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Nottingham and Nottinghamshire Integrated Care Strategy

30 November 2022

The draft Strategy - notes

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- The Strategy is still in draft form (lots of red notes that show this!)
- This will be an 'initial' Strategy, giving space for more joint planning and working
- A lot of the targets are drawn from the Joint Health and Wellbeing Strategies, so produced in partnership with communities and are being implemented through co-production
- Additionally, there has been engagement through the ICP Assembly and surveys
- Opportunity for HWB to 'sense check' the direction of travel (not to approve)
- There will be a more 'public-facing' version that communicates some of the more technical language in plain English

shift towards prevention

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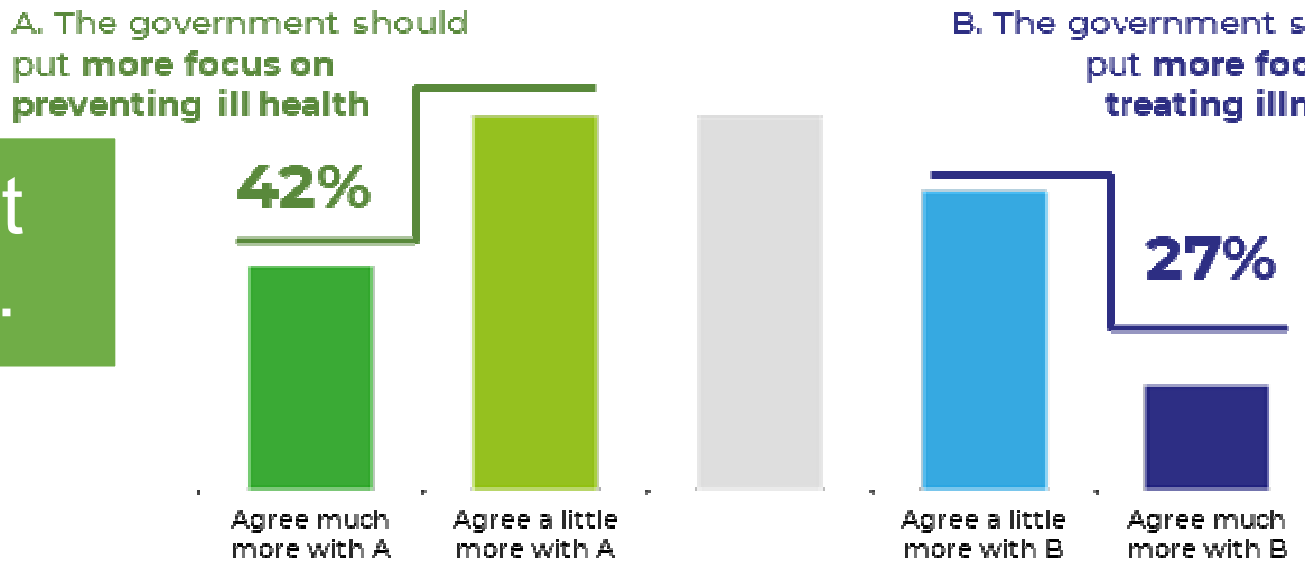
eople in our ICS are dying earlier than they should…

..and living with illness and disability longer

Our system has a significant challenge with deprivation…

nd the public want a shift towards prevention

Public survey on what they want from their health and social care sys



Opportunities for our Integrated Care Strategy

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- Integrated Care Partnership (ICP) was established in July 2022,
  - joint committee between three statutory bodies: Nottingham City Council, Nottinghamshire County Council and the Nottingham and Nottinghamshire NHS Integrated Care Board (ICB).
- ICP tasked with producing an Integrated Care Strategy by Dec 2022.

Coming together in a way that we haven't before with a joint strategy to harness the collective endeavour of system partners and unite behind a single strategic vision.

- Drive significant improvement in the physical and mental health and wellbeing of our population
- Embed equity of access and outcomes as an underpinning principle for system working
- Shift from treatment to prevention
- Build on successful examples of joint working and what we've been working towards as part of our STP/ICS journey… further, faster.

Our Aims and Ambitions – 'the What?'

