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<b>Meeting:</b>	ICS Board
<b>Report Title:</b>	Receive a report on the delivery of Integrated Care System Memorandum of Understanding (ICS MOU) National and Local priorities and deliverables
<b>Date of meeting:</b>	11 April 2019
<b>Agenda Item Number:</b>	11
<b>Work-stream SRO:</b>	David Pearson
<b>Report Author:</b>	Joanna Cooper
<b>Attachments/Appendices:</b>	None

**Report Summary:**

A Memorandum of Understanding (MOU) between the Nottinghamshire ICS and NHS England and NHS Improvement was agreed for 2018/19. The agreement outlines key objectives and deliverables for the Integrated Care System (ICS). This paper provides an overview of progress made in 2018/19 against the key deliverables, and asks for support to accelerate progress in key areas. In order to maintain progress the Board are asked to consider the following:

1. Whilst the resilience of the system was improved, challenges remain with the overall system priority of achieving the 4 hour target in Greater Nottingham.
2. At the 15 March ICS Board meeting the ICS mental health strategy was agreed. Commissioners and ICPs have now commenced the development of delivery plans to implement the strategy.
3. An interim oversight model has been agreed between the ICS and Regional Team for 2018/19. However, further consideration will need to be given to this in 2019/20 as the ICS, ICP and PCN structures become more established. A progression model and oversight framework is in development, by the ICS and regulators, which will include transitional progression steps for integrating oversight as the system matures and develops, under the combined joint regulatory processes.

We anticipate that a further MOU will be required for the financial year 2019/2020.

**Action:**

- To note
- To agree
- To agree the recommendation/s (see details below)

**Recommendations:**

- |    |  |
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| 1. | To note the progress to date and year end position on ICS MOU priorities and deliverables and identify priority actions that need to be put in place to address the issues raised. |
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**Key implications considered in the report:**

Financial	<input type="checkbox"/>	
Value for Money	<input type="checkbox"/>	
Risk	<input type="checkbox"/>	
Legal	<input checked="" type="checkbox"/>	
Workforce	<input type="checkbox"/>	



Citizen engagement	<input type="checkbox"/>	
Clinical engagement	<input type="checkbox"/>	
Equality impact assessment	<input type="checkbox"/>	
<b>Engagement to date:</b>		
Board	Partnership Forum	Finance Directors Group
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Oversight Group	Clinical Reference Group	Mid Nottinghamshire ICP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Group	Workstream Network	Greater Nottingham ICP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contribution to delivering the ICS:</b>		
Health and Wellbeing	<input checked="" type="checkbox"/>	
Care and Quality	<input checked="" type="checkbox"/>	
Finance and Efficiency	<input checked="" type="checkbox"/>	
Culture	<input checked="" type="checkbox"/>	
<b>Is the paper confidential?</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.		

## Performance Report on the Delivery of Integrated Care System Memorandum of Understanding (ICS MOU) National and Local Priorities and Deliverables

11 April 2019

### 1. Introduction

A Memorandum of Understanding (MOU) between the Nottinghamshire ICS and NHS England and NHS Improvement was agreed for 2018/19. The agreement outlines key objectives and deliverables for the Integrated Care System (ICS). This paper provides an overview of progress made in 2018/19 against the key deliverables outlined in Annex 1.

### 2. Progress to date

Progress against the ICS MOU has been tracked as part of the quarterly ICS stocktake meetings between the ICS representatives and NHS England and NHS Improvement. Annex 1 provides an overview of progress against the key 2018/19 deliverables. In summary, good progress is being made against the national and locally determined priorities. A summary is presented in the table below:

