

29 September 2019

Dear Colleagues

Re: Mid Nottinghamshire Integrated Care Partnership six month update

The Mid Nottinghamshire Integrated Care Partnership signed up to ten objectives in 2019-2020 as agreed with David Pearson, Chair of the Nottingham and Nottinghamshire Integrated Care System (ICS) and we wanted to update you on what we have collectively achieved in the first six months of the year. In addition to the ten objectives, Peter Wozencroft, Director of Care Integration, and Kerry Beadling-Barron, Director of Communications and Engagement, have both been seconded to work full time in the ICP, we have appointed Rachel Munton, as our new Independent Chair, we have developed and agreed Terms of Reference and a Board meeting schedule that takes us out into the community, we have created and published a logo and website and we have a draft summary strategy.

1. Specific plans to contribute to the delivery of the Memorandum of Understanding with national bodies for the ICS

The scope of the MOU is too broad to give a detailed account of every contribution, but I hope you will recognise the Mid-Notts ICP has played a full and active part in all aspects of the ICS work. We have made progress in each of the identified priority areas in terms of the design and delivery of different service models. We are pleased with how all system partners have come together under the umbrella of the ICP to focus on our shared objective of strengthening primary and community provision. We would particularly single out the contribution of our District Councils and the emergent Primary Care Networks, who have strengthened and enriched the debates and solutions over the last 12 months. Despite our best efforts, demand for urgent and emergency care continues to grow at a rate that concerns all of us. We have completed a detailed analysis of the factors driving the demand and we are now working on delivering joint actions, but we should acknowledge the demand pressures and other challenges are leading to non-delivery of a number of key standards.

2. Integrated Financial Planning and Implementation:

- **A single financial plan – building upon a single financial control total supported by integrating the financial function across NHS organisations with a Finance Director**
- **Integrating finance and the transformation team**
- **A joint approach to QIPP and FIP targets**
- **Ensuring that financial plans are aligned and complementary across the NHS and local authorities.**

NHS partners now have a single control total at the ICP level and a single plan to deliver. The Mid Notts Transformation Board provides the single governance and joint integrated delivery

architecture to deliver CIP and QIPP. Further work is required to align Local Authorities. This will be delivered through the Mid Notts Planning Group.

3. Steps taken to strengthen the voice of non-NHS organisations including local authorities, CityCare and NEMS

Our three District Council colleagues are making a strong contribution to our ICP, complementing the continued positive engagement of the County Council. NEMS has traditionally been fully engaged in the Better Together programme and we are working with them to ensure their contribution can continue. We have yet to achieve the level of meaningful engagement with the third sector we want to secure. We continue to engage with the CVS and enlist support from Healthwatch Nottingham and Nottinghamshire where we can, but recognise we need to increase our focus in this area in future. From September, all of our meetings have been in public and in community settings throughout our geography and we were pleased to have seven members of the public attend the September meeting.

4. A single plan for capacity, in particular community capacity based on population health and wellbeing and population health management principles to maximise people's independence and enable as many as possible to receive care from their own homes

We have not yet developed a single capacity plan but we are adopting an incremental approach that focuses on identifying gaps in existing capacity and constraints. These are mainly workforce-related. The focus of one of our key digital enablement projects (referenced in section 10 below) is increasing the visibility of available capacity and attempting to establish a common currency to help capacity and flow will be a key tool for the future.

5. A single capital plan that feeds into the ICS plan

We have not yet developed a single capital plan for the ICP. From a land and buildings perspective, all ICP partners are members of the ICS Estates Planning Group which holds a register of all significant Estates capital works planned across the system for the next five years. These schemes form part of the Estates Strategy Checkpoint and will be quality rated by NHSI/E during Q3 2019/20. Whilst each organisation continues to manage its own "maintenance" capital programme, any new or emerging schemes of system significance are brought to this group for approval and alignment with ICS priorities before ratification at the ICS Planning Group. Ben Widdowson was appointed earlier in the year as the joint lead for capital and estates across the ICP.

