The Nottingham and Nottinghamshire Integrated Care System

Item 3. Enc. B1

Shadow Integrated Care System Board

15 March 2019
09:00 – 12:30
Rufford Suite, County Hall

DRAFT MINUTES

Present:

ICS Board members	ORGANISATION
Anthony May	Chief Executive, Nottinghamshire County Council
David Pearson	ICS Chair
Dean Fathers	Chair, Nottinghamshire Healthcare NHS FT
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jon Towler	Lay Member, Nottinghamshire CCGs (ICS Vice Chair)
Lucy Dadge *on behalf of Amanda Sullivan*	Chief Commissioning Officer, Mid Nottinghamshire CCGs
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
Wendy Saviour	Managing Director, Nottinghamshire ICS

In Attendance:

Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Andy Haynes	Clinical Director, Nottinghamshire ICS
Helen Pledger	Finance Director, Nottinghamshire ICS
Jo Simmonds	Head of Governance and Assurance, Greater Nottingham CCGs (minutes)
Richard Stratton	Clinical Lead from Greater Nottingham GP, Belvoir Health Group
Stephen Shortt	Clinical Lead from Greater Nottingham Clinical Chair, NHS Rushcliffe CCG
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG

Apologies:

Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Clinical Chair, Mansfield and Ashfield CCG
John Doddy	Councillor and Chair of the Nottinghamshire Health and Well Being Board, Nottinghamshire County Council
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

1. Welcome and introductions

DP welcomed colleagues to the meeting and introductions were given.

Apologies received as noted above.

2. Conflicts of Interest

No conflicts of interest in relation to items on the agenda were declared.

3. Minutes of 15 February ICS Board meeting and action log

It was requested that page 5 of the minutes of the 15 February meeting be amended to state that Nottingham University Hospitals Trust voted against the proposal to move to three ICPs.

Subject to the above amendment being made, the minutes of the ICS Board meeting on 15 February were agreed as an accurate record of the meeting by those present.

The action log was noted and the following updates were provided:

- B108 – WS advised that a meeting to discuss this further was scheduled for the following week.
- B109 – DP advised that slides would be available at a future meeting.

<u>Matters arising - update from organisation boards/committees on ICP decision</u>

JB, RM and LD confirmed that their organisation's boards/governing body had supported the decision to have three ICPs. AM explained that agreement was secured in principle but formal approval is needed from the Adult Social Care and Public Health Committee meeting for Nottinghamshire County Council. EM advised that the Nottingham University Hospital Board meet on 28 March to consider the matter. Wendy Saviour (WS) stressed the importance of progressing this and requested confirmation of everyone's position by the end of March 2019.

ACTIONS:
AM to confirm in writing the position of Nottinghamshire County Council ahead of the meeting of the Adult Social Care and Public Health Committee.
EM / TT to confirm the position of Nottingham University Hospitals with regard to the move to three ICPs by 31 March 2019.

4. Patient story from Connected Nottinghamshire

Terry Locke (TL) and Andy Evans (AE) were welcomed to the meeting to present this item and the following points were highlighted:

- The purpose of the presentation was to explain how work to develop the Medical Interoperability Gateway (MIG) was enabling access to medical records across different systems.
- TL provided members with a brief overview of his own medical history, explaining how use of the MIG had saved valuable time during a pre-operation check; thus, saving valuable time for both clinicians and patients.
- There were numerous examples of where use of the MIG had made a positive impact and it was important that work continued to dispel any myths around information sharing so that the benefits of this work continue to be realised.

TL and AE were thanked for the informative presentation and the following points were raised and discussed:

- It was queried as to whether all community pharmacists had access to the MIG and AE advised that this was not in place currently but that plans were in place to explore this further.
- Members agreed that the ability for primary care and secondary care to access each other's patient records was extremely important. It was discussed as to whether the ICS would be able to mandate the use of the MIG across the system; however, AE advised that the initial challenge to this would be that different systems are currently in operation.
- In terms of supporting frontline paramedics, it was explained that East Midlands Ambulance Service had started using MIG and that this had successfully been trialled as part of the Rushcliffe Vanguard.
- It was noted that the new GP contract set out that patients will have access to their own records by April 2020. AE advised that work is ongoing to encourage online access.

DP thanked TL and AE for attending the meeting.

