Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Integrated Care System Board

Meeting held in public

Wednesday 6 November 2019, 09:00 – 10:30
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 9 October ICS Board meeting and action log	Papers A1-2	Chair	To agree
4.	09:15	Patient Story	Paper B1-2	TBC	To discuss
Outcomes Framework, Prevention and Inequalities					
No items on the workplan					
Strategy and System Planning					
5.	09:30	Population health management progress report	Present-ation	Andy Haynes	To discuss
6.	10:00	Update from ICPs: • South – to discuss • City – to note • Mid – to note	Paper C1-5	John Brewin	To discuss
Oversight of System Resources and Performance Issues (including MoU)					
7.	10:15	ICS Integrated Performance Report - Finance, Performance & Quality.	Paper D1- 2	Andy Haynes and Helen Pledger	To discuss
Governance					
No items on the workplan					
10:30 Close					

12 December 2019, 09:00-12:00, Rufford Suite, County Hall

Integrated Care System Board

Meeting held in public

Wednesday 9 October, 13:30 – 15:15
Rufford Suite, County Hall, Nottingham

Present:

NAME	ORGANISATION
Alex Ball	Director of Communications and Engagement, Nottinghamshire CCGs and ICS
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Andy Haynes	ICS Executive Lead, Nottinghamshire ICS Executive Medical Director, Sherwood Forest Hospitals NHS FT
David Pearson	ICS Independent Chair
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Helen Pledger	Finance Director, Nottinghamshire ICS
Hugh Porter	Clinical Lead, Nottingham City CCG (representing Nottingham City ICP)
Ian Curryer	Chief Executive, Nottingham City Council
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
Jon Towler	Lay Chair, Nottinghamshire CCGs
Lyn Bacon	Chief Executive, Nottingham CityCare
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Michael Williams	Chair, Nottingham CityCare
Nicole Atkinson	Chair Nottingham West Clinical Commissioning Group (representing South Nottinghamshire ICP)
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Thilan Bartholomeuz	Chair Newark and Sherwood Clinical Commissioning Group (representing Mid Nottinghamshire ICP)
Tony Harper	Chair, Nottinghamshire County Council Adult Social Care and Health Committee
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

In Attendance:

Chloe	RedThread Ambassador
David Bentley	Nottingham Programme Manager, RedThread
Joanna Cooper	Assistant Director, Nottinghamshire ICS
John Poyton	CEO RedThread
Rich Collinson	Business Development Manager RedThread

Apologies:

Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Gavin Lunn	Chair Mansfield and Ashfield Clinical Commissioning Group (representing Mid Nottinghamshire ICP)
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Richard Stratton	GP Lead Partners Health (representing South Nottinghamshire ICP)
Steve Vickers	Chair, Nottinghamshire County Health and Wellbeing Board

1. Welcome and introductions

Apologies received as noted above. DP welcomed MW to the Board and highlighted that AH is now attending in capacity as ICS Executive Lead.

2. Conflicts of Interest

None.

3. Minutes of 12 September 2019 ICS Board Meeting and action log

The minutes of the ICS Board meeting held on 12 September 2019 were agreed as an accurate record of the meeting by those present.

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

- B137 – a number of workstreams underway to implement the Mental Health Strategy. JB asked that the Board receive a paper at the 6 November meeting including a revised TOR.
- B174 – RH to email a further update on progress to date and asked that the deadline be extended to enable implementation.

JT posed a challenge to members of the Board to keep the action log updated.

4. Patient Story

John Poyton and colleagues from RedThread attended the Board to present on Redthread's Youth Violence Intervention Programme (YVIP) delivered at Queens Medical Centre. Board members are invited to visit the service. Chloe, a previous service user of the RedThread service and now volunteer mentor for the organisation shared her story of being a victim of violent crime and how RedThread used this 'teachable moment' to support her in avoiding the cycle of violence.

Board discussed the presentation and made the following observations:

- TT and EM endorsed the service and the positive impact that it has had on the Trust.
- MB highlighted the well established evidence base for this type of service. This was the topic of the County Director of Public Health report in 2018 and as a result two Youth Workers have been funded from the Public Health grant.
- IC highlighted the focus on knife crime in Nottingham City and work underway to address this.
- JT queried how opportunities in primary care could be utilised. JP outlined some approaches from other areas including organising drop in sessions in primary care rather than appointments, allowing young people to bring friends to the drop in session who aren't necessarily registered with that practice, and in south London, The Well Centre, a youth health hub for 11 to 20 year olds, which is a partnership between a GP practice, Redthread and CAMHS.
- LB emphasised the opportunities of charities working together with statutory organisations.
- AH queried whether resources are optimised in the right places across the system and whether there are opportunities to address inequalities between PCNs.

Redthread evaluation report to be circulated to the Board once it has been finalised.

DP thanked JP and Chloe for their presentations on behalf of the Board and asked that Board members give further consideration to the sustainability of the service.

ACTIONS:
JC to circulate the Redthread evaluation report to Board members.
Board members to give further consideration to the sustainability of the service.

5. ICS Estates Strategy and Checkpoint Process

HPI provided the Board with an update on the ICS Draft Estates Strategy (2018) and Checkpoint Process, the process has now concluded and NHSEI colleagues are recommending that the assessment rating moves from "improving" to "good". This is being considered at a NHSEI committee and we expect the outcome in October. There will be an ongoing assurance process with NHSEI colleagues and they will monitor delivery of the agreed actions included in the paper.

As part of the Long Term Plan we need to develop a 5 year system capital plan, this is split into two elements:

- Expenditure against notified capital budget (not yet received)
- Prioritised schemes aligned to LTP and ICS strategy, should additional capital funding become available

Recognising that we are moving from organisational capital planning to system capital planning, HPI has been working with Simon Crowther (Estates SRO) and Finance Directors to develop an approach to strengthen the submission for the LTP. The Financial Sustainability Group will initially consider the arrangements for this on 11

October followed by discussion at the 17 October Board development session. This will support the submission of the 15 November Long Term Plan.

TT asked that consideration be given to a wider conversation on estate in Nottinghamshire at a future ICS Board meeting or development session. Seconded by AS and HPo.

HPI confirmed that opportunities for collaborative working with One Public Estate representatives are being explored and a key part of the ICS Strategic Estates Group.

POST MEETING NOTE – Confirmation was received on 9 October that the Nottinghamshire Estates Strategy has been re-banded as Good.

ACTIONS:
HPI/Tom Diamond and Simon Crowther to lead the development of an ICS Board Development Session on Estates Strategy.

6. Update on the ICS Innovation Exchange with the East Midlands Academic Health Science Network

AH presented the circulated paper on the work to date to develop an ICS Innovation Exchange. The first event is planned for 1 November with proposal to hold three-four events a year ongoing. Further consideration to be given to involving wider partners.

AB welcomed how this has progressed and updated the Board that the local Universities are launching a new civic strategy. As part of this the Universities will seek to play a wider role in the public sector and deploy assets to fulfil local ambitions.

Board agreed that the ICS Clinical Reference Group should provide the clinical approval mechanism for the adoption of EMAHSN or Innovation Exchange initiatives on behalf of the ICS.

Milind Tadpatrikar highlighted that in Mid Nottinghamshire pharmacists have been recruited to support the implementation of PINCER: Pharmacist-led Information technology intervention for Reducing Clinically Important Errors. Focus is now on rolling out learning.

ACTIONS:
Board members to confirm research and innovation leads to be invited to the Innovation Exchange to Rebecca Larder.

7. Winter Plans for Greater Nottingham and Mid Nottinghamshire

AS presented the Mid Nottinghamshire Winter Plan and highlighted that this is a live working document which will continue to be developed across partners to account for seasonal variation.

TT presented the Greater Nottingham Response to Drivers of Demand Report and Winter Plan. Greater Nottingham have seen an increase in demand for services across system, in particular in recent weeks and in minors at the Urgent Treatment Unit. There is a focus on giving consideration to demand from a wider public health perspective.
Increased demand driven by flu is anticipated in the coming months across the system.

Board discussed the reports and made the following comments:

- TB highlighted that the approach to flu vaccination was not consistent across the system and that data capture is poor and underutilised. Current guidance undermines opportunistic interventions in primary care.
- HPo observed that there are further opportunities for flu vaccination within the wider public sector e.g. using electronic systems in schools to gain consent to vaccinate.
- LB asked that consideration be given to supporting the frontline workforce to understand changes during a high pressure period.
- JT, AH and TT highlighted the importance of understanding the drivers of demand, tracking outcomes and retaining visibility at ICS Board.
- RH noted the importance of not duplicating the work at A&E Delivery Boards.
- AS emphasised that importance of continuing system work across Greater Nottingham and Mid Nottinghamshire to understand interdependencies and joint understanding.

ACTIONS:
EIM to coordinate on behalf of the Board the system response to flu vaccinations with involvement from all partners.
TT and AS to update the Board on implementation of winter plans.
TT, AS, RM and AH to discuss how to take forward further work on considering the wider public health perspective of understanding the drivers of demand in urgent care across the system.

8. Update from ICPs

Board noted the reports from the ICPs.

9. ICS Integrated Performance Report – Finance, Performance and Quality.

AH presented the circulated Integrated Performance Report. As part of the arrangements to review and strengthen governance how performance is monitored will be considered.

HPI confirmed that City Council finances will now be incorporated into the report. Month 6 numbers are being finalised and will be discussed at Financial Sustainability Group on 11 October. Assurance on financial recovery plans with NHS England and Improvement is continuing and Board will be updated at the 6 November meeting.

10. Governance Issues for Consideration

DP provided the Board with a verbal update on governance issues.

At the 16 September ICS Board development session, members present agreed with a proposal put forward by the Independent Chair to establish an ICS Executive Group whilst the work to review and strengthen ICS governance is progressed.

The ICS Executive Lead is progressing this action on behalf of the Board and will convene an initial meeting on 11 October to discuss the Terms of Reference for this group. An update will be provided to the ICS Board at the 6 November meeting.

