



The Nottingham and Nottinghamshire  
Integrated Care System

# Developing a Clinical Services Strategy for Nottinghamshire

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# Integrated Care Systems in England

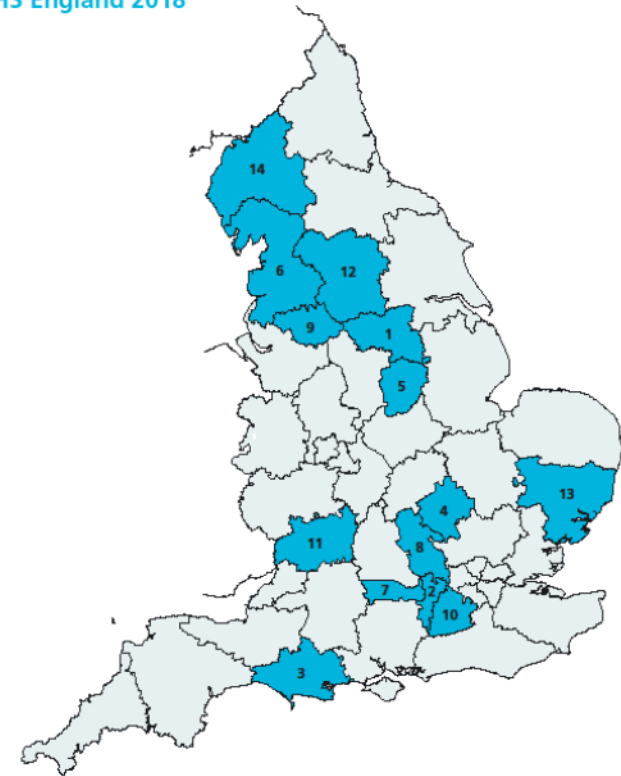
There are 14 Integrated Care Systems (ICS) taking collective responsibility for:

- Managing resources
- Delivering NHS standards
- Improving health of the population



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Integrated Care Systems  
NHS England 2018



- |  |   |
|--|---|
| 1. South Yorkshire and Bassetlaw         | 8. Buckinghamshire                      |
| 2. Frimley Health and Care               | 9. Greater Manchester (devolution deal) |
| 3. Dorset                                | 10. Surrey Heartlands (devolution deal) |
| 4. Bedfordshire, Luton and Milton Keynes | 11. Gloucestershire                     |
| 5. Nottinghamshire                       | 12. West Yorkshire and Harrogate        |
| 6. Lancashire and South Cumbria          | 13. Suffolk and North East Essex        |
| 7. Berkshire West                        | 14. North Cumbria                       |

# Why are we integrating care?



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- To sustainably and consistently achieve the best outcomes – making best overall use of existing resources
- Coherent decisions and processes to plan and deliver care across the system – local people tell us this isn't evident
- Primacy to the needs of individuals or population groups – not organisations, transactions or sectors / professional interests
- Alignment of objectives and incentives for better collective decisions, based around population needs

# System's priorities



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- 1. Promote wellbeing, prevention, independence & self-care
- 2. Strengthen primary, community, social care & carer services
- 3. Simplify urgent and emergency care
- 4. Deliver technology enabled care
- 5. Ensure consistent & evidence-based pathways in planned care
- 6. Ensure consistent & evidenced-based pathways in cancer and end of life care
- 7. Improve Mental Health Services
- **8. Clinical Services Strategy**