Aligning to the aims for ICSs as a strategic framework, and focusing on three guiding principles for the system

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ICS Vision: Every person will enjoy their best possible health and wellbeing

***mprove outcomes** in opulation health and healthcare*

*2. **Tackle inequalities** in outcomes, experience and access*

*3. Enhance **productivity and value for money***

*4. Support broader **soc and economic development***

Prevention is better than cure

Equity in everything

Integration by default

Improve outcomes in population health and healthcare

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iorities	What will we do?	How will we know we've got there? (assume 5 yrs)
t frail older derlying aintain their nd health.	We will focus on supporting frail older people with underlying conditions to stay well, remain independent and avoid unnecessary admissions to hospital in the short term. This will involve; • Using risk stratification to identify, screen and categorise those people at greatest of frailty and admission to hospital. • Developing multidiscipline personalised care plans for those at greatest need to support their health, care and independence needs. • Multidiscipline approach to hospital discharge and reablement to get people back to their place of home as quickly and independently as possible. • Prioritising secondary and tertiary prevention (including social care, falls prevention, home adaptations, and technology) to delay disease progression and maintain independence for as long as possible. • Further improve infection prevent control practise and antimicrobial resistance to reduce the likelihood and impact of hospital acquired infections. • Reviewing discharge pathways following LGA review??? to avoid inappropriate use of residential care (SUE CHECK)	• a 8% reduction in the growth of emergency admissions to hospital • X% Reduction in the rate of emergency admissions due to falls in people aged 65 and o 100,000) • X% reduction in hospital acquired infections (Need to define which ones are included, C.Diff?) • X% reduction in use of residential care • BCF metrics?

Improve outcomes in population health and healthcare (cont)

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r Priorities	What will we do?	How will we know we've got there? (assume 5 yrs)
t children and young the best start in life.	We will support children and young people to have the best start in life by; • Prioritising the first 1,001 critical days including implementing recommendations from the Ockenden Review to equitably transform our maternity services. • Develop multidiscipline family hubs to support the holistic needs of children and families. • Tackling the impact of COVID-19 on our children with particular focus on emotional health and wellbeing and speech and language support. • Delivering our six physical health transformation programmes and with a particular focus on developing a system approach to childhood obesity. • We will prioritise those children at greatest need.	• X% Reduction in infant mortality, split by ethnicity (equity lens, note this will be small REWORD • X% Reduction in the proportion of women smoking at time of delivery • % Improvement in breastfeeding prevalence at 6-8weeks after birth • Stabilising the rising rates of obese and overweight children in year 6. • X% Improvement in school readiness: percentage of children achieving a good level of at the end of Reception. • X% Reduction in hospital admissions for mental health conditions in under 18year olds admissions as a result of self-harm
ntact count (MECC) for s of health for example healthy lifestyle AND nposting to other ancial advice which ple's health	We will ensure that all health and care staff understand the building blocks of health and health inequalities and are competent and confident to deliver brief interventions on a range of prevention topics to support people's wellbeing. This will include; Develop a framework for action across organisations REWORD • Developing a flexible approach to MECC training and support that will be owned and tailored by the different services across the ICS. • Embedding MECC training into all staff's personal development plans and appraisals. • Clarifying signposting and referral mechanisms into prevention services, collaborating with local health and wellbeing hubs.	• Framework developed and agreed • All staff have completed local bespoke MECC training model to build their confidence a competence in delivering health and wellbeing advice. • X% increase in MECC conversations across the system. • X% increased referrals into prevention services.

Tackle inequalities in outcomes, experience and access

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r Priorities	What will we do?	How will we know we've got there?
ple with the greatest most deprived, clusion groups and ing severe multiple	We will prioritise the areas and population groups of most need including those living in the most deprived areas of our system, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage. This will involve embedding a 'proportionate universalism' approach delivering a core service to our people, but tailoring the scale and intensity to the level of need. Areas of focus include; • Delivering the priorities of the adult and children and young people NHS England Core 20 Plus 5 frameworks. • Equitable access to immunisation and screening and health checks (including those for people with severe mental health and learning disabilities.) • Address the 'care gap' of effective secondary prevention interventions that are not completed in prioritising those most in need. CHECK with Dave B map prevention interventions in 3.2 • Focus populations will include those will severe mental health, homelessness, domestic abuse, severe multiple disadvantage, financial vulnerability, multiple or life limiting illness, BAME ethic groups and learning disabilities.	Overall X% improvement in healthy life expectancy. X% reduction in life expectancy gap between the most and leas areas of the ICS. X% improvement in the uptake of services from those at greats where appropriate by 20% most deprived areas, ethnicity, age? disability etc.)
st prevention priorities, cohol, healthy weight lth to prevent illness death from heart attack r / COPD/ suicide and omes	We will prioritise equitable investment in prevention across the ICS, focusing on the key priorities of the two local Joint Health and Wellbeing Strategies. This will involve; • Creating a Inequalities and Innovation Investment Fund to tackle the top prevention priorities for local people including tobacco, alcohol, healthy weight and mental health. • Agree to adopt the principle of 'proportionate universalism' in future funding allocations across the partnership so that resources are deployed according to need rather than historic allocation. • Complete a review of the prevention offer to reshape and integrate services and support MECC delivery.	• Across the system we will commit to increasing the propor on prevention. • Best start indicators- see priority 1.2. • Create a Smokefree generation by 2040. • X% Reduction in rate of smoking in over 18's. • X% Reduction in alcohol related hospital admissions • X% reduction in the percentage of adults (aged 18+) classif overweight or obese • X% Reduction in suicide rate (persons) OR rate of emerger admission for intentional self harm?