Outcomes Framework, Prevention and Inequalities

5. Strategic discussion on the draft ICS Outcomes Framework

Tom Diamond (TD), Alison Challenger (AC) and Jonathan Gribbin (JG) were in attendance to present this item:

- WS introduced the item by explaining that a key task for the ICS was to agree a system-level outcomes framework that provided a clear view of the success of the ICS in improving the health, wellbeing and independence of people and transforming the way the health and care system operates.

- TD explained that feedback provided by the Board following its review of the initial draft system-level outcomes framework in November 2018 had been incorporated into the revised framework, which included re-framing the outcomes to provide a more succinct approach based on the triple aim and aligned with the Health and Wellbeing Board strategies.
- The Board was asked to agree that the ambitions and outcomes set out in the revised framework are used to continue to move the ICS towards establishing a prototype system-level outcomes reporting dashboard as soon as possible.

The Board discussed the system-level outcomes framework and raised the following for further consideration:

- Where possible outcomes should be described as 'increases' rather than 'reductions' so they are described in a positive frame.
- It was queried as to whether the system-level outcomes framework could potentially supersede some of the performance frameworks and measures currently being worked to. WS responded there may be the opportunity to consider this but it had to be recognised that there were national 'must-do's' that could not be replaced.
- It was identified the framework also offered the opportunity to clarify the relationship and principles for reporting at ICS, ICP and PCN levels.
- It was suggested that one of the ambitions should focus on the workforce, given their critical role in delivery. This should encompass recruitment and up-skilling as well as ensuring strong engagement.
- AB welcomed the fact that the outcomes of the Long Term Plan patient engagement work would be reflected in the outcomes.
- It was queried as to whether the framework might drive resource to deprived areas which may have an impact on other areas. WS responded that this would need to be thought through; adding that reducing inequalities may mean spending differently.
- It was stressed that the framework should ensure the right balance between health and social care. It was confirmed that the Local Authorities had been involved in the work and the framework did this.
- In terms of next steps, it was agreed that input from other organisations would be helpful and DF, JM, TB and RS volunteered to be involved.

The Board agreed that the ambitions and outcomes set out in the system-level outcomes framework should be used to continue to move the ICS towards establishing a prototype system-level outcomes reporting dashboard as soon as possible, giving consideration to the points it had made.

TD, AC and JB were thanked for their work on the System Level Outcomes Framework and for their informative presentation.

ACTIONS:
TD to consider the Board's comments on the System Level Outcomes Framework and bring back developments on the framework to 9 May ICS Board meeting.

Strategy and System Planning

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

HP presented the paper, explaining that this provided a progress update for the 2019/20 planning, the latest draft system plan (key messages & supporting information) and the system plan overview/narrative document.

The Board discussed the key messages and next steps:

- The system has a finance do nothing gap of £157 million (5.6%). Despite receiving 3.4% real growth, the scale of the challenge is at a similar level to 2018/19 due to the underlying recurrent deficit and non-recurrent mitigations in 2018/19.
- To address the financial and operational challenges the system needs to focus on how services are transformed to be delivered within available resources (finance, workforce and capacity).
- The draft system financial plan submitted on 19 February included a forecast in-year deficit of £82.7 million, compared to the notified system control total of £67.7 million in-year deficit. It was noted that, to date, NUH have not accepted their organisational control total. A regional escalation meeting is scheduled for 21 March to review the financial position of the Greater Nottingham system.
- Work is ongoing across the system to continue to develop and strengthen ICP transformational plans, existing schemes need to be rapidly developed to implementation stage and further plans need to be identified to meet the do nothing challenge for 2019/20. The ICP Transformation plans are being reviewed weekly, including the level of savings identified, position on contract negotiations and risk assessment. The system needs to main a strong focus on this for the remainder of the planning timetable and into April.
- With regard to the ICS Financial Framework, a national working group is in place supported by the national team. Work is underway to understand issues and look for opportunities to further develop the 2018/19 scheme. A Joint Advisory Group meeting is scheduled on 21 March and it is expected that the framework will be published in March. Further updates will be provided to the ICS Board as information becomes available.
- ICS Planning Group has implemented a weekly contract tracker to provide oversight and assurance.
- Operational performance trajectories for urgent care and mental health are being reviewed to ensure that the system can demonstrate ambitious improvement and realistic/credible recovery plans.

HP also presented the System Plan Overview document, it was explained that the report is intended as an assurance document produced in line with guidance and reviewed by the ICS Planning Group.

Work will continue over the next two weeks to develop the final plan, with organisational plans submitted on the 4 April and system plan on the 11 April. Further update will be provided at an extraordinary meeting of the ICS Board on 1 April.

