areas.

POPULATION

The registered population in Mid Nottinghamshire was 343,059 in 2023.

- The population is made up of 50.3% female and 49.7% male
- The area's 10-year population increase since 2013 is 9.6%

ETHNICITY

Mid Notts population is less diverse than the national average.

91.1% of the population identifying as White British compared to 74.4% nationally.

Asian/Asian British is the second largest ethnic group in Mid Notts (1.8%) [2021 Census].

BEST START

22,000 of 0-19 years in Mid Notts had a recording of a mental health condition, majority are low complexity and in medium or high deprivation, evenly spread through each year of age. (75,000 0-19 years).

849 mothers reported to have a smoking history (in last two years). 62% were in the highest deprivation.

AGE

Mid Notts population is older than England average and getting older.

- 20.1% are aged 65+ [Higher than the national average (20.1% compared to 18.6%)].

Since 2011:

- 65+ population has increased by 15.6%
- 0-19yrs has reduced by 5.4%.

LIFE EXPECTANCY

Mid Notts females and males are below the England average for life expectancy.

MID NOTTS	82.1	78.1
ENGLAND	83.1	79.4



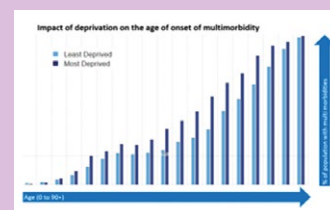
HEALTH INEQUALITIES

There is a higher percentage of multi-morbidities for those populations who are most deprived. This is a particularly marked between 45 and 70 years.

78% of Mid Notts population report they are in good or very good health. England and Wales average is 80%.

21.3% of Mid Notts population are 'disabled under the Equality Act'.

6.7% of Mid Notts population are 'not disabled but have a long-term physical or mental condition'.



LIVING WELL

There were almost 3,000 potential years lost across Mid Notts in male citizens during 2020 (1177 in female citizens) due to alcohol.

Ashfield, Mansfield and Newark & Sherwood have three of the four highest smoking prevalence (ranging from 16.5% to 23.1%) in Nottinghamshire where the average is 15.4%.

Residents of Mansfield and Ashfield are 10% below the national average in achieving recommended physical activity levels.

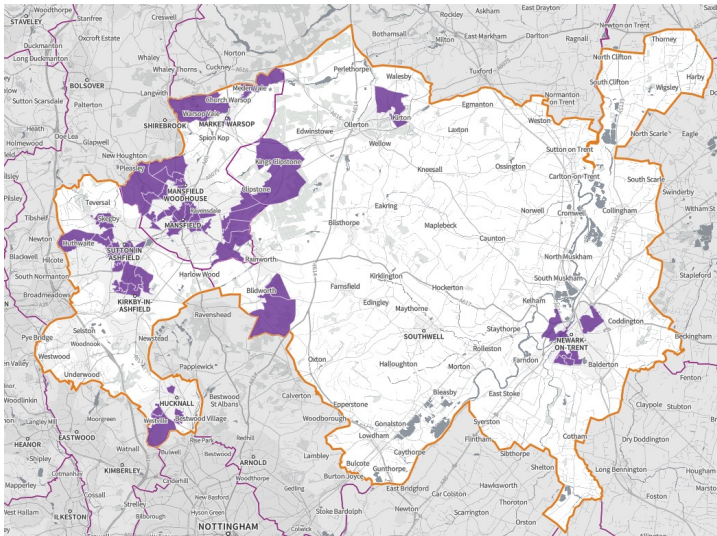
AGEING WELL

Older people who are severely frail are 13.8 times more likely to have a hospital admission. Those who live alone are 8.8 times than those not living alone.

Mid Notts has the largest number of people identified as severely frail compared to other Nottinghamshire Places.

The Mid Notts PCNs have the highest percentages of older people living alone (15% to 20%).

Our CORE20 Target Population



27.1% of population living in most deprived quintile.

- Ashfield - 26.9%
- Mansfield - 41%
- Newark & Sherwood - 14.6%

Mid Notts IMD score is 24.6%, 2.9% higher than England IMD score (21.7%)

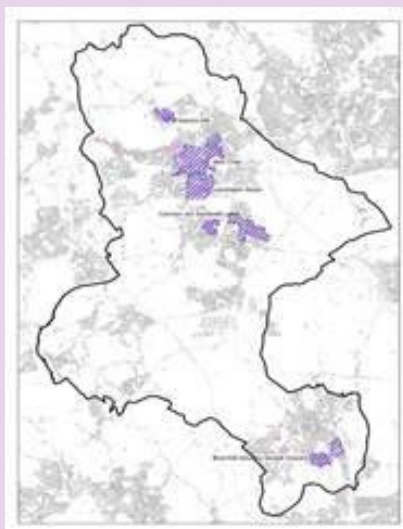
7,465 0-14yr olds and 14.1% aged 65+ living in income deprivation decile 1.

