NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 25 September 2019 from 1.32 pm - 3.42 pm

Membership
Voting Members

Present	Absent
Councillor Eunice Campbell-Clark (Chair)	Sarah Collis (sent substitute)
Dr Hugh Porter (Vice Chair)	
Councillor Cheryl Barnard	
Dr Marcus Bicknell	
Alison Challenger	
Alison Michalska	
Councillor Adele Williams	

Ajanta Biswas (substitute for Sarah Collis)

Non-voting Members

Present	Absent
Tim Brown	Julie Hankin
Ian Curryer	Jane Todd (sent substitute)
Matthew Healey	Alison Wynne (sent substitute)
Leslie McDonald	
Andy Winter	

Tim Guyler (substitute for Alison Wynne)
Jules Sebelin (substitute for Jane Todd)

Colleagues, partners and others in attendance:

Shade Agboola	-	Consultant Director of Public Health
Natalie Baker-Swift	-	Programme Manager – Violence Reduction and Early Intervention
Lewis Etoria	-	Head of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care System
Annie Tasker	-	Screening & Immunisation Manager, Public Health England
Zena West	-	Governance Officer

31 CHANGE OF MEMBERSHIP

RESOLVED to note the following membership changes:

- **Andrea Brown stepping down, replacement to be confirmed (Nottingham and Nottinghamshire CCG)**
- **Hazel Johnson replaced by Julie Hankin (Nottinghamshire Healthcare Trust)**
- **Gill Moy replaced by Richard Holland (Nottingham City Homes)**

32 APOLOGIES FOR ABSENCE

Andrea Brown
Sarah Collis (sent substitute)
Helene Denness
Julie Hankin
Jane Todd (sent substitute)
Alison Wynne (sent substitute)

33 DECLARATIONS OF INTERESTS

None.

34 MINUTES

The minutes were agreed as a correct record and signed by the Chair.

35 SEASONAL FLU PLANNING DISCUSSION

Dr Shade Agboola, Public Health Consultant Nottingham City Council, and Annie Tasker, Screening & Immunisation Manager NHS England, presented information on plans and initiatives to optimise uptake for flu vaccine, as per the slides published with the agenda. A number of points were also raised in discussion:

(a) this year the plan is to get the message out early, work is underway to challenge misconceptions about the side effects of the vaccine and reframing them as evidence that the vaccine is working;

(b) vaccines received in pharmacies are commissioned by NHS England and are managed by the Pharmacy Team. The Pharmacy Team are part of the membership of the Derbyshire & Nottinghamshire Seasonal Flu Planning Group and they work with the Seasonal Immunisation Team (SIT) to ensure that vaccines given by pharmacies are notified to GPs. Pharmacies are required to notify the GP of any vaccine given to an individual. Many practices have signed up to Pharm Outcomes, and this data is matched up and reviewed through practices. Every effort is made to ensure vaccines delivered in pharmacies are accounted for;

(c) questions were raised about perceived vaccine shortage in some areas last year which only affected Nottingham, when the slight fall in uptake of the vaccine was seen nationwide, so it is not felt that perceived vaccine shortages had a significant impact on the fall in uptake in Nottingham as practices and stakeholders worked collaboratively to minimise the impact of this;

(d) there may be some minor delays with the under 65s vaccine this year, due to the late identification of one of the Flu strains to be included in the vaccine which has resulted in minor manufacturing delays. There is no reason to believe there is insufficient supply overall. Planning involves consulting with local practices and ensuring they have all ordered enough of each type of vaccine, and have ordered from more than one supplier. Assurance is also

sought from manufacturers, who have assured NHS England that they have contingency plans in place, including the use of alternative ports in the case of a no-deal exit from the EU;

(e) uptake in schools is a particular challenge. The same tactics are used throughout the county, but uptake in city schools is lower, possibly due to higher levels of deprivation and different community makeup. An e-consent by text message scheme is being rolled out in Nottinghamshire and Derbyshire this year, which should help to overcome the biggest challenge of consent forms not being returned. Opt out consent raised as an option but this is not possible;

(f) stakeholders are encouraged to promote Flu vaccines within their organisations with the main focus being on the eligible cohorts for free vaccines, and people who are front line Health and Social Care workers. Occupational Health vaccination responsibilities were explored - where employers may wish to promote Flu Vaccination and maintain a resilient workforce for those staff not currently eligible under the current eligibility criteria and everyone should be encouraged to get vaccinated even if they don't qualify for a free vaccine;

(g) NHS England will be cascading resources on the benefits of the vaccine shortly;

(h) several Board members offered assistance in getting the message out on the importance of flu vaccination to their own organisations, and Councillors requested leaflets to have at their stalls at upcoming Older Persons events;

(i) those with ill health who qualify for the vaccine (such as those with respiratory issues, renal issues or immune system issues) will be able to receive the vaccine in alternative health settings whilst receiving other treatments, and pregnant women will be offered the vaccine whilst receiving ante-natal care;

(j) residents of care homes are a particularly challenging cohort which need targeting for the free vaccine, as they are particularly vulnerable to ill-health. The message needs to get through to care homes to be proactive and prioritise vaccinations early on in the flu season for all residents;

(k) eligibility for the free vaccine for Health and Social Care workers has cause some confusion with the SIT receiving enquiries about the definition of a Health and Social Care Worker. At the moment, Health and Social Care workers should be vaccinated by their own GP or via Occupational Health schemes not in the healthcare setting in which they work, so for example if someone works at a GP surgery but is registered elsewhere they would have to receive the vaccine at their registered surgery. Acute Trusts are an exception to this as they offer this vaccination to Hospital Based Staff. Discussions are ongoing as to how to make this more efficient going forward;

(l) health staff attendance at flu vaccine training has decreased year on year, and as a result some staff not as aware of the range of options available. Work is ongoing to improve knowledge.

(m) the Chair concluded that there is still a lot to do, particularly with the 4-10 cohort, working more closely with the schools to re-in force the importance of vaccines. All partners need to work together, and be very firm with the message of the benefits of vaccination and myth-busting. The e-consent text message system for schools seems a very positive step, and a good use of technology to adapt to the way modern families communicate. If anyone has anything further to add, they can feed back directly to Dr Shade Agboola or to Annie Tasker.

