



Mid Notts ICP Objectives for 20/21

ICP Board – Ref ICP/20/060 part A

(vs 3.2)



Map of ICP Priorities to the 6 Pillars of the ICS Strategy

| PILLAR - ICS Strategic Priority | PREVENTION, INEQUALITIES AND WIDER DETERMINANTS OF HEALTH | PROACTIVE CARE, SELF MANAGEMENT AND PERSONALISATION | URGENT AND EMERGENCY CARE | PLANNED CARE & Cancer | MENTAL HEALTH incl LD | WOMEN'S HEALTH & CYP |
|---------------------------------|--|--|---|---|--|--|
| ICP Strategic Objective | To promote and encourage healthy choices, improved resilience and social connection | To promote and encourage healthy choices, improved resilience and social connection | To support our population to age well and reduce the gap in healthy life expectancy | To support our population to age well and reduce the gap in healthy life expectancy | To give every child the best start in life | To give every child the best start in life |
| ICP Strategic Objective | To support our population to age well and reduce the gap in healthy life expectancy | To support our population to age well and reduce the gap in healthy life expectancy | | | To promote and encourage healthy choices, improved resilience and social connection | To tackle physical inactivity, by developing our understanding of barriers and motivations |
| ICP Strategic Objective | To maximise opportunities to develop our built environment into healthy places | To maximise opportunities to develop our built environment into healthy places | | | To maximise opportunities to develop our built environment into healthy places | To support our population to age well and reduce the gap in healthy life expectancy |
| ICP Strategic Objective | To give every child the best start in life | | | | | |
| ICP Strategic Objective | To tackle physical inactivity, by developing our understanding of barriers and motivations | To tackle physical inactivity, by developing our understanding of barriers and motivations | | | To tackle physical inactivity, by developing our understanding of barriers and motivations | |

ICP Strategic Objectives and Priorities for 20/21



| Strategic Objective | Ref | Breakthrough objectives 20/21 | Lead Organisation | Partner Organisation |
|---|-----|---|--------------------------|--|
| To give every child the best start in life | 1.1 | Increase readiness for school and the number of children with the skills needed to start school | Irene Kakoullis - NCC | |
| | 1.2 | Increased focus on the benefits of breast feeding that leads to an increase in breastfeeding rates. | Danni Burnett - CCG | Julie Hogg - SFH |
| To promote and encourage healthy choices, improved resilience and social connection | 2.1 | Improve the connection and integration of the voluntary sector and current health and social services available to build effective services that support alcohol, diabetes, cancer, EOL and joint and bone pain (MSK) | Lorraine Palmer - ICP | NHCT/CVS |
| | 2.2 | Help people to know how to stop smoking. | Matthew Osbourne - ALB | CCG – David Ainsworth |
| To support our population to age well and reduce the gap in healthy life expectancy | 3.1 | Strengthen integration across the PCNs building on community based services that include the voluntary sector, care homes and care in the community settings | Lorraine Palmer - ICP | NHCT/Health Watch |
| | 3.2 | Make sure people who are known to be frail are looked after in the best possible way. | Kim Ashall - ICP | Keeley Sheldon – NHCT David Ainsworth - PCN |
| To maximise opportunities to develop our built environment into healthy places | 4.1 | The physical environment within our communities is better used to ensure it has a positive impact on their health and wellbeing. | Mariam Amos - MDC | TBD |
| | 4.2 | Everyone lives in safe housing and there is increased availability of social housing. | Mariam Amos - MDC | TBD |
| To tackle physical inactivity, by developing our understanding of barriers and motivations. | 5.1 | Help local people to know about what is happening and there is an increased take up of existing campaigns across our communities | Theresa Hodgkinson - ADC | Helen Davis - Active Notts |
| | 5.2 | Better understanding of the barriers to physical activity and why members of our community do not want to or like exercise and are not active | Theresa Hodgkinson - ADC | Helen Davis - Active Notts |

Supporting Delivery - Leads/Delivery Team



| 1.1 | 1.2 | 2.1 | 2.2 | 3.1 | 3.2 | 4.1 | 4.2 | 5.1 | 5.2 |
|-----------------|---------------|-----------------|------------------|-----------------|-------------|--------------------|--------------------|--------------------|--------------------|
| Irene Kakoullis | Danni Burnett | Lorraine Palmer | Matthew Osbourne | Lorraine Palmer | Kim Ashall | Mariam Amos | Mariam Amos | Theresa Hodgkinson | Theresa Hodgkinson |
| | Julie Hogg | NHCT | David Ainsworth | Sue Batty | Mariam Amos | Theresa Hodgkinson | Theresa Hodgkinson | Helen Davis | Helen Davis |
| | | | | David Ainsworth | NHCT | | | Matthew Finch | Matthew Finch |
| | | | | Mariam Amos | | | | Mariam Amos | Mariam Amos |
| | | | | NHCT | | | | | |
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Objective Delivery Plans