The digital transformation agenda represents a closer approximation to a single capital plan, although it is still a fragmented picture. The longstanding collaboration between our digital leaders through Connected Nottinghamshire, and their pursuit of specific components of the Local Digital Roadmap, has given us a strong basis for aligning priorities for both infrastructure and applications development. We are fortunate the key initiatives on capacity and flow and public-facing digital services come with ring-fenced national funding, but these are progressing well as local implementations and we are confident they will provide us with key tools to re-shape urgent and planned care. We continue to build upon the firm foundations of system interoperability,

information-sharing and workflow management which has resulted in health and social care professionals being able to provide better care and support through better visibility of citizens' needs.

6. Strengthen mental health planning and provision

The Nottinghamshire Mental Health transformation programme has anticipated the core changes needed to address known gaps in performance and/or provision in order to meet the Five Year Forward View for Mental Health ambitions by 2020/21. The added detail provided by the national implementation plan confirms the scale of change, the pathways in scope, and how achievement will be monitored nationally, thus reinforcing the necessity of redesigning our existing care models and realigning existing financial envelopes to meet current and future standards.

The Nottinghamshire Mental Health and Intellectual & Developmental Disabilities Transformation programme has been formalised through the 2019/20 contractual agreement with Nottinghamshire Healthcare (NHFT) using the Service Development and Improvement Plan (SDIP) and Data Quality Improvement Plan (DQIP) as the mechanisms for change. NHFT is the main provider of Mental Health services in Nottinghamshire with a contract value of £108m.

The programme aims to meet the requirements of the FYFVMH and the Long Term Plan transformation ambitions through various ways including:

- The identification of the core services that contribute to the targets defined in the FYFVMH and LTP
- The review of existing care delivery models to identify gaps, risks, new ways of working
- The redesign of care delivery models to ensure the achievement of national standards

The main areas of present transformation focus are on the adult mental health pathway which faces a high degree of challenge. Our system is under national scrutiny for the number of patients cared for out of area. Whilst the number is reducing, this is coming as a cost pressure for the system. In response to this challenge, services were strengthened from September and a psychiatric clinical decisions unit will open in October. We are remodelling the early intervention in psychosis service across Nottinghamshire and then we will refine the scope and capacity of local mental health teams in 2020. These developments are currently on track.

7. Closer working between primary care, secondary care and community provision around the needs of particular groups of the population who require an integrated approach

We have a good track record in this area. We would point to our successes in our joint musculoskeletal service, our successful Street Health work, our support for people at the end of their lives, our support to care home residents and work to address the needs of high intensity service users.

8. A focus on specific population health actions – to the principles set out in the ICS prevention objectives and plan

The ICP approach to managing population health is through a triangulation of population health, prevention and the emergent outcomes framework. The ICP is using cross-sector collaboration with a focus on place through the primary care networks (PCNs). This work is with partners wider than health including social care, district and county councils with a key link into the voluntary, community and social enterprise community through, for example, social prescribing. We will define ICP and PCN measures that link back to the outcomes framework. The outcome framework is centred on the 'triple aim' together with priorities from the local Health & Wellbeing Boards.

The strategic priorities have been agreed across the ICP and include:

- Tobacco and Related Harm
- Alcohol Related Harm
- Diet and Nutrition
- Children & Young People
- Healthy & Sustainable Places and Communities
- Antimicrobial Resistance

The ICP Board and membership have decided to address these priorities through a focus on our most challenged and underserved neighbourhoods. A more detailed plan of this work will be developed in the next period.

9. Review and reform outpatient referrals and treatments on a joint basis

Sherwood Forest Hospitals Foundation Trust (SFHFT) and the wider system is responding to the NHS long term plan which sets out a vision to reduce face to face outpatients (new and follow up) by 33% by 2023/24. Using 2018/19 as a baseline, the ambition over five years would equate to a reduction in the region of 125,000. An ambitious plan has been set for 19/20 which focuses on two priorities to reduce unnecessary face to face outpatient appointments by 34,595 in the first year.

To do this SFHFT is implementing best practice from other systems and is building on the ideas generated by SFHFT clinicians, staff, GPs and patients. Building on the wealth of evidence and best practice available, the transformation programme has been aligned to the long term plan around the following key themes:

- Patient Initiated Follow Up (PIFU)
- Advice & Guidance
- Virtual Assessment and Virtual Appointments
- Standardised Referral Pathways & Templates
- Pre-Operative Pathways
- Technology
- Directory of Services (DOS).

