



The Nottingham and Nottinghamshire
Integrated Care System



Item 3. Enc. A1

Shadow Integrated Care System Board

18 January 2019

09:00 – 12:30

Rufford Suite, County Hall

MINUTES

Present:

NAME	ORGANISATION
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Andy Haynes on behalf of Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Anthony May	Chief Executive, Nottinghamshire County Council
David Pearson	ICS Chair
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John Doddy	Councillor and Chair of the Nottinghamshire Health and Wellbeing Board, Nottinghamshire County Council
John MacDonald	Chair, Sherwood Forest Hospitals NHS Trust
Jon Towler	Lay Member, Mid Nottinghamshire CCGs
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	DCO and Managing Director, Nottinghamshire ICS

In Attendance:

Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Andrew Fern	Director of ICT Nottingham University Hospitals
Helen Pledger	ICS Finance Director, Nottinghamshire ICS
Hugh Porter	Clinical Lead from Greater Nottingham, Clinical Lead and Chair, Nottingham City CCG
Joanna Cooper	Assistant Director, Nottinghamshire ICS
Richard Stratton	Clinical Lead from Greater Nottingham
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG

Apologies:

Dean Fathers	Chair, Nottinghamshire Healthcare NHS Foundation Trust
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Clinical Chair, Mansfield and Ashfield CCG
Nicole Atkinson	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham West CCG



Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT

1. Welcome and introductions

Apologies received as noted above.

DP confirmed that Simon Stevens and Ian Dalton have confirmed DP’s appointment as ICS Chair from 1 March. DP to present slides used at ICS Chair interview to the Board at the March meeting to share vision as the ICS progresses.

ACTIONS:

DP to present slides used at ICS Chair interview to the Board at the March meeting to share vision as the ICS progresses.

2. Conflicts of Interest

None declared.

3. Minutes of ICS Board and action log

Minutes of ICS Board meeting on 14 December were agreed as an accurate record of the meeting by those present. The action log was noted.

WS updated that on 17 January an email was circulated to the ICS Board in relation to Board development sessions with Michelle Livingston taking place in early 2019. The overall objectives of the development sessions are to establish the principles of collective and distributed leadership, to create an understanding of how the Board will lead the system differently to deliver the ICS ambitions, to establish shared agendas and agree strategic alignment and how establish how the Board will reflect on their progress, and to adapt their ways of working as part of a continuing commitment to learning as the ICS develops. The first session is taking place on 11 February and Board members are to prioritise in diaries as far as is possible.

4. Patient Story

AB presented the circulated patient story. For future meetings, it is proposed that the patient/service user or service manager attends the meeting, as appropriate, to present the story and discuss the issues raised with the Board.

Key issues highlighted in the circulated story for the Board to consider:

- There is a clear distinction between the patient and organisations understanding of “long term” and Board members need to be mindful of this.
- What might seem to be peripheral issues like parking are important for patients.



- Seeing one clinician is key to consistency and enhancing experience. Board members to consider if there are other ways that progress can be unlocked across the system.

The Board welcomed the patient story and key topics that it identifies. For future meetings the Board asked that stories:

- Contextualise and link to agenda topics as far as is possible.
- That time is given to thinking about the purpose, learning points and conclusions.
- Provide accounts where an intervention has not worked to maximise the learning.

A process should also be put in place to provide feedback to the patient / service user and /or service manager.

Outcomes Framework, Prevention and Inequalities

None

Strategy and System Planning

6. Mental Health Strategy

AS presented the circulated paper following discussion and feedback at the STP Leadership Board meeting on 14 September. On 14 September the STP Leadership Board approved the following recommendations:

- *To approve further work on the all age mental health and social care strategy specifically that the work stream summarises clearly and succinctly the strategic intentions, that it refers to the ICS being one of 12 accelerated sites, and that it clearly sets out the improved outcomes we are seeking to deliver.*
- *Proposed delivery plans to be developed by November to determine priorities and timelines for in respect of the pillars and ensure that actions are taken into consideration for the 19/20 planning round. It was agreed that The Planning Group need to be sighted on delivery plans to ensure that plans are considered in the context of the system plan.*

The governance structure to support delivery has been established. Further work is being undertaken to develop a full strategy document.

