

Health and Wellbeing Board
24 March 2021

	Report for Information
Title:	Nottingham City Integrated Care Partnership (ICP) Update
Lead Board Member(s):	Councillor Eunice Campbell-Clark – Chair, Nottingham City Health and Wellbeing Board and Nottingham City ICP Forum member Dr Hugh Porter – Vice Chair, Nottingham City Health and Wellbeing Board and Interim Lead / Clinical Director, Nottingham City ICP
Author and contact details for further information:	Rich Brady, ICP Programme Director rich.brady@nhs.net
Brief summary:	This update includes an overview of the ICP programme review of priorities 1-5 ahead of 2021/22. Following the recent NHS England / Improvement engagement on the future of Integrated Care Systems, there is a focus on programme priority 6, both in establishing the ICP culture in the city and building the infrastructure to support delivery. There is also an update on programme priority 7, with work undertaken to support uptake of the Covid-19 vaccine in Nottingham.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to note the update from the Nottingham City ICP.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The ICP established its first set of programmes in June 2020. Programme Leads have been working with project teams (made up of different ICP partners), meeting regularly to progress activity against programme plans. Each of the five ICP programmes have continued to make good progress in the first year, despite
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	

Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	operational pressures caused by the pandemic.
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health	
There is continued development of partnerships across primary care, community services, social care, mental health, the voluntary sector and secondary care that are enabling on-going development.	
Background papers:	Appendix 1 – Nottingham City ICP Programme Priorities 2020/21 Appendix 2 – Flyer for VCS engagement event Appendix 3 – DRAFT ICP Maturity Matrix Appendix 4 – Co-mentoring advertisement Appendix 5 – Share and learn programme schedule

Introduction

1. This update includes an overview of the City ICP programme review of priorities 1 – 5 ahead of 2021/22. Following the recent NHS England / Improvement engagement on the future of Integrated Care Systems there is a focus on programme priority 6, both in establishing the ICP culture in city and building the infrastructure to support delivery. There is also an update on programme priority 7 with work undertaken to support uptake of the Covid-19 vaccine in the City.

Programmes priorities 1 – 5 (population cohorts)

2. The City ICP established its first set of programmes in June 2020 (appendix 1), Programme Leads have been working with project teams (made up of different ICP partners), meeting regularly to progress activity against programme plans.

Each of the five ICP programmes have continued to make good progress in the first year despite operational pressures caused by the pandemic.

3. Ahead of 2021/22 the City ICP will undertake a formal review of programme priorities 1 – 5 at Programme Steering Group meetings in February and March 2021. The review will include a summary of progress against key performance indicators / outcomes and discussions on the risks, issues and opportunities for 2021/22 before a decision is taken on the future of each programme. The review will provide the opportunity to generate new programmes in the City, as well as with partners in South and Mid Nottinghamshire ICPs.
4. As part of the programme review, on 4 March, Healthwatch Nottingham and Nottinghamshire, in partnership with Nottingham Community Voluntary Service will hold an event with community and voluntary partners (appendix 2). The purpose of this event is to ensure that voices of the citizens and the community and voluntary sector are at the forefront of the programme review process.

Programme priority 6: Develop the partnership and establish the ICP culture

5. Following the recent NHS England / Improvement proposals set out in, Integrated Care: next steps to build strong and effective integrated care systems across England, City ICP partners have been working together to strengthen the infrastructure, governance and accountability of the partnership, as well as embedding the ICP culture in the city. This work is being undertaken as part of the sixth priority to, 'develop the Integrated Care Partnership and establish the ICP culture'.
6. The City ICP provided a response to the NHSE England / Improvement proposals which can be found [here](#).

Developing the partnership

7. The NHSE/I proposals have significant emphasis on the role of place-based partnerships with the need to support and develop effective models for joined-up working at "place" with the aim to progressively deepen relationships between the NHS and local authorities, including on health improvement and wellbeing.

Maturity planning

8. To support the development of effective models for joined up working at place, the City ICP has developed a draft ICP maturity matrix (appendix 3). The ICP Executive Team is reviewing the maturity of the City ICP against this local framework to be able to set out the steps needed for the City ICP to take on the responsibilities expected of place-based partnerships as set out in the NHSE/I proposals. At the time of writing there is not a nationally recognised maturity matrix for ICPs or other place-based partnerships.