NHS Regulators are now formally engaging with the ICS and NHS organisations via System Review Meetings (SRMs). The first of these meetings took place on 16 August and the next is scheduled for 12 November 2019. These meetings replace the formal Provider Review Meetings and CCG Assurance Review Meetings which have been held with NHSEI over the previous years.

In addition, a new NHS Oversight Framework 2019/20 has been published which now supplements the Single Oversight Framework (Provider) and Integrated Assurance Framework (Commissioner). This will be a focal point for joint work and support dialogue between NHSEI, CCGs, Providers and Systems. The new approach to oversight outlines how regional teams will review performance at a system and organisational level, and identify support needs across ICSs. The changes are characterised by several key principles, which include single regulatory voice, emphasis on system performance, working with and through system leaders, and progressive earned system autonomy.

The ICS Executive Lead will be writing to Chief Officers on behalf of the Board to outline the new arrangements and ensure that each organisation is adequately represented at the ICS Performance Oversight Group.

RH highlighted that the arrangements for oversight of EMAS differ. AS and RH to discuss how this can be addressed from a Nottinghamshire perspective.

The next ICS Elected Member and Non-Executive Workshop is scheduled for 9am to 12pm on Tuesday 19 November at County Hall and will build on the previous sessions, which have evaluated well. These workshops underpin the Board's commitment to this important stakeholder group in providing them with a forum to shape the development and work of the ICS.

The Board is requested to support the November workshop by raising awareness and encouraging participation from their organisational Elected Member, Non-Executive and Lay Members.

ACTIONS:
DP to write to Board members to confirm representation from organisations and ICPs.
AH, AS and RH to discuss how EMAS can best contribute to Nottinghamshire System Review Meetings.
Board members to ensure that invitations to the ICS Elected Member and Non-Executive workshop on 19 November have been cascaded within their organisation.

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

ICS Board Action Log October 2019

ID	Action	Action owner	Date Added	Deadline	Action update
B217	To write to Board members to confirm representation from organisations and ICPs.	David Pearson	9 October 2019	6 November 2019	
B194	To confirm that their organisation / ICP endorses the ICS MOU and confirm how they will contribute to the delivery of priorities.	Organisation Leads and ICP Leads	08 August 2019	8 November 2019	Organisations and ICP Boards to confirm to the ICS Board that they will contribute to the delivery of the ICS MOU in 2019/20 through submitting a brief statement of commitment.
B218	To discuss how EMAS can best contribute to Nottinghamshire System Review Meetings.	Andy Haynes, Amanda Sullivan and Richard Henderson	9 October 2019	30 November 2019	Outline of approach discussed 30 October. Meeting to be arranged to discuss in more detail.
B203	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.	Tom Diamond	12 September 2019	12 December 2019	Item scheduled for the 12 December ICS Board meeting.
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	31 December 2019	The ICS Executive Group will consider this in the first instance and report recommendations to the ICS Board.
B198	To liaise with Sarah Bray to ensure that future performance reports include benchmarking data for key metrics.	Helen Pledger	08 August 2019	31 December 2019	

ID	Action	Action owner	Date Added	Deadline	Action update
B205	To work with AS to develop an approach to devolving "tactical commissioning" to ICPs and PCNs.	ICS Team	12 September 2019	31 December 2019	Initial discussion held. The ICS Executive Group will consider this in the first instance and report recommendations to the ICS Board.
B210	To circulate the Redthread evaluation report to Board members.	Joanna Cooper	9 October 2019	31 December 2019	Redthread evaluation to be finalised in Q3 and circulated to the Board. Meeting arranged for AH and AS to discuss.
B212	To lead the development of an ICS Board Development Session on Estates Strategy.	Helen Pledger, Tom Diamond and Simon Crowther	9 October 2019	31 December 2019	Development session scheduled for ICS Board members and estates leads for 2 December.
B218	To coordinate on behalf of the Board the system response to flu vaccinations with involvement from all partners.	Elaine Moss	9 October 2019	31 December 2019	Items on the workplan for the January and March 2020 meetings of the ICS Board.
B215	To update the Board on implementation of winter plans.	Tracy Taylor and Amanda Sullivan	9 October 2019	31 December 2019	Items on the workplan for the January and March 2020 meetings of the ICS Board.
B216	To discuss how to take forward further work on considering the wider public health perspective of understanding the drivers of demand in urgent care across the system.	Tracy Taylor, Amanda Sullivan, Richard Mitchell and Andy Haynes	9 October 2019	31 December 2019	Items on the workplan for the January and March 2020 meetings of the ICS Board.

Item Number:	4	**Enclosure Number:**	B1
Meeting:	ICS Board		
Date of meeting:	6 November 2019		
Report Title:	Patients story from Primary Integrated Community Services Ltd (PICS) on the Nottinghamshire Pain Pathway		
Sponsor:			
ICP Lead:			
Clinical Sponsor:			
Report Author:	Paula Banbury – Clinical Team Lead Nottinghamshire Community Pain Pathway Primary Integrated Community Services Ltd		
Enclosure / Appendices:	Enc. B2 presentation Appendix 1 Leanne's story Appendix 2 Ian's story		

Summary:

Presentation from Primary Integrated Community Services Ltd on patient story's from the Nottinghamshire Pain Pathway.

Actions requested of the ICS Board

To discuss the issues raised in the patient story.

Recommendations:

Presented to:

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 MOU priorities:

Urgent and Emergency Care	☐	Proactive and Personalised Care	☐	Cancer	☐
Mental health	☐	Alcohol	☐	Clinical services strategy	☐
System architecture	☐				

Contribution to delivering System Level Outcomes Framework ambitions

Our people and families are resilient and have good health and wellbeing	☐	Our people will have equitable access to the right care at the right	☐	Our teams work in a positive, supportive environment and have the skills,	☐

		time in the right place		confidence and resources to deliver high quality care and support to our population	

Conflicts of Interest

☒ No conflict identified

☐ Conflict noted, conflicted party can participate in discussion and decision

☐ Conflict noted, conflicted party can participate in discussion, but not decision

☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision

☐ Conflict noted, conflicted party to be excluded from meeting

Risks identified in the paper

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
			Likelihood	Consequen	Score	Classificati on	
Ref	e.g. quality, financial, performan ce	Cause, event and effect There is a risk that…	L1-5	L1-5	L x I	Grading	*Person responsible for managing the risk*

Is the paper confidential?

☐ Yes

☒ No

☐ Document is in draft form

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.

Appendix 1 – Leanne's story

Leanne was referred to PICS in March 2018. She had been diagnosed with Fibromyalgia and been seen by Physiotherapists and prior to her referral. In the past Leanne had been told that her pain was due to her weight.
Lianne attended her first assessment on the 10th May. It was a biopsychosocial assessment with one of our Pain Practitioners who took a full history and recommended a medication review with one of our Nurse Practitioners in order to optimise her analgesia.

Leanne said:

"I was seen by Rachel initially who asked if I would like to be seen by the Wellbeing Practitioners. I agreed as I was so desperate for something to help me. I was seen by Janine Curtis who gave me a lot of information which also included weight control. Due to my health I struggle to lose weight. I'm caught in a vicious circle of too much pain to exercise, no exercise means putting on weight and putting on weight means more pain. Janine also gave me information on how to get moving and taught me some exercises to do at home. At one of my appointments Janine mentioned a new group that was being started which would run for eight weeks. The aim was to get the attendees exercising but at a level that would take into consideration every individuals level of ability.

I had reservations about attending as I suffer with anxiety and find it incredibly difficult to be in a room with strangers.

I attended the first session which was really daunting but we finally made it into the room. The group was being run by Janine Curtis and Josh Carrington the other wellbeing practitioner. We all had to introduce ourselves which was very difficult for me. Janine reassured me and I felt supported. We then started some group work discussing pain and how it affects people. You think you are on your own but you're not. Everybody is suffering in the same way and we all understand each other's struggles which is something none sufferers understand.

We then moved on to do some exercises which were suitable for us. Janine and Josh were then able to advise us how to increase or reduce the impact as necessary. We continued for eight weeks in the same way. By the end I had improved both physically and mentally. I could walk into the room, talk to Janine and Josh and chat with the others without feeling like we were being judged.

When we reached the end of the 8 weeks Janine said they were going to carry on running the course on a monthly basis and I was interested. We were all keen to carry on. All of this kind of support has been invaluable to me and I'm sure it has been to the others too.

As the meetings are now monthly some of us struggle in between. I set up a WhatsApp group and anyone that wants to join can do. They just give me their number and I add them. We now support each other whenever someone is in need.

It doesn't have to be related to pain or the sessions as we have become quite close so trust each other with most topics or issues. From a simple eight week course we now have a great support network. We now know we are never alone and there is always someone just a message away.

Appendix 2 – Ian's story

Ian was referred by his GP to the PICS Community pain pathway in May 2018. He has chronic pain following a sky diving accident over 20 years ago He was cautious regarding analgesia, and pain was having a significant impact upon his daily life.

Ian was initially triaged to biopsychosocial assessment with a Pain Practitioner. This is an holistic assessment which takes into account the effect that pain is having on an individual's life.

Ian agreed to start the "Living Well with Pain" group Programme. This is an 8 week (3 hrs a week) ACT (Acceptance and commitment Therapy) based programme focussing on education, practical and psychological skill acquisition, with mindfulness modalities to live meaningful life with pain.

Ian attended all sessions and during a subsequent refresher session was identified he may benefit from 1:1 CBT (Cognitive Behavioural Therapy) follow up.

Ian subsequently attended a CBT assessment and 2 further follow up sessions, to formulate his resistance and enable him to make sense of his barriers and obstacles to recovery, and support behavioural changes he had already begun to make.

Ian now has a more flexible response to his pain, uses medications on a regular basis as a tool in his kit. Ian paces activity, where possible and is finding he can gradually increase this. Has returned to more active pursuits outside work, cycling more, and more physical duties most recently at work.

Prior to attending the Pain clinic, Ian had attended over 20 appointments with various health professionals and been offered multiple interventions including surgery, injections and Physiotherapy. These had afforded him some short term relief but having the tools and understanding to live alongside pain in the longer term is paramount.

