Integrated Care System
Nottingham & Nottinghamshire

Policy in Practice – defining and realising our ICS ambitions

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As a system, we have four key strategic aims

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Our agenda is large, so we frame everything under these 4 aims

1. ***Improve outcomes*** *in population health and healthcare*

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

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

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

Ambitions

- ***Equity***
- ***Prevention***
- ***Integration***

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Our ICS family

The organisations and professionals that have come together to form our ICS are now part of a family and will work together to achieve our goals

All parts of our family have different and vital roles, all rely on each other to maximise their potential, and all are equally valued

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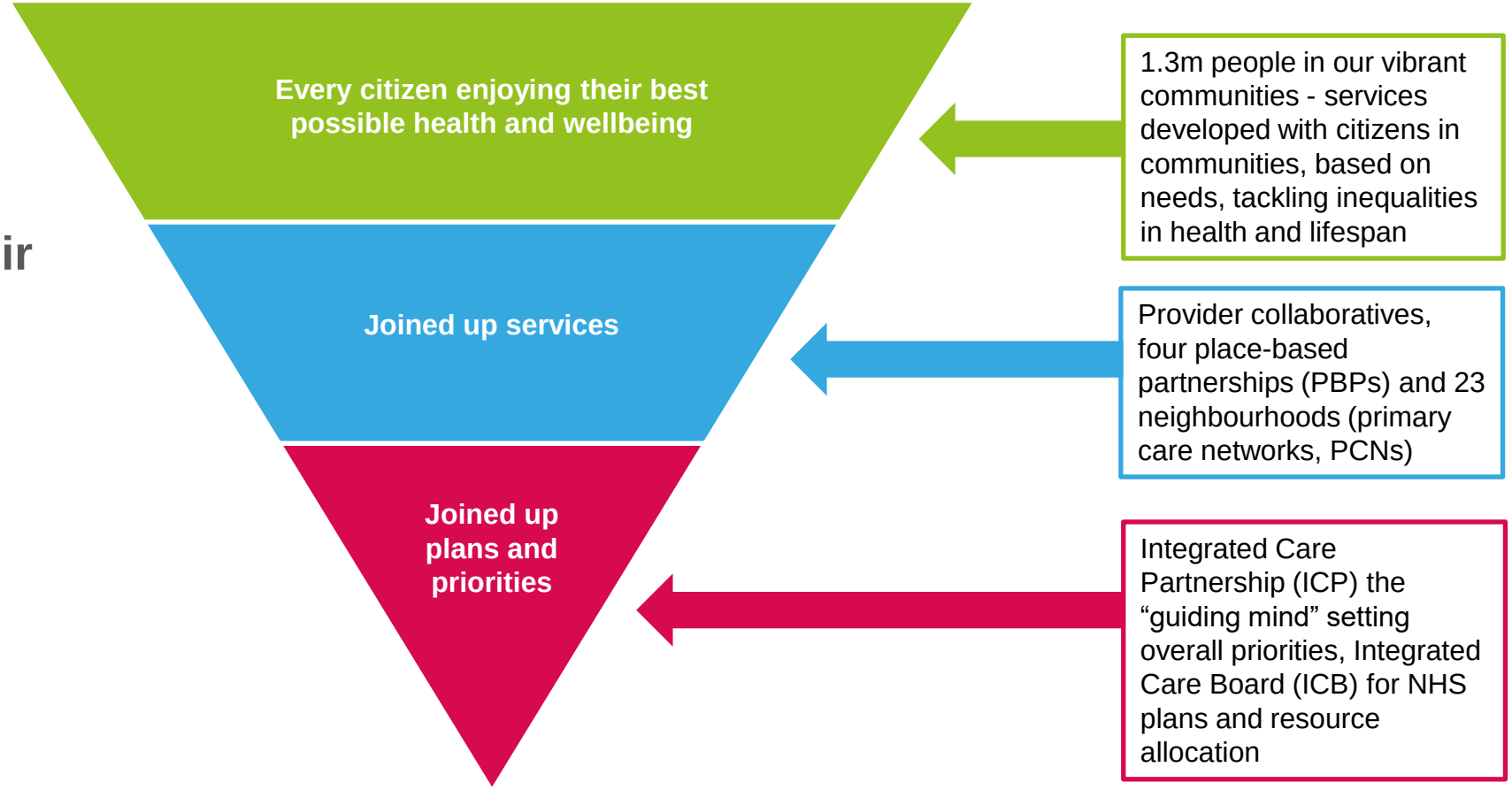
Our vision

Every citizen will enjoy their best possible health and wellbeing



Our family portrait - Nottingham and Nottinghamshire Integrated Care System (ICS)

Nottingham City PBP 396,000 population	South Nottinghamshire PBP 378,000 population	Mid Nottinghamshire PBP 334,000 population	Bassetlaw PBP 118,000 population
8 PCNs	6 PCNs	6 PCNs	3 PCNs

