Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Integrated Care System Board

Meeting held in public

Thursday 8 August July 2019, 09:00 – 12:00
Rufford Suite, County Hall, Nottingham

AGENDA

	Time	Agenda Items	Paper	Lead	Action
1.	09:00	Welcome and Introductions:	Verbal	Chair	To note
2.	09:05	Conflicts of Interest	Verbal	Chair	To note
3.	09:10	Minutes of 12 July 2019 ICS Board meeting and action log	Papers A1-2	Chair	To agree
4.	09:15	Patient Story	Paper B	Liz Walker	To discuss
Outcomes Framework, Prevention and Inequalities					
5.	09:30	ICS Workstream Review	Papers C1-2	Deborah Jaines	To agree
Strategy and System Planning					
6.	09:45	ICS 5 Year Plan update	Paper D	Helen Pledger	To agree
7.	10:00	Update from ICPs: • South – to discuss • City – to note • Mid – to note	Papers E1-3	John Brewin	To note
8.	10:05	Update on information exchange with EMAHSN	Verbal	Andy Haynes	To note
9.	10:15	Nottinghamshire ICS MOU with NHSE/I	Papers F1-3	Deborah Jaines	To agree
Short break					
Oversight of System Resources and Performance Issues (including MoU)					
10.	11:00	EMAS Current Position and Future Plans	Papers G1-2	Richard Henderson	To discuss
11.	11:15	ICS Integrated Performance Report - Finance, Performance & Quality. Escalated issues: • Urgent Care System delivery • Cancer Services Delivery • Financial Sustainability • Mental Health OAPs	Papers H1-2	Helen Pledger	To discuss
12.	11:25	Flexible Transformation Fund Plans	Papers I1-3	Helen Pledger	To agree

	Time	Agenda Items	Paper	Lead	Action
Governance					
13.	11:35	Revised ICS Board Assurance Framework and Risk Register	Paper J	Elaine Moss	To agree
14.	11:55	Governance Matters for Approval: • Approach to Conflicts of Interest • Finance Group TOR • Membership	Papers K1-2	Chair	To agree
12:00 Close					

Date of the next meeting:
12 September 2019, 9:00 – 12:00, Rufford Suite, County Hall

Item 3. Enc. A1

Integrated Care System Board

Meeting held in public

Friday 12 July 2019, 09:00 – 12:00
Rufford Suite, County Hall, Nottingham

Present:

ICS Board Members	ORGANISATION
Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Andrew Haynes	Clinical Director, Nottinghamshire ICS
Angela Potter	Director of Business Development, Nottinghamshire Healthcare NHS FT
Cllr Steve Vickers	Chair, Nottinghamshire County Health and Wellbeing Board
Colin Monckton	
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Helen Pledger	Finance Director, Nottinghamshire ICS
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jon Towler	Lay Member, Nottinghamshire CCGs
Jonathan Gribbin	Consultant in Public Health, Nottinghamshire County Council
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Richard Stratton	Clinical Lead from Greater Nottingham representing PCNs GP, Belvoir Health Group
Stephen Shortt	Clinical Chair, Rushcliffe CCG
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG
Wendy Saviour	ICS, Managing Director

In Attendance:

NAME	ORGANISATION
Andrew Haw	Data Protection Officer for NHC and part time secondee as Information Analysis and Management Lead to the Nottinghamshire ICS (to Item 6)
Carl Ellis	Head of Service for End of Life Care Together, Local Partnerships, Nottinghamshire Healthcare NHS Foundation Trust (to Item 4)
Joanna Cooper	Assistant Director, Nottinghamshire ICS
Simon Castle	Programme Director – Cancer & EOL, Nottinghamshire ICS

Apologies:

NAME	ORGANISATION
Ian Curryer	Chief Executive, Nottingham City Council
David Pearson	ICS Chair
Dean Fathers	Chair, Nottinghamshire Healthcare NHS FT
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Councillor Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Representing PCNs Clinical Chair, Mansfield and Ashfield CCG
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Nicole Atkinson	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham West CCG
Cllr Tony Harper	Chair, Nottinghamshire County Council Adult Social Care and Health Committee
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

1. **Welcome and introductions**

Apologies received as noted above.

2. **Conflicts of Interest**

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

3. **Minutes of 13 June 2019 ICS Board meeting/Action log**

The minutes of the ICS Board meeting held on 13 June 2019 were agreed as an accurate record of the meeting by those present. The action log was noted.

JM asked for an update on the action to understand drivers of demand. AH leading this work. Analytical work has been completed and presented to Mid Nottinghamshire A&E Board. Work yet to be presented to the Greater Nottingham A&E Board with a consolidated report to be presented to the ICS Board in September.

ACTIONS:
Item to be added to the September workplan on understanding the drivers of demand in Urgent and Emergency Care.

4. Patient Story – End of Life Care

Carl Ellis attended the meeting to provide the Board with an overview of End of Life Care in Mid Nottinghamshire.

The Board discussed the presentation and noted the following:

- Collaborative approach to develop the pathway within existing resources to improve quality and outcomes was congratulated.
- RH offered support from EMAS to ensure that patients with End of Life Care Plans are appropriately treated.
- That further work to roll out the ReSPECT Tool form through training, further work with care home and ambulance staff was needed.
- That some forward thinking care homes are putting technology in place to monitor patients which should be supported.
- That further work is needed to fully integrate the service offer with social care.

Carl would welcome conversations with social care colleagues to develop this approach. JG and CM to identify necessary leads from the respective Local Authorities to support health and social care integration.

ACTIONS:
RH to ensure that EMAS progress actions to embed an automated solution to accessing end of life care plans and the roll out of the ReSPECT Tool.
JG and CM to identify necessary leads from the respective Local Authorities to support health and social care integration for End of Life care.

5. ICS Outcomes framework

Tom Diamond attended the meeting to present an update on the ICS System-Level Outcomes Framework reporting prototype.

The Board noted the progress made to further develop the System-Level Outcomes Framework. The following points were noted:

- Inherent limitation in monitoring some indicators and the reporting frequency, with some indicators only changing subtly over a lengthy period. Proxy measures should be considered in these circumstances.
- Acknowledged the different purposes of the data and outcomes which would need to be reflected in the reporting schedule.
- Queried the workforce metrics being functional and not outcome based.
- Recognition the ICS System-Level Outcomes Framework needs to be owned at all levels of the system. Acknowledged that differentiation was needed between indicators and measures used by the various parts of the system (e.g. ICS, ICPs, Strategic Commissioner), but recognition there needed to be a golden thread through them. Board agreed that this was the right level of data for the Board, but that ICPs and Strategic Commissioner may require further detail.

- Important for data to be accessible at a local level to allow for health inequalities to be identified and addressed.
- Modelling expected outcomes needs to be incorporated into the reporting utilising Public Health expertise.
- That the analytical capacity and capability issues must be addressed.
- Board member support is needed to the proposed ambition, prioritisation of outcomes and supporting actions. This needs to be taken forward, and for 2020/21 linked to contracts and outcomes based incentives with the learning from vanguards being taken into consideration.

TD, working with the System-Level Outcomes Task and Finish Group, to work up for three measures how each element of the ICS will operationalize the System-Level Outcomes Framework e.g. key actions, level of ambition, and what escalation process could be put in place for the Board to be assured. Commitment from ICP Leads to support this work is key.

ACTIONS:
TD to discuss the proposed workforce metrics with workforce leads.
TD to identify three measures and develop a system approach to how the Outcomes Framework will be operationalised. TD to report back to the September ICS Board.

6. ICS Strategy / Five Year Plan: IM&T, digitalisation and analytics

Andrew Haw attended the meeting to present the circulated paper on the ICS approach to IM&T, digitalisation and analytics.

Board agreed that Andy Haynes would be the SRO for this work.

The Board discussed the circulated paper and noted the following:

- A bold approach should be taken. Organisations will need to consider their analytical capacity being reallocated to system matters over internal requirements to achieve this, with some work being stopped or only being done once at a system level.
- That analytics staff should have exposure to ICS, ICP and Health and Wellbeing Board work

Board agreed the following recommendations:

- Proposed scope, approach and timing are acceptable with a draft strategy to be presented in September.
- That each organisation / partnership can make the time of key stakeholders available to shape the content.
- That the proposed staffing and governance arrangements are acceptable.

Board asked for Andy Haynes to lead on the development of a clear mandate from the Board for this work to draw upon the progress already made, to determine whether external facilitation from a partner ICS/STP was needed, and ensure that individuals of appropriate seniority are involved from each partner organisation.

ACTIONS:
Andy Haynes to lead on the development of a clear mandate from the Board on the analytical work to draw upon the progress already made, to determine whether external facilitation from a partner ICS/STP was needed, and ensure that individuals of appropriate seniority are involved from each partner organisation.

7. Update from ICPs

CM presented the update for City ICP.

Circulated papers from Mid Nottinghamshire and South Nottinghamshire noted.

8. Review of available resource for ICP and PCN development

AS presented the circulated paper on the development of a single Strategic Commissioner and alignment of resources with the developing places and neighbourhoods.

The Board discussed the circulated paper and noted the following:

- Progress with staff consultation and restructuring across the CCGs.
- WS challenged the assumptions made in the paper, noting an inconsistency in the 80(ICP):20(ICS) split of function and resource principle agreed by the ICS Board as part of the developing system architecture.
- Proposed alignment of functions in line with the developing system architecture. This is a developing area balancing the requirements for six CCGs in 2019/20 and shaping the future Strategic Commissioner. Structure will be subject to further iterations as the system develops.
- Current CCG staff will retain their existing terms and conditions with teams being aligned and embedded in the short term. The future ambition is for functions to be devolved to ICPs and PCNs.
- AS stressed the importance of system partners jointly resourcing the ICPs. Conversations with providers are needed to agree approach to ICP and PCN resourcing with national guidance being published imminently.

AS to lead conversations during Autumn reporting back to the October ICS Board for a wider discussion.

ACTIONS:
AS to lead conversations on the alignment of resources during Autumn reporting back to the October ICS Board for a wider discussion.

9. Performance deep dive – Cancer

Further to the discussion at the 13 June Board meeting, Simon Castle attended the meeting to provide information on cancer performance as a red rated area within the

system. Simon advised that there is a national focus on increasing the number of referrals which is being reflected locally and having an impact on treatment performance. Nottinghamshire is performing in line with national trends.

Actions plans in place outlined in the circulated paper.

The Board discussed the circulated paper and noted the following:

- WS highlighted cancer performance as an ongoing system concern.
- HP advised that cancer performance recovery was highlighted as a concern as part of the planning process. The impact of planned activities needs to be understood.
- Recognised additional demand pressures:
    - That there are additional workforce pressures from consultant pension implications. Acute trusts have plans in place to address.
    - There are overlaps in workforce between the public and private sector.
    - TB highlighted cancer as a national and regional priority and advised that new standards are to be introduced which may introduce further challenges to demand.
    - RS advised that NICE guidelines are not being met. Full implementation may increase the number of referrals being made.
    - EM advised that NUH have particular pressure on surgical capacity.
- Acknowledged the challenge between balance between delivering cancer outcomes and meeting constitutional standards.

RM to lead a piece of work with all system partners to ascertain the impact of actions in place to improve cancer performance and identify further actions to improve and maintain 62 day performance in year. Outcomes to be fed back into the monthly ICS Integrated Performance Report with issues escalated to the Board as needed.

ACTIONS:
RM to lead a piece of work with all system partners to:
1. Ascertain the impact of actions in place to improve cancer performance and identify further actions to improve and maintain 62 day performance in year.
2. Model activity and actions over 5 years as cancer is a key part of the Five Year Plan.

10. ICS Integrated Performance Report - Finance, Performance & Quality. Escalated issues:

HP presented the July 2019 Integrated Performance Report for information.

The ICS Board noted the July 2019 Integrated Performance Report and noted the requirement to provide a response on the ICS Maturity Matrix assessment by 17 July.

HP advised that Capital Plans are to be revised and resubmitted, following a national request. HP to update the Board at the August meeting.

ACTIONS:
Board members to provide a response on the ICS Maturity Matrix assessment by 17 July.
HP to provide an overview of revised Capital Plans for the August Board meeting.

11. ICS Financial Framework - ICP Plans for Flexible Transformation Funding

HP presented the circulated paper on the proposals for ICP Flexible Transformation Funding. Key points are:

- Following agreement of the approach by the ICS Board, ICPs have developed plans for the amounts allocated.
- Funding is held at the CCGs, so if approved by the ICS Board the schemes will be taken forward through the CCG financial governance/procurement processes.
- The paper provides details on ROI. The Financial Sustainability Group will monitor in-year delivery and ROI.
- Mid Nottinghamshire ICP Board have agreed their proposal.
- A residual balance of £200,000 remains and it is proposed that this is ring-fenced for system wide schemes.
- Although the criteria have not been fully met, all schemes fit with the strategic priorities of the ICS and it is important that schemes are progressed at pace to deliver maximum impact for 2019/20. Recommendation that these schemes are approved.

Board agreed that the residual funding should be used to support two existing system wide priorities – clinical services strategy and analytics. Proposals should be considered on a consistent basis to the proposed ICP schemes and this should include a review of previous allocated funds. HP to progress with two areas identified. Issues will be escalated to Board as needed.

The Board discussed the presentation and noted the following:

- WS raised concerns on behalf of TT on the process for agreeing transformation funding, and the utilisation of funds for system wide schemes.
- AS provided assurance that city and south ICP schemes had been jointly developed where there is a potential impact on NUH and three of the schemes have been developed as Greater Nottingham schemes.
- RS raised concerns in relation to sustainability of the schemes proposed as many rely on securing additional workforce and would instead encourage innovation in technology. HP advised that nationally funding streams are reflected in the Long-Term Plan Implementation Framework which will allow the system to plan to 2023/24.
- EM asked that the Greater Nottingham Transformation Board seek greater understanding of the impact of City and South ICP plans.

Board approved the schemes as presented with further work to take place to agree schemes for residual funding.

ACTIONS:
HP to work with system leads for clinical services strategy and analytics to develop proposals for residual balance of funding.

12. Revised ICS Board Assurance Framework and Risk Register

ACTIONS:
Item deferred to the August meeting

Date of next meeting:
8 August 2019
9am – 12pm
Rufford Suite, County Hall

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ICS Board Action Log (August 2019) **Item 3. Enc. A2**

ID	Action	Action owner	Date Added	Deadline	Action update
B175	To identify necessary leads from the respective Local Authorities to support health and social care integration for End of Life care	Jonathan Gribbin/Colin Monkton	12 July 2019	31 August 2019	
B176	Re: ICS Outcomes Framework, TD to discuss the proposed workforce metrics with workforce leads.	Tom Diamond	12 July 2019	31 August 2019	
B177	To identify three measures and develop a system approach to how the Outcomes Framework will be operationalised. TD to report back to the September ICS Board	Tom Diamond	12 July 2019	12 September 2019	
B174	To ensure that EMAS progress actions to embed an automated solution to accessing end of life care plans and the roll out of the ReSPECT Tool.	Richard Henderson	12 July 2019	30 September 2019	

ID	Action	Action owner	Date Added	Deadline	Action update
B178	To lead on the development of a clear mandate from the Board on the analytical work to draw upon the progress already made, to determine whether external facilitation from a partner ICS/STP was needed, and ensure that individuals of appropriate seniority are involved from each partner organisation	Andy Haynes	12 July 2019	30 September 2019	
B180	To lead a piece of work with all system partners to: 1. ascertain the impact of actions in place to improve cancer performance and identify further actions to improve and maintain 62 day performance in year. 2. To model activity and actions over 5 years as cancer is a key part of the Five Year Plan.	Richard Mitchell	12 July 2019	30 September 2019	
B179	AS to lead conversations on the alignment of resources during Autumn reporting back to the October ICS Board for a wider discussion	Amanda Sullivan	12 July 2019	9 October 2019	

ENC. B

Meeting:	ICS Board
Report Title:	Patient Story – Let's Live Well in Rushcliffe
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	4
Work-stream SRO:	N/A
Report Author:	Liz Walker, Peer Consultant Lead ImROC Project Manager : Let's Live Well in Rushcliffe
Attachments/Appendices:	None

Report Summary:

Let's Live Well in Rushcliffe (LLWiR) was implemented to address a need identified within the Principia Multispecialty Community Provider (MCP) Vanguard, providing a comprehensive model of social prescribing and self-management support that enabled GPs to work 'at the top of their license'.

This Patient Story is intended to illustrate the impact of LLWiR on the patient's:

- Mental illness
- Loneliness / Isolation
- Bereavement / Grief

And the associated impact on the system.

Action:

☒ To receive
☐ To approve the recommendations

Recommendations:

Key implications considered in the report:

Financial	☒	The report summarises the financial impact of the service
Value for Money	☒	Independent evaluation shows the return on investment
Risk	☐	
Legal	☐	
Workforce	☐	
Citizen engagement	☒	To engage patients who have benefitted from the service in sharing their experience.
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☐	☐	☐
Performance Oversight Group	Clinical Reference Group	Mid Nottingham-shire ICP	Nottingham City ICP	South Nottingham-shire ICP

☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

PATIENT STORY – LET'S LIVE WELL IN RUSHCLIFFE

8 AUGUST 2019

The Service

1. The Let's Live Well in Rushcliffe (LLWiR) pathway is a model of care provision which allows people with complex social, mental, and physical health and social care needs to co-identify their own goals and coproduce and implement a personalised wellbeing plan.

2. The service is delivered by Implementing Recovery Through Organisational Change (ImROC) an organisation hosted by Nottinghamshire Healthcare Trust.

3. This pathway combines a health focus with more socially-focused support: patients are referred by healthcare staff (or self-refer) to a Health Coach who initially assesses their health needs before either providing self-care support or referring them on to community-based Link Workers to address their social needs.

4. A full evaluation of the project was undertaken by Nottingham Trent University to assess impact on health and service use. This study reported significant improvements in patients' physical and mental wellbeing, group membership and reductions in primary and secondary care usage producing a projected ROI of £1.88.

Patient Story

5. The purpose of sharing this story is to articulate the clinical impact, system impact and wider impact on the participation of people seen by the service in work and life roles, reducing their care and needs on their network of support.

6. This patient story is of someone who self-referred having heard about the service via their local GP surgery.

7. Their story demonstrates common features of many people who have either been referred by their GP or self-referred, in that people can be reluctant to become part of "the system" i.e. take medication despite having identified "they are not in a good place" and "become a drain on scarce NHS resources".

8. They want to take control of their situation, but recognise that they need support from another to have the courage to take the first steps to self-management. This type of support is not available utilising usual routes. By providing bespoke support utilising the "green book", a self-management tool which was co-produced as part of the development of LLWiR, the patient has

been able to not only tackle the issues that were of concern to her but make changes to her lifestyle to improve her own health and wellbeing

9. Originally the patient was supported by a health coach, this can be for between 1 and 3 sessions during which goals are established (utilising the green book) and a shared decision is made as to whether they require further support from a Link Worker. This patient was supported by both a Health Coach and a Link Worker from the service.

10. The patient identified that they wanted to:
    - Meet new people
    - Manage their weight – Access weight loss groups / cycle
    - Travel
    - Volunteer / find employment

11. Being recently bereaved, the patient was apprehensive about doing activities on their own, following the loss of their spouse. The patient was having to adjust to new tasks which her spouse had previously managed, she was the home maker and mother whilst her husband had managed other household duties for example managing finances alongside seemingly simple tasks of taking the bins out and so on. Although the patient had tried attending social groups, they had found this extremely difficult when people had expressed their condolences or appeared that they didn't know what to say to them after the bereavement.

12. Initially the patient was supported by a Link Worker going for walks with the family dog, visiting a variety of community venues and together the Link Worker and the patient explored opportunities together to begin to think about managing their weight and physical activity levels. Over time the patient met other dog walkers and began to form local friendships, no longer being dependant on her spouse to provide social activities, this helped the patient feel more comfortable spending time within the local community she was no longer spending the majority of time alone and is considering joining a local Slimming World group.

13. As a result of feeling more confident, the patient decided that they wanted to become a volunteer, she attended the LLWiR volunteer training where she described wanting a role that was relatively free from pressure but brought her into contact with a broad range of people. With this in mind LLWiR connected them to the Super Kitchen scheme run by Metropolitan Thames Valley Housing Association; the patient very quickly became influential in establishing a new Super Kitchen offer.

14. The patient grew in confidence and was really enjoying her voluntary work, she felt valued and began to think about her own journey, she identified a gap / a need in her local area to develop a community space. The patient is now looking to self-fund and manage a Community Café. The patient intends for the Community Café to provide a welcoming, supportive and safe

environment for all people to improve their well-being and quality of life and aims to do this by offering opportunities to connect, craft and other activities, workshops and classes for the community in partnership with other organisations. LLWiR Community Development lead is supporting the patient with this and we envisage the Café will go live very soon.

Next Steps

15. South Nottinghamshire ICP are currently reviewing how to maximise the NHS England funding for social prescribing alongside the additional transformational monies and recognise the learning from the Let's Live Well in Rushcliffe model.

ENC. C1

Meeting:	ICS Board
Report Title:	Re-positioning of System Workstreams
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	5
Work-stream SRO:	Wendy Saviour
Report Author:	Deborah Jaines/Tom Diamond/Rebecca Larder
Attachments/Appendices:	Enc. C2. Re-positioning of System Workstreams PowerPoint presentation

Report Summary:

This report updates the ICS Board on how system-wide workstreams are evolving and how it is now proposed to align these yet further to meet the needs of the ICPs.

The presentation highlights:

- There is no suggestion to radically reduce the number of workstreams but they need to change their focus
- Some of the workstreams have fallen away since the last time this issue was considered by the ICS Board
- Those that remain need to continue their work but with more common objectives
- The overview groups that do remain need to both be engaged more in 'system plans' for their area of specialty and also need to be more 'ICP-facing'.

Action:

☒ To receive
☒ To approve the recommendations

Recommendations:

1.	Support the evolution of the system work-streams in accordance with the functions delivered at each level of the system architecture
2.	Support the repositioning of the work-streams to the ICPs and transformation boards/groups.
3.	Agree to the repurposing of the work-streams with confirmed responsibilities for each Overview Group in accordance with LTP and regulatory requirements.

Key implications considered in the report:

Financial	☐	
Value for Money	☐	
Risk	☐	
Legal	☐	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:				
Board	Partnership Forum	Finance Directors Group	Planning Group	Financial Sustainability Group
☒	☐	☐	☐	☐
Performance Oversight Group	Clinical Reference Group	Mid Nottingham-shire ICP	Nottingham City ICP	South Nottingham-shire ICP
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Integrated Care System
Nottingham & Nottinghamshire

ICS Board
08 August 2019
Item 5. Enc. C2

Re-positioning of System Workstreams

Integrated Care System
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Purpose of the presentation

1. Consider the current system-wide workstreams in the context of the functions that ought be delivered by the respective parts of our system architecture.

2. Seek agreement to the proposed re-positioning of the workstreams.

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Background

- In February 2019, the ICS Board received a presentation entitled 'A framework and delivery approach for assessing existing system work-streams.'
- At that time, the Board did not feel able to reach any conclusions or recommendations on how to re-position or re-organise the system-wide workstreams going forward.
- However, the Board asked for a better understanding of what functions should take place at the varying levels of the system e.g. Integrated Care System (ICS); Integrated Care Provider (ICP) and Primary Care Network (PCN). This work was duly completed for a small number of work-streams including Mental Health and urgent care.
- This presentation now builds on those discussions, aiming to strengthen the nature and impact of the system wide workstreams to all the levels of the system.
- Although there are still a number of moving parts (including the NHS Long Term Plan (LTP) and emerging regulatory requirements) ICPs and PCNs are now evolving and becoming a more active part of the system overall.
- Taking account of these evolving activities, this presentation centres on the requirement for adaptive system work-streams best able to respond to the transformation needs of a dynamic system.

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Context and Engagement

- It is important to reconfirm that whilst the current work-streams align to many of the requirements of the LTP, they do not collectively provide a coherent system strategy and associated transformation programme. This is being considered in developing our strategic response to the LTP with potential for additional and / or consolidation of the work-streams going forward.

- The aim of this presentation is to strengthen the evolution of the work-streams in accordance with the developing system architecture.

- The proposals outlined in this presentation have been informed by both the Accountable Officer and the Director of Commissioning of the CCGs; NUH's Director of Integration, the Director of Care Integration for Mid Nottinghamshire ICP, City Council's Director of Strategy and Policy, the ICS Finance and Strategy Directors, and a Clinical Chair from Greater Nottingham.

The presentation does not propose a radical reduction in the number of work-stream, given that these provide SOME alignment with the development of the LTP. It does, however, propose a re-positioning (re-purposing) of their role. It also aims to further reduce confusion and duplication about what happens at each level of the system.