Primary Integrated Community Services Ltd

GP Owned
Provider
Organisation

Excellence in patient and primary care

Patient Stories

Nottinghamshire Community Pain Pathway

ICS board- Nov 6th 2019

Primary Integrated Community Services Ltd

Introductions

Ian

Leanne

Dr Greg Hobbs. Consultant in Pain Medicine

Paula Banbury. Clinical lead

Janine Curtis. Wellbeing Practitioner

Pain Pathway Overview

- **Community based**

  Mobile working with electronic records

- **Individual patient care pathways**

  Accurate triage

  Emphasis on biopsychosocial approach / self care

  Delivered by a multidisciplinary clinical network

  Close liaison with primary care and community HCPs

  e.g. IAPT, Physio, Addiction Services, Social Prescribers

  ‘Never discharge’ policy

Our Aims

- **Better Patient Outcomes**
  - **Patient understanding & education**
  - **Lead a meaningful life despite pain**
  - **Improved physical, psychological, social & work function**
  - **Medicines optimisation (active weaning)**
  - **Self care, social prescribing, physical activity**
- **Better Value**
  - **HCPs - Collaborative working; education and communication**
  - **Reduce low value interventions - injections, opioids (surgery?)**
  - **Reduce secondary care activity – outpatients, inpatients**
  - **Unmet need? – persistent postoperative pain**
  - **Prevention, access**

Outcomes

- **PROMs?**

Friends & family	92-100%
Improved quality of life	60%
New or increased exercise	60-80%
Improved self management	60-100%
Confident to manage without GP	70-100%

- **Value?**

  - Negligible secondary care (pain) outpatient activity
  - Less patients relying on injections as main/sole intervention
  - 50% reduction in secondary care day case procedures
  - 104 secondary care referrals (from 6500 caseload)

Item Number:	6	**Enclosure Number:**	C1
Meeting:	ICS Board		
Date of meeting:	6 November 2019		
Report Title:	South Nottinghamshire Integrated Care Provider Update		
Sponsor:	John Brewin		
ICP Lead:	John Brewin		
Clinical Sponsor:	-		
Report Author:	John Brewin		
Enclosure / Appendices:	Enc. C2: Maturity Matrix		

Summary:

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

Actions requested of the ICS Board

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

Recommendations:

1.	N/A

Presented to:

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 MOU priorities:

Urgent and Emergency Care	☐	Proactive and Personalised Care	☐	Cancer	☐
Mental health	☐	Alcohol	☐	Clinical services strategy	☐
System architecture	☒				

Contribution to delivering System Level Outcomes Framework ambitions

Our people and families are resilient and have good health and wellbeing	☒	Our people will have equitable access to the right care at the right time in the right place	☒	Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	☒

Conflicts of Interest
☒ No conflict identified ☐ Conflict noted, conflicted party can participate in discussion and decision ☐ Conflict noted, conflicted party can participate in discussion, but not decision ☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision ☐ Conflict noted, conflicted party to be excluded from meeting
Risks identified in the paper
None
Is the paper confidential?
☐ Yes ☒ No ☐ Document is in draft form 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 6 NOVEMBER 2019

Background

1. This paper provides an update on the key areas of development that have taken place in the South Nottinghamshire ICP since the last update report.

ICP Planning and Implementation

2. A subgroup of the ICP Planning Group has commenced work on the programme plan than sets out the key milestones for the ICP over the short, medium and long term.

3. This focuses on a number of key areas including strategy and planning; governance; priority area workstreams; finance, performance and organisation and relationship development.

4. In addition the approach outlines the functions and capabilities that will be required by the ICP in order to discharge its responsibilities as the partnership matures.

5. The key milestones will be presented to the South Nottinghamshire ICP Stakeholder meeting on 11th December for agreement.

Stakeholder Event – 11th December

6. The next stakeholder event will take place on Wednesday 11th December and will focus on outlining the role of the South Nottinghamshire ICP, sharing the milestone plan, delivering the LTP at an ICP level and agreeing key priorities.

7. The stakeholder event will engage with staff across the ICP.

Patient and Public Engagement

8. A draft work plan has been developed setting out the engagement activity that will be required across the South Nottinghamshire Primary Care Networks (PCNs) and the ICP.

9. This work plan proposes the establishment of a task and finish group to include patient representatives, voluntary sector organisations and District and Borough Councils to further scope the required engagement approach.

10. It is proposed that a launch event will be held early in 2020 to agree the on-going approach to engagement for South Nottinghamshire.

South Nottinghamshire ICP Transformational Funding Progress Report

11. The September 2019 report indicates that all of the South Nottinghamshire schemes approved in August 2019 remain on track or with some recoverable issues for implementation. Further detail is shown in Encs. 2 and 3.

Resource requirements

12. Further discussions are in progress to identify appropriate resource within the ICP to ensure that the work programme can be delivered.

13. This will be confirmed as part of the sign-off process for the ICP milestone Plan.

John Brewin
South Nottinghamshire ICP Lead
john.brewin@nottshc.nhs.uk
25 October 2019

Appendix 1:

ICS TRANSFORMATION FUNDING – PROGRESS REPORT

SEPTEMBER 2019

Introduction

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

2. The ICS agreed a high level transformation funding allocation of £1.5m to the Mid Nottinghamshire ICP, £1.3m to the South Nottinghamshire ICP and £1.3m to Nottingham City ICP to provide a source of non- recurrent funding to support delivery of transformation plans.

3. ICPs led the development of transformation funding proposals during May and June. Each ICP undertook a detailed review of transformational plans (QIPP and CIP/FEP) to support development of the proposals. The transformation funding proposals were formally approved by each ICP before being approved at the ICS Board on 11 July.

4. It is important to note that the expectation is that transformation funding should be used in 2019/20 to support improved quality, outcomes and efficiency.

5. ICPs have been asked to note that in the context of significant financial challenges in the system the default position for all transformation funding investments is that they will cease unless a robust evaluation can demonstrate the service is self-sustaining.

6. In line with the above formal evaluation will be required to inform future plans. Exit strategies are in place should return on investment not be demonstrated.

7. On-going monitoring at ICS level will be through ICPs supported by monthly reporting against implementation plans and key performance indicators.

Progress Update

Overall Progress

8. Plans are in place for implementation of specific transformation funding investments.

9. As at 17 October draw down requests have been received for £452k of the total transformation funding, with £363k of this due to be spent in 2019/20.

SUMMARY				
Scheme	Planned £	Drawdown bid £	Approved for 2019/20 £	Residual £
IRRS	£397,000	£55,000	£27,500	£342,000
HFID	£329,000	£122,004	£61,002	£206,996
Outpatient	£362,000	£0		£362,000
Targeted Support	£300,000	£275,000	£275,000	£25,000
HISU	£336,000	£0		£336,000
Community Beds	£1,100,000	£0		£1,100,000
Community Beds - City only	£400,000	£0		£400,000
EoL	£322,000	£0		£322,000
Lets live well	£130,000	£0		£130,000
Pc Psych Medicine	£400,000	£0		£400,000
TOTAL	**£4,076,000**	**£452,004**	**£363,502**	**£3,623,996**

10. Enc. E2 includes the latest highlight report for each Transformation in receipt of transformation funding (where currently available).

Key risks to Return on Investment

Risk	Risk Owner	Mitigation Actions	Progress	Residual risk
Overall delivery of schemes	Programme Directors responsible for each transformation	As per scheme highlight reports	As per scheme highlight reports	Red
Drawdown process delays schemes and / or getting money to providers	Finance lead	If schemes are approved ICPs should implement. Simple process in place to support drawdown	Drawdown requests now being received	Green
TF investments will not be viable if they cannot be funded for the full 12 months	ICP TF Leads	CCG can facilitate funding into 20/21 ICP TF leads to confirm funding into 20/21	Confirmed for GN and MN	Green
Delays making TF investments	Programme Directors	Actions to ensure investments are implemented in line with plan	Slippage in a number of schemes	Amber

KPIs are not defined and monitoring put in place to support evaluation	Programme Directors	PMO has offered to support Programme Directors to develop KPIs	KPIs developed in MN KPIs still to be developed in GN. Request to send to the PMO for 4th October missed.	Red
Original savings logic not agreed resulting in limited or no cost savings and ROI in 2019/20 (specifically HFID, PCPM, Community Beds/HIS, Lets Live Well)	Programme Directors	Continue actions to deliver scheme and accept limited ROI in 2019/20. Ensure schemes can deliver ROI in 2020/21.	Delivery actions progressing at pace to deliver impact in 2019/20 to support a financial ROI in 2020/21	Red
Evaluation plans are not in place	Turnaround Team / Programme Directors	Evaluation plans to be defined for each scheme and will be at least 4 months before the end of the Transformation Funding	Scheme level evaluation plan to be confirmed in November	Amber

20th September 2019

Key

- On track in line with plan
- Some issues (recoverable)
- Serious issues (not recoverable)
- Implemented
- Unknown

ICS Moni	QIPP	GN TSG	BTTB - M	Scheme	Gateways	8 Implementation Progress
x	x	x		End of Life - SN: 3xNurses		
x	x	x		End of Life - City: 2x nurses		
x	x	x		End of Life - City:8c Programme Director		
x		x		Let's Live Well South Notts - Link Worker		
x		x		Let's Live Well South Notts - Co-production & Project Support		
x		x		Primary Care Pysch. Medicine Transformation		
x	x	x	x	High Intensity Users Service (HIUS)- Mid Notts		
x	x	x		High Intensity Users Service (HIUS)- South Locality Nurses		
x	x	x		High Intensity Users Service (HIUS)- City Locality Case Workers		
	x		x	Home First Integrated Discharge (HFID)		
x	x			HFID: HoService		
x				HFID: Hub Admin		
x				HFID: Age UK Advocate		
x				HFID: Newark Discharge Co-ordinator		
x				HFID: 48 Hour Intermediate Care Response		
x				HFID: Mansfield DC Pilot		
x				HFID: Non-weight bearing package		
	x		x	Integrated Rapid Response Service (IRRS)		
x				IRRS: Frailty Intervention		
x				IRRS: Single Front Door		
x				IRRS: Home First Reablement Service		
x				IRRS: Implement dedicated therapy resource for HFID		
	x		x	Outpatients		
x				OP: Transformation Programme Manager		
x				OP: Transformation Project Lead		
x				OP: ENT GPwSI		
x				OP: Community clinic		
x				OP: Urology / LUTS Community Sevice		
x				OP: LUTS equipment		
x				OP: Virtual clinic staff		
x				Targetted Support for Provider Efficiencies (SFH & NHT)		
x	x	x		GN Community Beds: Staffing (AHP, support)		
x	x	x		GN Community Beds: Homecare Support		
x	x	x		GN Community Beds: 2hour Crisis Response		
x	x			City Community Beds: Homecare Support		

