



Integrated Care System

Nottingham & Nottinghamshire

ICS Board Summary Briefing – May 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 9th May 2019. 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 11th April 2019 will shortly be published on the system's website – <http://www.stpnotts.org.uk/ics-board>.

Introduction

The Independent Chair of the ICS, David Pearson, welcomed a wide variety of citizens and staff from across the system to the second Board meeting to be held in public – all the papers for the meeting are available at www.stpnotts.org.uk/ics-board. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

'Love Bump' Patient Story

The ICS's Director of Nursing, Elaine Moss, updated on the work undertaken in partnership with the System's Local Authorities to support expectant mothers to avoid smoking whilst pregnant. The update included sharing a powerful story of a local patient's own experience avoiding smoking for her second pregnancy. The Board welcomed the update and in particular the strong partnership working between the NHS and Local Government.

Workforce

As one of the key challenges and important supporting components of the ICS's emerging strategy (as outlined below), the Board welcomed a detailed update on workforce from Lyn Bacon, Chief Executive of CityCare and Nicky Hill, HR Director of Nottingham University Hospitals who are Senior Responsible Officer and Programme Director respectively of the Workforce workstream.

As experienced across all of the country, there is a shortage of nursing and medical staff across the ICS which, if left unchecked, could present significant issues for the delivery of the ICS's plans. Therefore the Board was reassured to receive a copy of the People and Culture Strategy for Nottingham and Nottinghamshire which outlines the strong delivery plans to recruit, retain and multi-skill staff for the future. The Board also welcomed a clarification of the proposed governance structure for workforce planning in Nottingham and Nottinghamshire and agreed to consider how to ensure that workforce matters are fully considered in the Board's discussions going forward.

Best Value Decision Making

The Board next considered a report setting out the proposed approach to commissioning NHS services in the future. The report set out the wider considerations that were recommended to be taken into account when setting a commissioning approach, including the Economic, Social and Environmental facets of commissioning decisions. The Board supported the adoption of these

wider considerations and also agreed to receive a report on an annual basis of the proposed commissioning activity for the coming period to enable the Board to be aware of those upcoming decisions.

ICS Strategy and Memorandum of Understanding

Following discussions at the March ICS Board and the subsequent workshop attended by Board members and other system leaders in April, the ICS's Director of Strategy summarised the progress to date on developing the ICS's strategy. Whilst it is not yet fully clear what might be required to be submitted to NHS England/Improvement in the autumn, the Board has agreed that the ICS will need an articulation of the strategy for the system in order to provide clarity on the priority areas and actions. The Director of Strategy outlined the outputs from the April workshop including confirming that the top five priorities for the system were likely to be: redesigning the urgent and emergency care system; improving the care of patients with long term conditions; re-shaping services for patients with mental ill-health to make them more responsive; reducing waste and inefficiency in the system, and; taking more actions to prevent ill-health before it presents itself. It was also confirmed that there will be a number of supporting programmes of work to enable these priorities to be delivered, including a focus on workforce as discussed above. Further work will take place over coming weeks and months to develop the strategy including a further presentation in the August Board meeting.

Linked to this, the Board also had a brief discussion on the Memorandum of Understanding between the ICS and NHS England/Improvement. The Memorandum of Understanding (MoU), which is refreshed annually, sets out the expectations from NHSE/I for the ICS to deliver and also includes a summary of what support and additional freedoms the ICS can expect to enjoy in return. The Board was keen to be on the front-foot with the creation of this MoU and explored the relative balance that should be placed on achieving national standards in, for example, A&E waiting times and Mental Health access alongside the local priorities such as tackling alcohol harm and eliminating health inequalities in the ICP areas. Further work will be undertaken and the discussions with NHSE/I are expected to start soon.