RM flagged that the paper did not include the latest position on the 52WW target for Sherwood Forest Hospitals.

The Board acknowledged the significant work across the system to agree contracts and develop plans.

ACTIONS:
RM to send latest position on 52WW performance for Sherwood Forest Hospitals to HP.

7. Agree the Mental Health Strategy

JB and LD presented the Mental Health Strategy and highlighted the following key points:

- Members were reminded that the strategy had originally been presented at the August 2018 meeting and whilst it had been agreed in principle, significant further work was requested to streamline the document and ensure more focus on key deliverables to improve outcomes for service users and reduce inequalities.
- Prevention and self-care were intrinsic throughout the strategy, as well as an integrated approach towards physical and mental health.
- There were clear challenges around the workforce required to successfully deliver the strategy; both in up-skilling staff and due to the recognised national issues around recruitment.
- Nationally, there remained a focus on reducing the discrepancy around life expectancy for people with mental health issues.

The following points were discussed:

- TB commented that the transition between services from children to adults was a vulnerable area and that patients caught in this group often defaulted to Primary Care. JB advised that a move from focussing on age and criteria was needed. LD advised that commissioners were already discussing a separate pathway for 18-25 year olds.
- It was highlighted that c. 90% of mental health provision occurred in Primary Care; therefore the pathways were extremely important.
- Members agreed that there were clear steps set out within the document and queried as to whether these had been costed. LD confirmed that the immediate steps were being considered within the current contracting round.
- Members discussed how the strategy would be operationalised and implemented within the ICS governance framework. WS advised that the

strategic commissioner and providers need to work together to develop the implementation plan, then the ICPs and PCNs are responsible for implementation. In terms of monitoring progress, this would be the role of the ICS board along with the emerging assurance arrangements for ICSs. WS highlighted that it was important for the ICS workstream to handover delivery to the Strategic commissioner, ICPs and PCNs to signal the way the new architecture would work in practice in the future state.

- It was agreed that the implementation plans for the Mental Health Strategy would come back to the Board. WS advised that clarity around resources to support this was needed from the strategic commissioner and providers.
- In summary, members agreed that the strategy was much clearer than previous versions and thanks were extended to those who had contributed to the work.

The Board approved the Mental Health strategy.

ACTIONS:
JB and LD to meet with system planning leads to agree the approach to developing the implementation plans for the MH Strategy that are to be delivered by ICPs working with PCNs. These need to reflect the requirements of the long term plan. . These implementation plans are to be reviewed at the Board's strategic planning session in June.
JB and LD to identify resources available to support the development of the implementation plans to deliver the Mental Health Strategy.

8. Consider approach to developing and implementing ICS Strategy

TD presented this item and highlighted the following key points to the Board:

- Since the last meeting of the ICS Board, further conversations regarding the ICS strategy have been held with Board members. These discussions highlighted varying views on the need for a specific ICS strategy; however, everyone supported the need for the Board to dedicate time to agree the strategic direction of the ICS and how it would be delivered.
- Two half day sessions were proposed to develop and agree the ICS's strategic direction and to consider this alongside the ICS's response to the national requirements as set out in the NHS Long Term Plan (pending Spring 2019).
- A core focus of the half day sessions will be the priority areas identified by Board members during the conversations with them: urgent and emergency care, mental health, finance & efficiency, proactive care management and prevention & self-care.
- The Board was also asked to support plans to utilise the proposed strategy development and planning process to continue to test and align members of the contribution of the ICS, ICPs and PCNs in terms of operational, accountability and assurance arrangements.

The following comments were made in discussion:

- Members agreed that it was important to focus on strategy and that it would be difficult to get into the detail of what was needed solely at Board meetings.
- There was recognition of the need to balance the short-term requirements and 'must-do's' with the long-term strategic aims.

The Board agreed to the following recommendations.

ACTIONS:
TD to arrange ICS Board strategic planning workshops.

Oversight of System Resources and Performance Issues (including MoU)

9. 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 along with actions being taken to address the performance issues. The red-rated performance areas remain urgent and emergency care, mental health transformation delivery and finance.

The Board discussed the format of the IPR report and the role of the ICS Board. It was agreed that report would be developed further to give a high level overview, with a deep dive in to specific areas at the Board. JT offered that this work could be taken forward through the CCGs.

ACTIONS:
AS and JT to ensure that CCGs lead the development of the IPR report and deep dive process, working with the Performance Oversight Group.

