Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Integrated Care System Board
Meeting in public

Thursday 10 December 2020, 09:00 – 10:30
Zoom

	Time	Agenda Items	Paper	Lead	Action
1.	09:00	Welcome and Introductions	Verbal	Chair	To note
2.	09:03	Conflicts of Interest	Verbal	Chair	To note
3.	09:05	Minutes of 12 November ICS Board meeting and action log	Papers A1 A2	Chair	To agree
4.	09:10	Patient Story: Supporting Rough Sleepers in Nottingham	Paper B	Rich Brady, Apollos Clifton-Brown and Jane Bethea	To discuss
5.	09:25	Covid 19 response	Presentation	Andy Haynes	To note
Strategy and System Planning					
6.	09:35	Reshaping health services in Nottinghamshire; Tomorrow's NUH, and Clinical Services Strategy	Presentation	Amanda Sullivan, Tracy Taylor and Alison Wynne	To discuss
7.	10:00	ICS System Level Outcomes Framework – Stock Take and Progress Update	Paper C	Tom Diamond and Helen Pledger	To discuss
8.	10:15	ICP Updates	Papers D1 D2 D3	John Brewin, Richard Mitchell and Hugh Porter	To note
10:30 Close					

Next meeting date: 21 January 2021, 09:00-12:00

For information - Integrated Performance and Finance Reports

Integrated Care System Board
Meeting in Public

Thursday 12 November 09:00 – 09:30
Via Zoom

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
Catherine Underwood	Corporate Director of People, Nottingham City Council
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Fran Steele	Director of Strategic Transformation, North Midlands, NHSEI
Gavin Lunn	GP (representing PCNs in Mid Nottinghamshire ICP)
Hugh Porter	GP, Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jon Towler	Non-Executive Director, Nottingham and Nottinghamshire CCG
Kevin Rostance	Chair, Health and Wellbeing Board, Nottinghamshire County Council
Lyn Bacon	Chief Executive, Nottingham CityCare Partnership
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
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 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
Thilan Bartholomeuz	GP and Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)
Tim Heywood	GP and PCN Clinical Director (representing PCNs in South Nottinghamshire ICP)
Tony Harper	Councillor, Nottinghamshire County Council
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

In attendance

Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS

Apologies

NAME	ORGANISATION
David Pearson	ICS Independent Chair
Jonathan Harte	GP Partner and PCN Clinical Director (representing PCNs in Nottingham City ICP)

1. Welcome and introductions

Apologies received as noted above. A shorter meeting has been agreed with Board members based on the current pressure on the system.

2. Conflicts of Interest

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

As agreed at the 15 October meeting a declarations of interest log has been compiled of interests declared to employing organisations. The declarations of interest log has been circulated with the meeting papers.

3. Minutes of previous meeting/Action log

The minutes of the meeting held on 15 October 2020 were agreed as an accurate record of the meeting by those present.

The action log and updates were noted. As agreed at the 15 October meeting AH and AS will include next steps for the Outcomes Framework into the report to Board on 10 December.

4. Covid-19 Response in Nottingham and Nottinghamshire

AH presented Board with the latest data on Covid-19 with an emphasis on Nottingham and Nottinghamshire.

AH highlighted the lessons learnt across the system: more is known about the disease, there are improved treatments and outcomes for patients, the LRF cell structure is agile and responsive, mutual aid has been seen across the system.

Board discussed and noted the following:

- JM asked whether decisions are needed to manage demand and capacity. AH advised that discussions are already underway to manage capacity and clinical prioritisation taking place.
- NA highlighted the valuable contribution of the health and care workforce and celebrating their success. Support and wellbeing of staff key. LB advised that HR Directors are working together to share learning and best practice.
- LB noted the welcome focus on maintaining the quality of services.
- RM highlighted that the system approach strengthened during Covid-19, in particular shared learning and mutual aid. Highlighted that welfare and wellbeing of staff needs to be at the centre of Board thinking. Opportunity for ICS to thank colleagues.
- TT noted that NUH are managing capacity to deliver crucial elective care but there are challenges.
- CU highlighted the positive partnership working with Local Authorities and learning about the types of integrated systems that can be taken forward.

