



**Integrated Care System Board**

Meeting held in public

**Thursday 12 September, 09:00 – 12:00**  
**Rufford Suite, County Hall, Nottingham**

**Present:**

<b>NAME</b>	<b>ORGANISATION</b>
Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Amanda Sullivan – items 1-6	Accountable Officer, Nottinghamshire CCGs
Andrew Haynes	Clinical Director, Nottinghamshire ICS
Claire Ward – items 1-15	Vice Chair, Sherwood Forest Hospitals NHS Foundation Trust
Colin Monckton – items 1-15	Director of Strategy and Policy, Nottingham City Council
David Pearson	ICS Independent Chair
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Eunice Campbell-Clark – items 1-14	Chair, Nottingham City Health and Wellbeing Board
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Representing PCNs Clinical Chair, Mansfield and Ashfield CCG
Helen Pledger	Finance Director, Nottinghamshire ICS
Jon Towler	Lay Chair, Nottinghamshire CCGs
Lyn Bacon	Chief Executive, Nottingham CityCare
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Stratton	Clinical Lead from Greater Nottingham representing PCNs GP, Belvoir Health Group
Simon Crowther	Executive Director of Finance, Nottinghamshire Healthcare NHS FT
Steve Vickers – items 1-12	Chair, Nottinghamshire County Health and Wellbeing Board
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust
Wendy Saviour	Managing Director, Nottinghamshire ICS

**In Attendance:**

Joanna Cooper	Assistant Director, Nottinghamshire ICS
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Tom Diamond	Director of Strategy, Nottinghamshire ICS
Jane Laughton – item 9	Chief Executive, Healthwatch
Neil Marshall – items 1-4	Regional Manager NHS Services (Central), Connect Health
Steven Smith – items 1-4	Head of Planned Care – Greater Nottingham CCP

### Apologies:

Dean Fathers	Chair, Nottinghamshire Healthcare NHS FT
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Ian Curryer	Chief Executive, Nottingham City Council
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Tony Harper	Chair, Nottinghamshire County Council Adult Social Care and Health Committee

### 1. Welcome and introductions

Apologies received as noted above.

DP welcomed LB to the Board.

### 2. Conflicts of Interest

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

### 3. Minutes of 8 August 2019 ICS Board meeting and action log

The minutes of the ICS Board meeting held on 8 August 2019 were agreed as an accurate record of the meeting by those present. The action log was noted.

### 4. Patient Story

Steven Smith and Neil Marshall attended the meeting to present the circulated patient story on MSK services.

Board thanked Steven and Neil for their presentation and valued the upstream focus on prevention and personalisation. DP welcomed speed in developing a single standardised model which engages with the developing PCNs, and invited SS to escalate to the Board if the collaboration required is not forthcoming.

### 5. Urgent and Emergency Care Deep Dive

AS presented the circulated paper on urgent and emergency care performance.



Board discussed the paper and noted the following:

- AS confirmed that A&E Delivery Boards have responsibility for delivery of Urgent and Emergency Care targets. This will need to be reviewed as the system architecture develops.
- RS raised concerns about the expectations from PCNs which are not statutory functions. Once mature PCNs will be able to work together as community providers, alongside community and acute providers.
- EM raised concerns about the impact of transformation funding.
- TT highlighted the importance of Transformation Boards in ensuring consistency with the Clinical Services Strategy in developing new models and ways of working to support transformation.
- AH emphasised the importance of the drivers of demand work (item 17) for A&E Delivery Boards to have a true understanding of urgent and emergency care. A&E Delivery Boards need to consider both performance data and data for analysis to work effectively.

## **6. Terms of Reference for the Greater Nottingham Transformation Steering Group**

AS presented the circulated paper on the development of the Greater Nottingham Transformation Group. Steering Group have proposed that Keith Girling is appointed as Chair for 12 months, and asked that there is ICS Board representation as part of the membership.

