

Our Integrated Care System

Working together for better health and care

What is an ICS and why?

A changing landscape

There are 42 Integrated Care Systems (ICSs) across the country. They are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four 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. Help the NHS support broader social and economic development.





Our journey to integrated care

2016

In 2016, health and care systems came together as Sustainability & Transformation Partnerships (STPs).

ICSs as the main mechanism for delivering integrated care and place-based systems were defining features of the national NHS Long Term Plan which was published on 7 January 2019.

Today

ICSs have developed from STPs and are driving integration at scale and pace.

ICSs to be established on a statutory basis across England from 1 July 2022, bringing partners together to further support the integration of health and care.

Place-Based Partnerships



Mid Nottinghamshire



Nottingham City



South Nottinghamshire

23 Primary Care Networks (PCNs) will operate across the healthcare system, and will be aligned with the four Place Based Partnerships.



How is the NHS changing?

Watch the King's Fund video







How will health and care work together?



The biggest change this new way of working will bring is that the NHS and local councils – which deliver many care services – will be working together as part of a new organisation.

When the NHS was set up in the 1940s its aim was to treat symptoms. But it has come a long way since then, supporting people to live healthier lives.

This change is continuing along that journey and aims to make social care and health even more aligned.

Our health is affected by many things – housing, unemployment, financial stress, domestic abuse, poverty and lifestyle choices.

This is something that we need to look at through a partnership between the NHS, local government and the voluntary sector.

Establishing our ICS

Each Integrated Care System has two statutory elements



- 1. Integrated Care Partnership (ICP) a statutory committee formed between the NHS Integrated Care Board and upper-tier local authorities. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population.
- 2. Integrated Care Board (ICB) a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. The ICB works to deliver the ICS outcomes with partners from across our system.



Other important features



Place-Based Partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. These involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners.

Provider Collaboratives will bring NHS providers together to achieve the benefits of working at scale across multiple places to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

Local authorities in the ICS area, which are responsible for social care and public health functions as well as other vital services for local people and businesses.





Integration in action

Here are some fantastic examples across our system partners

Macauley's story



With help from the Rushcliffe social prescribing service, Macauley Diuk, 27, has embarked on an exciting new life after being homeless for four years.

His GP referred him to the service which, along with charities, helped him to move into his own home.

Macauley said: "The support I've received has been incredible. They have saved me. The chips were down, but they've lifted me up."

Across our ICS, Link Workers are taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.



Macauley and Morgan Sharpe, Social Prescribing Link Worker

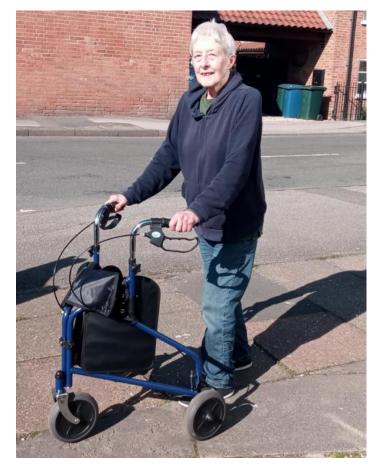
Frances' story

Frances Latty, 76, from East Bridgford, was standing on a stool trying to change a lightbulb when she fell and suffered a stress fracture in her spine.

After hospital stay, Frances received support from the Home First Response Service which is contracted by Nottinghamshire County Council. Carers went in to support Frances with showering, dressing, shopping, support with medication and meal and drink preparation. The council also helped with equipment for her home.

Frances said: "The support has been excellent. I can put my jeans on myself now. It's amazing, as I couldn't do that a week ago. My brothers were amazed at the difference in my mobility and ability to care for myself."





Frances Latty

Sophia's story



More than 1,000 people at the highest risk of becoming unwell with Covid-19 have been treated at a specialist unit.

The unit, based at Nottingham University Hospitals with an additional infusion centre at Sherwood Forest Hospitals, provides antiviral medication to high-risk Covid positive patients.

A shared system between primary care and acute hospitals flags up patients who are contacted to come forward for treatment.

Local patient, Sophia, who has Multiple Sclerosis, said about her experience: "The atmosphere that the team have created was liken to a family living room that I as a patient was joining, with jokes and laughter about who's turn it was to make the tea. This was all alongside getting patients in, checked, canulated, monitored, answering questions and offering reassurance too. I can't thank the team enough."



Covid Medicines Delivery Unit at NUH







Amanda Sullivan Chief Executive

I am ambitious for our citizens. They need the best possible health and care deal. We have all the talent between us to be one of the best systems.

I see the ICS as a family and will set this tone for how we operate - all of us are equally important and we all have our roles to play.

We will need to operate as one where it matters and make the best use of our collective resources.