Key actions and resource requirements to implement the strategy are identified in the report. Whilst delivery plans are being developed, the resource issue is significant and has impacted on progress.

WS welcomed the paper presented and confirmed that it goes some way to addressing the concerns of the STP Leadership Board. The STP Leadership Board



did not agree the strategy at its previous meeting with further detail being needed on what the strategy will address highlighting the key priorities for Nottingham and Nottinghamshire for mental health.

JD advised that the Nottinghamshire Health and Wellbeing Board will be considering a paper on mental health and asked that Roz Howie attends the meeting to support the discussion. AS to confirm that the same people are involved in the Health and Wellbeing Board Strategy and ICS strategy.

JT asked that further consideration is given to where delivery of the strategy takes place i.e. ICS, ICPs and PCNs. Further assurance is needed on risk and measures of progress.

JM and AM asked that consideration be given to a single mental health strategy for Nottinghamshire with clarity on where the control and accountability at a strategic level sits. AM asked that quick wins to identified and progressed, e.g. improving access to specialist services.

JB asked for a focus on primary and community care and enabling mechanisms to improve access and appropriate interventions within the strategy. JB and AS to collaborate on developing the strategy.

AS to present a further iteration of the strategy developing on the agreed strategic pillars to a future meeting for final signoff. AS, WS and JB to discuss short term resources to accelerate progress on this – to update at the February Board meeting.

The Board asked for broad parameters to be established to resource system priorities at ICS, ICPs and PCNs. Item to be scheduled for discussion at the 15 March meeting. RS reminded the Board that other work will need to cease or flex to support priorities.

ACTIONS:

AS to confirm that the same people are involved in the Health and Wellbeing Board Strategy and ICS strategy.

JB and AS to collaborate on developing the mental health strategy.

AS to present a further iteration of the strategy to a future meeting.

AS, WS and JB to discuss short term resources to update at the February Board meeting.

JC to add an item to the 15 March Board workplan on “Resource Requirements for System Priorities”.

7. Nottinghamshire Digital Collaborative Proposal

Andrew Fearn, Jaki Taylor and Kathy Fulloway attended the meeting to present progress on establishing a Nottinghamshire Digital Collaborative highlighting the benefits of collaborative working for the system.



The Nottingham and Nottinghamshire
Integrated Care System



The paper asks that approval is given to establishing a pilot collaborative from 1 April to demonstrate the practical deliverables prior to forming a formal collaboration.

AF confirmed that the proposal is within current procurement and competition requirements.

The Board agreed the following recommendations:

- Establish the Nottinghamshire Digital Health Collaborative in pilot form from April 2019 with an agreed contribution from each of the 3 partners (yet to be determined).
- From work already completed, identify a specific Return on Investment for each of the participating Organisations within the 2019/2020 financial year.
- Establish the governance arrangements and the legal basis for the Collaborative; ensuring a detailed plan of work is agreed by all concerned (with reference to other linked programmes across the ICS footprint.)
- By the end of the 2019/2020 financial year, have the appropriate FBCs in place to move from pilot to full a Consortium arrangement.
- To gain collective focus on the way in which we present and request information and data to and from patients and services users, and staff.

8. 2019/20 System Planning

HP provided an overview of the circulated 2019/24 System Plan paper. Changes to the system planning approach discussed at the December ICS Board are identified in red in appendix 1 of the report.

HP presented an overview of the system planning process and presented key headlines from the NHS Operational Planning and Contracting Guidance 2019/20 and CCG Allocations which were published ahead of the Board meeting.