There is a total of 211 Lower Super Output Areas (LSOA) areas in Mid Notts:

- Approximately 58 LSOA areas are in the 20% most deprived nationally.
- Approximately **27% of the Mid Notts population live in an area of high deprivation.**
- Ashfield and Mansfield have identified the following priority neighbourhoods:

Ashfield Identified Neighbourhoods

Broomhill, Coxmoor, Leamington Estate, New Cross, Stanton Hill.



Mansfield Identified Neighbourhoods

Bellamy Estate, Bull Farm, Oak Tree, Portland (town centre).



Newark and Sherwood have adopted a flexible, data-led approach. Therefore, no geographical area has been identified as a priority.

Our Place Based Partnership

Our Mid Nottinghamshire PBP has a long history of collaborative working to address the population needs of its 334,000 citizens building upon the successful Mid Nottinghamshire Better Together Alliance.

To deliver our vision “We will work together to create happier, healthier communities and reduce the gap in healthy life expectancy across Mansfield, Ashfield, Newark and Sherwood.” We agreed five strategic objectives that aligned to the ICS Outcomes Framework and the Health and Wellbeing Strategy. Each objective had an identified lead from across the partnership:

To give every child the best start in life

To promote and encourage healthy choices, improved resilience and social connection

To support our population to age well and reduce the gap in healthy life expectancy

To maximise opportunities to develop our built environment into healthy places

To tackle physical inactivity, by developing our understanding of barriers and motivations

The Mid Nottinghamshire PBP comprises of a wide range of wide range of local statutory and Voluntary, Community and Social Enterprise (VCSE) organisations.

The Mid Nottinghamshire PBP brings together over 15 health and care organisations including, local authority, commissioners, community services, primary care networks and GPs, hospitals, VCSE and citizen representatives. We have a governance structure which all partners are committed to. Governance is reviewed regularly as we continue to evolve to remain fit for purpose.

Our structure includes:

- **An Executive Group**
- **A Partnership Forum**
- **A Health Inequalities Oversight Group (which has a number of Task and Finish Groups delivering specific pieces of work).**
- **A Partnership Network**

Please see our website for further information: <https://healthandcarenotts.co.uk/care-in-my-area/mid-nottinghamshire-pbp/> and sign up to receive our Newsletter.

As we mature, success during 2023-24 will include: established trusted place partnership working (leadership and operational programme focussed integrated teams); the development of an agreed PBP outcomes framework to evidence our impact and delivery of our long term vision; and the PBP being recognised as a valued delivery partner within the Nottingham and Nottinghamshire Integrated Care System with opportunities for flexibilities/delegations explored.

Our Place Based Partnership

2022-23 Mid Nottinghamshire PBP Objectives

During 2022-23 Mid Nottinghamshire PBP partners continued to support the delivery of regular updates on progress received by the Executive Team and Partnership Forum

To give every child the best start in life

- For the first time ever, more children are being born in Mid Nottinghamshire
- Through the Children's Centre services, parents groups "Little Talkers" and "Little Learners" are providing support to parents
- Performance data from the 0-19 years age group is being used to inform service development

To promote and encourage healthy choices, improved resilience and social connection

- A Bfit back pain exercise and education programme is being delivered in the community
- Within the MSK service a pilot is being delivered for a Lifestyle course, either group based or individual
- Referrals into the smoking cessation service are higher than the national average

To support our population to age well and reduce the gap in healthy life expectancy

- Ashfield North PCN are taking part in a pilot to reduce readmissions where the primary care team are involved
- The NHSEI Prevention Project is being delivered to help people understand their needs focus on prevention
- Ashfield Voluntary Action (AVA) are providing support to people living with dementia

To maximise opportunities to develop our built environment into healthy places

- Delivery of the Bellamy Masterplan is well advanced and a contractor has been appointed to deliver the provision of a new children's play area
- Warsop Health Hub – funding secured for the scheme through to the end of 2023

To tackle physical inactivity, by developing our understanding of barriers and motivations

- In Ollerton the Thursday night parkrun is being supported by partners, Newark and Sherwood District Council is going from strength to strength
- Across each district community based groups are providing support and enable people to make their own choices about what they look like in their areas and what they do

Delivery of the strategic objectives through their own programmes of work with examples, examples included:

Children in Nottinghamshire (66.9%) have a greater level of development than England (65.2%)
Services more universal antenatal and post natal support has been established including new and "Now I am One"

Healthy Programme remains good at County Level

Education group has gone live supporting 2 PCNS

being established where people who are considering surgery are referred to a Healthy
based or 1:1 to ensure people considering surgery optimise any pre-surgery risk

tion service have increased by 9% with the 4-week quit rate at 68% which is good and

part in a pilot around anticipatory care, the pilot will focus on secondary care admissions and
diagnosis is a respiratory condition

being delivered within two priority areas to understand and hear the voice of the residents in
ing on health, well being and education

secured additional funding to extend work supporting people who are frail, elderly and/or

an and the redevelopment of the centre of the estate has now secured planning permission
inted. As well as improvements to housing and infrastructure, redevelopment also includes
s play area which is now complete and was opened for use on 23 July 2022

secured; acceptance of the expression of interest submitted to Sport England; development of
of RIBA Stage 2 and the start of RIBA Stage 4

project set up as a partnership between the secondary school, youth service, police, community
l DC and Walesby Adventure centre to offer young people a local positive activity to take part
ngth

based conversations are continuing to build our collective understanding of what it takes to
ove more. In all 3 districts partners are now coming together to better understand what PA
t needs to be done to enable communities to move more

