Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Integrated Care System Board

Meeting held in public

Thursday 12 November 2020, 09:00 – 09:30
Zoom details

AGENDA

	Time	Agenda Items	Paper	Lead	Action
1.	09:00	Welcome and Introductions	Verbal	Chair	To note
2.	09:01	Conflicts of Interest	Paper A1	Chair	To note
3.	09:03	Minutes of 15 October 2020 ICS Board meeting and action log	Papers B1 B2	Chair	To agree
4.	09:05	Covid-19 Response in Nottingham and Nottinghamshire	Presentation	Andy Haynes	To discuss
5.	09:15	Commissioning Intentions	Paper C1 C2	Amanda Sullivan	To agree
09:30 Close					

For Information:

- **Enc 1. Clinical Reference Group Quarterly Reporting**
- **Enc 2. South Nottinghamshire ICP Update**
- **Enc 2i. Mid Nottingamshire ICP Update**
- **Enc 2ii. City ICP Update**
- **Enc 3. Integrated Performance report**
- **Enc 3i. ICS Delivery dashboard**

Next meeting date: 10 December 2020, 09:00-12:00

Item 2. Enc A1.

Integrated Care System
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ICS Board Declarations of Interest Register

Name	Position held on Nottingham and Nottinghamshire ICS Board	Member/Nominated Deputy	Declared Interest (*Including Name of Organisation / Position Held / Nature of Business*)	Nature of Interest	Type of Interest			Indirect Interest	Action Taken to Mitigate Risk	Dates to which interest relates to	
					Financial	Non - Financial	Non-financial Personal Interests			From	To
Atkinson, Dr Nicole	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead	Member	Eastwood Primary Care Centre	GP Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	31/03/2020
Atkinson, Dr Nicole	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead	Member	Nottingham West Primary Care Integrated Community Services (PICS) GP Federation	Practice is a member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	-	31/03/2020
Atkinson, Dr Nicole	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead	Member	Primary Integrated Community Services (PICS) Ltd	Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	00/01/1900	31/03/2020
Atkinson, Dr Nicole	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead	Member	Nottingham West Primary Care Network	Clinical Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/06/2019	31/03/2020
Bacon, Lyn	Chief Executive, Nottingham CityCare Partnership	Member	None. Director of Nottingham CityCare Partnership CIC which is a member organisation of ICS						No interests declared		Present
Ball, Alex	Director of Communications and Engagement, NHS Nottingham and Nottingahmshire CCG and ICS	Member	Sherrington Park Medical Practice	Registered Patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from the decision making.	01/10/2018	present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)	Member	Abbey Medical Group (Blidsworth & Ravenshead)	GP Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	-	31/03/2020
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)	Member	ICS Cancer Board	Cancer Lead for NN CCGs and Chair of ICS Cancer Board		X			This interest will be kept under review and specific actions determined as required	-	31/03/2020
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)	Member	Macmillan UK	Macmillan GP	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/09/2013	31/03/2020
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)	Member	Sherwood Forest GP Speciality Training Programme	GP Trainer	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	03/08/2010	31/03/2020
Brewin, John	Chief Executive , Nottinghamshire Healthcare NHS FT	Member	N/A	N/A					No interests declared		Present
Brooks, Melanie	Corporate Director for Adult Social Care and Health, Nottinghamshire Councy Council	Member	Not applicable	Not applicable					No declarations made		Present
Campbell-Clark, Eunice	Councillor, Nottingham City Council	Member	Westglade School	School Governor	x				This interest will be kept under review and specific actions determined as required		
Campbell-Clark, Eunice	Councillor, Nottingham City Council	Member	LGA Congress		x				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Campbell-Clark, Eunice	Councillor, Nottingham City Council	Member	St Mary's Trust		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Campbell-Clark, Eunice	Councillor, Nottingham City Council	Member	Nottingham Revenues and Benefits Board	Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Campbell-Clark, Eunice	Councillor, Nottingham City Council	Member	Nottinghamshire Healthcare NHS Trust		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Campbell-Clark, Eunice	Councillor, Nottingham City Council	Member	Nottingham City Health and Wellbeing Board		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Cooper, Joanna	Assistant Director, Nottingham and Nottinghamshire ICS	Member	Boots UK Orchestra	Volunteer			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2011	Present
Cooper, Joanna	Assistant Director, Nottingham and Nottinghamshire ICS	Member	The Manor Surgery	Registered Patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from the decision making.	01/10/2019	present
Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	X				This interest will be kept under review and specific actions determined as required.	01/10/2017	Present

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Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Pelham Homes Ltd - Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	X		X		This interest will be kept under review and specific actions determined as required.	01/01/2008	Present
Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	3Sixty Care Ltd - GP Federation, Northamptonshire	Chair	X		X		This interest will be kept under review and specific actions determined as required.	01/01/2017	Present
Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	X				This interest will be kept under review and specific actions determined as required.	01/12/2016	Present
Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Valley Road Surgery	Registered Patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.	? (19/06/1905	Present
Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Nottingham Schools Trust	Chair and Trustee			X		This interest will be kept under review and specific actions determined as required.	01/11/2017	present
Dadge, Lucy	Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Primary Integrated Community Services (PICS) Ltd	Daughter has a temporary working contract with PICS as a Band 2 administrator) for the period 1st September to 2nd November 2020				X	This interest will be kept under review and specific actions determined as required.	01/09/2020	Present
Devlin, Paul	Chair, Nottinghamshire Healthcare NHS Foundation Trust	Member	Lincolnshire Partnership NHS FT	Chair		X			This interest will be kept under review and specific actions determined as required.	2015	2021
Devlin, Paul	Chair, Nottinghamshire Healthcare NHS Foundation Trust	Member	CQC	Specialist Advisor		X			This interest will be kept under review and specific actions determined as required.	2017	Present
Dray, Anne	Non-Executive Board member, CityCare	Nominated Deputy	Sheffield Health and Social Care NHS FT	Non-Executive Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.	01/11/2020	Present
Dray, Anne	Non-Executive Board member, CityCare	Nominated Deputy	Adaptive Ideas Ltd (Provides consultancy service to NHS/Healthcare organisations	Managing Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.		Present
Gribbin, Jonathan	Director of Public Health, Nottinghamshire County	Nominated Deputy	Cornerstone Church Nottingham	Director			X		This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Gribbin, Jonathan	Director of Public Health, Nottinghamshire County Council	Nominated Deputy	Nottinghamshire County Council	Employed as Director of Public Health	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Gribbin, Jonathan	Director of Public Health, Nottinghamshire County Council	Nominated Deputy	Nottingham University Hospitals NHS Trust	Spouse is Consultant in Obstetrics				X	This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Harper, Tony	Councillor and Chair of the Health and Wellbeing Board, Nottinghamshire County Council	Member	Not applicable	Not applicable					No declarations made		Present
Harte, Jonathan	GP Partner and Clinical Director (representing PCNs in Nottingham City ICP)	Member	NCGPA	Director, member of SMT and Board)	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2016	Present
Harte, Jonathan	GP Partner and Clinical Director (representing PCNs in Nottingham City ICP)	Member	Aspley Medical Centre	Senior Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	02/09/1992	Present
Harte, Jonathan	GP Partner and Clinical Director (representing PCNs in Nottingham City ICP)	Member	Nottingham City Integrated Care Partnership development group	Member		X			This interest will be kept under review and specific actions determined as required.	01/02/2019	Present
Harte, Jonathan	GP Partner and Clinical Director (representing PCNs in Nottingham City ICP)	Member	BACHS Primary Care Network Nottingham City	Clinical Director		X			This interest will be kept under review and specific actions determined as required.	15/05/2019	Present
Haynes, Andrew	Executive Lead, Nottingham and Nottinghamshire ICS	Member	Advisory Board member for Dr Foster and Allocate	Role held in a personal capacity and not representing the ICS			X		This interest will be kept under review and specific actions determined as required.	2019	Present
Henderson, Richard	Chief Executive, East Midlands Ambulance Service	Member	EMAS	Trustee of EMAS Charitable Funds	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Heywood, Tim	GP (representing PCNs in South Notitnghamshire ICP)	Member	Partner at Chilwell Valley and Meadows Practice	Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making.	01/12/2016	Present
Larder, Rebecca	Programme Director, Nottingham and Nottinghamshire ICS		Nottingham Trent University	Visiting Fellow,Nottingham Business School			X		This interest will be kept under review and specific actions determined as required.	01/12/2017	Present

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Lunn, Gavin	GP (Representing PCNs in Mid Nottinghamshire ICP)	Member	GP Practitioner and partner at Brierley Hill Medical Centre		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
MacDonald, John	Chair, Sherwood Forest Hospitals NHS FT	Member	Chair of Mid Notts Better Together (as a consultant)		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		
Monckton, Colin	Director of Strategy and Policy, Nottingham City Council	Nominated Deputy	Nottingham City Council	Employed		X			This interest will be kept under review and specific actions determined as required.	01/04/2018	Present
Morton, Eric	Chair, Nottingham University Hospitals NHS Trust	Member	Chair Nottingham University Hospitals NHS Trust		X				This interest will be kept under review and specific actions determined as required.		
Naylor, Mike	Director of Finance, East Midlands Ambulance Service	Nominated Deputy	EMAS	Trustee of EMAS Charitable Funds	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Pearson, David	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Chair of TEC Quality	The possibility of constituent bodies having contracts with TEC Quality which assures Technology Enabled Care across the UK	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	Mar-19	Present
Pearson, David	Independent Chair, Nottingham and Nottinghamshire ICS	Member	System Partnership Advisor (NHSE and I)	None immediate as NHS E	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2020	Present
Pearson, David	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Chair of the Social Care COVID 19 (Department of Health and Social Care)	Providing advice and support to govt on COVID and social care. No immediate conflicts unless relating to Notts	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2020	Present
Pearson, David	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Chair of National Advisory Board for the social care research programme	Only in that the research initiatives may relate to Nottingham and Notts organisations or services		X			This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2019	Present
Pearson, David	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Chair of Commission on Housing Health and Care	None that can identify		X			This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2020	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	Nottingham City GP Alliance	The University of Nottingham Health Service is a member	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	The University of Nottingham Health Service (UNHS) which provides primary care services under a GMS contract, is a hub practice for primary care research delivery for Nottingham City CCG and undertakes occasional primary care research for local, national (such as (NIHR) and private sector pharmaceutical research projects beyond that through its role as a Hub research practice for the CCG.	Executive Partner	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	UNICOM Healthcare LLP, which provide non-GMS primary care services	Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	NEMS Healthcare Ltd	Shareholder	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	University of Lincoln Health Service	Practice (Cripps) has successfully procured a contract to run the service, i.e. the GP practice that looks after the University of Lincoln	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present

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Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	NEMS Healthcare Ltd	Wife is a shareholder				X	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	The University of Nottingham Health Service	Partner	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	Local Authority	Cripps Practice provide contraceptive and sexual health services under national agreements	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	GP and Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)	Member	Overdale and Breaston Practice in Derbyshire		X			X	This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Robinson, Paul	ICS Finance Director and Chief Financial Officer, Sherwood Forest Hospitals Foundation Trust	Member							No interests declared		Present
Steele, Fran	Delivery and Improvement Director, NHSEI	Member	Nottingham University Hospitals NHS Trust	Sister is a Non-Executive Director				X	This interest will be kept under review and specific actions determined as required.	Apr-20	Mar-22
Sullivan, Amanda	Accountable Officer, NHS Nottingham and Nottinghamshire CCG	Member	Hillview Surgery	Registered patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2013	Present
Sutherland, Sue	Non Executive Director, Nottingham and Nottinghamshire CCG	Nominated Deputy	NHS Bassetlaw CCG	Governing Body Lay member		X			This interest will be kept under review and specific actions determined as required.	16/12/2015	Present
Sutherland, Sue	Non Executive Director, Nottingham and Nottinghamshire CCG	Nominated Deputy	Inclusion Healthcare Social Enterprise CIC (Leicester City)	Non-Executive Director					This interest will be kept under review and specific actions determined as required.	16/12/2015	Present
Taylor, Tracy	Chief Executive Nottingham University Hospitals NHS Trust	Member	NHS Providers Board	Member	X				This interest will be kept under review and specific actions determined as required.	Mar-19	Present
Towler, Jon	Non-Executive Director , NHS Nottingham and Nottinghamshire CCG	Member	Sherwood Medical Practice	Registered patient			X		This interest will be kept under review and specific actions determined as required. - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision making.	-	Present
Towler, Jon	Non-Executive Director , NHS Nottingham and Nottinghamshire CCG	Member	Major Oak Medical Practice, Edwinstowe	Family members are registered patients				X	This interest will be kept under review and specific actions determined as required.	-	Present
Underwood, Catherine	Corporate Director of People, Nottingham City Council	Member									
Waddingham, Rosa	Chief Nurse, NHS Nottingham and Nottinghamshire CCG and ICS	Member	No relevant interests declared	Not applicable					Not applicable	-	-
Ward, Claire	Non-Executive Director, Sherwood Forest Hospitals NHS FT	Nominated Deputy	Capewells Limited	Owner of consultancy pharmacy	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Wright, Sheila	Non-Executive Director, Nottingham and Nottinghamshire Healthcare NHS Trust	Nominated Deputy	Improving Lives Nottingham	Trustee			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Wright, Sheila	Non-Executive Director, Nottingham and Nottinghamshire Healthcare NHS Trust	Nominated Deputy	Nottinghamshire Age UK	Chair	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Thomas Bow	Chair of Thomas Bow	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Haydn Primary School	School Governor	x				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Co-operative Party	Member	x				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Greater Nottingham Rapid Transit Ltd		x				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Transport for the North		x				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present

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Williams, Adele	Councillor, Nottingham City Council	Member	Portfolio Holder Adult Care and Local Transport		x				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Patrol AJC						This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Michael	Chair, Nottingham CityCare Partnership	Member	Chair Nottingham CityCare		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Wynne, Alison	Director of Strategy, Nottingham University Hospitals Trust	Nominated Deputy	Partner is Executive Medical Director at University Hospitals of Derby and Burton NHS Foundation Trust					X	This interest will be kept under review and specific actions determined as required.		Present

ICS Board 12 November 2020
Item 3. Enc B1.

Integrated Care System Board
Meeting in Public

Thursday 15 October 2020 09:00 – 10:30
Via MS Teams

Attendees

Name	Organisation
Adele Williams	Councillor, Nottingham City Council
Alex Ball	Director of Communications and Engagement, Nottingham and Nottinghamshire CCG and ICS
Amanda Sullivan	Accountable Officer, Nottingham and Nottinghamshire CCG
Andy Haynes	Executive Lead, Nottingham and Nottinghamshire ICS
Claire Ward	Non-Executive Director, Sherwood Forest Hospitals NHS FT
David Pearson	ICS Independent Chair
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Fran Steele	Director of Strategic Transformation, NHS England and NHS Improvement North Midlands
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
Jon Towler	Non-Executive Director, Nottingham and Nottinghamshire CCG
Jonathan Harte	GP Partner and PCN Clinical Director (representing PCNs in Nottingham City ICP)
Lyn Bacon	Chief Executive, Nottingham CityCare Partnership
Michael Williams	Chair, Nottingham CityCare Partnership
Nicole Atkinson	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead
Paul Devlin	Chair, Nottinghamshire Healthcare NHS FT
Paul Robinson	ICS Finance Director and Chief Financial Officer, Sherwood Forest Hospitals NHS FT
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Rosa Waddingham	Chief Nurse, Nottingham and Nottinghamshire CCG and ICS
Tim Heywood	GP and PCN Clinical Director (representing PCNs in South Nottinghamshire ICP)
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

In attendance

Helen Griffiths	Associate Director of Primary Care Network Development
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Diane Carter	Clinical Integrator Mid Nottinghamshire ICP
Kristian Morgan	The Beeches Care Home

Simon Draycon	Care Integration Development and Finance Manager, Mid Nottinghamshire ICP

Apologies

Catherine Underwood	Corporate Director of People, Nottingham City Council
Hugh Porter	GP, Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Tony Harper	Councillor and Chair of Health and Wellbeing Board, Nottinghamshire County Council
Colin Monckton	Director of Strategy, Policy and Analytics, Nottingham City Council (representing Catherine Underwood)
Thilan Bartholomeuz	GP and Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)
Gavin Lunn	GP (representing PCNs in Mid Nottinghamshire ICP)

1. Welcome and introductions

Apologies received as noted above.