There are a number of key elements included in the guidance:

- System Planning
- Financial Settlement – payment & tariff reform, provider financial framework, commissioner financial framework and standard contract
- Operation performance requirements – trajectories required for 2019/20 and areas identified relating to long-term plan

Overall CCG allocations have increased by 5.7% nationally, this reflects the real terms growth identified in NHS England's five year revenue funding settlement (£20.5 billion by 2023/24, averaging 3.4% per year) and also includes a transfer of resources that have previously been paid directly to Providers e.g. provider sustainability funding that will be included in non-elective tariff.



Across all of elements of place based allocations (core CCG, primary care and specialised commissioning) Nottingham & Nottinghamshire ICS will receive a 6.0% uplift compared to the national average of 6.1%.

The system is working with the national team on payment and contracting mechanisms and is exploring aligned incentives contracts. Next submission on system operating plan is 19 February. Initial draft plan to be presented to the 15 February ICS Board meeting.

The Board noted the:

- Progress of the development of the 2019/20 Operational Plan (year one).
- Approach and indicative timeline for the development of five-year system plan 2019/24.
- Work is continuing to develop the system plan and address the issues raised in this report (through the ICS Planning Group, ICS Finance Directors Group and ICS Performance Oversight Group). Further update will be provided at the ICS Board meeting.
- Detailed planning guidance, CCG allocations and control totals are expected early January. When received, the approach to the development of the 2019/20 Operational Plan will be reviewed and the ICS Board updated accordingly.

AM advised that Melanie Brooks is now in post as Corporate Director of Adult Social Care and Health, Nottinghamshire County Council. WS to discuss how Melanie can facilitate Local Authority support to system planning for the long and short-term, including Public Health.

HPI to recirculate the planning timetable to the Board to confirm the agreed governance arrangements and responsibilities of individual statutory organisations.

ACTIONS:

WS to discuss with Melanie how Local Authority support to system planning for the long and short-term can be facilitated, including Public Health.

HPI to recirculate the planning timetable to the Board to confirm the agreed governance arrangements and responsibilities of individual statutory organisations.

9. Nottingham City Council and the ICS

DP circulated an updated version of the paper on the ICS relationship with Nottingham City Council. Positive and constructive conversations have taken place between DP, WS and City Council representatives since the original paper was circulated to the Board.

Board was invited to comment on the issues described in the report. City Council have requested that a follow up letter is written to state the position of the ICS Board as



soon as possible to facilitate discussions at key meetings in the City Council in March 2019.

Key points raised by the Board include:

- Recognition of the value of City Council retaining membership status within the ICS and strong agreement that this is the preferred position in order to make system decisions.
- Appreciation that the ICS could continue without the City Council, but that this would be suboptimal and additional processes would need to be put in place to facilitate bi-lateral conversations.
- The geography and number of ICPs needs to be considered as part of the independent review which was due to report w/c 21 January.
- A compromise agreement would need to be reached on the local public service delivery proposal in order to meet procurement requirements for NHS services.
- Clarity on the role and responsibilities of the ICPs, and ICS Board and its relationship with Health and Wellbeing Boards needs to be provided to the City Council to confirm that statutory responsibilities have not been ceded. WS reminded the Board of the findings of the Deloitte review which defines the proposed roles and purpose of the different aspects of the system.

ACTIONS:

WS and AB to send a response to Nottingham City Council following the conclusion of further discussions w/c 21 January.

10. Review of ICS digital presence

AB presented the circulated paper to update on the proposed digital presence for the ICS and capture any additional requirements. The proposal is to streamline the number of websites and social media channels currently being supported for the STP and CCGs. A procurement exercise is underway to support this work and also the redevelopment of the ICS brand.

The Board noted the content of the report.

11. NHS Long Term Plan

AB gave an overview of the NHS Long Term Plan published 7 January 2019. The plan was developed with significant national stakeholder engagement.

Workforce Plan and Social Care Green Paper are to be published later in 2019 to complement the Long Term Plan.

