



The Nottingham and Nottinghamshire
Integrated Care System



Shadow Integrated Care System Board

15 February 2019

09:00 – 12:30

Rufford Suite, County Hall

RATIFIED MINUTES

Present:

NAME	ORGANISATION
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Anthony May	Chief Executive, Nottinghamshire County Council
Dean Fathers	Chair, Nottinghamshire Healthcare NHS Foundation Trust
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 - Chair	CCG Lay Representative to the ICS Board
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
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
Deborah Jaines – item 8	Deputy Managing Director, Nottinghamshire ICS
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Clinical Chair, Mansfield and Ashfield CCG
Helen Pledger	ICS Finance Director, Nottinghamshire ICS
Hugh Porter	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham City CCG
Ian Curryer – items 1-5	Chief Executive, Nottingham City Council
Joanna Cooper	Assistant Director, Nottinghamshire ICS
Natasha Wrzesinski – items 1-4	IPC LAC CAMHS Project Manager
Richard Stratton	Clinical Lead from Greater Nottingham
Roz Howie – items 1-4	ICS Associate Managing Director
Tom Diamond – item 8	ICS Director of Strategy

Apologies:

Andy Haynes	ICS Clinical Director, Nottinghamshire ICS
David Pearson	ICS Chair



Nicole Atkinson	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham West CCG
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Sam Webster – item 5	Councillor, Nottingham City Council
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG

1. Welcome and introductions

JT welcomed colleagues to the meeting.

Apologies received as noted above.

2. Conflicts of Interest

None declared.

3. Minutes of 18 January ICS Board meeting and action log

Minutes of ICS Board meeting on 18 January were agreed as an accurate record of the meeting by those present. The action log was noted and the following updates noted:

- B113 – AS and JB have discussed resources for the mental health strategy. Proposals to be developed and presented to the ICS Board at a future meeting.
- B111 – WS and AB to ensure that what success looks like is incorporated in a Board development session.
- B115 – WS meeting with Melanie Brooks on 18 February.

4. Patient Story: Briefing from personalised care

RH and NW attended the meeting to provide an overview of the Nottingham and Nottinghamshire Personalised Care Pilot - Looked After Children and Care Leavers with Mental Health Needs (“You Know Your Mind” Project) which commenced in April 2018.

There has been good uptake of the pilot with a high number of referrals. Evidence of reductions in reliance on mainstream services is starting to materialise. A national evaluation is due to report end of March 2019. RH and NW welcomed advice from the Board on the financial sustainability of the scheme. There is potential for further funding from NHS England as transition funding for the scheme, however, this is yet to be confirmed.

Consideration to be given to sustainability of this approach through ICS, ICP and PCN development. AS proposed that a short term solution is put in place for next financial year, and that the Board establish a more sustainable approach going forward. AS and WS to provide an update at the 13 June 2019 meeting on what lessons have



been learnt from the project and how sustainability can be addressed longer term linked to the wider use of PHBs.

JM asked that the pace and scale of pilots and their adoption be given further consideration by the ICS Board.

TT, JB and RM committed that providers would contribute £50,000 each to support the project during the transition phase.

ACTIONS:

JB to discuss the You Know Your Mind Project with RH and NW.

AS and WS to provide an update at the 13 June 2019 meeting on what lessons have been learnt from the You Know Your Mind Project and how sustainability can be addressed longer term linked to the wider use of PHBs.

5. Receive options appraisal and confirm the number of ICPs in Nottingham and Nottinghamshire

JT clarified that the City Council membership remains suspended. The City Council are represented at this meeting by IC to participate in the discussion only.

WS presented the circulated papers on the independent review of ICPs in Greater Nottingham undertaken by PWC. This piece of work was commissioned following the decision in November 2018 not to progress with the development of LICPs. WS highlighted to the board however that following conversations during the preceding week it seemed unlikely that a consensus would be reached. As a result WS tabled a revised recommendation to commission further work to address the concerns that had been expressed by NUH.

The PWC review included a comprehensive review of the emerging evidence base alongside interviews with system leaders. WS confirmed that there is no defined evidence base for how ICPs should be configured and no national model with some ICS sites following Local Authority boundaries, and others based on acute flow depending on the needs of the population and identification with place. It was highlighted that The NHS Long Term Plan has clear definitions of system, place and neighbourhood and population levels for each. It was also noted the LTP and GP contract provides some further clarity on the roles and responsibilities of PCNs within the system.

The Board discussed the findings of the review and considered whether a further piece of work be undertaken to include all possible ICP configuration options in the context of the Nottingham and Nottinghamshire ICS. The following contributions were noted:

- IC highlighted that a City ICP would support placed based working. One ICP for Greater Nottingham would have implications on City Council membership to the ICS.