Board discussed the paper and noted the following:

- MB supported the need for this group but raised concerns about the pace of the South ICP, and servicing an additional group and the supporting governance. AS provided assurance that work is underway to map and streamline groups in place and to utilise a common reporting mechanism to avoid duplication.
- CM asked that the Terms of Reference clarify the relationship between the ICPs and the Transformation Group. The Transformation Group should be delivering for the mutual benefit of the ICPs as the system develops.

Board approved the formation of a Greater Nottingham Transformation Steering Group and additional recommendations from the Steering Group. Board members are to identify and confirm appropriate membership of the group from organisations and ICPs ensuring that there is ICS Board representation included within the nominations.

### **ACTIONS:**

**AS** to ensure that the Greater Nottingham Transformation Steering Group Terms of Reference are amended in line with the discussion at the ICS Board.

**Board members** to identify and confirm appropriate membership of the group from organisations and ICPs ensuring that there is ICS Board representation included within the nominations by the end of September.



## 7. ICS Outcomes Framework – operationalising the framework

TD attended the meeting to provide Board with an overview of development of the ICS Outcomes Framework.

Board discussed the paper and noted the following:

- There is limited resource across organisations to support the development of the Outcomes Framework and engagement with ICPs and PCNs. This is resulting in difficulty in attaining an Outcomes Framework that is fully populated and live.
- LB noted the importance of the Outcomes Framework as providing a strong narrative for transformation for patients and staff.

### **ACTIONS:**

**TD** to provide an estimation of the timeline to develop and embed the outcomes framework based on the current levels of resourcing and what impact additional capacity and capability could have on this.

## 8. ICS Five Year Plan update

HP presented the circulated report on the developing 2019/24 plan, highlighting where progress was behind our local timetable and the actions being taken to address. HP provided the following updates to the Board:

- CCG Commissioning Intentions – the process will be aligned to the five-year plans with letters issued to providers that include the draft plan and the detailed practical steps the commissioners will take to implement year 2 (2020/21) of the five year plan.
- Estates assurance meeting has been held with NHSI/E following the submission of the estates checkpoint document, awaiting formal response. A report will come to the next meeting of the ICS Board.
- First assurance meeting will be 10<sup>th</sup> October, this is expected to be a detailed programme level discussion.

Board noted the update on progress and challenging timeframe to develop the plan coupled with the absence of detailed guidance. Planning Group continue to have oversight of the development of plans.

Statutory organisations are asked to note the requirement for their Boards to be kept engaged in the lead up to the submission of the plan. An extraordinary Board meeting has been convened on 14 November to endorse the five year system plan, following approval by the individual statutory organisations that constituent the ICS.

Board Development session on 16 September to discuss the system plan in greater detail.



**ACTIONS:**

**HP** to provide Board with an update on estates at the 9 October meeting.

### **9. Local engagement on NHS Long Term Plan - update**

AB and Jane Laughton presented the circulated paper on engagement activity on the NHS Long Term Plan. Jane welcomed the opportunity for Healthwatch to work directly with the system on this work.

The full report is available on the ICS website.

Board approved the proposed approach for Phase Three of the communications and engagement plan to support the implementation of the Long Term Plan.

### **10. People and Culture Strategy – impact of initiatives**

LB presented the circulated paper providing an update on progress of the delivery of the People and Culture Strategy.

Board noted the developments since the 9 May ICS Board meeting and impact of initiatives to date.

Board agreed the recommendations in the report.

### **11. Update on System Staff Engagement and Organisational Development**

AB presented the report on staff engagement and organisational development linked to People and Culture Strategy and led by Julian Eve.

Board noted the report and work to date, and agreed the recommendations.

### **12. Developing an ICS Strategy for Data, Analytics, Information and Digital Technology**

TD presented the report on the approach to Data, Analytics, Information and Digital Technology and revised governance approach to bring work together.

AH confirmed that the work to develop a Digital Collaborative for Nottingham and Nottinghamshire is included within the revised governance approach.

Board approved the revised timetable for strategy development and the governance arrangements for Data, Analytics, Information and Digital Technology and strategy development.