Priority #	Description of priority	Overseeing Group	BRAG rating March 2019
<i>National NHS priorities and deliverables</i>			
NO1.1	Reaching 100% coverage of self-identified primary care networks (PCNs) by the end of 2018/19.	PCN Task and Finish Group	B
NO1.2	Enhancing resilience of systems before next winter.	A&E Delivery Boards	A
NO1.3	Working in partnership with the National Mental Health Team to develop and implement actions to improve system-level working across all local partners for Mental Health delivery in 2018/19.	Mental Health, Urgent Care and OAP Taskforce	A
NO1.4	Working through, and as an active member of your Cancer Alliance, and in partnership with the National Cancer Programme, to implement the National Cancer Taskforce's recommendations.	Cancer Alliance	G
<i>Integrating care</i>			
NO2.1	With support from the national team make significant progress towards full maturity of the three population health management capabilities and develop a system-wide plan setting out locally determined population health priorities.	Population Health Management Coordination Group	G
<i>Oversight</i>			
NO3.1	Regional teams will agree with ICSs how this oversight model will operate, taking into account the maturity of system working, including governance and financial management.	Performance Oversight Group	A



Priority #	Description of priority	Overseeing Group	BRAG rating March 2019
NO3.2	After six months there will be a clearly agreed plan about how oversight will be provided in Nottingham and Nottinghamshire in conjunction with regional and national teams.	Performance Oversight Group	A
NO3.3	Performance activity and finance will be transparent across the Nottingham and Nottinghamshire system and where necessary there will be joint discussions between ICS Leaders and Regional regulatory teams.	Performance Oversight Group	G
NO3.4	Single regional team to work with the ICS Leadership Board to develop the accountability framework for ICS delivery issues.	Performance Oversight Group	B
<i>Local priorities and deliverables</i>			
NO4.1	Develop a Nottinghamshire Clinical Services Strategy focused on acute, primary and community services. This work will lead to a reduction in unwarranted variation, improve the use of the estate and improve workforce resilience.	Clinical Services Strategy Programme Board	A
NO4.2	Develop a comprehensive mental health services strategy ensuring delivery of service planning requirements including Out of Area Placements reductions, and alignment to physical health strategies.	Mental Health, Urgent Care and OAP Taskforce	B
NO4.3	Finalise the ICS organisational and governance architecture.	System Architecture Group	G
NO4.4	Remedial action related to core national priorities. A step-change in improvements to the urgent care pathway to bring A&E waiting times back in line with NHS Constitution standards by the end of 2018/19.	A&E Delivery Boards	R
NO4.5	Scaling up and wide scale adoption of specific care pathways and referral management protocols to implement best practice on a Nottinghamshire wide level.	Elective Care Group	G
NO4.6	In support of the ICS Prevention and Well-being plan, the ICS will agree a key short term priority for 2018/19 for preventing ill-health across Nottinghamshire.	Strategic Oversight Group for Prevention, Personal and Community Centred Approaches	B
NO4.7	To continue to develop local integrated care partnerships (LICPs).		Superseded through the development of PCNs
NO4.8	To implement the integrated MDT model supported by the revised risk stratification and population health approaches being developed across	Population Health Management	G

Priority #	Description of priority	Overseeing Group	BRAG rating March 2019
	Nottinghamshire, with early focus across Greater Nottingham.	Coordination Group	

### **3. Next steps**

It is anticipated that the priorities identified in the ICS MOU will continue into 2019/20 and be complemented by the priorities identified in the NHS Long Term Plan published in January 2019. An MOU for 19/20 will be proposed and agreed with the system in due course.

In order to maintain progress the Board are asked to consider the following issues:

1. Whilst the resilience of the system was improved, challenges remain with the overall system priority of achieving the 4 hour target in Greater Nottingham.
2. At the 15 March ICS Board meeting the ICS mental health strategy was agreed. Further work is needed to develop a system-wide mental health investment strategy, and credible workforce plan.
3. An interim oversight model has been agreed between the ICS and Regional Team for 2018/19. However, further consideration will need to be given to this in 2019/20 as the ICS, ICP and PCN structures become more established. A progression model and oversight framework is in development, by the ICS and Regulators, which will include transitional progression steps for integrating oversight as the system matures and develops, under the combined joint regulatory processes.

