



Integrated Care System Board

Meeting held in public

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

Present:

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

In Attendance:

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



Apologies:

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

1. Welcome and introductions

Apologies received as noted above.

2. Conflicts of Interest

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

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

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

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

ACTIONS:

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



4. Patient Story – End of Life Care

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

The Board discussed the presentation and noted the following:

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

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

ACTIONS:

RH to ensure that EMAS progress actions to embed an automated solution to accessing end of life care plans and the roll out of the ReSPECT Tool.

JG and CM to identify necessary leads from the respective Local Authorities to support health and social care integration for End of Life care.

5. ICS Outcomes framework

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

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

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



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

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

ACTIONS:

TD to discuss the proposed workforce metrics with workforce leads.

TD to identify three measures and develop a system approach to how the Outcomes Framework will be operationalised. TD to report back to the September ICS Board.

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

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

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

The Board discussed the circulated paper and noted the following:

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

Board agreed the following recommendations:

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

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



ACTIONS:

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

7. Update from ICPs

CM presented the update for City ICP.

Circulated papers from Mid Nottinghamshire and South Nottinghamshire noted.

8. Review of available resource for ICP and PCN development

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

The Board discussed the circulated paper and noted the following:

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

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

ACTIONS:

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

9. Performance deep dive – Cancer

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



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

Actions plans in place outlined in the circulated paper.

The Board discussed the circulated paper and noted the following:

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

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

ACTIONS:

RM to lead a piece of work with all system partners to:

1. Ascertain the impact of actions in place to improve cancer performance and identify further actions to improve and maintain 62 day performance in year.
2. Model activity and actions over 5 years as cancer is a key part of the Five Year Plan.

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

HP presented the July 2019 Integrated Performance Report for information.

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

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



ACTIONS:

Board members to provide a response on the ICS Maturity Matrix assessment by 17 July.

HP to provide an overview of revised Capital Plans for the August Board meeting.

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

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

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

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

The Board discussed the presentation and noted the following:

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

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



ACTIONS:

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

12. Revised ICS Board Assurance Framework and Risk Register

ACTIONS:

Item deferred to the August meeting

Date of next meeting:

8 August 2019

9am – 12pm

Rufford Suite, County Hall