Our Place Based Partnership

2022-23 Mid Nottinghamshire PBP key programmes of work

During 2022-23 Mid Nottinghamshire PBP partners along with the continued work that were aligned to our strategic objectives. Key outcomes as at 31 March 2023 are:

End of Life Together Service

- Review of the current service model including a capacity and demand review
- Programme Budget Approach
- Inclusion of Fast Track into a single service model that supports our population at all stages of end of life
- Development of an integrated hub

Outcome

- ◆ Capacity and Demand Review completed
- ◆ Fast track model developed through engagement events
- ◆ New service model to be developed to coincide with new contract period Oct 23 and as provider collaborative – meaning this will no longer be a PBP led service

MSK Together Service

- MSK Together – a collaboration of providers with a programme budget approach and strong governance structure
- MSK Low Level – Build on the links between the MSK hub and primary care
- MSK Prevent – PBP support in delivery in opportunities closer to our population cohorts

Outcome

- ◆ Achieved pooled budget within MSK Therapy services and the hub to enable resources to be flexed
- ◆ Work on the next population segment for back pain is progressing well to determine notional budget approach for investment and disinvestment
- ◆ Exercise and education groups gone live
- ◆ Transition to Provider collaborative from PBP service underway, key decisions identified to progress

work on delivering the objectives, agreed and identified four priority areas of focus are summarised below:

Integrated Model for Care Homes

- Bringing together existing services into a single model of support for the care homes
- Build on learning from the Enhanced Care Response Team
- Recognising that we may be able to do it differently with the same resources to deliver sustainability and consistency across the care homes

Outcome

- ◆ Proof of concept undertaken in 3 care homes, demonstrated 87% return on investment with GP call outs, ED attendances and Non elective admissions all reduced
- ◆ Option for a larger pilot being explored to validate the proof of concept delivered by a provider collaborative
- ◆ MN PBP offered the contract to deliver the Deterioration training due to learning from ECRT team and experience in the sector. SFH hosting

Focus on our Communities

- NHS England Prevention Programme
- Transformation of Community Services – 3 early adopter sites
- Local Health Inequalities Oversight Group – multiagency and focusing in on the local intelligence and population need

Outcome

- ◆ NHSE programme delivery continues (funded until Sept 2023)
- ◆ Transformation of Community services remains an ICS priority with the MN PBP involved and engaged in the programme with 3 early adopter sites.
- ◆ MN PBP bid submitted for Health Inequalities funding to develop integrated neighbourhood teams
- ◆ PCN PHM project delivery is ongoing and remains a priority for the PBP

Our Place Based Partnership

2022-23 Mid Nottinghamshire PBP Achievements

In conjunction with the City and the South PBP undertook a Maturity Assessment to determine readiness for the role of Place and in response to the White Paper. Underpinned the MN PBP review of governance

As part of the Place workstream within the ICS Transition and Risk programme supported the development of the Description of Arrangements Paper that set out the interface between the ICS and PBPs

In March 22 collective PBP national consu Integration

Continued delivery of the MN PBP Objectives and Priorities through partners

Bellamy Health Prevention Project – show cased at the Best Practice Conference in October 22 and included in the Complete Care in the Communities event held at the Houses of Parliament

Hosted a visit and CO to Bell hear the lived e the residents. P received and s example of c

Nominated to take part in the national Population Health Development Programme – excellent data sets developed

Successful award of NHS Charities funds to develop the Butterfly service as part of the EOL service, supporting patients, families and carers in their own homes with a personalised plan of support

MN PBP held t and Nottingham contract for sw to the pander 3756 care hom staff since

MN PBP led the Roving Service within the vaccination programme from December 2020, providing vaccinations into care homes, housebound and the vaccination bus. Booster vaccinations completed in 22/23

submitted a response to the consultation on the White Paper

In March 22, PBP undertook a self-assessment against the Policy Proposals set out within the Integration White Paper and agreed a series of next steps to enable our readiness

Successful award of NHSEI Prevention Programme funding supporting projects across 6 priority areas across the ICS, 2 in MN (Bellamy and Coxmoor)

from ICS Chair Bellamy Estate, to experience from Project was well seen as a great collaboration

EOL Together Service showcased at the national Hospice Conference in November 22

Head of MSK Services invited to speak at a conference in Switzerland to showcase our approach to MSK services

the Nottinghamshire wide swabbing, linked clinic – swabbed the residents and April 22

Since the start of the Deterioration Programme into care homes on 7th February 23 – 20 care homes received the training, 111 staff trained

Supported by NHT and NCC undertook a successful proof of concept care home model demonstrating 87% return on investment and reduction in GP calls, ED attendances and Non Elective admissions

Active Mid Notts Health Inequalities Group delivering focussed Population Health Management Projects as part of a delivery plan aligned to the CORE20+5 Framework for adults and children.