To be noted that meeting not quorate. Board members agreed that the meeting may proceed and in line with the agreed Terms of Reference that no decisions for agreement by statutory bodies may be taken.

2. Conflicts of Interest

No conflicts were noted in relation to items on the agenda.

3. Minutes of 17 September 2020 and action log

The minutes of the meeting held on 17 September 2020 were agreed as an accurate record of the meeting by those present with an amendment to clarify the initials TH as two Board members share these initials.

The action log and updates were noted.

JT queried progress against the Outcomes Framework. AH updated that discussions are ongoing between ICS and CCG teams in terms of capacity and performance reporting, and that Board will receive a report at the 10 December meeting.

MW queried the timescale of revising the Board Terms of Reference in relation to membership and voting. Addressed under item 6.

4. Patient Story – Enhanced Care Response Team (ECRT) Supporting the Health and Care Sector in the Wake of Covid-19

AB introduced colleagues from Mid Nottinghamshire ICP who attended to present to Board on Enhanced Care Response Team (ECRT); Simon Draycon, Diane Carter and Kristian Morgan.

DP thanked colleagues for work on this innovative initiative on behalf of the Board. DP noted current role Chairing national social care taskforce and the significance of this work.

RW assured Board that the toolkit and support is in place across Nottingham and Nottinghamshire and that to ensure quality and consistency a formal Care Home and Home Care Cell has been established as part of the Covid-19 response.

ACTIONS:
JC to circulate patient story slides following the meeting.

5. Health Inequalities Strategy

AH and JB presented the circulated paper on the draft Health Inequalities Strategy. The strategy has been developed with partners and aligned to national guidance and the ICS Outcomes Framework.

Board thanked AH and JB for this positive and important work and made the following comments:

- THe asked that primary care representation be included in taking this forward.
- MW asked that there be clear lines of accountability in respect of delivery.
- LB highlighted the role of the executives to embed the Health Inequalities Strategy into organisations.
- AS advised that the Health Inequalities Strategy is being built into commissioning and prioritisation, and that the approach to flu vaccinations is a live example of this.
- JH praised the whole system approach and resourcing to address health inequalities.
- EU welcomed the wider determinants of health and wellbeing being embedded within the strategy.
- DP noted that the Health and Wellbeing Boards will be critical in delivery.

Board agreed that the ICS Health Inequalities Strategy is approved.

ACTIONS:
JB to convene a system health inequalities working group to take forward the ICS Health Inequalities Strategy and advise Board on timescales for implementation.

6. ICS Board New Ways of System Working

AH presented the circulated papers on new ways of system working which have been discussed by the system Chief Executive Officers. Work to review areas of duplication between ICS and CCG at system level underway to report to 10 December Board meeting. The second paper outlines a proposed approach to addressing ICS governance, with two urgent issues to be given consideration: conflicts of Interest and NHSEI membership.

Board discussed the circulated papers and made the following comments:

- THe queried primary care representation at the System Executive Group to inform the strategic direction for system. AH advised that CRG are advising on how this will work going forward. Group have agreed that they will meet with Finance Directors once a month to ensure alignment. AS highlighted that Clinical Directors are in place at ICP level to help to coordinate and support PCN input into strategic development at ICS level, and Locality Directors within ICPs specifically supporting primary care.
- PD welcomed the Terms of Reference for the System Executive Group and work to agree principles.
- JT offered support from governance experts within the CCG to support a task and finish group to review the draft governance manual. EM supported using governance leads to take this work forward with the System Executive Group.
- RM highlighted that governance may iterate further as ICS policy is shaped.

Board agreed the following recommendations:

1. Agreed the proposed TOR for the System Executive Group.
2. Agreed the proposed system workstreams and sponsors;
   a. Estates: Tracy Taylor
   b. Workforce: Lyn Bacon
   c. Health Inequalities: John Brewin and Nottingham City Council
   d. Mental Health: John Brewin and Nottinghamshire County Council
3. Endorsed the proposed principles for executive sponsorship of system workstreams.
4. Agreed to establish a task and finish group to review the draft governance manual and take this work forward through the System Executive Group.
5. Agreed to adopt an ICS Conflict of Interest policy in line with national guidance and receive a register of interests every six months.
6. Agreed that NHSEI be represented at ICS Board at meetings both in public and confidential sessions.

ACTIONS:
AH, NA and THe to discuss clinical leadership work at CRG.

7. PCN Development and Transformation Funding

Helen Griffiths attended the meeting to present the circulated paper on PCN development and transformation funding.

Board thanked NA and Helen for the report and noted the progress of the newly formed PCNs. Board made the following comments:

- CW asked for clarification on how the system strategic direction and PCN direction were aligned. Board to lead this process.
- MW asked about the level of face to face GP access. NA assured Board that face to face appointments are available with a triage process in place to ensure they go ahead where necessary.

8. Integrated Performance and Finance Reports

AH presented the circulated integrated performance and finance report. AH thanked partners for the progress made towards recovery to date and noted the financial pressures within the system.

Flu vaccination programme has had a strong start with Population Health Management approach supporting uptake in hard to reach populations.

Board noted the report.

Next meeting date: 12 November 2020, 09:00-12:00

Item 3. Enc B2.

ICS Board Meeting Log 2020 | **Active Actions**

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date	Action	Update/Comment	Action Owner	Deadline	Status
B203	Item 7.ICS Outcomes Framework – operationalising the framework	12 September 2019	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.	The key risks to developing and embedding the system outcome framework reported to the ICS Board are: • The requirements on the system in relation to responding to the Long Term Plan (LTP), COVID and associated returns e.g. Phase 3 pulling resource away from the System Outcomes Framework • Data availability and reporting frequency and boundaries • Analytical capacity to build a fully operational System Outcomes Framework report Work continues to embed and develop the framework. An update report will be presented at the next Board that reflects the ongoing work on ICS/CCG joint working.	Tom Diamond	31 December 2020	Ongoing

ICS Board Meeting Log 2020	Completed Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date and time	Action	Update/Comment	Action Owner	Deadline	Status
B240		16 January 2020	To review the title of the Mental Health and Social Care Partnership Board in the Terms of Reference for clarity of purpose.	Update requested 28 January 2020	Lucy Dadge	31 January 2020	Completed
B241		16 January 2020	To ensure that Nottingham City Council monthly finance figures are provided for the Integrated Performance Report on an ongoing basis.	This has been discussed with our key Finance lead (Ceri Walters). Assurance has been received that all City figures will be provided in a timely manner to allow them to be integrated in the Performance Report	Ian Curryer	31 January 2020	Completed
B242		16 January 2020	To provide Board with an overview of requirements for the ICS Evaluation and input needed from front line staff.	Completed	David Pearson	31 January 2020	Completed
B243		16 January 2020	To ensure that the requirements of the ICS Evaluation are recorded on the log of system support offers to share with Regional NHSEI colleagues.	Completed	Joanna Cooper	31 January 2020	Completed
B245		16 January 2020	To raise consistency of neonatal and maternity service provision across Nottingham and Nottinghamshire at the LMNS Board.	On behalf of the ICS the Nottingham & Nottinghamshire Local Maternity & Neonatal System (LMNS) is taking the lead on driving the associated transformation programme and the ambitions outlined within the LTP. Reducing variability and addressing inequalities are key priorities for the LMNS. In relation to the January Board discussion around bereavement the LMNS can confirm that a Postnatal & Neonatal Improvement Plan (as per national recommendations) is currently underdeveloped. Zephyrs & the MVP continue to be critical partners in addressing the improvements and consistency needed. Implementation of this plan will be led by a 'Better Postnatal & Better Newborn Care' work stream of the LMNS.	Elaine Moss	31 March 2020	Completed
B246		16 January 2020	To provide Board with a broader understanding of neonatal and maternity services and challenges at a future meeting.	A refreshed LMNS Strategy has been developed aligned to the ambitions outlined within the LTP. This strategy addresses the current challenges and describes the actions being taken locally to address. The LMNS will submit and present a report to the ICS Board meeting (March 2020) in order to update members on the progress of the maternity and neonatal transformation programme.	Elaine Moss	31 March 2020	Completed

ICS Board Meeting Log 2020	Completed Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date and time	Action	Update/Comment	Action Owner	Deadline	Status
B248		16 January 2020	AS scheduled to present commissioning strategy in March and as part of this, to include draw out the specific responsibilities for prevention and wider determinants.	Item scheduled for the 12 March ICS Board meeting	Amanda Sullivan	12 March 2020	Completed
B249		16 January 2020	To send a thank you to front line staff for work during winter.	Completed	Chief Executives	31 March 2020	Completed
B250		16 January 2020	To provide a report to ICS Board at a future meeting on the resource requirements for the mental health work-stream.		John Brewin and Amanda Sullivan	31 March 2020	Completed
B252		16 January 2020	To provide ICS Board with an update on PCN development at a future meeting.	Item added to the workplan on a quarterly basis.	Nicole Atkinson	01 June 2020	Completed
B255		13 February 2020	To provide ICS Board with an update on finance at the 12 March meeting		Paul Robinson	12 March 2020	Completed
B254		13 February 2020	To liaise with Lynn Smart and Kate Wright regarding the Department of Health and Social Care visit		John Brewin	24 February 2020	Completed
B259		13 February 2020	To make the necessary amendments to the Finance Director Group Terms of Reference in line with the conversation at the ICS Board		Paul Robinson		Completed
B263		12 March 2020	To circulate the Mid Notts ICP presentation to Board members		Joanna Cooper		Completed
B254	Item 7.Winter Planning	16 January 2020	To incorporate the views of the ICS Board into planning for winter through A&E Delivery Boards and provide an update at the 12 March meeting.	Action being progressed through Phase 3 planning. Action for Board superceded.	Amanda Sullivan, Tracy Taylor and Richard Mitchell	31 December 2020	Completed
B256	Item 5.Operational Planning for 2020/21 PD asked for clarity on the assurance mechanism for Mental Health Investment Standard. AH advised that work is in place for year end aligned to levers for system response to the NHS Long Term Plan. Organisations will need to engage fully to support this work. Further guidance anticipated over the coming weeks.	13 February 2020	To provide an assurance on the Mental Health Investment Standard at the 16 April meeting	Delegated to the ICS Chief Executive Group.	Paul Robinson	31 December 2020	Completed
B253	Item 9.Mental Health Strategy Delivery Arrangements	16 January 2020	To provide ICS Board with report on the development of joint arrangements for intellectual and developmental disorders.	ICS Chief Executive Group agreed to delegate to Mental Health Board. Action closed for ICS Board.	John Brewin and Amanda Sullivan	31 December 2020	Completed
B258	Item 7.Integrated Performance and Finance Report	13 February 2020	To further develop the ICS Board agenda and forward workplan to meet the national direction of travel for ICSs	Arrangements in place for ICS Chief Executive Group to lead on the development of ICS Board workplan.	Andy Haynes	31 December 2020	Completed
B236	Item 7. ICS Integrated Performance report – Finance, Performance & Quality Following discussion on system finances, a focussed discussion on system finance was proposed for a future Chairs, NEDs and Elected Member event.	06 November 2019	To incorporate a discussion on system finance into the workplan for a future Chairs, NEDs and Elected Member event.	Action superseded by further ICS Board discussions. It is proposed to strengthen financial governance and oversight of ICS finances to include;1. Formal processes to assure the ICS Board of individual organisation consistency with ICS Planning. 2. Formal processes of escalation for individual organisation risk to be considered for ICS solutions/mitigation.	David Pearson and Andy Haynes	31 December 2020	Completed

ICS Board Meeting Log 2020	Completed Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date and time	Action	Update/Comment	Action Owner	Deadline	Status
B261	Item 6.Integrated Performance and Finance Report	12 March 2020	To produce a detailed report on cancer performance for ICS Board and report in May 2020	Superceded by the Phase 3 plan, To be discussed at the ICS Chief Executive Group in the first instance to identify areas for additional focus on delivery for reporting to ICS Board.	Richard Mitchell	31 December 2020	Completed
B262	Item 6.Integrated Performance and Finance Report	12 March 2020	To produce a detailed report on workforce performance for ICS Board and report in May 2020	Superceded by the Phase 3 plan, To be discussed at the ICS Chief Executive Group in the first instance to identify areas for additional focus on delivery for reporting to ICS Board.	Lyn Bacon	31 December 2020	Completed
B265	Item 4. Recovery Insights Project	17 September 2020	AB to circulate the Recovery Insight slides to ICS Board members.	Circulated with the draft minutes	Alex Ball	24 September 2020	Completed
B251	Item 10. Update from ICPs	16 January 2020	To work with ICS Financial Sustainability Group to provide ICS Board with assurance on Transformation Funding allocations and the impact of schemes.	Date for item to be discussed to be agreed.	Amanda Sullivan	31 December 2020	Completed
B260	Item 5.Outcomes Framework	12 March 2020	To discuss ICS and CCG functions to ensure alignment and no duplications or gaps in their delivery.	Discussions taken place as part of the arrangements to review and strengthen ICS governance. Output to be considered at a future meeting. Superceded by CEOG discussions	Andy Haynes and Amanda Sullivan	31 December 2020	Completed
B264	Item 3. Minutes of 12 March 2020	17 September 2020	DP and AH to review action log to ascertain which items are ongoing.		David Pearson and Andy Haynes	15 October 2020	Completed
B257	Item 6.Update from ICPs JM asked for further work on the return on investment of schemes to ascertain value for money for the system, and highlighted that further discussion on the form of ICPs and operating frameworks is needed at ICS Board to better understand the implications for statutory organisations. AH advised that the ICS Executive Group are developing a paper on ICP development for a future ICS Board meeting.	13 February 2020	To lead a discussion with the ICS Executive Group on ICP Development and arranging a development workshop with ICS Board	Pace and clarity on interfaces is critical. AH highlighted this is linked to the governance review and one of the key outcomes. ICS Executive Group to consider feedback from the governance review. Commitment from partners required to support this being resolved at pace. Output from the work to review and strengthen ICS governance to be considered at a future meeting. Paper on ICP Development produced for discussion. To be taken forward as part of B205	Andy Haynes	31 December 2020	Completed
B247	Item 5. Prevention, Inequalities and the Wider Determinants of Health	16 January 2020	To work with Local Authority colleagues in City Council and County Council to bring items to ICS Board on wider determinants of health.	AH has discussed with CU and MB. Items to be put forward as required.	Adele Williams	31 December 2020	Completed
B267	Item 4. Recovery Insights Project	17 September 2020	RH to link with AB on providing insights from an EMAS perspective.		Richard Henderson	15 October 2020	Completed
B268	Item 5. New Ways of System Working	17 September 2020	AH to work with CEOG to bring back recommendations on new ways of system working to the 15 October meeting.	On the workplan for 15 October meeting	Andy Haynes	15 October 2020	Completed
B272	Item 6.ICS Board New Ways of System Working	15 October 2020	AH, NA and TH to discuss clinical leadership work at CRG.	Meeting arranged for 5 November 2020.	Andy Haynes, Nicole Atkinson and Tim Heywood	30 November 2020	Completed