Item Number:	6	**Enclosure Number:**	C3
Meeting:	ICS Board		
Date of meeting:	6 November 2019		
Report Title:	Update from the Nottingham City Integrated Care Partnership		
Sponsor:	Ian Curryer		
ICP Lead:	Ian Curryer		
Clinical Sponsor:	-		
Report Author:	Ian Curryer		
Enclosure / Appendices:	None		

Summary:

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

Actions requested of the ICS Board

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

Recommendations:

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

Presented to:

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 MOU priorities:

Urgent and Emergency Care	☐	Proactive and Personalised Care	☐	Cancer	☐
Mental health	☐	Alcohol	☐	Clinical services strategy	☐
System architecture	☐				

Contribution to delivering System Level Outcomes Framework ambitions

Our people and families are resilient and have good health and wellbeing	☐	Our people will have equitable access to the right care at the right time in the right place	☐	Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	☐

Conflicts of Interest

☒ No conflict identified
☐ Conflict noted, conflicted party can participate in discussion and decision
☐ Conflict noted, conflicted party can participate in discussion, but not decision
☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision
☐ Conflict noted, conflicted party to be excluded from meeting

Risks identified in the paper

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
			Likelihood	Consequence	Score	Classification	
Ref	e.g. quality, financial, performance	Cause, event and effect There is a risk that…	L1-5	L1-5	L x l	Grading	*Person responsible for managing the risk*

Is the paper confidential?

☐ Yes
☒ No
☐ Document is in draft form

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

28 OCTOBER 2019

1. The ICP Board has pulled its areas of priority together into a high level programme plan, which is attached. The plan is motivated from a point of view that it is not about overseeing everything in the City, but about focusing our efforts together on the things that will enable a change to population health management. Change Management is therefore emphasised within the programme and governance has been considered in this context too. The ICP group requested that each representative take this back to their own organisations within the next month. The five high level programme priorities are proposed as:

    1. "Grip the City and confront the Brutal facts" – financial and performance grip on the city as a single view of the ICP [Louise Bainbridge]

    2. "Manage Now and sharpen our prioritisation and focus" - Leadership of the City Health and Care development activities [Michelle Tilling]

    3. "Set the rules of engagement and decision making" – Establish great governance at the City and local PCN level [Rich Brady]

    4. "Get behind the vision" – focus on Change Management relentlessly

    5. "Build the team and lead the future" – identify roadmap for full population management

2. The ICP has confirmed the leads for the above workstreams, on behalf of the whole City for the top 3, and will conduct further work on the change management and future planning.

3. The ICP Launch Event takes place on the 7th November. As this event is aimed at frontline staff, the ICP want to make this as accessible as possible and is therefore being run as a drop in event. A wide range of "stalls" will be provided at the event which will enable the tangible aspects of the ICP to be brought to life for attendees. The stalls are listed below. The event is a drop in between 1:30 and 7:00 pm for staff from all organisations.

ICP Zone

1. What is an ICP? – ICP Partners
2. What is a PCN? – Nottingham City Primary Care Networks
3. Long Term Plan – Nottinghamshire ICS
4. Housing to Health Showcase
5. Significant Seven Showcase
6. Communities Together Showcase

Wellbeing Zone

7. Flu vaccinations – Glasshouse Chemist
8. Alcohol Brief Interventions – Framework
9. Health Checks – NCGPA
10. Nottingham Forest in the Community

Market Place

11. Wellness in Mind and Opportunity Nottingham – Nottingham Wellbeing Hub
12. NCVS
13. Hospital Homeless Discharge – Framework
14. Stub It and Signposting to Health – NCGPA
15. NCGPA and GP+ – NCGPA
16. Nottingham City Homes
17. NEMS Community Benefit Services
18. Fraud & Cyber Protect Officers – Nottinghamshire Police
19. Nottinghamshire LPC
20. Healthwatch
21. East Midlands Academic Health Science Network
22. Small Steps Big Changes – CityCare
23. NUH Patient Rep Team
24. NUH – Research and Innovation
25. NUH – Nursing and Midwifery
26. Metropolitan Thames Valley Housing
27. CityCare
28. Nottinghamshire Healthcare Trust – TBC
29. Adult Social Care, Commissioning and ASKLiON
30. Public Health
31. Framework
32. NUH – Smokefree
33. Nottingham On Call (Assistive Technology)
34. POhWER Advocacy
35. Street Outreach Service – Framework
36. Family Mentor Service

4. Ian Curryer has written to the respective organisational Chief Executives who have been asked to consult with their Boards and agree a representation at the City ICP Partnership Forum. Initially this will focus on the relationships to support change management, on the 12 months support to get the ICP up and running and on developing the maturity path for the ICP. It is envisaged that the Partnership Forum will become the ICP Board in time.

5. New Social Prescriber posts have proved very popular posts in City - 90 applications received, 22 interviewed. All 8 Social Prescriber positions filled along with part time supervisor role. Social Prescribers will be employed by NCGPA on behalf of the PCNs. Comprehensive training programme agreed and locality team supporting NCGPA on referral forms and System1 templates.

6. The Programme Director for the City ICP has now taken up post as from 4 November. Rich Brady joined Nottingham City ICP with over ten years' experience working across the NHS, regulation, local government and the voluntary sector. Rich has coordinated and led national programmes of work to support integrated delivery of health and care services across the country, as part of Rich's current role as an adviser in the Local Government Association's Care and Health Improvement Programme and as project manager and policy lead for the Care Quality Commission's Local System Review Programme. Prior to joining the Care Quality Commission, Rich worked as a policy lead for voluntary sector organisations including the British Red Cross, Scope and Barnardo's. Rich's career began as a care worker in Bristol City Council's Children's Services.

7. The City ICP is looking to recruit a Clinical Director and deputy to support the on-going ICP development. Joint work with the other ICPs is taking place to develop a consistent job description and person specification for these roles across the ICS. A consistent appointment process for the roles in each ICP will be utilised.

8. Homecare proposals have been taken forwards by the Transforming Homecare Group and endorsed fully by the ICP Development group. Work is underway with the NUH and due back to the ICP meeting in the near future.

9. Housing work is being taken forwards through an extended remit to the existing Housing and Social Care group including Nottingham City Homes, which will now include wider housing providers and an ICP wide remit particularly health colleagues. This will ensure strong inclusion to the PCNs and the ICP.

10. The City ICP has circulated the draft ICS response to the LTP and is very supportive of the approach taken. The ICP meeting noted that it is a very cohesive plan, however did comment that it is understandably written from the perspective of the ICS rather than the ICP. It is recognized that it was important to find out what this plan means for the ICP, therefore it will be brought to a future meeting to discuss and develop a City ICP response to delivery based on ICP perspectives and priorities. An initial joint working group is planned for 14 November with South Nottinghamshire ICP colleagues to inform this discussion.

11. The Clinical Director of Bulwell and Top Valley PCN, Andy Foster, stated that the ICP development meetings have provided an insight into the workings of the wide ICP and the value that the PCN Clinical Directors can take from and

add to the conversation. Other Clinical Directors will be encouraged to attend where they can.

12. Universal Personalised Care: Areas of prioritisation for City ICP include taking a holistic approach to ensure individuals are at the heart of their health and care based on 'what matters to them'. The group discussed and agreed on the 3 recommendations, with learning disabilities being identified as a priority area. It was also suggested that Link Workers can help to support patients in the future; although we need to be smarter about how we identify and work with these patients. The group were made aware that it will yet take time to bring the Link Workers into post and build the system momentum. The Locality Team are seen as a good link for PCNs to build engagement with the programme. PCN managers can work with CDs and practices to identify those patients that would most benefit.

Ian Curryer
Nottingham City ICP Lead
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Item Number:	6	**Enclosure Number:**	C4
Meeting:	ICS Board		
Date of meeting:	6 November 2019		
Report Title:	Mid-Nottinghamshire ICP Board Update – October 2019		
Sponsor:	Richard Mitchell, Chief Executive Sherwood Forest Hospitals		
ICP Lead:	Richard Mitchell		
Clinical Sponsor:	-		
Report Author:	Kerry Beadling-Barron, Director of Communications and Engagement at Mid-Nottinghamshire ICP		
Enclosure / Appendices:	Appendix 1: Mid-Nottinghamshire ICP Six Month Update summary Enc. E6. Mid Nottinghamshire ICP Six Month Update		

Summary:

Mid-Nottinghamshire ICP did not meet in October as Board colleagues went to the Wigan Deal conference to further learn from a high performing health and care system. Instead, we have listed below a summary of key items which we have worked on this month.

Actions requested of the ICS Board

The Board is asked to NOTE the Mid-Nottinghamshire ICP work to date.

Recommendations:

1.	To note the report

Presented to:

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 MOU priorities:

Urgent and Emergency Care	☐	Proactive and Personalised Care	☐	Cancer	☐
Mental health	☐	Alcohol	☐	Clinical services strategy	☐
System architecture	☐				

Contribution to delivering System Level Outcomes Framework ambitions

Our people and families are resilient and have good health and wellbeing	☐	Our people will have equitable access to the right care at the right	☐	Our teams work in a positive, supportive environment and have the skills,	☐

		time in the right place		confidence and resources to deliver high quality care and support to our population	

Conflicts of Interest

☐ No conflict identified
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☐ Conflict noted, conflicted party can participate in discussion, but not decision
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Risks identified in the paper

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
			Likelihood	Consequence	Score	Classification	
Ref	e.g. quality, financial, performance	Cause, event and effect There is a risk that…	L1-5	L1-5	L x l	Grading	*Person responsible for managing the risk*

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MID-NOTTINGHAMSHIRE ICP BOARD UPDATE

OCTOBER 2019

Six month update

1. This month a six month update on progress was submitted to the Integrated Care System. The letter is attached and key highlights are shown in Appendix 1 at the end of this document.