The Way We Work

The way we work in Mid Notts

Place Based Partnership's key principles

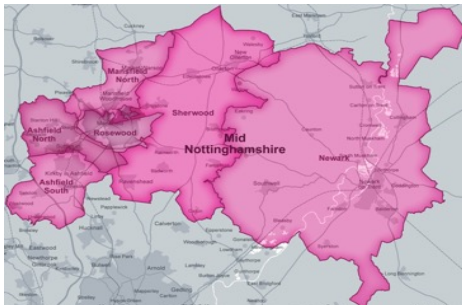
- The collective MN Place Based Partnership approach adds value over and above any single organisational approach.
- The work is inclusive, reflecting ways in which the inequalities our residents experience are proactively addressed.
- The voice of our population and communities are central to discussion and key to decision making.
- There is a specific focus on those neighbourhoods identified as currently underserved and in greatest need.
- The work of the Place Based Partnership focuses on the local needs of our population and communities. It is aligned and linked to local and national outcome frameworks and supports the delivery of the integrated Care Partnerships Integrated Care Strategy for Nottingham and Nottinghamshire and the Joint Health and Wellbeing Strategy of the Nottinghamshire County's Health and Wellbeing Board.

Agreed principles of Placed-Based Working

- There is no hierarchy, everyone is equal, egos are left at the front door.
- All the organisations are linked up and networked. New ones are welcome. The system doesn't have a centre or revolve around one or two organisations.
- All have strengths to bring and challenges they face. Recognising this is key to developing a strong team.
- We need to support each other to achieve shared objectives "We win together, we lose together" ethos.
- All organisations work with people and communities in ways that focus on their strengths and empowers them to maximise their well-being and independence.



Mid Nottinghamshire comprises six PCNs:



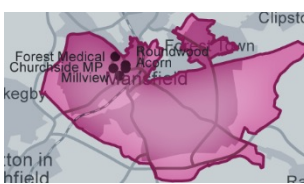
Ashfield North PCN



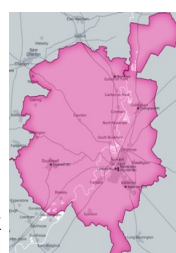
Ashfield South PCN



Mansfield North PCN



Rosewood PCN



Newark PCN



Sherwood PCN



Mid Notts PBP Place Plan 2023/24

At a glance

Vision

Working together to enable everyone across Ashfield, Mansfield, Newark and Shepshed to remain independent throughout life.

Ambitions

1. Give every child the best chance of a good life
2. Create healthy and vibrant communities
3. Everyone can access the right services
4. Keep our communities safe

Priority PBP

Best Start

Local prioritisation and co-ordination of the Nottinghamshire **Best Start Strategy 2021-2025** (first 1,001 days from conception to 2 years) to ensure children have the best start in life and **improve mental health support** for young people (up to 19 years) to help shape lifelong health and wellbeing outcomes.

Living Well

Help people in our communities live healthier for longer through a focus on promoting **primary prevention**, responding as a partnership to the **cost of living crisis** and **transforming services**.

Ageing Well

Support our older people with underlying health conditions to maintain their independence through a **stratification and disciplinary prevention care** approach. This also aims to **improve community engagement** and activity and reduce isolation.

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Programmes

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Health Inequalities

Address key **health inequalities** and equity of access through proactive population health management programmes (using the **Core20Plus5** framework for children and adults) prioritising geographical areas and population groups most in need and experiencing **severe multiple disadvantage**.

PBP Development

Continue to enable our partnership to **mature**, embody our principles and values in the way we work together to deliver **integrated services** and achieve our vision for the population of Mid Nottinghamshire.

PBP Programme Delivery

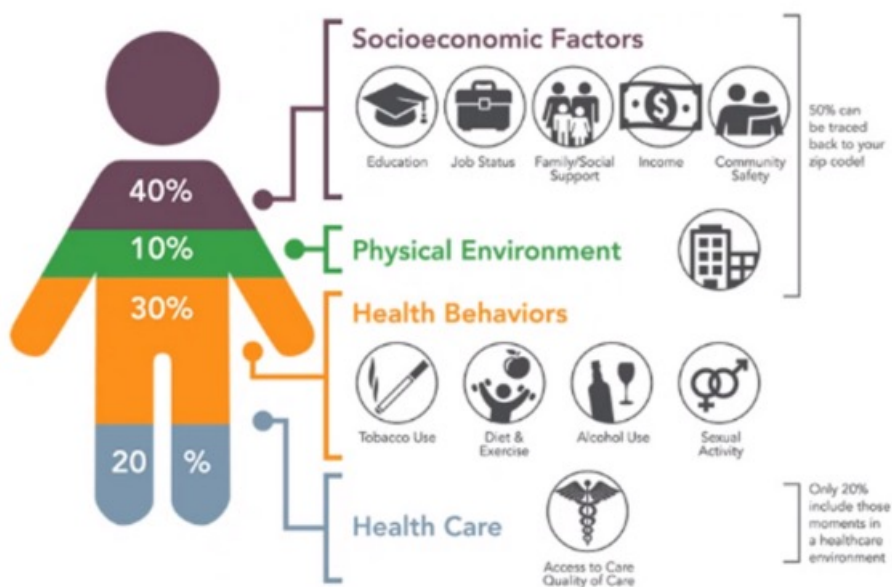
Each of the five PBP programmes will have an Executive Sponsor who is accountable for ensuring delivery of required outcomes, that all partners are contributing appropriately and that associated risks are managed effectively.