- EM and TT raised concerns from NUH about the unclear rationale for moving from two to three ICPs and governance supporting this decision making. NUH support a further piece of work to consider all ICP configurations within the ICS with a clear framework on defining criteria for ICPs and priorities for the ICS i.e. Local Authority boundaries or acute flows as determining factors.
- JM and RM raised concerns about delays to progress that a further piece of work would have on the establishment of ICPs before the end of the financial year. A delay would have implications on all partners, influence and impact.
- AM clarified position of the County Council including a preference that the City Council are part of the ICS. AM highlighted the challenges of contributing to multiple ICPs for all partners working across the county. Two ICPs within Nottinghamshire ICS with a City ICP is acceptable based on the national principles of Place. If a further review should take place, then this should be concluded within City Council timescales to support them to retain membership of the ICS. JD highlighted that the elected member view is that consistency is needed in delivery of services with a need to ensure ICPs are having horizontal and vertical conversations. Need to ensure that there is consistency in outcomes and no unwarranted variation under the guidance of the Health and Wellbeing Board.
- DF and JB asked that the system maintains focus on the needs of citizens. Pragmatic solution that brings all parties to the table is the preferred option.
- AS highlighted the importance of not progressing with the LICP level which focussed on local geographies and raised concerns that further work would not add value.
- RS and HP advised that further work would not be supported by general practice in Greater Nottingham. City colleagues prefer a City ICP to support the coordination of PCNs. Concerns raised about delays in reconfiguration and the impact on places working together. Concerns that a further review may reach the same conclusions based on the evidence base.
- GL raised concerns around completing further work as there is no further evidence to draw upon. GL promoted a focus on a pragmatic solution based on place.

JT summarised that the biggest concern of Board members is pace. If another piece of work is undertaken, there are high levels of scepticism that a different conclusion would be reached as this is a decision about judgement and demonstrating system leadership.

A short break was held to enable groups to discuss their positions and two votes were to be held – one to consider whether or not to commission further work to explore options, and if that was not agreed then on the substantive issues of the number of ICPs for the ICS.

ICS Board agreed through a vote that no further work should take place on the review of ICPs and that a decision would be reached at this meeting.



ICS Board agreed through a vote that the preferred number of ICPs in the Nottinghamshire ICS is three. The County Council agreed the recommendation with an addendum that a further piece of work be completed to explore how consistency will be maintained across ICPs. Nottingham University Hospitals Trust voted against the proposal to move to three ICPs.

ICS Board agreed that each statutory body consider this decision through their usual board / committee meeting arrangements to confirm what approach they will be taking in relation to the decision and provide a verbal update at the 15 March meeting. A paper is to be prepared for statutory bodies.

ICS Board agreed that this decision be reviewed in 12 months time to support good governance and to provide assurance that ICPs are working in line with principles and guidelines.

ICS Board agreed the proposed principles for ICPs to work within and that a workshop be facilitated to ensure common understanding of what these principles mean in theory and practice. By the end of March, a consistent set of principles, objectives and behaviours for the operation of the ICPs within the ICS context will be formulated.

WS and AB to share draft response to the City Council letter with the ICS Board for review.

JC to send IC a copy of the draft minutes for this item once the minutes are circulated to the Board.

ACTIONS:

WS to circulate a paper for consideration by statutory bodies on the decision of the ICS Board that the preferred number of ICPs in Nottinghamshire is three.

Statutory Bodies to provide a verbal update to the 15 March meeting on discussions at board / committee on what approach will be taken in relation to the decision on the establishment of three ICPs in Nottinghamshire.

WS to lead on the development of a consistent set of principles, objectives and behaviours for the operation of the ICPs by the 31 March.

WS and AB to share draft response to the City Council letter with the ICS Board for review.

JC to send IC a copy of the draft minutes for this item once the minutes are circulated to the Board.

Strategy and System Planning

6. Received the draft 2019/20 operational plan and overview

HPI presented the circulated papers on the 2019/20 operational plan progress update, latest system operational plan information considered at 6th February planning group and system control total letter.



Further information now available on planning guidance, allocations and organisation and system control letters. ICS financial framework and guidance on five-year plan still being developed. WS to join national Finance Working Group to support the development of the ICS Financial Framework, which is expected by end of February.

The system is facing a very challenging position with continued pressures in finance and across operational performance e.g. urgent care and mental health. On the 19th February the ICS will submit the draft system operational plan, plan overview document, contract/planning alignment and assurance statements for the transformational areas. The draft system operational plan submitted is an aggregation of the organisational draft plans submitted on the 12th February.

Providers were required to indicate in the draft plan submission if they accepted the organisational control total. Nottinghamshire Healthcare and Sherwood Forest have accepted the organisation control total, Nottingham University Hospitals have not accepted the control total in the draft plan submission and continue to have discussions with NHSI.

HPI clarified that the system control total is allocated to the system based on an aggregation of organisational control totals. As the ICS Financial Framework has not yet been issued it is unclear what the approach of linking PSF to achievement of the system control total is for 2019/20. HPI to circulate a note to the Board on what the rules and unknowns are at this stage.