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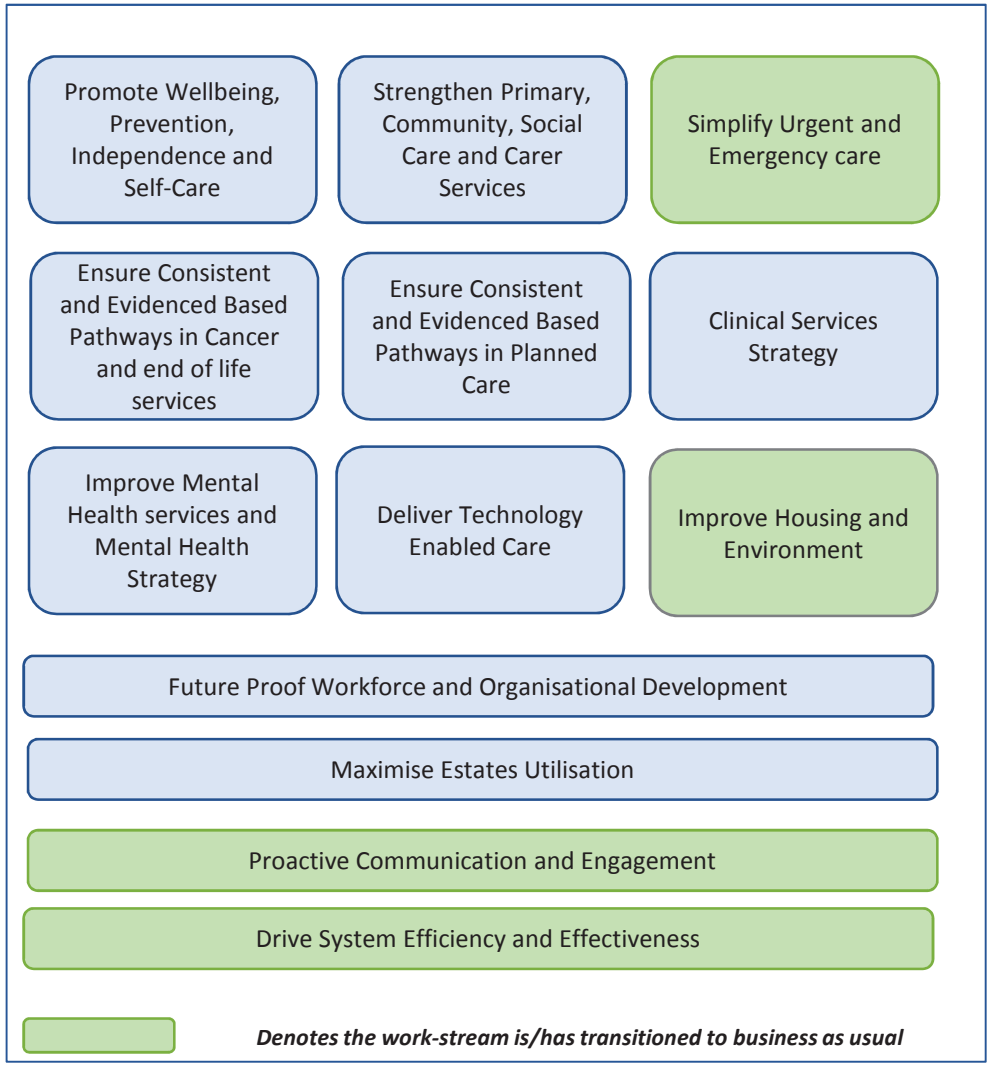
Current status – four of the 13 workstreams have already transitioned to 'business as usual'



- The 'promote wellbeing, prevention, independence and self-care' work-stream has organised around two work-programmes (one on prevention and the other on independence, self care and personalisation).
- The system wide 'simplify urgent and emergency care' work-stream was drawn to a natural conclusion as reported to the ICS Board on 15th February 2019.
- The 'deliver technology enabled care' work-stream has evolved to incorporate digitalisation, analytics and IMT as agreed by the ICS Board in July 2019.
- The 'improving housing and environment' work-stream has concluded and work is transitioning to business as usual through alignment to the ICPs.
- The 'future proof workforce and OD' work-stream has been rebranded 'People and Culture' in accordance with the local strategy approved by the ICS Board on 9th May 2019.
- The 'proactive communications and engagement' work-stream has been mainstreamed as an ICS and CCG business as usual function.
- The 'drive system efficiency and effectiveness' work-stream is transitioning to business as usual within the ICPs but with oversight of system-wide projects e.g. back-office through the ICS Financial Sustainability Group.
- **An ICS wide Population Health Management (PHM) work-stream was established in 2018 and is fully operational. To date, this has not been depicted on the work-stream diagram opposite.**

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Those that remain have an SRO and system-wide overview arrangements in place

Work-stream	Senior Responsible Officer	Programme Director	System wide Overview Group
Prevention	Alison Challenger / Chris Packham	☑	☑
Independence, self care and personalisation		☑	☑
Primary, community and social care	Nicole Atkinson	☑	☑
Cancer and end of life	Richard Mitchell	☑	☑
Planned care	Hugh Porter	☑	☑
Clinical services strategy	Tracy Taylor	☑	☑
Mental health	Julie Hankin/Amanda Sullivan	☒	☑
Digitalisation, analytics and IMT	Andy Haynes	☑	☑
People and culture	Lyn Bacon	☑	☑
Estates	Simon Crowther	☑	☑
Population Health Management	Wendy Saviour	☑	☑

- **Senior Responsible Officers are drawn from a distributed leadership model**
- **There is no common operating framework for the work-streams**
- **These remaining groups do not fully meet the requirements of the Long Term Plan (LTP). (Additional areas in the LTP not addressed by our system-wide workstreams include: learning disability and autism, maternity and neonatal, children and young people, cardiovascular disease, stroke, diabetes, respiratory, research and innovation.)**

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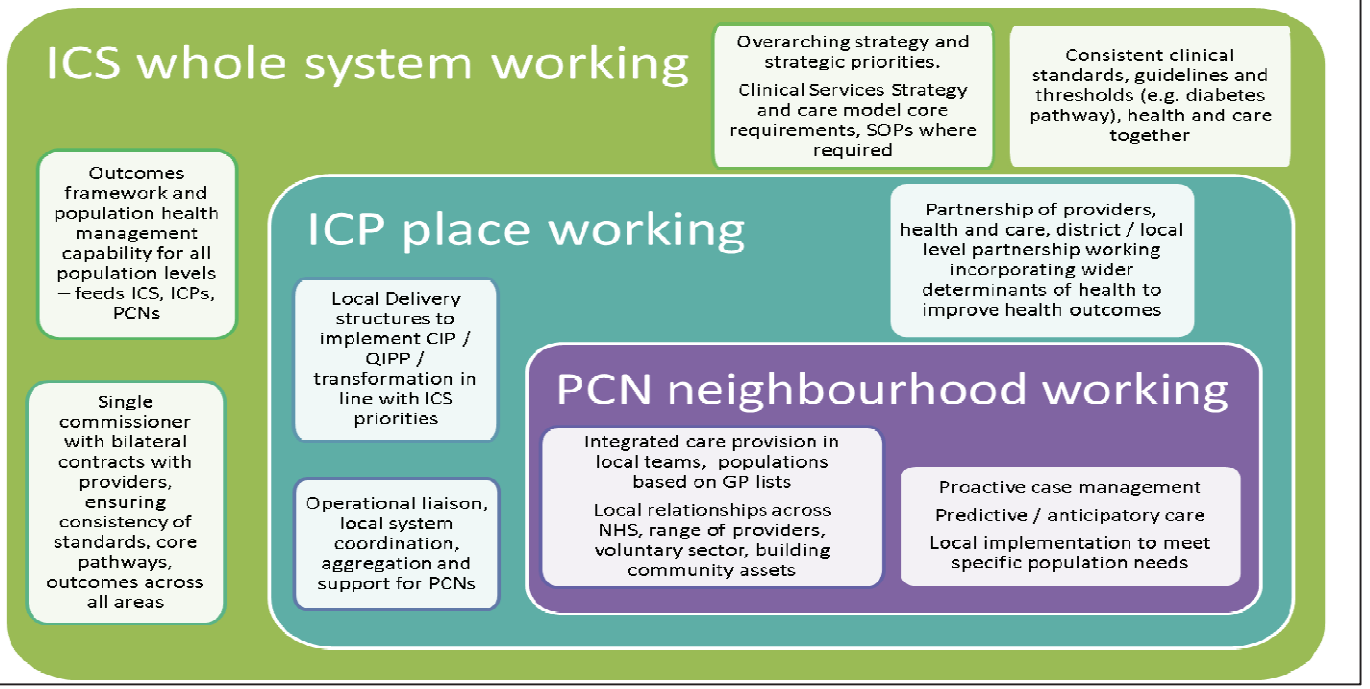
System functions

Working at system, place and neighbourhood population levels: what should happen where (right task for the right population level)



The ICS Board has agreed the functions to be undertaken by the respective parts of the system
To date, the system-wide workstreams have predominantly orientated to strategy development and defining best practice.
This has reflected our stage of system development and working.
More 'agile' and adaptable work-streams are now required that can transition and align their projects and programmes of work across the respective parts of the system.

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Proposed re-positioning of the workstreams

EXAMPLE - The Planned Care workstream has multiple projects at varying stages of development and implementation (e.g. the ENT redesign project is currently focused on defining best practice, whilst the cardiology redesign project is moving to implementation and the gynaecology project is transitioning to business as usual).

ICS whole system working

Work-streams currently positioned to whole system functions

- Clinical Services Strategy
- Population Health Management
- Digital, Analytics & IMT
- Estates
- People and Culture

Work-streams proposed to be repositioned to implementation functions

- Prevention and Independence Self Care & Personalisation
- Primary, Community and Social Care
- Cancer & End of Life Services
- Planned Care
- Mental Health

ICP Place working

PCN Neighbourhood working

Workstreams now need re-positioning to the new system architecture, aligning their projects and programmes across the respective parts of the system architecture.
ICPs and Transformation Boards/Groups have advised that they do not always feel the current work-streams are sufficiently visible and the nature and impact of their work is not fully understood.
Where work-streams have projects focused on implementation, they need to be positioned as such.

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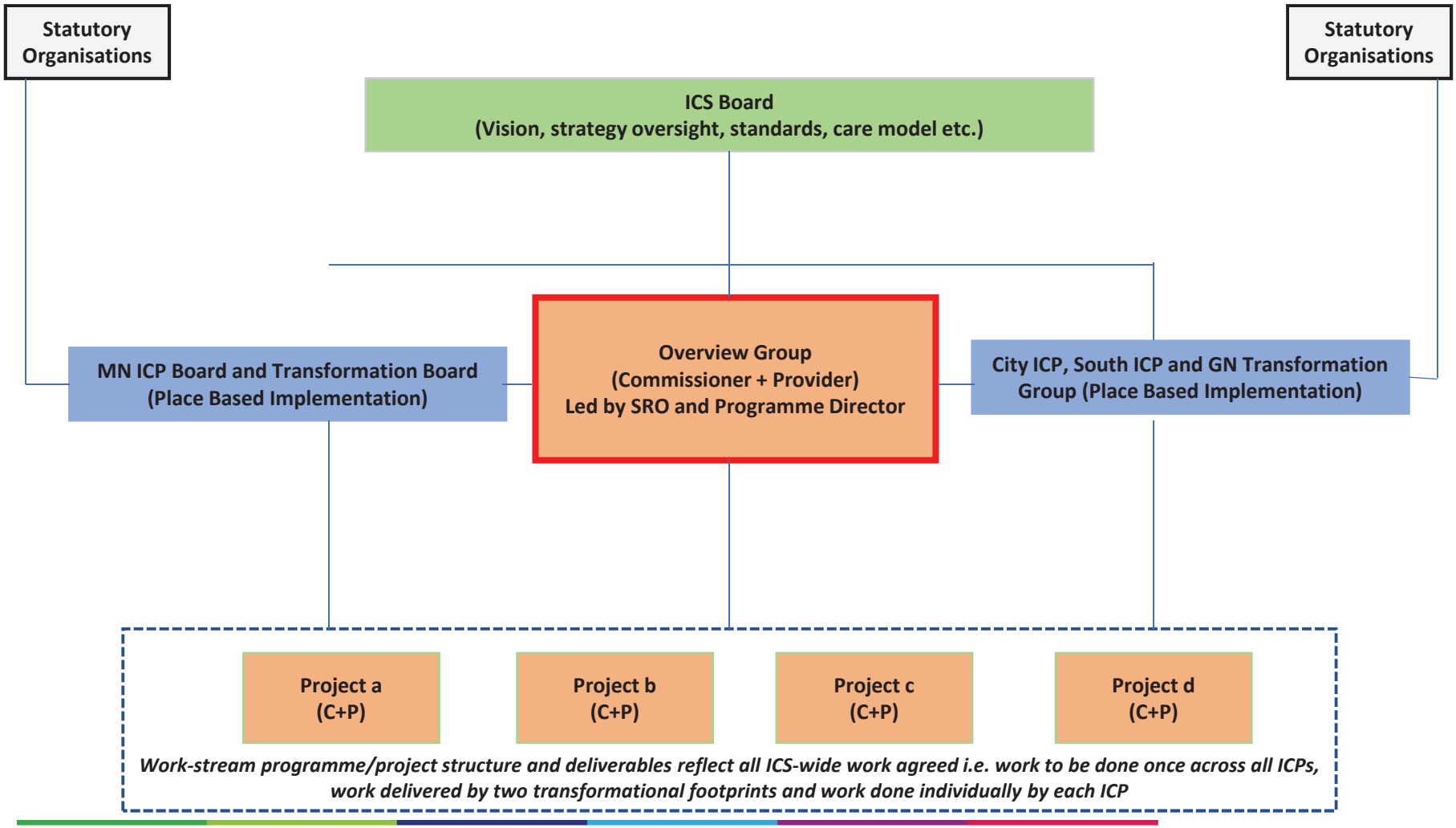
Repositioning to the system architecture

If we accept the need for agile work-streams orientated to all levels of the system, infrastructure and resource similarly needs to be redirected with the requirement for each workstream's Senior Responsible Officer and Overview Group (highlighted below) to ensure appropriate alignment to the ICPs and transformation boards.



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Repurposing the workstreams: proposed responsibilities of the Overview Groups

Early work in developing our response to the LTP as well completing the work for the 19/20 planning requirements, have indicated that there is a common set of responsibilities for the work-streams. It is proposed that we repurpose the work-streams now in accordance with those known requirements. (This is not to say that further development will not be necessary in due course).

It is proposed that the work-stream Overview Groups are repurposed, with responsibility for :

1. How the strategic direction is set; best practice, principles for delivery and KPIs are defined; how a change programme is defined; insights into current performance are developed and how learning is shared across the system.
2. How the change and transformation agenda is owned, embedded and driven by all levels of the system.
3. How resource is used most efficiently and effectively across the system and duplication of work is minimised.
4. If appropriate, when 'returns' are required by regional and/or national teams it is proposed that the Overview Groups take an active role in responding.

If agreed, the ICS Board would have continued oversight of the system strategy and the entirety of the transformation programme at all its stages of development and implementation.

The ICS Board would continue to have responsibility for approving system returns to the regulators (either in its own right or via the Planning Group).

There is a potential need to also evolve the Board's sub-groups over time in accordance with our dynamic system, LTP and regulatory requirements. This will be addressed in a future Board paper.

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Next Steps

The ICS Board is asked to:

1. Support the evolution of the system work-streams in accordance with the functions delivered at each level of the system architecture
2. Support the repositioning of the work-streams to the ICPs and transformation boards/groups.
3. Agree to the repurposing of the work-streams with confirmed responsibilities for each Overview Group in accordance with LTP and regulatory requirements.

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ENC. D

Meeting:	ICS Board
Report Title:	2019/24 Five Year System Plan
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	6
Work-stream SRO:	Wendy Saviour
Report Author:	Tom Diamond/Helen Pledger
Attachments/Appendices:	Appendix One: Five Year Plan Approach Appendix Two: Schedule of Board Dates

Report Summary:

This report updates the ICS Board on the approach to developing and approving the 2019/24 five-year system plan.

System Planning Approach:

A system planning approach is in place to move towards a bottom up single system plan with a clearly articulated 'do nothing' position and 'do something' plan. The planning approach has been discussed with the ICS Planning Group, the ICS Finance Directors Group and the ICS Board during a number of Board development sessions.

The ICS Planning Group continues to meet fortnightly to provide oversight and support for the development of the plan, and a series of four workshops over August have been scheduled to develop a first draft of the 'do something' plans.

The existing planning governance structure put in place to escalate and address issues for the 19/20 Operational Plan will be used for the development of the 5 year plan (Organisations -> ICP Planning Group -> ICS Planning Group -> ICS Board).

Long Term Plan, Guidance and Supporting Information:

The system has received:

- The Long Term Plan Implementation Framework
- CCG allocations

However, the main technical supporting guidance is yet to be issued as is the template for the supporting technical return. The system is also awaiting further information from the regional team on funding, the future financial framework and confirmation of specific requirements for performance trajectories.

2020/21 Commissioning Intentions:

In previous years Clinical Commissioning Groups have issued annual commissioning intentions by the 30th September. However, for 2020/21 it is expected that this process will be aligned with the production of the five-year plan.

Issues (section 3)

There are three issues identified in the approach update, along with the actions being taken to address these.

Action:
☒ To receive ☒ To approve the recommendations

Recommendations:	
1.	The ICS Board is asked to NOTE the challenging timeframe within which the ICS's five year plan is to be developed, particularly given not all the guidance has been released and the exact ask of systems is not clear yet.
2.	The ICS Board is asked to NOTE that in light of this uncertainty a phased process to developing the plan is being adopted to put the necessary building blocks in place whilst enabling a fluid and reactive response as specific planning requirements are confirmed.
3.	The ICS Board is asked to NOTE the proposed approach to approval of the five year system plan at the ICS Board on 6 November.
4.	The ICS Board is asked to NOTE that a balance will need to be struck between ensuring the necessary building blocks are in place and stakeholder engagement at the right time in the process.
5.	The ICS Board is asked to NOTE that ensuring the right individuals from constituent organisations who can act as the conduit to ICPs is key to ensuring the plan is owned across the ICS.

Key implications considered in the report:		
Financial	☒	
Value for Money	☒	
Risk	☒	
Legal	☐	
Workforce	☒	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Financial Sustainability Group
☒	☐	☒	☒	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒

Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

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SYSTEM PLAN 2019/24 – APPROACH UPDATE

August 2019

Introduction

1. In January 2019 the NHS published the Long Term Plan (LTP), which sets out a 10-year practical programme of phased improvements to NHS services and outcomes, and provides a framework for local planning for the next five years and beyond.

2. This was followed by the publication of the NHS Long Term Plan Implementation Framework in June 2019 that set out the approach Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) are to take to create their five-year strategic plans by November 2019, covering the period 2019/20 to 2023/24.

3. These plans should be based on realistic workforce assumptions and deliver all the commitments within the Long Term Plan.

4. Some of the commitments in the LTP are described as critical foundations to wider change. The expectation is that all systems must deliver on these foundational commitments in line with nationally defined timetables or trajectories, including the Government's five financial tests.

5. Systems have greater flexibility to prioritise and define the pace for the remainder of the commitments in the LTP, but will need to ensure the end points as set out in the LTP are met.

6. Systems are expected to prioritise actions that improve quality of, and access to, care for local populations, with a focus on reducing health inequalities and unwarranted variation.

7. It is expected plans will be aligned to the following principles:

- Clinically-led
- Locally owned
- Realistic workforce planning
- Financially balanced
- Delivery of all commitments in the Long Term Plan and national access standards
- Phased based on local needs
- Reduce local health inequalities and unwarranted variation
- Focussed on prevention
- Engaged with Local Authorities
- Drive innovation

8. Publication of the LTP Implementation Framework is described as the start of the process for strategic system planning, with an initial submission in September 2019 and a final submission by mid November 2019. Plans should fully align

across the organisations within a system so they can subsequently be translated into organisational plans for 2020/21, which will be required in early 2020.

9. The milestones as set out in the LTP Implementation Framework are:

3 June 2019	Interim People Plan published
June 2019	Publication of the Long Term Plan Implementation Framework
July 2019	Main technical and supporting guidance issued
27 September 2019	Initial system planning submission
15 November 2019	System plans agreed with system leads and regional teams, in consultation with National Programme Directors
December 2019	Further operational and technical guidance issued
December 2019	Publication of the national implementation programme for the Long Term Plan
Early February 2020	First submission of draft operational plans
End of March 2020	Final submission of operational plans

10. It should be noted, that the main technical and supporting guidance has still not yet been issued, and the template for the technical element of the return is not expected until the 2 September at the earliest (with an initial system planning submission on the 27 September).

11. Systems are asked to provide two elements at both the September and November milestones:

- **Strategy delivery plan:** A document that sets out what the system plans to deliver over the next five years. There is no template for this document, however systems have been encouraged to ensure that their plan reflects the principles set out above and includes a description of local need; what service changes will be taken forward and how; how the local system infrastructure will be developed – including workforce, digital and estates; how efficiency will be driven through all local activity, how local engagement has been undertaken to develop the plan and how financial balance will be delivered.

- **Supporting technical material:** System plans need to be underpinned by realistic plans for workforce and activity, which must be delivered within the local financial allocation. Templates and tools will be provided to support systems in this.

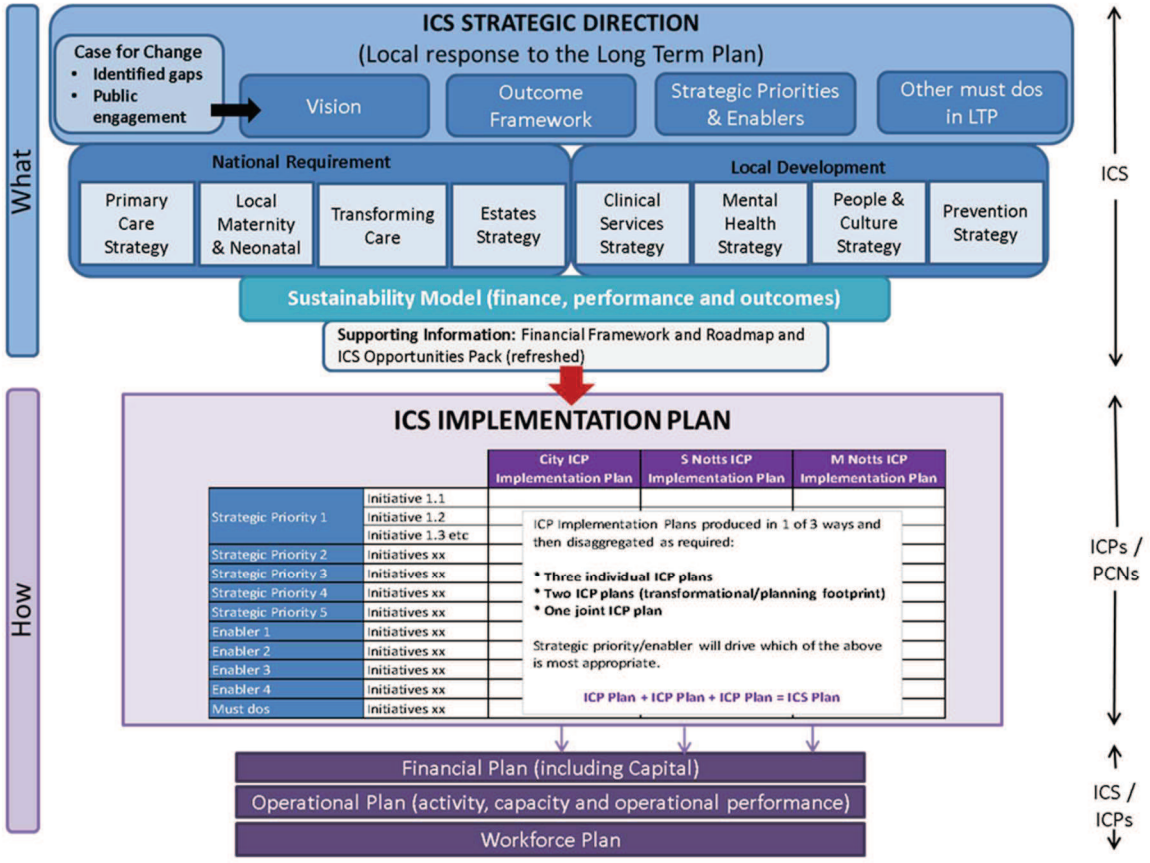
12. Although not explicit in the guidance yet, submission of performance trajectories is also expected to be a requirement. Regional teams are to confirm with each system which specific performance trajectories are expected.

13. In previous years Clinical Commissioning Groups have issued annual commissioning intentions by the 30th September. However, for 2020/21 it is expected that this process will be aligned with the production of the five-year plan. This will be developed as further guidance is received.

14. This paper provides an update on the system planning approach to develop the ICS's five year plan following discussions at the ICS Board Development sessions, ICS Planning Group and ICS Finance Directors Group.

Approach to developing system plan 2019/24

15. The intention of the system planning approach is to move the system towards a fully bottom up system plan with a focus on key areas where the system faces challenges, but that also delivers all of the commitments set out in the LTP. This overall approach is set out in the diagram below.



16. Given the relatively short timescales to develop the five year system plan and that neither the main technical and supporting guidance or specific implementation guidance to all the areas set out in the LTP have been issued (with the exception of Mental Health), the system planning process to deliver this approach will need to be fluid and reactive.

17. Based on the information received to date and through discussions with the ICS Board, ICS Planning Group and ICS Finance Directors Group a process comprised of four phases has been developed to deliver the approach set out above.

18. Given all the guidance has not been released and the exact asks of systems isn't absolutely clear yet, these phases are designed to ensure the necessary building blocks are in place to develop the five year plan and balance this with engagement at the appropriate time to ensure the best use of input. These phases are described below and set out in more detail in Appendix One.

Phase	Focus	Lead	Timeline	Progress
One	ICS Strategic direction • Case for change • Vision • System Outcomes • Strategic Priorities & Enablers • Other LTP Must dos	• LTP core team	Now - 30 Aug	**On track**: Board development sessions April, June and July to take forward
Two	ICS Sustainability model • Financial sustainability • Outcomes • Performance/KPIs	• LTP core team	Now - 30 Aug	
Three	1st draft do something plans • Collective bottom up development to get an initial view of five year plan • Based on LTP and associated implementation guidance • Develop based on a set of four workshops over August	• LTP core team • Organisation and ICP planning leads • Care area leads	22 Jul – 30 Aug (6 weeks)	
Four	Final do something plans • Further refinement of do something plans based on wider engagement • Reflect different approaches by ICPs as required	• Organisation and ICP planning leads • Care area leads • Wider clinical/professional and patient/public stakeholders	16 Sep – 25 Oct (7 weeks)	
Ongoing	Development of required outputs • Strategy delivery plan • Supporting technical submissions	• LTP core team	05 Aug – 30 Oct	

Lead Roles and Responsibilities:

LTP core team

- *Hold the ring on the national ask*
- *Co-ordinate and the align the inputs*
- *Produce the required outputs*

Organisation and ICP planning leads

- *Inform and shape 1st draft of 'do something' plans based on LTP guidance*
- *Engage and be the conduit with the ICPs*
- *Engage and be the conduit with relevant stakeholders in their organisations*

Care area leads

- *Provide subject matter expertise input to plans*
- *Link with National Programme Directors*
- *Engage with relevant wider stakeholders*

Wider clinical/professional and patient/public stakeholders

- *Provide clinical oversight*
- *Lead on the further development and refinement of the 1st draft of do something plans*

ICS Board Approval

19. The Long Term Plan Implementation Framework requires that all systems agree their plans by the 15 November and publish them shortly after. The ICS Board meeting on the 6 November will be used to approve the system's five year plan, with papers issued on the 30 October.

20. It is proposed that the constituent organisations of the ICS use their Board meetings in the run up to the submission to engage their Boards on the developing five-year system plan. The last Board dates ahead of the submission are set out in the table below and a full schedule included in Appendix Two.

Organisation	Date
Nottingham University Hospitals	26 September
County Council Full Council	10 October
City Council Exec Board	22 October
Nottinghamshire Healthcare Trust	31 October
ICS Board	**6 November**
Sherwood Forest Hospitals	7 November
CCG Governing Body	7 November
City Council Full Council	11 November

21. ICS partners are asked to ensure that appropriate organisational approval process are in place to ensure the ICS Board is in a position to give approval to the five year plan at the Board meeting on the 6 November, prior to submission on the 15 November.

Issues

Timeline and guidance

22. Co-ordinating planning across the ICS, ICPs and individual organisations in the planning timeframe will be challenging for all partners given:

    a. The breadth of the Long Term Plan commitments
    b. Not all the planning guidance has been released yet and the technical submission template isn't expected until the 2 September – and an interim submission is due on the 27 September
    c. Good progress will be required over August when a large number of people will be on leave
    d. The actual ask of the strategy delivery plan and supporting technical material is not clear
    e. Aligning submissions dates with statutory organisation and ICS Board dates is a challenge.
    f. Impact of reorganizational changes of NHS I and E.

23. To seek to mitigate these challenges the process for developing the five year plan is phased to get the necessary building blocks in place to draw on as further guidance is released and the ask becomes clearer whilst allowing for it to be fluid and adapt to changing requirements.

Clinical and professional input and ownership

24. Ensuring clinical and professional input and ownership will be critical to developing a successful plan. Given not all the guidance has been received yet and the ask is not clear, the system will need to ensure it makes the best use of clinical and professional input. This will be achieved through a phased process to ensure this input is requested when there is clarity on the ask of systems and ensuring clinical oversight of the plans through forums such as the ICS Clinical Reference Group and the ICP Clinical Reference Groups.

ICP ownership

25. Ensuring ICPs engage with the development of the plan to inform and shape it is key. Having the right individuals from constituent organisations who explicitly have that role and can act as that conduit is vital. ICP Leads are asked to ensure these people are in place.