The majority of programme delivery will be through the three District led Health and Wellbeing Partnerships to focus on the improving the wider determinants of health (in recognition that contributes 80% towards a persons health and wellbeing).

Where there is added value in the PBP leading a piece of work Programme Leads/Managers/ Teams will be appointed from across our different partner organisations promoting an integrated partnership approach.

Co-produced action plans will be developed for each programme during Quarter 1 (with in year deliverables) evidencing how partnership activity will lead to improved population health outcomes. Please see draft templates in the Appendices.

As a non-statutory partnership with partners that have their own organisational duties and responsibilities, we have sought to identify priorities that would add value and avoid duplication to the work of the partnership's constituent organisations.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Understanding our Impact

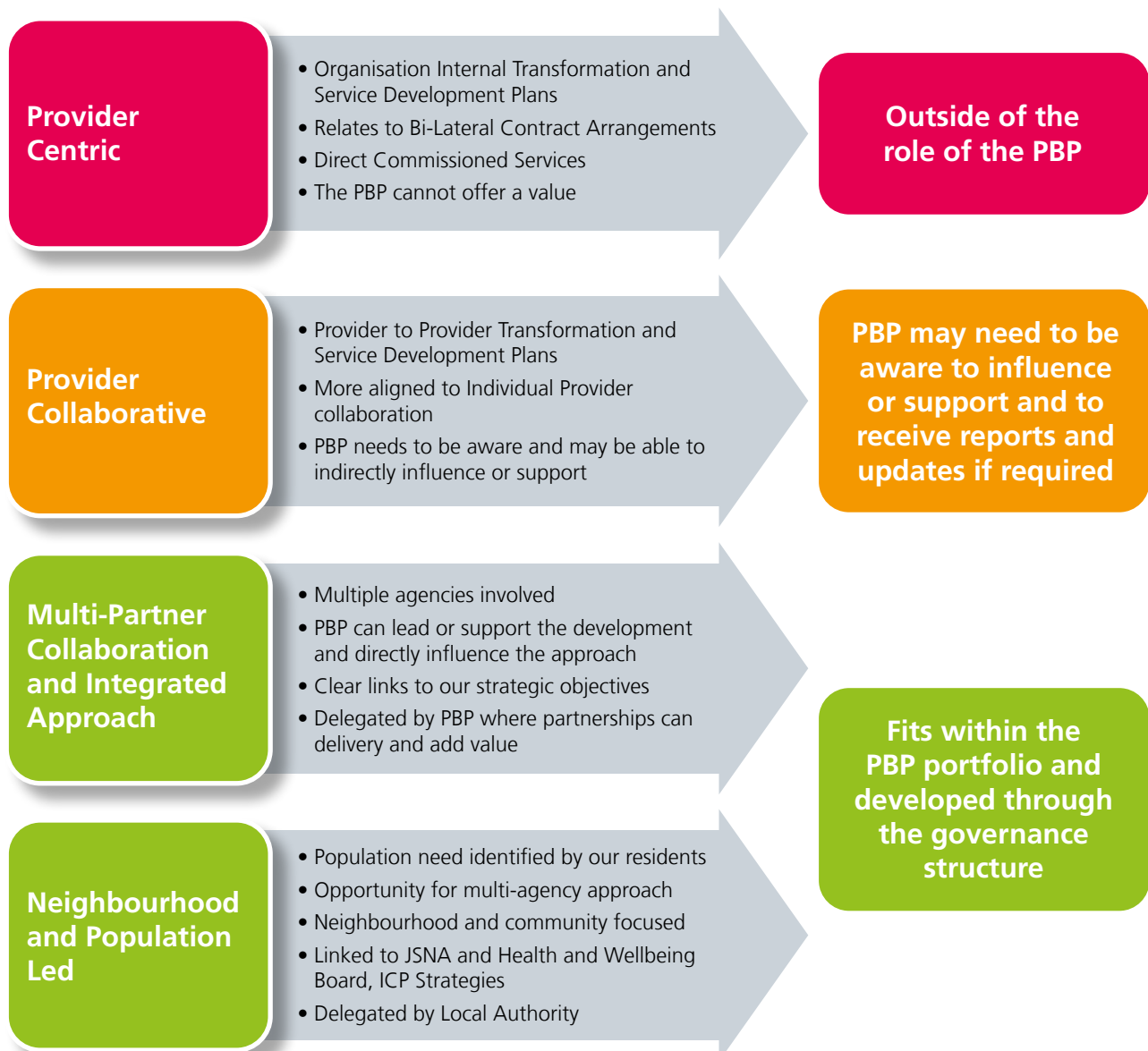
We need to better evidence the impact we are having as a partnership on population health through our programmes of work.

