

Health & Wellbeing Board Update

September 2018

1. Building Health Partnerships (BHP)

At the last meeting David Pearson notified the Board that the Integrated Care System (ICS) have been successful in a bid for Building Health Partnerships. The Building Health Partnerships programme builds relationships between the voluntary, community and social enterprise sector and ICSs that deliver improvements to care and health for local people.

The Building Health Partnerships programme in Nottinghamshire will focus on Delayed Transfers of Care (DTOC) and below is a definition below from The Kings Fund:

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

The programme will improve our understanding of what is available in the voluntary and community sector, what capacity there is, how best to access, what the gaps are as well as working with this sector on how best they can support patients leaving the hospital. Also, if possible, the programme will consider hospital avoidance.

It has been agreed that the programme will focus on the Greater Nottingham area specifically which will therefore support other initiatives in relation to improving flow and capacity for urgent and emergency care. The intention is that the learnings and opportunities from the programme are replicated across Nottinghamshire.

An event is planned for the afternoon of the 23rd November and through this we will co-design the programme with all key stakeholders. We would welcome participation from Health and Wellbeing Board members.

2. Commissioning Intentions

The development of commissioning intentions is an annual activity that seeks to ensure commissioners have clear oversight to work towards improving local health outcomes and to let providers, such as hospitals, know of the contractual changes that will be implemented in the forthcoming year. They will be shared publically to inform our population of the high level commissioning developments for the year ahead.

Commissioning intentions are not intended to set out all activity that will be undertaken in a given year but they provide context for commissioning changes; list commissioning changes that improve

quality of service or value for money; and signal to providers where resources may be changing or new delivery models may be implemented.

The commissioning intentions will be supported by detailed contractual changes agreed with providers, working within the current legislative framework. The intentions cover the breadth of services commissioned including ie planned and urgent care as well as prevention, personal health budgets and social prescribing.

3. Local Integrated Care Partnerships

Local Integrated Care Partnership s(LICP) are one of three elements of an Integrated care system and have the aim of bringing together a range of health, social care and public health services to be delivered in the community. This will support the city's ambition to transform services to meet the needs of the local population and see a measurable improvement in outcomes. We are using the term 'Local Integrated Care Partnership' to describe key aspects as:

- Local - designed specifically to meet the diverse needs of our city and its people
- Care – covering care in its broadest sense, from self-care and prevention through to highly complex care within the community
- Partnership – the LICP will be more than a loose alignment of providers. To truly integrate care and be accountable, the LICP will integrate and align the above objectives in a new organisational form.

Clinicians and health and social leaders within the City have started to work together to put the foundations in place which will now enable us to rapidly move forward towards developing Local Integrated Care Partnerships as part of a wider ICS.

One of the most important changes of an LICP is that general practices , community teams, social care, the voluntary sector and other health professionals will be formally aligned and involved in not just delivering care, but also the planning, monitoring and move towards integration of out of hospital services that people need locally.

A City LICP development group has been established and is meeting regularly. Representatives from the City LICP are also meeting with LICPs from other localities to ensure consistency and alignment where required. Those working on the agenda are supporting discussions as part of the STP Leadership Board regarding the relationship with the ICP and well as the functions of each of the three elements of an emerging ICS.