ICS Board Meeting Log 2020	Completed Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date and time	Action	Update/Comment	Action Owner	Deadline	Status
B270	Item 4.Patient Story – Enhanced Care Response Team (ECRT) Supporting the Health and Care Sector in the Wake of Covid-19	15 October 2020	JC to circulate patient story slides following the meeting.		Joanna Cooper	22 October 2020	Completed
B205	Item 13.The Development of Primary Care Networks for Nottingham and Nottinghamshire	12 September 2019	*Actions B257, B179, B205, B250 and B259 consolidated* To work with AS to develop an approach to devolving "tactical commissioning" to ICPs and PCNs.	PCN update paper presented to ICS Board in October 20. ICP Review and Development paper presented to ICS Board in October 20. Board support for CCG and ICPs to collectively work on programmes of care (taking learning from Mid Notts End of Life Care) during 2020/21 to include new ways of working on commissioning. ICPs to continue to update / provide assurance to Board on progress achieved. No further actions required at this time.	ICS Team	31 December 2020	Completed
B266	Item 4. Recovery Insights Project	17 September 2020	AB to bring the qualitative outputs of the research and engagement from the Recovery Insights project to a future ICS Board meeting.	AB to present options for public and patient engagement to Board in New Year	Alex Ball	31 December 2020	Completed

ICS Board Meeting Log 2020	Decisions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Decision	Date	Update/Comment	Decision Owner	Deadline	Status
ICSB - D001	Item 3.Minutes of previous meeting/Action log	The minutes of the meeting held on 6 November 2019 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	16/01/2020	Uploaded to ICS website	Joanna Cooper		Completed
ICSB - D002	Item 5. Prevention, Inequalities and the Wider Determinants of Health	Board support a short, medium and long term approach through the priorities identified in the ICS Prevention Plan and recognises that the joint approach across the system and in organisations delivers to the outcomes framework.	16/01/2020				Ongoing
ICSB - D003	Item 6.NHS Long Term Plan, ICS Strategy and Operational Planning for 2020/21	ICS Board approved the proposed system planning and approach and principles for 2020/21 Operational Plans. Further work to take place on the interface between CCG and ICS, and to ensure that system finances are central to the delivery of the plan.	16/01/2020		Andy Haynes		Completed
ICSB - D004	Item 9.Mental Health Strategy Delivery Arrangements	Board agreed the proposed Terms of Reference for the Mental Health and Social Care Partnership Board with the caveat that the title of the group be reviewed for clarity of purpose.	16/01/2020		Amanda Sullivan / John Brewin		Completed
ICSB - D005	Item 9.Mental Health Strategy Delivery Arrangements	Board agreed the ICS approach to the delivery of the multi-agency components of the Mental Health Strategy and supported further development of the joint arrangements for intellectual and developmental disorders.	16/01/2020		Amanda Sullivan / John Brewin		Completed
ICSB - D006	Item 3.Minutes of 16 January	The minutes of the meeting held on 16 January 2020 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	13/02/2020	Uploaded to ICS website	Joanna Cooper		Completed
ICSB - D007	Item 7.Integrated Performance and Finance Report	Board agreed the recommendation to progress SRM actions through the ICS Performance Oversight Group.	13/02/2020		Andy Haynes		Completed
ICSB - D008	Item 3.Minutes of 13 February ICS Board meeting and action log	The minutes of the meeting held on 13 February 2020 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	12/03/2020	Uploaded to ICS website	Joanna Cooper		Completed

ICS Board Meeting Log 2020	Decisions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Decision	Date	Update/Comment	Decision Owner	Deadline	Status
ICSB - D009	Item 5.Outcomes Framework	Board agreed the recommendations in the circulated report: •Approach to monitoring and evaluating system transformation in 2020/21 •System transformation priorities that form the basis of developing the approach to monitoring and evaluating system transformation at 'Level 1 – System Performance Measurement' •System transformation priorities that form the basis of developing the approach to monitoring and evaluating system transformation at 'Level 2 – System Evaluation'	12/03/2020		Andy Haynes		Ongoing
ICSB - D010	Item 3. Minutes of 12 March 2020	The minutes of the meeting held on 12 March 2020 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	17/09/2020	Uploaded to ICS website	Joanna Cooper		Completed
ICSB - D011	Item 4. Recovery Insights Project	Board agreed that short term issues should be addressed through the Recovery Cell including, provision for an increased number of remote consultations and appropriately and safely discharging patients from hospital (Home First). Alongside this consideration to be given to an ICS approach to addressing inequalities for citizens who are hard to reach or find public services hard to reach.	17/09/2020		Amanda Sullivan		Ongoing
ICSB - D012	Item 6. Approval of Data, Analytics and Information Technology (DAIT) Strategy	Board approved the ICS DAIT Strategy for Nottingham and Nottinghamshire.	17/09/2020		Andy Haynes		Completed
ICSB - D013	Item 3.Minutes of 17 September 2020 and action log	The minutes of the meeting held on 17 September 2020 were agreed as an accurate record of the meeting by those present with an amendment to clarify the initials TH as two Board members share these initials. The action log and updates were noted.	15/10/2020	Uploaded to ICS website	Joanna Cooper		Completed
ICSB - D014	Item 5.Health Inequalities Strategy	Board agreed that the ICS Health Inequalities Strategy is approved.	15/10/2020		John Brewin		Completed

ICS Board Meeting Log 2020	Decisions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Decision	Date	Update/Comment	Decision Owner	Deadline	Status
ICSB - D015	Item 6.ICS Board New Ways of System Working	Board agreed the following recommendations: 1.Agreed the proposed TOR for the System Executive Group. 2.Agreed the proposed system workstreams and sponsors; a.Estates: Tracy Taylor b.Workforce: Lyn Bacon c.Health Inequalities: John Brewin and Nottingham City Council d.Mental Health: John Brewin and Nottinghamshire County Council 3.Endorsed the proposed principles for executive sponsorship of system workstreams. 4.Agreed to establish a task and finish group to review the draft governance manual and take this work forward through the System Executive Group; 5.Agreed to adopt an ICS Conflict of Interest policy in line with national guidance and receive a register of interests every six months; 6.Agreed that NHSEI be represented at ICS Board at meetings both in public and confidential sessions.	15/10/2020		Andy Haynes		Ongoing
ICSB - D016							
ICSB - D017							
ICSB - D018							
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ICSB - D025							
ICSB - D026							
ICSB - D027							
ICSB - D028							

ICS Board Meeting Log 2020 **Register**

Attendees/Loggist	Meeting Dates																			
	16/01/2020	13/02/2020	12/03/2020	17/09/2020	15/10/2020															
NUH																				
Chair	A	A	A	A	A															
Chief Executive	A	A	A	A	A															
SFH																				
Chair	Apols	A	A	D	D															
Chief Executive	D	A	A	A	A															
NHCT																				
Chair	A	A	A	A	A															
Chief Executive	Apols	A	A	D	A															
CCGs																				
Accountable Officer	D	A	A	A	A															
Lay Chair	A	Apols	A	A	A															
City Council																				
Chair, Health and Wellbeing Board	A	Apols	A	A	A															
Chief Executive	A	Deputy	A	A	Apols															
Councillor	A	A	Apols	A	A															
County Council																				
Chief Executive's Representative	A	A	Apols	A	Apols															
Councillor	Apols	Apols	A	A	Apols															
Chair, Health and Wellbeing Board	A	Apols	Apols	Apols	Apols															
EMAS																				
Chief Executive	D	Apols	A	A	A															
MN ICP																				
Representative of Mid Notts ICP on behalf of PCNs	Apols	A	A																	
Representative of Mid Notts ICP	A		A	A	Apols															
City ICP																				
Representative of Nottingham City ICP	A	A	A	A	Apols															
Representative of Nottingham City ICP on behalf of PCNs	Apols	Apols	A	A	A															
South ICP																				
Representative of South ICP	A	A	A	A	A															
Representative of South ICP PCN on behalf of PCNs	A	A	A	A	A															
Nottingham CityCare Partnership																				
Chief Executive	A	A	A	A	A															
Chair	Apols	A	A	A	A															
Supporting roles																				
ICS Director of Communications and Engagement	A	A	A	A	A															
Clinical Director	A	A	A	A	A															
ICS Independent Chair	A	A	A	A	A															
Chief Nurse	A	A	Apols	A	A															
ICS Finance Director	A	A	A	D	A															
ICS Assistant Director	A	A	A	A	A															
ICS Executive Lead	A	A	A	A	A															

ICS Board 12 November 2020. Item 4

Covid-19 Response in Nottingham and Nottinghamshire: Update to ICS Board on 12 November

Dr Andy Haynes

6 November 2020

Integrated Care System
Nottingham & Nottinghamshire

Current Position

The rise in infections in Nottingham and Nottinghamshire continues to drive an increase in hospitalisations and also deaths.

- We have seen 361 admissions relating to Covid-19 in the seven days to 1st November, compared with 326 for the previous seven days.
- We have 456 beds occupied by Covid+ patients as of 3rd November.
- Of those 456 beds, 7.2% were mechanically ventilated.
- We now have 50% more people with Covid in our hospitals than we did at the start of April in the peak of the first wave.
- There were 56 deaths in hospitals our area in the seven days to 4th November – for comparison, the whole of July and August saw just two deaths.
- In September, we saw 530,413 appointments in general practice, 3.5% more than the same month last year.
- Of those half a million appointments, 56% were face-to-face, and just under half (48%) were on the same day or the next day, up from 44% for September last year.

Integrated Care System
Nottingham & Nottinghamshire

Current Position

Weekly COVID-19 Surveillance Report in Nottingham and Nottinghamshire

Cumulative data from 21/02/2020 - 01/11/2020

Pillar 1 + 2 combined data from both Pillar 1 and Pillar 2 of the UK Government's COVID-19 testing programme

Pillar 1 data from swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers

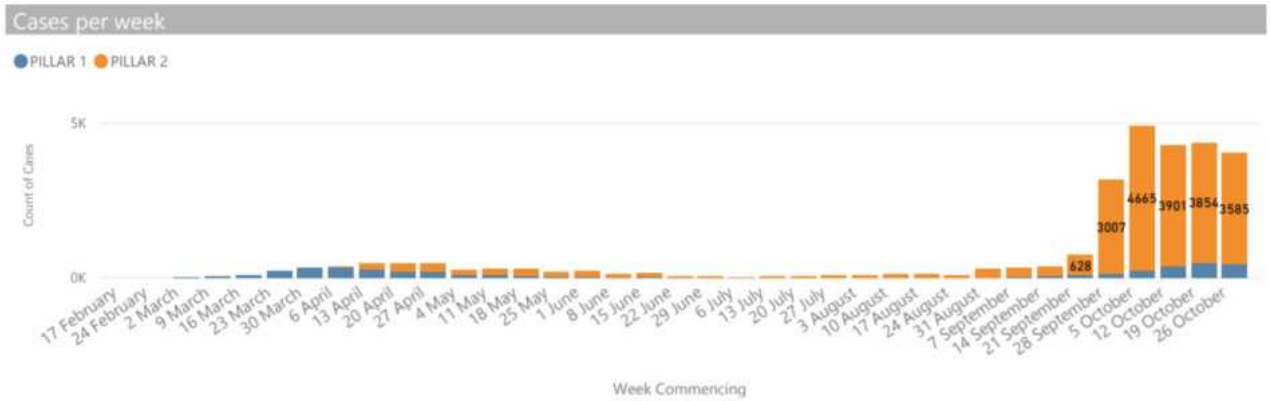
Pillar 2 data from swab testing for the wider population, as set out in government guidance

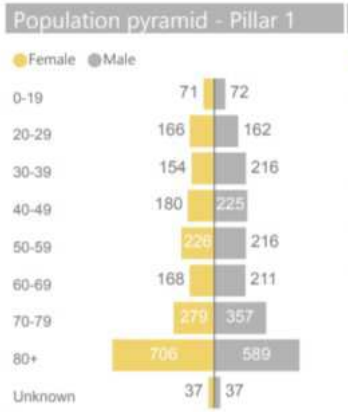
COVID-19 cases | Cumulative data from 21/02/2020 - 01/11/2020 (total)

27275	4123	23152
CASES	PILLAR 1 CASES	PILLAR 2 CASES

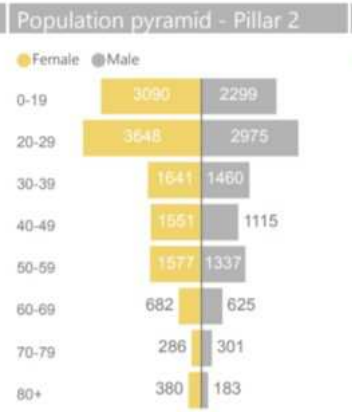
COVID-19 cases | Cumulative data from 26/10/2020 - 01/11/2020 (latest week)

4040	455	3585
CASES	PILLAR 1 CASES	PILLAR 2 CASES

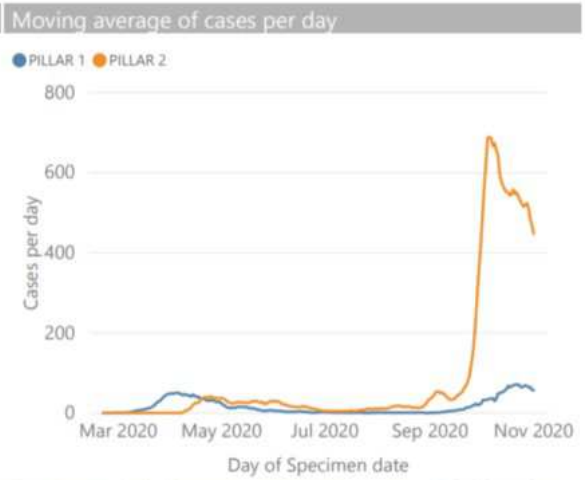




66 Years median age*



28 Years median age*



* median age is the middle when all ages are lined up smallest to largest - half of the cases are younger than this age and half are older

