

**Nottingham and Nottinghamshire Integrated Care System Board**  
**Mid-Nottinghamshire ICP Update Report**  
**6<sup>th</sup> May 2021**

Since the last update, we have concentrated on three key areas of focus:

1. Confirming our 2021/22 priorities to support the delivery of our strategic objectives
2. Undertaking a maturity self-assessment based on the same criteria as the South and City ICPs for a consistent approach
3. Preparing for a CCG/ICP Board to Board session on 21<sup>st</sup> April.

The board has continued to meet in public, albeit virtually.

**Confirming our 2021/22 priorities**

Our priorities are underpinned by our long term strategic objectives and our medium term breakthrough objectives. We believe they are tangible, pragmatic and measurable and they focus on projects that the ICP can add value to as a collective group, in a way that cannot be delivered by any single organisation. In 2021/22 we will focus on:

1. Population Health Management and non-health data - to determine new opportunities at place to reduce inequalities
2. The continued development of primary care networks and community assets to support place based models
3. MSK 2 – reviewing and rebasing MSK services in line with the value proposition developed in conjunction with 3V with population need at its heart
4. EOL 2 – reviewing and rebasing the existing provider collaboration - this will include fast track services providing a seamless integrated EOL pathway
5. Delivering an integrated care home model developed by clinicians and care homes themselves – we will learn from the pandemic and integrate multiple providers into a single service model that makes every contact count
6. Supporting the delivery of the transformation of Community Mental Health over the next three years
7. Supporting the Discharge to Assess model across the Mid Notts footprint.

These priorities support the delivery of the triple aim, the refreshed system vision and the golden thread to transact this vision within the ICPs.

**Maturity Assessment**

We have reviewed our ICP maturity against six criteria and have provided evidence about our current maturity and the progress we require to move to the next level. The ICP Board discussed the maturity matrix over two Boards in March and April and confirmed the assessment of our maturity status.

1. Common vision and purpose – **Maturing** with an aim to be Thriving
2. Citizen Ownership and Engagement – **Maturing** with the aim to be Thriving
3. Workforce Engagement – **Maturing** with the aim to be Thriving
4. Care Coordination and Management – **Developing** with the aim to be Maturing and in the future Thriving
5. Operating Model and Risk Management – **Maturing** with the aim of Thriving
6. Data, Analytics, Infrastructure and Interoperability – **Developing** with the aim to be Maturing and in the future Thriving

On this basis the ICP determined it was on the whole a maturing ICP and would work with CCG and system partners to deliver priorities that would provide a dual purpose to; build on existing services to test our readiness for change in 22/23 and to identify priorities that enhance the delivery of our objectives. This would support the system transformation and efficiency plans.

#### **CCG/ICP Board to Board 21<sup>st</sup> April 21**

The aim of the board to board was to explore the outcome of the maturity assessment and to discuss and identify where we can collectively work more effectively together with CCG partners. This update was written before the board to board, but the aims in advance of the meeting were to:

1. Develop a single ICP programme that links the CCG, ICP and ICS
2. Develop a population programme budget approach to MSK to deliver the outcomes of the value proposition
3. Confirm the proposal for an integrated care home model
4. Confirm the approach to EOL Together which will provide a seamless EOL pathway that will include fast track services
5. Recognise the role, as an equal partner, of the ICP in the transformation of community services
6. Confirm the collective approach for strategic commissioning and place based partnerships from April 2022, including what that means for resource implications.

Colleagues from the ICP have also participated in the last month at a roundtable event between the NHS Confederation and Civic University Network Roundtable and a King's Fund event about integrated care systems and place based partnerships.

#### **In Summary**

We believe we are developing a clear framework to support the division of responsibility from system to place. Our priorities support the delivery of the triple aim, the refreshed system vision and the golden thread to transact this vision within the ICPs.