# Why do we need a Clinical Services Strategy for Nottinghamshire?



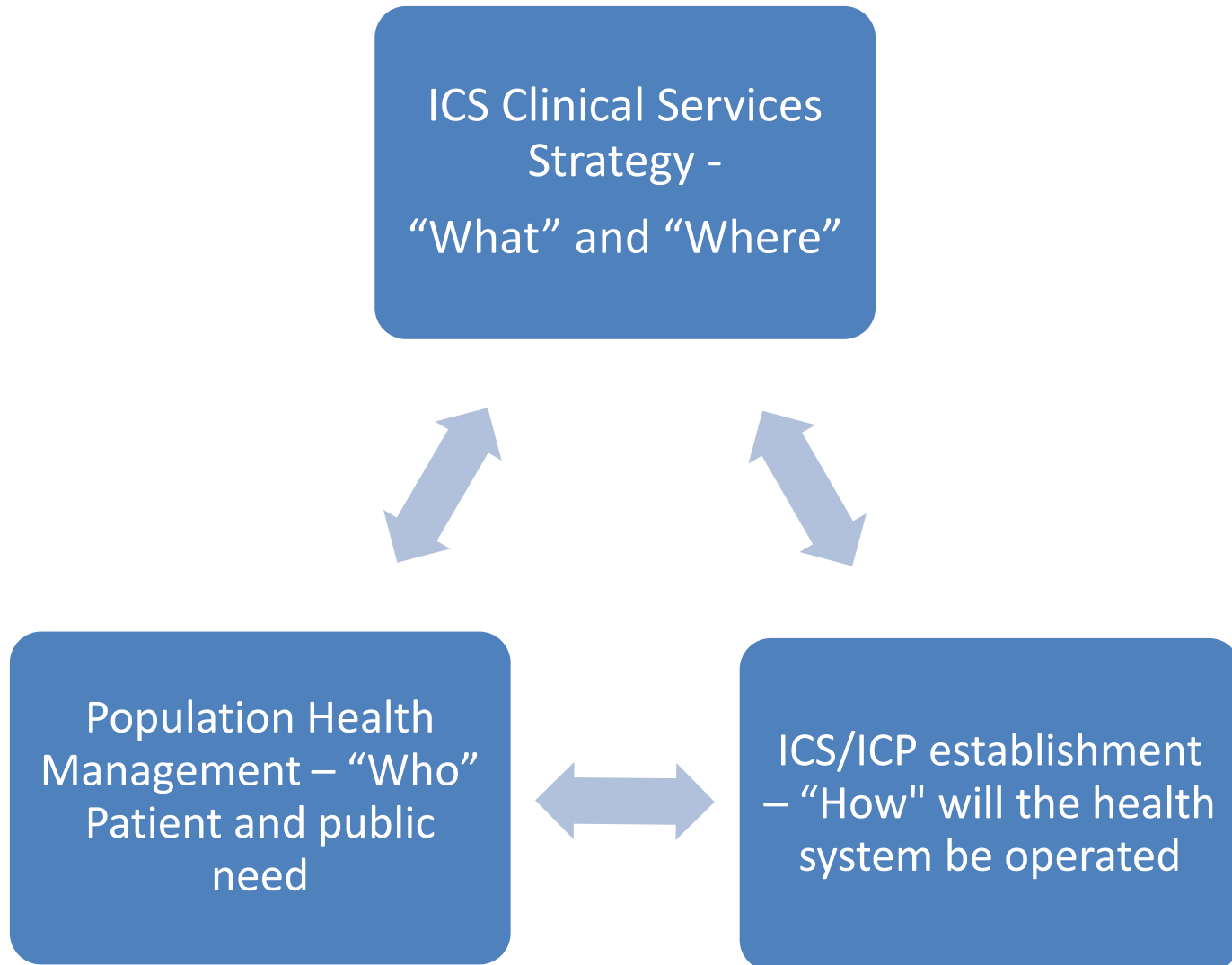
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- We recognise that we need to view change to the system in its totality and not just the individual elements
  - Sustainability
  - Viability
  - Scale and sizing
- We need to justify and sustain long term capital investment
- Long term means planning over a 5-10 year timeframe
- As a partnership we need a strategy that integrates with other changes across the whole system

# Links to other programmes



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# Key considerations



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- On its own a shift of care into community settings will not make sufficient difference to ensure sustainable healthcare delivery for Nottingham and Nottinghamshire
- Care closer to home has to also enable
  - Better prevention
  - Developed self care
  - Earlier intervention

# Clinical Services Strategy objectives



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1. Define a place based model of care
2. Define the levels of standardisation or autonomy at different levels of the system
3. Provide a long term sustainable healthcare model for Nottingham and Nottinghamshire
4. Embed personalised care, prevention and early intervention
5. Provide a strategy in sufficient quality to enable a Pre-Consultation Business Case for any service change that emerges



# Potential areas of focus for the strategy



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The ICS is developing a Clinical Services Strategy which will shape what and how health services are provided across the area.

This may include:

- Prevention and self-care
- Maternity and family health
- Urgent care
- Long-term conditions
- Planned operations and treatment
- Cancer care

# Draft principles for the strategy



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- **1** - Care provided as close to home as possible, making sure it is clinically-effective and most appropriate for patients
- **2** - Prevention and early intervention will be supported across health and social care
- **3** - Mental health and wellbeing will be considered alongside physical health and wellbeing
- **4** - Strong collaboration between the different parts of health and social care, including sharing information
- **5** – Evidenced-based and best practice healthcare provision which will avoid duplication and will promote a consistent standard of access across Nottinghamshire

# The fixed planning points



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Some service locations are important as they link to other services. These are the fixed planning points

- Consultant-led A&E Services will be provided at King's Mill Hospital (KMH) and QMC (QMC) as a minimum
- Obstetrician-led maternity services will be provided at KMH and QMC as a minimum
- Urgent Care Facility at Newark Hospital
- Neonatal Intensive Care Unit at QMC
- Regional Major Trauma Centre at QMC (with associated specialist services, including neurosurgery)
- Existing PFI and LIFT estate in Nottingham and Nottinghamshire has to be used in any final model

# Next steps



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- Meeting with Mid Notts Citizen's Council
- Meeting with city representatives
- Healthwatch to undertake community engagement
- Identification of other key audiences
- Develop strategy for reaching wider audience through digital channels
- Identify engagement required for specific areas of review