ACTIONS:
AH to update Board at the 10 December meeting on Covid-19.
AB to work with the System Executive Group to develop letter to staff on behalf of ICS Board to thank colleagues.

5. Moving from CCG Commissioning Intentions to System Prioritisation and Strategic Planning

AS presented the circulated paper on the proposed way of working differently and collaboratively to deliver services. The approach builds on learning from the system Covid-19 response and recovery.

This approach has been discussed and endorsed at the System Executive Group and CCG Governing Body.

Board discussed and noted the following:

- JB highlighted the importance of outcomes and asked whether the approach supports joint commissioning. AS confirmed that the approach does support joint commissioning and emphasized the reliance on utilising expertise across the system.
- NA noted the paper from the CRG circulated to Board members. CRG have discussed and are supportive of the approach. NA is keen for a mechanism for translating the Clinical and Community Services Strategy to implementation.
- PD emphasised learning from Black History Month that addressing inequalities and better understanding the disproportionate impact on minority groups needs to be built into how the system works, including Board being sighted on evidence that inequalities are being impacted in a positive way. AH highlighted that baselining and assessing progress against health inequalities will be a part of the maturity of systems going forward.

- AW welcomed the approach and focus on inequalities. AW asked how decision making will be shared across the system.
- HP highlighted that addressing health inequalities requires a long term approach and focus on prevention, which may not be evidenced in the short term.

Board agreed the proposed principles, the proposed arrangements and planning forums for the 2021/22 planning round.

ACTIONS:
AS to develop the system prioritisation and strategic planning proposal in line with comments from ICS Board emphasising: importance of outcomes, joint commissioning, golden thread of inequalities, not short term and understanding prevention, social capital, true transformation and not tinkering, and an approach built up from Population Health Management.
AS to provide an update to Board at 21 January meeting on next steps for embedding system prioritisation and strategic planning.

Time and place of next meeting:
10 December 2020
09:00 – 12:00

ICS Board 10 December 2020: Item 3. Enc A2.

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

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date	Action	Update/Comment	Action Owner	Deadline	Status
B269	Item 6. Approval of Data, Analytics and Information Technology (DAIT) Strategy	17 September 2020	AH to bring implementation plan for the DAIT strategy back to the 12 November meeting including resources and capacity requirements.	Further work ongoing to develop the implementation plan. On the Board workplan for 21 January meeting following feedback from DAIT Board	Andy Haynes	21 January 2021	Ongoing
B271	Item 5.Health Inequalities Strategy	15 October 2020	JB to convene a system health inequalities working group to take forward the ICS Health Inequalities Strategy and advise Board on timescales for implementation.		John Brewin	31 December 2020	Ongoing
B274	Item 4.Covid-19 Response in Nottingham and Nottinghamshire	12 November 2020	AB to work with the System Executive Group to develop letter to staff on behalf of ICS Board to thank colleagues.	Letter and video message to be circulated through established routes.	Alex Ball	10 December 2020	Ongoing
B275	Item 5.Moving from CCG Commissioning Intentions to System Prioritisation and Strategic Planning	12 November 2020	AS to develop the system prioritisation and strategic planning proposal in line with comments from ICS Board emphasising: importance of outcomes, joint commissioning, golden thread of inequalities, not short term and understanding prevention, social capital, true transformation and not tinkering, and an approach built up from Population Health Management. AS to provide an update to Board at 21 January meeting on next steps for embedding system prioritisation and strategic planning.		Amanda Sullivan	21 January 2021	Ongoing
B276							
B277							
B278							
B279							
B280							
B281							