### **13. The Development of Primary Care Networks for Nottingham and Nottinghamshire**

GL presented the circulated paper on behalf of Nicole Atkinson and Helen Griffiths.

Board discussed the paper and confirmed support for the development to date for each PCN for Nottingham and Nottinghamshire.

JT asked for Board to be given clarity on how the transition in commissioning for localised services (tactical commissioning) would move from the Strategic Commissioner to ICPs and PCNs in the future system architecture. Board recognised this as a barrier to progress and asked that the ICS Team work with AS to develop an approach to progressing this transition over the course of the next month.

#### **ACTIONS:**

**ICS Team** to work with AS to develop an approach to devolving “tactical commissioning” to ICPs and PCNs.

### **14. Update from ICPs**

AH presented the circulated update report from the Mid Nottinghamshire ICP.

Board noted the reports from City ICP and South Nottinghamshire ICP.

### **15. ICS Integrated Performance Report - Finance, Performance & Quality.**

WS presented the circulated Integrated Performance Report. Areas of concern highlighted as follows

- System in escalation for Urgent Care in Greater Nottingham.
- Cancer position deteriorating
- Mental Health, in particular Out of Area Placements

WS highlighted the letter from Fran Steele following the System Review Meeting on 16 August. System Review Meetings are predominately focused on performance and differ from the previous ICS Stocktake meetings.

Performance Oversight Group needs to be considered as part of the work to strengthen the ICS governance arrangements. The role and membership of this group need to be strengthened to support future System Review Meetings with more detailed briefings. HP asked that the review consider a wider remit for this group to avoid duplication in conversations between performance, planning and finance.



**\*MEETING NOT QUORATE FROM ITEM 16\***

**16. 2019/20 Financial Sustainability – NHS System Control Total**

HP presented the circulated report on system financial sustainability and progress to date, including review by the ICS Financial Sustainability Group and ICS Finance Directors Group. HP highlighted the actions being taken forward under each of the three areas (organisational recovery actions, ICP transformational schemes and system wide recovery actions) and the importance that we maintain pace and focus to complete recovery plans by the 30<sup>th</sup> September.

Forecast to deliver the System Control Total but with significant risk. All system partners to continue to take forward the actions during September and to provide updated plans by the end of September.

Board members recommended that the proposed next steps be agreed and identified no further actions. Decision to be ratified.

**ACTIONS:**

**All organisations** to maintain pace and focus to develop a recovery plan (with all three areas) by the end of September

**HP** to provide a report on system financial sustainability to the ICS Board on 9 October.

**17. Update on drivers of demand in urgent and emergency care in Mid-Nottinghamshire**

Board noted the report.

**18. First draft of winter plans – Mid Nottinghamshire**

Report deferred to the meeting in October.

**19. Governance Matters for Approval**

DP and JC presented the circulated report and clarified the recommendations to the Board.

Board members recommended that:

- The membership of the ICS Board be amended to include the non-Executive Chair of the CityCare Board and Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards.
- Voting arrangements for ICS Board members is included as part of the work to review and strengthen ICS governance.
- The requirement to input to the scope for the work to review and strengthen the ICS governance by the end of September be noted.



- The recommended approach to sharing papers with Board members be approved.
- The System Architecture Group be stood down.
- ICS membership of the Rural Health Alliance be noted.

Decision to be ratified.

MB asked that further work be undertaken to understand the relationship between Board and Health and Wellbeing Boards, and to consider District Council membership of the Board.

**ACTIONS:**

**DP** to discuss support for the work to review and strengthen ICS governance with NHSE/I.

**JC** to circulate information on the Rural Health Alliance to Board members.

**20. Any other business**

Board noted that this was WS's final meeting. DP thanked WS for her valuable contribution to the ICS and the citizens of Nottingham and Nottinghamshire.

**Time and place of next meeting:**

**9 October 2019**

**13:30 – 16:30**

**Rufford Suite, County Hall**