ICP 1 - To give every child the best start in life

1.1 - Increase readiness for school and the number of children with the skills needed to start school

Best Start Strategy and Partnership Board to be established by April 2021

Implement the recommendations from the School Readiness Joint Strategic Needs Assessment chapter.

Engage families earlier - during the antenatal stages and until their child reaches the age of 3.

Provision of evidence based parenting programmes and school readiness activities to target families and communities.

Improve access to high quality early learning experiences together with a positive learning environment at home.

Development of an integrated pathway for children's speech, language and communication needs.

Key Delivery Actions/How

1.2 –Increased focus on the benefits of breastfeeding that leads to an increase Breastfeeding rates

Infant Feeding and Nutrition Strategy to be developed by March 2021



ICP 1.1

Specific

- Children have the best start in life and achieve a good level of development as evidenced through the Early Years Foundation Stage and the findings of 2 year old integrated reviews.
- Parents are effectively supported to improve their wellbeing, parenting skills, and understand their child's development needs

Measurable

- The percentage of children achieving a good level of development at the end of reception year.
- The percentage of children with free school meal status achieving a good level of development at the end of reception year.
- Increase in take up rates of 2 year olds from low income families accessing their 15 hours per week early education entitlements.

Attainable

- Target resources to engage families earlier during the antenatal period and not wait for children to access early years provision.
- Successful delivery of school readiness programmes that promote a positive home learning environment with targeted families.
- Successful delivery of the Home Talk programme to identify and improve speech, language and communication skills.

Realistic

- Provide supplementary funding for children accessing early years provision who have SEND, from low income families and those known to social care.
- Provision of effective quality training and support to ensure a highly skilled early years workforce.

Timely

- Work with partners to establish a new Best Start Board and Strategy by April 2021
- Establish an integrated pathway for children's speech, language and communication needs by April 2021.

ICP 1.2

Specific

- Women know how to get breastfeeding off to a good start
- Breastfeeding rates to be increased in Nottingham/shire, with a reduction in variation between areas

Measurable

- Breast feeding initiative % = LMNS reportable stat
- Breastfeeding maintenance (6-8 weeks) = LMNS reportable stat
- maternity should be Baby Friendly Initiative accredited by 2023/24 and neonatal BFI accredited by 2023/24
- Information is given at the right time, in the right format

Attainable

- Work closely with GPs to engage them in agreed approaches to universal infant feeding and nutrition strategy as a key point of contact
- Describe and understand current infant support and gaps in provision
- Work with women and families to co-produce a support offer which meets population needs across the system

Realistic

- Streamline information given to women and families about infant feeding- consistent advice
- Standardised training approaches to ensure professionals deliver the same message, focus on 'new starter training' package

Timely

- Work with women, and partners completed to develop an infant feeding and nutrition strategy, with a suite of supporting information by March 2021



ICP 2 - To promote and encourage healthy choices, improved resilience and social connection

2.1 - Improve the connection and integration of the voluntary sector and current health and social care services that support alcohol, diabetes, cancer, EOL and joint and bone pain (MSK)

Review of End Of Life Services (2)

3V Project and Review of MSK Services

Healthy Lung Screening Programme

Pro-Active data analysis to identify community based opportunities

Link Worker (via Emerging Roles Board) and community development work/Integrated Volunteering/LRF work via Personalisation Board

Key Delivery Actions/How

2.2 – Help people to know how to stop smoking - Reduce smoking across the population

Tobacco Implementation Pilot

Smoking Cessation during Pregnancy

ICP 2.1

Specific

- Ensure there are voluntary and third sector organisations involved in existing pathways and embed some health service provision within the foot print of the non-healthcare services.

Measurable

- More and varied sectors involved in current service delivery.
- Measure uptake of services within the existing pathways compared to baseline
- Increased number of Link Workers and increased number of referrals to Link Workers in line with LTP, who connect individuals to voluntary and community support
- No. of personal care and support plans (*these are reported via PKB or manually from organisations*)

Attainable

- Need to understand and map existing provisions, if there are funding implications or is it achievable within existing relationships and what is the buy in from the different sectors.