Recommendations

26. The ICS Board is recommended to note:

    a. The challenging timeframe within which the ICS's five year plan is to be developed, particularly given not all the guidance has been released and the ask of systems is not clear yet

b. In light of this uncertainty a phased process to developing the plan is being adopted to put the necessary building blocks in place whilst enabling a fluid and reactive response as specific planning requirements are confirmed
c. The proposed approach to approval of the five year system plan
d. A balance will need to be struck between ensuring the necessary building blocks are in place and stakeholder engagement at the right time in the process
e. Ensuring the right individuals from constituent organisations who can act as the conduit to ICPs is key to ensuring the plan is owned across the system

Tom Diamond
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Helen Pledger
ICS Finance Director
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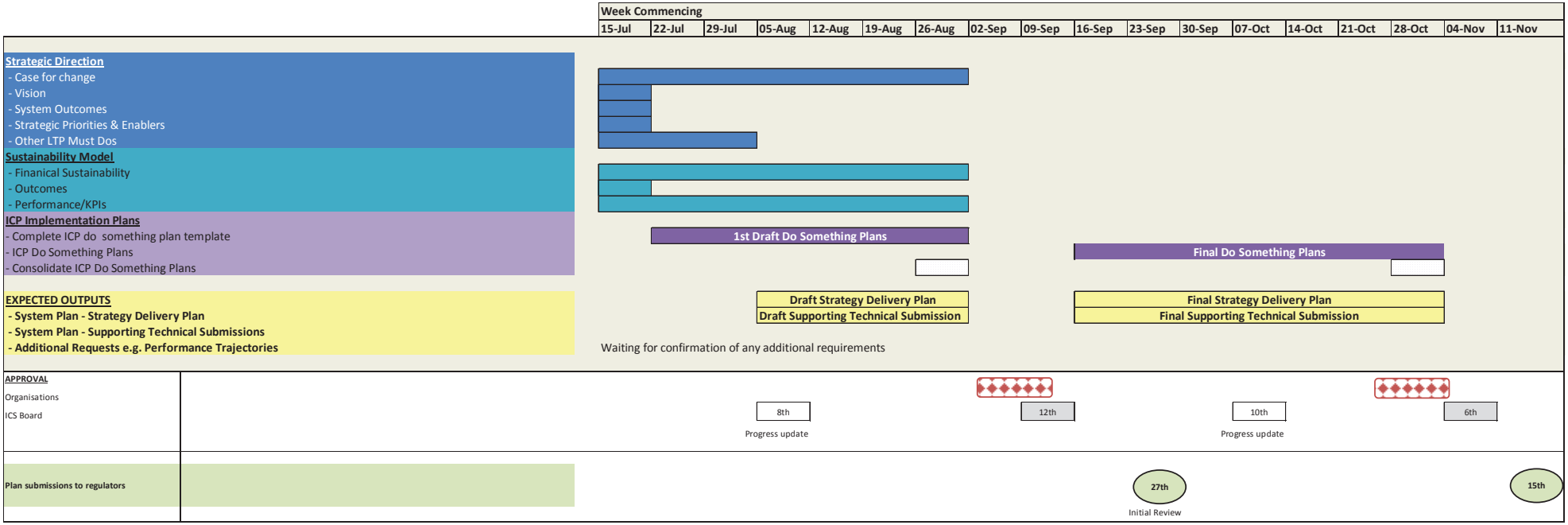
Appendix One

Five-year Plan (2019-24) - Timeline



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Appendix Two

Schedule of Board Meetings

			Purpose of meeting			
Meeting	**Date**	**Output for meeting**	**Update on Engagement on local priorities**	**Early draft of local system plan for comment**	**Final draft of local system plan**	**Final plan for signoff**
ICS Board Development Session	22 July	Slide deck update on engagement	√			
ICS Partnership Forum	27 August	Insights report	√			
Greater Nottingham PPEC	27 August	Insights report	√			
Mid Notts PPEC	3 September	Insights report	√			
ICS Board	12 September	Insights report Plan for November launch	√			
City Health Scrutiny Committee	12 September	Insights report Draft of local system plan	√	√		
City Health and Wellbeing Board	25 September	Insights report Draft of local system plan	√	√		
Notts Healthcare Trust	26 September	Insights report Draft of local system plan	√	√		
Nottingham University Hospitals	26 September	Insights report Draft of local system plan	√	√		
DRAFT LOCAL PLAN SUBMITTED 27 SEPTEMBER						
EMAS	1 October	Insights report	√	√		

			Purpose of meeting			
Meeting	**Date**	**Output for meeting**	**Update on Engagement on local priorities**	**Early draft of local system plan for comment**	**Final draft of local system plan**	**Final plan for signoff**
		Draft of local system plan				
CCG Governing Body	2 October	Insights report Draft of local system plan	√	√		
County Health and Wellbeing Board Workshop	2 October	Draft of local system plan		√		
Sherwood Forest Hospitals	3 October	Insights report Draft of local system plan	√	√		
County Adult Social Care and Public Health Committee	7 October	Insights report Draft of local system plan	√	√		
CityCare Board	9 October	Insights report Draft of local system plan	√	√		
County Council Full Council	10 October	Insights report Draft of local system plan	√	√		
County Health Scrutiny Committee	15 October	Insights report Draft of local system plan	√	√		
City Council Exec Board	22 October	Insights report Draft of local system plan	√	√		
Notts Healthcare Trust	31 October	Final draft of local system plan			√	
ICS Board	6 November	Final draft of local system plan			√	√
Sherwood Forest Hospitals	7 November	Final draft of local system plan				
CCG Governing Body	7 November	Final draft of local system plan				
City Council Full Council	11 November	Insights report Final draft of local system plan				

			Purpose of meeting			
Meeting	**Date**	**Output for meeting**	**Update on Engagement on local priorities**	**Early draft of local system plan for comment**	**Final draft of local system plan**	**Final plan for signoff**
CityCare Board	13 November	Final draft of local system plan				
FINAL SYSTEM PLAN SUBMITTED 15 NOVEMBER						
ICS Board	12 December	Regional and National aggregation and next steps for 20/21 Planning				

ENC. E1

Meeting:	ICS Board
Report Title:	South Nottinghamshire Integrated Care Provider Update
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	7
Work-stream SRO:	N/A
Report Author:	John Brewin
Attachments/Appendices:	None

Report Summary:

To update on Integrated Care Provider progress over the last month.

John Brewin to provide a verbal update on South Nottinghamshire ICP at the meeting.

Action:

☒ To receive
☐ To approve the recommendations

Recommendations:

1.	The Board is asked to NOTE the South Notts ICP work to date.

Key implications considered in the report:		
Financial	☒	
Value for Money	☒	
Risk	☒	
Legal	☐	
Workforce	☒	
Citizen engagement	☒	
Clinical engagement	☒	
Equality impact assessment	☒	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☒	☒	☒

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Update from South Nottinghamshire Integrated Care Provider
8 August 2019

Background

1. The South Nottinghamshire ICP "Engine Room" met on 17 July to progress the stakeholder engagement approach to be undertaken by September 2019.

Developing the ICP's goals and identity

2. During July, colleagues from the ICP have been engaging with District and Borough Councils in advance of the facilitated development session taking place on 31 July 2019.

3. This session has over 20 attendees from PCNs, District and Borough Councils, HealthWatch and clinical leaders from the ICP's provider organisations.

4. The session is being supported by colleagues from the East Midlands Leadership Academy (EMLA) who are providing independent facilitation for the session. Further discussions are being progressed with EMLA to develop the longer term support offer for ICPs.

5. The focus of the development session is to develop a shared understanding of the opportunity the ICP presents for the population of and each partner in South Nottinghamshire, building on the relationships and joint working that are already working well.

6. The output will provide the initial goals and priorities for a place plan for South Nottinghamshire which will be shared within each partner organisation for discussion and development during August.

7. A second development event is being held on 6 September 2019 to further develop the ICP's place plan, and to agree the membership of the ICP Board that will have its inaugural meeting in October 2019.

ICP resource requirements

8. The ICP Development Group is progressing work to identify the resource requirements required by the ICP during the initial stages of development, and to support delivery of early priorities. This is an alignment of existing resource within the partner organisations rather than additional resource.

9. Nottinghamshire Healthcare Foundation Trust has committed Organisational Development, Communications and administrative resource to the ICP.

10. An ICP Planning Group is being formed, made up from the partner organisations, to support the work of ICS Planning Group in confirming the approach to be taken in South Nottinghamshire to deliver the NHS Long Term Plan.

John Brewin
South Nottinghamshire ICP Lead
john.brewin@nottshc.nhs.uk
29 July 2019

ENC. E2

Meeting:	ICS Board
Report Title:	Update from the Nottingham City Integrated Care Partnership
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	7
Work-stream SRO:	
Report Author:	Ian Curryer
Attachments/Appendices:	None

Report Summary:

To update on Integrated Care Provider progress over the last month.

Action:

☒ To receive
☐ To approve the recommendations

Recommendations:

1.	The Board is asked to note the Nottingham City ICP work to date.

Key implications considered in the report:

Financial	☐	
Value for Money	☐	
Risk	☐	
Legal	☐	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☒	☐

Contribution to delivering the ICS high level ambitions of:

Health and Wellbeing	☐
Care and Quality	☐
Finance and Efficiency	☐
Culture	☐

Is the paper confidential?

☐ Yes
☒ 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.

Nottingham City Integrated Care Provider Update
8 August 2019

1. There have been in depth discussions about future management and governance structures of the ICP. There was an open debate around membership, what it should look like and who is represented, with emphasis being put on ensuring we have the right people making decisions and focus on getting things done within the ICP. What we do initially will go far to set the tone of how we continue to work as an ICP going forward. It was agreed that the current development group would as planned move to become the Executive Management Group (EMG) and further discussions would take place on linked governance arrangements over the subsequent two weeks.

2. The Chief Executive, Nottingham City Council, Finance Director, Nottinghamshire ICS, Chief Executive Nottingham University Hospitals and Director of Integration, Nottingham University Hospitals have met to continue to work through the interests of NUH and how their role as key member of the City ICP will be taken forwards.

3. The realignment of the Clinical Leads and support in the CCG and system going forward was discussed. The current CCG Clinical Leads recently met with the Accountable Officer, Nottinghamshire CCGs and a range of new priorities were discussed, these included; supporting the Corporate function of the future Strategic Commissioner, but also supporting the ICPs with pathway design and transformation. In order to reduce duplication across the three ICPs (City, Mid Nottinghamshire and South Nottinghamshire), there is a proposal to set up a system-wide Clinical Design Authority (CDA) and a move towards more generic roles, rather than specific specialties, for example Maternity, Respiratory etc.

4. The Nottingham City ICP Programme Director post (Agenda for Change Band 8C) is out for advert and closes on 4 August with a view to confirm the appointment by the end of August. Initial indications are good levels of interest based on contacts made to the ICP Lead about the role so far. In addition to external candidates, this could also be attractive as a secondment opportunity.

5. The plans for ICP Launch event for frontline staff has been delayed to account for the summer holiday break. Work is being done to arrange it after this period to aide availability – likely to be early October. The ICP will link with the Director of Communications and Engagement, Nottinghamshire ICS, to align to ICS plans and approaches.

6. The City housing to home project was also presented at the National ICS PCN development day attended by ICS Managing Director and Clinical Director, Nottinghamshire ICS.

7. Whilst a national PCN dashboard is developed, a locally developed PCN dashboard interim solution is close to being launched to help to ensure that practices and PCNs remain focussed on their system activity and costs (both elective and non-elective).

8. Within Nottingham City Council, Catherine Underwood has been appointed as the Corporate Director for People, following the retirement of Alison Michalska. Catherine will have responsibility for Adults, Children and Public Health and will be responsible for the contribution of Nottingham City Council to the ICP. With Ian Curryer as the ICP Lead, this ensures that there is clear separation of the representation of the City Council contributions from the role Ian has as ICP lead.

Ian Curryer
Nottingham City ICP Lead
Ian.curryer@nottinghamcity.gov.uk

ENC. E3

Meeting:	ICS Board
Report Title:	Update from the Mid-Nottinghamshire Integrated Care Partnership
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	7
Work-stream SRO:	
Report Author:	Richard Mitchell
Attachments/Appendices:	None

Report Summary:

To update on Mid-Nottinghamshire Integrated Care Partnership progress over the last month.

Action:

☒ To receive
☐ To approve the recommendations

Key implications considered in the report:

Financial	☒	
Value for Money	☒	
Risk	☒	
Legal	☐	
Workforce	☒	
Citizen engagement	☒	
Clinical engagement	☒	
Equality impact assessment	☒	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☒	☐	☐

Contribution to delivering the ICS high level ambitions of:

Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Mid-Nottinghamshire Integrated Care Partnership Board Update – July 2019

1. Below is a summary of the key discussions and decisions taken at the latest Mid-Nottinghamshire ICP Board which met on 9 July 2019.

ICS Outcomes Framework and the Links to the Approach to Prevention and Tackling Inequalities at a PCN Level

2. Members discussed presentations on the ICS Outcomes Framework and how this related to tackling inequalities at a PCN level.

3. Board members were keen to have the opportunity to influence the Framework and recognised the need to ensure that interventions at a place level align to the measures set out within the Framework. It was also observed that some of the objectives within the Framework would take a long time to evidence change and improvement, and highlighted the need to incorporate interim progress measures to demonstrate impact.

4. District Councils recognised the relevance of the Outcomes Framework to the priority areas in their Corporate Plans.

5. The Chair advised members that the Outcomes Framework would be submitted to the November 2019 meeting of the Board for further discussion.

ICP Transformation Funding

6. Following discussions at the previous ICP Board and the Transformation Board, the ICP Board approved the 2019/20 Mid-Nottinghamshire Transformation Resource Proposal.

ICP Plan update

7. The latest version of the ICP Vision document was presented to the Board and members asked whether they felt it reflected the direction of travel for the ICP Board and to consider how the objectives would be decided.

8. A discussion ensued and members raised comments around the timing of the ICP Vision, clarity around the target audience and the need to ensure alignment with other plans across the patch, particularly the ICS Five Year Plan.

9. These were acknowledged, and it was explained that one of the key reasons for developing the ICP Vision was to support the PCNs and that the ICP Vision would have a local narrative that focussed on the needs of the local population. This document has a local specificity that would have meaning to the front-line staff across Mid-Nottinghamshire.

10. It was agreed it would be beneficial for ICP Board members to have another opportunity to comment on the document prior to approval of a condensed ICP Vision in August 2019 and the full ICP Vision in September 2019.

Approaches to Engagement

11. A presentation from Ashfield District Council on Integrated Locality Working in Ashfield demonstrated the positive social and financial benefit that collaborative, multi-agency working had had on citizens in the New Cross area of Ashfield.

12. This approach illustrated why the engagement principles were needed and why local citizens needed to be engaged in the re-design of services.

13. The Board agreed that in future it would meet in public and adhere to five key engagement principles:

Principle
1. We will change the culture of our organisations, so that engagement becomes business as usual and staff are empowered and enabled to engage collectively with residents.
2. We will communicate in an open and transparent way about what we plan and achieve together (including what we are unable to achieve).
3. We will listen to local residents in their communities and 'place' to help us to understand our local communities and provide honest feedback ('you said, we did') so that we and they can see the impact of their voice.
4. We will use the voice of residents and learn from other areas to inform the development of new models and services following a best practice approach.
5. We will work in a connected way, using each organisation's existing networks and resources as well as local groups and voluntary and community sector organisations to support communications and engagement activity.

Carers Innovation Fund

14. Nottinghamshire County Council is pulling together a bid for the Carers Innovation Fund and ICP partners and community and voluntary groups will be approached to see if they wish to join and strengthen the bid.

15. The next ICP Board meeting will take place on 13 August 2019 and key issues for discussion will be agreeing the high level ICP vision and approach to place-based engagement.

Richard Mitchell
Mid-Nottinghamshire ICP Lead
richard.mitchell2@nhs.net
8 August 2019

ENC. F1

Meeting:	ICS Board
Report Title:	Nottinghamshire ICS MOU with NHSE/I
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	9
Work-stream SRO:	
Report Author:	Deborah Jaines, Deputy Managing Director
Attachments/Appendices:	Enc. F2. Agreed ICS MOU Enc. F3. ICS Maturity Matrix

Report Summary:

This paper provides an update to the ICS Board on the Memorandum of Understanding between the ICS and NHS England and Improvement for 2019/20.

This year, the MOU has been populated using a standard template and sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return, and how the national leadership bodies will work to support system leaders and their teams. The items that we were asked to include were:

- The local priorities and deliverables agreed by the ICS Board on 13 June.
- The financial framework, agreed by the ICS Board on 12 July 2019

The Independent Chair received a final copy from the region on 30 July. In order to ensure that transformation funding was authorised, it was required to sign the MOU by 31 July. An analysis of the content demonstrated that it is essentially the same as the previously circulated draft MOU and the agreed priorities and funding. On this basis the MOU was signed and returned by the Independent Chair.

The ICS will be held accountable for progress against this framework over the coming months as the system evolves.

Alongside this MOU, system leaders were asked to self-assess against the national ICS Maturity Matrix.

The ICS Board are asked to note the requirements of the ICS MOU for 2019/20 and note the Maturity Matrix assessment.

In order to implement the ICS MOU priorities and deliverables, statutory organisations and ICP Boards are asked to endorse the ICS MOU and confirm how they will contribute to delivery. Annex 1 contains a standard report for use at the Board / Governing Body of statutory organisations and ICP Boards. Board secretaries will be engaged to ask that the paper in Annex 1 is scheduled for a suitable future meeting.

Action:

☐ To receive
☒ To approve the recommendations

Recommendations:

1.	Note the requirements of the ICS MOU.

2.	Note the July 2019 assessment against the ICS Maturity Matrix.
3.	That statutory organisations and ICP Boards confirm by 31 August that they endorse the Nottinghamshire ICS MOU and confirm how they will contribute to the delivery of the priorities and deliverables.

Key implications considered in the report:		
Financial	☒	
Value for Money	☐	
Risk	☐	
Legal	☒	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☒	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Annex 1

STANDARD MATERIAL FOR USE IN STATUTORY BOARD MEETINGS IN THE AUGUST/SEPTEMBER BOARD CYCLE

Agreeing an Integrated Care System Memorandum of Understanding for Nottingham and Nottinghamshire

XXX Board/Governing Body

XXXXX 2019

1. Nottingham and Nottinghamshire has been formally designated as an Integrated Care System (ICS).

2. In brief, the purpose of an ICS is a system in which:

   NHS commissioners and providers and Local Authorities, working closely with GP networks, and other partners including the Voluntary and Community Sector, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and health outcomes. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

3. ICSs will:

   - re-design and integrate clinical and care pathways to better meet the needs of the local population
   - develop population health management approaches that facilitate the integration of services
   - work with key system partners and stakeholders including patients and citizens and their democratic representatives, health and care staff, local government and the voluntary sector to achieve these aims;
   - take collective responsibility for managing financial and operational performance, quality of care and health and care outcomes;
   - implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;
   - create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
   - act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities

4. In 2017/18 and 2018/19 an Memorandum of Understanding (MOU) was agreed between the Nottinghamshire ICS and NHS England and Improvement.

5. This paper provides an update to Boards/Governing Bodies/committees on the proposed Memorandum of Understanding between the ICS and NHS England and Improvement for 2019/20.

6. An MOU has been developed using a standard template. The MOU sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return, and how the national leadership bodies will work to support system leaders and their teams.

7. At its 13 June meeting, the ICS Board agreed the local priorities and deliverables for 2019/20 which have been incorporated into the MOU.

Recommendations

8. The Boards/Governing Bodies/committees is asked to

   - Note this update
   - Confirm that your organisation endorses the Nottinghamshire ICS MOU
   - Confirm to the ICS Board how your organisation will contribute to the delivery of the ICS MOU in 2019/20

Wendy Saviour
Managing Director
29 July 2019

Sent via email

David Pearson
Chairman
Nottinghamshire ICS
County Hall
West Bridgford
Nottinghamshire
NG2 7QP

From the office of Fran Steele
Director of Strategic Transformation,
North Midlands

Cardinal Square
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www.improvement.nhs.uk

30th July 2019

Dear David

RE: Memorandum of Understanding for Integrated Care Systems

We are writing to confirm Nottinghamshire's status as an Integrated Care System (ICS), subject to collective agreement of all the leaders in your system, and to specify the financial agreement between the system and the national and regional teams.

In order to support the further development of the ICS in 2019/20, this document sets out some of the expectations of ICSs and the responsibilities and flexibilities the system will receive in return.

1. Objectives

An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve. The ICSs will:

- re-design and integrate clinical and care pathways to better meet the needs of the local population, incorporating use of prevention and self-care where appropriate;
- develop population health management approaches that facilitate the integration of care
- begin to deliver the service changes set out in the Long Term Plan, in particular to:
    - Boost out-of-hospital care, and finally dissolve the historic divide between primary and community services;
    - Re-design and reduce pressure on emergency hospital services;
    - Give people more control over their own health, and more personalised care when they need it;
    - Implement digitally-enabled primary and outpatient care; and
    - Increasingly focus on population health and local partnerships with local authority-funded services

- accelerate primary care networks (PCNs) as the foundation of their ICS and to deliver national service specifications and design care models to meet population need;
- work with key system partners and stakeholders including patients and residents and their democratic representatives, health and care staff, local government and the voluntary sector;
- take collective responsibility for managing financial and operational performance, quality of care (including patient/user experience) and health and care outcomes;
- implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;
- create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
- act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased responsibilities and flexibilities; and
- commit to developing and disseminating learning, together with the national bodies, so that other systems can develop as ICSs.
- Make progress against the ICS maturity matrix

2. National NHS and Local Priorities

The NHS guidance for refreshing 2019/20 plans confirmed the priorities set out in the Long Term Plan. We are expecting ICSs to go further than other systems in delivering these and driving improvement. ICSs are also expected to implement their local priorities as outlined in the system development plans submitted in the [Autumn].

3. Regional and National Support

Regional and national teams will work with systems to align support to priority areas identified in the system development plans. ICSs have been given transformation funding delegated to a host CCG on behalf of an ICS to support the implementation of integrated care. This transformation funding package is set out in Appendix 1.

4. ICS Financial Framework for 19/20

ICSs are required to work within a system control total, the aggregate required income and expenditure position for trusts and CCGs within the system, as communicated by NHS England and NHS Improvement to all system leaders in the financial framework letter from Julian Kelly on the 4th April 2019.

The tables in Appendix 2 set out the organisation control totals, system control total and Provider Sustainability Funding allocations for your system. They also set out the quarterly phasing of the Provider Sustainability Funding by type for each organisation, which will reflect the value of system PSF you have chosen. We are aware you have signed-up to the system PSF/CSF scheme set out within this framework with a value of system PSF of £4.953m.

We are allocating wave 1 and wave 2 ICSs the same indicative allocation of 'flexible' transformation funding in 2019/20 as they received in 2018/19. However, this funding will only be available to ICSs who are opting into the PSF scheme.

Your allocation of flexible transformation funding for 2019/20 is £5.014m.

5. Financial Governance Arrangements

Definitive allocations are subject to NHS England and NHS Improvement approval. Prior to the release of any of the additional devolved funding included in this package each ICS will need to demonstrate:

- Governance and accountability arrangements so it is clear how decisions are made and who is accountable for delivering value for money from the expenditure.
- A value based allocation process for determining the use of the funding.
- Arrangements for oversight and reporting of expenditure and tracking of benefits realisation.

6. Local Priorities and Deliverables

As well as delivering the priorities outlined in our system operating plan, the ICS leadership commits to delivering the following high priority deliverables in 2019/20:

- **Urgent and Emergency Care**
  Continue to redesign the emergency and urgent care system, including integrated primary care models, to ensure timely care in the most appropriate setting and delivery of key performance indicators (4 hour A&E Standard, ambulance response times, length of stay and delayed transfers of care). Ensure that the hospital discharge processes are designed to deliver to benefits of a fully functioning discharge and reablement process.

- **Proactive and Personalised Care**
  Improve support to people at risk of and living with single and multiple long term conditions and disabilities through greater proactive and personalised care - thereby reducing exacerbations and crises and the demand on emergency and emergency care services.

- **Mental health**
  Reshape and transform services and other interventions so they better respond to the mental health and care needs of the population by implementing the ICS's all age mental health and social care strategy – this will support the delivery of key performance indicators (CYP service access, IAPT access, EIP concordant compliance and inappropriate out of area placements).

- **Cancer**
  Ensure performance against the cancer access standards is improved and consistently delivered including the new 28 day referral to diagnosis target being introduced in 2019.

- **Clinical services strategy**
  Commence implementation of agreed service changes identified in the outputs of the initial phases of the clinical services strategy.

- **Alcohol**
  Reduce alcohol related harm across the ICS through continued delivery of the eight point plan developed by the Nottinghamshire Alcohol Pathways Group.

- **System Level Outcomes Framework**
  Embed the ICS System Level Outcomes Framework by developing a coherent approach to measuring and reporting the outcomes within the framework at an ICS Board, ICP and PCN level.

- **System Architecture**
  Deliver key actions which conclude the development of the ICS organisational and governance architecture, including: integrated oversight, integrated provider structures, integrated planning and delivery by ICPs and PCNs, integrated capacity planning, a final form for the strategic commissioner and strengthening the role of non-NHS organisations within ICPs.

7. *System Responsibilities and Flexibilities*

Where ICSs agree to sign up to the system PSF scheme and demonstrate the capabilities of a mature ICS, we will operate an oversight model that empowers your system to take a shared or leading role in decisions about oversight of trusts and CCGs, supported as necessary by NHS England and NHS Improvement Regional teams, and with a commitment to minimising the administrative burden placed upon systems. Appendix 3 sets out the national framework for agreement between systems and regional teams.

The agreement for your system is as follows, based on progression from Developing to Maturing Oversight arrangements:

- Oversight will be undertaken at an ICS level, with the system being subject to a quarterly, bi-monthly or monthly System Review Meeting, depending upon the levels of risk and under-performance in the system. These reviews will cover the MOU, operational matters including quality, finance and performance, as well as longer term transformation and ICS Development.
- The ICS Leadership Board will take a lead role in the oversight of system performance, supported by NHS England / NHS Improvement endeavouring to not directly engage with individual trusts or CCGs without knowledge of the ICS.
- Wherever possible, regulatory assurance will be gained through existing ICS forums, for example at participation in AEDBs and ICS Groups, however if further detail is required on a particular subject or sub-system, a joint deep-dive review may be convened and chaired by NHS England / NHS Improvement and the relevant ICS Director.
- If, following discussion with the ICS Managing Director, further escalation is required for a specific subject, organisation or sub-system, these will be convened and chaired by NHS England / NHS Improvement, e.g. finance, performance standards, quality issues, with ICS leadership participation.

- The Nottingham and Nottinghamshire ICS will continue to work with the Regional Team to progress the National Direction of travel for integrated oversight in order to move through the oversight maturity matrix, supported by NHS England / NHS Improvement continued co-location of local assurance roles within the ICS.
- System Maturity Review – All STPs and ICSs are required to undertake a review of progress against the ICS Maturity Matrix by the end of July 2019 thereby enabling a common language and approach to supporting development of system capability and capacity. This review will support the ICS development plan, Autumn LTP implementation plan and how the ICS and regional team will work together as a maturing system.

8. Next steps

We are aware a lot of joint discussion has taken place to finalise the details included in the MOU which continues to demonstrate the growing level of maturity in the system approach. In terms of meeting the national submission deadline of 31st July we would be grateful if you could confirm that this version represents collective agreement of the Nottinghamshire ICS member organisations

Nottinghamshire ICS Member Organisations	
Mansfield & Ashfield CCG	Nottingham University Hospitals NHS Trust
Newark & Sherwood CCG	Nottinghamshire Healthcare NHS Foundation Trust
NHS Nottingham North & East CCG	Sherwood Forest Hospitals NHS Foundation Trust
NHS Nottingham West CCG	Nottinghamshire County Council (Shadow for System Control Total)
NHS Rushcliffe CCG	Nottingham City Council (Shadow for System Control Total)
NHS Nottingham City CCG	East Midlands Ambulance Service

Yours sincerely

Fran Steele
Director of Strategic Transformation, North Midlands

Cc Dale Bywater Midlands Regional Director, NHS England and NHS Improvement

Appendix 1

Transformation Funding Table

The information contained in this table relates to confirmed national programme funding under the direction of the ICS in 2019/20. This includes funding allocated under both targeted and fair shares criteria. Programme funding which is still indicative will be confirmed with the ICS as soon as possible. There are also a small number of funding streams that will be allocated by the regions and which ICSs may have access to. Details of this funding will be communicated via the regional team.

The information published as part of the long-term plan implementation framework is the total indicative national programme funding exclusive of targeted funding. This information has been provided to support the development of 5-year system plans until 2023/24.