RESOLVED to:

(1) thanks Dr Shade Agboola and Annie Tasker for the information and note the presentation;

(2) work together to promote the benefits and expel the myths of the flu vaccine;

(3) receive an update on flu vaccine planning in 12 months' time.

36 VIOLENCE REDUCTION UNIT

Natalie Baker-Swift, Programme Manager – Violence Reduction and Early Intervention, gave a presentation on the new Violence Reduction Unit. Any comments or feedback, which can be fed in to the new unit, are welcome. There is a strong emphasis on early intervention to tackle the root causes of violence. The unit is funded through to March 2020, and aims to build a long-term sustainable approach and develop a legacy. Funding has been set aside for Violence Reduction Units after March 2020, but it is not yet clear how much each Unit will receive. There are 18 in the UK. The Unit takes a multi-agency approach, and wishes to build on the success of the Knife Crime Strategy.

RESOLVED to thank Natalie Baker-Swift for the presentation, and note the contents.

37 ICP UPDATE

Ian Curryer, Chief Executive at Nottingham City Council, and Dr Hugh Porter NHS Nottingham City Clinical Commissioning Group, gave a presentation to the Board, distributed with the first publication of the minutes. The following points were raised:

(a) the crux of the partnership is to work differently to find savings. By taking a holistic and preventative view and working together to reduce duplication, the budgetary situation can be turned around;

(b) there is now an ICP focussing on the City boundaries, which has been fought hard for. Nottingham City is the 4th most deprived place to bring out children and (depending on which information is used) either the 8th or 12th most deprived place for adults, and does not align with the demographic of the rest of the County. The City faces different challenges than the suburbs;

(c) the ICP is made up of Primary Care Networks (PCNs), which are healthcare "neighbourhoods" supporting between 30,000 and 60,000 patients. Nottingham's PCNs are coterminous with some other geographical boundaries, such as those of Area Committees, but there is also a non-geographical University specific PCN to address the particular health needs of Nottingham's student population;

(d) Efforts need to be coordinated across the whole ICP, bringing partners together to think about how services can be delivered differently, and how the early intervention agenda can be incorporated into the Partnership. The key people who deliver change are those working on the ground, so a planned day-long workforce launch drop in event on 7 November will be crucial for getting the message of the ICP out to all participating colleagues. Funding has been received from the ICS to appoint a Programme Lead, funded for a year, with no financial drain on any of the partners. They bring national experience and expertise, and it is hoped the post can be extended past the first year;

(e) one emerging joint priority is of positive mental health in schools;

(f) there is an expectation that PCNs will be an integral part of the ICP priorities going forward and that all partners will be represented. The aim is to strengthen working relationships, build trust at all levels, agree priorities and engage the workforce;

(g) the NHS Long Term Plan filters down to the ICS, who have to have a response to the Plan. It is important to remember that whilst the ICP will focus on local priorities, the Long Term Plan is national, so priorities may not always align;

(h) the Health and Wellbeing Strategy is being renewed, and it is important for the Health and Wellbeing Board to work closely with the ICP, and consider how they can add value to the ICP and vice versa. When the terms of reference for Health and Wellbeing Board are next refreshed, the implications of working with and supporting the ICP should be properly considered;

(i) the Chair concluded that the key message is of joined up partnership working, and that the ICP should continue to update the Health and Wellbeing Board on its work.

RESOLVED to:

(1) thank Ian Curryer and Dr Hugh Porter for the update and note the contents;

(2) invite a brief written update on the ICP to all future meetings of the Health and Wellbeing Board.

38 IMPLICATIONS OF THE NHS LONG TERM PLAN

Lewis Etoria, Head of Communications and Engagement for NHS Nottingham City Clinical Commissioning Group, gave a presentation on the local implications and consultation programme surrounding the NHS Long Term Plan. Updated slides were distributed with the first publication of the minutes. Further comments were provided by Ajanta Biswas from Healthwatch, who carried out a lot of the engagement work:

(a) a large amount of digital engagement too place, alongside face to face engagement from Healthwatch. Over 600 out of 1,000 responses were from community outreach face-to-face engagement. The engagement aimed to ascertain whether local people support the themes and aims of the Long Term Plan;

(b) further conversations and engagement are required around digital innovation in healthcare. Those not comfortable with increased use of technology may need further help;

(c) there is a huge amount of support for frontline staff and compassionate for the perceived stress and pressure they work with;

(d) many citizens would rather be offered the best option, trusting the clinical expertise of professionals, rather than be offered choice in their healthcare. Often patients may feel overwhelmed if offered choice, especially after a diagnosis of a serious illness. Health literacy and communication is very important;

(e) it is important to listen to this engagement, both as a Board and as a health system. The NHS is good at innovation and ideas, but change can feel uncomfortable;

(f) some Board members felt that engagement with the BME community was lacking, and that as they were under-represented in this initial consultation, the health needs of the BME community may not be adequately addressed. The consultation was not as representative as desired, and further thematic engagement would be targeted to make sure all demographics and communities are reached at an appropriate balance;

(g) the biggest challenge will be the disconnect with the perception of technology. One ambition of the Long Term Plan is that within five years, there will be 30% fewer face-to-face outpatient consultations, which inevitably means some will be held digitally. When engagement shows people are uncomfortable with this kind of provision, but that is the national target, it is difficult to find a balance. It is important to help and support people through such changes, and not be perceived to be ignoring the outcome of consultations.

RESOLVED to thanks Lewis Etoria and Ajanta Biswas for their presentation, and note the contents.

39 HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE

RESOLVED to:

(1) add the Nottingham City Council Portfolio Holder with a remit covering adult social care as a voting member of the Health and Wellbeing Board Commissioning Sub Committee;

(2) amend the Health and Wellbeing Board Commissioning Sub Committee Terms of Reference accordingly.

40 JSNA ANNUAL REPORT

RESOLVED to note the Joint Strategic Needs Assessment Annual Report.

41 NOTTINGHAM CITY AND NOTTINGHAMSHIRE SUICIDE PREVENTION STRATEGY 2019-2023

The Board wished to note that the Plan is an excellent and detailed piece of work, and to thank colleagues involved in its creation.

RESOLVED to note the Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023.