Governance

10. Resourcing the ICS team for delivery

The Board were presented with a proposal to continue with the current interim team for 2019/20, recognising that system architecture continues to develop. The following points were discussed:

- It was agreed that further discussions were needed at the Board about resource for developing the ICPs and PCNs; with the possibility of accelerating the transfer of CCG capacity to support this work. However, it should be recognised that whilst the CCGs remained operating as six statutory organisations, there may be some challenge around this and a need to accept that the resource may not be available immediately. It was also stressed that 20% of CCG running costs needed to be saved for 20/2021.

- It was agreed that the pace of discussions around resource for ICPs and PCNs needs to be accelerated and it was agreed that this should be developed for May 2019.
- Members noted that discussions were ongoing nationally around Commissioning Support Units, further information will be shared as it becomes available.

The Board approved organisational contributions to continue at the same level as in previous years (£80,000 per statutory body member of the ICS) and noted that this funding will not support proposed posts for ICS Officers for workforce or public health.

ACTIONS:
WS and ICP Leads to present a review of the resource available for ICP and PCN development at the 9 May 2019 meeting.

11. Agreeing arrangements for the ICS Board meetings being held in the public

AB presented the proposal and protocol for the ICS Board to meet in public from 11 April 2019.

The following points were discussed:

- All members were supportive of meeting in public; however, the logistics of holding the meeting in different venues was raised. It was agreed that as County Hall was set up for public use, the meetings would continue there for the foreseeable future.
- Considering the proposal for allowing questions from the floor, the Board discussed the various options for balancing the need for openness whilst also making progress on the business of the meeting.
- Following discussion, members agreed that no questions would be permitted as part of the initial meetings in public but members of the public with an interested would be invited to write to the appropriate members of the Board with their question.

The Board agreed to meeting in public from 11 April 2019 meeting and agreed to the proposed meeting protocol, subject to the comments made above.

ACTIONS:
AB to update the meeting protocol reflecting the changes to the proposals for meeting location and questions from the floor.
ALL to provide a brief biographical summary and photograph for the 'Who Are the Board Members' pack

12. Governance of ICS Groups

The Board received the updated ICS Board Terms of Reference and the following points made:

- It was requested that legal advice be sought on how the decision-making and accountability arrangements were defined. In particular, this should ensure clarity that decisions made by the Board are not binding on the membership organisations.
- The possibility of a tie in voting was discussed. It was agreed that a process needs to be agreed to cover the event of a tie in any voting. The usual process is for the Chair to have a casting vote.
- It was expected that there would eventually be a PCN representative on the Board's membership.

The Board also received an update on the revised approach to managing ICS risk and noted that a number of individuals across the system were contributing to the ongoing development of this work. In addition, the Board:

- Received the ICS Risk Register;
- Ratified the ICS Risk Management Policy; and
- Noted the actions in place to support further development work.

ACTIONS:
DJ to seek legal advice as to how decision-making and accountabilities should be defined within the Terms of Reference.

13. Feedback from the inaugural ICS Partnership Forum

WS reported that the inaugural meeting went well. Members of the Forum welcomed the chance to contribute to the work of the ICS. Discussions at this first meeting included the developing of the local system plan in response to the NHS Long Term Plan and also the work around Population Health Management. Members of the Partnership Forum were keen to contribute further and given the amount of change currently underway in the system raised concerns about the frequency of meetings. DP suggested attending the next meeting as the ICS Lead.

14. Plans for EU Exit

The Board received the Nottinghamshire ICS combined EU exit risks exception report and noted that the NHS England regional team were currently obtaining the updated positions.

15. Receive feedback from the 16 January ICS Stocktake meeting

The Board received the letter from the 16 January ICS Stocktake meeting and DP advised that this meeting had gone well.

DP thanked everyone for attending the meeting. DP will be meeting with individual Board members as part of induction to the role.

Time and place of next meeting:
11 April, 2019
09:00 – 12:00
Rufford Suite, County Hall

ICS Board membership

Role	John Brewin	Dean Fathers	Richard Mitchell	John Macdonald	Eric Morton	Lucy Dadge	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					
Nottinghamshire County Council elected member								X				
NHSE/I representative									X			

In attendance:

	Wendy Saviour	Helen Pledger	Alex Ball	Richard Mitchell	Stephen Shortt	Richard Stratton	Thilan Bartholomeuz	Andy Haynes	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		
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						