### **4. Recommendations**

The Board are asked to approve the following:

1. To note the progress to date and year end position on ICS MOU priorities and deliverables and identify priority actions that need to be put in place to address the issues raised.



**Annex 1**

Priority #	Type of Priority	Description of priority	Progress update from ICS
<b>National NHS priorities and deliverables</b>			
<b>NO1.1</b>	National NHS priorities and deliverables	Reaching 100% coverage of self-identified primary care networks (PCNs) by the end of 2018/19. We expect PCNs to be: functionally sharing assets and workforce and consistently delivering care through integrated teams to high risk groups; making use of data to understand their populations, identifying variation in resource use and outcomes, and guiding clinical decision making; acting as core partner in system decision making. We will work with each ICS in July and August to agree the level of primary care network maturity that systems expect to achieve by March 2019, and that would represent a step change in the delivery of integrated primary care during 2018-19. We will also co-produce with ICSs appropriate measures to assess progress and impact, aligned with the national Primary Care Network Programme.	<p>System has a history of PCN working, therefore a good baseline in place. Working with each locality lead and comparing the practices against the NHS Primary care network maturity matrix, it was agreed that 90% of practices would self-assess themselves at a level 2, with 10% self- assessing themselves at a level 3. Following release of further guidance in relation to the GP Contract, there has been a review to ensure that all PCNs are in line with the 30k minimum population size and a process for the appointment of a Clinical Director has commenced across all localities.</p> <p>There have been a number of workshops with representatives from all sectors across the system to develop the vision, roles and responsibilities for the PCNs across the system and this will be taken forward in the ICS Primary Care Oversight Group. Work is underway to register the PCNs and ensure 100% coverage by the required May deadlines.</p>
<b>NO1.2</b>	National NHS priorities and deliverables	Enhancing resilience of systems before next winter, for example by improving system-level working across urgent and emergency care and improving resilience in care homes through implementation of the Enhanced Health in Care Homes framework;	<ul style="list-style-type: none"> <li>- Work has been progressing in the ICPs against all the workstream identified local and national objectives for 111 and EMAS.</li> <li>- Challenges remain with the overall system priority of achieving the 4 hour target in Greater Nottingham.</li> <li>- Care Homes bed state software rolled out over winter 18/19 and care home trusted assessors in post.</li> <li>- Greater Nottingham are going through a system wide exercise to improve and refine system and partner escalation actions and thereby OPEL reporting, ensuring that appropriate actions are taken at each stage to improve patient flow.</li> <li>- Long LOS review meetings, chaired by the system delivery director, happen on a weekly basis with all system partners to expedite discharge of patients from the acute, this has resulted in reduced long LOS patients at NUH.</li> </ul>



Priority #	Type of Priority	Description of priority	Progress update from ICS
<b>NO1.3</b>	National NHS priorities and deliverables	Working in partnership with the National Mental Health Team to develop and implement actions to improve system-level working across all local partners for Mental Health delivery in 2018/19. This includes an ICS system-wide mental health investment strategy, and credible mental health workforce plan;	<p>Governance structure in place and draft strategy developed with partners across Nottinghamshire. 5 key strategic pillars of work identified: System Infrastructure, Parity of Esteem, Prevention and person centred approaches, Workforce and Access.</p> <p>In addition robust governance framework in place to monitor actions to achieve 5 year forward view and constitutional standards.</p> <p>Regular urgent care / OAP task force meetings in place. Monthly ICS Mental Health Executive leaders meeting in place to progress in year performance and service improvement issues.</p>
<b>NO1.4</b>	National NHS priorities and deliverables	Working through, and as an active member of your Cancer Alliance, and in partnership with the National Cancer Programme, to implement the National Cancer Taskforce's recommendations.	<p>On track against long term objectives. £920K Transformation Funding secured.</p> <p>Lung MOT service to be expanded via National Programme</p> <p>CCG Cancer ratings published. STP overall rated good. Variation across STP largely due to deprivation.</p> <p>National Patient Experience Survey results released. Provider and CCGs above national average and improved on last year.</p> <p>Latest Cancer early diagnosis data released. Good proxy measure for outcomes. Significant improvement in City which had low rates.</p>
<b>Integrating care</b>			
<b>NO2.1</b>	Integrating care	With support from the national team, ICSs will be required to make significant progress towards full maturity of the three population health management capabilities and develop a system-wide plan setting out locally determined population health priorities.	<ul style="list-style-type: none"> <li>- Establishment of System Wide Population Health and Population Health Management Co-ordination Group (with representation from NHSE and PHE).</li> <li>- Initial Baseline assessment against the National PHM Framework.</li> <li>- Review of data and analytics underway with Local analytic leads, PHE and Directors of Public Health.</li> <li>- September meeting of the STP Leadership Board agreed that the system will have one agreed set of cohorts across the footprint.</li> <li>- Agreement of STP Clinical Reference Group to a system-wide</li> </ul>