42 BOARD MEMBER UPDATES

The following Board member updates were noted:

Third sector

A recent meeting of childhood sexual abuse survivors wished to know when the City Council would respond to recommendations. An action plan would be signed off by partners at the end of September, and taken to a meeting of Executive Board on 15 October.

Health and Social Care are due to co-present at the next Provider Network meeting, which shows positive integrated working at an ICP level.

Healthwatch Nottingham and Nottinghamshire

None.

NHS Greater Nottingham Clinical Commissioning Partnership

The recently discussed proposed merger CCP - discussed proposed merger of CCGs is still progressing.

Wendy Xavier, Managing Director of the ICS, is stepping down. Dr Andy Haynes (currently the Medical Director) is stepping up to be Managing Director, so the ICS

will now be clinically led. The CCP extended their thanks to Wendy for her work in the role.

Nottingham City Council Corporate Director for Children and Adults and Director of Social Services

As distributed with the agenda.

Alison Michalska, who is retiring from her role as Corporate Director for Children and Adults shortly, extended her thanks to the Board, and the Board thanked Alison for her contributions as well.

Provisional GCSE results show a great success for Nottingham City Council's children in care, with a 20% increase in children in care receiving five or more good GCSEs.

Nottingham City Council Director of Public Health

As circulated with the agenda.

Age Friendly Nottingham have asked that all partner organisations sign the Older Persons pledge (https://docs.google.com/forms/d/e/1FAIpQLSfG8kK7H78NVRJLke1L_PvNfuU9L6nkRRVXyWKtNkjGfhfapg/viewform), and mark the United Nations International Older Persons Day (https://www.un.org/en/events/olderpersonsday/) in an appropriate way for their organisation.

43 FORWARD PLAN

RESOLVED to:

(1) include an item updating the Board on what has changed in response to the IICSA Action Plan on the forward plan for the March 2020 meeting;

(2) note the forward plan, as amended.

44 ACTION LOG

The Chair asked that all members review the action log and ensure they were aware of outstanding actions.

45 JSNA CHAPTER - SMD

The Board wished to thank Grant Everitt and Karan Kaur for their hard work in writing the new chapter.

RESOLVED to note the new Joint Strategic Needs Assessment Chapters Severe Multiple Disadvantage.

46 QUESTIONS FROM CITIZENS

There were no questions from citizens, however a representative from the Alzheimer's Society made the following contributions:

(a) the item of flu vaccination was very informative, and will be fed back to the Alzheimer's Society to see if there's anything they can do to further encourage take up of the vaccine;

(b) the Alzheimer's Society has recently produced some guidance on the NHS Long Term Plan from a dementia perspective. Their commitment to the NHS Long Term Plan ties in with the Fix Dementia Care campaign.

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Nottingham City ICP

Update for HWB

Ian Curryer, Nottingham City ICP Lead

Hugh Porter, Nottingham City ICP

Nottingham City ICP progress update

- Overview of ICP and PCNs purpose
- City ICP development so far
- Emerging governance
- Priority activities
- Areas requiring further clarification
- Long Term Plan overview

Reminder – the why

- NHS remains a great success
- Many citizens are living longer - but now live with multiple long term conditions
- Expectations & capabilities also rising
- Creates significant demographic and financial pressures with a Do nothing gap locally of £xxx million over 5 years
- Also requires more holistic, preventative and integrated approaches to get better outcomes
- The model of the Nottingham ICS, ICPs and PCNs is a locally owned response to these pressures and the associated national directives

Primary Care Networks ("The Neighbourhoods")

