

**Nottingham City Health and Wellbeing Board
24 November 2021**

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| | Report for Information |
| Title: | Update on the Nottingham City Integrated Care Partnership (ICP) |
| Lead Board Member(s): | 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 – Programme Director, Nottingham City ICP |
| Brief summary: | This paper includes an update on the ICP programme to reduce inequalities in health outcomes in Black, Asian and Minority Ethnic (BAME) communities, the programme to increase flu vaccination rates among target cohorts of the population and an update on the Changing Futures programme. An update is provided on work underway between ICP partners to support primary care recovery and demand management, as well as an update on the work to confirm the anticipated role of the ICP from April 2022 when Integrated Care Systems (ICS) are expected to become statutory NHS Bodies. |

Recommendation to the Health and Wellbeing Board:

To note the update on the work being undertaken by the Nottingham City Integrated Care Partnership.

Contribution to Joint Health and Wellbeing Strategy:

| Health and Wellbeing Strategy aims and outcomes | Summary of contribution to the Strategy |
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| Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities. | All programmes are aligned to the aims and outcomes of the current Joint Health and Wellbeing Strategy. The ICP is committed to supporting the development and delivery of the refreshed Strategy, due to be published in March 2022. |
| Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy. | |
| Outcome 1: Children and adults in | |

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| Nottingham adopt and maintain healthy lifestyles. | |
| 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

The ICP now has a programme focussed on supporting Nottingham citizens to better access preventative support to improve mental health and wellbeing.

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| Background papers: | None |
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Update on the Nottingham City Integrated Care Partnership

Important nomenclature

In the Health and Care Bill it is proposed that the previously termed, 'ICS Health and Care Partnership' is to be named the 'Integrated Care Partnership'. At present, the term Integrated Care Partnership is used to describe the place-based partnership in Nottingham City. For the purpose of this paper, the Nottingham City Integrated Care Partnership will be referred to as the 'Nottingham City Place-Based Partnership' (PBP).

Background

1. This paper includes an update on the PBP programme to reduce inequalities in health outcomes in BAME communities, the programme to increase flu vaccination rates among target cohorts of the population and an update on the Changing Futures programme. An update is provided on work underway between PBP partners to support primary care recovery and demand management as well as an update on the work to confirm the anticipated role of the PBP from April 2022 when ICSs are expected to become statutory NHS Bodies.

PBP Programme update

2. Since the previous Health and Wellbeing Board, updates have been provided to the PBP Programme Steering Group from the BAME Health Inequalities and Flu programmes.
 - BAME Health Inequalities
3. Positive progress is being made within the BAME health inequalities programme to address structural and racial inequalities. Senior representatives from PBP organisations are working alongside representatives from BAME communities to design a maturity matrix to assess the cultural competence of PBP organisations.
4. PBP partners and community representatives have been developing the maturity matrix in coproduction over several months with the final matrix expected to be ready for use in early 2022. Work is ongoing to support PBP partners to adopt the matrix and undertake self-assessments to understand the actions that need to be taken within partner organisations to support the elimination of structural and racial inequalities.
 - Flu
5. Following the success of the 2019/20 PBP flu programme, where partners saw an increase in the number of people receiving flu immunisations across all target cohorts, the scope of the 2020/21 flu programme has been expanded to include the following groups:
 - people under the age of 65's who are considered clinically at risk;
 - a young families cohort (pregnant women and 2/3 year olds); and
 - school children aged 4-10.

6. Three Task and Finish Groups have been established to enable specific cohort appropriate actions to be identified for the young families, under 65s and school-aged children cohorts. Early analysis of immunisation data has shown that uptake is equal to or lower than at the same time last year – uptake rates have been impacted significantly by national vaccine supply issues.
 7. While there have been challenges in uptake caused by vaccine supply, the commitment from ICP partners to work differently to achieve the best effect is evident in the volume of activity stemming from the Task and Finish groups. Examples of this include targeted communications activities with communities where vaccine uptake is known to be lowest which have helped to increase awareness and encourage vaccine confidence.
 8. Joint working between community and primary care has helped to ensure that more people who are housebound can access a vaccine, while specialist clinics have also been set up for rough sleepers. Improved data sharing between acute, community and primary care has ensured that partners have a shared, up-to-date list of women that are registered for antenatal care and eligible for a flu vaccine.
- Changing Futures
9. As reported at the previous Health and Wellbeing Board, through the PBP programme to support people experiencing severe multiple disadvantage (SMD) to live longer and healthier lives, the PBP has been accepted onto the Department for Levelling Up, Housing and Communities, 'Changing Futures' programme, receiving over £3.5 million to support people experiencing SMD in Nottingham.
 10. Recruitment is underway for several posts, including a Programme Director who will oversee the delivery of the Changing Futures programme, a Commissioning Manager and two SMD Practitioners, one specialising in primary care and one in mental health. All Changing Futures roles are being hosted within different PBP partner organisations. Recruitment is also soon to commence for Practitioners based within probation and housing.
 11. Procurement processes are underway to prepare for the tendering of the frontline delivery service, as well as roles specialising in providing appropriate support to people with cultural and gender specific needs.
 12. Formal governance for the programme is to be established through a Changing Futures Delivery Board which will have an independent chair, with membership including senior representation from statutory and voluntary sector partners across the key areas of health (both mental and physical), policing, housing and homelessness, offending, substance misuse treatment, and domestic abuse. Local commissioning leads will also be represented on the Board.