Joint working example: Mental Health and Ashfield District Council pilot

2. A new Complex Case Worker has been appointed for the next six months to support people who have complex needs and mental health concerns. The new role is funded by the Ashfield Community Partnership using a grant from the Office of the Nottinghamshire Police and Crime Commissioner. The pilot was agreed following conversations between Ashfield District Council and Nottinghamshire Healthcare NHS Foundation Trust who recognised they could work more closely with families and individuals who are known to both of them.

3. The aim of the pilot is:

    - To develop and deliver actions specific to individuals which will help residents to become self-sufficient and live a balanced life;
    - To provide practical support and assistance in one place for residents in crisis, who have previously had to access different organisations.

4. Geographically the post will cover: Sutton, Kirkby, Huthwaite, Annersley, Skegby, Stanton Hill, Selston and Underwood areas and will work with Primary Care Networks in Ashfield North and Ashfield South.

Flu campaign planning

5. Work has continued to promote the flu vaccine. During October the national Public Health England campaign is supported with additional local focus planned for November. Case studies have been written and in Mid-Nottinghamshire these five key messages will be focused on:

    - General vaccine messages
    - Stop smoking advice
    - Hand hygiene advice
    - Exercise advice
    - Diet advice including taking a vitamin D supplement

6. Joint partnership working is taking place with Nottinghamshire County Council to link to their campaign.

Joint LMC GP and Hospital Doctor meeting

7. The first joint meeting between the Local Medical Committees, GPs and hospital doctors took place this month with representation from the ICP including executive lead Richard Mitchell, locality director David Ainsworth and ICP Clinical lead Andy Haynes. The evening was well attended and there was a focus on building relationships between colleagues in primary and secondary care. Further events are planned also involving Nottinghamshire Healthcare NHS Foundation Trust.

8. The next ICP meeting will take place on 18 November in the Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield and papers will be available on the ICP website here prior to this.

Appendix 1: Six month update

Mid-Nottinghamshire Integrated Care Partnership

ICP SIX MONTH UPDATE

WORKING TOGETHER

We are working with ICP colleagues to strengthen primary and community provision. We can already see the benefits of this through the Street Health and high intensity service user projects.

SINGLE FINANCIAL PLAN

We have a single financial plan which builds on the single financial control total across the Integrated Care System. This is supported by us taking steps to integrate the financial functions across NHS organisations.

OPEN AND TRANSPARENT

Our public meetings take place in community settings across Mid-Nottinghamshire. We will continue to strengthen our relationship with the Council for Voluntary Service and Healthwatch.

URGENT AND EMERGENCY CARE DEMAND

Demand for urgent and emergency care continues to grow. We have completed a "drivers of demand" analysis and are now focussed on delivering the joint actions.

ADULT MENTAL HEALTH

In response to the number of people cared for out of area, services were strengthened from September and a psychiatric clinical decisions unit will open in October.

OUTPATIENT APPOINTMENTS

We have an ambitious plan to reduce unnecessary face to face outpatient appointments this year. So far, 20,000 appointments have been identified as avoidable or can be provided in an alternative setting.

NEXT STEPS

A focus on our most challenged and underserved neighbourhoods to work up a more detailed plan.

Mid-Nottinghamshire Integrated Care Partnership

29 September 2019

Dear Colleagues

Re: Mid Nottinghamshire Integrated Care Partnership six month update

The Mid Nottinghamshire Integrated Care Partnership signed up to ten objectives in 2019-2020 as agreed with David Pearson, Chair of the Nottingham and Nottinghamshire Integrated Care System (ICS) and we wanted to update you on what we have collectively achieved in the first six months of the year. In addition to the ten objectives, Peter Wozencroft, Director of Care Integration, and Kerry Beadling-Barron, Director of Communications and Engagement, have both been seconded to work full time in the ICP, we have appointed Rachel Munton, as our new Independent Chair, we have developed and agreed Terms of Reference and a Board meeting schedule that takes us out into the community, we have created and published a logo and website and we have a draft summary strategy.

1. **Specific plans to contribute to the delivery of the Memorandum of Understanding with national bodies for the ICS**

The scope of the MOU is too broad to give a detailed account of every contribution, but I hope you will recognise the Mid-Notts ICP has played a full and active part in all aspects of the ICS work. We have made progress in each of the identified priority areas in terms of the design and delivery of different service models. We are pleased with how all system partners have come together under the umbrella of the ICP to focus on our shared objective of strengthening primary and community provision. We would particularly single out the contribution of our District Councils and the emergent Primary Care Networks, who have strengthened and enriched the debates and solutions over the last 12 months. Despite our best efforts, demand for urgent and emergency care continues to grow at a rate that concerns all of us. We have completed a detailed analysis of the factors driving the demand and we are now working on delivering joint actions, but we should acknowledge the demand pressures and other challenges are leading to non-delivery of a number of key standards.

2. **Integrated Financial Planning and Implementation:**

- **A single financial plan – building upon a single financial control total supported by integrating the financial function across NHS organisations with a Finance Director**
- **Integrating finance and the transformation team**
- **A joint approach to QIPP and FIP targets**
- **Ensuring that financial plans are aligned and complementary across the NHS and local authorities.**

NHS partners now have a single control total at the ICP level and a single plan to deliver. The Mid Notts Transformation Board provides the single governance and joint integrated delivery

architecture to deliver CIP and QIPP. Further work is required to align Local Authorities. This will be delivered through the Mid Notts Planning Group.

3. **Steps taken to strengthen the voice of non-NHS organisations including local authorities, CityCare and NEMS**

Our three District Council colleagues are making a strong contribution to our ICP, complementing the continued positive engagement of the County Council. NEMS has traditionally been fully engaged in the Better Together programme and we are working with them to ensure their contribution can continue. We have yet to achieve the level of meaningful engagement with the third sector we want to secure. We continue to engage with the CVS and enlist support from Healthwatch Nottingham and Nottinghamshire where we can, but recognise we need to increase our focus in this area in future. From September, all of our meetings have been in public and in community settings throughout our geography and we were pleased to have seven members of the public attend the September meeting.

4. A single plan for capacity, in particular community capacity based on population health and wellbeing and population health management principles to maximise people's independence and enable as many as possible to receive care from their own homes

We have not yet developed a single capacity plan but we are adopting an incremental approach that focuses on identifying gaps in existing capacity and constraints. These are mainly workforce-related. The focus of one of our key digital enablement projects (referenced in section 10 below) is increasing the visibility of available capacity and attempting to establish a common currency to help capacity and flow will be a key tool for the future.

5. A single capital plan that feeds into the ICS plan

We have not yet developed a single capital plan for the ICP. From a land and buildings perspective, all ICP partners are members of the ICS Estates Planning Group which holds a register of all significant Estates capital works planned across the system for the next five years. These schemes form part of the Estates Strategy Checkpoint and will be quality rated by NHSI/E during Q3 2019/20. Whilst each organisation continues to manage its own "maintenance" capital programme, any new or emerging schemes of system significance are bought to this group for approval and alignment with ICS priorities before ratification at the ICS Planning Group. Ben Widdowson was appointed earlier in the year as the joint lead for capital and estates across the ICP.

The digital transformation agenda represents a closer approximation to a single capital plan, although it is still a fragmented picture. The longstanding collaboration between our digital leaders through Connected Nottinghamshire, and their pursuit of specific components of the Local Digital Roadmap, has given us a strong basis for aligning priorities for both infrastructure and applications development. We are fortunate the key initiatives on capacity and flow and public-facing digital services come with ring-fenced national funding, but these are progressing well as local implementations and we are confident they will provide us with key tools to re-shape urgent and planned care. We continue to build upon the firm foundations of system interoperability,

information-sharing and workflow management which has resulted in health and social care professionals being able to provide better care and support through better visibility of citizens' needs.

6. Strengthen mental health planning and provision

The Nottinghamshire Mental Health transformation programme has anticipated the core changes needed to address known gaps in performance and/or provision in order to meet the Five Year Forward View for Mental Health ambitions by 2020/21. The added detail provided by the national implementation plan confirms the scale of change, the pathways in scope, and how achievement will be monitored nationally, thus reinforcing the necessity of redesigning our existing care models and realigning existing financial envelopes to meet current and future standards.

The Nottinghamshire Mental Health and Intellectual & Developmental Disabilities Transformation programme has been formalised through the 2019/20 contractual agreement with Nottinghamshire Healthcare (NHFT) using the Service Development and Improvement Plan (SDIP) and Data Quality Improvement Plan (DQIP) as the mechanisms for change. NHFT is the main provider of Mental Health services in Nottinghamshire with a contract value of £108m.

The programme aims to meet the requirements of the FYFVMH and the Long Term Plan transformation ambitions through various ways including:

- The identification of the core services that contribute to the targets defined in the FYFVMH and LTP
- The review of existing care delivery models to identify gaps, risks, new ways of working
- The redesign of care delivery models to ensure the achievement of national standards

The main areas of present transformation focus are on the adult mental health pathway which faces a high degree of challenge. Our system is under national scrutiny for the number of patients cared for out of area. Whilst the number is reducing, this is coming as a cost pressure for the system. In response to this challenge, services were strengthened from September and a psychiatric clinical decisions unit will open in October. We are remodelling the early intervention in psychosis service across Nottinghamshire and then we will refine the scope and capacity of local mental health teams in 2020. These developments are currently on track.

7. Closer working between primary care, secondary care and community provision around the needs of particular groups of the population who require an integrated approach

We have a good track record in this area. We would point to our successes in our joint musculoskeletal service, our successful Street Health work, our support for people at the end of their lives, our support to care home residents and work to address the needs of high intensity service users.