Integrated Care System
Nottingham & Nottinghamshire

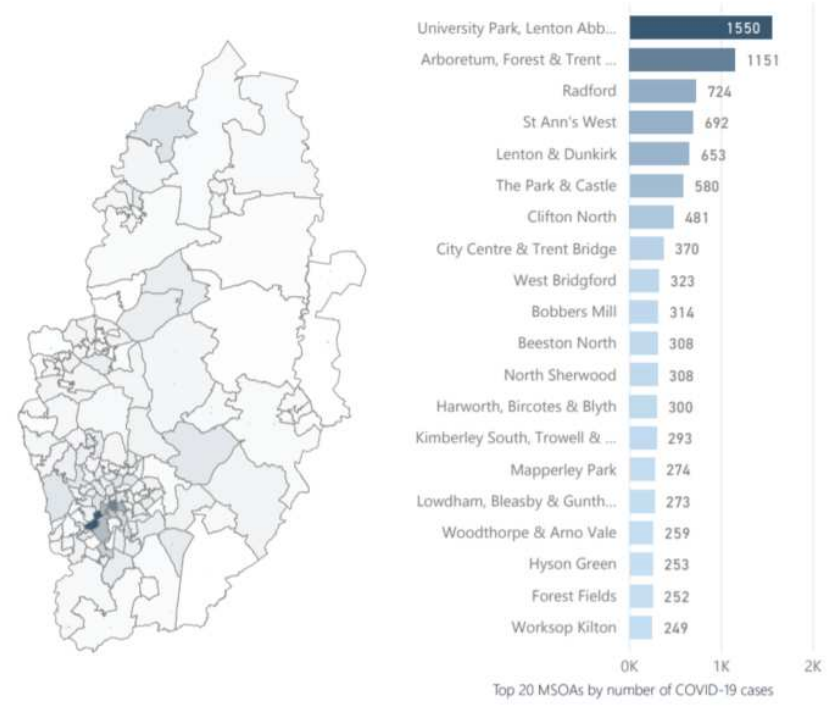
Current Position

Weekly COVID-19 Surveillance Report in Nottingham and Nottinghamshire

Cumulative data from 21/02/2020 - 01/11/2020 | COVID-19 by MSOA | PILLARS 1 + 2

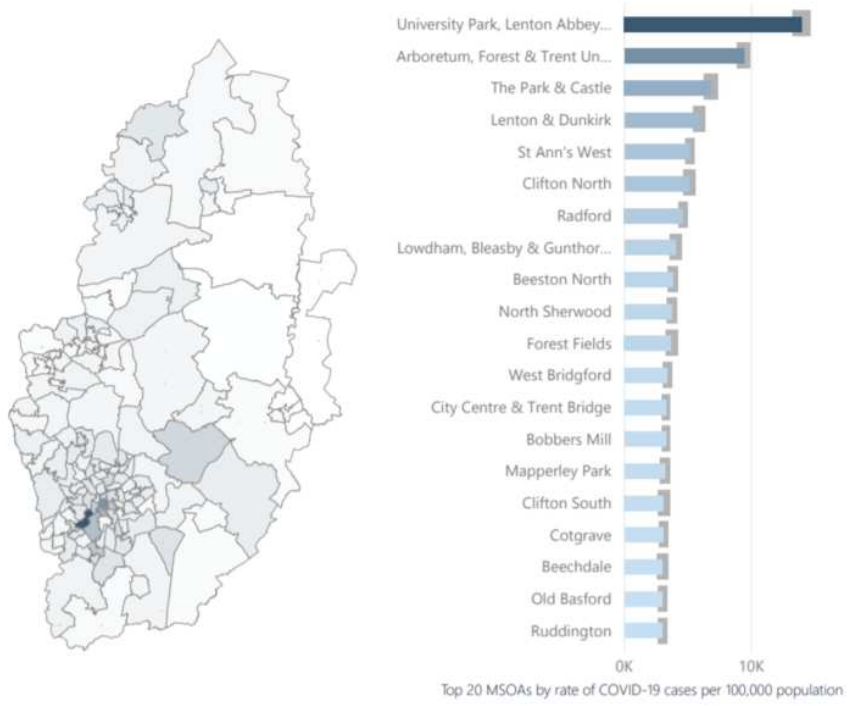
27275 CASES | 4123 PILLAR 1 CASES | 23152 PILLAR 2 CASES

Confirmed COVID-19 cases by MSOA



Top 20 MSOAs by number of COVID-19 cases

Confirmed COVID-19 rates per 100,000 population by MSOA



Top 20 MSOAs by rate of COVID-19 cases per 100,000 population

Integrated Care System
Nottingham & Nottinghamshire

Covid Restrictions

- Tier Two High Alert level announced for Nottingham and Nottinghamshire on 12 October.
- All of Nottingham and Nottinghamshire in Tier Three from 30 October
- National Lockdown commenced 5 November for 28 days

Integrated Care System
Nottingham & Nottinghamshire

Local Response

- The NHS has prepared well for this second wave and we have learned a lot:
  - We have new life saving treatments, and better understand the oxygen treatments.
  - Survival rates in intensive care have increased from 72% to 85%.
  - Nationally we have enough PPE for four months.
  - We have been working together across health and care for years now and we are confident that we have the plans we need in place. But we need everyone to do their part and follow the guidance so we do not have to activate these plans.
- The number one way that people can help is to follow the national lockdown rules which came into force on 5 November – stay at home if you can, do not mix households and follow Hands/Face/Space.

Integrated Care System
Nottingham & Nottinghamshire

Key Messages

- The NHS is here for you and so if you are concerned about a new lump or mole or have any other health issues then please get in touch with your GP or in an emergency call 999. If you are unsure which service you need, call 111 or go to 111 Online who will advise you on the best service for your needs.
- If you have symptoms of coronavirus, including a new continuous cough, a high temperature or a loss of, or change in, your normal sense of smell or taste, then get a test by calling 119 or go online to https://www.gov.uk/get-coronavirus-test
- The best way that we can all help with the situation is by following the national lockdown restrictions which you can see the details of here: https://www.gov.uk/guidance/new-national-restrictions-from-5-november but remember that healthcare is a specific exemption – so if you are ill please get in touch like you would usually and stick to your appointments unless you hear otherwise.

Item Number:	5	**Enclosure Number:**	C1
Meeting:	ICS Board		
Date of meeting:	12 November 2020		
Report Title:	Moving from CCG Commissioning Intentions to System Prioritisation and Strategic Planning		
Sponsor:	Amanda Sullivan		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Amanda Sullivan		
Enclosure / Appendices:	Enc C2: Principles for System Prioritisation and Strategic Planning		

Summary:

In previous annual planning cycles, CCGs have produced commissioning intentions, which set out the CCG's intentions to develop / change services or contractual arrangements over the coming financial year. In order to give notice of changes to providers and allow these to be incorporated into provider plans. Commissioning intentions are normally issued 6 months prior to commencement of the next financial year and new contracting periods.

In 2019, the CCGs' commissioning intentions directly reflected the ICS Long-Term Plan. This was to support a more collaborative approach to system planning and prioritisation. In 2020, CCG / trust contracts do not exist. Funding levels and contractual arrangements have been determined nationally, with nationally prescribed priorities that are in line with the Covid-19 level 4 (highest) level of major incident.

With this in mind, and with a view to strengthening system collaborative planning, the CCG has not issued commissioning intentions for 2012/22. Instead, the CCG are proposing principles and an approach to support future system plans.

This paper proposes principles, an approach and key forums for collaborative priority setting and strategic planning. It brings together and mainstreams different planning and development streams that have been developed in recent years and months.

The aim is to develop shared ownership and influence across system partners. This approach will also lock in joint and expert problem-solving, which has been shown to be effective through the cell approach across the ICS. It also embeds the roles of ICPs, the ICS and PCNs within overall system planning.

The proposed approach has been socialised at the Clinical Reference Group and Recovery Cell and has been supported. The CCG also supports this more distributed leadership approach to planning, maximising flexibilities within existing statutory duties and requirements.

If the approach is approved, the CCG will operationalize this and ensure that resources are in place to enable system forums to fulfil their functions.

Actions requested of the ICS Board
• Discuss and approve the principles, noting and additions / amendments • Approve the proposed arrangements, noting amendments

Recommendations:	
1.	DISCUSS and APPROVE the proposed principles
2.	DISCUSS and APPROVE the proposed arrangements and planning forums for the 2021/22 planning round

Presented to:

Board	Partnership Forum	Clinical Reference Group	System Executive Group	Finance Directors Group
☒	☐	☒	☐	☐
Quality Group	**Performance Oversight Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

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

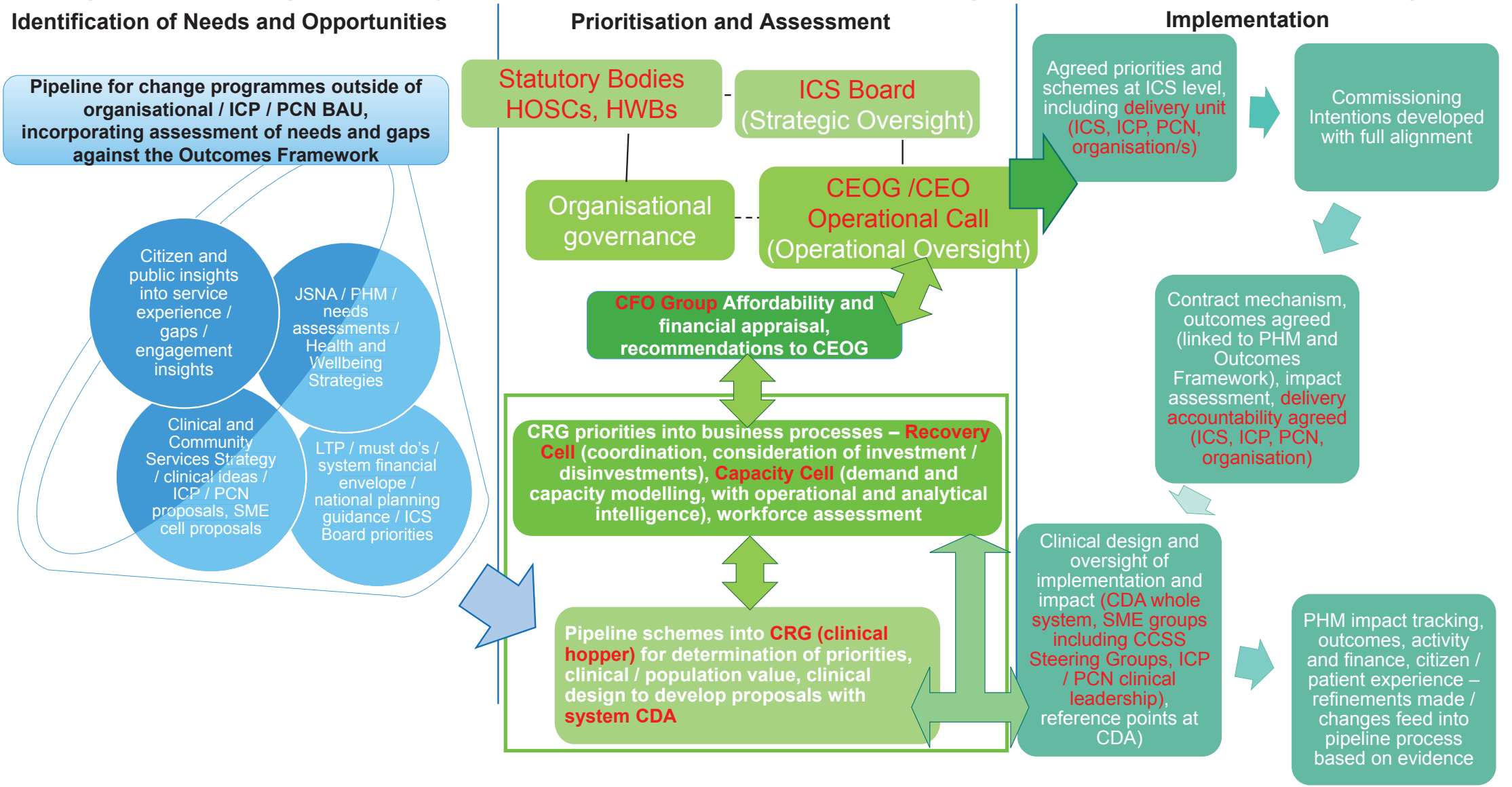
Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.

Principles for System Prioritisation and Strategic Planning

This document describes overarching principles, process and key forums as we move from organisational planning to shared system development of priorities and plans. This new proposed way of working signals a move from commissioner planning for the population to a collaborative approach to development, prioritisation and assessment of system plans. It is a means of bringing together and mainstreaming different planning and development streams with shared ownership and influence. This proposed new way of working also helps to lock in the joint and expert-led problem solving that has developed through cell working and brings the cell transformative ideas into core system planning. It also embeds the roles of ICPs, ICS and PCNs in developing and delivering system priorities. Voluntary and community service assets will also have a voice through ICPs – enabling local sensitivity and relationships to come to bear. The process is represented as linear for simplicity, but steps and stages may vary in certain circumstances as plans are iterated.

- Citizen / patient involvement will underpin all stages, with advisory / reference groups being involved throughout implementation and evaluation – this will be developed as appropriate and may incorporate existing groups (eg. CCSS Steering Groups)
- Statutory requirements of organisations remain as currently described within ICS partnership arrangements
- The prioritisation and design / implementation processes are inclusive of statutory bodies, with a no surprise approach as schemes progress to sign off
- Prioritisation decisions will be based on agreed system principles, which are equitable and demonstrate clinical and cost effectiveness
- Quality and safety of care underpin decisions at all stages
- Inequalities should be addressed as a priority within each scheme
- Prevention is incorporated into planning and prioritisation processes
- System benefit should take precedence over organisational interests, with parties agreeing approaches to manage organisational impacts
- National must-do’s / planning guidance are incorporated into the overall process for overall visibility and delivery options
- Plans are likely to be developed on a multi-year basis, with implementation priorities spread over a period of time
- Tactical in-year resource decisions to manage in-year pressures would be discussed through the Capacity Cell and Recovery cell to maintain integrity between tactical and strategic decision making and a system approach to in-year problem solving. This may be a truncated process through the pipeline and assessment process ahead of implementation

Nottingham and Nottinghamshire System Prioritisation and Collaborative Arrangements for Co-Production of Strategic Plans



Item Number:		**Enclosure Number:**	1
Meeting:	ICS Board		
Date of meeting:	12 November 2020		
Report Title:	ICS Clinical Reference Group: Quarterly Report		
Sponsor:	Dr Nicole Atkinson, ICS Clinical Lead		
ICP Lead:	The Clinical Reference Group		
Clinical Sponsor:			
Report Author:	Rebecca Larder, ICS Programme Director		
Enclosure / Appendices:			

Summary:

A quarterly update report is presented from the ICS Clinical Reference Group (CRG) in its advisory role to the Board.

The report focuses on:

i. Clinical leadership and engagement for system success;
ii. Clinical oversight of system performance, specifically clinical prioritisation for the restoration and recovery of services.

Actions requested of the ICS Board

The ICS Board is asked to RECEIVE the Quarterly Update Report.

Recommendations:

1.	ENDORSE the work of the Clinical Reference Group in progressing clinical leadership and engagement for system success.
2.	ACKNOWLEDGE the role of the Clinical Reference Group in providing system oversight of clinical prioritisation for the on-going management of Covid-19 together with the restoration and recovery of services.
3.	AGREE to receive a further update within 3-months to include refreshed Terms of Reference for, and supporting resource requirements of, the Clinical Reference Group.

Presented to:

Board	Partnership Forum	Clinical Reference Group	System Executive Group	Finance Directors Group
☒	☐	☒	☐	☐
Quality Group	**Performance Oversight Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

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, confidence and	☒

		time in the right place		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
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Risks identified in the paper

Risk Ref	Risk Category	Risk Description	Residual Risk				Risk owner
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Is the paper confidential?

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ICS Board Meeting

ICS Clinical Reference Group: Quarterly Report

12 November 2020

Introduction

1. This paper serves as a quarterly update from the ICS Clinical Reference Group (CRG) in its advisory role to the Board.

2. The report focuses on:

   i. Clinical leadership and engagement for system success;
   ii. Clinical oversight of system performance, specifically clinical prioritisation for the restoration and recovery of services.

