



The Nottingham and Nottinghamshire
Integrated Care System



Item 3. Enc. A1

Shadow Integrated Care System Board

14 December 2018

09:30 – 12:30

Rufford Suite, County Hall

Present:

NAME	ORGANISATION
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Anthony May	Chief Executive, Nottinghamshire County Council
David Pearson – excluding item 2	ICS Chair
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
John MacDonald	Chair, Sherwood Forest Hospitals NHS Trust
Jon Towler on behalf of CCG Chair	Lay Members, Mid Nottinghamshire CCGs
Julie Attfield	Interim Chief Executive, Nottinghamshire Healthcare NHS FT
Mike Naylor on behalf of Richard Henderson	Director of Finance, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Stephen Jackson on behalf of Dean Fathers	Non-Executive Director, Nottinghamshire Healthcare NHS Foundation Trust
Stuart Wallace	Councillor and Chair of the Adult Social Care and Health Committee, Nottinghamshire County Council
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust
Wendy Saviour	Managing Director, Nottinghamshire ICS and DCO NHSE

In Attendance:

Alison Challenger – item 10	Director of Public Health, Nottingham City Council
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Clinical Chair, Mansfield and Ashfield CCG
Helen Pledger	ICS Finance Director, Nottinghamshire ICS
Joanna Cooper	Assistant Director, Nottinghamshire ICS
Lewis Etoria on behalf of Alex Ball	Head of Communications and Engagement, Nottinghamshire ICS and CCGs
Nicole Atkinson	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham West CCG
Richard Stratton	Clinical Lead from Greater Nottingham GP, Belvoir Health Group
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG



Apologies:

Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Dean Fathers	Chair, Nottinghamshire Healthcare NHS Foundation Trust
Julie Attfield	Interim Chief Executive, Nottinghamshire Healthcare NHS FT
Richard Henderson	Chief Executive, East Midlands Ambulance Service

1. Welcome and introductions

Apologies received as noted above.

Board to note that further appointment processes are to take place to identify ongoing representation of CCG Chair, and Clinical Leads from Mid Nottinghamshire and Greater Nottingham.

Nottingham City Council have suspended their membership of the ICS and will not be attending ICS Board meetings.

2. Appointment of ICS Independent Chair

DP left the meeting for this item.

EM presented the circulated paper and asked the Board to consider the recommended action. The Board agreed the following recommendation:

The ICS Board should recommend to NHS England and NHS Improvement that David Pearson be offered the position of independent non-executive chair of the Nottingham and Nottinghamshire ICS for the period 1 March 2019 to 31 March 2020 at the terms and conditions set out in the approved job description.

Mentor/Coach to be identified to support DP to transition to this non-executive role.

The Board recognised that organisational development was a priority. WS advised that work has been commissioned with Michelle Livingston, Real Partners CIC, to support the OD needs of the Board. RS declared a personal interest. It was highlighted that other members of the Board may benefit from coaching as the transition to the new arrangements over the next 18 months is made. WS confirmed that Michelle will be working with the board in the New Year and will be in contact with Board members directly to discuss requirements.

3. Appointment of the ICP Leads

DP returned to the meeting and Chaired the remaining items.



DP advised that two expressions of interest were made for the ICP Leads for Greater Nottingham and Mid Nottinghamshire. An appointment process has taken place with a formal announcement to be made w/c 17 December.

Meetings have taken place to identify objectives for the ICP leads to ensure interconnectivity between the ICS, ICPs and PCNs. Further discussions to take place on capacity.

WS highlighted that there is an independent review, led by Mike Farrar, underway to determine the number of ICPs following the system workshop on 12 and 13 November. A report will be presented to a future meeting to consider the report and agree next steps.

It was noted that whilst the Shadow ICS Board is the appropriate decision making body in respect of the above decision, the City Council are currently not members of the Board and are key to this decision. TT emphasised the importance of progressing this matter through the ICS Board as the appropriate governance body responsible for developing the future system. AS and RS suggested an extraordinary item to discuss the review which includes the City Council and City GP representation specifically. JT expressed that these invitees should be in attendance to take part in the discussion, but not to be part of the voting process, should that be required.

DP and WS to gain feedback from the review and propose approach to take.

ACTIONS:

DP and WS to gain feedback from the ICP review and propose approach to take to ensure a robust decision is made with system partners on the number of ICPs formed.

4. Conflicts of Interest

None declared.