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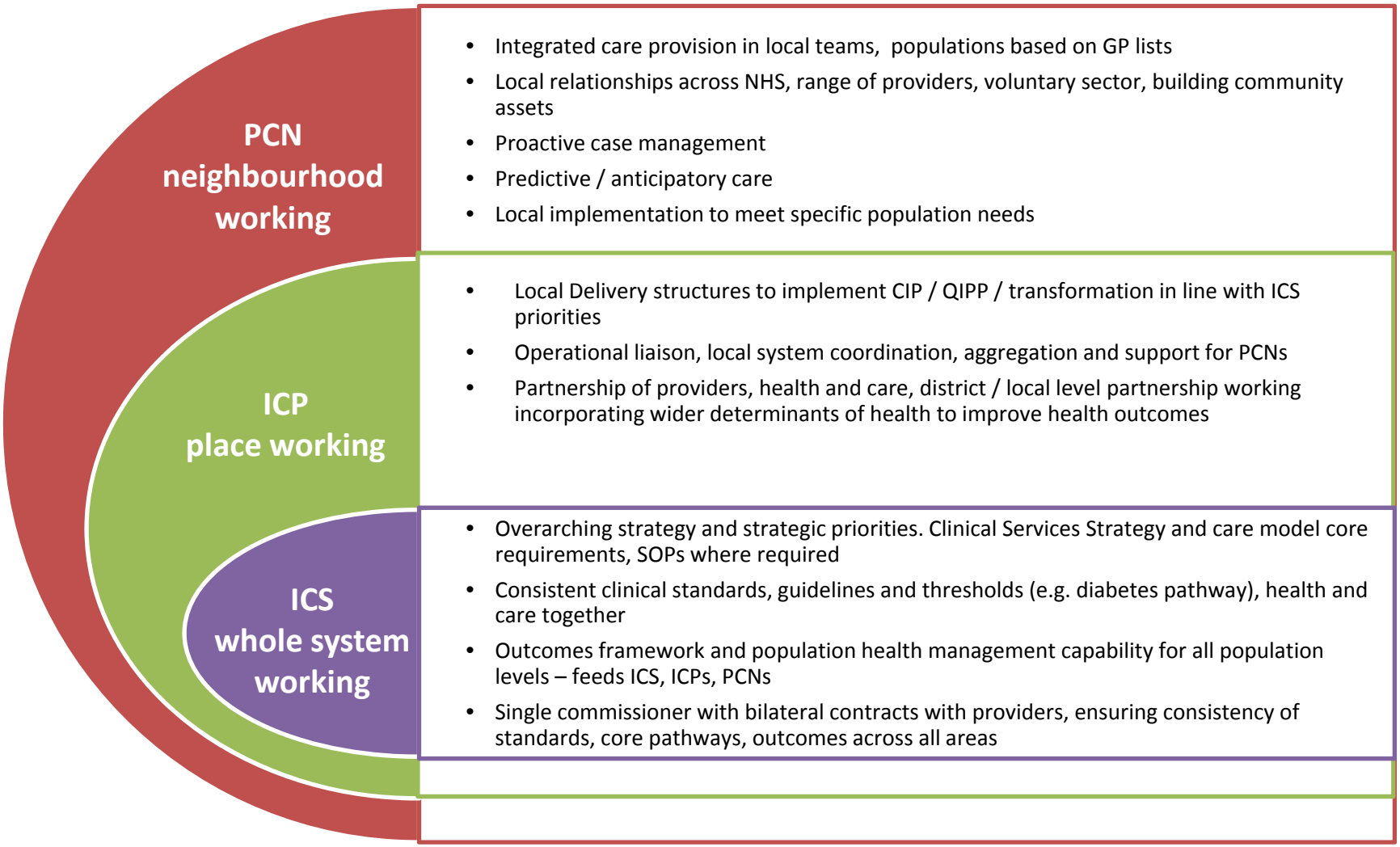
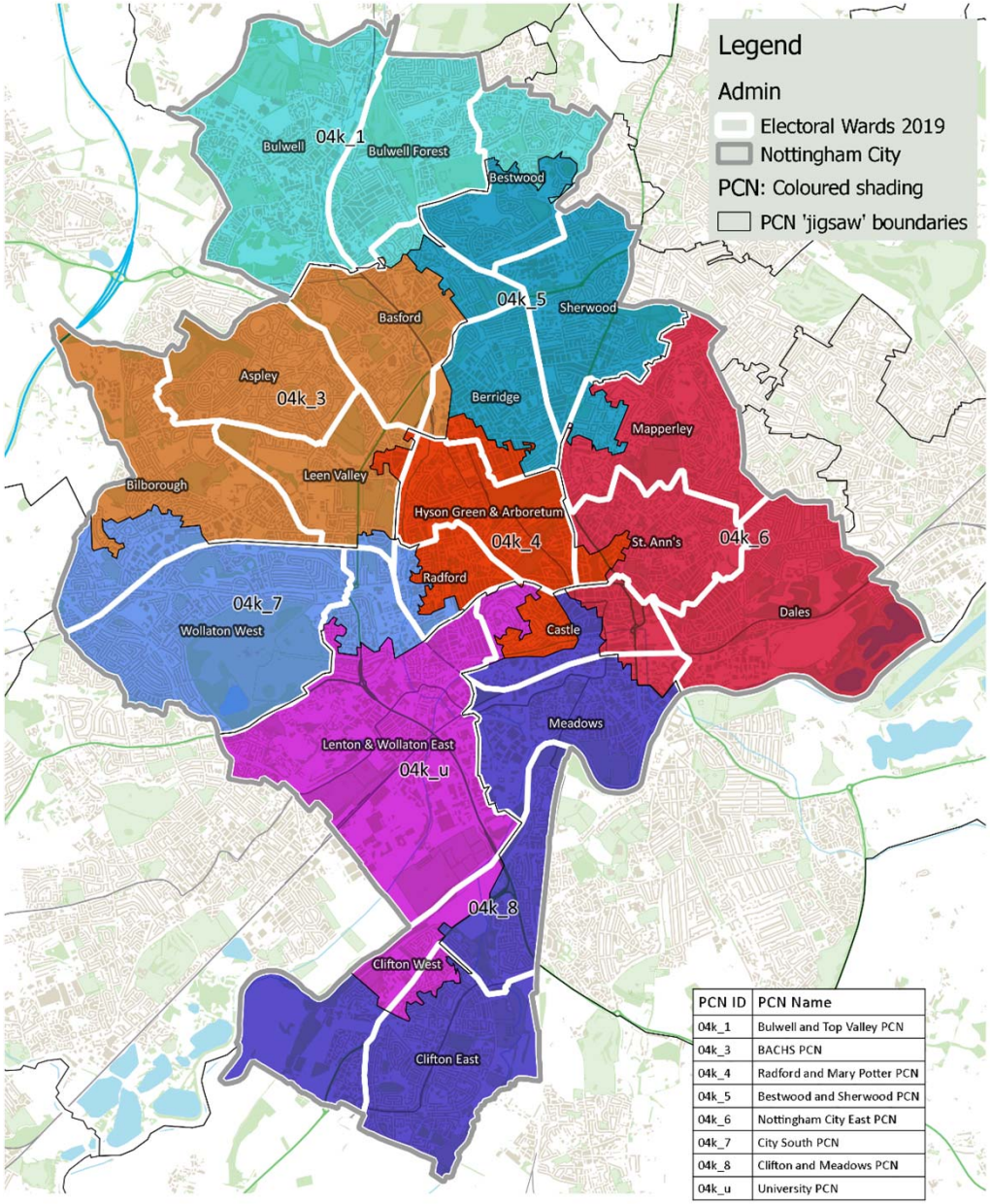
- Stabilise, support and improve resilience in General Practice
- Improve primary care capacity – new workforce & skill-mix
- Build relationships with local health and social care providers
- Crossing the primary/secondary care divide, community partners
- Identifying local health inequalities and building services to address them – build trust by doing
- Including feedback 'upstream' to commissioners/system when service gaps identified

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



PCNs and City Wards 2019



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8 City PCNs established

City ICP development group

- ICP has brought partners together in an inclusive development group
- NHS, Social Care, Housing, VCS and commissioning

- Development Group becoming Executive Management Team (chair Ian Curryer)
- New Partnership Forum (Board) being agreed to start end October
- Workforce Launch event on 7th November

- Appointed all 8 Clinical Directors for the PCNs, started July 2019
- Appointed full time Programme Lead starting 4th November

- Adult Social Care
- NUH
- Public Health
- Framework Housing Association
- CCG City Locality
- City PCN representation
- CCG Strategic Commissioning
- CityCare
- NHT
- Nottingham City Homes
- Nottingham VCS
- City GP Federation
- ICS Senior management
- City Council Commissioning