The role of the ICS CRG

3. The ICS Clinical Reference Group (CRG), chaired by Dr Nicole Atkinson ICS Clinical Lead, brings together senior clinical leads from across all organisations and professions (health and social care).

4. The role of the CRG has been developing over recent months with a current focus on:
   - Clinical leadership and engagement in system working in support of achieving improved population outcomes, quality and cost of care;
   - Clinical leadership at the 'system' level, including oversight of, and contribution to:
     - System strategies, the transformation and workforce agendas;
     - System performance e.g. clinical prioritisation into recovery from Covid19.

5. The frequency of CRG meetings has been increased in order to respond to the developing role. In addition, senior commitment to, and attendance at, these meetings positively reflects the level and relevance of discussion. Members have also confirmed the value of the Group in providing a peer support mechanism.

6. The Terms of Reference for the Group are being refreshed, to include membership from all levels of the system (e.g. PCNs), and thought is being given to the supporting resources and infrastructure needed.

Clinical Leadership and Engagement

7. The ICS starts from an excellent position in respect to clinical leadership and engagement, as evidenced by the local response to the initial Covid-19 peak.

8. Specifically, clinicians and care givers are learning to think about how we organise, manage, measure and deliver care, condition by condition, segment or cohort by patient group. Work is needed however to engrain the why, what and how into the clinical / professional community at large.

9. A monthly 'Webinar Wednesday' is now embedded in the clinical calendar with over 100 clinicians and care givers, from across the system, joining a virtual session each month aimed at providing key updates as well as showcasing topics of local improvement focus. Each partner takes a turn to host this webinar on a rotational basis.

10. The CRG has confirmed that extreme clarity is needed on what is trying to be achieved: aligning around the critical and intersecting goals of higher quality and lower costs. Improving outcomes on the things that matter for patients/service users and local citizens, and doing them very, very efficiently.

11. The CRG has also confirmed a number of 'tasks', as a leadership group, which it intends to take forward with the clinical and caregiving community, across Nottingham and Nottinghamshire, in support of system success.

Task 1

12. The CRG proposes to re-state the collective purpose with a focus on being exceptional in improving population outcomes, quality and cost of care. This includes quantifying the improvement ambitions to be achieved.

13. For local clinicians and caregivers, the CRG will be confirming that this means:
    - Taking responsibility for improving the health of people across the ICS, the quality of services and managing within the allocated resource;
    - Accepting shared responsibility for the common resource;
    - Striving to blend GP, community and hospital capabilities in a collective risk bearing "entity" able to manage the entire continuum of care;
    - Improving the work life and workday experience of clinicians and staff.

14. The CRG will promote the view that every stakeholder in the health and care system has a role to play and all will benefit greatly from doing so whilst confirming that providers, clinicians and caregivers are absolutely key. "Only [clinicians and caregivers] and provider organisations can put in place the set of interdependent steps needed to improve [quality and costs], because ultimately [quality and costs], is determined by how medicine is practiced and care is delivered".

15. The CRG will be advocating for direct benefits, derived from collective improvements, to be distributed back to patient/service users, providers and commissioners with all stakeholders experiencing gains from effective collaboration.

Task 2

16. The CRG will be acknowledging transformation must come from within together with the importance of committed leadership in both the commissioner and provider components of the health and care system. The Group will be advocating that transformation is led by clinicians and care givers, as the most important members of the transformation team. The CRG will also be working to develop strategic clinical leadership, designate system leadership in addition to organisational leadership, within and across both commissioning and provider systems, and to design new ways in which individuals can work in teams and across systems to make best use of the collective experience, skills and knowledge.

Task 3

17. The CRG intends to actively assign clinicians to explicit responsibilities to:
    - Operate at the head of transformation effort;
    - Create the excitement and enthusiasm about what we can accomplish;
    - Motivate the clinical community to deliver superb care;
    - Champion the understanding of data and measurement of outcomes;
    - Choose the initial simple(r) and obvious opportunities to target;
    - Have assigned responsibility for developing clinical pathways;
    - Oversee operationalising innovation;
    - Shore up repair, develop the interfaces: shift from “standalone units doing their thing” to co-ordinated, mutually dependent and accountable system.

18. In order to put this thinking into practice, to actually make it happen, the CRG will be promoting the need for leadership triumvirates for areas of improvement focus, each comprising an accountable clinical lead supported by a professional manager(s) and technical capability. The CRG gives recognition to the skills gap in cross-system clinical leadership, with the need to support and develop a pipeline of clinicians and caregivers to system improvement roles.

19. The CRG will also be looking to managers to create the innovation and transformation infrastructure: the virtuous environment where clinicians are enabled to lead by practicing great medicine but surrounded by necessary technical expertise.

Task 4

20. The CRG will be embodying and roll modelling a set of team rules which include expectations of self and others in regard to values (of mutualism, leadership commitment, support, pride) and behaviours (respect one another, participate, watch each other's backs, be honest with one another). In time, the CRG envisages the wider clinical and caregiving community will also want to 'sign up to' and be chartered through these rules.

Task 5

21. The CRG proposes to be proactive in creating the convergent and favourable interface between clinicians and managers, the points of connection and collaboration for strategic discussions, operational planning, performance management and service transformation. Moreover, once established the momentum for a dynamic, challenging, fun and energetic culture is difficult to derail, but a negative culture inhibits performance. In doing this, CRG members will be looking to commit time to system working, acting as one Notts clinical leadership team confirming the benefits for partner organisations.

Task 6

22. The CRG plans to take an active role in agreeing a pipeline of prioritised transformation. "Success" is contagious and the fire is lit by the belief that successful change is possible. *"Winning is a habit. Unfortunately so is losing".* The system needs to learn to 'win' and build a 'winning culture' and a conveyor belt of success. The CRG will be clear that what is needed is a scaling of innovations, spreading across the ICS, not just more boutique innovation efforts.

Task 7

23. The CRG has already started to explore the opportunity to extend the scope and terms of reference of the Clinical Design Authority (CDA) and other similar or related functions (including business intelligence, Population Health Management and improvement expertise) extending the participation and explicitly positioning the CDA (as it was always intended) as a system resource to facilitate system redesign and process improvement, to ensure learning, build capacity, provide support for staff, clinicians and leaders as they make changes in care processes and spread good ideas.

24. In summary, the CRG is looking to engage the clinical and care-giving community as a system transformation catalyst building on recent success and acting to break down the barriers between sectors, organisations and professions, thinking not of ownership and structural change but of partnerships and collaborations.

Oversight of Clinical Prioritisation into Recovery

25. As the ICS emerged from the initial peak of Covid-19, the CRG took on the role of providing system oversight to the clinical prioritisation of service restoration and recovery in support of the work of the Capacity and Recovery Cells.

26. Over recent weeks the CRG has gained a good understanding of the breadth and depth of the clinical prioritisation challenge – across all sectors - for recovery from Covid-19.

27. The CRG has gained assurance that clinical prioritisation processes are in place within specialties in accordance with NHSEI expectations, Royal College guidelines / criteria and Ethics Committee principles. CRG members have also confirmed organisational processes to prioritise across specialties. The CRG has received evidence to support this from most but not all health and care organisations with work planned to address the gaps in evidence provided.

28. The CRG has been considering a potential issue / risk relating to pan organisation clinical prioritisation determining any support and assurance needed in relation to how this is being achieved.

29. In anticipation of the second wave of Covid-19, the CRG had also started to consider a set of system criteria to inform and enhance consistency of approach in balancing clinical prioritisation for the on-going management of Covid-19, restoration and recovery.

30. The CRG has identified the specialties for which delays in access to care are most impacting patient / population outcomes. The CRG has also identified inequalities and vulnerable population groups (including BAME) as a key consideration in clinical prioritisation and access to timely care.

31. The CRG has requested that the ICS Quality Group review and report on potential patient / population harm, arising from delays in care, including through surveillance mechanisms.

32. In addition, the CRG is determining the extent to which pathway redesign opportunities might support timely access to care and, dependent on the output of these considerations, might be making an ‘ask’ of identified system groups that bring cross sector clinicians together in the areas deemed the biggest risks.

33. The CRG has confirmed the importance of communication with clinicians and patients / the public and is working with the ICS Director of Communications on this.

RECOMMENDATIONS

34. The ICS Board is asked to:

a. ENDORSE the work of the Clinical Reference Group in progressing clinical leadership and engagement for system success;
b. ACKNOWLEDGE the role of the Clinical Reference Group in providing system oversight of clinical prioritisation for the on-going management of Covid-19 together with the restoration and recovery of services;
c. AGREE to receive a further update within 3-months to include refreshed Terms of Reference for, and supporting resource requirements of, the Clinical Reference Group.

Item Number:		**Enclosure Number:**	2
Meeting:	ICS Board		
Date of meeting:	12 November 2020		
Report Title:	South Nottinghamshire ICP Update – October 2020		
Sponsor:			
ICP Lead:	Dr John Brewin		
Clinical Sponsor:	Dr Nicole Atkinson		
Report Author:			
Enclosure / Appendices:	Appendix 1 - Board Summary Briefing October 2020		

Summary:

To update the ICS Board on the progress of the South Nottinghamshire ICP since the restart of the South Nottinghamshire ICP Board in August 2020.

Actions requested of the ICS Board

The Board is asked to NOTE the South Nottinghamshire ICP since its restart in August 2020

Recommendations:

1.	The Board is asked to NOTE the South Nottinghamshire ICP since its restart in August 2020

Presented to:

Board	Partnership Forum	Clinical Reference Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	**Performance Oversight Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

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

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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 the South Nottinghamshire Integrated Care Partnership

12 November 2020

Background

1. This paper provides an update on the key areas of development that have taken place in the South Nottinghamshire ICP since the Board restarted in August 2020.

ICP Planning and Implementation

2. In May 2020 the **ICP restarted** its work following the wave 1 of the Covid-19 pandemic.
    a. The **ICP Operational Group** was established to review the pre-pandemic work plan.
    b. A **revised set of priorities** were agreed and ICP work was restarted in the following areas:
        i. Care Navigation
        ii. Enhanced Support to Care Homes
        iii. Frailty
        iv. Mental Health Integration
        v. Further Social Prescribing developments
    c. A **governance structure and terms of reference** were developed
    d. The South Nottinghamshire **ICP Board** met for the first time since the Covid-19 pandemic on 4 August 2020. The Board agreed the governance structure and the terms of reference for the Board and the Operational Group.
    e. The Board has met monthly since August and the Operational Group has met fortnightly since July.
    f. Since the Board restarted it has had key discussions and debates in the following areas including the role of the ICP:
        i. Strategic Commissioner Functions
        ii. Early warning system: Independence and Wellbeing
        iii. NHS 111
        iv. Population Health Management – Flu Profiles
        v. Tomorrow's NUH

3. The new position of South Nottinghamshire **ICP Programme Director** was created and recruited to in March 2020. The post holder started in post mid-June, but went on long term sickness leave in September. The ICP has recruited some interim capacity.
    a. Helen Smith (Nottinghamshire Heath Care Trust) will lead the programme management of the ICP specifically the development and delivery of priorities, management of the meetings, and relationship management with partner organisations and community and voluntary sector.

b. Janet Soo-Chung (Independent Management Consultant) will provide some capacity to support the ICP Programme Leadership to enable ICP and Board development, interface with the strategic commissioner and provide support to the programme management lead.

4. The **ICP clinical leadership team** is now fully recruited and comprises of:

Dr Nicole Atkinson	ICP Clinical Lead
Dr Aamer Ali	ICP Clinical Team – Secondary Care
Dr Tim Heywood	ICP Clinical Team - PCNs
Jo Levene	ICP Clinical Team – Mental Health
Matthew Elswood	ICP Clinical Team – Mental Health/Pharmacy

5. The Clinical Team will ensure that the ICP remains clinically led and will support the development of the ICP and support delivery of the ICP key priorities.

6. The ICP has refreshed its **priorities for delivery**:
   a. Enhanced Support to Care Homes
   b. Care Navigation
   c. Mental Health Integration
   d. Frailty
   e. Community Services
   f. Supporting our Partners through the pandemic

Community Voices

7. The first ‘Community Voices’ South Nottinghamshire ICP Community Engagement event took place, virtually, on Thursday 1 October 2020. The purpose of the event was to provide the communities of South Nottinghamshire with the opportunity to better understand the purpose of the ICP and its priorities, whilst also exploring how they can actively contribute towards shaping the development of ICP services and how they are delivered.

8. The event saw presentations from a number of key ICP board members as well as three Community Leaders of South Nottinghamshire who presented on their experiences of engaging with the existing ICP partners in order to shape the delivery of services for their communities.

9. The event made use of the Breakout Room functionality to enable discussions with the communities of South Nottinghamshire on each of the ICP priority areas

10. The feedback has been overwhelmingly positive. 100% of participants have reported finding the event useful and interesting, with 100% of participants also rating the topics and presentations as good, very good or excellent.

11. Feedback on the use of the breakout room functionality was also entirely positive, with respondents feeling that they provided a fantastic opportunity for a range of people to share ideas and participate in lots of interesting discussion.

12. Overall, the event provided an opportunity to connect with others and look at developing better partnership working to improve the health and well-being of the community.

13. A video recording of the presentations from the event is Click here

Delivering our priorities

14. The ICP has made significant progress since August on its priorities including:
    a. **Enhanced Support to Care Homes** – from 1 October the Primary Care Networks are now delivering the PCN specification for care homes including ensuring each home is aligned to a PCN, confirming Clinical Leadership for each care home, implementing weekly check ins, monthly multidisciplinary team meetings and working with Nottingham City and Erewash PCNs to agree management of homes which sit on a PCN border.
    b. The ICP has agreed a lead provider model for the provision of **Care Navigation** across the South. This builds on the existing provision of care coordination, learning from good practice and ensuring resilience across the south. The new service will begin in April 2021.
    c. **Mental Health integration**, with a focus on serious mental illness, health improvement workers have been recruited. There is a focus on the mental health interface between primary and secondary care and the developing PCN Mental health practitioner roles.
    d. The **Frailty** work stream has reviewed the evidence around loneliness and social isolation provided by Academic Health Sciences Network and have developed a proposal for a community based trial for a neighbourhood in South Nottinghamshire.
    e. **Shaping the Future: Integrated Primary and Community Services** – the ICP has signalled its support for a new community services model from April 2022 working with partners and the CCG.

15. Dr Tim Heywood has been successful in the post of ICP Clinical Representative for **Primary Care Networks** for South Nottinghamshire. Dr Heywood sits on both the ICP and ICS Boards representing PCNs. Dr Heywood has provided the Board in October and September with an outline of the key developments that have taken place in PCNs across the South. This has included the PCN delivery of services, recruitment to additional roles and PCNs one year on.

Communication and Engagement

16. Communications Specialist support is now confirmed and hosted via Nottinghamshire Healthcare Trust in order to take advantage of a wider infrastructure. Antonia Smith will provide the ICP with Communications support.

17. Key achievements since August include:

a. A regular **newsletter** is now shared across the partnership, with stakeholders, community and voluntary groups, patients and the public. There have been 3 editions of the newsletter since August
b. The ICP now have a **social media** presence through twitter and Facebook engaging with a wide audience locally and nationally
c. Further information about our communications and engagement activity Click here

John Brewin
South Nottinghamshire ICP Lead
john.brewin@nottshc.nhs.uk
26 October 2020

Appendix 1

South Nottinghamshire Integrated Care Partnership

Board Summary Briefing

October 2020

Background

This paper provides an update following the South Nottinghamshire ICP (SN ICP) Board on 22 October 2020. This was the third meeting of the Board since it restarted in August.

