

Integrated Care System Working Group

Meeting at Nottinghamshire LMC Office,
5 Phoenix Place, Nottingham NG8 6BA
On 5 October 2018

MINUTES OF MEETING NOTES

Present:

Dr Andrew Foster (AF)	Parkside Medical Practice
Kelly Gillingham (KG)	Tudor House Medical Practice
Daniel Hammersley (DH)	Cripps Health Centre
Dr Adam Harrison (AH)	Nottinghamshire LMC
Dr Jen Moss Langfield (JML)	Nottinghamshire LMC
Aleesha Newton (AN)	Nottinghamshire LMC
Dr Greg Place (GP)	Nottinghamshire LMC
Julie Reid (JR)	Collingham Medical Centre
Wendy Saviour (WS)	NHS England
Dr Kalindi K Tumurugoti (KT)	Nottinghamshire LMC
Andrew Whincup (AW)	East Bridgford Medical Centre
Lucy Whitehall (LW)	Nottinghamshire LMC
Michael Wright (MW)	Nottinghamshire LMC

Apologies:

Dr Martha Berhanu	Nottinghamshire LMC
Dr Laura Foxwell	Nottinghamshire LMC
Dr Christine Johnson	Nottinghamshire LMC
Dr Sonali Kinra (SK)	Nottinghamshire LMC
Dr Carter Singh (CS)	Nottinghamshire LMC

1. Overview

Nottinghamshire LMC hosted a meeting on Friday 5th October 2018 with Wendy Saviour, Managing Director of Nottinghamshire Health and Social Care, NHS England. The meeting's aim was to allow our constituents to understand the future of integrating Health and Care services in Nottingham and Nottinghamshire and to ensure two-way communications back to the system leadership.

2. Welcome and Introductions

Michael Wright introduced the attendees, followed by a presentation by Wendy Saviour which explained the Integrating Health and Care Services in Nottingham and Nottinghamshire (slides attached).

3. Discussion

WS spoke about the current situation regarding the ICS development:

The ICS encourages getting to a place where we are sustainable and systematically achieving better outcomes for the patient. The system is a national policy driven by NHS England and backed by Secretary State of Health and Social Care Matt Hancock. Working together as one system will enable

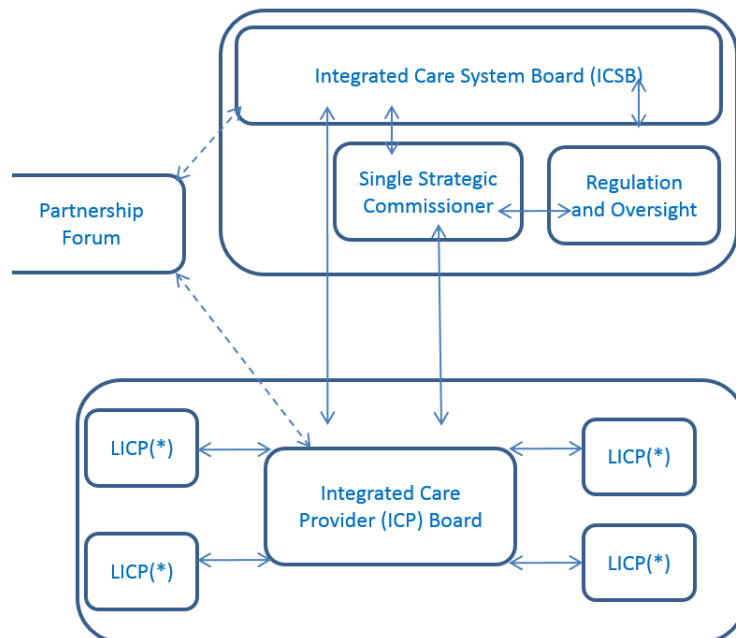
us to align our objectives and the incentives for making better collective decisions that meet population health needs.

In Nottinghamshire the Integrated Care System (ICS) is one of 13 across the country and we are on the leading edge of this. To be considered as an ICS, there needs to be a population of at least a million. Within the ICS there will be two integrated Care Partnerships (ICP), which will include a mid-Notts and a greater Nottingham ICP.

The ICS are currently working and developing the ICPs that will be responsible for delivering the local integrated care for their populations. There is likely to be around 8 or 9 LICPs across Nottingham and Nottinghamshire which will be different in size and positioning to what has been done previously. The new system encourages working together, but it will require people to break down barriers and allow themselves to look at things differently to what they are currently used to.

There is likely to be a capitated budget for the whole of Nottinghamshire that will be managed by the ICS. From the ICS it will then be delegated down to the ICPs, and then onto the LICPs. This concept is very different to what has been available previously. However, this is a very complex change and will need the ICS to work across the whole system in partnership to achieve this.

The ICPs will be responsible for health needs analysis, determining the health needs of the population and setting the strategy for Nottinghamshire. It is important to note; the strategic commissioning will be done on an ICS level. It has not yet been confirmed if there would be a place for the LMC in the Partnership Forum but if it does become a possibility, the LMC would look into becoming a member with its representative role.



The ICS leadership board will include both non-executive members, clinicians, a small executive, and two ICP leads. The ICS is set to be largely in charge of performance management, regulations and oversight of CCGs. They are a self-regulated system and will require a lot of change and a different style of approach to what has previously been done.

The ICS intends to be one system, whereas the ICP board will be made of a provider collaborative. The LICPs will likely be a provider led entity and feed into the ICP board, along with the Nottinghamshire Healthcare Trust, Nottingham University Hospitals (NUH), and Sherwood Forest Hospitals. Not every provider will be present but there is a strong possibility of significant private providers being around the table.

The strategic commissioner is a component part of the ICS but not the ICS in its entirety. It is not yet certain what they will undertake in the future, but most of the activity will be done on an ICP level and the capacity that is currently sat in CCGs will move into the LICPs and ICPs. The LICP level will focus on care pathway redesign, and utilising population health management, and better management of the whole population and high-risk patients.

4. Open discussion

At the end of the presentation, there was an open discussion which all attendees participated in. Those in attendance raised concerns about:

- The already stretched resources and how that would change with the ICS.
- Concerns over a lot of secondary care services moving into primary Care, and what help will be available to General Practice to absorb these?
- Concerns over whether General Practice are having to compensate for the overspend from hospitals.
- Concerns over whether GPs would be willing to take part in this system or if they will resist it.
- Concerns over how General Practice is going to tackle patient demand.
- What plans are in place by Nottinghamshire ICS regarding stakeholder engagement?
- What management will look like from a practice point of view?

Michael Wright, Chief Exec of Notts LMC concluded the meeting:

It is refreshing to see there isn't a master plan that has already been constructed, which means we can get involved at the very start and have an influence. We are always pushing for what is right for our GPs, and what we keep emphasising daily is that GPs can't do work that is un-resourced or doing extra work that isn't being paid for from their core contract.

There are several things that practices need right now, including more headspace, help with workload, help with sorting out premises issues, financing, and demand, plus many more. Federations may not be the only answer, but it could possibly be one of the answers and we should take this opportunity to do things differently from what has been done previously. Having this mindset will maybe take us to a place where we haven't been before.

5. Next steps

There was a strong appetite around the table to meet again to really define the aims of the group. This group is different to everything else going on, there are federations and CCGs coming together but there aren't any groups that solely represent the views of General Practice at grassroots level. There will be future meetings held on a quarterly basis which Wendy Saviour has promised to commit to.

The next meeting will be held in January, the date is still to be confirmed.