Realistic

- Reliant on mapping and what exists already, where some services may be further ahead than others and how easy it is to achieve integration with some of the physical services during C-19 social distance restrictions.

Timely

- Mapping and communication completed by the end of the year with at least one service proven within a pathway.
- Contribute to LTP system target of 39 Link Workers and 4,188 referrals by 20/21 (we've already achieved this target through COVID)



ICP 2.2 - TBD

Specific

Measurable

- Reduction in smoking at time of delivery (national target of 6%) = LMNS reportable stat

Attainable

Realistic

Timely

Objective Delivery Plans



ICP 3 – To support our population to age well and reduce the gap in healthy life expectancy

3.1 - Strengthen integration across the PCNs building on community based services that include the voluntary sector, care homes and care in community settings

Integrated Model of Care for Care Homes building in the EHCH and DES

D2A Programme

Build on and develop Integrated Health, Housing and Social Care Teams (for all 18+) aligned to all PCNs

Establish a broader Place based network of Community Services and Assets

Pro-active data analysis to target at risk cohorts and identify community based opportunities

Agree shared objectives and the relationships and pathways between PCNs, Integrated care teams, community services and local people

Key Delivery Actions/How

3.2 – Make sure people who are known to be frail are cared for in the best possible way - Increase the number of people who access the frailty pathway including dementia care

D2A Programme, Out of Hospital / Ageing Well

Urgent Care Right Time Right Place Cell

Reduce the reliance on inpatient care by focusing on the community infrastructure to focus on ageing and living well

Implementation of the Enhanced Health in Care Homes through the GP DES and Care Home Support Model



ICP 3.1

Specific

- PCN's become a physical or virtual integrated model through a collaboration of a minimum of two providers building community based services
- Services offered reflect the needs of our population and support self care and choice

Measurable

- Single co-ordinated model of care for care homes, including single point of access
- Reduce referrals for medical based care and increased access through social prescribing
- Reduction in referrals to secondary care (NELS, EMAS)

Attainable

- Yes, initially through the introduction of multidisciplinary MDT's
- Yes if all system providers 'buy in' to model

Realistic

- Available, experienced multidisciplinary team to facilitate and deliver the service

Timely

- Early implementation and response to COVID has provided a framework which should ensure elements are delivered during 20/21

ICP 3.2

Specific

- An agreed, evidence based, frailty pathway across Mid Notts, that takes account of the ICS frailty strategy

Measurable

- The Pathway will be in place, with a register of people who are assessed as frail.

Attainable

- Yes - Working with all key stakeholders and informed by ICS Frailty Strategy.

Realistic

- Yes – it is already part of the ICS strategy

Timely

- Aim to have the pathway agreed by the end of October 2020.



Objective Delivery Plans

ICP 4 – To maximise opportunities to develop our built environment into healthy places

4.1 - The physical environment of our communities is better used to ensure it has a positive impact on their health and well being

Adopt 'Planning & Health' urban design principles

Development of Town Centre Masterplans to encourage projects to reflect healthy places and pursue funding to achieve this

Local authority Annual Air Quality Review (DEFRA) and the Nottinghamshire Air Quality Strategy

Increase opportunities for active travel through improvements to cycling and walking infrastructure and public transport provision

Further development of a network of Community healthy spaces: Gardens, Allotments and Orchards

Key Delivery Actions/How

4. Everyone lives in safe housing and there is increased availability of social housing

Better Care Fund Board

Handy Person Adaptation Service

Decent and Safe Homes East Midlands

ICP 4.1

Specific

- Local Authority, Local Plans maximise opportunities to develop the built environment into healthy places
- Requirement for Planning Applications reflect Planning and Health Principles.

Measurable

- All planning applications can demonstrate health and well being benefits
- There is improved provision of allotments, open spaces, and walks.
- Local authority annual Air Quality Reviews and Nottinghamshire Air Quality Strategy evidence progress

Attainable

- Mapping of existing assets for community provision.
- Work with key partners to prioritise areas for targeted improvements.
- Proposals for improved built environment submitted in Towns Fund Bids.

Realistic

- Review key strategies and policies to reflect planning for health.
- Establish community networks to support delivery of healthy spaces, allotments, gardens and orchards.