One important measure of our success will be reducing the number of years that people spend in ill-health and reducing unfair variation in this. Achieving this will require action as a partnership over the long term.

We will develop a **PBP outcomes framework** aligned to the ICS outcomes framework to evidence our impact, delivering on our social purpose and supporting to system partners.

The PBP Executive and PBP Partnership Forum will oversee and track progress of programme delivery plans.

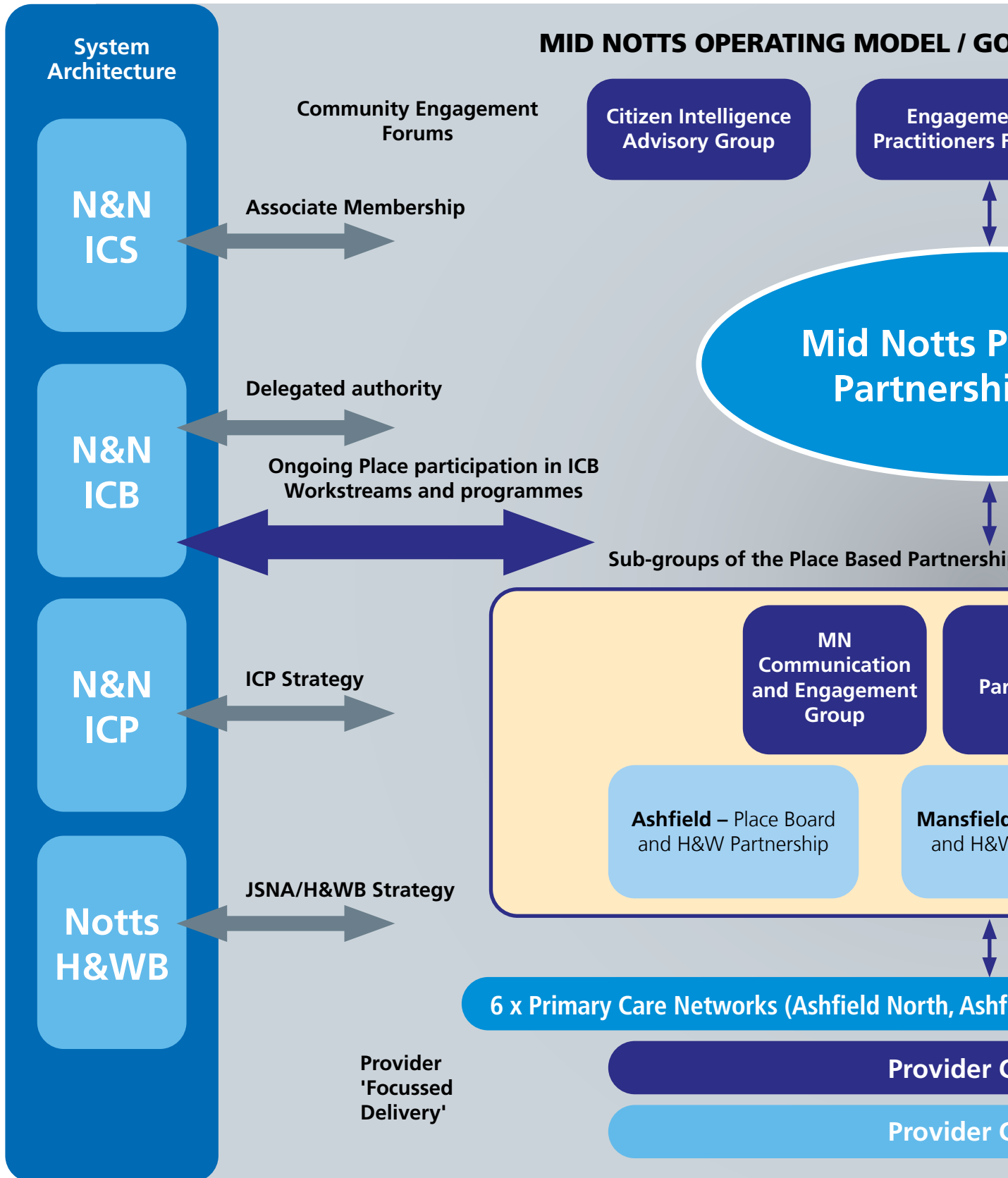
MN Place Based Partnership – Where can the PBP add Value?