Strategy and governance alignment

9. To support the deepening of relationships between the NHS and local authorities to work collectively on health improvement and wellbeing, City ICP partners are strengthen the alignment of ICP with the Join Health and Wellbeing Strategy and

the statutory governance of the Health And Wellbeing Board. Partners will participate in independently facilitated workshops to work through proposals.

Establishing the ICP culture

10. As well as developing the partnership, programme priority 6 aims to build and establish the ICP culture in the city. As part of this programme the City ICP has set up a co-mentoring scheme and a programme of 'share and learn' webinars.

Co-mentoring

11. In December 2020 the City ICP launched a co-mentoring scheme for staff working across the partnership (appendix 4). The programme is aimed at all staff who are interested in developing their understanding of what it is like to work in different roles and in different organisations. 16 colleagues attended the first session and have been paired into 8 co-mentoring partnerships. Co-mentoring partnerships are made up of colleagues working in a variety of different roles from across the partnership. Colleagues are meeting regularly and will participate in a formal evaluation in March 2021.

Share and learn

12. Throughout 2021 ICP partners are running a series of 'share and learn' webinars which give the opportunity for ICP and ICS colleagues to find out more about the ICP, its partners and programmes of work.

13. Each session is 30 minutes, with presentations from partners followed by question and answer sessions. Each session is recorded and available to watch again on YouTube. The programme for January – May 2021 is detailed in appendix 5. The aim of these sessions is to:

- Generate a better understanding of what the ICP is and the ICP's ambition for integrated care in Nottingham
- Develop a greater understanding of the organisations and services that make up the partnership
- Share knowledge and skills across the partnership
- Continue building effective relationships that allow partners to work closely together, today and in the future.

Monthly newsletter

14. In November the City ICP began producing a monthly newsletter, which provides a focus on the progress of the ICP programmes and work being undertaken in the Primary Care Networks, as well as sharing news from across the partnership. The three editions to date cover [November](#), [December](#) and [January](#).

Programme priority 7: Support our partners in response, recovery and restoration from Covid-19

15. The City ICP has started to bring together key partners (including community and voluntary groups) with a role to play in supporting the uptake of the coronavirus vaccine across diverse communities in Nottingham City. The purpose of this group is to coordinate the efforts of colleagues across the city so that partners can work together better to encourage vaccine uptake and reduce any duplication. The group has four main areas of focus:

- Support data and information sharing between partners
- Support LRF colleagues with vaccine site locations and access to reach areas of low uptake
- Understand vaccine hesitancy within communities and work to overcome this
- Communications between partners and with citizens to improve vaccine uptake

16. The City ICP covid-19 vaccine coordination group is not part of the formal Local Resilience Forum (LRF) governance however its aim is to support and complement the work of the LRF.

Appendix 1 – Nottingham City ICP Programme Priorities 2020/21

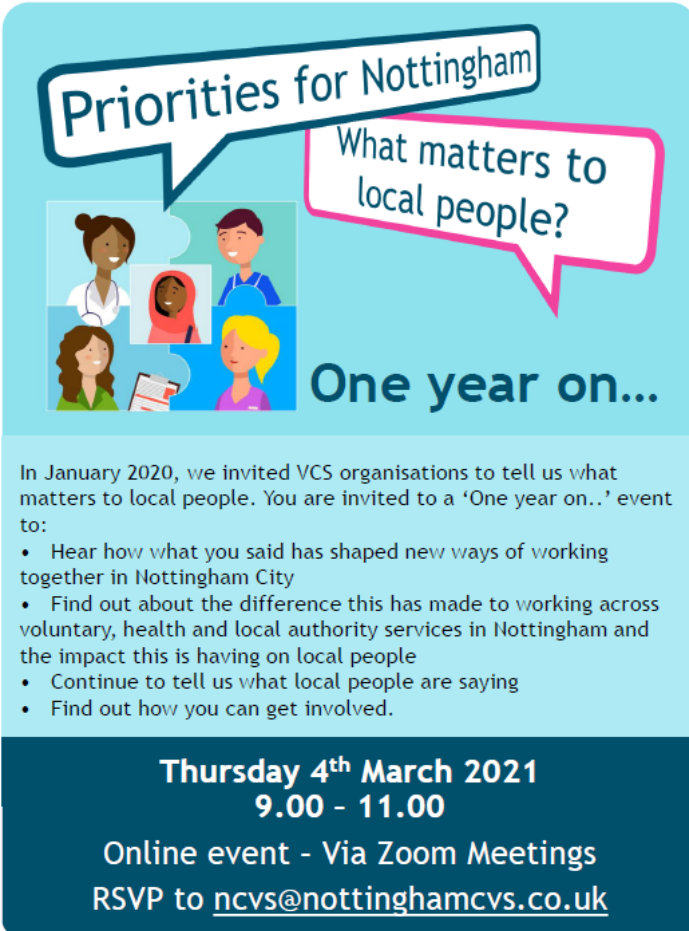
In 2020/21 City ICP partners will work together to improve the lives of citizens by:

- 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 response, recovery and restoration from Covid-19

Appendix 2 – Flyer for VCS engagement event



The flyer features a light blue background with a central graphic of five diverse people (two men and three women) in a grid. Above them are two speech bubbles: a white one with a blue border saying 'Priorities for Nottingham' and a pink one with a white border saying 'What matters to local people?'. Below the graphic, the text 'One year on...' is written in a large, bold, dark blue font. The event details are listed in a dark blue box at the bottom, including the date 'Thursday 4th March 2021', time '9.00 - 11.00', and the fact that it is an online event via Zoom. The RSVP email is ncvs@nottinghamcvs.co.uk. At the bottom, there are three logos: 'healthwatch Nottingham & Nottinghamshire', 'Nottingham Community and Voluntary Service' (a purple speech bubble), and 'Nottingham City Integrated Care Partnership' (a stylized 'N' logo).

Priorities for Nottingham
What matters to local people?
One year on...

In January 2020, we invited VCS organisations to tell us what matters to local people. You are invited to a 'One year on..' event to:

- Hear how what you said has shaped new ways of working together in Nottingham City
- Find out about the difference this has made to working across voluntary, health and local authority services in Nottingham and the impact this is having on local people
- Continue to tell us what local people are saying
- Find out how you can get involved.

Thursday 4th March 2021
9.00 - 11.00
Online event - Via Zoom Meetings
RSVP to ncvs@nottinghamcvs.co.uk