The Board noted:

- The receipt of the 2019/20 allocations and additional funding received for 2019/20.
- That the Nottingham & Nottinghamshire ICS System Control Total for 2019/20 is an in-year deficit of £67.7 million (before receipt of MRET, PSF or FRF) and receipt of the system control total letter.
- The progress update on the development of the 2019/20 Operational Plan and narrative overview (year one). Work is continuing to develop the operational 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.
- The progress update on the development of the 2019/24 five-year System Plan and that guidance on the 5-year plan will be issued in the spring.
- That the national ICS Financial Framework has not yet been issued, it is expected in February. This will outline the approach for PSF and the delivery of the system control total.

ACTIONS:

HPI to circulate a note to the Board on what the rules and unknowns are in relation to system control total and approach on PSF.



7. A framework and delivery approach for assessing existing ICS workstreams

DJ and TD attended the meeting to present the circulated report on the review of workstreams. DJ and TD highlighted the importance of setting the review in the context of the NHS Long Term Plan and the requirement for a system wide strategy, and emerging roles of ICS, ICP and PCNs.

The Board noted the outcomes of the workstream review and supported in principle the revised approach for a more comprehensive system strategy.

The Board asked for the following to be given further consideration:

- There is a need to consider the specific contributions that would be made by ICS, ICPs and PCNs.
- The principle that ICS will set the strategy, and ICPs and PCNs will develop aligned plans for delivery in response to this.
- The diagram on slide 11 of the presentation should demonstrate that ICPs are part of the ICS.
- Current workstreams are complex to staff and efforts should be made to eliminate duplication of effort.
- Consideration should be given to integrating and streamlining workstreams to maximise engagement of staff.
- Locus of delivery to be confirmed with a clear strategy set for workstreams to work through.
- Transformational change in complex organisations needs to be considered in the development of workstreams ensuring that we build on work already completed.

The ICS Board agreed that the three workstreams (urgent and emergency care, mental health, and finance, contracting and system efficiency) are initially tested and set out in more detail for future consideration by the Board.

This further work be completed to agree the role and remit of ICS, ICPs and PCNs based on the Deloitte work, and how each part of the system will contribute to the delivery of these priority workstreams for 2019.

TD and DJ to lead this work drawing in key people from this Board (and beyond) as necessary.

A progress report to the 15 March meeting to be provided.

ACTIONS:

TD and DJ to test and define the contributions of ICS, ICPs and PCNs to the three agreed workstreams and to provide a progress report to the 15 March meeting.

TD and DJ test the purpose and scope of the ICS strategy with Board members and to provide an update to the 15 March meeting.



8. Developing the ICS narrative

AB presented the circulated paper on the system narrative which has been coproduced with partners from across the system over the last few months.

The Board discussed and feedback as follows:

- JM asked that citizen vignettes be developed to support the engagement of citizens and demonstrate what changes the new system will bring for citizens.
- RM raised concerns about how easy to comprehend the system narrative is to the uninformed audience.
- TT suggested that citizens and patients are involved in the further development of the narrative for a public audience through organisational engagement groups to tailor the message to this audience.

AB confirmed that the next steps include the development of vignettes, videos etc. based on the core narrative to support wide engagement.

The Board noted and endorsed the system narrative developed for a public audience and with the understanding that further engagement is done. The Board agreed the deployment plan for the system narrative, advising on any other activity that will help develop awareness of the ICS and its objectives. AB to report back to the ICS Board at the 9 May meeting on short term learning and how the narrative or deployment plan need to be refined.

ACTIONS:

AB to provide an update at the 9 May meeting on short term learning and how the narrative or deployment plan need to be refined for the system narrative.

9. Receive engagement plan for the NHS Long Term Plan

AB presented the circulated paper on the engagement plan for the NHS Long Term Plan. The Board noted the report and endorsed the approach to system engagement with regular reports back to the Board.

JM asked that ICPs and PCNs also receive regular reports to ensure that any local variation in views is captured.

Oversight of System Resources and Performance Issues (including MoU)

10. ICS Integrated Performance Report

The Board noted the contents of the ICS 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.



The Nottingham and Nottinghamshire
Integrated Care System



Nottingham
City Council



Nottinghamshire
County Council



Governance

11. Future System Architecture Working Group: Approve Terms of Reference

WS presented the circulated paper on the Future System Architecture Working Group. The ICS Board endorsed the Terms of Reference for the Future Systems Architecture Working Group and the membership, and agreed to review in six months.

ACTIONS:

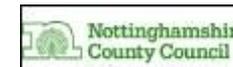
JC to add the Future System Architecture Working Group Terms of Reference to the Board workplan for the August meeting.

Time and place of next meeting:

Friday 15 March, 2019

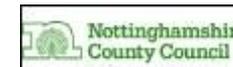
09:00 – 12:00

Rufford Suite, County Hall



ICS Board membership

Role	John Brewin	Dean Fathers	Richard Mitchell	John Macdonald	Tracy Taylor	Eric Morton	Amanda Sullivan	Anthony May	Stuart Wallace	Wendy Saviour	David Pearson	Jon Towler	John Dobby	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				



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							