Supporting primary care recovery and demand management

13. Work is underway regarding how PBP partner organisations can support recovery in city general practice and long-term condition management. Initial

discussions have taken place between colleagues in primary care, CityCare and Nottingham University Hospitals NHS Trust. The intention is for opportunities to be explored between all PBP partners to engage in current and future work.

14. Partners have identified areas where joint working can have a significant impact on health and wellbeing outcomes as well as reducing demand on services.

Partners are currently exploring the following areas:

- spirometry (lung function testing);
- identification for collaboration to support childhood immunisation uptake, bone health, diabetes, oncology and end of life care;
- digital data-sharing;
- Primary Care offer at the Emergency Department; and
- shared training and education, communication and estates.

15. Recognised the extreme challenges that all face, partners have engaged in honest, enthusiastic, and innovative discussions. This has enabled a cultural shift from 'organisationally-siloed' thinking to person-centred innovative approaches which will enable new provision of care, sharing of information and data, and improved communication to the betterment of a joined-up offer to citizens.

Future role of the Nottingham City Place-Based Partnership

16. Subject to Parliamentary approval of the Health and Care Bill, from April 2022 ICSs are set to become statutory NHS Bodies. These will consist of a new NHS Body, the Integrated Care Board (ICB) and an Integrated Care Partnership (ICP), which will be a committee jointly convened by local authorities and the NHS.

17. The membership of the ICB is currently being consulted upon. On 11 November, it was confirmed that Amanda Sullivan, the Accountable Officer of the Nottingham and Nottinghamshire Clinical Commissioning Group, has been appointed as the Designate Chief Executive of the ICB. Leadership and membership arrangements of the ICP are to be determined.

18. PBPs are to be a key delivery component of ICSs. PBPs are expected to take on a broad range of responsibilities, including delegated functions from the ICB for NHS resources. The Health and Care Bill does not set out fixed arrangements for the governance of PBPs, giving flexibility for partners to agree local arrangements.

19. ICSs are required by NHS England / Improvement to confirm initial proposals for place-based arrangements for 2022/23 onwards. There are 3 requirements, to set out:

- the configuration, size and boundaries of the ICS's places;
- the system responsibilities and functions to be carried out at place level; and
- the planned governance model, including membership, decision-making arrangements, leadership roles as well as agreed representation on, and reporting relationships with, the ICP and ICB.

20. The Nottingham and Nottinghamshire ICS has completed the first of the 3 requirements set out by NHS England / Improvement, defining the configuration, size and boundaries of 4 place-based partnerships (Bassetlaw, Nottingham City, South Nottinghamshire and Mid Nottinghamshire) in the initial submission of the System Development Plan submitted in June 2021.
21. The system responsibilities to be carried out at place level, planned governance, including membership, decision-making arrangements and leadership roles are still to be defined at a local level. The confirmation of these responsibilities and arrangements is being overseen by the ICS Transition and Risk Committee.
22. The PBP Executive Team is working closely with the Designate Chief Executive and ICS Transition and Risk Committee to determine the level of delegated responsibility the Nottingham City PBP will assume for the delivery of NHS functions from April 2022. In parallel, discussions are also taking place with the local authority to determine the extent to which the PBP could take on responsibility for local authority delegated functions.
23. Alongside work with the ICB and local authority, the PBP Executive Team is also supporting the development of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy.

Recommendations:

24. The Health and Wellbeing Board is asked to note the update on the work being undertaken by the Nottingham City Place-based Partnership.