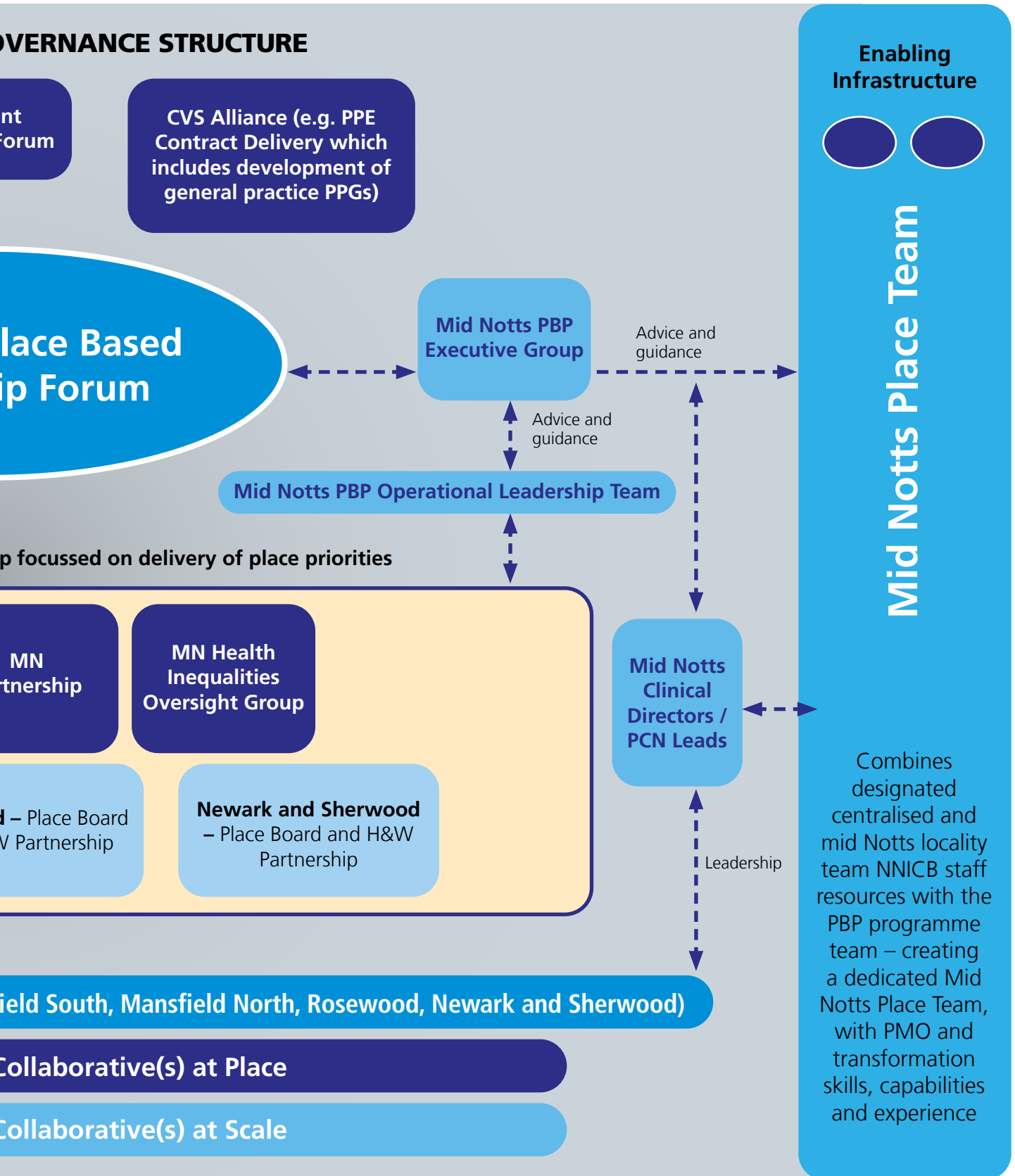
Appendix A

Our Mid Notts PBP Governance

To be reviewed during Q1 2023-24 further to the meeting effectiveness



audits undertaken in March 2023.



Blueprint

PBP Delivery of System Health and Wellbeing Ambitions

4 ICS AIMS

Improving outcomes in population health and healthcare

Tackle inequalities in outcomes, experience and access

Enhance Productivity and value for money

Support broader social and economic development

INTEGRATED CARE STRATEGY AIMS

- We will support children and young people to have the best start in life
- We will support frail older people with underlying conditions to maintain their independence and health.
- We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing
- We will support people with the greatest need (the 20% most deprived, in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)
- We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight and mental health, to support independence, prevent illness and premature death from heart attack, stroke, cancer, chronic obstructive pulmonary disease (COPD), suicide and poor birth outcomes.
- We will establish a single health and care recruitment hub.
- We will adopt a single system-wide approach to quality and continuous service improvement
- We will bring our collective data, intelligence and insight together.
- We will review our Better Care Fund programme
- We will make it easier for our staff to work across the system.
- We will add social value as major institutions in our area

SYSTEM ENABLING RESPONSES e.g. Workforce skills,

PLACE BASED PARTNERSHIP RESPONSES

PBP DELIVERY RESPONSE

- Align our Place Plans to maximise opportunities for learning and scope for efficiencies without losing sensitivity to each Place and HI priorities to support **ICS outcomes and ICB strategic intentions**
- **Accelerate the use of Population Health Management tools** to prioritise local resources which drive health improvements across local communities
- **Provide targeted support to identified cohorts/and or neighbourhoods** to meet population health need with a focus on addressing health inequalities
- **Develop Social Prescribing models** across communities supporting identification of and response to, health, care and social need
- **Support General Practice/PCN development** and resilience working with local providers to enable delivery of the Primary Care Strategy
- **Create integrated PCN/neighbourhood teams** aligning community and voluntary sector resources across partners building on the Community Transformation Programme, alongside our communities and patients
- **Understand, maximise and grow community assets** to enable transformative service developments across communities and neighbourhoods
- **Maximise community and citizen engagement intelligence across partners** enabling co-design/co-production/personalisation/self care across local services
- **Galvanise communication mechanisms** across partners to enable consistent and reliable messaging for our communities.