Priority #	Type of Priority	Description of priority	Progress update from ICS
			<p>standardised set of Clinical Cohorts</p> <ul style="list-style-type: none"> <li>- Expert panels have been created to support and aid the development of risk algorithms, priorities and measures with initial focus on Long-Term Conditions Cohort.</li> <li>-November STP Leadership Board agreed principles, approach and headline population goals for a system-wide outcomes framework</li> <li>- Directors of Public Health updating system baseline needs assessment and JSNA process to provide updated insight of key population health priority areas</li> </ul>
<b>Oversight</b>			
<b>NO3.1</b>	Oversight	<p>Regional teams will agree with ICSs how this oversight model will operate, taking into account the maturity of system working, including governance and financial management. This will include:</p> <ul style="list-style-type: none"> <li>- establishing a single governance forum (led and hosted by the ICS, but with input from regional teams) to review both system performance and the performance of individual providers and CCGs.</li> <li>- agreeing an accountability framework setting out how oversight will work in practice.</li> <li>- agreeing a work programme and timetable which identifies specific and tangible changes that will be made to the relationship between NHS England, NHS Improvement, the ICS and local trusts and CCGs.</li> </ul>	<p>Performance oversight group established as a Sub-Committee of the ICS Board, supporting the local System in the delivery of, and improvements in, constitutional and other national requirements across Nottinghamshire. This includes identification of risks to delivery of Constitutional and MOU performance requirements, and ensuring triangulation with quality and finance performance as a whole system view.</p> <p>The accountability framework will be further developed to reflect the governance of ICS, ICP and PCN structures.</p>
<b>NO3.2</b>	Oversight - specific additional agreements	<p>After six months there will be a clearly agreed plan about how oversight will be provided in Nottingham and Nottinghamshire in conjunction with regional and national teams.</p>	<p>Facilitated workshop with Leadership Board held on the 20th July. Focused on the principles and policy objectives of local and integrated oversight within ICS. A progression model and oversight framework is in development, by the ICS and Regulators, which will include transitional progression steps for integrating oversight as the system matures and develops, under the combined joint regulatory processes.</p>