8. A focus on specific population health actions – to the principles set out in the ICS prevention objectives and plan

The ICP approach to managing population health is through a triangulation of population health, prevention and the emergent outcomes framework. The ICP is using cross-sector collaboration with a focus on place through the primary care networks (PCNs). This work is with partners wider than health including social care, district and county councils with a key link into the voluntary, community and social enterprise community through, for example, social prescribing. We will define ICP and PCN measures that link back to the outcomes framework. The outcome framework is centred on the 'triple aim' together with priorities from the local Health & Wellbeing Boards.

The strategic priorities have been agreed across the ICP and include:

- Tobacco and Related Harm
- Alcohol Related Harm
- Diet and Nutrition
- Children & Young People
- Healthy & Sustainable Places and Communities
- Antimicrobial Resistance

The ICP Board and membership have decided to address these priorities through a focus on our most challenged and underserved neighbourhoods. A more detailed plan of this work will be developed in the next period.

9. Review and reform outpatient referrals and treatments on a joint basis

Sherwood Forest Hospitals Foundation Trust (SFHFT) and the wider system is responding to the NHS long term plan which sets out a vision to reduce face to face outpatients (new and follow up) by 33% by 2023/24. Using 2018/19 as a baseline, the ambition over five years would equate to a reduction in the region of 125,000. An ambitious plan has been set for 19/20 which focuses on two priorities to reduce unnecessary face to face outpatient appointments by 34,595 in the first year.

To do this SFHFT is implementing best practice from other systems and is building on the ideas generated by SFHFT clinicians, staff, GPs and patients. Building on the wealth of evidence and best practice available, the transformation programme has been aligned to the long term plan around the following key themes:

- Patient Initiated Follow Up (PIFU)
- Advice & Guidance
- Virtual Assessment and Virtual Appointments
- Standardised Referral Pathways & Templates
- Pre-Operative Pathways
- Technology
- Directory of Services (DOS).

To date 20,000 appointments have been identified as being avoided or having the potential to be provided in a different setting whether that is virtual or in the community. A "bridge" for each outpatient specialty has been developed, underpinned by a set of actions, risks and issues.

The current gap to the 34,595 appointments target agreed with commissioners is 14,263 appointments, however opportunities continue to be identified.

To facilitate this programme of work, transformation funding of £362,000 has been committed across the system. This is being jointly managed by the CCG and SFHFT and will be allocated against initiatives that will assist in meeting the Trust's strategy for Outpatients and the vision set out in the Long Term Plan.

It has been agreed that implementation of service transformation beyond 2019/20 will focus on

- Maximising capacity across the ICP
- The implementation of personalised care approaches through tools such as Patient Activation Measures (PAMS)
- Frequent Attenders and Referrals without subsequent activity (much the same as undertaken for ED/Urgent care attendances)
- Maximising the digital opportunities that arise with Public Facing Digital Services (PFDS)
- On-going transactional/efficiency review of all acute clinics
- Improving communication and links between GPs and consultants
- Identifying further opportunities for services to be provided more locally in PCNs.

10. Formulate and implement plan for the use of technology to integrate information and utilise technology to enable care and treatment in line with the work of the ICS workstream.

In order to support the delivery of the priority areas defined in the Long Term Plan there are a number of digital enablement projects either underway or planned over the next five years. Some of the key deliverables from a digital enablement perspective have already been completed and are now embedded into system wide business as usual.

Data Analytics and Population Health Management are significant themes running through the Long Term Plan. The GP repository for Clinical Care (GPRCC) and e-Healthscope are widely utilised across the system, particularly within care co-ordination. This enables data pulled from providers across health and care within Nottinghamshire to be amalgamated to identify care gaps and risk scores, facilitating efficient and effective individualised care. This will be scaled up over the next few years to support population health management and predictive analytics.

Electronic communications between health and social care provide a more seamless transition between SFHFT and social care, enabling electronic referrals for patients requiring social care assessments. A dashboard view ensures SFHFT clinicians are aware of the progress of all these patients, facilitating efficient and timely discharge. Electronic communications additionally support urgent and emergency care providing ED staff with the ability to establish whether patients have had a care package in place, thereby preventing unnecessary admissions and enabling patients to return home as soon as possible.

The ability for NHS 111 to book patients directly into GP appointments for some areas of the ICP provides has eased potential pressure in urgent and emergency care.

The digital first agenda, and empowering the population to manage their own health and care through digital tools, provides the digital enablement to support many of the Long Term Plan priorities across: Prevention and Wider Determinants, Cancer, Planned Care, Proactive Care and Mental Health. The Public Facing Digital Services programme will provide the population of Nottinghamshire with the tools they need to undertake different types of consultation i.e. online consultation and remote monitoring of Long Term Conditions, self-care and information, community signposting and social prescribing.

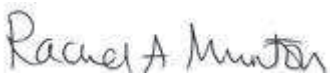
In order to support the Urgent and Emergency care priorities detailed in the Long Term Plan a system wide capacity and flow programme is underway and has identified short term solutions to ease winter pressures and is the process of developing a long term strategic system wide approach to support the management and flow of patient flow.

Locally the Integrated Digital Care Record will continue to expand to provide a single shared health and care record across Nottinghamshire and progress is being made to move towards a longitudinal health and care record across the East Midlands.

We were keen to capture in this comprehensive letter the progress we have made over the first six months of this year. There is lots of evidence our organisations and teams are working closer together than ever before and we are grateful for your support with this important agenda. One important example of this is NHFT and SFHFT appointing Clare Teeney as their joint director of HR and the move towards identifying opportunities for closer HR and OD working across both provider organisations.

We recognise "system working" is complex and can be challenging, but our joint effort is so important to ensure we deliver sustainable improvement across the wider determinants of health for the citizens of Mid Nottinghamshire

Yours sincerely



Rachel Munton
Independent Chair

Richard Mitchell
Lead Executive Officer

Item Number:	7	**Enclosure Number:**	D1
Meeting:	ICS Board		
Date of meeting:	6 November 2019		
Report Title:	November 2019 Integrated Performance Report		
Sponsor:	Andy Haynes – ICS Executive Lead		
ICP Lead:	n/a		
Clinical Sponsor:	n/a		
Report Author:	Sarah Bray – Associate Director of System Assurance		
Enclosure / Appendices:	Enc. E2. Integrated Performance Summary		

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 – significant pressures continue
- Cancer Performance – low performance continues (mid 70%) and increased number of patients waiting longer for treatment
- Financial Sustainability
- Mental Health – OAPs (National outlier, however no longer in bottom 10)

Emerging & Continuing Risks:

- Planned Care – *diagnostics performance and waiting list increases.*
- Quality - performance across Maternity and risks within the Transforming Care Programme.
- Activity – 'other referrals' and elective day-case 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	40%	60%
Urgent & Emergency Care	11	64%	36%
Planned Care	5	58%	42%
Cancer	8	50%	50%
Nursing & Quality	5	20%	80%
Finance	8	50%	50%
Workforce	12	tbc	tbc
Overall Performance Delivery	47	50%	50%

Nottingham and Nottinghamshire ICS - Performance Overview - as at 29th October 2019

Assurance Frameworks

The 2019/20 NHS Oversight Framework for Q1 has been published, with information based on CCG performance for the system level overview.

Top Performing Areas	Bottom Performing Areas
• High Quality Primary Care & Primary Care Access (1/42) • 18 Week RTT (2/42) • Choices in maternity services & 7 Day services (3/42) • IAPT Access & Dementia Diagnosis Rate (4/42) • Personal Health Budgets (5/42)	• A&E 4 hour (40/42) • Maternal Smoking at delivery & Cancer diagnosed at an early stage (38/42) • Diabetes patients achieving NICE targets (32/42) • Delayed transfers of care (30/42)

Regulatory Assurance Escalation Areas

As a system there are several areas where additional assurance and support processes are in place with NHSE-I Regulators, to support and monitor improvements:

- Urgent Care - Greater Nottinghamshire
- Mental Health – Out of Area Placements / IST support for CYP being discussed / EIP CCQI Level improvement
- Maternity – additional support offer being developed
- Finance – additional review meetings jointly chaired by NHSEI and ICS FD

There is increasing focus upon Cancer across the region, due to the deterioration of the positions. Recovery plans have been provided to the regulator.

Actions requested of the ICS Board

To receive the report.
To approve the recommendations.

Recommendations:

1.	Follow-on ICS meeting to be convened to review recovery plans for ICS Cancer as a system
2.	Review plans for reductions of waiting lists across the system

Presented to:

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 MOU priorities:					
Urgent and Emergency Care	☒	Proactive and Personalised Care	☐	Cancer	☐
Mental health	☒	Alcohol	☐	Clinical services strategy	☐
System architecture	☒				

Contribution to delivering System Level Outcomes Framework ambitions					
Our people and families are resilient and have good health and wellbeing	☒	Our people will have equitable access to the right care at the right time in the right place	☒	Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	☒

Conflicts of Interest

☒ No conflict identified
☐ Conflict noted, conflicted party can participate in discussion and decision
☐ Conflict noted, conflicted party can participate in discussion, but not decision
☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision
☐ Conflict noted, conflicted party to be excluded from meeting

Risks identified in the paper

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
			Likelihood	Consequence	Score	Classification	
Ref	e.g. quality, financial, performance	Cause, event and effect There is a risk that…	L1-5	L1-5	L x I	Grading	*Person responsible for managing the risk*

Is the paper confidential?