Timely

- Meet timelines to bid for appropriate funding streams
- Complete mapping work this financial year.
- Agreed priority areas with key partners



ICP 4.2

Specific

- Improving health through targeted enforcement in PRS
- Improving relationships with Private Landlords through advice, forums and accreditation
- Affordable warmth assistance and adaptations for vulnerable households across tenures
- Use of local plan to encourage affordable housing and HRA capital program for new build accommodation

Measurable

- No. of landlords attending forum and number of accredited landlords in districts
- Enforcement action taken, HMO's licensed and no. of hazards removed from properties.
- Number of grants and adaptations provided through DFG and other grant assistance.
- Units of affordable housing or move on accommodation delivered

Attainable

- Working with key stakeholders and partners in delivery of schemes to enable safer living accommodation across all tenures and improve health and wellbeing for households across LA districts. Promotion of initiatives and services required to increase take up.

Realistic

- Communication pathways have been developed with stakeholders to raise standards across tenures to improve health and wellbeing of households.
- Increasing availability of social housing is realistic through partnership with existing stakeholders.

Timely

- These are ongoing initiatives and schemes that requires setting of targets that are monitored and reviewed.



ICP 5 – To tackle physical inactivity by developing our barriers and motivations

5.1 – Help local people to know about what is happening and there is an increased take up of existing campaigns across our communities

Bring together District representatives, Active Notts and ICP District Members and key CVS organisations

Review existing campaigns (e.g. This Girl Can, Undefeatables, Join the movement ,Better Health local approaches i.e. Feel Good Families Stand up Notts and One step at a time)

Review communication channels and understand how we can share physical activity measures and connect opportunities (to include local H and WB boards, Social Prescribing)

Agree collective approach, including high level actions, monitoring and evaluation.

Key Delivery Actions/How

5.2 - Better understanding of the barriers to physical activity and why some members of our community are not active

Bring together District representatives, Active Notts and ICP District Members, and key CVS organisations

Review current work in identified places (e.g. Coxmoor, Bellamy, Ollerton) and understand evaluations completed and learning so far across the districts.

Drawing out key insight that helps us understand key barriers and understand what role the system plays in this (both positively and negatively)

Review National overarching focused research e.g Activity Alliance – 10 principles, Mind Get Set , Age UK to help gather generic insight and learning

Agree collective actions to work towards the system enhancing and facilitating positive behaviour change in identified places.



ICP 5.1

Specific

- The work will build on existing campaigns, and develop consistency and sharing of good practice across the area.

Measurable

- Measures will be agreed collectively based on approach, promotion, and physical activity indicators. Active Lives KPI 1 and 2 will be utilised.

Attainable

- Yes, we will identify resources, promote existing campaigns and develop our routes to the target market

Realistic

- Experienced staff in place, along with multiple opportunities to be active and campaigns to be promoted.

Timely

- Collective approach agreed by 20 December 2020

ICP 5.2

Specific

- This work is focussed on gathering and exploring existing insight and learning to help understand low physical activity levels in identified priority places and its context in achieving wider health outcomes

Measurable

- Evaluation will be on-going and paramount to understanding what needs to change to enable physically active behaviours. Active Lives KPI1 and 2 will be utilised to measure physical activity levels.

Attainable

- Yes, initially the work focusses on understanding physical activity barriers.

Realistic

- Active Notts will help facilitate this work and much of this is already available. Places already identified.

Timely

- Current Evaluations/work understood and shared by 20 December 2020 with actions agreed for system change.



ICP Executive Team Oversight and Assurance

ICP 1.1 Increase school readiness

ICP 4.1 The physical environment within our communities is better used to make sure it has a positive impact on their health and wellbeing

ICP 4.2 Everyone lives in safe housing and there is increased availability of social housing

ICP 5.1 – Help local people to know what is happening and there is increased take up of existing campaigns

ICP 5.2 Better Understand the barriers to physical activity and why some of our communities are inactive

Transformation Board Oversight and Assurance

ICP 2.1 Improve connection and integration with the voluntary sector and current support services such as Alcohol, EOL services, Diabetes, cancer and MSK

ICP 3.1 Strengthen integration with PCNs to build on community based services that include the voluntary sector, care homes and care in the community setting

ICP 3.2 Improve The frailty Pathway – the number of people accessing the pathways increases

ICP Consider and contribute to ensure the work reflect the needs of our population

ICP 1.2 Increase breast feeding rates across our population

ICP 2.2 Reduce smoking across our population

Objective Oversight Groups