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)

Nottingham University Hospitals NHS Trust	Sherwood Forest NHS Foundation Trust	Doncaster and Bassetlaw NHS Foundation Trust

Nottinghamshire Healthcare NHS Foundation Trust (mental health)

Nottingham CityCare Partnership (community provider)	Nottinghamshire Healthcare NHS Foundation Trust (community provider)

East Midlands Ambulance NHS Trust

Nottingham City Council (Unitary)	Nottinghamshire County Council						
	Broxtowe Borough Council	Gedling Borough Council	Rushcliffe Borough Council	Ashfield District Council	Mansfield District Council	Newark & Sherwood District Council	Bassetlaw District Council

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Managing competing agendas
At a Glance Status report

RED: Urgent, additional actions required, significant risks **AMBER**: Further actions required to manage identified risks, work in progress **GREEN**: on track, all required actions in place at the current time or plans in place

Managing today

UEC
- Significant pressures across system, covid admissions increasing again
- Workforce absence remains a concern across the system – rising as a result of covid
- MFFD pressures remain very challenging
- Discharge hubs – NUH established and evolving
- Winter plan schemes being implemented

Elective
- Focus on eliminating 104 week waits and reducing 78 week waits, new national Choice Policy now published
- Theatre utilisation has an improvement focus
- Focus on cancer remains
- Focus on maintaining elective capacity during winter

Vaccine Programme
- Bespoke approaches to reduce inequalities continuing and effective
- Autumn booster campaign launched and ahead of plan overall

£
- Very challenging position for 22/23 – agreed position and plan closely monitored with NHSE
- Further detailed delivery plans and impacts under development to increase overall delivery confidence
- Significant run rate changes are required in agency spend, covid spend and elective recovery to achieve plan trajectories

Making tomorrow better

Population health
- MN and SN part of national PHM development programmes to embed PHM undertaken
- System Intelligence Reports developing
- Approach being applied to different issues and areas
- Next stage is for further spread and adoption in line with Integrated Care Strategy development

Inequalities
- Areas for targeted intervention identified in operational annual plan
- Commitment to the principles of equity agreed at the ICS Board
- Further mechanisms to target resources and reduce inequalities to be developed in the coming months
- Outcomes framework being mapped against key delivery areas

Transformation
- TNUH PCBC being developed ahead of full public consultation, Clinical Senate review undertaken, revised governance arrangements in place from September to fully align the service change and capital processes
- Approach to system transformation under review, to align clinical leadership with work programmes and enable scheme tracking

System development
- System approach to People and Culture function – review completed and action planning underway
- Stakeholder mapping and overall approach to engagement has been developed
- ICS Assembly inaugural meeting in October
- Cultural change approach for integration under development