☐ Yes
☒ No
☐ Document is in draft form

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

Integrated Performance Overview

29th October 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 relating to Kooth, being supported nationally. 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, however the position has improved from 3rd highest in the country to 11th during Q1. Revised trajectories were agreed for 2019/20, system has achieved Q1. National clinical support and regulatory deep dive overview is in place. 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 progressing in line with requirements, the system is reviewing alternative service models.	The ICS has Service Improvement plans for IAPT, EIP, CYP, Out of Area Placements (including Liaison & Crisis) and Physical Health Checks which include 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. Discussions are ongoing with Health Education England to progress potential barriers to success, including EIP CBTp and IAPT training programmes. NHSEI Intensive support is being progressed for a review CYP Eating Disorder services. Funding requests have been approved for IPS, Crisis & Liaison transformation, Perinatal and CYP School Trailblazer (Nottingham City expansion, and Mansfield & Ashfield)
B: Urgent Care	ICS A&E performance remains below target at 90.25% however this now only includes SFHT. NUH are trialling the new UEC metrics until April 2020. Pressures remain across the service. There was 1 twelve hour ED wait at SFHT, which related to waiting for a local inpatient bed. Urgent care attendances and admissions continue on the growth trajectory seen during 2018/19 (6% A&E, 8.4% NEL), however are under the ICS plan (-2.4% A&E, -8.3% NEL). There are differential positions within the ICP areas and between providers & commissioners, with Mid-Notts being over plan (SFHT & CCGs), whilst Greater Notts are under plan, but are over year-on-year. The trusts have experienced greater NEL growth than the CCGs indicating increased volumes from out of Nottinghamshire. EMAS has achieved category 1, however struggled to achieve category 2, due to	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 /ambulatory service redesign continue to be implemented. Weekly executive calls continue to be in place to respond to the pressures across the system. ECIST support has been provided and the Trust are participating in the Same Day Emergency Care accelerator programme. Due to continuing activity increases, the ICS has undertaken an activity driver deep dive into urgent care activity, which has completed analytical analysis and clinical challenge and review. Actions included reviews with 111 and EMAS on conveyancing and triage protocols, as well as audits on the increased volumes of A&E attendances with no subsequent interventions (40% increase Nottm City Type 1 Attendances), and audits on ambulatory care activity. An audit of NUH A&E attendances has been undertaken during September, which will be reviewed by the A&E Board.

	increased volumes. Performance is more positive across Nottinghamshire, than EMAS as a whole.	
D:Cancer	Cancer 62 performance has improved to 81.3% for August 2019. (SFHT 85% / NUH 78.57%. Performance September – November is expected to be between 71-75%. 62 day and 104 day backlogs have continued at current levels in October.	The trusts expected performance for Sep 19 to Oct 19 is 71-75%, which is maintaining current low levels of performance. 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. Recovery plans have been provided, however, recovery is not now expected to be achieved before the end of 2019/20.
G: Financial Sustainability	***The position reported remains at Month 5 due to the earlier timing of the Board meeting.*** There is no reporting of the City Council due to information not being received. The NHS and Local Authority system has not delivered against the system financial plan for August 2019 due to continuing pressures (activity/demand, staffing pressures and non delivery of savings & efficiency programmes). The NHS has not delivered on the system control total for August 2019 and therefore reporting a shortfall at Month 5 against the System Provider Sustainability Funding though forecast to receive all available by the end of the financial year.	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. The system has had a joint assurance review by ICS FD and NHSEI during September to discuss plans and will be undertaking a follow-up meeting during October.
Amber Risks to System Delivery		
C: Planned Care	RTT has not achieved at ICS 90.6% August 2019. (SFHT 88.33% / NUH 92.21%). SFHT has increasing number of specialties failing the standard (7 in April to 11 in August) Waiting lists have increased further to 10% over August trajectory. There has been an increase in 'Other Referrals' by consultants and A&E departments, which is being investigated. Diagnostics at both trusts impacted by NUH MRI Outpatient due to scanner and staffing issues. SFHT difficulties in cystoscopies. Children's wheelchair waits have continued to achieve at Q1 19/20 98.6%.	The ICS has expanded the Drivers of Demand review to include planned care activity. This will be reviewed October 2019. SFHFT and the CCG are monitoring recovery plans at speciality levels, which include staffing and additional capacity, intending on recovery from September 2019. Actions included staged implementation of Medefer Virtual Hospital Model, June-August. NUH have investigated causal factors of growth in specific specialties during August/ September. NUH Diagnostics is expected to be resolved for September, as additional capacity has been sourced from the independent sector and an interim scanner has been located. SFHT expect to deliver standard October 2019.
E. Nursing & Quality	Transforming Care achieved -3 against September 19 plan. CHC: ICS achieved both QP standards for September 2019, however Nottingham city and Rushcliffe failed to meet the 28 days standard.	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. Virtual MDTs to be progressed.

	LeDeR – There has been an increase in the number of completed reviews to 66% (95) August. 48 reviews are remaining. Maternity did not achieve the continuity of carer 20% requirement, achieving cumulative YTD position of 12.3% September 19. The ICS is assessed by NHSE as 'Requiring Some Support' because of delayed implementation of Savings Babies Lives Care Bundle, CoC and higher than average rates of Smoking at the Time of Delivery.	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 from March 2020, expect achievement Q2 20/21. Pilots commenced march, April, July and September, with proposals for dedicated resource within each provider to lead the implementation. NUH: 1 pilot in place commenced July with 195 women joining the pathway. A bespoke support offer is currently being co-produced with the National and Regional NHSEI teams.
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.

The ICS performed well against the Personalisation agenda, and achieved all targets.

Activity Data (number of people)	2017/18	Target 2018/19	Actual 2018/19	2019/20 Target
Person				
Personalised Care and Support Plans	3709	10840	18519	16680
Personal Health Budgets & Integrated Personal Budgets	1743	2060	2320	2900
Community				
Self-Management Support or Health Coaching	493	10840	17652	31615
Community Based Approaches	3352			

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. A governance review is to be undertaken during Q2 2019/20.

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, awaiting the approval to proceed with the merger from the National Statutory Committee during October.

Recommendations

The Board are asked to note the:

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:
   - Local Maternity & Neonatal Services Transformation
   - Planned Care – continual rising waiting lists

Sarah Bray
Head of Assurance and Delivery
2 October 2019
sarah.bray6@nhs.net

ICS Board 6 November 2019
Item 7. Enc D2

Nottinghamshire ICS
System Integrated Performance Summary
November 2019

Data does not show patients transferred from Circle due to data validation issues.

	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	
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%	Q1 19/20	20.1%	🔴	↑	🔴	**Dementia** – 66.7% target exceeded in August as the ICS achieved 76.9%. **IAPT –** All CCGs but M&A CCG (4.29%) achieved the Q2 target of 5.13%, expected achievement Q2. **EIP** – ICS achieved 81.4% against the 56% 2wk access target in Aug-19. ICS currently rated as Level 2- Requires Improvement for delivery of NICE standard**s.** **OAPs** – There has been a continuing reduction in the number of inappropriate out of area bed days (OBDs). In Q1 2019/20 the number of OBDs was 2,555 against a trajectory of 3,432 Reported OBDS were 861 in Jul-19 and reduced to 812 in Aug-19. **CYP** – In 2019/20 the access performance target is 34%. In Q1 2019/20 access performance is 9.1% against a quarterly target of 11.9% (full year target 34%). CYP Eating Disorder Service -access standards have not been met during 2019/20, despite implementation of new service model
	CYP Eating Disorders Urgent 1st <1 weeks	CCG	95%	Q1 19/20	75.0%	🔴	↑	🟢	
	CYP Eating Disorders Routine 1st <4 weeks	CCG	95%	Q1 19/20	79.6%	🔴	↓	🟢	
	IAPT Access - 22% (4.94% Q1%, 5.13% Q2, to 5.5% Q4) 2/3 of increase in IAPT-LTC	CCG	5.13%	Jul-19	5.26%	🟢	↑	🟢	
	IAPT Waiting Times - 6 weeks (Rolling Quarter)	CCG	75%	Jul-19	70.2%	🔴	↓	🟢	
	IAPT Waiting Times - 18 weeks (Rolling Quarter)	CCG	95%	Jul-19	97.8%	🟢	↓	🟢	
	IAPT Recovery Standards (Rolling Quarter)	CCG	50%	Jul-19	52.1%	🟢	↓	🟢	
	EIP NICE Concordant Care within 2 Weeks	CCG	56%	Aug-19	81.4%	🟢	↑	🟢	
	Inappropriate Out of Area Placements (bed days) Q1 3432, Q2 2024, Q3 1748, Q4 1440	CCG	3432	Jun-19	2435	🟢	↓	🟡	
	Maintain Dementia diagnosis rate at 2/3 of prevalence	CCG	66.7%	Aug-19	76.9%	🟢	↑	🟢	
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%	Sep-19	90.2%	🔴	↑	🔴	**Activity** - Pressure continues with attendances and admissions up year on year, especially NE 0 day LOS. Although the activity across the ICS is below plan. **A&E** - NUH 1 of 14 national pilot sites chosen to trial and develop new urgent and emergency care clinical standards. NUH no longer reporting against 4-hr target. UTU mean time to be seen by a medic improved in August and mean time reduced to 112 minutes week of 09-Sept (the lowest for the past 8 weeks). SFHFT failed to achieve 95% target with 90.25% for September 2019, however this was an improved position. **12 Hour Wait** - SFHFT - 1 x lack of inpatient bed locally **DTOCs -** NUH achieved with 3.18% for August. SFHFT failed to achieved target with 6.99% **Ambulance –** The ICS non conveyance group reviewing ambulance activity with an ambition to reduce by -3% across Nottinghamshire County. **111** – Performance against "answered in 60 seconds" failed to achieve target in September.
	12 Hour Breaches	Provider	0	Sep-19	1	🔴	↓	🔴	
	NHS 111 50% population receiving clinical input	Provider	50%	Sep-19	55.8%	🟢	↓	🟢	
	Ambulance (mean) response time Category 1 Incidents (Notts Only)	Provider	00:07:00	Sep-19	00:06:29	🟢	↓	🟢	
	Ambulance (mean) response time Category 2 Incidents (Notts Only)	Provider	00:18:00	Sep-19	00:24:53	🔴	↓	🔴	
	Manage Optimal Length of Stay - reduction in >21 days	Provider	279	Sep-19	307	🔴	↓	🟡	
	Reduce DTOCs across health and social care- NUH	Provider	3.5%	Aug-19	3.18%	🟢	↑	🟢	
	Reduce DTOCs across health and social care- SHFT	Provider	3.5%	Aug-19	6.99%	🔴	↑	🟡	
	A&E Attendances - Variance to Plan	CCG	±2% of plan	Aug-19	-0.41%	🟢	↓	🔴	
	NEL - Variance to Plan	CCG	±2% of plan	Aug-19	-6.05%	🔴	↑	🔴	
	NEL Short Stay - Variance to Plan	CCG	±2% of plan	Aug-19	-14.37%	🔴	↑	🔴	
C. Planned Care	RTT Incomplete 92% Standard	Provider	92%	Aug-19	90.6%	🔴	↓	🟡	**RTT** – ICS missed the August target, achieving 90.63%. This is the 24th consecutive month that SFH has failed the RTT 92% standard bottom-line. Performance has slightly declined from 88.89% in July to 88.33% in August. This is below the trajectory the trust submitted to NHSI in which the trust stated it would achieve 90.90% in August 2019. 11 specialties are now failing the standard. **Waiting list** – NUH +9.6% and SFHT +10.8% over trajectory. **52 Week Waits** - 0 breaches for August 19. **Diagnostics** - The ICS failed to meet the standard for the fifth month in a row. Performance levels reduced at SFH from 0.83% in July to 2.00% in August. NUH improved from 3.04% to 1.76%. Impacted by NUH MRI, which is expected to be resolved for October 2019 reporting. **Wheelchairs** – Performance has been maintained for Q1 19/20.
	RTT Waiting List - March 2020 incomplete pathway < March 2019	Provider	56,751	Aug-19	56,802	🔴	↑	🔴	
	+52 Week Waits - to be halved by March 2019, and eliminated where possible	Provider	2	Aug-19	0	🟢	↓	🟢	
	Diagnostics +6 weeks	Provider	0.9%	Aug-19	1.70%	🔴	↓	🟢	
	Children's Wheelchair Waits < 18 Weeks	CCG	92%	Q1 19/20	98.60%	🟢	↓	🟢	
	E-Referrals increased coverage 100%	CCG	100%	Jun-19	96%	🔴	↓	🟢	
	GP Referrals - Variance to Plan	CCG	±2% of plan	Aug-19	0.90%	🟢	↓	🟢	
	Other Referrals - Variance to Plan	CCG	±2% of plan	Aug-19	3.30%	🔴	↓	🟡	
	Total Referrals - Variance to Plan	CCG	±2% of plan	Aug-19	1.70%	🟢	↓	🟡	
	Outpatient 1st - Variance to Plan	CCG	±2% of plan	Aug-19	-6.00%	🔴	↓	🟢	
	Outpatient F/U - Variance to Plan	CCG	±2% of plan	Aug-19	2.50%	🔴	↑	🟢	
	Total Elective - Variance to Plan	CCG	±2% of plan	Aug-19	-0.50%	🟢	↓	🟢	