The meeting was well attended by partners with all partner sectors represented, despite the half term break and pandemic responsibilities.

Key items received by the Board for discussion and agreement

Population Health Management – Flu Profiles

Dr Brewin welcomed Maria Principe, Director of Development and Performance/PHM Programme Director and Jack Rodber, Deputy Director of Finance from the CCG to the meeting. Maria and Jack delivered a presentation on Population Health Management – Flu Profiles.

Key points from the presentation included:

- Population Health Management (PHM) was about targeted intervention and a targeted approach using insightful data to help deliver more improved outcomes.
- Vaccination programmes have been shown to improve outcomes in at-risk groups, and in doing so reducing health inequalities.
- Innovative ways are being found to distribute and administer vaccines and to improve immunisation services, however it is now accepted that no one single approach will support our highly diverse population.
- The challenge for the system is to find which interventions are effective, simple and inexpensive to deliver and will support us to achieve our outcomes.
- Strategies to identify and reach individuals and those more likely not to take up vaccination opportunities are being developed, particularly as it is known that those who live in areas of greater deprivation are less likely to access local vaccination programmes.
- The information contained within the presentation looked to identify and reduce variation in those profile groups by :-
    - Identifying at risk (eligible) population cohorts

  - Baseline previous years uptake
  - Recommend interventions to improve uptake
  - Profile population profiles at Place and System

- The Flu process, underpinned by PHM principles was a 6-step process to support the 3 I's (Infrastructure, Intelligence, Interventions) to make it easier for people to pick up and implement in order to deliver comprehensive approach to PHM.
- Coverage and uptake vary widely within our population.

South Nottinghamshire ICP

- Variations in neighbourhoods had been identified however there was a clear correlation between ages and admissions
- At PCN level – not much correlation between high deprivation and lower uptake of the flu vaccine
- Increased levels of uptake of the flu vaccine identified in the over 65s compared with this time last year
- Next steps for the ICP would be to identify clinical and support leads

It was highlighted to the Board that comprehensive reports are due to be published (dependent on delays caused by the impact of Covid-19) on the following areas:

  - Mental Wellness (December)
  - Ageing well (December)
  - Long Term Conditions (commencing February 2021)

Further information available on the e-healthscope website: https://ehsweb.nnotts.nhs.uk.

The Board noted the presentation.

Shaping the Future: Integrated Primary and Community Services

The Board received an update from the CCG meeting of the community services providers (NHT and CityCare) to discuss the re-design of community mental and physical health services. The first meeting took place on 8 October.

This was not about a procurement process but one to get equitable outcomes for community services provision across the city and the county through co-production using national and international best practice. The programme had a start date of April 2022.

It was noted there was broad agreement of this approach, however there were several principles that required further work:

1. Whatever approach we follow we would need appropriate governance around it – we would need a framework to allow holding each other to account.
2. We would need to simplify delivery
3. The work we do would have to be driven by population health intelligence to ensure whatever we re-design we match service to population health need.

The Board received a further update following discussions at the ICP Operational Group and with the CCG:

- There was real excitement for the ICP to be involved in this piece of work. Enthusiasm and commitment to do the right thing for our population in the South – clinicians and managerial representatives were in agreement
- Recognition that this was a huge work programme with tight timescales
- The Ops group felt that the ICP's focus could be on the following key areas:
    - Integration
    - Management of Long Term Conditions
    - Integration across community services and primary care
- The next CCG meeting is early November around the scope of the work where SN ICP can respond in terms of emerging priorities
- The Board approved the proposed ICP representatives to be involved in the programme in the first instance – Dr Tim Heywood (clinical leadership) and Liz Harris (managerial leadership) and a further representative to be identified from NHT

The Board approved the nominated representatives and supported the programme.

South Nottinghamshire Integrated Care Partnership DRAFT Operating Model

The Board received the draft SN ICP Operating Model, setting out a proposed set of constituent parts for the model, embedding our identified priorities of frailty, care navigation, mental health and care homes within a developing infrastructure.

The model contains four key areas with recommendations to enable delivery of our vision:

1. Understanding our health needs: Population health management and predictive analytics
2. Communication
3. Personalised Care and Support
4. Community Development

These four areas encapsulate our current and developing priorities around integration, frailty, care navigation, care homes and builds on the outcomes from our recent community voices event. Executive ICP leads to be identified.

This was felt to be a very useful approach and should be considered as a framework for ICP priorities.

The Board approved the approach for the ICP and agreed to further develop the framework.

Tomorrow's NUH

Dr Brewin welcomed Nina Ennis, the CCG lead and Phil Britt, Programme Director for Tomorrow's NUH to the meeting. The Board received a presentation on 'Tomorrow's NUH'. Discussions were held around:

Affordability;

- The number of beds would increase by around 5-7%.
- The modelling was over a 20-year period and costs were constantly being worked into the finance model.
- The new build would improve efficiency, which in turn would offset against the costs.

Out of hospital care;

- A programme of out of hospital care was being designed.
- There would be joint thinking with the CCG's primary care estates programme
- Wider engagement with district councils who would have a role to play.

Stakeholders;

- Discussions and the implementation plan would involve ICP stakeholders as the process evolves.

COVID vaccination programme

The Board received an update on planning for the COVID vaccination programme The Board noted the update.

John Brewin
South Nottinghamshire ICP Lead
john.brewin@nottshc.nhs.uk
22 October 2020

Item Number:		**Enclosure Number:**	2i
Meeting:	ICS Board		
Date of meeting:	12 November 2020		
Report Title:	Mid Nottinghamshire ICP update		
Sponsor:			
ICP Lead:	Richard Mitchell		
Clinical Sponsor:			
Report Author:	Richard Mitchell		
Enclosure / Appendices:			

Summary:

To update the ICS Board on the progress of the Mid Nottinghamshire ICP.

Actions requested of the ICS Board

The Board is asked to NOTE the Mid Nottinghamshire ICP update.

Recommendations:

1.	The Board is asked to NOTE the Mid Nottinghamshire ICP update.

Board	Partnership Forum	Clinical Reference Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	**Performance Oversight Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

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.

Mid Nottinghamshire Integrated Care Partnership Update

12 November 2020

About us

1. Mid Nottinghamshire ICP are working together to create happier, healthier communities with the goal of reducing differences in healthy life expectancy (the number of years that people live in good general health) by three years across Mansfield, Ashfield, Newark and Sherwood.

2. You can find out more about the partnership at https://healthandcarenotts.co.uk/care-in-my-area/mid-nottinghamshire-icp/

COVID-19

3. The rate of Covid is rising quickly across Mid Nottinghamshire. At 00:01 on Friday 30 October, Nottinghamshire went into Tier Three restrictions and this was superseded by the announcement on Saturday 31 October of further national restrictions due to begin at 00:01 on Thursday 5 November. Across Mid Nottinghamshire partners are working together and in partnership with the other two ICPs and the Nottingham and Nottinghamshire Integrated Care System to ensure that safe services continue to be provided to all residents, not just people with Covid. Collective effort and personal responsibility is needed now and hands, face, space is a message which all must adhere to.

ICP Board

4. The ICP Board met in public on Thursday 22 October and it was the eighth time they had met in 2020. The key items we discussed were:

- **ICP Executive Update including work of the ICP beyond the set objectives** - the ICP executive team has 14 members from all constitute organisations. Ten key objectives for 2020-21 have been agreed. This month the group updated on the work delivered by the partnership outside of these key objectives.
- **Covid/ flu update** - as stated above, the ICP have a key role in working with all partners to reduce the rate of transmission of Covid-19 across Mid Nottinghamshire and to continue to provide safe health and care services. An update on the coordinated effort to increase flu uptake across the region was received.
- **Winter wellness campaign** - update on the work with patients to help them with the actions and activities they can take to live well this winter.

- **Healthwatch Report: Information needs of vulnerable people during the Covid-19 pandemic** - received a presentation and had a detailed conversation about the views of people during wave one and the actions that can be taken in wave two to improve their experiences.
- **Health inequalities** - received a presentation about the health inequalities across the region and the actions in place to improve levelling up.

5. The agenda is quite rightly heavily influenced by Covid-19, winter and concerns about inequality and the most vulnerable people in society.

Next month

6. The ICP primary focus in November will continue to be on coordinated effort to respond to Covid-19. At the Public Board on 26 November an update will be received on the two paired objectives that support tackling physical inactivity, by developing understanding of barriers and motivations.

Richard Mitchell
Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust
1 November 2020

Item Number:		**Enclosure Number:**	2ii
Meeting:	ICS Board		
Date of meeting:	12 November 2020		
Report Title:	Update from the Nottingham City Integrated Care Partnership		
Sponsor:	Hugh Porter, Interim Lead and Clinical Director		
ICP Lead:	Hugh Porter, Interim Lead and Clinical Director		
Clinical Sponsor:	-		
Report Author:	Rich Brady, Programme Director, Nottingham City ICP		
Enclosure / Appendices:	Appendix 1 – ICP Governance Diagram		

Summary:

This paper provides a summary of the work undertaken by the Nottingham City Integrated Care Partnership since March 2020.

Actions requested of the ICS Board

The Board is asked to **note** the Nottingham City ICP work to date and **approve** a presentation on the work of the Nottingham City ICP during 2019 at a future Board meeting.

Recommendations:

1.	The Board is asked to **note** the Nottingham City ICP work to date.
2.	The Board is asked to **approve** a presentation on the work of the Nottingham City ICP during 2020 at a future Board meeting.

Presented to:

Board	Partnership Forum	Clinical Reference Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	**Performance Oversight 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

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Risks identified in the paper

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NOTTINGHAM CITY INTEGRATED CARE PARTNERSHIP UPDATE

12 November 2020

Introduction

1. Since the Nottingham City ICP last provided an update to the Board in March 2020, the world has changed substantially – but in fact, the challenges the ICPs (and ICS) were set up to address remain and if anything have intensified over the last few months.

2. Alongside supporting the response to the first wave of the coronavirus pandemic, including supporting the set up of three Clinical Management Centres for Covid-19 symptomatic patients to receive a face-to-face assessment in the community, City ICP partners have continued to focus on ICP development and have established programmes of work aligned to agreed priorities.

3. To support the delivery of these programmes, the City ICP has established governance and reporting mechanisms involving a wide range of partners, ensuring a partnership approach to delivery and decision making.

4. City ICP executive and non-executive partners are now working to develop the ICP to a level of maturity where it is able to assume responsibility, and be accountable for, the delivery of integrated services in the city and associated outcomes and performance.

Programmes priorities

5. At the March ICS Board meeting the Nottingham City ICP reported that following engagement events, co-production activities and analysis of population health data, the City ICP was soon to establish its programme priorities for 2020/21.

6. The City ICP stood down governance meetings in March and April to support partners in response to the first wave of the coronavirus pandemic. Following a review of priorities in May, (taking into account the impact of the coronavirus pandemic) partners established seven priorities in June 2020.

In 2020/21 City ICP partners will work together to improve the lives of citizens by:	
1	Supporting people who face severe multiple disadvantages to live longer and healthier lives
2	Preparing children and young people to leave care and live independently
3	Supporting those who smoke to quit and reducing the number of people at risk of smoking
4	Increasing the number of people receiving flu vaccinations
5	Reducing inequalities in health outcomes in BAME communities
As well as focusing on improving outcomes for citizens City ICP partners will:	
6	Develop the Integrated Care Partnership and establish the ICP culture
7	Support our partners in recovery and restoration from Covid-19

7. Since the formation of the Nottingham City ICP, partners have worked together to identify programme priorities which add the most value to the work undertaken by constituent partners to improve the health and wellbeing outcomes of citizens, while also allowing the partnership to 'learn by doing' and not overwhelming itself in the developmental phase by trying to do 'everything'.

8. The City ICP has five priorities focused on improving health and wellbeing outcomes of citizens. These priorities target defined cohorts, through programmes focusing specifically on people who face severe multiple disadvantage, care leavers and people from black, Asian and minority ethnic (BAME) communities. Through the programmes to increase flu vaccination rates and reducing smoking rates, specific cohorts are also being targeted.

9. Through these programmes, it is expected that partners (both providers and commissioners) will work together to design pathways and services that will make best use of the provider resource in order to commission services in the city that meet the holistic needs of these population groups. This approach supports the ambition of the CCG and Nottingham City Council to move from tactical commissioning approaches to that of strategic commissioning.

10. Each programme has a clear set of objectives and is led by designated Programme Leads from City ICP partners with assigned Executive Sponsors. Programme Leads work on behalf of the ICP, wearing an ICP 'hat' and are supported by project teams made up of members from ICP partner organisations to ensure delivery through an inclusive partnership approach.

Programme Priority	ICP Programme Lead(s)	ICP Partner	ICP Executive Sponsor	ICP Partner
Severe Multiple Disadvantage	Jane Bethea Hayley Harris	Nottinghamshire Healthcare Trust Framework	Apollos Clifton-Brown	Framework
Care Leavers	Clive Chambers Kathy Thomas	Nottingham City Council Barnardo's	Catherine Underwood	Nottingham City Council
Flu vaccinations	Rani Parvez	CCG Locality Team	Michelle Tilling	CCG Locality Team
Smoking cessation	Simon Gascoigne	Nottingham University Hospitals	Tim Guyler	Nottingham University Hospitals
BAME Inequalities	Dr Rose Thompson	Nottingham Community and Voluntary Service	Jane Todd	Nottingham Community and Voluntary Service
ICP Development	Rich Brady	Nottingham City ICP	Hugh Porter	Nottingham City ICP
Covid-19 response	Activity is coordinated as appropriate through the ICP Executive Team			

11. The City ICP also has two priorities focused the development of the ICP itself and supporting the system response to the Covid19 pandemic.

12. In addition to the city focused priorities, Nottingham City and South Nottinghamshire ICPs have recently met to discuss the potential for the development of joint priorities.

Governance

13. To support the delivery of these programmes, the City ICP has established governance and reporting mechanisms involving a wide range of partners, ensuring a partnership approach to delivery and decision making. The governance structure comprises:

    - A **Programme Steering Group (PSG)**. With representation from a broad range of partners across the city, the PSG oversees the ICP programmes of work. This group is focused on work that impacts on health and wellbeing outcomes of Nottingham citizens. Programme Leads are report into the PSG.

    - An **Executive Team**. Made up of Chief Executives and/or Directors from each of the partner organisations, the role of the Executive Team is to support the Programme Steering Group and oversee the development of the ICP and the Primary Care Networks. Each ICP programme has an Executive Sponsor from the Executive Team.

    - A **Partnership Forum**. Comprising mainly non-executive members and councillors from each of the partner organisations, the role of this group is to oversee the development of the ICP and provide constructive challenge on areas of focus and decision making. As the ICP develops it is planned that the Forum will mature into the ICP Board.

14. The City ICP is committed to working effectively with the Integrated Care System (ICS), South and Mid-Nottinghamshire ICPs and the Local Resilience Forum (LRF) which was established in response to and now recovery from, the Covid-19 pandemic. This means that the City ICP will not seek to duplicate work that is already being undertaken through the ICS or LRF, however, will seek to understand and influence both, as required, to meet the needs of the Nottingham City population.