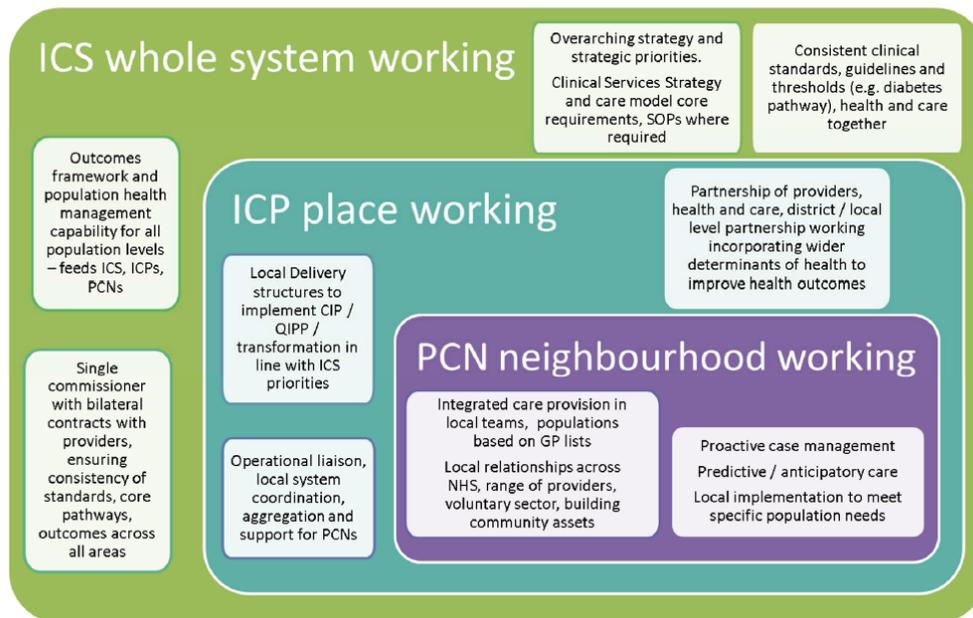
Local Engagement and Insights on Long Term Plan

The ICS and CCG Director of Communications and Engagement presented an update on the local public and staff engagement on the NHS's Long Term Plan that has been undertaken since late March this year. This engagement has been undertaken to both establish the public's attitude to the services provided in Nottingham and Nottinghamshire and the emerging priorities that may appear in the local system strategy and also to enable a dialogue between system leaders and the public in order to promote public confidence in the plans as they are developed. The Board welcomed the update on the engagement activities to date and those planned for the coming weeks and also had a brief discussion on the strategic insights that have begun to emerge from the engagement work, including a confirmation of public support for the likely priority focus areas (as outlined above) for the ICS's strategy.

ICS System Roles and Responsibilities

As the three Integrated Care Providers (ICPs) across the ICS start to establish themselves more clearly and as Primary Care Networks (see below) also start to come into focus, it was felt useful to re-confirm the ways in which these three tiers (along with the overall ICS level) would interact and allocate responsibility for work amongst themselves. The overriding approach to this is that work should be done at the most appropriate level and that work should be performed the fewest possible number of times – striving always for maximise efficiency and removing duplication. The below diagram illustrates this overall approach with some examples of what activities would take place at each level.

Working at system, place and neighbourhood population levels: what should happen where (right task for the right population level)



The Board welcomed the additional clarity that this approach provided and committed to continuing to work through the practical implications of this over the coming months.

Primary Care Networks

Dr Nicole Atkinson presented on behalf of General Practice leaders from across the system the latest view on how Primary Care Networks will be established across Nottingham and Nottinghamshire. Primary Care Networks are one of the main ways in which integrated care will be delivered in neighbourhoods across the ICS and will consist of clinical, social care and local authority professionals working together to improve health outcomes at a local level. In due course, therefore, teams consisting of GPs, pharmacists, social prescribing link workers, housing support officers, mental health practitioners, occupational therapists and others will be set up, serving populations of around 30,000 to 50,000 patients. Individual GP practices will need to agree amongst themselves which other practices they wish to join up with to form these Networks and an early view of these emerging Networks was shared and discussed.

Wendy Saviour,
Managing Director, Nottingham and Nottinghamshire ICS

David Pearson
Independent Chair, Nottingham and Nottinghamshire ICS