5. Minutes of final STP Leadership Board and action log

Minutes of STP Leadership Board meeting on 16 November were agreed as an accurate record of the meeting by those present.

DP updated that a workshop took place on 10 December to develop a narrative for the ICS facilitated by NHS England and Phil Collins. Next steps are that the narrative is developed locally.

The Board discussed outstanding actions on the STP Leadership Board action log and noted that items carried forward to the future workplan of the ICS Board.



Governance

6. Draft Terms of Reference

DP presented the circulated draft Terms of Reference for the Shadow ICS Board. WS reminded the Board of their responsibilities in respect of delivery of the ICS MOU. A copy of the ICS MOU was circulated at the meeting.

Draft TOR to be developed in-line with the discussion:

- That future meetings are meetings held in public from April 2019 with reserved matters to be explicitly stated.
- For member roles to be clarified where members are representing more than one role on the Board.
- Consideration to the membership of the Board and how it correlates with the aims and responsibilities, e.g.
 - How to obtain a citizen focus, e.g. a role of Healthwatch or champion on the Board
 - Consideration to be given to clinical engagement and voting (ensuring a visible presence from primary care, and clinical representation from secondary care. and GPs as providers).
 - Clarity of NHSE/I role as a commissioner or a regulator or both. WS suggested that the Board awaits the publication of the long-term plan which may be helpful in this regard.
- That the Board will have no power to make decisions, but will instead frame recommendations and approaches for agreement by the statutory organisations in line with their statutory duties. Further consideration to be given to voting rights, limits of authority and principles.
- To remove the City Council from the quoracy arrangements as they have suspended their membership.

TT asked that ICP infrastructure proposals be developed in conjunction with arrangements to support the ICS in order to give consideration to representation across all levels. It is proposed that there will be significant clinical engagement at ICP level which may address colleagues concerns on ICS Board membership.

Governance Group has been established to develop an approach to risk management and a Board Assurance Framework. AS suggested that the group be used to give further consideration to underpinning governance.

AM asked that consideration be given to two elected members representing the County Council due to its size and complexity to better represent the views of the council. However the County Council would retain one vote as per the current proposal. EM supported and the Board agreed.

RS suggested that in the future, membership is regularly reviewed with a view to moving towards sector representation as part of a mature system.



Time out proposed for the Board in the New Year with Michelle Livingston to work on principles for working together.

ACTIONS:

WS to develop the Draft TOR in-line with the discussion.

JC to put arrangements in place for meetings to be held in public from April 2019.

AM to identify a second elected member from Nottinghamshire County Council to join the ICS Board.

7. Proposed Future meeting arrangements

DP presented the circulated paper on future meeting arrangements. All to complete the questionnaire in Annex 1 and provide responses to JC.

The Board confirmed that the proposed arrangements for the meetings January-March 2019 are satisfactory.

ACTIONS:

JC to coordinate responses from the ICS Board to set up public meetings from April 2019.

8. ICS Executive Team requirements

Following a request at the *Establishing the ICS Board* meeting on 16 November WS presented draft proposals outlining the ICS Executive Team requirements. WS highlighted that it had proven difficult to complete this piece of work in isolation from understanding the capacity and capability requirements of the ICSs and PCNs.

The proposed structure has been jointly developed with AS with some posts pragmatically working as integrated posts across both the ICS and CCG, following the principle agreed earlier in 2018 for the Director of Communications post. WS highlighted that she had taken a conservative approach compared to other ICS accelerators infrastructure. However some additional roles have been identified to meet priorities within the system where there is insufficient capacity e.g. workforce, public health and medical/clinical leadership.

WS highlighted that there are views from clinicians within the Nottinghamshire system that open and transparent processes are needed to the appointment of clinical leadership posts. This was agreed by the board. It is intended that where possible these roles will provide opportunities for colleagues within the system to express an interest in any roles created, and appropriate back fill within organisations would be provided.



AS advised that as part of bringing CCGs together, a process is underway to realign the management structure. A consultation process is underway.

JM asked that capacity at ICS and ICP level be developed together and suggested a pragmatic approach to put in capacity that is needed immediately and refine later on.

WS clarified that ICS roles will be supporting the work of the whole system and in particular ICPs.

RM suggested that principles be developed to provide guidance. Principles to include:

- How organisations can support and release people and / or funding to support roles to develop the ICS and ICPs.
- An understanding of the resources that we've already got within the system.
- Where identifying those with existing roles makes best use of public money,
- Capacity.
- Capability.
- Influence.
- Consistency in banding of posts.