Nottinghamshire		
ICS Transformation Funding	**2019/20 £m**	**Requirements/notes**
Primary Care		
GP Retention	**0.229**	Confirmed fair share allocations from the Primary Care team Expectations set out in the Long Term Plan GP Access funds to be allocated as part of a separate process so excluded from this breakdown Other targeted Primary Care allocations to be notified separately
Reception & Clerical Training	**0.182**	
Practice Resilience	**0.145**	
Online Consultations	**0.297**	
Primary Care Networks	**0.791**	
Cancer	**3.521**	Expectations in line with Planning Guidance Delivery. Funds allocated to Cancer Alliances
Mental Health	**1.636**	Perinatal and Adult Mental Health (AMH) programmes
Maternity	**0.770**	Expectations in line with LTP objectives. Funds allocated to Local Maternity Systems (LMS's)
STP Infrastructure Support	**0.242**	STP infrastructure support - available to ICS areas co-terminus with STPs
LD	**0.150**	Learning Disabilities LTP funding
ICS Flexible Transformation Funding	**5.014**	Uncommitted / Flexible funding in line with values last year for each ICS
TOTAL	**12.977**	

Appendix 2 System Control Total Tables

Nottinghamshire	
19/20 PSF linked to system performance	4,953

Table 1: Organisation control total, system control total and Provider Sustainability Funding allocations

Org Name	Included in SCT	Control Total (excl. MRET, FRF, PSF/CSF) (£000s)	Total PSF Allocation (£000s)	of which System PSF (£000s)
Nottingham University Hospitals NHS Trust	100%	(27,040)	17,303	3,119
Nottinghamshire Healthcare NHS Foundation Trust	100%	0	3,714	669
Sherwood Forest Hospitals NHS Foundation Trust	100%	(41,518)	6,459	1,164
NHS Mansfield & Ashfield CCG	100%	600	-	-
NHS Newark & Sherwood CCG	100%	300	-	-
NHS Nottingham City CCG	100%	0	-	-
NHS Nottingham North & East CCG	100%	0	-	-
NHS Nottingham West CCG	100%	0	-	-
NHS Rushcliffe CCG	100%	0	-	-
System Total		**(67,658)**	**27,476**	**4,953**

Table 2: Quarterly phasing of the control total (excl. PSF) and Provider Sustainability Funding by type for each organisation

Org Name		Q1 (£000s)	Q2 (£000s)	Q3 (£000s)	Q4 (£000s)	2019/20 Total (£000s)
Nottingham University Hospitals NHS Trust	CT	(15,754)	(7,822)	(643)	(2,821)	**(27,040)**
	Trust PSF	2,128	2,837	4,255	4,964	**14,184**
	System PSF	468	624	936	1,091	**3,119**
	Total PSF	**2,596**	**3,461**	**5,191**	**6,055**	**17,303**
Nottinghamshire Healthcare NHS Foundation Trust	CT	(1,771)	391	853	527	**0**
	Trust PSF	457	609	913	1,066	**3,045**
	System PSF	100	134	201	234	**669**
	Total PSF	**557**	**743**	**1,114**	**1,300**	**3,714**
Sherwood Forest Hospitals NHS Foundation Trust	CT	(13,993)	(9,381)	(9,515)	(8,629)	**(41,518)**
	Trust PSF	794	1,059	1,588	1,854	**5,295**
	System PSF	175	233	349	407	**1,164**
	Total PSF	**969**	**1,292**	**1,937**	**2,261**	**6,459**
NHS Mansfield & Ashfield CCG	CT	150	150	150	150	**600**
NHS Newark & Sherwood CCG	CT	75	75	75	75	**300**
NHS Nottingham City CCG	CT	0	0	0	0	**0**
NHS Nottingham North & East CCG	CT	0	0	0	0	**0**
NHS Nottingham West CCG	CT	0	0	0	0	**0**
NHS Rushcliffe CCG	CT	0	0	0	0	**0**
System CT Total		**(31,293)**	**(16,587)**	**(9,080)**	**(10,698)**	**(67,658)**
Trust PSF Total		**3,379**	**4,505**	**6,756**	**7,884**	**22,524**
System PSF Total		**743**	**991**	**1,486**	**1,732**	**4,953**

Appendix 3 System Responsibilities and Flexibilities

ICS progression

	Emerging	Developing	Maturing ICS *System formally named an ICS and minimum level of maturity for all systems to reach by April 21*	Thriving ICS
Oversight	• Systems can provide advice and guidance on individual organisations within the system to support conversations	• Systems will develop and implement a plan to support ICS development, which will be reviewed and agreed with NHSEI	• ICSs will agree and implement system-wide objectives agreed with regional teams, covering care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance • ICSs will conduct and contribute to the assurance and improvement of individual organisations performance	• ICSs will lead the assurance of all individual organisations • ICSs will agree and coordinate any trust or CCG intervention carried out by NHSEI, other than in exceptional circumstances • ICSs will be able to lead and shape how gathering any data from individual organisations is managed where required
	• NHSEI will use a single performance, oversight and assessment framework	• NHSEI will invite system leadership to attend and contribute to discussions relating to individual organisations within the system • NHSEI will consult the system position before any escalation action/ intervention is approved and enacted through a single identified lead • NHSEI will align roles within the regions to support systems	• NHSEI will keep ad hoc data requests and routine reporting outside the performance framework and agreed ICS objectives to a minimum, and coordinate through an identified lead • NHSEI will not engage with individual Trusts or CCGs without the knowledge of the ICS • NHSEI will co-locate regional roles within the ICS to provide bespoke support requested by the ICS	• NHSEI will agree a minimum dataset with ICSs • NHSEI will embed regional resources within the ICS to operate under the direction of the ICS • NHSEI will undertake the least number of formal assurance meetings possible with individual organisations
Finance		• STPs will demonstrate strong financial leadership and governance for financial decision-making.	• ICSs will take up the 19/20 ICS financial framework • ICSs will commit to delivering the objectives of the relevant national programmes and report progress against this. Appropriate governance arrangements to account for use of funds will be in place before any funds are released • NHSEI will delegate authority for the direction of transformation funding from national programmes to the system, where possible	• ICSs will take up the 19/20 ICS financial framework
Planning	• Organisational financial recovery plans will be developed with the system leaders to ensure consistency with five year system-level strategic plans, with system efficiency plans overseen by a system efficiency board		• Organisations that are in financial surplus will play an active role in the development and delivery of financial recovery plans of organisations within their ICS	• ICSs will lead assurance of organisational plans. • System operating plans will have a light touch review by the NHSEI
	• NHSEI will lead review and assurance of organisational and system operating plans. • NHSEI will work with the system to develop and strengthen these plans	• NHSEI will work in partnership with system leaders to review organisational and system operating plans	• NHSEI will support system leaders to assure organisational plans, and will work in partnership with system leaders to ensure system operating plans are sufficiently robust.	
Support	• Intense support, regionally led and nationally coordinated	• Based on needs identified in development plan • ICS Accelerator Programme TBC • Access to regional and national subject-matter expertise where required	• ICS Development Programme	• ICS Development Programme • Expectation to work alongside regional and national teams to support less developed systems

ICS Board, 8 August 2019 Item 9, Enc F3

ICS Maturity Progress

Self-assessment Baseline review

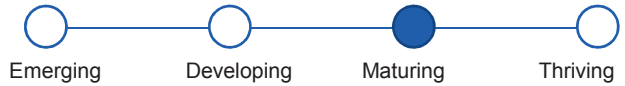
Nottinghamshire

July 2019

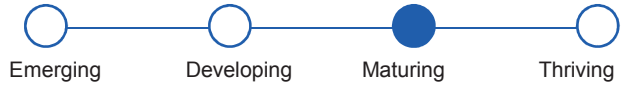
NHS England and NHS Improvement

Overview of current self-assessment for Nottinghamshire

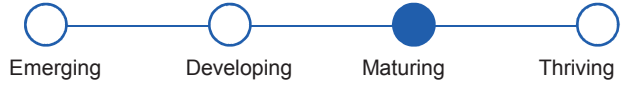
Domain one: System Leadership, Partnerships and Change Capability



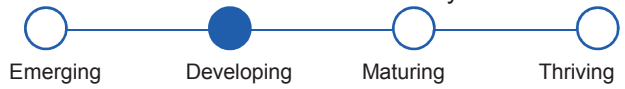
Domain two: System Architecture and Strong Financial Management and Planning



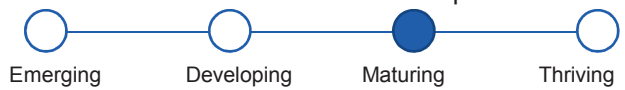
Domain three: Integrated Care Models



Domain four: Track Record of Delivery



Domain five: Coherent and Defined Population



System maturity

The diagram on the left provides a high level summary of how Nottinghamshire performs against the ICS maturity framework as confirmed with ICS Board members.

Additional detail of **performance against each domain is found on slides 4-9.** (Please refer to the cells that are highlighted in blue on slides 4-9).

Mapping the maturity of Nottinghamshire has allowed us to identify the following key areas of strength as well as the domains requiring focus going forward:

Nottinghamshire is **performing well** in domains 1, 2, 3, and 5 with key areas of work on leadership, developing our architecture and governance, and delivery of transformation being implemented.

Whilst **good progress** is being made against some elements of domain 4 **challenges remain** in the Greater Nottingham area on delivery of urgent care constitutional standards.

Slides 10-15 provide details of the specific actions and **development plans** that are needed to secure further progress across the maturity matrix.

Process:

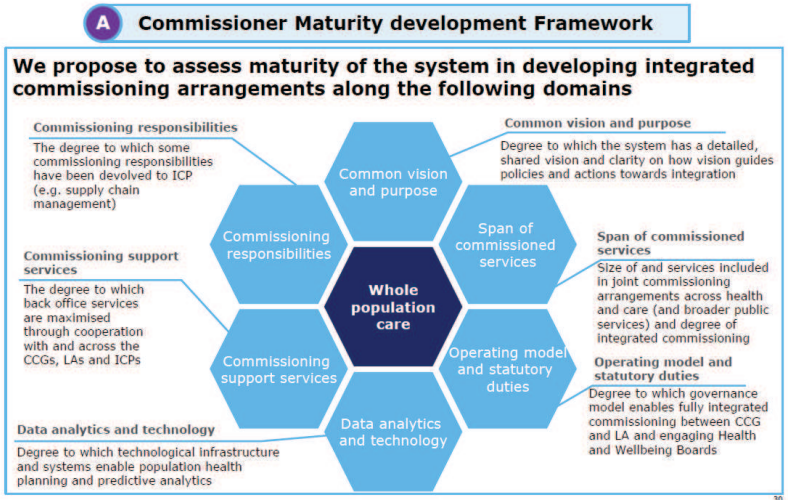
The ICS Board has undertaken self-assessments in the past (see slide 3) and has an established 'System Architecture' group that is comprised of director-level colleagues nominated by statutory partner organisations and reporting to the ICS Board.

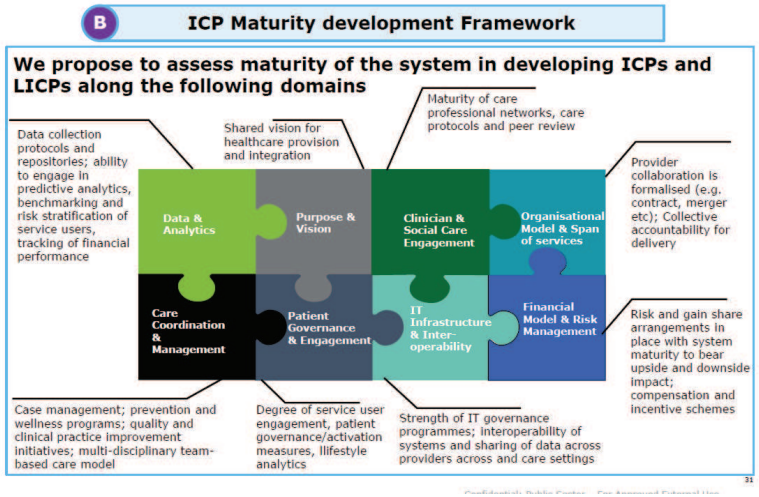
This expert group completed the self-assessment, which was then subject to a 'confirm and challenge' process by the ICS Board.

Overview of previous self-assessment for Nottinghamshire

Facilitated self assessments undertaken as part of ICS development . Most recently:

- Ernst Young assessment of financial elements – January 2019
- Deloitte system readiness assessment (commissioner and ICP maturity) – July 2018





Appendix A – 2019 ICS Maturity Matrix

Domain 1 - System Leadership, Partnerships and Change Capability				
Domain 1 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
Strong collaborative and inclusive system leadership and governance	Leadership team that lacks authority with no collectively-owned local narrative or sense of purpose.	All system leaders signed up to working together with ability to carry out decisions that are made.	Collaborative and inclusive system leadership and governance; including primary care, NEDs, the voluntary and community sector, local authorities and social care providers.	Strong collaborative and inclusive system leadership, including primary care, NEDs, the voluntary and community sector, local authorities and social care providers. Robust governance in place including clinical leadership and health and wellbeing boards.
Shared system vision and objectives	Little progress made to finalise system vision and objectives or embed these across the system and within individual organisations.	An early shared vision and objectives, starting to build common purpose and a collectively-owned narrative among the broader leadership community including primary care and wider 'out of hospital' services.	Clear shared and vision and objectives, with consistent progress seen.	A strong public narrative outlining how integrated care is being developed with, and benefiting the public showing demonstrable impact on outcomes.
System transformation partnership and engagement	Minimal meaningful engagement with local government, voluntary and community partners, service users and the public.	Plans to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood.	Effective ongoing involvement of voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels.	A greater emphasis on partnership working and system wide quality in its regulatory activity.
Capacity and system transformation change capability	Lack of transparency in ways of working, and little understanding of current workforce, capacity and capability requirements for system transformation.	Plans to secure dedicated capacity and system transformation infrastructure, including clinical leadership and close working with local government, Health and Wellbeing Boards and social care providers.	Dedicated capacity and supporting infrastructure being developed to enable change at system, place (including health and well being boards) and neighbourhood level (through primary care networks (PCNs)).	Dedicated clinical and management capacity and infrastructure to execute system-wide plans.
System culture and talent management	Lack of a collectively-owned system narrative and agreed ways of working.	A developing culture of learning and sharing with system leaders solving problems together and drawing in the experiences of others.	A proactive approach to talent identification and management to build a strong pipeline of leaders.	Leaders across the system skilled at identifying and scaling innovation, with a strong focus on outcomes and population health, and building relationships.

Domain 2 - System Architecture and Strong Financial Management and Planning				
Domain 2 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
System architecture and oversight	Limited understanding of system architecture across the footprint and limited plans to organise delivery around neighbourhood, place and system.	Clear plans to organise delivery around neighbourhood, place and system.	System is working with regional teams to take on increased responsibility for oversight.	System has progressed to the most advanced stage of oversight progression – i.e. self-assurance, with clear communication and relationships with regional team.
Streamlined commissioning arrangements	Fragmented commissioning landscape with few agreed plans to streamline arrangements.	Plans to streamline commissioning (including the interface with local NHSE commissioning functions), typically with one CCG that is leaner and more strategic.	Plans to streamline commissioning are underway.	Streamlined commissioning arrangements fully embedded across all partners. Incentives and payment mechanisms support objectives and maximises impact for the local population.
System control totals, operating plans and financial risk sharing	System not in financial balance and unable to collectively agree recovery trajectory.	Good understanding of system financial drivers and efficiency opportunities, with a shared plan to address issues.	System has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.	System is in financial balance and is sharing financial risk using more sophisticated modelling of current and future population health and care needs.
System wide financial governance and cross-cutting strategies	Lack of system wide plans on workforce, estates and digital.	System wide plans being developed to address workforce, estates and digital infrastructure across the breadth of local health and care services.	System wide plans for workforce, estates and digital infrastructure being implemented.	Improvements in workforce, estates and digital infrastructure being seen across the system.

Domain 3 - Integrated Care Models				
Domain 3 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
Population health management	Limited use of national and local data to understand population health and care needs.	Some understanding of current and future population health and care needs using local and national data.	PHM capability being implemented including segmenting and stratifying population using local and national data to understand needs of key groups and resource use.	Full population health management capability embedded at neighbourhood, place and system levels which supports the ongoing design and delivery of proactive care.
Long term plan - care models and service changes	Minimal collaboration or engagement across providers.	Early development of the 5 service changes within the LTP, and care models aiming to: 1) address unwarranted clinical variation; 2) integrate services around the needs of the population in neighbourhoods; 3) integrate services vertically at place; 4) collaborate horizontally across providers at the system and/or place level.	Starting to implement plans to: 1) address unwarranted clinical variation; 2) deliver the 5 service changes in the LTP; 3) tackle the prevention agenda and address health inequalities.	Implementation of the 5 service changes set out in the LTP demonstrating improvement in health outcomes. Integrated teams demonstrating improvement in outcomes.
Development of Primary Care Networks	Limited thinking about how to scale up primary care and how to integrate services at neighbourhood or place.	PCNs developing clear vision and plans for local integrated care models and providing services together. Plans include primary care and community services, and have started to form approaches with social care.	PCNs implementing plans to deliver national service specifications (in preparation for implementation of specifications as they become available nationally) and starting to design care models with partners to meet population need.	Fully mature PCNs across the system delivering care with partners (at a neighbourhood level and collectively with secondary care and local government at the place level) that meets population needs.
Redesigning outpatient services and using new technologies and digital advances	There are limited plans to redesign outpatient services or they are limited to individual organisational plans	Plans in place to support interoperable access to care records across health and social care providers.	There is a clear plan for how interoperability can enable care redesign with a clear vision and strategy in place to redesign services, focussing initially on outpatient redesign.	Digital and new technologies are fully functioning and operating at a system level to deliver redesign of services such as Outpatients

Domain 3 continues onto next slide...

Domain 3 continued - Integrated Care Models				
Domain 3 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
The prevention agenda and addressing health inequalities	Limited plans or strategies to tackle health inequalities or to create a system-wide prevention agenda.	Plans developing to align local plans to address key issues in health inequality and prevention.	Use of robust data to identify key determinants of health inequalities and population specific prevention needs. Plans in place to address these across all system level organisations and stakeholders.	Implementing priorities in prevention and reducing health inequalities as part of care model design and delivery.
Workforce models	There is no workforce strategy aligned to the system vision.	Full system involvement to develop workforce strategy aligned to new models of care and population needs.	Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integration set out in the LTP. Community services teams are increasingly organised to align with PCN footprints.	Workforce model is agile and adaptable to population need, organisational boundaries are blurred and roles aligned to population needs rather than organisational need.
Personalised care models	There are no plans in place to implement the NHS comprehensive model of personalised care.	Plans developing to understand population needs and working groups set up to understand how to develop personalised care models.	There is a clear plan for how personalised care models can improve quality of life. Initial models are being tested and delivered across system, place and neighbourhood levels.	All 6 components of the comprehensive model for personalised care are in place across all pathways of care.

Domain 4 - Track Record of Delivery				
Domain 4 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
Evidencing delivery of LTP priorities and service changes	Slow progress towards delivering national priorities especially the 5 service changes set out in the LTP.	Evidence of progress towards delivering national priorities especially the 5 service changes set out in the LTP and further local priorities identified by the system.	Evidence of tangible progress towards delivering national priorities especially the 5 service changes set out in the LTP and further local priorities as identified by the system..	Evidence of delivering national priorities especially the 5 service changes set out in the LTP and further local priorities as identified by the system.
Delivery of constitutional standards	Lack of relative progress in delivering constitutional standards without system agreement to work together to support improvements.	Improved delivery of constitutional standards.	Consistently improving delivery of constitutional standards with credible system plans to address risks.	Delivery of constitutional standards including working as a system to mitigate risks.
System operating plans	Weak system operating plan developed and system unable to make collective decisions around system funding.	System operating plan in place that demonstrates a shared set of principles to start to manage finances collectively.	Robust system operating plan and system financial management in place, with a collective commitment to shared financial risk management.	Demonstrating early impact on improving population health outcomes and consistently delivery system control total with resources being moved to address priorities.
Challenging systemic issues	Limited evidence of support or understanding of challenged organisations within the system.	Evidence of progress towards understanding of each organisational issues and alignment across the system.	Robust approach in place to support challenged organisations and address systemic issues.	As issues emerge, leaders join forces to tackle them as a system including when under pressure.

Domain 5 – Meaningful Geographical Footprint		
Domain 5	**Stages of Maturity**	
Do you have a meaningful geographical footprint that respects patient flows and, where possible, is contiguous with local authority boundaries or have clear arrangements for working across local authority boundaries?	Yes	No

Domain 1: *System Leadership, Partnerships and Change Capability*

Domain 1 discussion points: System Leadership, Partnerships and Change Capability	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: Strong collaborative and inclusive system leadership and governance • System leaders signed up to working together with the ability to make decisions. • Collaborative leadership including primary care; NEDS; the voluntary and community sector; local authorities and social care providers. • Governance in place, including clinical leadership and health and wellbeing boards.	Rated as 'Maturing' .Recognition that although the ICS is considered to be 'maturing' on system leadership and governance, further thought is needed on VCS involvement in the ICS Board. VCS involvement is already being embedded, to varying degrees, at Place and Neighbourhood levels.	Use the LTP to continue to build on the development of the ICS Partnership Forum, which constitutes CVS involvement strengthening the interconnection with the ICS Board. Continue to clarify and strengthen the governance interrelationship between ICS Board, H&WB boards, and ICP Boards.	None requested.
Theme 2: Shared system vision and objectives • Progress made to build a common purpose. • Collectively owned narrative among leadership community, specifically primary care and wider "out of hospital" services. • Public narrative outlining how integrated care is being developed with and benefiting the public showing demonstrable impact on outcomes.	Rated as 'Maturing'.	Continued progress. Continue progress with ICPs and Organisations enabling greater clarity and alignment of plans with the agreed ICS objectives.	None requested.
Theme 3: System transformation partnership and engagement • Progress made for engagement with local government, voluntary and community partners, service users and the public, including involvement in decision making at system, place and neighbourhood. • Greater emphasis on partnership working and system wide quality and regulatory activity.	Rated as 'Developing' with examples of good practice at all levels, on partnerships and engagement, with further work planned.	Progress with patient involvement groups already under development for the three Places. Ensure that Councillors are fully engaged and involved in the work of the ICPs	None requested.
Theme 4: Capacity and system transformation change capability • Plans to secure dedicated capacity and system transformation infrastructure, including clinical leadership, and close working with local government, Health and Wellbeing Boards and social care providers. • Progress towards dedicated capacity and infrastructure to enable change at system, place and neighbourhood level (through primary care networks). • Dedicated clinical and management capacity to execute system-wide plans.	Rated as 'Maturing' but with appreciation that transformation change capacity and capability is not currently consistently embedded at Place level.	Transformation change capability and capacity being devolved and aligned to Places through the CCG merger process with plans to embed over the coming weeks. Continue to develop PCNs, ICPs and Transformation Boards with a clear distinction of the work being progress at neighbourhood/place level, and the work being undertaken once across a wider footprint (multiple ICPs/whole ICS).	Continued benefit from national and regional support as required.
Theme 5: System culture and talent management • Progress made in developing a culture of learning and sharing with system leaders solving problems together and drawing on the experience of others. • A proactive approach to identify talent and build a strong pipeline of leaders. • Skilled system leaders who can identify and scale innovation, with a strong focus on outcomes for population health, and building relationships.	Rated as 'Developing' with People and Culture Strategy approved by the ICS Board. Programme of cultural change and leadership/skills development underway e.g. ICS wide leadership conference; OD support to the ICS Board; Nottingham City ICP participation in the NHS Leadership Academy Living Systems programme; Leadership development programme for an initial cohort of 50 leaders based on best practice from	Continued implementation of the ICS wide People and Culture Strategy and QSIR approach to QI.	Continued benefit from national and regional support as required.

Domain 2: *System Architecture and Strong Financial Management and Planning*

Domain 2 discussion points: System Architecture and Strong Financial Management and Planning	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: System architecture and oversight • Clear plans to organise delivery around neighbourhood, place and system. • Systems working with regional teams to take on increased responsibility for oversight. • System progress towards to advanced stage of oversight – self- assurance and clear relationship with regional team.	Rated as 'Maturing' with the ICS engaged, alongside the regional teams, in oversight meetings and arrangements.	Continued progress. Continue to align and strengthen the role between the emerging ICPs and cross-cutting forums (e.g. A&E Delivery Boards, Transformation Boards) in relation to performance assurance and delivery.	Continued benefit from national and regional support as required.
Theme 2: Streamlined commissioning arrangements • Plans to streamline commissioning (including the interface with local NHS E commissioning functions). E.g. One leaner more strategic CCG. • Further detail on the level of financial balance and how plans are progressing to get there • Incentive and payment mechanisms to support objectives and maximise outcomes for the local population.	Rated as 'Maturing'.	Continued progress.	Continued benefit from national and regional support as required.
Theme 3: System control totals, operating plans and financial risk sharing • Progress towards a good understanding of system financial drivers and efficiency opportunities. • Shared plan to address issues collaboratively. • Credible plan for meeting system control total and moving towards financial balance. • Sharing financial risk using more sophisticated modelling of current and future population health and care needs.	Considered to be 'Developing' for system control totals, operating plans and financial risk sharing. Refer to information on evidence provided.	Range of actions underway to enable a move to a maturing system e.g. ICPs working together to develop system contingency plans to support delivery of the 2019/20 operational plan and control total; continued development and implementation of new payment/contracting arrangements to better manage costs and risk (working with national team). Sharing and learning from emergent best practice amongst other ICSs.	Continued benefit from national and regional support as required.
Theme 4: System wider financial governance and cross-cutting strategies • System wide plans developed to address workforce, estates and digital infrastructure. • Progress towards system wide implementation for workforce, estates and digital infrastructure. • Agreed outcome measures across the system for cross-cutting strategies.	Overall considered to be 'Developing' in this area as system wide plans are at varying stages of development, approval and implementation.	• Development of detailed workforce plan to underpin the ICS approved People and Culture strategy. • Development of an ICS wide Digitalisation, Analytics and IMT strategy by 31-10-19. This will build on local work, including the exemplar Digital Road Map. • Continuation of maturing work on estates.	Continued benefit from national and regional support as required.

Domain 3: Integrated Care Models

Domain 3 discussion points: Integrated Care Models	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: Population health management • Developing understanding of current and future population health and care needs using local and national data. • Progress towards developing PHM capability including segmenting and stratifying the population. Understanding needs of key groups and resource use. • Progress toward PHM capability at neighbourhood, place and system level. Supporting ongoing design and delivery of proactive care.	Rated as 'Maturing'	Continued progress at the forefront of this work nationally.	Continued benefit from national and regional support as required.
Theme 2: Long term plan – care models and service changes • Progress towards developing and implementing the 5 services changes in the LTP* and care models aiming to 1) address unwarranted clinical variation, 2) integrate services around the needs of the population in neighbourhood's , 3) integrate services vertically at place, 4) collaborate horizontally across providers at the system and /or place level. • Progress towards implementing plans to tackle the prevention agenda and address health inequalities.	Rated as 'Maturing'.	Continued progress.	Continued benefit from national and regional support as required.
Theme 3: Development of Primary Care Networks • Progress towards PCNs developing a clear vision and plans for integrated care and providing services together including an approach to forming with social care. • PCNs readiness for delivering national service specifications and to design care models for with partners to meet population need. • Plan for becoming fully mature by delivering care with partners at a neighbourhood level and collectively with secondary care and local government at place level, that meets population health.	Considered to be 'Developing' with opportunity to move to 'Maturing' over the next few months. Multi-disciplinary teams in place at neighbourhood level (health and social care) with varying models of collectivised general practice as the base component. National exemplars in some areas.	Use the LTP to progress the development of the Primary Care Networks building on general practice alongside all other community partners to secure solid involvement of all necessary delivery partners.	Continued benefit from national and regional support as required.
Theme 4: Redesigning outpatient services and using new technologies and digital advances • Plans in place to support interoperable care records across health and social care. • Progress made towards a clear vision and strategy for how interoperability can enable care redesign with an initial focus on outpatient redesign. • Moving towards digital and new technologies functioning at a system level to deliver redesign of services such as outpatients.	Rated as 'Maturing.'	Continued progress.	Continued benefit from national and regional support as required.

Domain 3 continued: *Integrated Care Models*

Domain 3 discussion points: Integrated Care Models	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 5: The prevention agenda and health inequalities • Plans developing for align local plans to address key issues in health inequality and prevention. • Using robust data to identify key determinants of health inequalities and population specific prevention needs. Progress towards addressing these across all system level organisations and stakeholders. • Progress towards implementing priorities in prevention and health inequalities as part of care model design and delivery.	Rated as 'Maturing' with both the Outcomes Framework and ICS Prevention Strategy approved at Board level. Action based improvement being achieved.	Continued progress.	Continued benefit from national and regional support as required.
Theme 6: Workforce models • Progress made towards full system involvement in developing the workforce strategy aligned to new models of care and population needs. • Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integrations aims set out in the NHS LTP. • Progress towards organising community services teams alignment with PCN footprints. • Aiming towards the workforce model being agile and adaptable to population need, blurred organisation boundaries, and roles aligned to population need rather than organisational need.	Rated as 'Maturing' with significant progress made.	Continued progress.	Continued benefit from national and regional support as required.
Theme 7: Personalised care models • Progress towards understanding population need and working groups set up to understand how to set up personalised care models. • Initial plans for personalised care models are being tested across system, place, and neighbourhood levels and there is a clear plan for demonstrating how personalised care models improve quality of life. • Working towards all 6 components of the comprehensive personalised care model across all pathways of care.	Rated as 'Maturing'. MOU agreed with specific programme of work in place	• Approach embedded in commissioning approach and plan in place to focus on short and medium term priorities. • Report to be presented to the Personalisation Board in September to propose sustainable approach.	Continued benefit from national and regional support as required.