All 44 STPs in England will become an ICS by April 2021. The Long Term Plan outlines new expectations for ICSs including the formation of a Partnership Board and



The Nottingham and Nottinghamshire
Integrated Care System



more significant relationships with Local Authorities. Typically the expectation is that there will be a single CCG per ICS.

By Autumn 2019 a Nottingham and Nottinghamshire response to the Long Term Plan will be published.

There is an expectation from the centre that there will be wide spread engagement to gain insight from citizens, patients and staff. Plans are being developed and AB will present an overview at a future meeting. Work will be taking place with Healthwatch and Age UK to support this engagement. System narrative will be used to launch this engagement.

Whilst guidance for the 5 year plan is yet to be published, planning for 2019/20 and 2020/21 is being aligned to form the first two years of the plan.

ACTIONS:

AB to present an overview on engagement on the Long Term Plan at a future meeting.

JC to circulate the Long Term Plan presentation with the minutes of the meeting.

Oversight of System Resources and Performance Issues (including MoU)

12. 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 transformation delivery and finance.

Urgent care actions are underway in additional WS, TT, AS and JB have twice weekly calls with Dale Bywater, and daily calls across the system to discuss NUH position. A number of complex issues are driving performance in relation to capacity and demand.

Mental health executive oversight group established to oversee recovery plans. National Director for mental health facilitated a workshop on 15 January to support the Nottinghamshire system to identify and address issues, showcasing examples of good practice from other areas.

Good progress being made on transforming care and access to children's wheelchairs. Targets are being met for RTT and Nottingham and Nottinghamshire are performing well compared to other areas.

TT asked that the Board give consideration to more focussed discussion on key priorities and actions underway, including areas that pose significant challenges. System priorities should be used to drive discussion and enable broader conversation. The Board agreed that this approach should be adopted in future meetings.



The Nottingham and Nottinghamshire
Integrated Care System



HPI highlighted a continuing challenging financial position at Month 8. Actions continue to be implemented at organisational and system level. In relation to the independent review underway, this is reaching conclusion and report is expected next week. Regulators have continued to have discussions at an organisational level over the last few weeks.

Discussions underway in relation to Month 9 position through the Finance Directors Group. NHS partners are reporting an improving run rate position with anticipated £7m improvement in the year-to-date deficit position.

At Month 9 CCGs, Sherwood Forest and Nottinghamshire Healthcare continue to forecast delivery of the organisation control totals. NUH have reported that the control total will not be met and will be £18.9 million off plan (pre provider sustainability), this is an improving position on the forecast movement previously discussed with the regulators. Conversations with regulators are taking place on how the system plan is developed to deliver financial sustainability.

13. Partnership Forum Terms of Reference

WS presented a revised paper on the ICS Partnership Forum to address points raised during the discussion at the 14 December meeting. Further engagement has taken place with key stakeholders and the Advisory Group. The Advisory Group raised concerns about connectedness to the ICS Board and retaining a scrutiny function within the Partnership Forum.

The Board approved the revised Terms of Reference. Group to be convened to meet from February. The Board noted the concerns raised by the Advisory Group and asked that this be kept under review as the new Partnership Forum established itself.

14. Any other business

ICS stocktake meeting took place on 16 January. Feedback letter will be circulated to the Board. Further consideration to be given TT point on focus on system priorities.

**Time and place of next meeting:
Friday 15 February, 2019
Rufford Suite, County Hall**



ICS Board membership

Role	John Brewin	Andy Haynes	John Macdonald	Tracy Taylor	Eric Morton	Amanda Sullivan	Anthony May	Stuart Wallace	Wendy Saviour	David Pearson	Jon Towler	John Doddy	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						
Nottinghamshire County Council elected member								X				X	
NHSE/I representative									X				



The Nottingham and Nottinghamshire
Integrated Care System



Nottingham
City Council



Nottinghamshire
County Council





In attendance:

	Wendy Saviour	Helen Pledger	Alex Ball	Richard Mitchell	Tracy Taylor	Hugh Porter	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							



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