TT, RM, WS and AS to discuss and develop the structures at ICS and ICP level to ensure that duplication is avoided, and develop a set of principles for system posts. Proposal to be brought to a future meeting.

ACTIONS:

TT, RM, WS and AS to discuss and develop the structures at ICS and ICP level to ensure that duplication is avoided, and develop a set of principles for system posts. Proposal to be brought to a future meeting.

9. Draft Terms of Reference for the Partnership Forum

WS presented the circulated draft TOR for the ICS Partnership Forum which have been developed following the future system review with input from the Advisory Group and key stakeholders. As part of the work to develop the future system, it was agreed that a Partnership Forum would be formed and direction is needed from the Board on next steps.

Board members expressed concerns about the level of engagement and discussion that could meaningfully take place within such a large group. It was also considered that the array of potential conflicting views would be unmanageable. A disconnect between the aims and membership of the group was noted. AS suggested that a similar format to Adult Safeguarding Board quarterly workshops be adopted as a tested and successful model. Fewer meetings were considered to be preferential e.g. workshops to engage on particular topics to gain insight.

Board members wanted to remain separate from the Partnership Forum to ensure that the Forum is independent.



Concerns were expressed about papers for the Board and Partnership Forum being the same.

Consideration to be given to utilising constituent organisation existing engagement forums as a shadow arrangement and to ensure that existing scrutiny arrangements are used.

The ICS Board collectively agreed with this amended approach. The Draft Terms of Reference should now be developed in line with the discussion at the Board and be approved at a future meeting.

ACTIONS:

WS to develop the draft Terms of Reference in line with the discussion at the Board to be approved at a future meeting.

Outcomes Framework, Prevention and Inequalities

10. Delivery of the ICS MOU prevention priority – alcohol

Alison Challenger attended the meeting for this item to present the circulated report on the ICS MOU prevention priority of alcohol.

DP welcomed the report and thanked Alison for attending the meeting and opened the item for discussion. Alison to give consideration to the issues raised by the Board:

- Savings identified to be reviewed. Baseline of 12/13 data would be inaccurate due to the substantial changes in urgent care pathways that have been made during this time period. Clarity needed on whether approaches are genuine savings or cost avoidance.
- That the proposals cover the whole ICS footprint as issues at SFH are similar. The Board welcomed the pragmatic approach to beginning in ED, but asked that community facing approaches in the plan are also progressed to avoid ED attendances / admissions.
- Consideration needs to be given to viewing cohorts in the round e.g. use of street drugs.
- To consider learning from other places.
- Consideration be given to sustainability. JA made a plea that work is put together with work to support High Volume Service Users to take a more sustainable approach across the system.

Alison advised that the Alcohol Pathways Group has put in place actions to address the measurement and communication of alcohol admissions. Alison recommended that all options in the report are adopted across the system.



The Board recommended that the ICPs take the recommendations of the report forward. Proposals to be developed in light of Board discussion should be taken forward through conversations with commissioners and providers. Revised proposals should include information on measures and clarity on financial return (cash releasing or cost avoidance).

ACTIONS:

Alison Challenger to develop the proposals in the ICS MOU prevention priority report in-line with the discussion at the Board.

TT, RM, AS and JA to discuss next steps on the proposals in the ICS MOU prevention priority report.

Strategy and System Planning

11. NHS Long Term Plan

WS advised that the long term plan has not yet been published. This item was deferred.

12. 2019/20 Planning

HP presented the circulated paper on planning for 2019/20. The paper provides an update for the ICS Board on progress for developing 19/20 operational plan, particularly readiness for initial submission on 14 January. Planning Guidance is yet to be published.

The system planning approach has been developed by ICS Planning Group, with representatives from all organisations and agreed at 19 October STP Leadership Board. Key focus being that there is a move away from simply adding up plans towards a fully bottom up system plan (ICP/ICS), which is fully joined up and transparent. The paper outlines expectations in relation to system collective responsibility for managing financial and operational performance.

An initial submission is required on 14 January 2019:

Activity plans

- Organisational activity plans (net position with waterfall explaining movements from forecast outturn)
- Triangulation and alignment
- Phasing of activity across the year
- It is expected that the approach will be the same as 18/19, there will be a national growth calculation and systems will be required to make a case to vary from this calculation.

STP/ICS stocktake brief narrative

- System planning approach



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- STP/ICS Risk assessment of plans

Workplan and meetings in place to deliver this.