15. The diagram in **Appendix 1** shows the key governance structures of the City ICP and how it interfaces with wider ICS governance. While there is no formal link between ICP programmes and the LRF, members of the ICP Executive Team are represented in LRF forums, including the Restoration and Recovery Cell. ICP Executives are responsible for ensuring that the appropriate links are made to support the seventh ICP priority: Support our partners in recovery and restoration from Covid-19.

Leadership

16. Following the departure of Ian Curryer, Chief Executive of Nottingham City Council and City ICP lead, Dr Andy Haynes and David Pearson asked Dr Hugh Porter to take on the role of Interim Lead in addition to his role of Clinical Director. With the support of the City ICP Executive Team, Hugh has held the Interim Lead position since May 2020.

17. Following the appointment of Dr Hugh Porter as Clinical Lead In January 2020, the City ICP has expanded its clinical leadership. Tracy Tyrrell, Director of Nursing and Allied Health Professionals at CityCare and Dr Husein Mawji, GP at Victoria and Mapperley Practice and Director of Nottingham City GP Alliance were both appointed as ICP Deputy Clinical Directors in May 2020. In addition, Dr Margaret Abbott, GP at the Windmill Practice was appointed as the ICP Clinical Lead for Health Inequalities in May 2020.

PCN Development

18. While there is huge amounts of work happening within and across PCNs, including developing enhanced support to care homes, expanding workforce and developing new roles, and working on the nationally mandated PCN quality indicators, PCN work to date has largely been focussed around general practice. It is acknowledged that in future PCNs need to be much more than networks of practices and develop into integrated networks of primary, community, mental health, social care, pharmacy, hospital and voluntary service.

19. The sixth ICP priority is to develop the Integrated Care Partnership and establish the ICP culture, which includes the development of the City PCNs. As part of this, the ICP Deputy Clinical Directors have been working with PCN Clinical Directors to develop a PCN development plan that will see closer integration of services within their networks. This plan builds on the national PCN maturity matrix.

20. The PCNs will be supported to develop effective and mature relationships with wider ICP partners and stakeholders, such that they can become integrated partnerships of primary, community, mental health, social care, pharmacy, hospital and voluntary care providers; able to proactively respond to the specific needs of their local populations.

21. To support the development of the PCNs the City ICP has launched a co-mentoring scheme for frontline staff across the partnership. The first tranche of 14 colleagues have been identified and will test this approach with the view to developing the scheme further.

ICP Maturity

22. To support the ambition for ICPs to assume responsibility, and be accountable for, the delivery of integrated services and associated outcomes and performance, partners have been working up plans to test an approach through

the City ICP's programme to support people who face severe multiple disadvantages (SMD) to live longer and healthier lives.

23. As part of the ICP SMD programme, Nottingham City Council (NCC) and CCG commissioners have been supporting an ICP SMD project group which has redesigned the way in which different services including substance misuse, housing, primary care, community health, mental health and others coordinate and provide support to people who sleep rough or are a risk of rough sleeping. The ICP SMD project group has now established a wraparound support model through a multidisciplinary team (MDT). As part of the service design, the ICP partners and NCC / CCG commissioners have worked together to develop draft system and population level outcomes.

24. Since the launch of the MDT, NCC and CCG commissioners have been working to identify the contracts associated with the delivery of services that make up the wraparound support. The aim of this exercise is to understand the total value of contracts associated with the delivery of services to support people who sleep rough or who have recently been accommodated after a period of rough sleeping. Partners are exploring if the total value of these contracts could be integrated to establish an ICP 'programme budget'.

25. Using the work undertaken in the SMD programme, City ICP executive and non-executive partners are now working to develop the ICP to a level of maturity where it is able to assume responsibility, and be accountable for, the delivery of integrated services in the city and associated outcomes and performance.

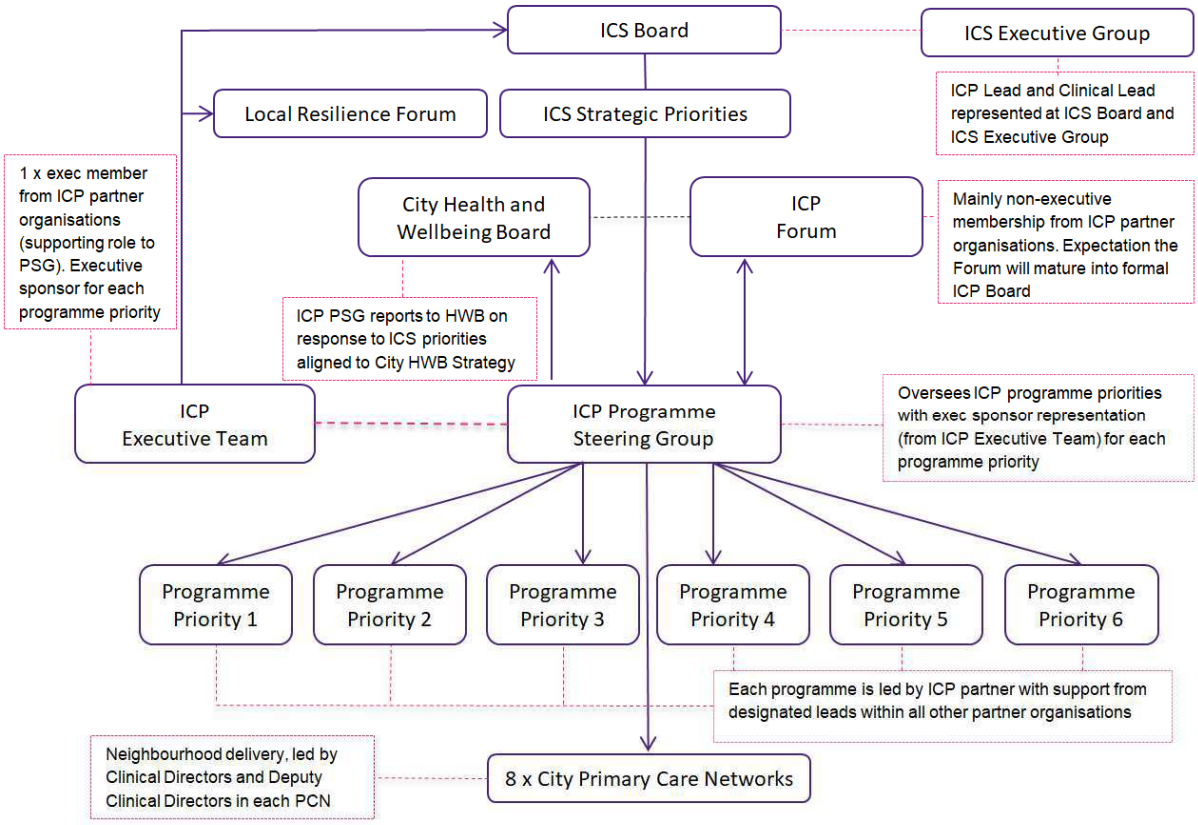
26. This will build on the work undertaken by City ICP partners to develop the delivery model for a Mental Health Social Prescribing service to commence from April 2021.

27. While a national maturity matrix has been developed for PCNs, and work locally and nationally has been undertaken around ICS maturity, at the time of writing there is not a nationally recognised maturity matrix for ICPs or other place level partnerships. Work is underway in City ICP to develop a high level maturity matrix to use as a model for the system.

Dr Hugh Porter
Interim Nottingham City ICP Lead and Clinical Director

Nottingham City Integrated Care Partnership

Appendix 1 – ICP Governance Diagram



Item Number:		**Enclosure Number:**	3
Meeting:	ICS Board		
Date of meeting:	12 November 2020		
Report Title:	ICS Executive Lead Report – Integrated Performance		
Sponsor:	Dr Andy Haynes		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Sarah Bray – Associate Director for System Assurance		
Enclosure / Appendices:	Enc 3i – ICS Delivery Dashboard		

Summary:

To provide an update on key events and information from the last month from the ICS Leadership Team.

This report supports the ICS Board in discharging its three core responsibilities:

1. Delivery of System Transformation;
2. Delivery of System Performance;
3. Progress of ICS along maturity assessments, and integration across health and social care system.

Updates are provided for:

- Covid-19 response and approach to recovery;
- Phase 3 Planning and discharge evaluation;
- Integrated Performance (quality, service delivery, finance, people);
- Quarter 2 2020/21 review of ICS Maturity.

Actions requested of the ICS Board

To note the report

Recommendations:

1.	To note the report

Presented to:

Board	Partnership Forum	Clinical Reference Group	Chief Executive Group	Finance Directors Group
☒	☐	☐	☒	☐
Quality Group	**Performance Oversight Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

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

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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 I	Grading	*Person responsible for managing the risk*

Is the paper confidential?

☐ Yes
☒ No
☐ Document is in draft form

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ICS Executive Lead Report

4 November 2020

ICS Executive Overview

1. The system has experienced significant escalating pressures through October and into November in relation to Covid-19 and has been involved in detailed discussions regarding increasing levels of Covid-19 infection and Tiers of restrictions to be applied across Nottingham and Nottinghamshire. This has been an intense period for all partners across the system, and the system has worked together to ensure services are able to flex to respond effectively to the increasing pressures. Unfortunately, this has required the decision to cancel and very small number of routine elective and diagnostic services during this time of heightened pressure.

Covid-19 (Sarah Carter)

2. The Prime Minister's announcement on 31st October of the National Lockdown commencing on Thursday 5 November 2020 for 28 days followed significant challenges to the health and care system during October:

    - Prior to the national announcement it was confirmed that Nottingham City and Nottinghamshire County (including North Nottinghamshire) would be entering Tier 3 restrictions (very high risk) as of 00:01on 30 October 2020, and notably different to other areas, alcohol sales would be prohibited after 9pm where alcohol was purchased to consume off premises. This followed significant political and Public Health negotiation with the national teams over a number of weeks.
    - By 25 October 2020 the system had exceeded the number of beds occupied with confirmed Covid-19+ve cases in the first, accelerating at a pace that was significant.
    - A number of local providers escalated that they were observing an increase in workforce that are testing positive or isolating, most notably at NUH as a result of being directed to undertake swabbing within one week of all patient facing workforce.
    - The number of outbreaks have increased across care homes and community and workforce transmission.
    - Issues relating to discharge pathways have been escalated.

3. During October the system has worked collectively to manage these and additional pressures. Actions taken include;

    - The Health and Social Care Economy Tactical Coordination Group (HSCETCG) has moved from fortnightly to weekly to allow effective and timely escalations from cells.

- The Chief Executive Officers (CEO) system operational call has moved from 3 times weekly to daily in order to support effective real time operational decision making.
- A coordinated and aligned communications across the system has been agreed with a single weekly statement of position.
- Further 'step down' beds have been mobilised.
- A revised discharge management approach has been agreed with inreach from NHCFT into NUH and daily exception reporting into the CEO operational call.
- The capacity of providers to deliver the Phase 3 recovery plan has been considered and some elective functions have been temporarily stood down.
- Liaison with the regional team in order to accelerate the pace of our Acute Hospitals accessing and therefore implementing lateral flow testing.
- 4 Mobile Testing Units have been rotating throughout Nottingham and Nottinghamshire (100% increase) in order to respond to the demand for antigen tests in communities.
- 7 Local Testing sites in Nottingham City have gone live.

4. The Government has asked the NHS to be ready to deliver a Covid-19 vaccination programme so that it is set to mobilise and start offering vaccinations as soon as one becomes available. Further details and timeframes will be shared shortly. As the public would expect, detailed planning is underway building on the expertise and track record the NHS already has in delivering immunisation programmes including the flu vaccination programme. These plans will be finalised when there is certainty on when and what vaccines will be approved for use.

5. Effective utilisation of the system capacity through the ongoing work of the capacity, urgent care, discharge and right care, first time cells continues. All cells are focussed on ensuring end to end actions which manage system capacity as the system heads towards a second wave peak, and provision of mutual aid and support.

6. As the system move into a potential peak of Wave 2 during November, the system will continue to have oversight of the response to Covid-19 through its well-established mechanisms.

System Transformation

Phase 3 NHS Plan – 2020-21 Recovery (Stuart Poyner)

7. The final Phase 3 plan was submitted to NHSEI on 21 September following approval at the ICS Board, however further work was required in relation to the financial position.

8. The plan aimed to recover pre-Covid-19 levels of services in line with the specific requirements set out in the national and regional Phase Three

recovery guidance, however a small number of elective and diagnostic requirements remain out of reach due to the workforce and physical space constraints being faced during Phase Three.

9. Following submission on the 21 September, the NHS system funding envelope and Phase 3 financial framework was received. Intense work has been undertaken to understand the implications of this for the submission of the Phase Three financial plan to NHSEI on 5 October. This has been led by the Finance Directors Group. The system is awaiting feedback from the Regulators.

10. Any impact of the financial plan discussions on activity and workforce levels will need to be reconsidered on conclusion of the financial planning process.

11. Monitoring of delivery against the Phase 3 plan will be led by the Recovery Cell, however it is important to acknowledge the increasing pressure on the system across Nottingham and Nottinghamshire and the escalation to Tier 3 prior to the national lockdown. The levels of Covid-19 patients in NUH are very high, which has led to a small amount of elective activity already being cancelled, which will directly impact upon the phase 3 plan delivery.

Re-set of the Long-Term Plan (Stuart Poyner)

12. The HSCETCG Recovery Cell has commenced a piece of work across the system whereby all organisations are undertaking a stocktake against the 2020-21 Operational plan and assess performance against the key constitutional areas. This will inform the plan reset expected to be undertaken during Q3 / Q4.

13. In addition, the HSCETCG Recovery Cell will use the 25 System Transformation Priorities as a framework to understand the impact of Covid-19 response across all aspects of delivery, including service delivery, quality, use of resources, to inform the refresh of the 5 Year System Plan. An initial review has been undertaken (June 2020) on the implementation status of the transformation areas, which is included within the report, and has determined two additional areas which require including on the priorities list, which are Primary Care New Care Models and Homelessness/ severe multiple disadvantages group. The Recovery Cell has since identified five initial areas for transformation system efforts to be focused, which are Discharges and admissions, mental health crisis and liaison, Primary care new models, homeless/ disadvantaged group and Outpatients redesign.

14. From these areas two have been identified to rapidly test an evaluation approach which are discharges and urgent care:
    - Discharge – draft report completed and shared with the Discharge Cell and Recovery Cell (end October / early November). The evaluation report will support the ICS Hospital Discharge Service – Gap Analysis submission to NHS England and Improvement.
    - Urgent Care – work is progressing.

System Performance

15. The integrated performance report will be amended to reflect the Phase 3 Plan submission once the financial element and associated impacts are agreed with the Regulators. Monitoring against the Phase 3 Plan Delivery is expected to commence for December reporting.

Quality (Rosa Waddingham)

16. The ICS Quality group has not met since the last board meeting, however there has been a shared focus on the management of nosocomial outbreaks both at an individual provider level, but also with a system focus on key learning. As well as operational elements some of the key learning has been around the value of supportive and engaged management, clear reporting and oversight arrangements and the sharing not only of lessons learnt but key resources across the system. The nosocomial outbreak group and the system IPC support being developed are part of the wider proactive engagement and collaboration across all health and social care partners as part of our outbreak containment plans and public health response.

17. Whilst the transformation work streams have continued to deliver, mitigating the impacts of Covid-19 Wave 1 on both performance and outcomes, focus is also on ensuring agile and appropriate delivery that allows continued system wide engagement and delivery as capacity across the system is stretched through Covid-19 Wave 2.