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					Latest Period	National Month RAG	Month Delivery Trend	Forecast Delivery Risk	
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%	Aug-19	92.2%				**62 day August Performance** - 81.30%. NUH – 78.57%, SFHT - 85.00%. **NUH** - Aug 78.57% (80.2% adjusted), improvement on forecast as lower breeches than expected (39). Main areas were Head & Neck (6), Urology (10), Lung (6), LGI (7), Gynae (4.5). Issues are surgical capacity and issues around complexity. 62 day backlog has increased to 192 as of 7/10/19. (NUH x116 /TC x76), with 53 confirmed cancers. Number of patients over 104 days has increased to 50, with TC accounting for 6 of these with main reasons being complexity, choice and late tertiary. **SFHFT** - Achieved 85.0% in Aug, improvement from 79.72% in July. 16 breaches compared to 25.5 in previous month. Breaches in lung (3), upper GI (3), urology (2), Breast (2), haematology (1.5). Large decrease in urology breaches (2 compared to 8 in July) was significant factor in improved overall 62 day performance. Number of patients who exceeded 62 days in backlog increased from 65 to more than 70. Recovery of standard is not expected until 2020/21
	Cancer 2 weeks - Breast Symptomatic Referrals	Provider	93.0%	Aug-19	97.5%				
	Cancer 31 Days - First Definitive Treatment	Provider	96.0%	Aug-19	96.8%				
	Cancer 31 Days - Subsequent Treatment - Surgery	Provider	94.0%	Aug-19	90.2%				
	Cancer 31 Days - Subsequent Treatment - Anti Can	Provider	98.0%	Aug-19	100.0%				
	Cancer 31 Days - Subsequent Treatment - Radiothy	Provider	94.0%	Aug-19	98.1%				
	Cancer 62 Days - First Definitive Treatment - GP Referral	Provider	85.0%	Aug-19	81.3%				
	Cancer 62 Days - Treatment from Screening Referral	Provider	90.0%	Aug-19	85.0%				
	Cancer 62 Days - Treatment from Consultant Upgrade	Provider		Aug-19	87.7%				
E. Nursing & Quality									**LeDeR**: Current performance continues to demonstrate improvements. Continues to be increase in number of completed reviews, from 48% (69) to 66% (95) . Improvements noted since Apr-19 in availability of reviewers. **Maternity**: LMNS inot achieving national or local trajectory for CoC with cumulative YTD position of 12.3%. Nottm and Notts LMNS assessed by NHSE/I as 'Requiring Some Support' as result of delayed progress in implementing the Saving Babies Lives Care Bundle, Continuity of Carer ambition, and higher than national average rates of Smoking at Time of Delivery (SATOD). A bespoke support offer is currently being coproduced with the National and Regional Teams.
Transforming Care Continued reduction of inappropriate hospitalisation of people with Learning Disabilities focusing on long stay (5 year	Reductions in patients against Local planning trajectories - Total for Nottinghamshire	CCG	44	Sep-19	41				
	Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020	CCG	85%	Aug-19	66%				
Continuing Health Care	Fewer than 15% of Continuing Health Care Full Assessments undertaken in acute setting	CCG	<15%	Sep-19	4%				
	More than 80% eligibility decisions undertaken within 28 days from receipt of checklist	CCG	80%	Sep-19	85%				
Maternity Deliver improvements in safety for maternity services, and improve personal and mental health service provision	Continuity of Carer	Provider	20%	Aug-19	42.80%				
Quality Measures	Mixed Sex Breaches		0	Aug-19	TBC				**MRSA**: Community onset case (City CCG, Jul-19) reported against zero target. No learning identified regarding MRSA bacteraemia prevention. **C Diff**: System not achieving plan of 26 cases with July position of 23: N&S CCG - 7 (3 above plan), NN&East CCG – 4 (2), NWest CCG – 3 (2), NUH – 12 (2). **E. Coli**: No national target or Quality Premium target. National ambition revised to reduce all healthcare associated gram negative cases by 25% by 2021/22.
	MSSA Breaches	Provider	No Target	Aug-19	0				
	MRSA	Provider	0	Aug-19	0				
	C-Difficile	Provider	22	Aug-19	18				
	E Coli	Provider	No Target	Aug-19	83				
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

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November 2019

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					Latest Period	National Month RAG	Month Delivery Trend	Forecast Delivery Risk	
G. Finance & Efficiency ***Note: Nottingham City Council information not provided and therefore is not included in finance & efficiency reports*** ***FIGURES NOT UPDATED DUE TO EARLIER TIMING OF THE NOVEMBER ICS BOARD***	**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	Aug-19	-£3.0	🔴	↓	🔴	Year-to-date deficit higher than planned due to Local Authority pressures as a result of social worker staffing pressures and growth pressures on external residential placements, commissioner pressures arising for acute activity & non-delivery of QIPP and provider pressures arising from non-delivery of CIP. FORECAST - NHS forecast to deliver against £65.7m in-year deficit (control total £67.7m deficit) with the Local Authority forecasting a £4m over-spend. This is a very challenging
	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		-£3.7	🔴	↓	🔴	Year-to-date deficit higher than planned due to the pressures above & shortfall at M5 on PSF system monies due to the YTD financial position. 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		-£1.4	🔴	↓	🔴	Year-to-date the NHS system was off plan due to acute activity pressures and non-delivery of savings. 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	🟢	→	🟢	All provider organisations are within the System Capital Control Limit year-to-date plan. YTD spend is £18.5m. FORECAST - to deliver.
	Savings & Efficiency Programme	ICS - Health & Social Care	Nil variance to plan - £159.7m (4.9%)		£1.6	🟢	↓	🔴	Delivered £44.8m of savings year-to-date, under delivery across the NHS offset by over-achievement of Local Authority savings plans. FORECAST - NHS organisations are forecasting £127.9m (£145m plan) & Local Authority £17.7m (£14.9m plan)
	Provider Sustainability Funding (PSF)	NHS	Nil variance to available PSF of £27.5m		-£0.7	🔴	→	🟡	The system is reporting to be off plan at Month 5 & therefore a shortfall on PSF System monies. FORECAST - All provider organisations are forecasting to receive full provider
	Mental Health Investment Standard (MHIS)	NHS	MH spend (exc LD & Dementia) is at least £165.1m		£0.2	🟢	↑	🟢	MHIS is forecast to be above target at the end of August 2019.
	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
November 2019

Data does not show patients transferred from Circle due to data validation issues.

	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	
H. Workforce	Substantive WTEs	ICS (NHS)	25748.26	Oct-19	516.00				Excludes Primary and Social Care and Nottingham City Care
	Agency/Bank WTEs		1608.28		-216.03				Excludes NUH actual data as not included in NHSi return
	Working in A&E WTEs		438.24		-264.25				Taken from NHSi monthly returns excludes NUH planned figures
	Transformational Roles WTEs		TBC	Oct-19	n/a				
	Apprenticeships WTEs		TBC		n/a				
	Vacancy Rates		10.0%	Oct-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	Oct-19	TBC				Data taken from NHS General Practice Workforce Statistics - June 2019
	Primary Care Workforce - Nurse				TBC				Data taken from NHS General Practice Workforce Statistics - June 2019
	Primary Care Workforce - Non-Clinical		1273.13		TBC				Data taken from NHS General Practice Workforce Statistics - June 2019
	Primary Care Workforce - Direct Patient Care				TBC				Data taken from NHS General Practice Workforce Statistics - June 2019
	Primary Care Workforce - Clinical		532.00	Apr-19	TBC				Data taken from Primary Care Census - March 2019