Domain 4: Track Record of Delivery

Domain 4 discussion points: Track Record of Delivery	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: Evidencing delivery of LTP priorities and service changes • Progress made in evidencing the delivery of national priorities, especially the 5 service changes set out in the NHS LTP, and further local priorities identified by the system. • Plans for evidencing *tangible* delivery of national priorities, the 5 service changes and local priorities.	Considered to be 'Developing' with pockets of exemplar practice specifically relating to vanguard initiatives but with the requirement for further work/progress across other care models.	Continued progress building on exemplar practice.	Continued benefit from national and regional support as required.
Theme 2: Delivery of constitutional standards • Improving delivery of constitutional standards. • Progress towards consistently improving deliver of constitutional standards with credible system plans to address risk, including working as a system to mitigate risks.	Considered to be 'Emerging' due to U&EC within the Greater Nottingham system. Improved delivery being achieved in mental health.	Continued implementation of the U&EC transformation programme in Greater Nottingham. Ongoing delivery of improvement plans across all the constitutional standards.	Continued benefit from national and regional support as required.
Theme 3: System operating plans • Progress towards a system operating plan being in place that demonstrates a shared set of principles to start to manage finances collectively. • Work towards a collective commitment to shared financial risk management. • Ability to demonstrate early impact on improving population health outcomes and consistently deliver system control total with resources being moved to address priorities.	Considered to be 'Maturing' with lessons learnt each year. Progress being achieved on shared financial risk management but with further work to embed the system approach to financial risk management.	Continued progress.	Continued benefit from national and regional support as required.
Theme 4: Challenging systemic issues • Ability to evidence progress towards understanding each organisational issues and alignment across the system. • Working towards putting in place a robust system to support challenged organisations and address systemic issues. • Leaders are able to join forces as issues emerge to tackle them as a system, including when under pressure.	Considered to be 'Maturing' with increasing collective leadership for challenging systemic issues.	Continued progress.	Continued benefit from national and regional support as required.

Domain 5: *Meaningful Geographical Footprint*

Domain 5 discussion points: Meaningful Geographical Footprint	Discussion feedback	Next steps and agreed actions	Potential support required
• A meaningful geographical footprint that respects patient flows and, where possible, is contiguous with local authority boundaries or have clear arrangements for working across local authority boundaries?	Geographical footprints agreed at System, Place and Neighbourhood levels, with ongoing work to ensure these meet the needs of the populations served and work for all partners.	Continued development at System, Place and Neighbourhood levels in accordance with ICS wide agreed principles/framework. Continue to develop PCNs, ICPs and Transformation Boards with a clear distinction of the work being progress at neighbourhood/place level, and the work being undertaken once across a wider footprint (multiple ICPs/whole ICS). Evaluation of the ICP footprints after 12-months of operation.	Continued benefit from national and regional support as required.

Appendix C – Acknowledgements

The following people were involved in drafting this ICS Maturity Progress Self-assessment

Name	Role
Nicole Atkinson	ICS Board member Clinical Lead from Greater Nottingham
Alex Ball	ICS Board member Director of Communications and Engagement, Nottinghamshire ICS
Sarah Bray	Head of Assurance, NHSE/I
Melanie Brooks	ICS Board member Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Simon Crowther	Director of Finance, Nottinghamshire Healthcare NHS Foundation Trust on behalf of Chief Executive
Simon Gascoigne	Nottingham University Hospitals NHS Trust
Tim Guyler	Director of Improvement and Integration, Nottingham University Hospitals NHS Trust
Cllr Tony Harper	ICS Board member Chair, Nottinghamshire County Council Adult Social Care and Health Committee
Deborah Jaines	Deputy Managing Director, Nottinghamshire ICS
Rebecca Larder	Greater Nottingham Transformation Director
Richard Mitchell	ICS Board member Chief Executive, Sherwood Forest Hospitals NHS FT

Appendix C – Acknowledgements continued

Name	Role
Eric Morton	ICS Board member Chair, Nottingham University Hospitals NHS Trust
Helen Pledger	ICS Board member Director of Finance, Nottinghamshire ICS
Angela Potter	Director of Business Development & Marketing, Nottinghamshire Healthcare NHS Foundation Trust
Wendy Saviour	ICS Board member Managing Director, Nottinghamshire ICS
Richard Stratton	ICS Board member Clinical Lead from Greater Nottingham representing PCNs
Amanda Sullivan	ICS Board member Accountable Officer, Nottinghamshire CCGs
Tracy Taylor	ICS Board member Chief Executive, Nottingham University Hospitals NHS Trust
Jon Towler	ICS Board member Lay Member, Nottinghamshire CCGs
Cllr Steve Vickers	ICS Board member Chair, Nottinghamshire County Health and Wellbeing Board

ENC. G1

Meeting:	ICS Board
Report Title:	EMAS Current Position and Future Plans
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	10
Work-stream SRO:	Richard Henderson, Chief Executive, EMAS
Report Author:	Will Legge, Director of Strategy and Transformation, EMAS
Attachments/Appendices:	Enc. G2. EMAS Current Position and Future Plans presentation

Report Summary:

Presentation from EMAS to provide the Board with an overview of the future clinical operating model and the opportunities that this brings for PCN, ICP and ICS development.

Action:

☒ To receive
☐ To approve the recommendations

Key implications considered in the report:		
Financial	☐	
Value for Money	☐	
Risk	☐	
Legal	☐	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

ICS Board, 8 August 2019 Item 10, Enc G2

East Midlands Ambulance Service NHS Trust

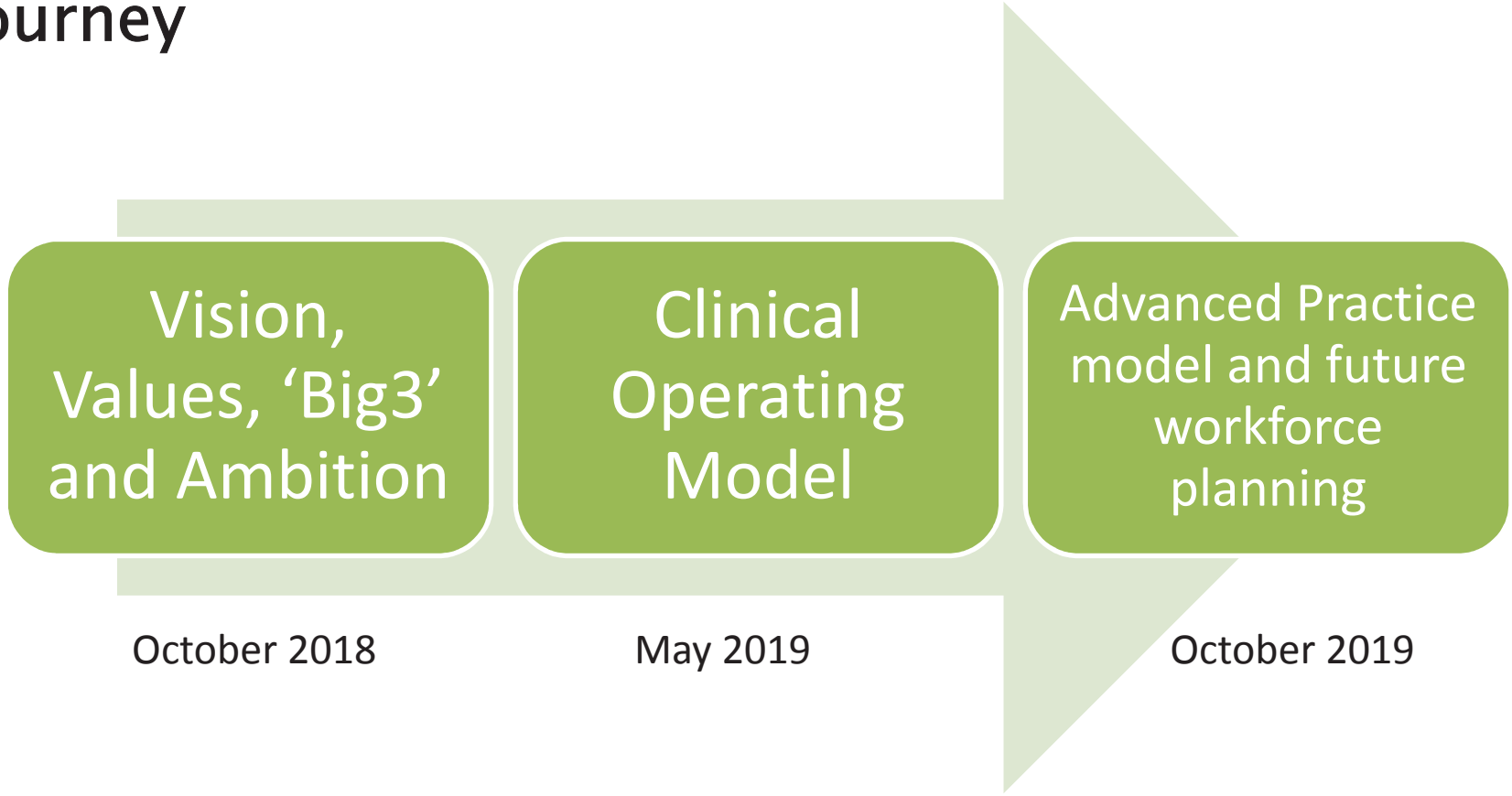
EMAS Current Position and Future Plans

Richard Henderson, Chief Executive Officer

Developing our integrated care approach

Respond – Develop - Collaborate

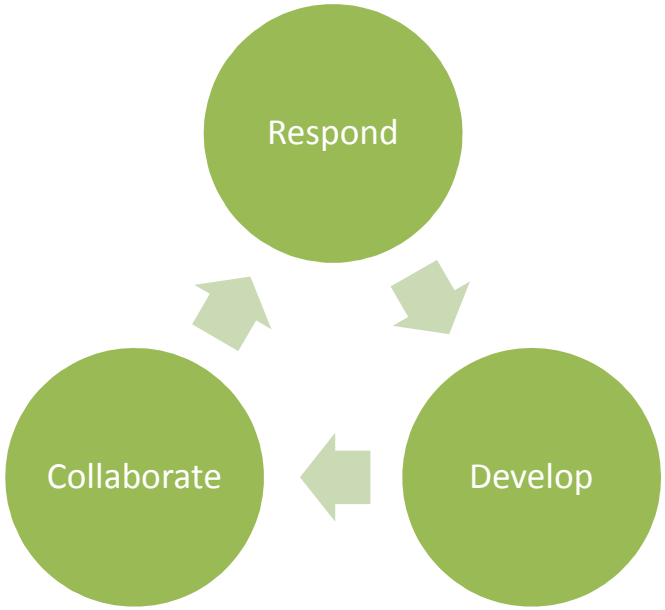
Our Development Journey



Respond – Develop - Collaborate

The Big 3: Respond | Develop | Collaborate

"We will respond to patient needs in the most appropriate way"

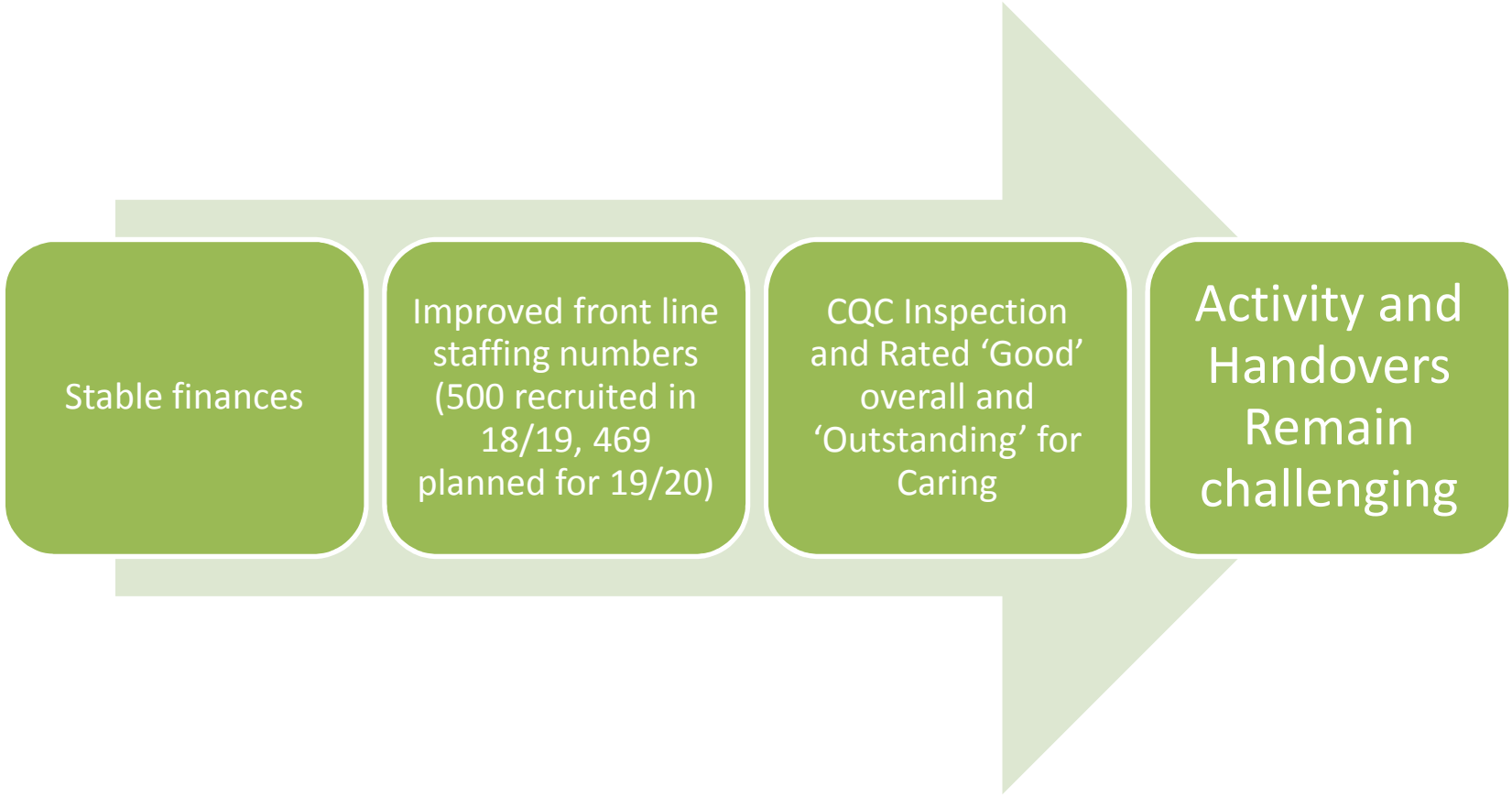


"We will develop our organisation to become outstanding for patients and staff"

"We will collaborate with partners and other organisations to reduce healthcare demand and improve wider healthcare"

Respond – Develop - Collaborate

Where are we now?

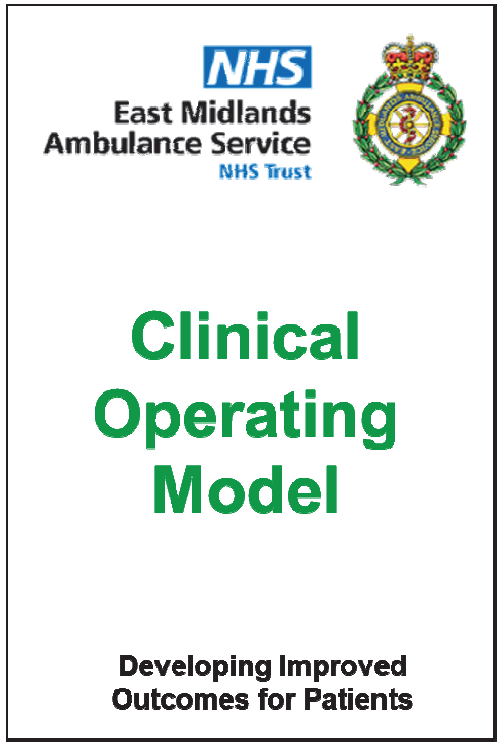


We know more about our patients, people and organisation now than we ever have before

Respond – Develop - Collaborate

Our Clinical Operating Model

The EMAS Clinical Operating Model is a framework for development of the three core building blocks of our future response model;



Right Response to the Right Patient

- Specialist and Advanced Practice Roles

Intelligent Clinical Support and Oversight

- Enhanced Clinical Hub and Dispatch Intelligence

Developing our People and Skills

- Revised Clinical Leadership Model

Respond – Develop - Collaborate

Our Current Position

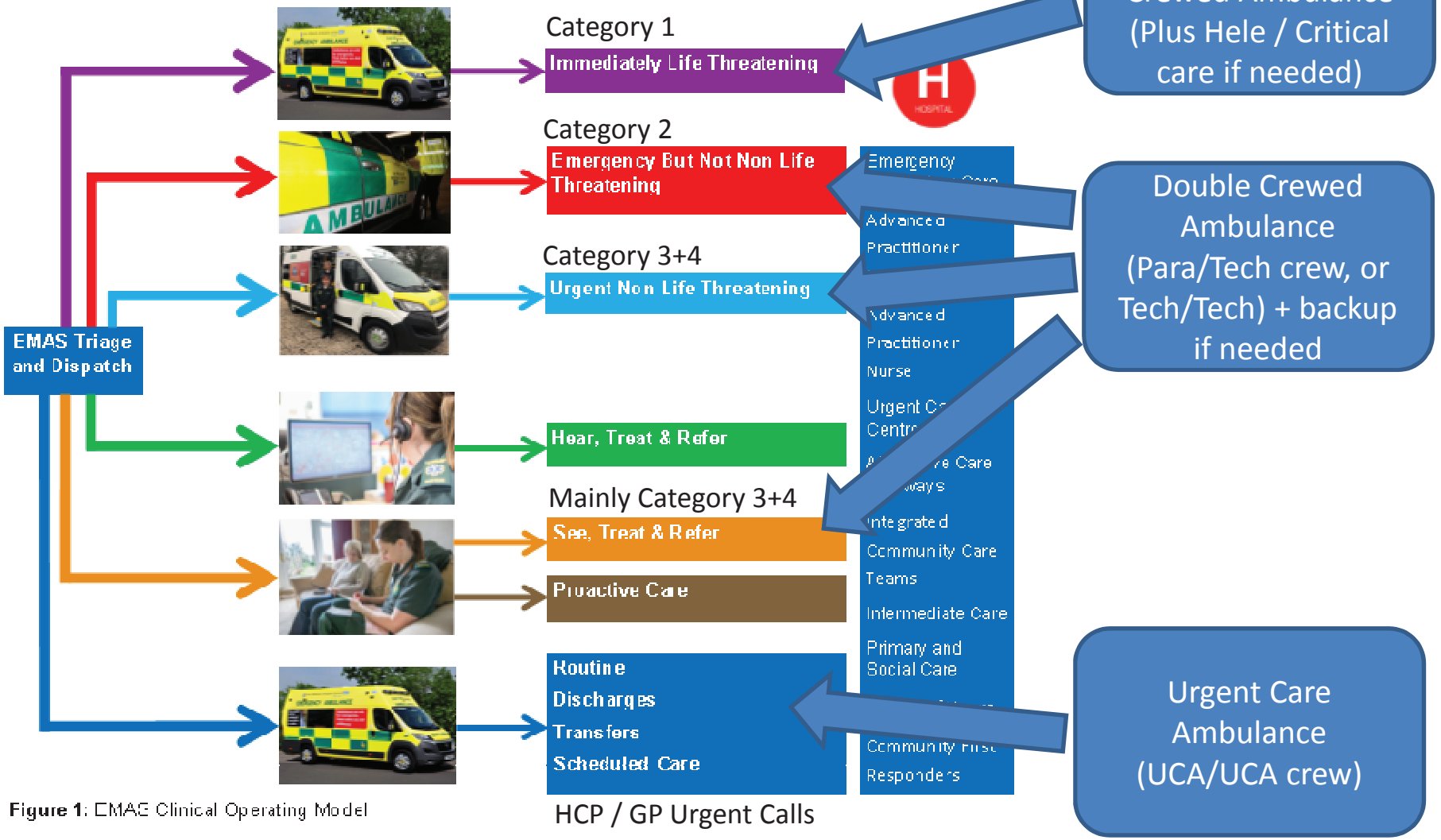
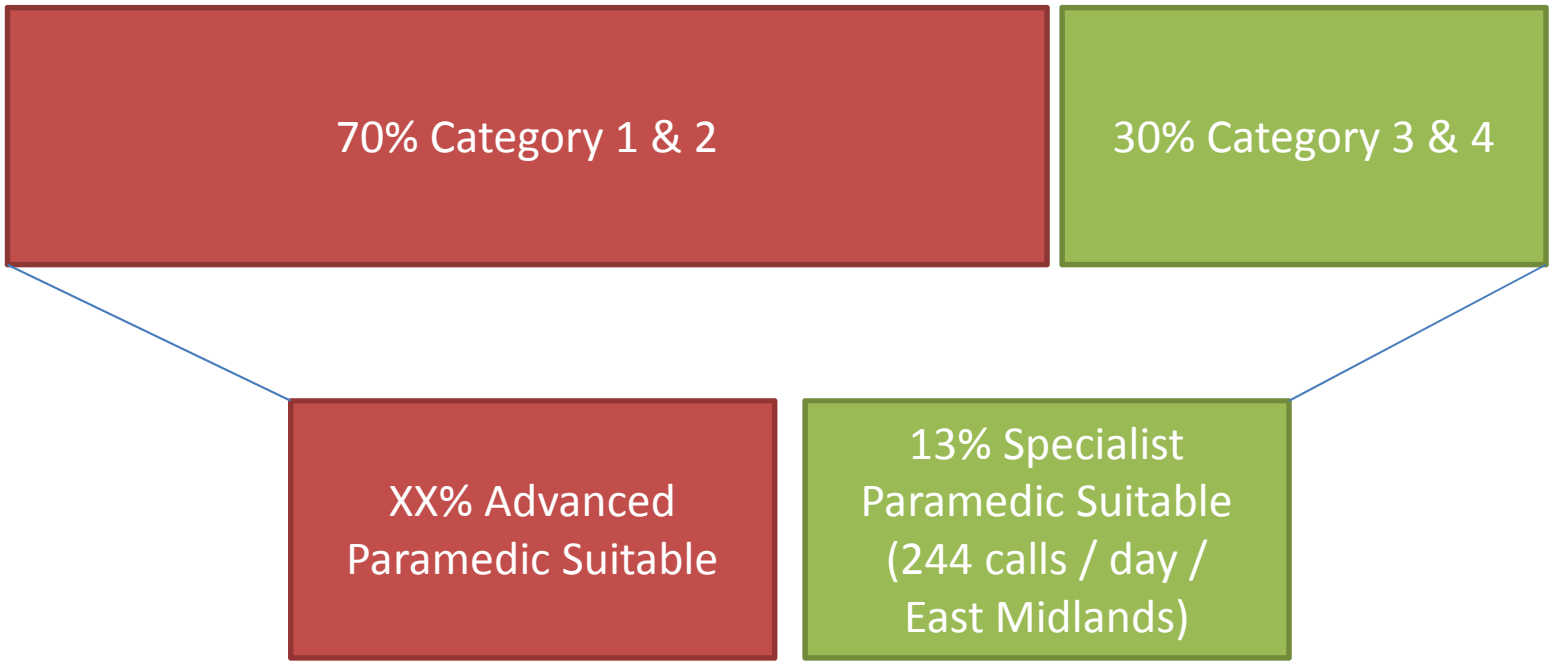


Figure 1: EMAS Clinical Operating Model

Respond – Develop - Collaborate

The Case for Change



65% - 75% Non-Conveyance is typical, from Advanced and Specialist Practice

Modelling work complete for specialist (C3/4) and planned for Advanced Practice (C2)

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Our Future State

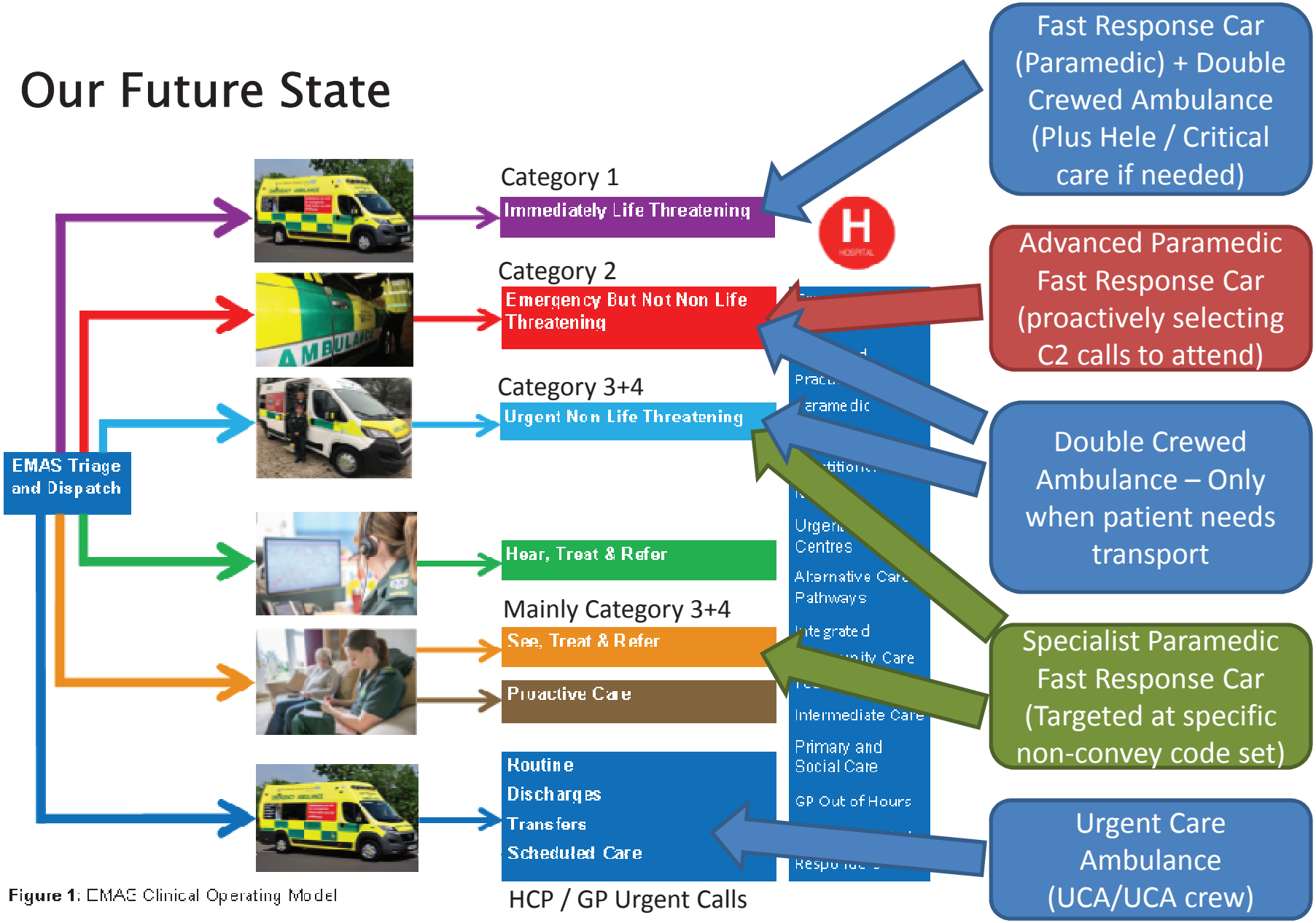
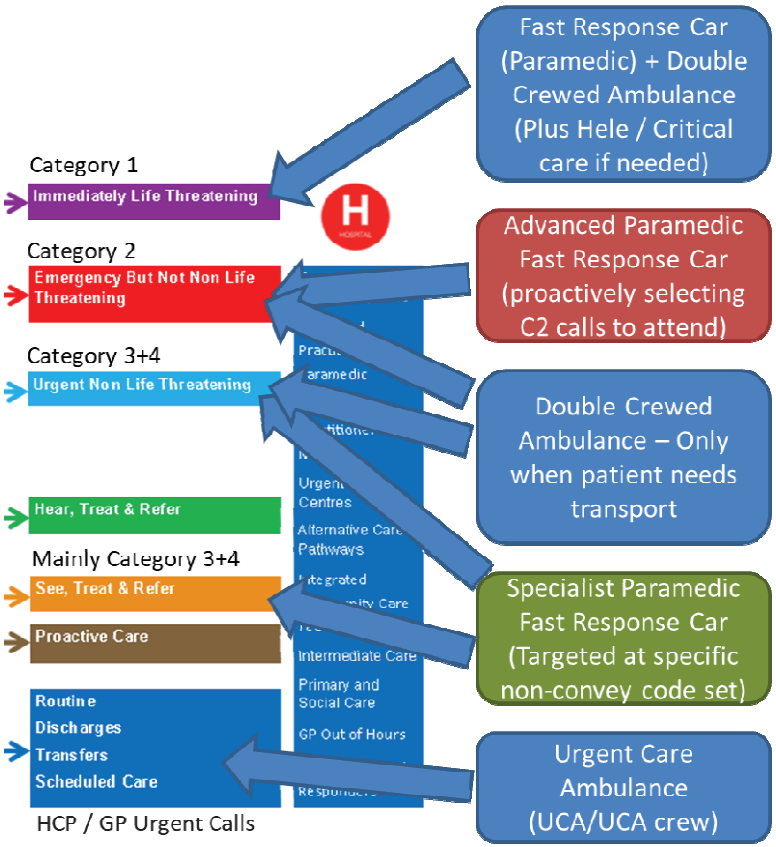


Figure 1: EMAS Clinical Operating Model

Respond – Develop - Collaborate

STP, ICS and PCN Integration

The only effective way EMAS can grow it's intelligent advanced practice is by working with PCNs and ICP/placed based care organisations to support the training by placements



Fast Response Car (Paramedic) + Double Crewed Ambulance (Plus Hele / Critical care if needed)

Advanced Paramedic Fast Response Car (proactively selecting C2 calls to attend)

Double Crewed Ambulance – Only when patient needs transport

Specialist Paramedic Fast Response Car (Targeted at specific non-convey code set)

Urgent Care Ambulance (UCA/UCA crew)

PCN and place orientated knowledge, relationships, placements and training

Through more localised working, relationships and trust, our advanced and specialist practitioners will deliver greater non-conveyance simultaneously with better outcomes for patients

Opportunity to fast-track with tactical investment of 'paramedic' PCN funds?