Our family portrait - Nottingham and Nottinghamshire Integrated Care System (ICS) **Nottingham City PBP South Nottinghamshire Mid Nottinghamshire PBP Bassetlaw PBP**

396,000 population 8 PCNs

Nottingham University Hospitals NHS Trust

PBP 378,000 population 6 PCNs

334,000 population 6 PCNs

Sherwood Forest NHS

Foundation Trust

3 PCNs

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)

Nottingham CityCare Partnership (community

Nottinghamshire Healthcare NHS Foundation Trust (mental health)

Nottinghamshire Healthcare NHS Foundation Trust (community provider)

provider) **East Midlands Ambulance NHS Trust**

Nottingham City Council (Unitary)

Broxtowe Borough Council

Gedling Borough Council

Rushcliffe Borough Council

Ashfield District Council

Nottinghamshire County Council Mansfield District Council

Newark & Sherwood **District** Council

118,000 population

Doncaster and Bassetlaw

NHS Foundation Trust

Bassetlaw **District** Council

Meet the Board of our Integrated Care Board





Dr Kathy McLean
Chair



Amanda Sullivan
Chief Executive



Stuart Poynor

Deputy Chief Executive and Director of Finance



Dr Dave Briggs

Medical Director



Rosa Waddingham

Director of Nursing



Lucy Dadge
Director of Integration



Prof. Marios Adamou Non-Executive Member



Jon Towler
Non-Executive Member



Caroline Maley
Non-Executive Member



Stephen Jackson
Non-Executive Member



Dr Kelvin Lim
Partner Member



Melanie Brooks
Partner Member



Dr John Brewin
Partner Member



Catherine Underwood

Partner Member



Paul Robinson
Partner Member

Our vision



Our neighbourhoods, places and system will seamlessly integrate to provide joined up care.

Every citizen will enjoy their best possible health and wellbeing.



Our principles, values and goals



The way our ICS works together will be guided by three key principles:

- 1. We will work with, and put the needs of, our citizens at the heart of the ICS
- 2. We will be **ambitious** for the health and wellbeing of our local population
- 3. We will work to the principle of **system by default**, moving from operational silos to a system wide perspective.

Our principles will be underpinned by four core values:

- 1. We will be open and honest
- 2. We will be compassionate and respectful
- 3. We will embrace innovation
- 4. We will work collaboratively.

We must deliver each of the following goals effectively and efficiently:

- Serve 1.2 million people
- Support 70,000 staff in NHS and social care roles
- Integrate GP Practices into 23 Primary Care Networks (PCNs)
- Create four Place Based Partnerships (PBPs)
- Develop a Provider Collaborative at Scale
- o Manage an annual budget of over £3billion for the commissioning and provision of services.







Dr Kathy McLean Chair

The change we want to see in our health and care system will be driven by our Places and Neighbourhoods (PCNs) – as vibrant collaboratives that can take the strategic direction and implement it creatively with our citizens and partners.

I continue to value meeting with leaders from our Voluntary, Community and Social Enterprise (VCSE) sector and Healthwatch. Working together as partners to support and challenge the development of our approaches will be a critical part of our success.

How our ICS will work with people and communities



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WY-	Put people's voices first when it comes to decision making	\odot	Be transparent when it comes to your progress and vision for the future
-`@`(-	Keep communities engaged with what you're doing	@	Empower communities to make change happen
(2)	Listen to what your communities' needs and how you can help	Q	Use co-production, insight and engagement to achieve accountable health and care services
De la constantina della consta	Network with everyone, especially those affected by inequalities		Tackle system priorities as a team
The second second	Work with Healthwatch and the voluntary community and social enterprise sector		Learn from others and share what works

Our Voluntary, community and social enterprise (VCSE) Alliance



This group of VCSE organisations across Nottingham and Nottinghamshire will act as a single point of contact to enable the generation of citizen intelligence from the groups and communities that they work with.

It's an essential part of how the system operates at all levels, including involvement in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans.

It's already supporting delivery of the priority objectives through the community engagement work they are commissioned to deliver.



What will our future look like?



- We will pool our expertise, experience and efficiencies across acute, community and primary care so everyone benefits equally.
- Integrated service delivery will bring together skills and expertise into multi-disciplinary teams, providing scope for new and more varied career opportunities.
- The focus of service delivery will shift to become more preventative, proactive, and person-centred; focused on a specific geographic area around a common purpose to work holistically with people and communities.
- Complex change across the whole system will involve everyone working in partnership to understand and resolve different ideas and perspectives.





Over to you

- Please share this information with your teams
- What does your journey look like?
- Have you and your team got a great example of integrated working? Share it with us!

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www.healthandcarenotts.co.uk