City ICP Programme Priorities

Programme Priority
“Grip the City and confront the brutal facts” - Financial and Performance grip on City as single view of ICP
“Manage Now and sharpen our prioritisation and focus” - Leadership of the City Health and Care development activities
“Set the rules of engagement and decision making” - Establish great governance at the City and local PCN level
“Get behind the vision” – Focus on Change Management relentlessly
“Build the team and lead the future” – Identify roadmap for full population health management

City ICP focus areas 19/20 in more detail

- Support PCNs around Social prescribing - consistent model
- Improve non cancer End of life
- Reduce Smoking
- Improve Childhood flu vaccination uptake
- Help excluded and vulnerable groups such as homelessness
- Help flow – special focus on Homecare capacity and models
- Mental Health inc mental health in children in schools

Expectation of PCNs

- Integral component of City ICP
- Clinical Director membership of ICP Exec Management Group
- Clinical Director representative on the ICS Board

But we also mustn't forget

Its also about strengthening relationships and trust

- Across primary, community and secondary care
- Across Health and social care
- Across providers inc CVS
- Across providers and citizens

As we know to really change the 'system' and create a sustainable health and care model in the City we need to build trust at all levels

For clarity -what the ICP isn't

- It isn't a means to an end in itself
- It isn't about privatization of the NHS
- It isn't about creating the ground for corporations to come in and run the NHS
- It Isn't about professional protection
- It isn't a model to try and avoid scrutiny or local democratic oversight

Areas requiring further clarification

- Getting the Interface between three ICPs needs to be resolved (GNTB into ICS Interface group ?)
- Role of the HWBB could develop
- CCG resources to be aligned to the City
- Partners contributions to the ICP need to be determined

NHS Long Term Plan (LTP) Goals (1)

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The **NHS Long Term Plan** is a new **plan** for the **NHS** to improve the quality of patient care and health outcomes:

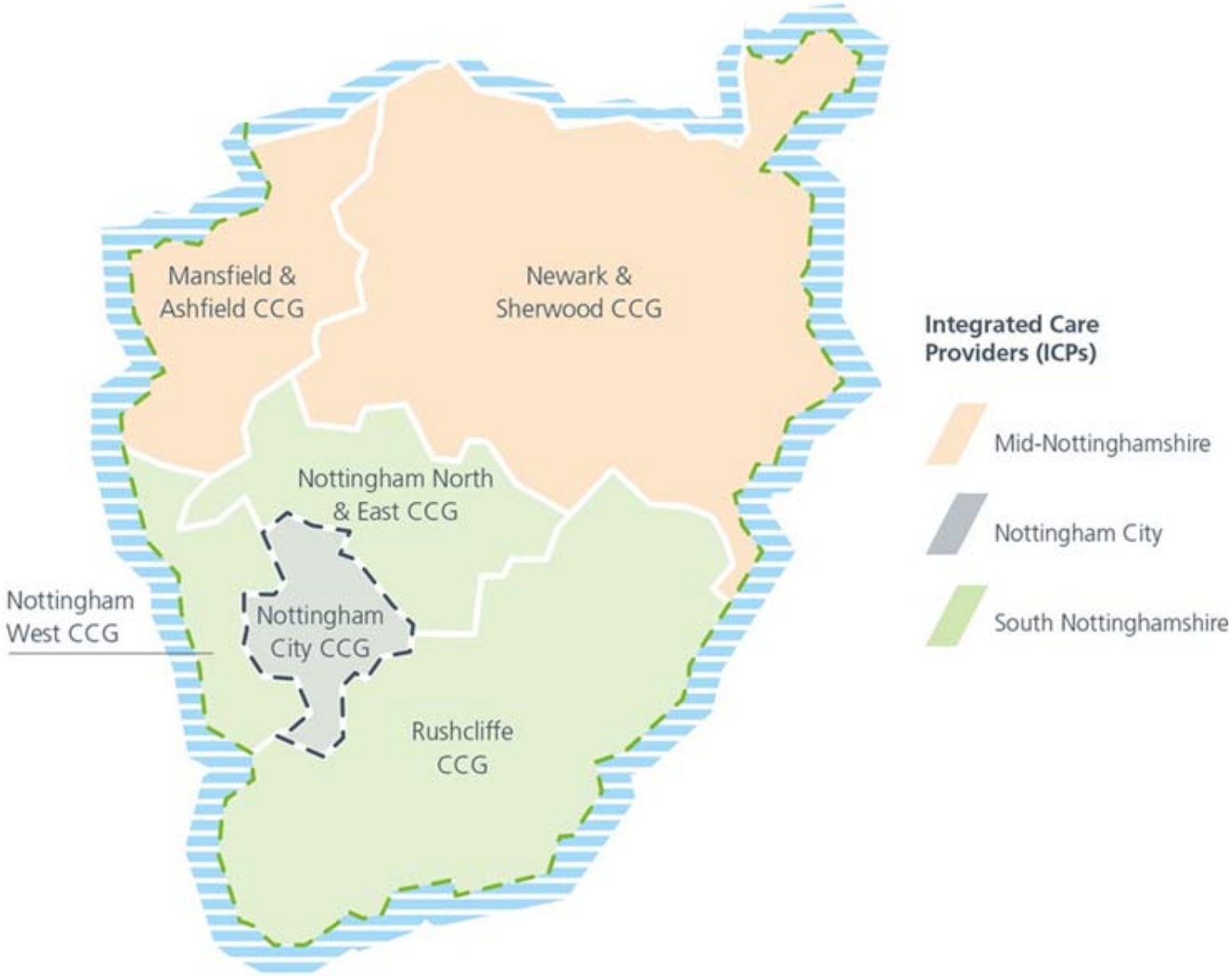
- A new service model for the 21st century
  - boosting out-of-hospital care
  - Emergency care services will also be expanded and reformed
  - Give patients more control over their own health and more personalised care when they need it
  - digitally-enabled primary and outpatient care
  - focus on population health
- More NHS action on prevention and health inequalities
  - To cut smoking
  - To reduce obesity
  - To limit alcohol related A&E admissions
- Further progress on care quality and outcomes
  - Children and young people
  - Better care for major health conditions including cardiovascular and respiratory conditions, learning disability and autism.

