

Health and Wellbeing Board
Nottingham City Integrated Care Partnership Update
25 November 2020

Introduction

1. Since the Nottingham City ICP last provided an update to the Health and Wellbeing Board in January 2020, the world has changed substantially – but in fact, the challenges the ICPs were set up to address remain and if anything have intensified over the last few months.
2. Alongside supporting the response to the first wave of the coronavirus pandemic, including supporting the set up of three Clinical Management Centres for Covid-19 symptomatic patients to receive a face-to-face assessment in the community, City ICP partners have continued to focus on ICP development and have established programmes of work aligned to agreed priorities.
3. To support the delivery of these programmes, the City ICP has established governance and reporting mechanisms involving a wide range of partners, ensuring a partnership approach to delivery and decision making.
4. City ICP executive and non-executive partners are now working to develop the ICP to a level of maturity where it is able to assume responsibility, and be accountable for, the delivery of integrated services in the city and associated outcomes and performance.

Programmes Priorities

5. At the March ICS Board meeting the Nottingham City ICP reported that following engagement events, co-production activities and analysis of population health data, the City ICP was soon to establish its programme priorities for 2020/21.
6. The City ICP stood down governance meetings in March and April to support partners in response to the first wave of the coronavirus pandemic. Following a review of priorities in May, (taking into account the impact of the coronavirus pandemic) partners established seven priorities in June 2020.

In 2020/21 City ICP partners will work together to improve the lives of citizens by:

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| 1 | Supporting people who face severe multiple disadvantages to live longer and healthier lives |
| 2 | Preparing children and young people to leave care and live independently |
| 3 | Supporting those who smoke to quit and reducing the number of people at risk of smoking |
| 4 | Increasing the number of people receiving flu vaccinations |
| 5 | Reducing inequalities in health outcomes in BAME communities |

As well as focusing on improving outcomes for citizens City ICP partners will:

6 Develop the Integrated Care Partnership and establish the ICP culture

7 Support our partners in recovery and restoration from Covid-19

7. Since the formation of the Nottingham City ICP, partners have worked together to identify programme priorities which add the most value to the work undertaken by constituent partners to improve the health and wellbeing outcomes of citizens, while also allowing the partnership to 'learn by doing' and not overwhelming itself in the developmental phase by trying to do 'everything'.
8. The City ICP has five priorities focused on improving health and wellbeing outcomes of citizens. These priorities target defined cohorts, through programmes focusing specifically on people who face severe multiple disadvantage, care leavers and people from black, Asian and minority ethnic (BAME) communities. Through the programmes to increase flu vaccination rates and reducing smoking rates, specific cohorts are also being targeted.
9. Through these programmes, it is expected that partners (both providers and commissioners) will work together to design pathways and services that will make best use of the provider resource in order to commission services in the city that meet the holistic needs of these population groups. This approach supports the ambition of the CCG and Nottingham City Council to move from tactical commissioning approaches to that of strategic commissioning.
10. Each programme has a clear set of objectives and is led by designated Programme Leads from City ICP partners with assigned Executive Sponsors. Programme Leads work on behalf of the ICP, wearing an ICP 'hat' and are supported by project teams made up of members from ICP partner organisations to ensure delivery through an inclusive partnership approach.

Programme Priority	ICP Programme Lead(s)	ICP Partner	ICP Executive Sponsor	ICP Partner
Severe Multiple Disadvantage	Jane Bethea Hayley Harris	Nottinghamshire Healthcare Trust Framework	Apollos Clifton-Brown	Framework
Care Leavers	Clive Chambers Kathy Thomas	Nottingham City Council Barnardo's	Catherine Underwood	Nottingham City Council
Flu vaccinations	Rani Parvez	CCG Locality Team	Michelle Tilling	CCG Locality Team

Smoking cessation	Simon Gascoigne	Nottingham University Hospitals	Tim Guylar	Nottingham University Hospitals
BAME Inequalities	Dr Rose Thompson	Nottingham Community and Voluntary Service	Jane Todd	Nottingham Community and Voluntary Service
ICP Development	Rich Brady	Nottingham City ICP	Hugh Porter	Nottingham City ICP
Covid-19 response	Activity is coordinated as appropriate through the ICP Executive Team			

11. The City ICP also has two priorities focused the development of the ICP itself and supporting the system response to the Covid19 pandemic.

12. In addition to the city focused priorities, Nottingham City and South Nottinghamshire ICPs have recently met to discuss the potential for the development of joint priorities.

Governance

13. To support the delivery of these programmes, the City ICP has established governance and reporting mechanisms involving a wide range of partners, ensuring a partnership approach to delivery and decision making. The governance structure comprises:

- A **Programme Steering Group (PSG)**. With representation from a broad range of partners across the city, the PSG oversees the ICP programmes of work. This group is focused on work that impacts on health and wellbeing outcomes of Nottingham citizens. Programme Leads are report into the PSG.
- An **Executive Team**. Made up of Chief Executives and/or Directors from each of the partner organisations, the role of the Executive Team is to support the Programme Steering Group and oversee the development of the ICP and the Primary Care Networks. Each ICP programme has an Executive Sponsor from the Executive Team.
- A **Partnership Forum**. Comprising mainly non-executive members and councillors from each of the partner organisations, the role of this group is to oversee the development of the ICP and provide constructive challenge on areas of focus and decision making. As the ICP develops it is planned that the Forum will mature into the ICP Board.