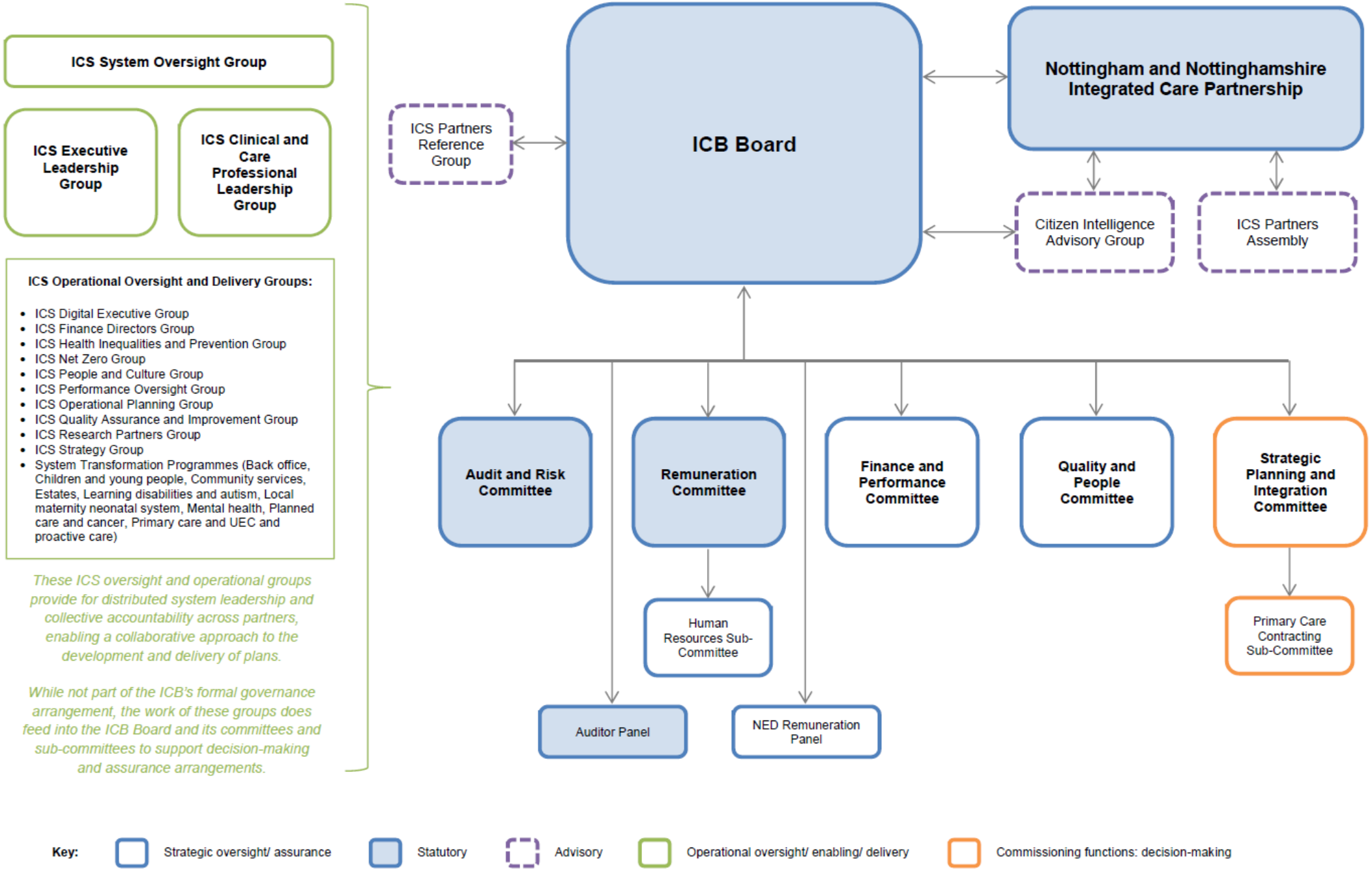
Developing the ICS

Place Based Partnerships
- Collaborative planning and commissioning framework in place
- PBP determined priorities confirmed
- ICB visits to PBPs underway
- Further work to clarify PBP deliverables required

Integrated Care Partnership
- ICB and Councils have approved the ICP establishment
- Inaugural public meeting in October
- Work plan for development of the Integrated Care Strategy is in place and underway

Provider Collaborative
- Work plan under development
- New role to manage the collaborative is being recruited
- Provider Leadership Board formally established from July

Integrated Care Board
- Board committees in place and starting to execute their responsibilities
- MoU with NHSE agreed to describe interfaces and respective roles
- System development team in place and working alongside system partners
- Annual business deliverables monitoring processes being developed


ICS System Oversight Group
ICS Executive Leadership Group
ICS Clinical and Care Professional Leadership Group
ICS Operational Oversight and Delivery Groups:
ICS Digital Executive Group
ICS Finance Directors Group
ICS Health Inequalities and Prevention Group
ICS Net Zero Group
ICS People and Culture Group
ICS Performance Oversight Group
ICS Operational Planning Group
ICS Quality Assurance and Improvement Group
ICS Research Partners Group
ICS Strategy Group
System Transformation Programmes (Back office, Children and young people, Community services, Estates, Learning disabilities and autism, Local maternity neonatal system, Mental health, Planned care and cancer, Primary care and UEC and proactive care)
These ICS oversight and operational groups provide for distributed system leadership and collective accountability across partners, enabling a collaborative approach to the development and delivery of plans.
While not part of the ICB's formal governance arrangement, the work of these groups does feed into the ICB Board and its committees and sub-committees to support decision-making and assurance arrangements.
ICS Partners Reference Group
ICB Board
Nottingham and Nottinghamshire Integrated Care Partnership
Citizen Intelligence Advisory Group
ICS Partners Assembly
Audit and Risk Committee
Remuneration Committee
Finance and Performance Committee
Quality and People Committee
Strategic Planning and Integration Committee
Human Resources Sub-Committee
Primary Care Contracting Sub-Committee
Auditor Panel
NED Remuneration Panel
Key:
Strategic oversight/ assurance
Statutory
Advisory
Operational oversight/ enabling/ delivery
Commissioning functions: decision-making

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Approaches to managing competing challenges

- ICB board / committee agenda and development time
- Time and engagement to walk in each other's shoes (never enough)
- System cultural development – at operational as well as strategic level
- Genuine curiosity, rather than defending positions
- Agreeing ambitions and what will be different and holding each other to account for delivery as well as planning
- Bake ambitions into Integrated Care Strategy and Joint Forward Plan

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A few reflections

- ~~What is the ICS / system / ICB going to do to help us?~~ What can we do collectively for our population / to help resolve complex issues that seem intractable?
- Trust and transparency are developing, but pockets of ‘old money’ behaviours and expectations
- Days have breakthrough moments and flashpoints
- Risk perception is critical and from different vantage points
- We have yet to take a very big leap of faith to integrate – incremental approach
- The architecture is in place – we now need to realise our potential

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