NHS Long Term Plan (LTP) Goals (2)

- NHS staff will get the backing they need
  - A comprehensive new workforce implementation plan
  - Expanding the number of nurses, midwives, AHPs and other staff
  - Growing the medical workforce
  - International recruitment
  - Supporting our current NHS staff
  - Enabling productive working
  - Leadership and talent management
  - Volunteers
- Digitally-enabled care will go mainstream across the NHS
- Taxpayers' investment will be used to maximum effect
  - Test 1: The NHS (including providers) will return to financial balance
  - Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year
  - Test 3: The NHS will reduce the growth in demand for care through better integration and prevention
  - Test 4: The NHS will reduce unjustified variation in performance
  - Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation

- Spare slides

Nottingham & Nottinghamshire Integrated Care System Map



Integrated Care System ("The System" – Notts)

- Overarching strategy and response to NHS Long Term Plan
- Develop associated ICS outcomes framework
- Single increasingly strategic commissioner
- Consistent Clinical Strategy & Standards
- Develop Population Health management model and associated data / analytic capabilities
- Work with national agenda around workforce
- Responsibility for system financial balance (Long Term Plan)

Integrated Care Partnership
("The Place" – Nottingham City)

- Citywide Partnership of all Health & Social Care Providers inc CVS
- Also has local (tactical) commissioning capabilities
- Bring providers and health and social care towards operating as one unit with set of aligned incentives
- Implement ICS strategy and response to LTP
- Locally deliver ICS outcomes framework – but set City priorities
- Working to improve health outcomes and critically for the City reduce inequality
- Support to PCNs to deliver this

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What actually will they do ?

The immediate ‘Asks’ in 19/20

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ICS
- Improve Urgent Care performance
- Financial Balance
- Focus on Mental Health

ICP
- Demonstration of effectiveness as a “place”
- Delivery of services – with local intelligence
- Quality Improvement activity to support ICS strategy – via central transformation funding

PCNs
- Establish PCNs
- identify development needs
- develop and start to deliver vision

What is the asks for PCNs / ICPs beyond 19/20?

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- Plethora of guidance, inference and assumptions!
- How do we make sense of all this?

- National – NHS Long Term Plan
- National – regulator asks
- Local – ICS priorities and outcomes framework
- Local – ICP expectations of PCNs supporting place
- NHS England/Improvement Ambitions and Expectations of PCNs

ICS Priorities & Enablers

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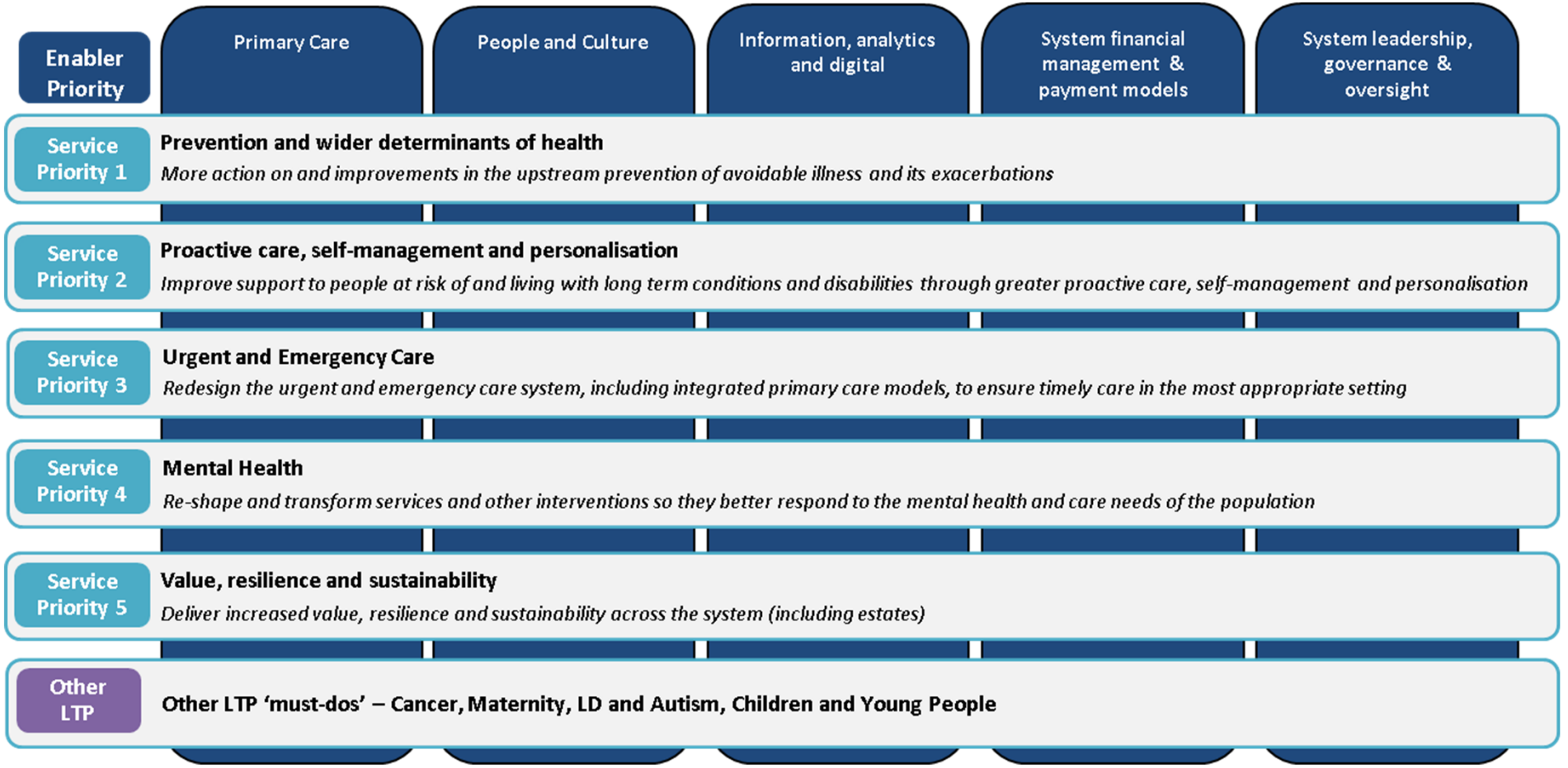