14. The City ICP is committed to working effectively with the Integrated Care System (ICS), South and Mid-Nottinghamshire ICPs and the Local Resilience Forum (LRF) which was established in response to and now recovery from, the Covid-19 pandemic. This means that the City ICP will not seek to duplicate work that is

already being undertaken through the ICS or LRF, however, will seek to understand and influence both, as required, to meet the needs of the Nottingham City population.

15. The diagram in **Appendix 1** shows the key governance structures of the City ICP and how it interfaces with wider ICS governance. While there is no formal link between ICP programmes and the LRF, members of the ICP Executive Team are represented in LRF forums, including the Restoration and Recovery Cell. ICP Executives are responsible for ensuring that the appropriate links are made to support the seventh ICP priority: Support our partners in recovery and restoration from Covid-19.

Leadership

16. Following the departure of Ian Curryer, Chief Executive of Nottingham City Council and City ICP lead, Dr Andy Haynes and David Pearson asked Dr Hugh Porter to take on the role of Interim Lead in addition to his role of Clinical Director. With the support of the City ICP Executive Team, Hugh has held the Interim Lead position since May 2020.
17. Following the appointment of Dr Hugh Porter as Clinical Lead In January 2020, the City ICP has expanded its clinical leadership. Tracy Tyrrell, Director of Nursing and Allied Health Professionals at CityCare and Dr Husein Mawji, GP at Victoria and Mapperley Practice and Director of Nottingham City GP Alliance were both appointed as ICP Deputy Clinical Directors in May 2020. In addition, Dr Margaret Abbott, GP at the Windmill Practice was appointed as the ICP Clinical Lead for Health Inequalities in May 2020.

Primary Care Network (PCN) Development

18. While there is huge amounts of work happening within and across PCNs, including developing enhanced support to care homes, expanding workforce and developing new roles, and working on the nationally mandated PCN quality indicators, PCN work to date has largely been focussed around general practice. It is acknowledged that in future PCNs need to be much more than networks of practices and develop into integrated networks of primary, community, mental health, social care, pharmacy, hospital and voluntary service.
19. The sixth ICP priority is to develop the Integrated Care Partnership and establish the ICP culture, which includes the development of the City PCNs. As part of this, the ICP Deputy Clinical Directors have been working with PCN Clinical Directors to develop a PCN development plan that will see closer integration of services within their networks. This plan builds on the national PCN maturity matrix.
20. The PCNs will be supported to develop effective and mature relationships with wider ICP partners and stakeholders, such that they can become integrated partnerships of primary, community, mental health, social care, pharmacy, hospital and voluntary care providers; able to proactively respond to the specific needs of their local populations.

21. To support the development of the PCNs the City ICP has launched a co-mentoring scheme for frontline staff across the partnership. The first tranche of 14 colleagues have been identified and will test this approach with the view to developing the scheme further.

Integrated Care Partnership Maturity

22. To support the ambition for ICPs to assume responsibility, and be accountable for, the delivery of integrated services and associated outcomes and performance, partners have been working up plans to test an approach through the City ICP's programme to support people who face severe multiple disadvantages (SMD) to live longer and healthier lives.

23. As part of the ICP SMD programme, Nottingham City Council (NCC) and CCG commissioners have been supporting an ICP SMD project group which has redesigned the way in which different services including substance misuse, housing, primary care, community health, mental health and others coordinate and provide support to people who sleep rough or are a risk of rough sleeping. The ICP SMD project group has now established a wraparound support model through a multidisciplinary team (MDT). As part of the service design, the ICP partners and NCC / CCG commissioners have worked together to develop draft system and population level outcomes.

24. Since the launch of the MDT, NCC and CCG commissioners have been working to identify the contracts associated with the delivery of services that make up the wraparound support. The aim of this exercise is to understand the total value of contracts associated with the delivery of services to support people who sleep rough or who have recently been accommodated after a period of rough sleeping. Partners are exploring if the total value of these contracts could be integrated to establish an ICP 'programme budget'.

25. Using the work undertaken in the SMD programme, City ICP executive and non-executive partners are now working to develop the ICP to a level of maturity where it is able to assume responsibility, and be accountable for, the delivery of integrated services in the city and associated outcomes and performance.

26. This will build on the work undertaken by City ICP partners to develop the delivery model for a Mental Health Social Prescribing service to commence from April 2021.

27. While a national maturity matrix has been developed for PCNs, and work locally and nationally has been undertaken around ICS maturity, at the time of writing there is not a nationally recognised maturity matrix for ICPs or other place level partnerships. Work is underway in City ICP to develop a high level maturity matrix to use as a model for the system.

Dr Hugh Porter
Nottingham City ICP Interim Lead and Clinical Director



Appendix 1 – ICP Governance Diagram