Respond – Develop - Collaborate

So what's next?

Finalising modelling and business case for change – July to September 2019

Trust Board October 2019 public paper with business case for change

Q3 2019/20 launch pilots of implementation of new advanced and specialist practice, starting the 'do' of the PDSA cycle

Respond – Develop - Collaborate

ENC. H1

Meeting:	ICS Board
Report Title:	August 2019 Integrated Performance Report
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	11
Work-stream SRO:	Wendy Saviour
Report Author:	Sarah Bray
Attachments/Appendices:	Enc. H2. Integrated Performance Summary

Report Summary:

This report supports the ICS Board in discharging the objective of the ICS to take collective responsibility for financial and operational performance as well as quality of care (including patient/user experience). Key risks and actions are highlighted to drive focus and strategic direction from across the system to address key system performance issues.

Current key risk areas are outlined below, with a summary of key performance enclosed.

Main areas of current risk:

- Urgent Care System delivery
- Cancer Performance – low performance expected July (53%-mid 60%)
- Financial Sustainability
- Mental Health – OAPs (National outlier on volumes)

Emerging & Continuing Risks:

- Planned Care – diagnostics and waiting lists continue to rise, however the system remains in the upper quartile performance nationally for RTT.
- Quality, due to performance across Transforming Care, LeDeR and Maternity.
- Activity – 'other referrals' and outpatient follow-ups are over planned levels. Non-electives are under planned levels due to Same Day emergency Care not being reported as expected. Demand has continued to increase in line with unmitigated growth trends.

Service Delivery Area	2019/20 ICS Performance		
	No. KPIs	% Not Achieved	% Achieved
Mental Health	10	30%	70%
Urgent & Emergency Care	8	50%	50%
Planned Care	5	20%	80%
Cancer	8	50%	50%
Nursing & Quality	5	20%	80%
Finance	8	50%	50%
Workforce	12	tbc	tbc
Overall Performance Delivery	44	39%	61%

Nottingham and Nottinghamshire ICS - Performance Overview - as at 30th July 2019

Assurance Frameworks

Q4 2018/19 ICS Integrated Assurance Framework aggregated to ICS level, top 5 best and worst performing areas are.

Best Performing areas out of the 42 ICSs are:	**Worst Performing** areas out of the 42 ICSs are:
- Primary Care Access (1/42) - 18 week RTT (2/42) - Choices in Maternity Service (3/42) - 7 DS – achievement of standards (3/42) - IAPT recovery rate (4/42)	- A&E 4 hour wait (40/42) - Cancer diagnosis at early stage (40/42) - Maternal smoking at delivery (38/42) - High quality adult social care (34/42) - Diabetes patients who achieve NICE targets (32/42)

In the 2018/19 CCG Annual Assessments published in July 2019, all Nottingham and Nottinghamshire CCGs achieved a 'Good' Rating, which was an improvement from 'Requires Improvement' for Mansfield & Ashfield CCG, Newark & Sherwood CCG and Nottingham City CCG.

In addition, East Midlands Ambulance Service improved their overall rating from Requires Improvement to 'Good' in their CQC assessment, achieving 'Outstanding' for Care.

ICS MOU 2019/20

The MOU has been progressed with the ICS partners and regulators for 2019/20.

With changes within the regulatory system, aligning NHS England and NHS Improvement responsibilities, the delivery of the ICS MOU, as well as operational NHS performance and delivery, will now in the first instance, be discussed at the system level. The first System Review Meeting, utilising this new approach to system performance, is scheduled for mid-August.

Action:		
☒ To receive ☐ To approve the recommendations		
Recommendations:		
1.	That the board note the contents of the report	
Key implications considered in the report:		
Financial	☒	Delivery against forecast and year to date
Value for Money	☐	
Risk	☒	Service delivery and performance risks
Legal	☐	
Workforce	☒	Delivery against workforce plans
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	
Engagement to date:		

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☒	☐	☐
Performance Oversight Group	Clinical Reference Group	Mid Nottingham-shire ICP	Nottingham City ICP	South Nottingham-shire ICP
☒	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Integrated Performance Overview

30 July 2019

Red Risks to System Delivery		
RAG	***Performance Issues***	***Actions to Address***
A: Mental Health	***Performance*** concerns relating to: CYP Access & data capture issues ongoing EIP Concordant compliance & Data – Level 2 assessment May 2019. Further improvements potentially at risk due to CBTp training issues ***5YFV Transformation Areas*** issues: Out of Area Inappropriate placements – remain national outlier on volumes of placements. Revised trajectories have been agreed, system has achieved Q1. National clinical support offered. IPS – Service not currently delivered across the ICS. Wave 2 funding has been received to progress the service across the ICS . Physical Health Checks are currently not in line with requirements, the system is reviewing alternative service models.	There are a significant number of performance and 5YFV transformation area concerns relating to Nottinghamshire. As a result the system has developed Service Improvement plans for IAPT, EIP, CYP, Out of Area Placements (including Liaison & Crisis) and Physical Health Checks. Phased performance improvements to deliver requirements planned for 2019/20. ICS Executive Mental Health monthly oversight remains in place to progress the actions required through the service improvement plans. Mental Health Strategy Implementation Plans are being developed to enable clear oversight of the key milestones. Discussions are ongoing with Health Education England to progress potential barriers to success, including CBT and IAPT training programmes. Funding requests have been submitted for Crisis & Liaison transformation, Perinatal and CYP School Trailblazer (Nottingham City expansion, and Mansfield & Ashfield)
B: Urgent Care	ICS A&E performance remains below target and has increased to 94.7% however this only now includes SFHT. NUH are trialling the new UEC metrics. There were 3 twelve hour ED waits. 2 at NUH and 1 at SFHT. All 3 related to extended waits for Mental Health Patients. Urgent care attendances and admissions continue on the growth trajectory seen during 2018/19 (4% A&E, 10% NEL), however are under the ICS plan (-3% A&E, -4% NEL). There are differential positions within the ICP areas and between providers & commissioners, with Mid-Notts being over plan (SFHT & CCGs), whilst and City and South Notts are under plan and reduced volumes year-on-year, however NUH are over year-on-year (6% A&E, 8% NEL). EMAS performance has continued to improve over the recent months. Performance is more positive across Nottinghamshire, than EMAS as a whole.	Mental Health 12 Hour Breach RCA meeting July 2019, with recommendations to be made to the A&EDB. NUH remains in regional escalation for urgent care performance as service difficulties continue. Significant volume increases have continued. Actions to address acute and community bed capacity gaps and front door service redesign continue to be implemented. Weekly executive calls continue to be in place to respond to the pressures across the system. Daily patient review processes and 'pull teams are now in place. ECIST support is being provided. Due to continuing activity increases, the ICS has undertaken an activity driver deep dive into urgent care activity, which has completed analytical analysis and is progressing through clinical challenge and review, to enable directed actions to be implemented. This is due for completion for the NUH system in August. Actions are expected to include reviews with 111 and EMAS on conveyancing and triage protocols.

D:Cancer	Cancer 62 performance has continued to deteriorate, 75.3% May 2019. (SFHT 78.77% / NUH 67.18%, Circle 86.32%). Backlogs have remained static during the month.	The trusts expected performance for July 19 to Aug 19 is 53-60%, which is a further reduction from expected levels, and a continued significant reduction. The trusts continue to work through the increased demand, and capacity constraints from revised pathways and workforce issues. Alternative capacity is being sourced, through workforce, alternative providers and additional equipment / clinical capacity. However, recovery is not now expected to be achieved before the end Q3 2019/20.
G: Financial Sustainability	There is no reporting of the City Council due to information not received. The NHS & Local Authority system has not delivered against the system financial plan for June 2019, due to Local Authority pressures. The NHS has delivered on the system control total for June 2019, as the NHS system is in totality on plan at quarter 1, and therefore received all of its Provider Sustainability Fund.	The system is forecasting to deliver against the financial plan and system control total by year-end. However, this is a very challenging position with key risks the under delivery of savings/efficiency programme and activity pressures across the system. The ICS Financial Sustainability Group are monitoring the year-to-date and forecast position and identifying where further actions are necessary.
Amber Risks To System Delivery		
C: Planned Care	RTT achieved at ICS 92.47% May 2019. Waiting lists remained are over March 2019 levels, at 9.3% over March 19 levels. There has been an increase in 'Other Referrals' by consultants and A&E departments, which is being investigated . NUH had 5 long waiters at the end of April due to patient choice factors and capacity. Children's wheelchair waits have significantly improved over the year to 100% delivery Q4.	SFHFT failed to achieve the standard at May 2019 – 90.8%. SFHFT and the CCG are monitoring recovery plans at speciality levels, which include staffing and additional capacity, for recovery September 2019. SHFT Waiting lists recovery to March 2019 levels supported by staged implementation of Medefer Virtual Hospital Model, June-August. NUH are investigating causal factors of growth in specific specialties during August. 52+ waits recovery to nil at NUH is expected by Q2 2019/20 due to patient choice factors. This is being actively managed
E. Nursing & Quality	Transforming Care achieved June 19 trajectory -2 over planned levels. CHC: ICS achieved both QP standards for April 19, however Nottingham West CCG did not achieve (predominantly due to low patient numbers) LeDeR – There has been an increase in the number of completed reviews to 36% (42) May. Maternity did not achieve the continuity of carer 20% requirement, reducing from 2.4% May 2019, which was the lowest in the Region, to 1.4% June 2019, with only 15/1103 women booked onto CoC pathway. The ICS is assessed by NHSE as 'Requiring Some Support' because of delayed implementation.	TCP remains in regional escalation. Recovery plans are in place, focus on admission avoidance, with refreshed targets having been agreed for 2019/20. CHC performance has reduced, CCGs and Local Authorities are identifying immediate actions to be taken. LeDeR – Improvement trajectory is in place supported by NHSEI. ICS is on track to clear the backlog by the end of Q2, as additional review capacity has been sourced, and achieve national standard by Nov 2019. Maternity recovery plan is in place, revised trajectories are expected for June 2019, to progress towards the 35% requirement for March 2020. Pilots commenced march, April, July and September, with proposals for dedicated resource within each provider to lead the implementation

H. Workforce	Delivery of primary care workforce plans is a raising concern.	Primary Care and delivery of increased workforce is at risk of delivery against the planned trajectory, due to overseas recruitment not being as successful as planned. Contingencies including reviewing skill mix and further retention are being developed.

Integration of services, improving health of the population
While healthy life expectancy has increased both nationally and locally over recent years, Nottingham and Nottinghamshire remain below both national and core city averages. Additionally, there is a significant downward trend in female healthy life expectancy across the previous four rolling averages. Performance measures for the ICS relating to social care and population health are being developed by the respective teams. The three priority areas are alcohol, smoking & diet.
Strengthened Leadership
ICS Governance arrangements are continuing to be strengthened, with on-going work programmes related to management of risk, organisational and system arrangements, and workstream oversight. This includes development of the ICS Outcomes Framework. The performance report will continue to be developed during 2019/20 to reflect the emerging governance of the ICS and ICPs and the establishment of the ICS Outcomes Framework. CCG joint management arrangements are progressing.

Recommendations

The Board/Group are asked to note the report:

a. Integrated Performance Report and
b. Key risk areas:
   - Urgent Care System delivery
   - Mental Health OAPs
   - Financial Sustainability
   - Cancer Services Delivery

c. Areas of Emerging Risks:
   - Learning Disabilities Mortality Reviews (LeDeR)
   - Local Maternity & Neonatal Services Transformation

Sarah Bray
Head of Assurance & Delivery
30 July 2019
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Nottinghamshire ICS
System Integrated Performance Summary
August 2019

ICS Board
8 August 2019
Item 11. Enc. H2.

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council
Nottinghamshire County Council
NHS

	Key Performance Indicator	19/20 ICS Basis	National 19/20 Required Performance	19/20 Reporting Period	2019/20 ICS Performance: Latest Period	2019/20 ICS Performance: National Month RAG	2019/20 ICS Performance: Month Delivery Trend	2019/20 ICS Performance: Forecast Delivery Risk	Exception Narrative
									Data awaiting update
A. Mental Health Deliver the MHFV, with a focus on Children and Young Peoples services (CYP), reductions in Out of Area Placements, improved access to mental health services (EIP / IAPT / Crisis and Liaison services)	CYP Access Rate	CCG	34%	Q4 18/19	17.3%				Due to concerns relating to performance and plans to progress the 5YFV requirements, ICS Exec level oversight remains in place. Joint Recovery plans are in place. **CYP** - ICS reported 17.3% against 32% access standard in Q4 (based on national dataset). Local data indicates a Q4 position of 25% against the 32% target. Data issues continue with national reporting **IAPT** - ICS exceeded the target of 4.75% for Mar 19, expect 5.28% April 2019. **EIP** - Exceeded target in May 2019, achieving 71.6%. Actions are ongoing to improve service delivery against NICE standards. **OAPs** – Continuing reduction in number of inappropriate out of area bed days (OBDs). In Q1 2019/20 the number of OBDs was 23% reduction on OAP OBDs reported in Q4 2018/19. Q1 trajectory was achieved, as the system was able to bring forward some Q2 actions.
	CYP Eating Disorders Urgent 1st <1 weeks	CCG	95%	Q4 18/19	100.0%				
	CYP Eating Disorders Routine 1st <4 weeks	CCG	95%	Q4 18/19	91.7%				
	IAPT Access - 22% (4.75% min, to 5.5% Q4) 2/3 of increase in IAPT-LTC	CCG	4.75%	Mar-19	5.23%				
	IAPT Waiting Times - 6 weeks (Rolling Quarter)	CCG	75%	Apr-19	76.0%				
	IAPT Waiting Times - 18 weeks (Rolling Quarter)	CCG	95%	Apr-19	99.6%				
	IAPT Recovery Standards (Rolling Quarter)	CCG	50%	Apr-19	54.1%				
	EIP NICE Concordant Care within 2 Weeks	CCG	56%	May-19	71.6%				
	Inappropriate Out of Area Placements (bed days) Q1 3432, Q2 2024, Q3 1748, Q4 1440	CCG	1080	Apr-19	3944				
	Maintain Dementia diagnosis rate at 2/3 of prevalence	CCG	66.7%	Jun-19	76.6%				
B. Urgent & Emergency Care Improved A&E performance in 2018/19, reduce DTOCs and stranded patients, underpinned by realistic activity plans. Implementation of NHS 111 Online & Urgent Treatment Centres.	Aggregate performance of 4 Hour A&E Standard (SFHT performance only as NUH trialing new metrics)	Provider	95%	Jun-19	94.7%				Activity pressures continues with attendances and admissions up year on year. Although the activity across the ICS is below plan. **A&E** – NUH ED are part of the new NHSE reporting pilot and will no longer be reporting against the 4 hour target. SFHFT failed to achieve national standard and planned trajectory performance with 94.67% for June 19. **12 Hour Wait** - 2 x NUH patients - 2x mental health extended wait. 1 x SFH patient - 1x mental health extended wait. **DTOCs** - NUH achieved 3.07% in May, this was a decrease from April. SFHFT achieved target in May with 3.28%, a decrease from 4.18% April. This is the first time SFHT have achieved the target for 24 months.
	12 Hour Breaches	Provider	0	Jun-19	2				
	NHS 111 50% population receiving clinical input	Provider	50%	Jun-19	51.5%				
	Ambulance (mean) response time Category 1 Incidents (Notts Only)	Provider	00:07:00	Jun-19	00:06:55				
	Ambulance (mean) response time Category 2 Incidents (Notts Only)	Provider	00:18:00	Jun-19	00:23:47				
	Manage Optimal Length of Stay - reduction in >21 days	Provider	279	May-19	322				
	Reduce DTOCs across health and social care- NUH	Provider	3.5%	May-19	3.07%				
	Reduce DTOCs across health and social care- SHFT	Provider	3.5%	May-19	3.28%				
	A&E Attendances - Variance to Plan	CCG	±2% of plan	May-19	-3.06%				
	NEL - Variance to Plan	CCG	±2% of plan	May-19	-3.96%				
	NEL Short Stay - Variance to Plan	CCG	±2% of plan	May-19	-11.56%				
C. Planned Care	RTT Incomplete 92% Standard	Provider	92%	May-19	92.5%				**RTT** ICS achieved target in May at 92.47%. SFHT failed the target with performance at 90.80% **Waiting list** ICS is +9.3% against March-20 plan in May 19, with NUH +4.6% and SFHT +5.2%. **52 Week Waits** NUH reported 5 breaches for May-19. 4 delays were due to patient choice, 1 was due to equipment breakdown followed by patient choice to delay treatment. **Wheelchairs** – 100% achieved for Q4 **Diagnostics** - Both providers ICS failed to meet the standard for the second month. The majority of breaches at SFH were in echocardiography (77 out of 141) and the result of an increased backlog of routine patients, this is following a period of staff sickness within the non-invasive cardiology physiologist workforce. NUH breaches have been within colonoscopies, flexi sigmoidoscopies and audiology
	RTT Waiting List - March 2019 incomplete pathway < March 2018	Provider	57890	May-19	62,047				
	+52 Week Waits - to be halved by March 2019, and eliminated where possible	Provider	0	May-19	3				
	Diagnostics +6 weeks	Provider	0.9%	May-19	3.09%				
	Children's Wheelchair Waits < 18 Weeks	CCG	92%	Q4 18/19	100.00%				
	GP Referrals - Variance to Plan	CCG	±2% of plan	May-19	-0.20%				
	Other Referrals - Variance to Plan	CCG	±2% of plan	May-19	6.30%				
	Total Referrals - Variance to Plan	CCG	±2% of plan	May-19	2.00%				
	Outpatient 1st - Variance to Plan	CCG	±2% of plan	May-19	-0.77%				
	Outpatient F/U - Variance to Plan	CCG	±2% of plan	May-19	1.20%				
	Total Elective - Variance to Plan	CCG	±2% of plan	May-19	1.36%				

Nottinghamshire ICS
System Integrated Performance Summary
August 2019

Integrated Care System – Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

	Key Performance Indicator	19/20 ICS Basis	National 19/20 Required Performance	19/20 Reporting Period	2019/20 ICS Performance				Exception Narrative
					Latest Period	National Month RAG	Month Delivery Trend	Forecast Delivery Risk	Data awaiting update
D. Cancer Delivery of all eight waiting time standards, implementation of nationally agreed radiotherapy specifications and diagnostic pathways, progress risk stratified scanning and follow-up pathway	Cancer 2 weeks - Suspected Cancer referrals	Provider	93.0%	May-19	95.4%				**NUH** -Failed in May 67.18%. Breeches increased to 53, Urology 13, LGI 4, Lung 7. 62 day backlog reduced slightly to 109. Urology and LGI continue to have the biggest impact. Head &Neck increased to 15, following significant increase in referrals and complex cases. Number of >104 day waiters at NUH for end June reduced to 28, compared with 34 at end May. Treatment numbers in May increased to 165 (April was 149). Oncology waits continue to be a concern, impacting all specialties. **SFHFT**- Failed in May 78.77%. 16.5 breaches. 6 breaches in Urology (prostate), and 2 each in Breast, Lung, LGI and Head & Neck. 3rd of breaches due to complex diagnostic pathways, another 3rd due to provider initiated delay to diagnostic or treatment planning. 2ww referrals close to monthly average of 1,229 for the last 12 months, which is 12% higher than for the preceding 12 months. Q1 showing signs of difficulty due to shift fill rates following changes in tax and pensions.
	Cancer 2 weeks - Breast Symptomatic Referrals	Provider	93.0%	May-19	99.4%				
	Cancer 31 Days - First Definitive Treatment	Provider	96.0%	May-19	95.5%				
	Cancer 31 Days - Subsequent Treatment - Surgery	Provider	94.0%	May-19	83.3%				
	Cancer 31 Days - Subsequent Treatment - Anti Can	Provider	98.0%	May-19	99.3%				
	Cancer 31 Days - Subsequent Treatment - Radiothy	Provider	94.0%	May-19	98.9%				
	Cancer 62 Days - First Definitive Treatment - GP Referral	Provider	85.0%	May-19	75.3%				
	Cancer 62 Days - Treatment from Screening Referral	Provider	90.0%	May-19	83.8%				
	Cancer 62 Days - Treatment from Consultant Upgrade	Provider		May-19	89.5%				
E. Nursing & Quality									**Transforming Care** (Inpatient No.): Notts TCP collectively (Specialised Commissioning & CCG) didn't achieve 2018/19 trajectory (+16). Refreshed targets agreed for 19/20 and currently ICS/CCGs are achieving for June 2019. **LeDeR**: Current Performance shows improvements achieving 36% for May 2019. Increase in number of completed reviews from 18% (21) to 36% (42). **Maternity**: Notts ICS assessed by NHSE as 'Requiring Some Support' as result of delayed progress in implementing the SBLCB, continuity of carer ambition, and higher than national average rates of SATOD. Notts LMNS is not achieving national or local trajectory for CoC. Failed to achieve 20% trajectory with 2.4% recorded as at May 2019. During June 2019 15/1103 women booked onto CoC pathway equating to 1.4%
Transforming Care Continued reduction of inappropriate hospitalisation of people with Learning Disabilities	Reductions in patients against Local planning trajectories - Total for Nottinghamshire	CCG	49	Jun-19	47				
	Learning Disability Mortality Reviews (LeDeR)	CCG	85%	May-19	36%				
Continuing Health Care	Fewer than 15% of Continuing Health Care Full Assessments undertaken in acute setting	CCG	<15%	Jun-19	10%				
	More than 80% eligibility decisions undertaken within 28 days from receipt of checklist	CCG	80%	Jun-19	92%				
Maternity Deliver improvements in safety for maternity services, and improve personal and mental health service provision	Continuity of Care	Provider	20%	Jun-19	1.40%				
Quality Measures	Mixed Sex Breaches			May-19	TBC				CQC inspection at SFHT in April has improved overall rating to good. HCAI (Hospital Aquired Infections) have action plans to address the increased rates
	MSSA Breaches	Provider		May-19	0				
	MRSA	Provider		May-19	0				
	C-Difficile	Provider		May-19	17				
	E Coli	Provider		May-19	85				
F. Prevention & Public Health			To be developed and populated by public health and social care						Nottingham and Nottinghamshire remain below both national and core city averages. Additionally, there is a significant downward trend in female healthy life expectancy across the previous four rolling averages

Nottinghamshire ICS
System Integrated Performance Summary
August 2019

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council
Nottinghamshire County Council
NHS

	Key Performance Indicator	19/20 ICS Basis	National 19/20 Required Performance	19/20 Reporting Period	2019/20 ICS Performance				Exception Narrative
					Latest Period	National Month RAG	Month Delivery Trend	Forecast Delivery Risk	Data awaiting update
G. Finance & Efficiency ***Note: Nottingham City Council and Nottinghamshire County Council information not provided and therefore is not included in finance & efficiency reports***	**Overall Revenue Financial Position** (excluding Provider Sustainability Funding, Marginal Rate Emergency Threshold and Financial Recovery Fund)	ICS - Health & Social Care	Nil variance to the system financial plan of £65.7m in year deficit	Jun-19	-£0.7	●	↑	●	**Year-to-date** deficit higher than planned due to Local Authority pressures as a result of staffing issues and growth pressures on external residential placements. **FORECAST** - NHS forecast to deliver against £65.7m in-year deficit (control total £67.7m deficit) with the Local Authority forecasting a £5.6m over-spend. This is a very challenging position with key risks the delivery of savings/efficiency programmes and activity pressures across the system.
	Overall Revenue Financial Position (including Provider Sustainability Funding, Marginal Rate Emergency Threshold and Financial Recovery Fund)	ICS - Health & Social Care	Nil variance to the system financial plan of £8.3m in year deficit		-£0.7	●	↑	●	**YTD** - In line with the variance above as the NHS system at end of quarter 1 was in totality on plan and therefore received their Provider Sustainability Funding. **FORECAST** - to deliver £8.3m in-year deficit. This is a very challenging position with key risks the delivery of savings/efficiency programmes and activity pressures across the system. This could impact on the receipt on provider sustainability funding in year.
	NHS Revenue System Control Total (excluding Provider Sustainability Funding, Marginal Rate Emergency Threshold and Financial Recovery Fund)	NHS	Deficit does not exceed System Control Total of £67.7m in year deficit		£0.0	●	↑	●	**Year-to-date** the NHS system at end of quarter 1 was in totality on plan and therefore received their Provider Sustainability Funding. **FORECAST** - to deliver £65.7m in-year deficit (control total £67.7m deficit). This is a very challenging position with key risks the delivery of savings/efficiency programmes and activity pressures across the system.
	System Capital Control Limit	NHS	Spend does not exceed system capital control limit of £70.5m		£0.0	●	→	●	**YTD** - All provider organisations are within the System Capital Control Limit year-to-date plan. YTD spend is £6.1m. **FORECAST** - to deliver.
	Savings & Efficiency Programme	ICS - Health & Social Care	Nil variance to plan - £159.7m (4.9%)		-£0.1	●	→	●	**YTD** - Delivered £23.8m of savings year-to-date, under delivery across the NHS offset by over-achievement of Local Authority savings plans. **FORECAST** - NHS organisations are forecasting £125.3m (£145m plan) & Local Authority £17.2m (£14.9m plan)
	Provider Sustainability Funding (PSF)	NHS	Nil variance to available PSF of £27.5m		£0.0	●	→	●	**YTD -** All provider organisations are expecting to be on plan at the end of quarter 1 and therefore receive provider sustainability funding. **FORECAST -** All provider organisations are forecasting to receive full provider sustainability funding but this is high risk.
	Mental Health Investment Standard (MHIS)	NHS	MH spend (exc LD & Dementia) is at least £165.1m		£2.2	●	↑	●	MHIS is forecast to be above target at the end of Q1.
	Agency Ceiling	NHS	Agency Spend is within the ceiling limit of £45.4m		£0.0	●	→	●	All provider organisations are within the agency spend ceiling year-to-date. FORECAST - to deliver, low risk.

Nottinghamshire ICS
System Integrated Performance Summary
August 2019

	Key Performance Indicator	19/20 ICS Basis	National 19/20 Required Performance	19/20 Reporting Period	2019/20 ICS Performance				Exception Narrative
					Latest Period	National Month RAG	Month Delivery Trend	Forecast Delivery Risk	Data awaiting update
H. Workforce	Substantive WTEs	ICS (NHS)	25748.26	Jun-19	-263.52				Excludes primary and social care and Nottingham City Care (plan & actual)
	Agency/Bank WTEs		1608.28		-769.55				Excludes NUH data as not included in NHSi return
	Working in A&E WTEs		438.24		-53.05				Taken from NHSi monthly returns
	Transformational Roles WTEs		TBC	Jun-19	n/a				Plan & Actual exclude primary and social care. Data accurate for 2018-2019 above plan by 56 apprentices.
	Apprenticeships WTEs		TBC		n/a				
	Vacancy Rates		10.0%	Jun-19	10.00%				.
	12m Rolling Sickness Absence Rate %		3.0%		3.00%				
	12m Rolling Staff Turnover %		10.0%		10.00%				
	Primary Care Workforce - GPs		554.19	Mar-19	548.00				Data taken from NHS General Practice Workforce Statistics - March 2019
	Primary Care Workforce - Clinical		532.00		491.11				
	Primary Care Workforce - Non-Clinical		1273.13		1289.00				
	Primary Care Workforce - Direct Patient Care				209.00				
	TBC								

ENC. I1

Meeting:	ICS Board
Report Title:	2019/20 Operational Plan: Proposals for Flexible Transformational Funding
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	12
Work-stream SRO:	Wendy Saviour
Report Author:	Helen Pledger
Attachments/Appendices:	Enc. I2: Clinical Services Strategy Proposal Enc. I3: Information, Analytics & Digital Proposal

Report Summary:

The ICS is participating in the incentive scheme (ICS Financial Framework) for 2019/20. As part of the scheme the ICS will receive flexible transformational funding of £5 million.