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Insights from local engagement on the NHS Long Term Plan

September 2019

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Background

- The NHS Long Term Plan sets out the ambitions of the NHS in England for the next ten years
- Each local area has been asked to develop their own local plan setting out how they will implement the national strategy
- We have undertaken extensive engagement with our local population to understand what matters to local people in their health services and to inform the development of a local system plan – this will be the core plan for the area over the next five years
- We have spoken to over 1,000 people across Nottingham and Nottinghamshire in our engagement about topics such as mental health, urgent care, health prevention and more

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Our approach

- The ICS has worked in partnership with Healthwatch Nottinghamshire to deliver an extensive programme of public engagement on the NHS Long Term Plan.
- This includes:
  a) Public engagement by the ICS communications and engagement team, through digital and face-to-face channels
  b) Public engagement by Healthwatch through face-to-face channels
  c) Understanding and Attitudes Research by social research agency Britain Thinks, delivered through a series of focus groups with staff and members of the public.
- While each of these elements includes a different focus, the programme is underpinned by core themes and questions

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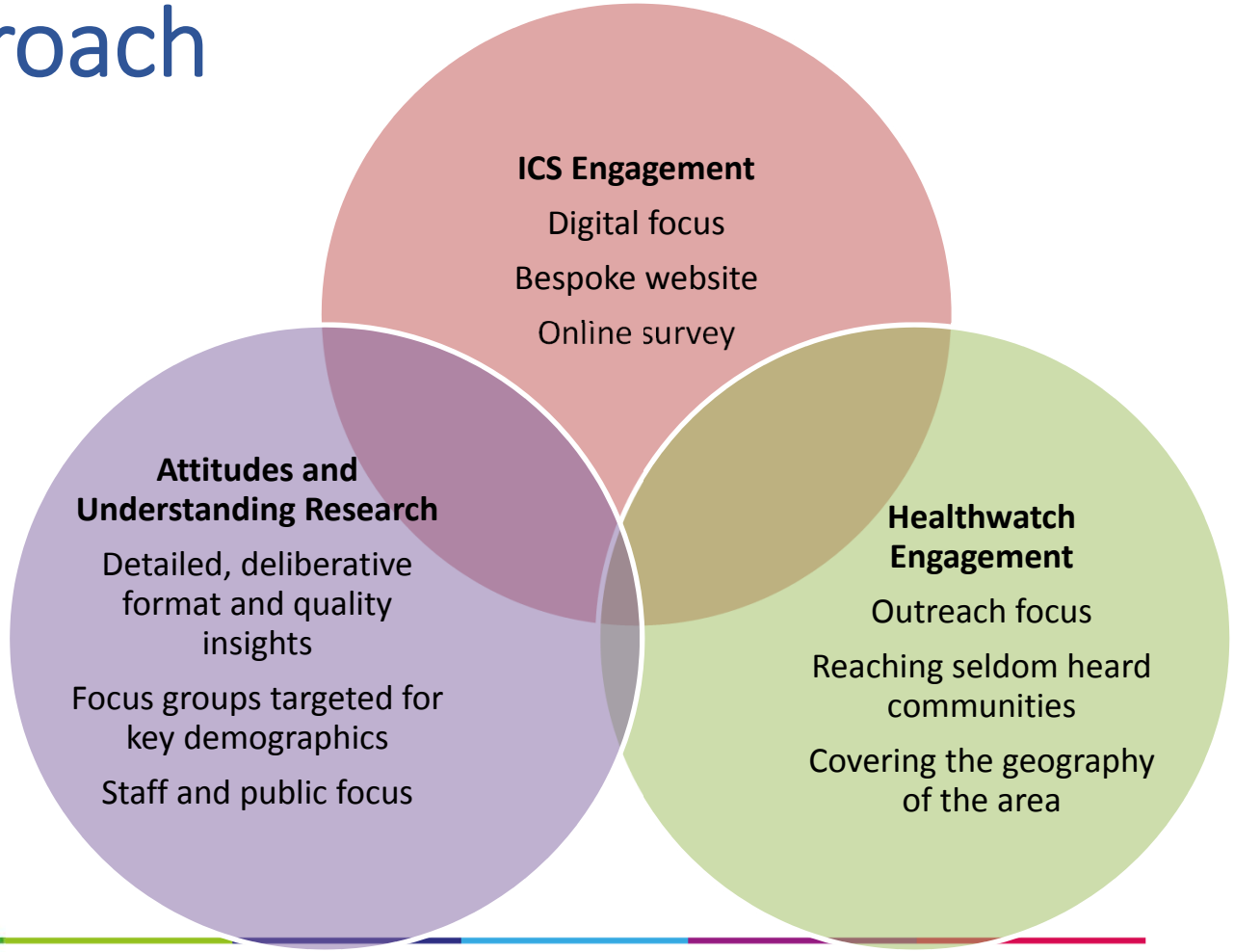
Value added through a mixed approach



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Engagement questions

- Within all of our engagement we have discussed the priorities within the NHS Long Term Plan in three ways:
  a) Understanding how important each priority is to people;
  b) Understanding what matters most to people within each priority;
  c) Discussing the priorities in terms of hypothetical 'trade-offs' e.g. investment in prevention versus investment in treatment, to generate debate.
- We also asked people 'What do you think is the best thing about the NHS?' to understand people's priorities without prompting or context

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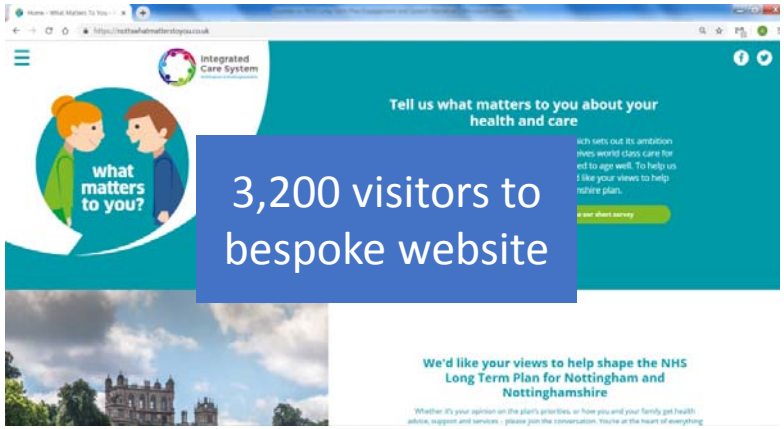
Engagement Activities



3,200 visitors to bespoke website

Social media activity has reached over 70,000 people

50 Face-to-face events in communities

Media coverage includes website URL

www.healthandcarenotts.co.uk @NHSNottingham

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Responses and reach

- 1015 Survey responses
- 50 Community events
- 58 in-depth interviews/focus groups participants
- 3,200 website visitors
- Social media reach of >70,000

Over 1000 responses from members of the public, patients and staff to inform and validate our choices.