Priority #	Type of Priority	Description of priority	Progress update from ICS
<b>NO3.3</b>	Oversight - specific additional agreements	Performance activity and finance will be transparent across the Nottingham and Nottinghamshire system and where necessary there will be joint discussions between ICS Leaders and Regional regulatory teams about action to deal with under performance in the NHS.	A single system, integrated performance report has been developed for the ICS Board to support the monitoring and management of system performance. Has been developed to support ICP reporting.
<b>NO3.4</b>	Oversight - specific additional agreements	Single regional team to work with the ICS Leadership Board to develop the accountability framework for ICS delivery issues.	A progression model and oversight framework is in development, by the ICS and Regulators, following the revised ICS architecture governance arrangements. This will include transitional progression steps for integrating oversight as the system matures and develops
<b>Local priorities and deliverables</b>			
<b>NO4.1</b>	Local priorities and deliverables	Develop a Nottinghamshire Clinical Services Strategy focused on acute, primary and community services. This work will lead to a reduction in unwarranted variation, improve the use of the estate and improve workforce resilience.	<ul style="list-style-type: none"> <li>- Establishment of Programme Board and Clinical Design Advisory Group</li> <li>- Multiple engagement events on the 5 year vision for clinical services have now been completed with c. 150 clinicians across the ICS and outputs now being shaped to inform the clinical model and strategy</li> <li>- Agreement of fixed system elements and design principles to underpin the CSS design and the prioritisation process has been approved to identify the 6 initial service review areas which are now underway</li> <li>- Stroke, maternity and respiratory service reviews all commenced with strong clinical leadership and patient engagement</li> <li>- A draft operating model for PCNs is nearing completion which will be aligned with the CSS development</li> <li>- Draft Clinical Services strategy on track to be presented to Programme Board in May 2019</li> </ul>
<b>NO4.2</b>	Local priorities and deliverables	Develop a comprehensive mental health services strategy ensuring delivery of service planning requirements including Out of Area Placements reductions, and alignment to physical health strategies.	All age ICS mental health and social care strategy developed. Strategy approved at the ICS Board meeting 15 March 2019.



Priority #	Type of Priority	Description of priority	Progress update from ICS
<b>NO4.3</b>	Local priorities and deliverables	Finalise the ICS organisational and governance architecture, to provide clarity on integrated oversight, integrated system strategy partnerships, integrated commissioning and integrated provider structures, with early actions to bring CCGs together across the system including committees in common and integrated management teams with a view to having a final form for the strategic commissioning function by 2020. The ICS will develop its governance structures to enable effective clinical and non-executive strategic input and scrutiny. See Section 7 also.	<p>Fully engaged process with senior leaders and relevant boards. Dedicated workshops to agree future system configuration with ICS Board in place in shadow form.</p> <p>Now moved away from earlier ambition of LICP. Instead will focus on PCN development. Independent review of ICP options in Greater Nottingham concluded and decision reached at ICS Board on 15 February for three ICPs within Nottinghamshire: Mid, City and South.</p>
<b>NO4.4</b>	Local priorities and deliverables	Remedial action related to core national priorities. A step-change in improvements to the urgent care pathway to bring A&E waiting times back in line with NHS Constitution standards by the end of 2018/19. This will require system wide working between all relevant partners.	<ul style="list-style-type: none"> <li>- Work has been progressing in the ICPs against all the workstream identified local and national objectives for 111 and EMAS.</li> <li>- Challenges remain with the overall system priority of achieving the 4 hour target in Greater Nottingham.</li> <li>- Care Homes bed state software rolled out over winter 18/19 and care home trusted assessors in post.</li> <li>- Greater Nottingham are going through a system wide exercise to improve and refine system and partner escalation actions and thereby OPEL reporting, ensuring that appropriate actions are taken at each stage to improve patient flow.</li> <li>- Long LOS review meetings, chaired by the system delivery director, happen on a weekly basis with all system partners to expedite discharge of patients from the acute, this has re resulted in reduced long LOS patients at NUH.</li> <li>- ICS Managing Director taking personal responsibility to deliver performance improvement.</li> </ul>