Full operational plan guidance still expected before Christmas before the long term plan is published to enable the development of the 19/20 operational plan (year one of five year strategy).

Based on initial work it is anticipated that there is a financial do nothing gap of 6-7% across NHS partners (including triangulation) subject to more detailed guidance being published, including CCG allocations, control totals, tariff and provider sustainability funding.

During meetings in November an issue was raised (Finance Group and Planning Group) that initial discussions were not in-line with the agreed system planning approach and were not going far enough to address the significant financial and operational challenges facing the system. Following the discussions it was agreed that a joint meeting of ICS Finance Group and Performance Oversight Group would be held to discuss the issue and review approaches in other ICS'. Meeting was held on 11 December with good representation and discussion. Consensus of the group was that old style QIPP/CIP conversations need to stop – there needs to be one system plan at an ICP level which all partners owned to deliver the required reduction in cost (ICP transformation plan). This is consistent with other ICS' e.g. Frimley.

It is important that the ICP transformation plan is clinically led and granular and that programme leads are supported to implement service changes. The delivery of all organisations needs to be tied in to the delivery of the ICP transformation plan holding each other to account.

Workshop with the Finance Group and Performance Oversight Group supported by national team taking place 7th January to take this forward which will include how a Control Total approach and payment/contracting mechanisms are used to enable and support this to happen. There are also meetings in early January to further consider the approach to the five year strategy.

WS confirmed that the Finance Group, Performance Group and Planning Group have representation from all NHS statutory organisations. WS urged Board members to seek feedback from their representatives on those groups, and asked HP to invite the Board to participate in discussions as needed.

RM welcomed the work and importance of single system plan at both ICS and ICP level and requested that finance leads be identified at ICP level. WS suggested that this is discussed as part of capacity conversation.

TT asked that NUH representation include Alison Wynne and urged that a pragmatic approach is taken across the system with a view to long term plan in making the submission rather than a short term view.



AS agreed with the principle, but asked for a clear and transparent narrative on the worsening financial position and what actions are in place to take money out of the system, and sharing risk across the system. WS agreed and confirmed that activity assumptions cannot be set that are not realistic. Leads of statutory organisations need to acknowledge that the financial sustainability work led by the MD/CEOs and Finance Directors has not delivered the required recovery at pace in 18/19.

RM suggested a focus on activity as high levels of activity are driving positions and progress on CIP and QIPP to learn what needs to continue and what needs to be done differently next year. It is vital that there are robust and realistic ICP plans that take cost out of the system.

WS acknowledged that the approaches of the two regulators have influenced behaviours with organisations being held individually to account, rather than supporting and facilitating a system approach. The impact of this has been raised with the NHSE/I.

The Board noted the progress to date, next steps and timeline for the development of the five year system plan.

ACTIONS:

HP to provide an update on planning and draft plan at the 18 January Board meeting.

RM, TT, AS and WS to discuss ICS and IPC capacity, including ICP finance leads to support system planning.

HP to invite Alison Wynne to join the Planning Group.

13. Programme plan to deliver future system architecture

WS presented the circulated paper on the future system developed by the Architecture Group, which includes representation from statutory organisations.

WS asked the Board to confirm the leads and SROs for the workstreams.

JM expressed that measures of how well the new system works would be welcome to determine the effectiveness of the arrangements. JM asked that work take place to define. DP suggested that determining what success looks like be considered during the time out session.

ACTIONS:

All to confirm leads and SROs for system architecture workstreams by 31 December 2018.

WS to incorporate determining what success looks like into the Board time out session in early 2019.



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Nottingham
City Council



Nottinghamshire
County Council





Oversight of System Resources and Performance Issues (including MoU)

14. ICS Integrated Performance Report

WS presented the circulated integrated performance report. Key areas of concern are highlighted in the report summary and remain urgent and emergency care, mental health and finance.

National Director for mental health facilitating a workshop on 15 January to support the Nottinghamshire system to identify and address issues.

HP advised that there is an increasingly challenging financial position in relation to the NHS and social care. The format of the reports has been revised to make the pre- and post PSF position clearer.

The reports do not include Nottingham City Council – discussions are ongoing to incorporate information in to future reports.

