Leadership Board Summary Briefing – November 2018

Please find below the Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) update following the STP Leadership Board on 16th November 2018. Please ensure this is cascaded to Governing Boards/Bodies, Management Teams and other key stakeholders and teams across your respective organisations. Minutes from the STP Leadership Board held on 19th October 2018 have also been published on the STP website - http://www.stpnotts.org.uk/

System Development Workshop – 12th and 13th November

The chair briefly updated members of the Leadership Board on the discussions held earlier in the week with leaders from across the Nottingham and Nottinghamshire system. The two day workshop enabled significant progress to be made in agreeing the future architecture of the Nottingham and Nottinghamshire ICS as well as aligning the approach to how some unresolved issues would be finalised. Colleagues, including representatives from the Council itself, were also able to discuss some options for the way forward in regards to the involvement of Nottingham City Council in the ICS.

One of the most important areas of consensus that emerged from this workshop was that the work and governance of the ICS would be delivered through the three levels of Neighbourhood, Place and System[1] which in Nottingham and Nottinghamshire would be known as Primary Care Network (PCN), Integrated Care Provider (ICP) and Integrated Care System (ICS). This therefore had the implication that whilst there had previously been discussions regarding the creation of a fourth layer in-between Neighbourhood and Place which had been proposed to be called a Locality Integrated Care Partnership (LICP), it was decided to discontinue work on this organisational layer. The proposed activities of what had previously been described as LICPs would continue to be required, but there was an agreement in the interests of efficiency and effectiveness to assume that this would be subsumed into the work of the ICPs.

Outcomes Framework

In support of the establishment of the governance systems and architecture of the ICS, a presentation was received by the Board outlining the approach to how the ICS will measure and manage the success of the ICS – in simple terms, what difference will the ICS make to the citizens, patients and staff of Nottingham and Nottinghamshire in the future. This 'Outcomes Framework' will enable both the leadership of the ICS and also patients and other stakeholders to judge the success of the work of the ICS and guide its strategic decision making. The Outcomes Framework will also enable other bodies that have an influence on the progress of the ICS, eg, Health and Wellbeing Boards to align their work and activities. The Outcomes Framework is proposed to have one overarching set of outcomes focussed on improving the overall wellbeing of the Nottingham and Nottinghamshire population including increasing both overall life expectancy and health life expectancy and four supporting outcome strands: healthy lifestyle; people and communities; wellbeing and; quality of care. The draft Outcomes Framework, which will be further

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[1] As outlined in this King's Fund report: https://www.kingsfund.org.uk/sites/default/files/2018-09/Year-of-integrated-care-systems-reviewing-journey-so-far-full-report.pdf

developed and refined over the next three to four months, can currently therefore be represented as follows;

1. Improve the health and wellbeing of our population
a. Increase life expectancy
b. Increase heathy life expectancy
c. Reduce health inequalities

2. Healthy lifestyle and the wider determinants of health

a. Children enjoy a good start in life

b. Children and adults maintain healthy lifestyles

3. People and communities

a. People grow, live and work in places which are healthy and sustainable

b. People have a positive experience of home, work and their community

c. People can manage their own health and maintain independence

4. Wellbeing

a. Children and adults have positive mental wellbeing and are resilient

b. People living with mental ill-health are able to enjoy good physical health

c. There will be early help for mental health

5. Quality of care

a. People receive services rated as high quality

b. People will spend less time in hospital and inappropriate admissions are avoided

c. People with long term needs and their carers enjoy a good quality of life

d. People coming to the end of their life receive appropriate and effective care

Once the overall Outcomes Framework is agreed then a series of measures (KPIs) can be developed and the outcomes can also be refined to be relevant to the three levels of the ICS activities (System, Place and Neighbourhood). The Board agreed the draft approach, welcomed the work done on this so far and looked forward to further updates in due course.