Priority #	Type of Priority	Description of priority	Progress update from ICS
<b>NO4.5</b>	Local priorities and deliverables	Scaling up and wide scale adoption of specific care pathways and referral management protocols to implement best practice on a Nottinghamshire wide level in order to maximise efficiencies and service improvement, as well as mitigating service pressures across the system (including the objectives delivered by the current schemes, MSK pathway, Call for Care and care homes support).	<ul style="list-style-type: none"> <li>- Developed an ICS Nottinghamshire wide Not Routinely Funded Policy, Blueteq implemented as the single system for prior approval• Greater Nottingham going to procurement to implement the single model for Community Gynaecology that has been agreed; Mid Nottinghamshire are implementing using a virtual clinic/GPSI model</li> <li>- Single Consultant to Consultant policy adopted across the ICS</li> <li>- High level best practice surgical optimisation pathway agreed; phased implementation of pre-referral templates underway. Agreed to adopt single approach to high risk pre-operative assessments.</li> <li>- ICS pathway for women with gestational diabetes being implemented</li> <li>- Standardised haematuria pathway across ICS implemented</li> <li>- Standardised approach to implementation of single MSK model across ICS agreed currently being implemented</li> </ul>



Priority #	Type of Priority	Description of priority	Progress update from ICS
NO4.6	Local priorities and deliverables	In support of the ICS Prevention and Well-being plan, the ICS will agree a key short term priority for 2018/19 for preventing ill-health across Nottinghamshire.	<p>Alcohol agreed at the August STP Leadership Board as the one year prevention priority of the ICS MOU, with delivery being taken forward through the prevention, person and community approaches workstream. There is a need to work across the health and social care system to reduce alcohol related admissions, readmissions and repeat admissions through a multifaceted coordinated approach, including identifying potential ways to overcome current identified barriers. The Alcohol pathways group across Nottingham and Nottinghamshire have developed an eight point action plan:</p> <ol style="list-style-type: none"> <li>1. Increase population level understanding of risk and harm</li> <li>2. Prevent alcohol harm through wider related local/national policy</li> <li>3. Embed a systematic approach to Alcohol Identification and Brief Advice (IBA)</li> <li>4. Identify 'alcohol champions' in key organisations across the system</li> <li>5. Include alcohol as a priority for employee health and wellbeing</li> <li>6. Ensure better communication of identified alcohol risk between some key parts of the system</li> <li>7. Case manage Emergency Department (ED) High Volume Service Users (HVSU)</li> <li>8. Agree and embed pathways for service users with co-existing mental health and substance misuse issues.</li> </ol> <p>Progress has already been made in a number of these action areas. The ICS Board are giving further consideration to two areas where currently there are barriers to implementation; brief advice and case management of high volume service users.</p>



Priority #	Type of Priority	Description of priority	Progress update from ICS
<b>NO4.7</b>	Local priorities and deliverables	To continue to develop local integrated care partnerships (LICPs) with general practice so that all localities within Nottinghamshire can reach a consistent baseline of maturity to enable integrated primary care at scale across Nottinghamshire, and that the more advanced LICPs are enabled to go further to test Nottinghamshire's ambitions for further transformation of primary care in 2019-20.	<p>System-wide workshop held on 11 September.</p> <p>Decision taken at the 12-13 November workshop was to remove the layer referred to as LICPs from the system architecture. This work is therefore being undertaken within the remit of creating the Primary Care Networks (PCN).</p> <p>A task and finish group has been established to confirm the standard operating model for each PCN and undertake a mapping exercise alongside the maturity matrix for primary care development. Outstanding issue regarding City ICP option. To be concluded by end of March 2019.</p>
<b>NO4.8</b>	Local priorities and deliverables	To implement the integrated MDT model that includes social care, mental health, community pharmacy and self-care, and supported by the revised risk stratification and population health approaches being developed across Nottinghamshire, with early focus across Greater Nottingham.	<p>Cohorts and initial focus on LTC agreed by STP Leadership Board and paper at meeting on 16 November 2018. First expert panel met 12th December to define LTC scope.</p> <p>PHM Presentation at MN and GN transformation undertaken or booked in.</p> <p>All 23 PCN have integrated MDTs however variation exists. A new system specification will be developed through the PCN task and finish group to standardise delivery, supporting MDTs/PCNs to be strategically aligned, but locally tailored based on population intelligence.</p>