Enhance productivity and value for money

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Priorities	What will we do?	How will we know we've got there?
le health and care o	We will develop a shared People Hub to lead joint recruitment, offer ~~consistent and~~ flexible employment contracts CHECK and enable deployment and sharing of staff to respond to service needs.	• In the short term, our provider collaborative at scale partners will work together from April 2023. By April 20 may be expanded to include wider partners for selected shared staff groups such as care support workers and • Workforce is X% more reflective of our local population (split by deprivation, age, ethnicity, gender and disab • X% Reduction in ICS health and care vacancy rate • X% Increase in the number of jointly employed health and care posts. • X% Increased proportion of the population working in the health and care sector??
ystem wide ality and service	We will adopt and embed a single system wide approach to quality and service improvement.	• X% Staff trained in system wide quality and improvement approach by quarter 4 23/23. • System ambitions (prevention, equity and integration) embedded into all staff PDRs.
tive data, l insight together	We will bring our collective data, intelligence and insight together to create a common view of quality and performance across the ICS. • Look for opportunities for alignment across the system to support service planning and integration. • Develop one version of the truth through agreed system metrics and dashboards.	• Development of a collaborative virtual system intelligence across the ICS. • Clear ICS Outcomes framework with associated dashboards.

Enhance productivity and value for money (Cont)

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Priorities	What will we do?	How will we know we've got there?
ter Care Fund	We will ensure our Better Care Fund programme is meeting the needs of local people and aligned with the ambition of this strategy.	• Completed review of the Better Care Fund programme by March 23. • Increased proportion of the Better Care Spend spent on prevention and reduci inequalities.
or our staff to work m	We will make it as easy as possible for staff to work across different teams and organisations. This will involve; • Jointly employed Head of Commissioning posts for Ageing Well and Living Well, and Head of Quality and Market Management. Within the lifetime of this strategy, an Integrated Commissioning Function and a Quality and Market Management Function will be established • Memorandum of Understanding for mutual aid between organisations. • All NHS providers are registered to utilise the Digital Staff Passport to support movement of staff between organisations. • We are developing a rotational scheme to support Allied Health Professionals to move between sectors (NHS providers, primary care and social care) with the aim of that being operational by April 2023. • Integrated discharge hubs and services to be developed to encourage • Employing a strategic partner to review the discharge pathways to identify opportunities for integration. (Sue to confirm) • Review data sharing agreements to ensure staff have access the information they need to deliver the best care.	• Recruited Head of Commissioning posts for Ageing Well and Living Well, and Quality and Market Management. • Completion of strategic partner discharge review by XX. Implementation of recommendations by XX. • Implementation of Trusted assessor framework? • Streamlined, appropriate information sharing in place.

Support broader social and economic development

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Our Priorities	What will we do?	How will we know we've got there?
alue as major institutions in our area	We will use our role as large public sector organisations that are linked integrally to place, people and communities (anchor institutions), to go beyond normal service delivery and use its resources and influence to maximise its social, economic and environmental impacts (social value) to improve the building block sog health and reduce inequalities. Collectively, we have the potential to leverage our size and strengths to deliver greater benefits. This will involve; Building on the work of local authorities to align the social value approach across the system. • Strengthening of the ICS Anchor Champions Network to explore how we maximise support for social and economic development through collective work as Anchor Institutions and through the ICS delivery groups. • Implement the University of Nottingham Civic Agreement as our mission for Anchor Institutions across the ICS and D2N2 Local Enterprise Partnership. • Reduce our environmental impact by delivering our ICS Green Plan. • Add clarity of intent here • The rising cost of living – pulling together to support local people	University of Nottingham Civic Agreement approved across all ICS organisatio To support the ambition to drive increase social value, our short-term ambitio term outcomes will be developed through a 3-month forward programme. Th the emerging priorities above and will be confirmed as part of this process wh from January to March 2023

Key enablers – the How

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Supporting our workforce

Working with people and their communities

An evidence based approach, whilst encouraging innovation

Focus on outcomes and impact to ensure we're making a difference

Our delivery vehicles

Having the right enabling infrastructure

Next Steps

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- Members are asked to consider the priorities outlined in the draft strategy and consider how as a partner of the ICS they can contribute to the delivery of the strategy.
- The draft strategy continues to develop - feedback from partners is welcomed in line with the timescales below.
- Refinement of the ICS system outcomes framework to ensure impact is effectively measured.
- By end of March 2023, there will be development of more detailed delivery plans, including the ICB and NHS Trusts Joint Forward Plan and outcomes framework