Population Health Management

The Board received an update and progress report from the team leading the work on Population Health Management for the ICS. Population Health Management (PHM) improves the health of our citizens and patients by data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and 'impactability' modelling to identify local 'at-risk' groups of patients. These groups of patients are then offered targeted interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reduce the differences in the healthcare activities and outcomes achieved.

A number of external reports, including from Nottingham Trent University, have been received on the progress that Nottingham and Nottinghamshire are making on its PHM journey. These indicate that our system is one of the most advanced in the country in delivering this work but that there is a significant amount of work still to be complete before it is fully operational. In order to support this work, the Nottingham and Nottinghamshire system have been awarded an national grant of c. £0.25m in order to: (i) accelerate the matching and accessibility of currently separate data sets to enable a rounded view of the health of the population of the citizens living in our System and (ii) convening and co-ordinating a series of 'Expert Panels' consisting of representatives from universities and national bodies as well as local and national experts. These expert panels will agree the

health conditions or risks that would most benefit from this PHM approach, align on the best way to track and measure the health of these populations, decide on the best possible healthcare interventions to be offered to these groups and ensure that the correct metrics and KPIs are in place to measure the success of this work.

The Board endorsed the work of the team so far and welcomed the report.

Data Management and Information Analysis

At the February STP Leadership Board it was requested for there to be review the provision of Data Management (DM) and Information Analysis (IA) services in order to ensure that the services are provided as efficiently and effectively as possible and fit for purpose in light of the emerging Nottinghamshire ICS. The team leading this review reported back their findings to date for endorsement and support.

Some highlights from the team's work to date and the presentation included: there are between 100 and 140 analysts working in data management and analysis across the ICS. Their work is often nationally mandated (measuring performance against targets such as 62 day cancer waits) and the teams of analysts are not strongly joined up across the ICS. The skills of these colleagues are often highly specialised to healthcare but their wider skillset is in high demand in the country and across Nottinghamshire (especially with data-driven employers like Experian, Capital One and Boots in our geography). There are significant challenges in ensuring that the data quality is of the standard required for the future needs of the ICS and also in ensuring that data protection and information governance laws are adhered to as we move forward into the processing of data at an ICP level.

The recommendations which were strongly endorsed by the Leadership Board included: (i) seeking to create a closer working between the provider data analytic teams across the ICS but stopping short of a full merger, (ii) merging the CCG data management and information analysis teams to create an ICS centre of excellence, (iii) seek to include public health and social care analytics and teams into this work as appropriate and (iv) develop the legal framework for managing this data at an ICS and ICP level.

Prevention, Person- and Community-Centred Approaches

As a follow-up to the September Leadership Board discussion, a summary of the progress of this workstream was presented to the Board for noting. The Prevention, Person- and Community-Centred Approaches workstream brings together three strands of work, each aimed at improving wellbeing, preventing ill health, promoting independence and supporting self-care, through community and system wide collaboration, and contributing to the healthy life expectancy ambition as discussed in the Outcomes Framework above.

The workstream's activities can be divided up into four main clusters: primary prevention, secondary prevention, person-centred approaches and community-centred approaches. A major way that the workstream will achieve its desired outcomes is to ensure that the prevention work is embedded into all the other workstreams and so the Board was reassured to hear that workstream colleagues have met with each of the other workstreams to identify specific actions that support the Prevention, Person and Community agenda and will continue work with them to quantify and prioritise that effort. Ensuring that the outcomes of this workstream are embedded into the Outcomes Framework was also identified as a key priority.

ICS Board

Further to the discussion last month and at the Workshop outlined above, the Board spent some time discussing the planned establishment of the ICS Board which will come into place in shadow form in December. Members of the ICS committed to nominating their representatives to the new Board in time for the December meeting. The chair of the meeting also took this opportunity to thank members of this Leadership Board at its last meeting for their contribution over the years and looked forward to the first meeting of the new ICS Board next month.

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