The ICS Board received and approved proposals from ICPs at the July meeting, leaving a remaining balance of £0.2 million. It was agreed that this funding should be used for system wide priorities (Clinical Services Strategy and IMT, Digitalisation & Analytics).

This paper presents the system wide proposals for utilisation of the remaining £0.2m funding in 2019/20.

Action:

☐ To receive
☒ To approve the recommendations

Recommendations:

1.	The Board is asked to APPROVE the system wide proposals. Although it has not been possible to assess the proposals against the ROI criteria, all schemes fit with the strategic priorities of the ICS. It is recommended that clear outputs/deliverables and timelines are agreed with SROs and Programme Directors.

Key implications considered in the report:

Financial	☒	
Value for Money	☒	
Risk	☒	
Legal	☐	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☐	☐	☐	☐	☐

Performance Oversight Group	Clinical Reference Group	Mid Nottingham-shire ICP	Nottingham City ICP	South Nottingham-shire ICP
☐	☐	☒	☒	☒

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☐

Is the paper confidential?

☐ Yes
☒ 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.

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

2019/20 Operational Plan:
ICP Proposals for Flexible Transformational Funding
2 July 2019

Background

1. As part of 2019/20 operational planning, the ICS agreed to participate in the incentive scheme included in the ICS Financial Framework. The overarching aims of the ICS Financial Framework are as follows:

    - putting the system at the centre of managing financial resources, promoting new ways of working and behaviours;
    - encouraging collaboration between individual organisations to support integrated models of care and achieve system financial balance;
    - strengthening system governance and decision-making mechanisms; and
    - acting as a test bed for further system-focused changes to the NHS financial framework, in the future.

2. To comply with the requirements of the incentive scheme NHS Providers have re-allocated £4.9 million of their provider sustainability to be paid on the delivery of the system control total (previously paid on delivery of organisation control total).

3. As a result of participating in the incentive scheme the ICS will receive £5 million flexible transformational funding. This has been allocated as follows:

Address remaining pressures in system plan (ensure we can meet requirements of incentive scheme and MOU)	£0.8m
ICP proposals (approved at July ICS Board)	£4.0m
Available balance – system wide priorities	£0.2m

4. The ICS Board agreed that proposals should be requested from two system wide areas (Clinical Services Strategy and Information, Analytics & Digital) for the remaining balance of £0.2m. This paper outlines the proposals received from Programme Leads.

System Wide Proposals

5. Programme Leads were asked to pull together a proposal outlining what investment is requested for 2019/20 and what the expected benefits/outputs would be delivered if funding was agreed. In addition, the ICS Board asked that the Clinical Services Strategy proposal included what expenditure had been committed so far and what this had delivered.

6. The proposals received are:

    - Clinical Services Strategy £0.1m – continued programme resource
    - Information, Analytics & Digital £0.1m – programme resource (including subject matter expertise) to develop DAIT Strategy

Clinical Services Strategy: £0.1m

7. The Programme Director has produced a business case for consideration at the Clinical Services Strategy Programme Board on the 2 August 2019. The business case (Attachment 1) outlines the funding position for the programme; this includes expenditure to date and additional funding requirements for 2019/20 and 2020/21.

8. The programme is requesting an additional £0.1m for 2019/20 to meet the proposed resource requirements, subject to agreement at the Clinical Services Strategy Programme Board.

9. It has not been possible to assess the proposal on a consistent basis as the ICP proposals i.e. return on investment (ROI). The business case outlines the programme of work and the outputs from each phase.

Information, Analytics & Digital: £0.1m

10. The Programme Lead has consulted with system partners and agreed external expertise to support the development of the Data, Analytics, Intelligence and Digital Technology (DAIT) strategy would be beneficial, and developed a proposal accordingly for Information, Analytics & Digital.

11. The full strategy will take up to six months to develop, however initial outputs will be available to form part of the system's LTP submission.

12. The programme is requesting an additional £0.1m to secure additional programme resource and subject matter expertise to develop the DAIT strategy (Attachment 2). This is based on an initial view of the type of support required and where it could come from.

13. It has not been possible to assess the proposal on a consistent basis as the ICP proposals i.e. return on investment (ROI). The proposal is based on the resource required to complete the DAIT Strategy. A further update on the specific use of the funds will be provided to the Board in October.

Recommendations

14. The Board is asked to **APPROVE** the system wide proposals. This is on the basis that the proposals are supported by the Programme SROs and align with the ICS strategic priorities. It is recommended that clear outputs/deliverables and timelines are agreed with SROs and Programme Directors.

Helen Pledger
ICS Finance Director
30 July 2019
Helen.pledger@nhs.net

Item 12. Enc. I2: Clinical Services Strategy Proposal for Flexible Transformational Funding

Business Case for Programme Resources

Investment scheme title	**Clinical Services Strategy**	
Author / Designation	Duncan Hanslow/Angela Potter	
Sponsor	Tracy Taylor/Nicole Atkinson	
Date Business Case Completed	29th July 2019	
Workstream	Clinical Services Strategy	
Implementation Period (Year)	19/20 & 20/21	Expected timeframe for delivery: Dec 2020
Investment start date (dd/mm/yy)	September 2019	
Total Investment Required (£)	£107k 2019/20 and £449k 2020/21	
Recurrent or Non-recurrent Investment	Non- Recurrent	

Investment options	**Areas explored**	**Outcome**
Are there any other funding options available for this scheme? *For example; Charitable funds, internal funds or*		No other options available Staff release has been already undertaken for the Programme Director roles

Scheme Overview, Key Objectives and Outcomes to date

At the commencement of the programme the ICS Clinical Services Strategy outlined the following objectives to be met through two phases of work;

1. Defines a 'place' based model of care for the Nottingham and Nottinghamshire population for the long term that describes at a system level what care will be provided in what 'place' in the health system and how the main care pathways, assessed by patient volume, will operate across the healthcare system.

2. Describe the level of standardisation or autonomy in the establishment of care models and healthcare systems that will be in place at different levels of the healthcare system through a framework that will guide the development of future health services.

3. Provides a long term sustainable service model for all sectors in Nottingham and Nottinghamshire that enables the long term renewal of core hospital estate, appropriately sized community assets and technology to support service delivery

4. Embeds personalised care, prevention and early intervention and a public health focus throughout the design of the strategy

5. Is sufficient in quality to enable, following its conclusion, the generation and submission of a Pre Consultation Business Case for major service change, should such a proposal emerge from the strategy development process

Phase 1 was to engage widely with health and care professionals and patients and the public to generate an overall strategy document to set the frame for stage two of the work which is to focus on specific

service reviews. Combined the work will set the route map for future service provision in the ICS and deliver the overall strategy objectives.

The framework and principals for objectives 1 and 4 have been completed with the development of an overarching clinical model and strategy that embeds personalised care and prevention into each aspect of the clinical model. This strategy was reviewed and supported by the ICS Board in June 2019.

Phase 2 of the work also identified that 20 service reviews were potentially required in order to complete the remaining objectives and develop in greater detail what the future picture of health and care provision will be in the ICS. 6 of these were confirmed by the Clinical Services Strategy Board as the priority reviews and work commenced on 5 of these in May 2019. The first 5 are due to complete by September/October 2019 with the remaining 15 scheduled to be completed by Nov/Dec 2020. In summary the following have outcomes have been delivered to date:

Phase 1

- 3 system wide strategy development workshops have been undertaken involving over 300 clinicians and system leaders in the development of the strategy
- Fixed elements for future estate planning have been developed to enable the commencement of system wide capital planning
- Wide patient and citizen engagement has taken place to underpin the strategy
- An approved ICS Clinical and Community Services Strategy has been produced for publication

Phase 2

- Clinicians, patients and citizens have confirmed the key areas of focus for the first 5 service review areas with involvement from community, acute, primary care and social care and voluntary sector settings
- Clinically led and sustainable future models of care to are being developed and the resulting transformation plan will be presented to the CSS Programme Board and subsequent ICS Board in the Autumn

The Strategy development has been undertaken working across the system and this next stage of work is determining the detail of future delivery at different levels of the system and describing the benefits that will result.

This business case sets out the investment requirements identified to complete the final 3 waves of phase 2 of the service reviews in order to complete all the objectives of the Clinical Services Strategy. It considers the requirement from the end of Phase 1 and the first 5 sevice reviews to the completion of the full 20 areas of review. The outputs are expected to be

- ICS wide location based clinical models for the 20 service transformation plans and expected impact for delivery by the system at ICS, ICP and PCN level aligned to the NHS Long Term Plan. These will be realised at the conclusion of each review allowing work to commence on implementation after each wave.
- A concluding public document that describes the aggregate impact at each location (home, neighbourhood, acute hosptial) with the transformation requirement for the system. Collectively this will provide the long term strategic route map for sustainable service development in the ICS aligned to the NHS Long Term Plan.

It should be noted, that this resource request does not consider the wider service or operational requirements of implementation following sign-off of the strategy. Following the review the strategy will be in a sufficient position to enable subsequent programmes of work including

- Development of pre-consultation business cases for any major service change that emerges from the review
- Develop estates capital plans to deliver the new pathways in the acute and community sectors
- Workforce delivery plans to be developed and inform the workforce strategy

Detail of Investment Request

To date the team has been supported with the commitment of two senior Programme Directors. Angela Potter who provided senior leadership and interface into the community and primary care sectors was unfunded within the programme resources and was seconded free of charge from NHCT. As this resource will no longer be available to the programme moving forward, it is essential that this expertise and connections into community and primary care are replaced within the programme management team. The first round of phase 2 service reviews has also further informed the capacity and skills required to undertake the work.

The scale of the work in 2019/20 and 2020/21 cannot be under-estimated – the need for analytical and financial support is growing considerably as we move into determining the impact of the service reviews on the capacity and demand across the various elements of our system. The following resources are therefore requested to support the delivery of the overall programme and individiual projects required. These resources cover the 14 months from 1st November 2019 until the projected close of the Programme on 31st December 2020. There is a projected surplus on the existing funding identified for the Programme of £142k at the end of October 2019. As such the additional funding request is for

- **£107k for 2019/20 (5 months)**
- **£449k for 2020/21 (9 months) until December 2020**

The breakdown of programme resources request with the change from the previous request is as follows:

Requested Resource	**Rationale for change from 19/20 funding**	**Costings 14 months**
1 x Band 9 Programme Director	• Reduced by 0.6 in terms of Programme Director time but this was without cost to the project • Continuation of the existing post	£169k
3 x Band 8b Programme Managers	• Increased by 1.0 (£78k) to take account of loss of community and primary care expertise and to increase the pace of service reviews	£252k
1.5 x 8a Senior Analyst	• Increased by 0.5 (£29k) to take account of additional analytical resource required to support service review activity	£97k
0.5 x a Financial Analyst (possibly combined with Senior Analyst)	• New resource 0.5 (£29k) to support financial modelling of the outputs from the service reviews	£30k
1 x Band 5 Programme administrator	• No change	£43k
1 x 1PA or equivalent to provide clinical leadership support to the Programme	• Reduced by 1PA as covered by existing medical leadership roles. Required for phase 2.	£16k
5 x 0.5PA or equivalent for clinical leads to support each service review	• Reduced by of 0.5PA as service reviews in waves of 5 and limited requirement to date	£41k
Non-pay to cover • Venue hire and equipment	• Reduced by £20k due to reduced usage of external advisory support	£50k

• Professional document design • patient/public engagement events • advisory support		

Investment Funding and Profiling

The CSS Programme has received £590k of funding to date (£340k from ICS transformation funds and £250k from NHSE funding external to the ICS). There is projected to be £142k of this remaining at the end of the completion of phase 1 and the first round of service reviews in October 2019. This has been included in the funding profile below which shows

- The request of a further £107k in addition to that alredy received in 19/20
- The request for £449k to continue the work in 2020/21

	Phase 1 and Phase 2 Reviews 1-5		**Phase 2 Reviews 5-20**	
	17-18 & 18/19	**19/20 Projected to Oct 19**	**19/20 Nov-Mar Projected**	**20/21 Apr - Dec Projected**
	£000	**£000**	**£000**	**£000**
		7 months	**5 months**	
B/F Funding		202	**142**	**0**
Income	400	190	**New 107**	**New 449**
Expenditure	-198	-250	**-249**	**-449**
C/F	202	142	**0**	**0**

Key Risks, Issues and Interdependancies

Key Risks;

- Failure to invest in the infrastructure to support this programme will significantly increase the risk of overall delivery of the programme objectives and will significantly hamper the ability to move with pace across the whole area of the programme.
- Inability to quickly recruit people with the right skills and attributes

Item 12. Enc. I3: DAIT Proposal for Flexible Transformational Funding

Developing the System-wide Strategy for Data, Analytics, Intelligence and Digital Technology for Health and Care in Nottingham & Nottinghamshire

Purpose and Background

1. The July ICS Board agreed a proposal to develop a system wide strategy for Data, Analytics, Intelligence and Digital Technology (DAIT) over the next three months. However Board members asked if the approach proposed was sufficiently radical or bold enough, given the proposal to use no external resource and only to use the existing resources employed by the health and care system. Members also asked if the work could be done to a sufficient level in 3 months.
2. A small group[1] lead by the SRO for this workstream Andy Haynes has considered both of these questions and this paper describes the response. The group support a bid for £100,000 non recurrent resource to take forward the strategy development and for the timescale to be extended to six months, recognising interim outputs will be required for the system's five year plan submission.

Types of external help

3. Given the broad range of activities that comprise DAIT, we have considered the different types of help that we could use:
    a) Advice and learning from large scale UK businesses on how they develop their strategies and how they maximise the value they obtain from the use of big data and leading edge analytical and data science techniques
    b) Advice on how artificial intelligence could support new types of decision making in the health and care system
    c) Advice on how to shift IT spend away from capital (and on premise IT investment) towards the revenue based Cloud First approach favoured by central government
    d) Advice of developing our population health and systems integration capabilities perhaps through the use of new tools, modelling approaches and systems
    e) Advice on how to develop our ICS and ICP boards so that they are better able to perform the role of an intelligent customer for DAIT, and to provide the leadership that integrates change management and transformation with investments in DAIT.

Assessment of the options

4. With the exception of a skills analysis of the analytical workforce, a detailed assessment of the DAIT resources that we have has not yet been performed. Neither have we got a clear picture yet of the future needs, so it is difficult to be clear at this

[1] Tom Diamond, Andy Evans, Andrew Haw, Andy Haynes and Colin Monckton

stage what gaps we are trying to fill. However the group believe that we should obtain initial advice from subject matter experts on some or all of the above areas before too much strategy work is done. The group also believes that to rush this process so as to conclude the work by the end of September is missing an opportunity to do a more enduring and valuable piece of work, and it is felt that six months is a more realistic timetable to develop a strategy that has the buy-in of all of the constituent organisations of the ICS.

Principles

5. It is worth considering some principles before we engage with external bodies. The following are proposed:
   - We should avoid taking advice from organisations that have some follow on service to sell, unless it is pro-bono
   - If we can clearly define the outputs of the advice that we need, we should seek to competitively procure such advice
   - We should prioritise our energy into developing local partnerships that are likely to have enduring benefits and / or those partnerships that can upskill our staff to meet the challenges of the future.

External help to be considered

6. A budget will need to be allocated so that we can draw upon the advice of subject matter experts, but we should start by exploring free sources of advice before committing any resource. Firstly we would aim to discover from a couple of large local organisations how they go about developing strategies in this area, which organisations they use for subject matter expertise, how those strategies are supported within the business leadership overall, how they use big data, best practice analytical techniques and data science, and how they intend to use AI and machine learning.
7. We would consider first those organisations that we know have access to huge data sets, such as Boots and Experian. Meetings have been arranged with the Boots Director of Innovation (31 July) and with Experian's Head of Data Science (27 August.)
8. We should also reach out to our local universities as part of their 'Universities for Nottingham' initiative, which seeks to develop the way in which they can contribute to the issues facing Nottingham across a wide range of factors, which can include health and social care, engagement methods, innovation, technology adoption and digital development for example. The Universities, along with other partners in One Nottingham, are also actively involved in the development of a 2050 strategy for Nottingham.
9. We should also consider other pro-bono offers from organisations such as Gartner who claim to have the resource to help boards with the challenge at paragraph 3 (e) above.
10. Once we have gathered initial intelligence from those organisations above, it is proposed to come back to the Board in October with clear proposals to use specific resources to engage specific companies or academic organisations. Possible sources of advice on future technologies and approaches such as AI could be sought

from thought leaders in this area which include Amazon Web Services, Bloor, Gartner, IBM, Microsoft and other similar organisations.

11. And finally we should consider the programme management resource necessary to drive the creation and the embedding of the strategy as it is emerges in the period to March, because the ICS currently has none. A possibility might be to continue the interim arrangements for DAIT leadership that the ICS obtains from Nottinghamshire Healthcare NHS Trust, as these come to a close at the end of September on the retirement of the current resource (Andrew Haw).

Proposals

12. It is proposed that the Board reserves £100,000 to source external subject matter expertise and advice as described at paragraph 6 to 11 above.

Risks

13. A number of risks concerned with the strategy development have been considered in shaping this paper and will be critical to address robustly within the new DAIT strategy; these are not exhaustive but include the following:
    - As the Connected Notts programme draws to a close there is a risk that key expertise is lost to the system, not least because all but one post is non recurrently funded by external funds (i.e. ICS member organisations are contributing almost nothing at present to Connected Notts);
    - At the time when we know that we need to develop our analytical capability and capacity, some organisations are reducing capacity in this skill area;
    - In taking advice from external organisations, the Board should be mindful of what percentage of revenue such organisations spend on IM&T compared with the NHS. Most private sector organisations spend 4% - 10% of revenue on IM&T, the NHS locally is about 1% - 2%. Any advice given needs to be affordable in the current financial climate;
    - Care should be taken in spending money on external organisations that may only be capable of repeating the same messages that the internal IM&T leadership community have already articulated, as this has the effect of consuming local leadership resource and it is also demoralising for a workforce that should be more valued than it is;
    - We need to ensure that sufficient leadership in this area exists so as to ensure that we obtain the buy in to the strategic proposals as they are developed.
14. We also considered making investments in the training of analysts by developing a new course in conjunction with Public Health England and NHSE, but it is recommended that we develop the above ideas further before bringing back specific costed proposals to the Board in October.

Current governance arrangements for IM&T

15. As noted in the July paper to the Board, the governance arrangements for collaborative IM&T work need to be changed, including how these funds are to be used. The objective would be to create a group to support the SRO in bringing recommendations to the ICS Board. The group would need close linkages with all

transformation or change management work and with the PCNs and ICPs and should be more focused on the articulation of business needs than has been the case previously.

16. A further reason for changing the governance arrangements is to do with visibility. There has been significant progress in some aspects of this agenda that are not sufficiently visible nor sufficiently understood by enough people within the local system, predominantly through Connected Notts, but also through the work with Centene in Greater Nottingham and within individual organisations.
17. The governance needs to be improved in order to ensure this is more integrated into the ongoing business of the ICS and ICP boards, and ensure leadership of the agenda takes a further step forwards to maximise impact from this area.
18. Further consideration to membership and terms of reference need to be developed and proposals brought to the Board in September.

Conclusions

19. Having considered the suggestions made by the Board, it is proposed to extend the timetable to develop the strategy to 6 months and that a sum of £100,000 should be reserved for external subject matter expertise and advice.
20. Specific proposals will be made to the Board in October which are likely to require further investment from the system.

Recommendations

21. Board members are asked to agree that:

    a) The revised timing for developing the strategy is acceptable and note the risks that need to be addressed within this work
    b) The proposals to allocate £100,000 to the strategy development are acceptable
    c) The proposed new governance arrangements for all collaborative DAIT work are brought to the Board in September.

ENC. J

Meeting:	ICS Board
Report Title:	Risk Management Update
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	13
Work-stream SRO:	-
Report Author:	Elaine Moss
Attachments/Appendices:	Appendix A

Report Summary:

The purpose of this paper is to provide the ICS Board with an overview of the risk management arrangements currently in place. The ICS Governance Group's primary focus has been the development and implementation of operational and strategic risk management processes and associated Assurance Framework.

Action:

☐ To receive
☒ To approve the recommendations

Recommendations:

1.	Note the risk management arrangements within the ICS
2.	Comment on the risk 'theme' analysis shown within this paper and those included within the Board Assurance Framework at Appendix A
3.	Highlight any risks identified during the course of the meeting for inclusion within the Board Assurance Framework or operational Risk Registers.

Key implications considered in the report:

Financial	☐	
Value for Money	☐	
Risk	☒	
Legal	☐	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☒	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:

Health and Wellbeing	☒

Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Integrated Care System
Nottingham & Nottinghamshire

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ICS Risk Management Arrangements Update
12 July 2019

Introduction

1. The purpose of this paper is to provide the ICS Board with an overview of the risk management arrangements currently in place. The ICS Governance Group's primary focus has been the development and implementation of operational and strategic risk management processes and associated Assurance Framework.

2. The main focus of this report is to:
   - Provide an overview in relation to work being undertaken by the ICS Governance Group, including the development of risk 'themes';
   - Present a current version of the ICS Board Assurance Framework for comment and scrutiny (**Appendix A**); and
   - Describe 'next steps' being undertaken to align risk management arrangements with the ICS's agreed priorities and the Outcomes Framework.

ICS Governance Group

3. The ICS Governance Group has continued to meet, with its primary focus being the development, update and review of the ICS operational risk registers. The Group includes representatives from the ICS team, the CCGs, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust. Discussions have been held regarding representatives from the Local Authorities.

4. Operational risk registers are in place for the following ICS groups which have been assigned to members of the Group. These individuals are responsible for engaging with Chairs of the respective ICS Groups, as well as Workstream Leads, to review and update their respective operational risks. Risk registers are in place for the:

   - ICS Planning Group;
   - ICS Performance Oversight Group;
   - ICS Finance Group; and
   - ICS Workstream Network (e.g. individual Workstream/Programme Leads).

5. The Group has taken a 'bottom-up' approach to risk identification (e.g. operational risks are identified via discussions with the leads). This will be reassessed following Board agreement of future ICS strategic objectives. These will allow strategic risks to be identified using a 'top-down' approach.

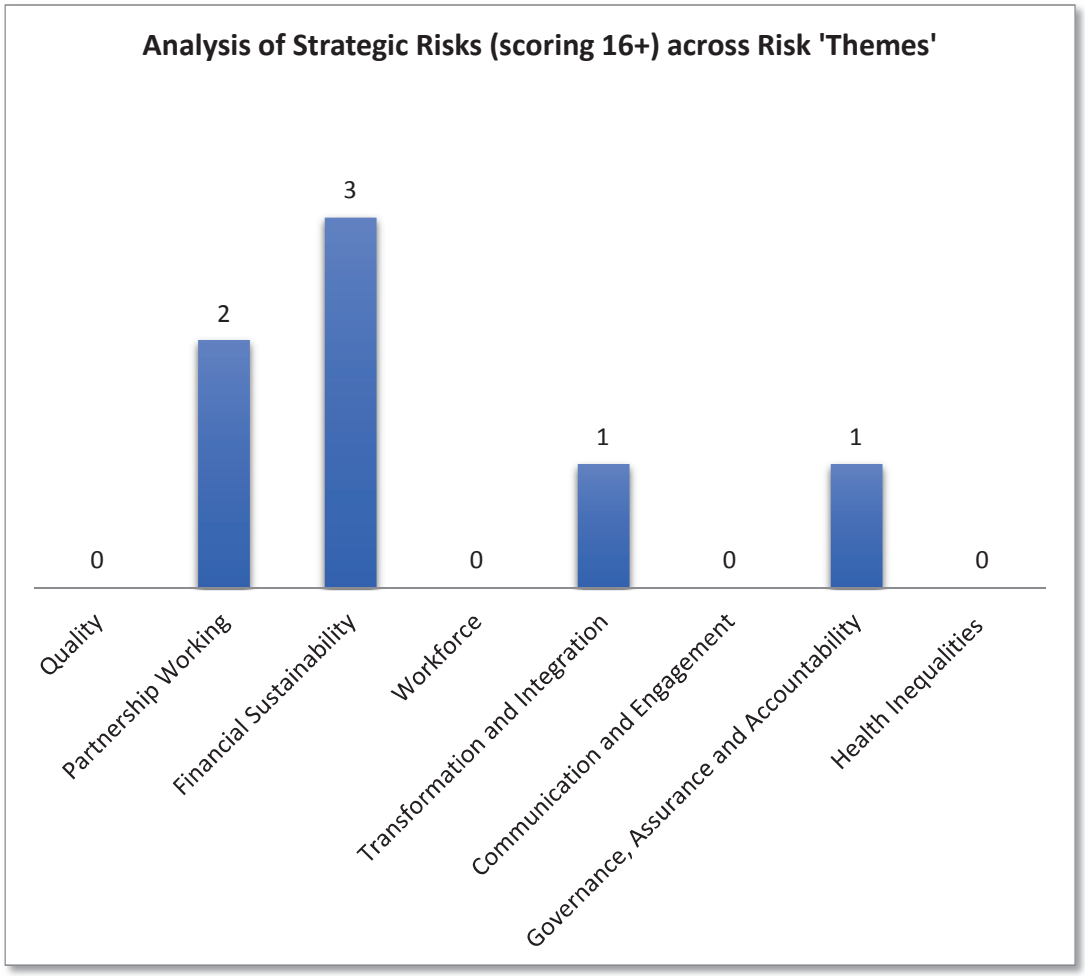
Identification of Risk 'Themes'

6. At the April 2019 meeting of the ICS Governance Group, it was agreed that a number of high-level risk 'themes' would be drawn together to support risk reporting to the ICS Board. The themes are described below:

Risk Theme	Risk Theme Description
Quality	Deterioration of health outcomes
Partnership Working	Lack of focus on system priorities and/or ineffective management of available resources
Financial Sustainability	Lack of available funding and/or ineffective prioritisation of investment
Workforce	Insufficient workforce capacity
Transformation and Integration	Lack of long-term focus
Communication and Engagement	Lack of stakeholder engagement and/or involvement
Governance, Assurance and Accountability	Ineffectual decision making
Heath Inequalities	Increasing health inequalities across the ICS's population

7. The identification of these themes supports risk reporting, as the themes enable Board members to be assured on the extent to which risks align with the Board's key priorities.

8. At present, there are seven risks identified within the Board Assurance Framework (**Appendix A**) and these are across the risk 'themes'. Members should note that there are no strategic risks currently identified across the quality, workforce, communications and engagement or health inequalities 'themes'.



Next Steps

9. The ICS Governance Group will continue to develop risk management processes over the coming months in parallel with the further development of the ICS strategic priorities and System Outcomes Framework.

Recommendations

10. The Board is asked to:

- **NOTE** the risk management arrangements within the ICS;
- **COMMENT** on the risk 'theme' analysis shown within this paper and those included within the Board Assurance Framework at **Appendix A**; and
- **HIGHLIGHT** any risks identified during the course of the meeting for inclusion within the Board Assurance Framework or operational Risk Registers.

Elaine Moss
ICS Chief Nurse

APPENDIX A

Integrated Care System
Nottingham & Nottinghamshire

Nottingham and Nottinghamshire ICS Assurance Framework

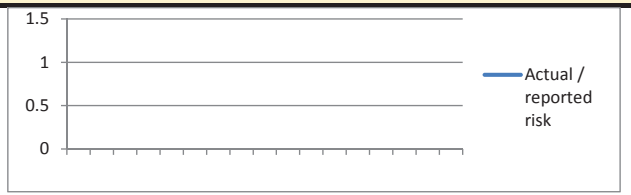
QUALITY

There are no risks scoring 16+ in relation to this risk ‘theme’.

FINANCIAL SUSTAINABILITY

STRATEGIC AIM: **Collective responsibility for managing financial and operational performance.**	**RISK NUMBER: ICS15**	**CURRENT RISK RATING (Likelihood & Impact)** **4 X 5 = 20**
	ASSURANCE FRAMEWORK	**TARGET RISK: 12**
	DATE ON REGISTER: 21/1/19	**RISK APPETITE: To be assessed**
	COMMITTEE: Finance Director's Group	**REASON FOR RISK APPETITE SCORE: To be assessed**
	RISK OWNER: ICS Chief Finance Officer on behalf of the FD Group	
	LAST REVIEWED BY RISK OWNER: June 2019	

RISK: Failure to develop and deliver a 2019/20 balanced single system financial plan recognising true cost may result in additional financial and operational pressures leading to short and medium-tem financial and operational objectives not being met.