Agreed Place Plans with intended outcomes and resources plans, by end April 2023

capacity, Digital/IT, Financial investment, Estates etc.

Glossary of Terms

Age	The time elapsed (usually in complete years) between date of birth and a specific point in time.	Communities	A group of people with social ties, either through the locality in which they live or other shared characteristics.
Core20Plus5	Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.	Co-production	Co-production happens when people who access services and their Carers are valued as equal partners, can share power, and have real influence over the decisions that are made. It happens when people and carers are included from the start to the end of any project that affects them. The contribution of people who use services and carers better develop public services.
Ethnicity	A term that refers to the social and cultural characteristics, backgrounds, or experiences shared by a group of people	Health	The state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity
Health Inequalities/ Health Inequities	Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.	Healthy Life Expectancy	The length of time a person spends in good health – in other words not hampered by long term conditions illnesses or injuries.
ICB	Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs). NHS Nottingham and Nottinghamshire Integrated Care Board is an integral part of the Integrated Care System and aims to enable each and every citizen to enjoy their best possible health and wellbeing.	Integrated Care Partnership (ICP)	ICPs play a critical role towards better health and care outcomes for the people they serve.
Integrated Care System (ICS)	In an ICS, NHS organisations, in partnership with local councils and community and voluntary organisations, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. The ICS arrangements include: <ul style="list-style-type: none"> • an Integrated Care Partnership, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS • an Integrated Care Board, bringing the NHS together locally to improve population health and care. 	Life Expectancy	The average number of years that someone can expect to live.
NHSEI	NHS England and Improvement. This is the national body that leads the National Health Service in England.	Outcomes	Change in health and wellbeing as a result of an intervention or action, either by an individual (exercising more), community (starting a running group) or organisation (creating more green spaces for people to exercise in).
Population	The total number of people resident in that area at a given time.	Primary care network (PCN)	Local collaboration of GP practices, usually covering 30,000 to 50,000 people, working towards integrated primary and community health services. Mid Nottinghamshire Place has six primary care networks.

Glossary of Terms

MSK	Musculoskeletal. The human musculoskeletal system provides stability, support and movement to the body. It consists of skeletal bones, muscles, cartilage, tendons, ligaments, joints and other connective tissue.	Neighbourhood	The smallest and most local area at which services are organised.
Personalised Care	Personalised care gives people choice and control over the way their care is planned and delivered. It is a new relationship between people, professionals and the health and care system.	Place Based Partnerships (PBP)	Place-based partnerships are collaborative arrangements that have been formed across the country by the organisations responsible for arranging and delivering health and care services in a locality or community. They involve the NHS, local government and providers of health and care services, including the voluntary, community and social enterprise sector (VCSE), people and communities (people who use services, their representatives, carers and local residents).
Provider Collaborative at Scale	Provider collaboratives are partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations. While providers have worked together for many years, the move to formalise this way of working is part of a fundamental shift in the way the health and care system is organised, moving from an emphasis on organisational autonomy and competition to collaboration and partnership working.	Severe Multiple Disadvantage (SMD)	Severe Multiple Disadvantage (SMD) refers to people with two or more of the following issues: homelessness, mental health issues, offending and substance misuse. It can also include other sources of disadvantage, for instance poor physical health and, particularly for women, being a victim of domestic and sexual abuse.
Strategic Objectives	Strategic objectives are our PBP's long-term goals to achieve our overall vision. These objectives provide direction for the Partnership and serve as a roadmap for success.	System Analysis and Intelligence Unit	The SAIU brings together and develops existing CCG and ICS workforce with the purpose of delivering: <ul style="list-style-type: none"> • Population intelligence to support planning, and strategy; • Analytical intelligence that spans the entire commissioning cycle. This includes capacity and demand modelling, PHM deep dives as well as quantifying and evaluating the value of transformational initiatives; • Oversight of regional, national benchmarking data, as well as insight, contextual analysis and comparative information to support the interpretation of local data to improve quality of care and outcomes for our population; • Embedding an analytical approach to Health Inequalities which underpins all outputs; • Utilising best practice evidence based interventions and new models to develop improved quality outcomes for our population. <p>The SAIU is an independent team within the ICS that operates across the system transcending strategic and operational activities.</p>
Joint Health and Wellbeing Strategy	The joint health and wellbeing strategy outlines the priority areas and how we would like to work together to improve people's health and reduce health inequalities.		