Challenging financial position with pressures across the whole system. At month 7 there is a year-to-date deficit of £63 million which is £24.9 million worse than plan:

- £20.1 million – provider pressures (activity/demand, staffing pressures)
- £1.8 million – commissioner pressures (non delivery of QIPP/activity)
- £3.0 million – continuing pressures in Nottinghamshire County Council, particularly in childrens services

£24.9m split across ICPs (on current apportionment basis) - £4.3m Mid Nottinghamshire ICP and £20.6m Greater Nottingham ICP.

There continues to be significant risks to delivery of the year end position and work is underway in individual organisations and across the system to mitigate risks and strengthen recovery actions.

The Financial Sustainability Group continues to meet monthly to review latest financial position and identify system wide actions. Next meeting on 17 December. Key actions being progressed are:

- Focus on control and grip e.g. rigorous referral management, consultant to consultant referral review
- Specifics around managing winter pressure risks e.g. utilisation of community beds, role of care co-ordinators
- Actions which require system intervention e.g. prescribing, estates

At the November meeting there was a detailed discussion about the scale of the challenge and what further needs to be done. An independent piece of work has been commissioned to test and provide assurance on recovery actions, understand drivers of deficit and identify other options/recovery actions both short and long-term. The board will be updated on this work at the next meeting.



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The other area to make the board aware of is triangulation. This is a national exercise at quarter 2 and the national deadline is 20th December. Draft submission to region in November identified an initial forecast triangulation gap of £13.7 million (50/50 across ICPs), which is mainly QIPP/activity assumptions. There has been an initial meeting with regulators and there will be further discussions next week. Triangulation raised with Finance Directors this week will be discussed at Financial Sustainability meeting on Monday.

DP advised that the next ICS stocktake meeting is on 16 January, which will include system performance and finance issues.

SJ asked that the system is clear and transparent about what is happening this year to build 19/20 plan on realistic basis.

The Board noted the contents of the report.

15. Any other business

DP advised that there is a meeting on 17 December with the City Council Chief Executive and Leader to discuss ICS and areas of concern. To seek clarity on what they will be participating in and not, and communications that would be useful.

Next ICS Stocktake to take place on 16 January.

WS urged Board members to raise items for the agenda and forward workplan. TB requested that items for areas of performance where the system is an outlier are included in the workplan.

Arrangements to be put in place to publish the minutes of the Shadow ICS Board on-line.

ACTIONS:

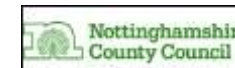
JC to incorporate items raised into the Board workplan.

JC to put arrangements in place to publish the minutes of the Shadow ICS Board on-line.

Time and place of next meeting:

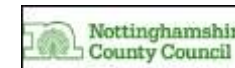
Friday 18 January, 9-12.30pm

Rufford Suite, County Hall



ICS Board membership

Role	John Brewin	Dean Fathers	Richard Mitchell	John Macdonald	Tracy Taylor	Eric Morton	Amanda Sullivan	Richard Henderson	Anthony May	Stuart Wallace	Wendy Saviour	David Pearson	Jon Towler	Not represented at this meeting
ICS Chair												X		
Chief Executive Nottinghamshire Healthcare NHS FT	X													
Chair or nominee Nottinghamshire Healthcare NHS FT		X												
Chief Executive Sherwood Forest NHS FT			X											
Chair or nominee Sherwood Forest NHS FT				X										
Chief executive Nottingham University Hospitals NHS Trust					X									
Chair or nominee Nottingham University Hospitals NHS Trust						X								
Chief/Accountable Officer, CCGs							X							
CCG Chair													X	
EMAS Chief Executive								X						
Nottinghamshire County Council CEO or nominee									X					
Nottingham City Council CEO or nominee														X
Nottinghamshire County Council elected member										X				
Nottingham City Council elected member														X
NHSE/I representative											X			



In attendance:

	Wendy Saviour	Helen Pledger	Lewis Etoria	Richard Mitchell	Tracy Taylor	Nicole Atkinson	Richard Stratton	Thilan Bartholomeuz	Gavin Lunn	Not represented at this meeting
ICS Managing Director	X									
The ICP lead from Greater Nottingham ICP					X					
The ICP lead from Mid Nottinghamshire ICP				X						
Two clinical leads from Greater Nottingham ICP with one to represent primary care providers						X	X			
Two clinical leads from Mid Nottinghamshire ICP with one to represent primary care providers								X	X	
ICS Officer - finance director lead		X								
ICS Officer - Clinical director										X
ICS Officer - Nursing/Quality director										X
ICS Officer – Public Health Director										X
ICS Officer - Director of Communications and Engagement			X							