18. The on-going delivery and system level assurance and oversight of the National Flu Programme for 2020/21 continues and the population health management insight has allowed immediate actions to respond to increase vulnerable communities and people in the system through a number of measures such as bespoke targeted communications and the use of additional focussed resource to deliver vaccinations. As at 26th October 199.831 vaccinations have been administered and recorded (43 % of the eligible population).

19. As always there are areas in the system where a more reactive approach to ensuring on-going quality of care is required. In these cases the system has worked together collaboratively and as partners to provide support and mutual aide to support the delivery of safe care

Service Delivery (Sarah Bray)

20. Performance into quarter 2 2020-21 continues to highlight the impact of the Covid-19 response across service delivery and activity levels, and the effect this has had on volumes of patients waiting for diagnostics, cancer and planned treatments. There is a system wide Clinical Prioritisation approach for patients waiting, ensuring the highest clinical priority patients are utilising all available capacity across the system. This may mean that patients with

lower clinical priority needs may have increased waits, however there are procedures in place to ensure that no patient is delayed longer than would be clinically appropriate.

21. Service recovery is progressing well across the system. Population referrals are 40% lower than Pre-Covid-19 levels, however urgent cancer referrals have returned to pre-Covid-19 levels. Capacity constraints do remain due to Covid-19 requirements, including reduced theatre productivity, reduced bed-stock for social distancing and reductions in diagnostic capacity. Despite these difficulties the system is performing better than the regional average for restoration of the following services:
    - Cancer 2ww 95% of Pre-Covid-19 levels.
    - Cancer patients waiting 62+ days or 104+ days have significantly reduced and are below prior year levels (-41% and -56%)
    - Outpatient activity 80% of last year's activity
    - Elective activity 77% last year's activity
    - Diagnostic Activity 93% on last year's activity (provider based)

22. GP Appointments increased during September by 3.5% compared to last September 2019, with increased face to face appointments during September.

23. Urgent care volumes continue to rise to pre-Covid-19 levels with 111 calls increasing as a consequence of increased Covid-19 concerns, however services continue to perform well. 111 First approach has commenced during October 2020, and focus remains on ensuring patients are discharged effectively.

24. Digital engagement by the public continues to increase, with telephone consultations in primary care increasing by 202% from September 2019 and NHS App downloads increasing to 6.2% September 2020 of the total applicable population.

25. Quarter 3 and 4 to remain focused on increasing CYP Access and IAPT Access and SMI Physical Health Checks. Covid-19 had a significant impact on patients accessing and referring into mental health services. IAPT referrals have now returned to pre-Covid-19 levels. Alternative delivery options for Physical Health checks are being explored due to the constraints of Covid-19. Out of Area Placements (OAPs) have increased due to bed capacity affected by Covid-19 requirements, however the CCG volumes are overstated currently due to a misallocation of responsible CCG, for some patients, to Nottinghamshire.

Finance (Paul Robinson) ICS Month 6 Integrated Performance Report

NHS Partners

26. For months 1-6 of 2020/21 NHS partners in the ICS are operating under a different financial framework following the Covid-19 outbreak. Organisations

have been provided prospective funding based on 2019/20 plus inflation with an additional retrospective payment to cover Covid-19 costs and any other reasonable costs above resources provided. On this basis all NHS partners are reporting a break-even position.

27. Costs incurred in months 1-6 total £1,905.4 million including £75.9 million of Covid-19 related costs. Non Covid-19 spend is £17.3m greater than inflation adjusted spend to the same period in 2019/20 – a real term's increase of 0.95%.

28. The month 6 report shows unconfirmed claims for non-Covid-19 expenditure of £12.7 million. NHS partners have spent a total of £86m on Covid-19 related revenue expenditure and £9m of capital between the period February to September 2020. Of this, £13.4m of revenue relating to Covid-19 has been spent in September 2020. The main areas of Covid-19 spend relate to the hospital discharge programme, increasing ITU capacity and sickness/isolation cover.

NHS Capital

29. £1.5m of Covid-19 capital claims have been rejected (£0.8m SFH, £0.7m NUH) as they were not deemed to meet the criteria specified by NHSE/I. The capital has been committed and now must be met from within the ICS capital envelope. NHS Provider Trusts have developed capital plans within the ICS capital envelope of £79.3 million for the year. In addition, the ICS have been allocated a critical infrastructure risk capital fund of £18.6 million in 2020/21. This is to be used to address high and significant backlog maintenance within the ICS. Plans have been developed, mainly targeting risks at Nottingham City Hospital and Queen's Medical Centre.

30. Capital Plans within the envelope above have been approved but NHSE/I have only made available £10.0m of cash support to take forward these plans. The ICS requires cash to support its capital programme, due to the lack of internally generated cash at NUH and SFH – the amount applied for in 2020/21 is £21.5m (shortfall of £11.5m). This means the ICS is unable to take forward a number of high priority capital schemes, notably at NUH where the infrastructure risk is greatest. The FD Group have highlighted this to the NHSE/I Regional Director of Finance.

Local Authority Partners

31. The local authorities continue to operate under the previous financial regime although additional income has been provided to support a proportion of increasing costs and lost income due to the pandemic. However, the additional income is insufficient to meet the costs incurred leading to a forecast overspend for adult and child social care services in 2020/21 of £14.3m at Nottinghamshire County Council and £13.5m at Nottingham City Council.

NHS Phase 3 Recovery Plan – Finance

32. Initial financial plans for months 7-12 have been submitted by the ICS in relation to the NHS organisations. There was a further submission on the 20 October and it is expected this will form the basis of performance reporting in the latter half of the year.

People and Culture (Lynn Bacon)

33. Workforce pressures have been seen within all organisations with staff testing contributing, requiring staff to isolate, increasing the staff absence rates. The rates are within the assumptions built into organisations plans but when added to the activity pressures and management of outbreaks has created pressure in specific areas. Registered nursing levels continue to be the biggest issue. Discussion with senior HR leads in organisations about triggers to inform daily updates and decision making is on-going.

34. The MOU and staff deployment arrangements have been revisited with each organisation having strengthened their bank arrangements, NUH establishing a staff hub. Each organisation has ensured they have shared contact details to widen the ask and speed the process of staffing requests/responses. This includes LA colleagues. The ICS is now signed up to wave 2 of the national Digital Passport development with all three trusts active and the potential of inclusion of CityCare being explored.

35. The ICS is part of a regional pilot of a Reservist Staff Model working with Staffordshire and two other systems. This may offer opportunity for a wider trawl for qualified/specialist skills.

36. The Regional People Board are establishing their governance structure and work streams which includes a task and finish approach to determining the metrics required to measure the delivery of the local People Plan. The ICS has provided workforce and planning representatives to support this development. Workforce transformation leads are meeting regularly on strategic and transformation priorities with education leads being sought from systems to support HEE role on the Board to develop reform in education and training.

System Maturity (Rebecca Larder)

Regional review – increased maturity rating for delivery

37. No substantial changes have been noted, during Quarter 2 2020/21 in relation to ICS Maturity. As such, it is proposed that the System continues to self-assess as ‘maturing’ against all domains of the national ICS Maturity Matrix and report as such. The system is also in discussion with NHSEI on progress achieved against the nationally defined ‘consistent operating standards’ for an

ICS as outlined in the annual NHS operating guidance and NHSEI Phase 3 letter. The latter is forming part of the discussion on ICS development needs.

System Leadership, Partnerships and Change Capability

38. Work is on-going in reviewing and strengthening ICS governance arrangements with the Terms of Reference for the System Executive Group now approved by the ICS Board. Work is underway to engage leadership development support to both the ICS Board and ICS System Executive Group, as agreed at the October Board meeting. In addition, the Clinical Reference Group has developed thinking on clinical leadership and engagement for system success as presented to this 12 November Board meeting.

System Architecture and Strong Financial Management and Planning

39. Key components and leadership in place at system, place and neighbourhood level, with plans underway to recruit to senior ICS leadership roles. Consideration is being given to streamlining roles and responsibilities of the ICS and Strategic Commissioner during the next phase of system development with a report planned to the 10 December 2020 meeting.

Integrated Care Models

40. Proactively progressing with development opportunities and support from a range of partners to test new approaches for delivery of local priorities, e.g. 3V and Pfizer for MSK value improvement and Imperial for PHM. In addition, the system is focusing on embedding and learning from the Covid-19 response over service delivery areas, such as development of a whole system DAIT Strategy, Inequalities Strategy and focused care homes service delivery.

Track Record of Delivery

41. Work continues to develop the system oversight and assurance approach in conjunction with NHS England and Improvement. Additionally, work is underway on the development of a system evaluation framework to evidence the impact of delivery of LTP priorities.

SYSTEM DELIVERY DASHBOARD

ICS 12 Nov: Enc 3i

RAG	KPIs Achieved
	>80%
	50%-79%
	<50%

November 2020

Management of System Performance

Urgent Care -
September 2020, 111 increased activity, EMAS and ED increasing 21 day stay 41% Yr on Yr reduction
Nil +12 hour breaches.

Mental Health -
Q3 & 4 to focus on access (CYP/IAPT). IAPT referrals have returned to pre-COVID levels. Reviewing options for Physical health checks during COVID

Planned Care -
August 2020, elective and outpatients activity 80% prior year levels. 18 week provider backlog grown 378% since August 2019, 718 people >52 weeks.

Cancer -
End October, 62 & 104 day waits remain 50% under prior year levels.
Referrals are at prior year levels.
Pressures on first treatment, surgery and radiotherapy.

Finance -
NHS Run rate is 0.95% higher than prior year + inflation levels.
2020/21 funding regime does not cover expected spend
Underlying deficit is increasing.

Workforce -
Sustantive staff +6.2% year on year increase.
Bank 19% & Agency 24% over planned levels.
COVID pressure impacts: Staff absence +4.4% and agency usage +6% on previous month

Constitutional & LTP Metrics Delivery

Service Area	No. KPIs	% Achieved	Delivery RAG	Assurance Level	Assurance Group
Planned Care & Diagnostics	7	14.3%			Performance Group
Cancer	9	44.4%			
Urgent & Emergency Care	11	63.6%			
Mental Health	13	53.8%			
Primary Care	5	60.0%			
Personalisation*	4	paused			Quality Group
LD & Autism*	3	paused			
Maternity*	1	paused			
Quality	3	100.0%			
Workforce	6	50.0%			People
Finance	5	20.0%			Finance

Assessment Ratings	CQC - NHS Trusts	CQC - Nursing Homes	CQC - Residential Homes	CQC - GPs	CCG Annual Rating
	01-Sep-20	01-Sep-20	01-Sep-20	01-Jul-20	2018-19
Outstanding	0	6	16	19	0
Good	3	56	165	105	2
Requires Improvement	2	28	39	3	4
Inadequate	0	1	2	2	0
Not Rated	0	2	8	1	0

ICS System Outcomes Framework (SOF) Ratings - Q3 2019/20*

4 Best Performimg	4 Worst Performing
3/42 Dementia Diagnosis 76.6% (2019 11)	40/42 Maternal Smoking 15.8% (19-20 Q2)
4/42 IAPT Access 5.45% (19-20 Q1)	38/42 Cancer Early Diagnosis 48.12% (2017)
5/42 Personal Health Budgets 183 (19-20 Q2)	35/42 Diabetes patients achieve NICE targets 36.3% (2018-19)
5/42 6 Weeks Diagnostics 0.95% (2019 11)	32/42 Mental Health Out of Area Placements 220 (2019 09)

*during COVID non-essential reporting was paused including SOF

System Transformation

September: 19589 Online
Completed 111 Sessions.
Calls 42% higher than September 2019

530413 GP Appointments in September 2020, +3.5% September 2019.
43.1% Remote,

2020 Flu Programme -
Utilising Population Health Management to target most vulnerable citizens. All contacts maximised.
199,831 vaccines administered and recorded by 26th October, 43% eligible population.

System Transformation Priority: Effective Integrated Discharge Function

System Outcome Framework: Evaluation of Discharge			
Ambition	**System Outcome**	**Outcome Indicator**	**Discharge Evaluation (Draft)**
Our people will have equitable access to the right care at the right time in the right place	Increase in the number of people being cared for in an appropriate care settings	Reduction in average length of stay	At NUH & SFH av. LoS has remained 'flat' below pre Covid-19 levels by c. 1 day as acute hospital admissions/discharges have increased (Apr-Sep).
		Readmission to acute hospital within 28 days	Readmission rates do not appear to have increased with a reduced LoS
		Patient feedback and satisfaction	Acute providers use patient stories and feedback to drive improvement. No available data on patient satisfaction specific to discharge lounges.
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	Sustainable teams with skill mix designed around our population and mechanisms to deploy them flexibly to respond to care & support needs	Staff feedback and satisfaction	Feedback from staff has been positive, with a system-wide approach to responding to Covid-19. Key areas are: * Rapid change - implemented service changes that the system has been working on for a long time * Integrated approach – communication, sharing information and learning * Solution focused – problem solving without the organisational or funding barriers (covid-19 finance regime) * Targeted at the right patients e.g. mental health, homeless * IT systems and interoperability has been a positive enabler.

Progress against System Plan

Finance Group	YTD Plan	YTD Actual	YTD Variance	YTD RAG
Finance *(NHS Based)*	£m	£m	%	
-Run Rate Vs 19/20 +inflation	1812.1	1829.4	1.0%	
-ICS Capital Spend (in envelope)	22.6	13.3	-41.1%	
True-up Funding *(NHS Based)*	Claimed	Confirmed	Unconfirmed	Rejected
-COVID - Revenue confirmed	75.9	62.5	13.4	0.0
-COVID - Capital confirmed	12.5	8.7	2.3	1.5
-Retrospective True-up confirmed	44.3	29.5	12.7	2.1

As at 30th September 2020

People & Culture Group	YTD Plan	YTD Actual	YTD Variance	YTD RAG	Forecast RAG
Workforce *(NHS Provider Based)*					
-No. Substantive Staff	27548	27359	-189		
-No. Bank Staff	1153	1368	216		
-Agency Staff	406	509	103		
-Staff Sickness Absence %	4.3%	4.4%	0.1%		
-Staff Vacancy %	11.5%	7.6%	-3.9%		

As at 30th September 2020

Finance / POG	YTD Plan	YTD Actual	YTD Variance	YTD Var %	1 Month YoY %
NHS Activity *(Population Based)*					
- Referrals	114,604	77,863	-36,741	-32.1%	-40.7%
- Elective	59,890	29,588	-30,302	-50.6%	-23.9%
- Outpatients	371,660	232,880	-138,780	-37.3%	-20.2%
- Non-Elective	49,211	38,531	-10,680	-21.7%	-9.3%
- A&E	171,179	107,144	-64,035	-37.4%	-20.8%

As at 31st August 2020

Performance Oversight Group	Period	Plan	Actual	Prior Year
Capacity *(Provider Based)*				
-Primary Care Appointments	Sep-20	-	530,413	512,270
-Acute Beds Available per day	Sep-20	2151	2007	2038
-Home Care Packages			tbd	
-Community Contacts			tbd	
-Mental Health Contacts			tbd	

System Maturity Ratings

Internal Review - Q2 2020/21

System Leadership, Partnerships & Change Capability	System Architecture, financial management & Planning	Integrated Care Models	Record of Delivery	Coherent & Defined Population	Overall
Maturing	Maturing	Maturing	Maturing	Maturing	Maturing