Rationale for current score:

- Size of the challenge and affordability following receipt of allocations and control totals. Gap for 19/20 is £160m (excluding Nottm City Council) – represents a need for circa 5% savings against system resources.
- Underlying deficit position is a key driver of the financial position. In addition acute activity growth outstrips resources provided.
- Timescales to develop and deliver transformation plans pose a significant challenge.
- Short-term focus may have an adverse impact on the identification, prioritisation and implementation of transformation schemes that have a bigger medium-term impact.
- Limited access to transformation monies to accelerate transformation opportunities.

Controls (C) and Influences (I): *(What are we currently doing about the risk?)*
Planning Approach agreed by ICS Board and utilised by ICPs and organisations to develop single plan. Development of transformational schemes being undertaken at ICP level with a focus on activity, workforce and cost impact.
ICS and organisational plans agreed and submitted nationally.
External support procured by GN CCGs and NUH.
Director of Finance Group and Financial Sustainability Group in place.
ICS Board monthly performance oversight.

	Gaps in Controls (C) and Influences (I):		**Mitigating Actions for gaps in Controls (C) and Influences (I):**
a)	**Risk adjusted transformation plans not yet providing assurance of delivery.**	**a)**	**Financial Sustainability Group continues to have oversight.** **External support procured.** **ICS deep dive end of May 2019**
b)	**Medium-term ICS financial plan (aligned to the developing ICS 5 Year Strategy)**	**b)**	**5 Year plan in development, integrated with ICS 5 Year Strategy development.**
c)	ICS Financial Framework	**c)**	Financial framework in development through the Finance Directors Group. Objective to shift from organisational focus to system focus through a defined and agreed set of rules.

Assurances: *(How do we know if the things we are doing have an impact?)* Mark-up Internal Assurance (Int) or External Assurance (Ext)

- Impact of plans at system level through FD Group and Planning Group (Int)
- Inter organisational sign-off of plans
- Planning Returns and regulatory assurance (Ext)
- Contract alignment process (Int and Ext)

	Gaps in Assurance: *(What additional assurances should we seek?)*		**Mitigating Actions for gaps in Assurances:**
	• ICPs have required controls and maturity to take ownership of 19/20 transformation need. • Assurance on use of allocated transformation monies assigned to ICPs.		• Continued focus on ICS Director of Finance Group • ICPs required submitting plans by end of June 2019.
a)		**a)**	

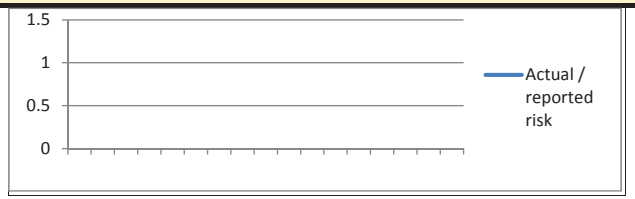
FINANCIAL SUSTAINABILITY

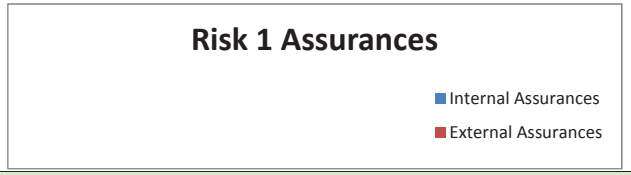
STRATEGIC AIM:	**RISK NUMBER: ICS17**	**CURRENT RISK RATING (Likelihood & Impact) 4 X 5 = 20**
	ASSURANCE FRAMEWORK	**TARGET RISK: 12**
	DATE ON REGISTER: 4/2/2019	**RISK APPETITE: To be assessed**
	COMMITTEE: Finance Group	**REASON FOR RISK APPETITE SCORE: To be assessed**
	RISK OWNER: Chair of the ICS Finance Group on behalf of the group	
	LAST REVIEWED BY RISK OWNER: June 2019	

RISK: As a result of the national position on capital monies and the shortage of needed capital monies within the ICS when compared to current need there is a risk that the ICS may have insufficient access to needed capital monies to manage the significant short and medium term estate risks identified across the ICS.

Rationale for current score:

- Regulators have advised that current NHS demand for capital monies is greater than the capital monies available.
- Regulators have cautioned that the required capital monies are unlikely to be available during 19/20.
- Delivery of agreed plans will be at increased risk without the required capital monies.
- The estate across Nottinghamshire has some significant back log maintenance issues that need to be addressed. There are some critical risks that if not managed to an appropriate level may adversely impact on system capacity and patient services.
- Regulators currently rate ICS Estates Strategy as improving. This rating has some restrictions on ability to access capital monies.





Controls (C) and Influences (I): *(What are we currently doing about the risk?)*

- Ongoing discussions with regulators about access to required capital; including opportunities to access capital through other routes.
- Refresh of the ICS Estates strategy and priorities to align with national expectations and local priorities. Check point document to be submitted to regulators 15th July.
- Alignment of the developing ICS CSS with Estate requirements.

	Gaps in Controls (C) and Influences (I):		**Mitigating Actions for gaps in Controls (C) and Influences (I):**
a)	**Lack of clarity of how to access capital from alternative sources and the controls required to access and manage are not in place.**	**a)**	**Continuing engagement with regulators. Lack of clarity at national level.**
b)	**Estates rationalisation programme.**	**b)**	**Estates rationalisation programme in development.**

Assurances: *(How do we know if the things we are doing have an impact?)* Mark up Internal Assurance (Int) or External Assurance (Ext)

- Estates Task & Finish Group in place.
- Established link with regulator through strategic estates advisor.
- ICS Planning Group oversight.

	Gaps in Assurance: *(What additional assurances should we seek?)*		**Mitigating Actions for gaps in Assurances:**
a)	**Estates information availability at ICS level (utilisation, cost). Particularly relevant to NHS property services buildings**	**a)**	**Development of ICS wide estates database.**
b)		**b)**	

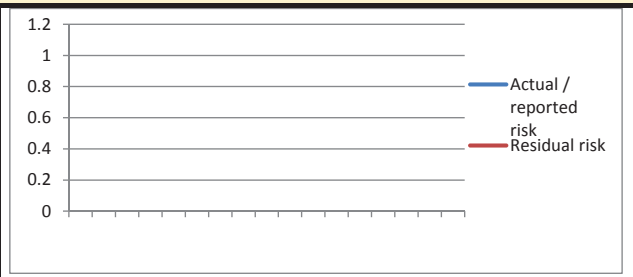
FINANCIAL SUSTAINABILITY

STRATEGIC AIM: **Collective responsibility for managing financial and operational performance.**	**RISK NUMBER: ICS W RR 004**	**CURRENT RISK RATING (Likelihood & Impact)** **4 X 4 = 16**
	ASSURANCE FRAMEWORK	**TARGET RISK: 12**
	DATE ON REGISTER: 19/1/19	**RISK APPETITE: To be assessed** **REASON FOR RISK APPETITE SCORE: To be assessed**
	COMMITTEE: Workstream Network	
	RISK OWNER: Workstream Leads	
	LAST REVIEWED BY RISK OWNER: June 2019	

RISK: Prioritisation on short term QIPP savings (e.g. disinvestment) may contradict the need to invest to support medium to longer term transformation. This, in turn, presents a risk that transformation deliverables / objectives may not be archived.

Rationale for current score:

- In development



Controls (C) and Influences (I): *(What are we currently doing about the risk?)*
In development

Gaps in Controls (C) and Influences (I):		**Mitigating Actions for gaps in Controls (C) and Influences (I):**	
a)		**a)**	
b)		**b)**	
c)		**c)**	

Assurances: *(How do we know if the things we are doing have an impact?)* Mark-up Internal Assurance (Int) or External Assurance (Ext)

-

Gaps in Assurance: *(What additional assurances should we seek?)*		**Mitigating Actions for gaps in Assurances**	
a)		**a)**	

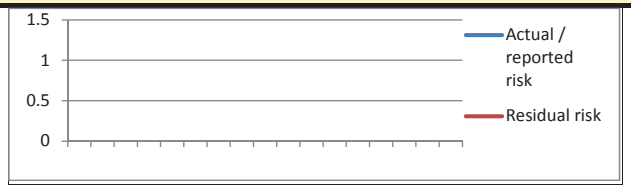
WORKFORCE

There are no risks scoring 16+ in relation to this risk ‘theme’

TRANSFORMATION & INTEGRATION

STRATEGIC AIM:	RISK NUMBER: ICS0X	CURRENT RISK RATING (Likelihood & Impact) 4 X 4 = 16
	ASSURANCE FRAMEWORK	TARGET RISK: To add
	DATE ON REGISTER: 17/1/2019	RISK APPETITE:
	COMMITTEE: Planning Group	REASON FOR RISK APPETITE SCORE:
	RISK OWNER: ICS CFO on behalf of ICS Planning Group	
	LAST REVIEWED BY RISK OWNER:	

RISKS: If acute activity continues to increase at historic rates and financial and operational performance continue to deteriorate there is a risk that the 'do nothing' planning gap in the short and medium will be larger than the credible plans in place and the ICS will be unable to meet financial and operational objectives in 2019/20 or as part of the long-term plan



Rationale for current score:

- 18/19 system control total not met - £18.9m shortfall
- Considerable underlying deficit across the system
- Highly challenging financial savings target in 1920 - £160m ICS of which £146m NHS system control total
- Delivery confidence of current plans evaluated to be 75% of target (May 2019)
- Operational performance shortfalls across a number of areas including ED and mental health and cancer targets
- Historic levels of acute activity growth are a significant driver of financial and operational performance

Controls (C) and Influences (I): *(What are we currently doing about the risk?)*

- QIPP and CIP plans in place across all organisations (£4m unidentified gap remains at end May 2019)
- Further development of transformation plans to improve delivery confidence – organisations and ICPs
- 2019/20 contracts have aligned incentives with a focus on system cost reduction

Gaps in Controls (C) and Influences (I):		Mitigating Actions for gaps in Controls (C) and Influences (I):	
a)	Use of ICS transformation funds	a)	ICPs working up plans for approval at July ICS Board ensuring that they are used to support delivery of system control total (see assurances)
b)	Full development of contingency plans	b)	Under development through financial sustainability group
c)		c)	

Assurances: *(How do we know if the things we are doing have an impact?)* Mark up Internal Assurance (Int) or External Assurance (Ext)

- Criteria for use of ICS transformation resources agreed to support delivery of savings plans and deliver in-year ROI
- Financial reporting through FD group
- Integrated Performance report to ICS Board
- Financial Sustainability Group meet monthly to oversee plans and progress
- Transformation Boards in Mid Notts and Greater Nottingham
- POG maintains oversight of activity and performance risk (see POG risk register)

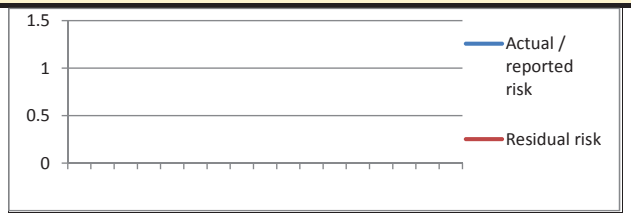
Gaps in Assurance: *(What additional assurances should we seek?)*	Mitigating Actions for gaps in Assurances:
South Notts and City ICP currently forming – focus may not be on financial and operational delivery	Responsibilities of different system layers to be made clear through governance

PARTNERSHIP WORKING

STRATEGIC AIM:	RISK NUMBER: ICS0X	CURRENT RISK RATING (Likelihood & Impact) 4 X 4 = 16
	ASSURANCE FRAMEWORK	TARGET RISK: 8
	DATE ON REGISTER: 17/1/2019	RISK APPETITE:
	COMMITTEE: Planning Group	REASON FOR RISK APPETITE SCORE:
	RISK OWNER: ICS Planning Group	
	LAST REVIEWED BY RISK OWNER: APRIL 2019	

RISKS: **The following 3 risks all will have similar impacts on patient services and system performance. They require similar actions to address the risk. For this reason the ICS Planning Group have included these under a single item on the Board Assurance Framework.**

If partners do not have the capacity to deal with both the organisational and system responsibilities; OR
If organisations prioritise organisational goals over system goals; OR
If the different levels being developed as part of the system architecture (ICS, ICPs, PCNs) are not mature enough to prioritise and deliver system requirements;
Then we may not be able to integrate clinical and care pathways effectively resulting in clinical, operational and financial objectives not being met.



Rationale for current score:

- Strategic planning capacity in the system is heavily reliant on existing organisational capacity. However, the ask of individuals and organisations is increasing as we now need to produce system plans as well as organisational plans – it has been agreed that a single system plan will deliver the best outcomes for our population. In addition the regulatory assurance requirements at an organisational and system level are increasing.
- Organisations remain sovereign including the requirement to meet organisational duties such as financial control totals and operational performance. These may conflict with the requirements of the system.
- ICPs and PCNs are currently forming. The focus of these new system levels may initially be on architecture distracting from the objectives and challenges.
- If we are unable to produce a single system plan due to lack of capacity we will continue to work in our organisational silos and not develop the transformation required to provide safe, high quality care not meet financial and operational performance requirements – Impact 4.

Controls (C) and Influences (I): *(What are we currently doing about the risk?)*

- Development and delivery of a single system plan as per the agreed ICS planning approach.
- Alignment of incentives through contracts
- System in place to recognise organisational impact of system plans - cost, demand and capacity, workforce, quality, patient experience
- Development of system architecture and alignment of resources at ICS, ICP and PCN level
- Move to single CCG by April 2020
- Open book planning approach.

	Gaps in Controls (C) and Influences (I):		Mitigating Actions for gaps in Controls (C) and Influences (I):
a)	Lack of alignment between system and organisational objectives	a)	Development of ICS outcomes framework to be used and embedded by all bodies
b)	Finance and contracting can act as a blocker to transformational change. Management capacity focussed on moving money around the system rather than best use of system resources	b)	Development of system financial framework and aligned incentive contracts to ensure that financial incentives align to system goals

c)	Transformational and efficiency plans have been developed at an ICS level. However there is significant risk to delivery of these plans leading to the need to strengthen and identify additional schemes.	**c)**	Commitment to strengthen plans and improve risk adjusted delivery throughout May.
Assurances: *(How do we know if the things we are doing have an impact?)* Mark up Internal Assurance (Int) or External Assurance (Ext) • Sign off of single system plan by ICS board – translation into organisational plans (Int) • Regulatory sign-off of organisational and system plans (Ext) • Quarterly ICS Assurance Meetings with NHSE/I (Ext) • Ongoing monitoring of system performance through POG, FD Group, Planning Group and ICS Board (Int)			
Gaps in Assurance: *(What additional assurances should we seek?)*		**Mitigating Actions for gaps in Assurances:**	

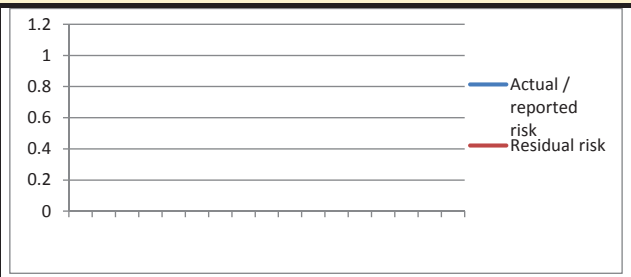
PARTNERSHIP WORKING

STRATEGIC AIM:	RISK NUMBER: ICS W RR 004	CURRENT RISK RATING (Likelihood & Impact) 4 X 4 = 16
	ASSURANCE FRAMEWORK	TARGET RISK: 9
	DATE ON REGISTER: 19/1/19	RISK APPETITE: To be assessed REASON FOR RISK APPETITE SCORE: To be assessed
	COMMITTEE: Workstream Network	
	RISK OWNER: Workstream Leads	
	LAST REVIEWED BY RISK OWNER: June 2019	

RISK: Due to competing priorities, and statutory organisations 'business as usual', there is a risk that individuals'' capacity to deliver the requirements of the ICS Workstreams / Programmes will be limited. This, in turn, may result in the objectives of the Workstreams / Programmes not being met (or not being met in line with required deadlines).

Rationale for current score:

- In development



Controls (C) and Influences (I): *(What are we currently doing about the risk?)*
In development

Gaps in Controls (C) and Influences (I):		Mitigating Actions for gaps in Controls (C) and Influences (I):	
a)		a)	
b)		b)	
c)		c)	

Assurances: *(How do we know if the things we are doing have an impact?)* Mark-up Internal Assurance (Int) or External Assurance (Ext)

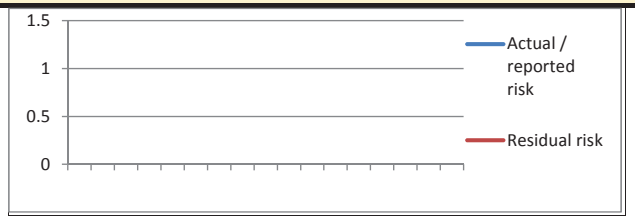
-

Gaps in Assurance: *(What additional assurances should we seek?)*		Mitigating Actions for gaps in Assurances	
a)		a)	

GOVERNANCE, ASSURANCE & ACCOUNTABILITY

STRATEGIC AIM: To understand the available capacity within the Nottinghamshire Health system, and the current and future demand on the Nottinghamshire Health system. Comparing the two to understand the current and future constraints to enable strategic decision making and ensure the long-term sustainability of the Nottinghamshire Healthcare System.	**RISK NUMBER: ICS0X**	**CURRENT RISK RATING (Likelihood & Impact) 4 X 4 = 16**
	ASSURANCE FRAMEWORK	**TARGET RISK: 3x3 =9**
	DATE ON REGISTER: 17/1/2019	**RISK APPETITE:**
	COMMITTEE: Planning Group	**REASON FOR RISK APPETITE SCORE:**
	RISK OWNER: ICS Planning Group	
	LAST REVIEWED BY RISK OWNER: APRIL 2019	

RISKS: If we do not have a full understanding of system demand and capacity across all sectors then we may make poor strategic decisions in relation to service provision leading to adverse impact on financial and operational objectives



Rationale for current score:

- Current system capacity information is not well established in providers and unavailable in other health sectors, hence a likelihood score of 4. The impact of this is that strategic decisions are difficult to make based on an incomplete data set resulting in a high probability that uninformed decisions could be made which would have a high impact on the Nottinghamshire Healthcare System, hence an impact score of 4

Controls (C) and Influences (I): *(What are we currently doing about the risk?)*

- We are currently working with providers to establish the capacity information available and ensure this is available in a currency which matches the demand information to enable comparison. It is envisaged that Point of Delivery Acute, mental health and community data will be available at the end of July ahead of the 5-year planning process and to support strategic decision making.
- The ICS Planning group recently agreed a paper to resource the project with 2x analytical resource for 3 months to progress the project at pace, the Planning Group members also agreed to release a member of their analytics team for 1 day a week for three months to support the full-time analyst and provide capacity data from their host organisation.

	Gaps in Controls (C) and Influences (I):		**Mitigating Actions for gaps in Controls (C) and Influences (I):**
a)	**Primary care activity data can be sourced; however, this is not currently being prioritised as it does not reflect capacity or latent demand**	**a)**	**Primary care data would not give the comparison between demand and capacity therefore the added value would be muted**
b)	**Capacity data from non-NHS Trust providers has proved difficult to source, and collection of this data has been deprioritised over Trust data which forms the bulk of the capacity within the healthcare system**	**b)**	**It is understood that this data may not be available and as it only makes up a small proportion of the capacity data may not have a huge bearing on strategic decisions**
c)	**The categorisation of capacity is both subjective and flexible, it has therefore proved difficult to produce definitive capacity numbers by point of delivery, where operationally this capacity could be utilised differently daily**	**c)**	**Trusts understand the quantum of their capacity and are working hard on categorising this capacity into point of delivery information.**

Assurances: *(How do we know if the things we are doing have an impact?)* Mark up Internal Assurance (Int) or External Assurance (Ext)

- Capacity constraints currently manifest as delays to pathways and constraining factors in solving performance issues within the healthcare system, this work is an attempt to provide an evidence base to understand the true extent of these constraints and inform decisions to build resilience into future systems.

Gaps in Assurance: *(What additional assurances should we seek?)*	**Mitigating Actions for gaps in Assurances:**
The gaps in data and the validity of information will result in a lack of assurance, which may in turn effect strategic decision making	The project is an iterative process, it is anticipated that the credibility of data will improve as more data is available and this data is validated

COMMUNICATION & ENGAGEMENT

There are no risks scoring 16+ in relation to this risk ‘theme’

HEALTH INEQUALITIES

There are no risks scoring 16+ in relation to this risk ‘theme’

RISK MATRIX SCORING

A&B - Likelihood and severity RAG rating matrix (Risks scoring 16+ go on to the Assurance Framework and <15 go on the risk register)

IMPACT							
	Very High	**5**	A	A/R	R	R	R
	High	**4**	A	A	A/R	R	R
	Medium	**3**	A/G	A	A	A/R	A/R
	Low	**2**	G	A/G	A/G	A	A
	Very Low	**1**	G	G	G	G	G
			1 RARE	**2 UNLIKELY**	**3 POSSIBLE**	**4 LIKELY**	**5 ALMOST CERTAIN**
			LIKELIHOOD				

ENC. K1

Meeting:	ICS Board
Report Title:	Governance Matters for Approval
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	14
Work-stream SRO:	David Pearson, ICS Independent Chair
Report Author:	Joanna Cooper, Assistant Director, ICS
Attachments/Appendices:	Enc. K2. Finance Group TOR

Report Summary:

This report covers three governance matters for approval:

1. *Approach to Conflicts of Interest*

An STP Conflicts of Interest policy was approved by the STP Leadership Board on 29 June 2018 and therefore was due an annual review this summer. As part of that review, advice was sought from across the system on approaches to Conflicts of Interest. We have been advised by the CCG's Corporate Director not to proceed with a separate ICS policy relating to Conflict of Interest (COI) on the basis that a partnership shouldn't have its own policy (members of the ICS Board are bound by their employing organisations COI policy and another layer may be contradictory). Advice from Browne Jacobson re-affirms this position.

It is therefore recommended that this policy is deleted and as the governance arrangements for the ICS are developed, it is proposed that members of ICS members and groups adopt the following approach:

- To operate in line with their organisational governance framework for probity and decision making.
- To work in line with the ICS System Objectives, Principles and Behaviours approved at the 9 May ICS Board meeting.
- For the Chair of each group to take overall responsibility for managing conflicts of interest within meetings as they arise.

ICS Board members are asked to endorse this approach.

2. *Finance Group Terms of Reference*

Terms of Reference (TOR) for the ICS Finance Group have been reviewed and amended. ICS Board are asked to approve these revised TOR.

3. *Proposed Revised Membership of the ICS Board*

At the meeting of the ICS Board on 13 June 2019, Workforce was highlighted as a strategic risk with no clear leadership on the ICS Board or connection with the SRO for workforce or Local Workforce Action Board. The current SRO advised that a more robust arrangement is needed as the current approach is not sustainable. At that meeting, it had been suggested that a Non-Executive Director (NED) may take a Board 'sponsor' or 'champion' role.

Following the 13 June meeting, no volunteers have come forward to act in this capacity. Chief Officers have discussed and agree that a lead with sufficient time and dedicated capacity is needed to ensure that progress is made in this high risk area. The current SRO has offered to continue this work and to directly make connections with relevant ICS Groups, but only if membership on the ICS Board is a feasible option.

ICS Board are asked to endorse this approach and approve an amendment to its membership to include the system SRO for Workforce.

Action:

☐ To receive
☒ To approve the recommendations

Recommendations:

1.	Approve the recommended approach to the management of Conflicts of Interest for members of ICS groups.
2.	Review and agree the proposed changes to the Finance Group Terms of Reference.
3.	Approve the recommendation to amend the membership of the ICS Board to include the system SRO for Workforce.

Key implications considered in the report:

Financial	☐	
Value for Money	☐	
Risk	☐	
Legal	☐	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☒	☐	☒	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:

Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ 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.

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

TERMS OF REFERENCE

NAME OF GROUP:	**ICS Finance Directors' Group**
PURPOSE	The purpose of the ICS Finance Directors' Group (FD Group) is to provide financial expertise and assurance to support the ICS Board in developing, understanding and implementing robust, viable and deliverable financial plans which meets the health and care needs of the citizens of Nottingham and Nottinghamshire and best utilises the system resources.
MEMBERSHIP	**Chair:** ICS Chief Finance Officer Core Members: Directors of Finance of the following NHS organisations: Nottinghamshire Healthcare NHS FT Nottingham University Hospitals Sherwood Forest Hospitals Nottingham and Nottinghamshire CCGs ICS Programme Director – Finance and System Efficiency ICS Finance Leads for: Nottinghamshire County Council Nottingham City Council In attendance: • NHS England & Improvement • ICS Head of Finance and System Efficiency • East Midlands Ambulance Service
GOVERNANCE STRUCTURE	See Annex 1.
RESPONSIBILITIES	• Provide collective financial leadership. • Produce through the ICS Technical Finance Group the following information: 1) Monthly Schedule of organisational control totals versus plan 2) Consolidated Income and Expenditure account 3) Analysis of Transformational savings delivered 4) List of recommended amendments\additions to the risk register 5) Analysis of organisational and system PSF performance 6) System activity KPIs

	7) System Capital Expenditure 8) Analysis of Workforce 9) Analysis of uncommitted reserves 10) Consolidated Cash Flow 11) Statement of Financial Reporting including Balance Sheet • Maintain financial oversight for the delivery of the final plan via use of the key monthly financial schedules listed above. • Oversee the implementation of the financial aspects of the ICS MOU. • Work together to manage difficulties and the shared challenges ahead, removing or managing any constraints to ensure successful delivery. • Escalate to the ICS Board any organisational strategic objectives or organisational requirements by arms lengths bodies which may jeopardise or misalign with the ICS and implementation programme, whilst making efforts to minimise the risks of major unintended consequences for other partners across the system and to avoid any major 'surprises'; • Continually review and align the ICS plan to organisational plans • Ensure financial risks associated with the implementation programme are identified, assessed and managed; • Allocate financial staff to the various workstreams to ensure that any system wide programmes have sufficient financial support in order to support their programmes of work, and achievement of the identified benefits; • Oversee the establishment and implementation of robust financial arrangements, testing and challenging timely delivery where required; • Develop and implement a system financial framework to enable the delivery of system and organisational control totals, ensuring that the system understands the risks and opportunities of this approach. • Oversee the development of the Long-Term Financial Plan, ensuring alignment with organisational plans. • Consider how strategic developments within the NHS\Local Authorities may affect the Nottinghamshire Health and Care system • Identification of any major consultations, change initiatives,

	investments or disinvestments that could impact on other organisations. • Joint financial staff training and development issues including wider development and links with professional bodies • Implementation of strategic financial actions agreed by the ICS Board
FREQUENCY OF MEETINGS	The Finance Group will meet formally on a monthly basis to conduct its business.
REQUIRED ATTENDANCE:	It is expected that members will prioritise these meeting and make themselves available exceptionally where this is not possible a Deputy may attend of sufficient seniority to support delivery in a timely manner and to have delegated authority to make decisions on behalf of their organisation or role on the Group in accordance with the objectives set out in the Terms of Reference for this Group. For Local Authority representatives this will be in accordance with the due political process.
QUORUM:	The meeting will quorate when 70% of core members are present.
REPORTING PROCEDURES:	The ICS Board will receive regular reports on progress from this group and exception and escalation reports from the transformation boards and system wide programmes.
SERVICING:	The Group will be serviced by the ICS Finance Team. • Draft agendas will be agreed with the Chair and circulated to Group members to contribute items; • Agreed items for the agenda, to be sent to the ICS Team, with the relevant paperwork, up to 3 working days before each meeting; • The Chair agreeing the final agenda; • Papers will be circulated 2 working days before each meeting; • Additional items for the agenda will be taken by exception with the knowledge and agreement of the Chair in advance of the meeting commencing; • The draft minutes of each meeting will be circulated within 2 working days of the meeting being held and will be approved at the following meeting.
REVIEW DATE :	These Terms of Reference will be reviewed on a 6 monthly basis to ensure continued fitness for purpose in the light of potential changes to the expectations of national requirements or local issue.
DATE APPROVED :	01st July 2019 (ICS Director of Finance Meeting)