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Key learning points

- Protecting free-at-the-point-of-need healthcare and support for staff are the key things people want to see from the NHS
- There is clear support for two of the system's proposed top priorities: Urgent and Emergency Care and Mental Health
- People understand the need for financial control but also perceive that the system is under pressure and has diminishing resources
- There is some support for the Prevention agenda but this needs to be balanced with messages around treatment improvements too and reassurance around effectiveness
- Some people like the idea of choice and control of their healthcare but this is dependant on context
- Workforce is a critically important theme that needs to be front and centre of our plans
- There is less support for digital transformation – it is the least supported and least well understood of all the priority areas discussed

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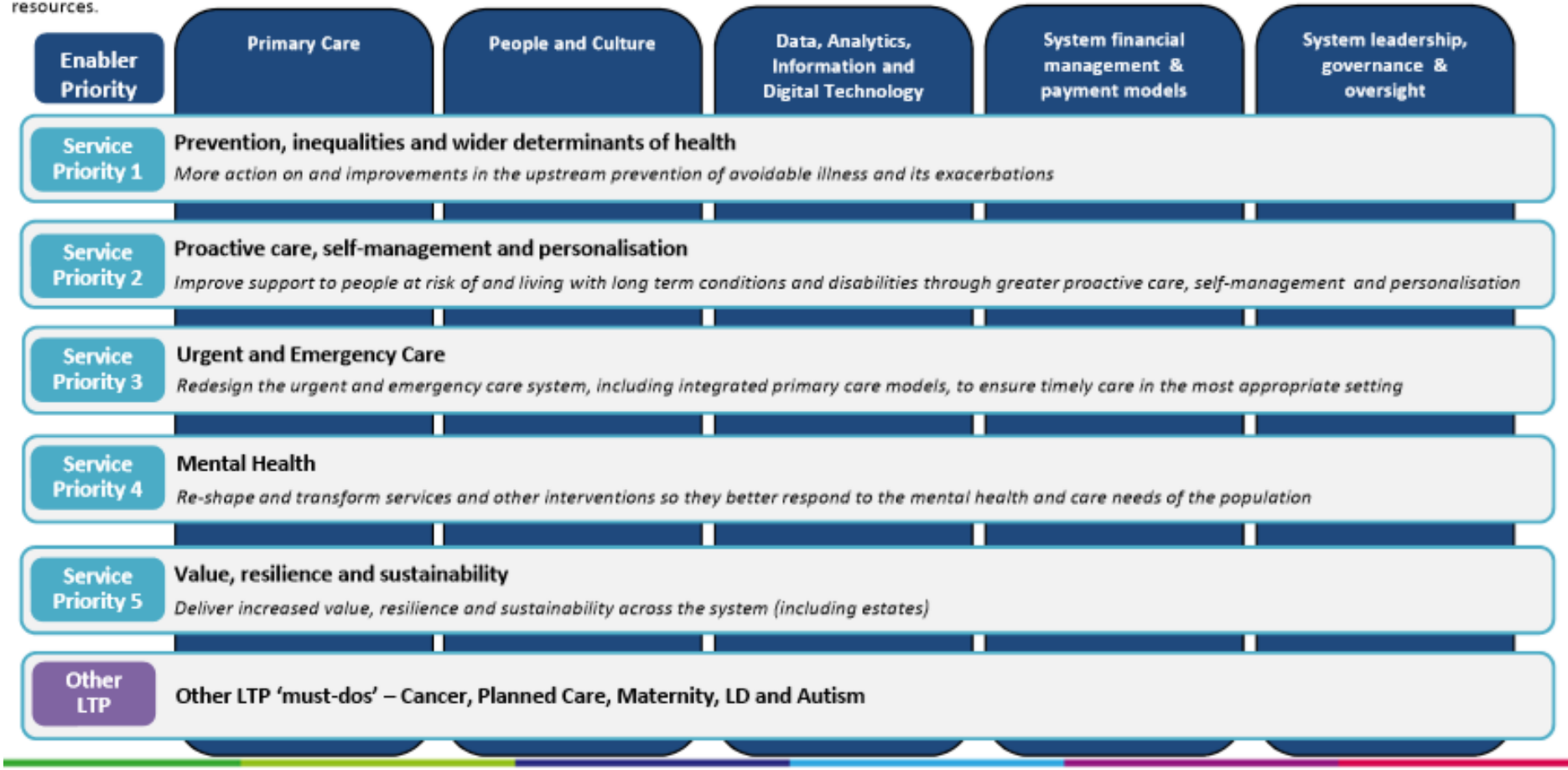
Developing the local system plan

resources.



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Focus for the first 2 years

Service priority	Our focus in 2019/20 and 2020/21
Prevention, inequalities and the wider determinants of health	Inequalities Smoking Alcohol
Pro-active care, self management and personalisation	Managing long term conditions pro-actively Multi-disciplinary Teams coordinating care
Urgent and emergency care	Integrating the urgent care system Integrating discharge from hospital
Mental health	Improve access to IAPT services Improve access to services for children and young people Improve adult crisis services
Value, resilience and sustainability	Continue to develop evidence based pathways and interventions Best use of assets and capital investment Reduce administration costs through CCG merger

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Next steps

- Work is ongoing to develop the full local system plan
- A draft of this plan will be submitted at the end of September
- A final plan will be submitted and published at the end of November
- We are talking to local partners throughout the process, sharing our plans and getting input
- We are interested in feedback on the process to develop the plan and its priorities and focus

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