To date 20,000 appointments have been identified as being avoided or having the potential to be provided in a different setting whether that is virtual or in the community. A "bridge" for each outpatient specialty has been developed, underpinned by a set of actions, risks and issues.

The current gap to the 34,595 appointments target agreed with commissioners is 14,263 appointments, however opportunities continue to be identified.

To facilitate this programme of work, transformation funding of £362,000 has been committed across the system. This is being jointly managed by the CCG and SFHFT and will be allocated against initiatives that will assist in meeting the Trust's strategy for Outpatients and the vision set out in the Long Term Plan.

It has been agreed that implementation of service transformation beyond 2019/20 will focus on

- Maximising capacity across the ICP
- The implementation of personalised care approaches through tools such as Patient Activation Measures (PAMS)
- Frequent Attenders and Referrals without subsequent activity (much the same as undertaken for ED/Urgent care attendances)
- Maximising the digital opportunities that arise with Public Facing Digital Services (PFDS)
- On-going transactional/efficiency review of all acute clinics
- Improving communication and links between GPs and consultants
- Identifying further opportunities for services to be provided more locally in PCNs.

10. Formulate and implement plan for the use of technology to integrate information and utilise technology to enable care and treatment in line with the work of the ICS workstream.

In order to support the delivery of the priority areas defined in the Long Term Plan there are a number of digital enablement projects either underway or planned over the next five years. Some of the key deliverables from a digital enablement perspective have already been completed and are now embedded into system wide business as usual.

Data Analytics and Population Health Management are significant themes running through the Long Term Plan. The GP repository for Clinical Care (GPRCC) and e-Healthscope are widely utilised across the system, particularly within care co-ordination. This enables data pulled from providers across health and care within Nottinghamshire to be amalgamated to identify care gaps and risk scores, facilitating efficient and effective individualised care. This will be scaled up over the next few years to support population health management and predictive analytics.

Electronic communications between health and social care provide a more seamless transition between SFHFT and social care, enabling electronic referrals for patients requiring social care assessments. A dashboard view ensures SFHFT clinicians are aware of the progress of all these patients, facilitating efficient and timely discharge. Electronic communications additionally support urgent and emergency care providing ED staff with the ability to establish whether patients have had a care package in place, thereby preventing unnecessary admissions and enabling patients to return home as soon as possible.

The ability for NHS 111 to book patients directly into GP appointments for some areas of the ICP provides has eased potential pressure in urgent and emergency care.

The digital first agenda, and empowering the population to manage their own health and care through digital tools, provides the digital enablement to support many of the Long Term Plan priorities across: Prevention and Wider Determinants, Cancer, Planned Care, Proactive Care and Mental Health. The Public Facing Digital Services programme will provide the population of Nottinghamshire with the tools they need to undertake different types of consultation i.e. online consultation and remote monitoring of Long Term Conditions, self-care and information, community signposting and social prescribing.

In order to support the Urgent and Emergency care priorities detailed in the Long Term Plan a system wide capacity and flow programme is underway and has identified short term solutions to ease winter pressures and is the process of developing a long term strategic system wide approach to support the management and flow of patient flow.

Locally the Integrated Digital Care Record will continue to expand to provide a single shared health and care record across Nottinghamshire and progress is being made to move towards a longitudinal health and care record across the East Midlands.

We were keen to capture in this comprehensive letter the progress we have made over the first six months of this year. There is lots of evidence our organisations and teams are working closer together than ever before and we are grateful for your support with this important agenda. One important example of this is NHFT and SFHFT appointing Clare Teeney as their joint director of HR and the move towards identifying opportunities for closer HR and OD working across both provider organisations.

We recognise “system working” is complex and can be challenging, but our joint effort is so important to ensure we deliver sustainable improvement across the wider determinants of health for the citizens of Mid Nottinghamshire

Yours sincerely



Rachel Munton
Independent Chair



Richard Mitchell
Lead Executive Officer