healthwatch
Nottingham & Nottinghamshire

Nottingham Community and Voluntary Service

Nottingham City
Integrated Care Partnership

Appendix 3 – DRAFT ICP Maturity Matrix



	Emerging	Developing	Maturing	Thriving
Common vision and purpose	Recognition that there is a need for a collective vision but limited progress has been made to finalise ICP vision and objectives or embed these across the ICP and within individual organisations	An early shared vision and some defined objectives, starting to build common purpose and a collectively-owned narrative among ICP leadership team	The ICP's vision and purpose is clear, aligned to the programme objectives and can be articulated by partners. Partners are clear on how the work of the ICP will add value to the work being undertaken by the constituent partners that make up its membership	The ICP's vision has a clear relationship to the overarching system vision and objectives, is shared across all members of the partnership and tangibly informs decision making
Operating Model and Risk Management	Agreement in principle between ICP partners to work towards an alliance agreement that will enable the ICP to hold programme / population level budgets and fairly allocate risk and reward	The ICP has an agreed set of principles established to inform the design/re-design of services to deliver joined-up care to cohorts of the population. Agreements in place with strategic commissioners for ICPs to hold budgets and share risk on smaller population / cohort groups. Risk associated with delivery is still held by strategic commissioners	Provider alliance agreement in place. The principles and processes established provide assurance to strategic commissioners that delivery through the ICP will improve outcomes for the population as well as organisational performance. Risk associated with delivery is shared between partners	The ICP has a collectively agreed operating model and form to deliver whole-population, joined-up care. The model enables the ICP to hold population / pathway based contracts that span multiple care settings and multi-year time horizons. Arrangements to assess and share risks and gains across providers are established and supported by transparency around resource availability and allocation within the ICP
Workforce Engagement	Limited input from clinical and other frontline professionals into plans, policies and decision making. Limited established networks across professional groups and care settings	Clinicians and other frontline professional are consulted on relevant programmes however this takes place on an ad hoc basis. Frontline professionals are not always clear on the outcome of the consultation / engagement.	Established engagement with clinical community and other frontline professional across care settings into ICP programmes of work. Frontline professionals are involved in service design / re-design, ensuring that service design is based on best practice and an understanding of practical barriers to integrated working	All plans, policies and decisions of the ICP are based on or informed by engagement with the partnership's clinical community and other frontline professionals. Strong networks amongst care professionals exist across care settings and professional groups are the foundation of this engagement
Care Coordination and Management	The ICP is starting to build local plans for improving the coordination of care for its population and is starting to build relationships across partners	Relationships between partners are developing and partners are beginning to work through traditional barriers to care coordination and management outside of formal ICP programmes. The ICP has facilitated the generation of some multi-disciplinary teams to meet the needs of specific populations / cohorts, working across health and care pathways	There is continued development of partnerships across primary care, community services, social care, mental health, the voluntary sector and secondary care that are enabling on-going MDT development. Workforce sharing protocols in place.	The ICP enables the provision of high-quality, coordinated and population-focused care across all health and care pathways
Citizen Ownership and Engagement	There is limited meaningful engagement with citizens. Citizens are not routinely involved in the development of priorities or co-design of services. When citizens are consulted they are not always aware of the outcome of their involvement.	Processes are in place to engage with citizens in the design and delivery of programmes and trusted relationships between citizens and partners are beginning to develop	The ICP has embedded forums and processes for seeking and acting on citizen views in co-designing and delivering care. Expert citizens are involved in programmes and contribute to key decision making	The ICP is routinely involving and engaging citizens in the design and delivery of services to meet the needs of population groups / cohorts. The ICP has established links and relationships with wider community assets and works in partnership with community assets to meet population need
Data, Analytics, Infrastructure and Interoperability	Infrastructure is being developed for population health management including facilitating access to data that can be used easily, developing information governance arrangements & providing analytical support	Basic data sharing, common population definitions, and information governance arrangements have been established that supports the flow of information between services. There is some linking of data flows between social care, primary care, community services and secondary care	There is a data and digital infrastructure in place to enable a level of interoperability within and across the ICP, including wider availability of shared care records. Analytical support, real time patient data and PHM tools are made available for ICPs and PCNs to help understand at risk population cohorts, and to support care design	IT, data system alignment and interoperability exists across ICP partners. To enable the optimal management, coordination and delivery of patient care, information is available to clinicians and service planners across care organisations. Agreed permissions in place for data and information sharing relevant for system insight across care organisations to enable system wide analysis

Appendix 4 – Co-mentoring advertisement



Interested in a new challenge and opportunity?

APPLY for the Nottingham City ICP co-mentoring scheme today

The world is changing and how we work in the future is changing alongside it!

Appendix 5 – Share and learn programme schedule

Date	Title	Speaker
12 January 2021 at 13:00 hours	An introduction to our ICP <i>Role and function</i> <i>Membership</i> <i>Programme Objectives</i> <i>Opportunities</i>	Rich Brady Programme Director
21 January 2021 at 13:00 hours	Local Authority <i>Overview of organisation</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Catherine Underwood Corporate Director of People
27 January 2021 at 13:00 hours	NCVS <i>Overview of organisation</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Jules Sebelin Chief Executive
4 February 2021 at 13:00 hours (POSTPONED)	Primary Care Networks <i>Overview</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Jonathan Harte PCN Clinical Director
16 February 2021 at 13:00 hours	Community Services <i>Overview</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Lyn Bacon Chief Executive CityCare

2 March 2021 at 13:00 hours	Framework Overview Key priorities Success areas Development opportunities	Andrew Redfern, Chief Executive Apollos Clifton – Brown Director, Health and Social Care
18 March 2021 at 13:00	Nottingham City Homes Overview Key priorities Success areas Development opportunities	Richard Holland Assistant Director of Housing Operations
31 March 2021 at 13:00	Hospital Services <i>Overview</i> <i>Key priorities</i> <i>Success areas</i> <i>Development opportunities</i>	Keith Girling And Sarah Moppett Medical Director and Deputy Chief Nurse
6 April 2021 at 13:00	Mental Health Overview Key priorities Success areas Development opportunities	Julie Hankin Medical Director, Nottinghamshire Healthcare NHS Foundation Trust
28 April 2021 at 13:00	Small Steps Big Changes (SSBC) <i>Role and function</i> <i>Membership</i> <i>Programme Objectives</i> <i>Opportunities</i>	Karla Capstick Programme Director
11 May 2021 at 13:00	A focus on health inequalities An overview of our population Work being undertaken	Dr Margaret Abbott ICP Health and Inequalities Lead