



<b>Item Number:</b>		<b>Enclosure Number:</b>			
<b>Meeting:</b>	ICS Board				
<b>Date of meeting:</b>	16 January 2020				
<b>Report Title:</b>	Update from the Nottingham City Integrated Care Partnership				
<b>Sponsor:</b>	Ian Curryer				
<b>ICP Lead:</b>	Ian Curryer				
<b>Clinical Sponsor:</b>	-				
<b>Report Author:</b>	Rich Brady, Programme Director, Nottingham City ICP				
<b>Enclosure / Appendices:</b>	None				
<b>Summary:</b>					
To update on Integrated Care Provider progress over the last two months.					
<b>Actions requested of the ICS Board</b>					
The Board is asked to <b>note</b> the Nottingham City ICP work to date.					
<b>Recommendations:</b>					
1.	The Board is asked to <b>note</b> the Nottingham City ICP work to date.				
<b>Presented to:</b>					
Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Oversight Group	Clinical Reference Group	Mid Nottinghamshire ICP	Nottingham City ICP	South Nottinghamshire ICP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Contribution to delivering the ICS MOU priorities:</b>					
Urgent and Emergency Care	<input type="checkbox"/>	Proactive and Personalised Care	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Clinical services strategy	<input type="checkbox"/>
System architecture	<input type="checkbox"/>				
<b>Contribution to delivering System Level Outcomes Framework ambitions</b>					
Our people and families are resilient and have good health and wellbeing	<input type="checkbox"/>	Our people will have equitable access to the right care at the right time in the right place	<input type="checkbox"/>	Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	<input type="checkbox"/>



**Conflicts of Interest**

- No conflict identified
- Conflict noted, conflicted party can participate in discussion and decision
- Conflict noted, conflicted party can participate in discussion, but not decision
- Conflict noted, conflicted party can remain, but not participate in discussion or decision
- Conflict noted, conflicted party to be excluded from meeting

**Risks identified in the paper**

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
			Likelihood	Consequence	Score	Classification	
Ref	e.g. quality, financial, performance	Cause, event and effect There is a risk that...	L1-5	L1-5	L x I	Grading	Person responsible for managing the risk

**Is the paper confidential?**

- Yes
  - No
  - Document is in draft form
- Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.



## NOTTINGHAM CITY INTEGRATED CARE PARTNERSHIP UPDATE

**3 January 2020**

### Planning

1. The City ICP is continuing to develop its high level programme plan, with a focus on five programme priorities:
  1. “Grip the City and confront the Brutal facts” – financial and performance grip on the city as a single view of the ICP.
  2. “Manage Now and sharpen our prioritisation and focus” - Leadership of the City Health and Care development activities.
  3. “Set the rules of engagement and decision making” – Establish great governance at the City and local PCN level.
  4. “Get behind the vision” – focus on Change Management relentlessly.
  5. “Build the team and lead the future” – identify roadmap for full population management.
2. The City ICP has received and discussed the submitted ICS response to the NHS Long Term Plan (LTP). Partners have discussed the City ICP’s response to this and will develop priorities in alignment with the ICS strategy, supporting an ICS operational plan.
3. To support this, the City ICP is developing a programme of workshops, targeted for different audiences, to develop a clear vision and a set of priorities for the ICP that are aligned to the ICS strategy. The workshops have been designed to ensure that priorities are developed collaboratively with citizens, partners and staff. An initial workshop will be held with community members and representatives on 28 January, followed by strategic and operational leads workshop on 5 February.
4. The City ICP recognises the importance of collaboration across ICP areas where it is appropriate to do so, and especially where there are opportunities for consistency in approach to service delivery. An initial joint working group with colleagues from Nottingham South ICP was held on 14 November to explore opportunities – further sessions have been set for early 2020. City ICP is now represented at the City and South Transformation Steering Group (formally the Greater Nottingham Transformation Steering Group) where there is a focus on alignment across the two ICP areas, where appropriate.

### ICP Launch Event

5. The Nottingham City ICP held a ‘Launch’ event on the afternoon of Thursday 7th November 2019 at Trent Vineyard in Nottingham. The event was run as a ‘drop-in’ session for the workforce from all the Nottingham City ICP partner





### City South PCN

General Family Medical Centre, Derby Road Health Centre, George Park Health Centre, Weston Park Medical Centre  
 Clinical Director: Dr Katherine O'Connor  
 Deputy Clinical Director: Dr Qing Zhou  
 POP: 36,638 patients

**Culture of Integration**

**Grow a Culture of Integration**

**SYSTEM BENEFITS**

- Enhanced patient experience
- Improved patient safety
- Reduced health inequalities
- Reduced costs
- Reduced carbon footprint
- Reduced staff time
- Reduced patient waiting times
- Reduced patient travel times
- Reduced patient waiting times
- Reduced patient waiting times

**Benefits of a focus on population health and Wellbeing Management approach**

**EDUCATION**

- Enhance staff capability
- Enhance staff capability
- Enhance staff capability
- Enhance staff capability

### UNITY PCN

Chapel Health Centre, Sunrise Medical Practice, Weston Park Health Centre, Wharfedale Medical Centre  
 Clinical Director: Dr Matthew Lockfield  
 Deputy Clinical Director: Dr Rashmi Chattera  
 POP: 50,398 patients

**UNITY PCN**

**STATS**

- UNITY PCN is formed by collaboration between the University of Nottingham Health Centre, Sunrise Medical Practice, Wharfedale Medical Centre and Chapel Health Centre.
- UNITY PCN has a population of 50,398 patients.
- UNITY PCN is a multi-site PCN.
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**AIMS**

- To improve patient experience

**NOTTINGHAM**

### Radford & Mary Potter PCN

Radford Practice, Forest Road, High Cross Medical Centre, Radford Medical Centre  
 Clinical Director: Dr Josephine Cuthbert  
 Deputy Clinical Director: Dr Muzamil Ali  
 POP: 48,505 patients

**Working together to provide accessible, evidence based care for our area**

**ETHNICITY BREAKDOWN**

**PROSPECTS**

- Reduce health inequality
- Make services accessible to all
- Improve patient experience
- Improve patient experience

**STUDENT POPULATION**

**DEPRIVATION AND POVERTY**

**Patient population groups**

### Clifton & Meadows PCN

Clifton Medical Practice, Meadows Medical Practice, Meadows Medical Centre  
 Clinical Director: Dr Heeran Patel  
 Deputy Clinical Director: Dr Manik Arora  
 POP: 31,729 patients

**Clifton & Meadows PCN**

**AIMS**

- To improve patient experience

**4,841 patients living with hypertension**

**28.9% of female have limited resources**



## Governance

10. Following the “Launch” of the ICP, the ICP Development Group has now evolved into an Executive Management Team (EMT). The EMT is made up of members including, Nottingham CityCare, Nottingham City Council, the Nottingham City GP Alliance, Nottingham University Hospitals NHS Trust, Nottingham City CCG, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham City Homes, Nottingham Community and Voluntary Service and Nottingham and Nottinghamshire Healthwatch. When it is established, the EMT will report to the City ICP Partnership Forum.
11. Ian Curryer has written to the respective organisational Chief Executives who have been asked to consult with their Boards and agree a representation at the City ICP Partnership Forum. Initially this will focus on the relationships to support change management, on the 12 months support to get the ICP up and running and on developing the maturity path for the ICP. It is envisaged that the Partnership Forum will become the ICP Board in time. The inaugural Partnership Forum is scheduled to take place early February 2020.
12. The PCNs in the City have now appointed a Clinical Director and a Deputy Clinical Director in each of the eight PCNs. In addition to membership from the Nottingham City GP Alliance, PCN Clinical Directors / Deputy Clinical Directors are attending City EMT meetings on a rotational basis.
13. The City ICP is seeking to recruit a Clinical Director to provide clinical leadership in the ICP. Joint work with the other ICPs has taken place to develop a consistent job description and person specification for these roles across the ICS. A consistent appointment process for the roles in each ICP is being utilised. Interviews for the City ICP Clinical Director are to be held at the end of January 2020.

## Transformation Schemes

14. The December 2019 Transformation Funding report indicates that all of the Nottingham City schemes approved in August 2019 remain on track or with some recoverable issues for implementation. An update on the progress of each scheme is provided in the table below.

Scheme 1	Brief description
<b>Community beds and intensive at home care</b>	The scheme aims to right size the community capacity - both home based services and community beds - in Greater Nottingham to enable delays to discharge from NUH due to waits for community/home packages to be minimised
<p><b>Progress update January 2020</b></p> <p>This service commenced in November 2019. It provides a 2 hour response to discharge or admission avoidance, and provides 24 hour care for up to 3 days. Weekly updates take place with the urgent care team supporting referral pathways and linking this to NUH flow. A short evaluation is taking place to</p>	



explore how to flexibly meet the needs of complex discharge patients and respond to system demand in the City.

<b>Scheme 2</b>	<b>Brief description</b>
<b>Community beds and intensive at home care</b>	Home based services in Nottingham City to enable GPs to keep people at home delivering with provision to overnight care and a new delivery model of care at home, including a 2 hour response time.

**Progress update January 2020**

As above

<b>Scheme 3</b>	<b>Brief description</b>
<b>End of life</b>	Development of an end of life care system that is co-ordinated and personalised through care plan discussion.

The City has revised its approach from recruiting 2 x End of Life (EoL) workers to absorbing the identification and support of patients nearing EoL within current community teams. Following an audit that was undertaken to identify patients, it was acknowledged that these patients were already known to their community teams. With the roll out of ReSPECT training across community teams, there has been the opportunity to both embed the use of Electronic Palliative Care Co-ordination Systems (EPaCCS) and ensure the workforce has the appropriate skills to both initiate and maintain good end of life care.

- 832 members of staff have now been trained on ReSPECT across the ICS.
- NUH are currently trialling ReSPECT within the Palliative Care Team.

<b>Scheme 4</b>	<b>Brief description</b>
<b>High Intensity Users</b>	The project aims to develop a service to identify and case manage high intensity service users attending ED.

**Progress update January 2020**

Recruitment is currently in progress for:

- 1 x High Intensity Service User Social Worker
- 2 x High Intensity Service User Case Worker

With 2 x designated Case Workers supporting the designated Social Worker this will enable capacity to be increased to support more people with the aim of;

- Reducing the volume of attendances at ED and the number of emergency admissions into hospital, for patients that are classed as High Intensity Users (HIUs)
- Provide better joined up care for HIUs across health and social care
- Facilitate better outcomes for patients
- Improve the care for HIUs through signposting to appropriate community services
- Ensure that the available services, suitable for HIU needs are fully utilised

Implementation is expected from February 2020.



**Integrated  
Care System**  
Nottingham & Nottinghamshire



**Nottingham  
City Council**



**Nottinghamshire  
County Council**



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