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
B273	Item 4.Covid-19 Response in Nottingham and Nottinghamshire	12 November 2020	AH to update Board at the 10 December meeting on Covid-19.	On the agenda for ICS Board 10 December 2020	Andy Haynes	10 December 2020	Completed
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.	On the agenda for ICS Board 10 December 2020	Tom Diamond	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	3.Minutes of previous meeting/Action log	The minutes of the meeting held on 15 October 2020 were agreed as an accurate record of the meeting by those present. The action log and updates were noted. As agreed at the 15 October meeting AH and AS will include next steps for the Outcomes Framework into the report to Board on 10 December.	12/11/2020		Joanna Cooper		Completed
ICSB - D017	Item 5.Moving from CCG Commissioning Intentions to System Prioritisation and Strategic Planning	Board agreed the proposed principles, the proposed arrangements and planning forums for the 2021/22 planning round.	12/11/2020		Amanda Sullivan		Completed
ICSB - D018							
ICSB - D019							
ICSB - D020							
ICSB - D021							
ICSB - D022							
ICSB - D023							
ICSB - D024							
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	12/11/2020														
NUH																				
Chair	A	A	A	A	A	A														
Chief Executive	A	A	A	A	A	A														
SFH																				
Chair	Apols	A	A	D	D	A														
Chief Executive	D	A	A	A	A	A														
NHCT																				
Chair	A	A	A	A	A	A														
Chief Executive	Apols	A	A	D	A	A														
CCGs																				
Accountable Officer	D	A	A	A	A	A														
Lay Chair	A	Apols	A	A	A	A														
City Council																				
Chair, Health and Wellbeing Board	A	Apols	A	A	A	A														
Chief Executive's Representative	A	Deputy	A	A	Apols	A														
Councillor	A	A	Apols	A	A	A														
County Council																				
Chief Executive's Representative	A	A	Apols	A	Apols	A														
Councillor	Apols	Apols	A	A	Apols	A														
Chair, Health and Wellbeing Board	A	Apols	Apols	Apols	Apols	A														
EMAS																				
Chief Executive	D	Apols	A	A	A	A														
MN ICP																				
Representative of Mid Notts ICP on behalf of PCNs	Apols	A	A			A														
Representative of Mid Notts ICP	A		A	A	Apols	A														
City ICP																				
Representative of Nottingham City ICP	A	A	A	A	Apols	A														
Representative of Nottingham City ICP on behalf of PCNs	Apols	Apols	A	A	A	Apols														
South ICP																				
Representative of South ICP	A	A	A	A	A	A														
Representative of South ICP PCN on behalf of PCNs	A	A	A	A	A	A														
Nottingham CityCare Partnership																				
Chief Executive	A	A	A	A	A	A														
Chair	Apols	A	A	A	A	A														
Supporting roles																				
ICS Director of Communications and Engagement	A	A	A	A	A	A														
Clinical Director	A	A	A	A	A	A														
ICS Independent Chair	A	A	A	A	A	Apols														
Chief Nurse	A	A	Apols	A	A	A														
ICS Finance Director	A	A	A	D	A	A														
ICS Assistant Director	A	A	A	A	A	A														
ICS Executive Lead	A	A	A	A	A	A														

Item Number:	4	**Enclosure Number:**	B
Meeting:	ICS Board		
Date of meeting:	10 December 2020		
Report Title:	Supporting rough sleepers in Nottingham City during the first wave of the coronavirus pandemic		
Sponsor:			
ICP Lead:			
Clinical Sponsor:			
Report Author:	Rich Brady, Apollos Clifton-Brown and Jane Bethea		
Enclosure / Appendices:	None		

Summary:

Background:

At the start of the coronavirus pandemic in March 2020 a new system of support was developed to support rough sleepers in Nottingham. As a result of the scheme a number of long term rough sleepers in the city have been given access to permanent accommodation and support.

In March the Government launched the “Everyone In” scheme to help get rough sleepers off the streets and into temporary accommodation during lockdown.

Following a direct request from Government, Nottingham City Council, with partners, responded, which resulted in more than 180 rough sleepers across Nottingham being housed in temporary accommodation for three months at the height of the first wave of the pandemic at two city hotels.

Partners in the city, including Nottingham City Council, Framework, Emmanuel House, CityCare, Opportunity Nottingham, GPs, Nottinghamshire Healthcare Trust and various groups of dedicated volunteers worked together to provide around the clock care and support to people staying at the hotels.

The team saw results almost immediately such as positive cases of engagement with the services and dedicated support to each individual which was having a positive effect as the team knew where each person was at all times.

The Homeless Health Team was able to visit daily, GPs were able to offer consultations by video and were on call 24 hours a day if a face-to-face assessment was needed.

The Nottingham Recovery Network also visited daily, offering drug and alcohol help and advice and a mental health clinic was set up at one of the hotels enabling people to receive assessments for their mental health – community psychiatric nurses were also able to see people they had not been in contact with before.

During the summer, Nottingham City Council's Housing Aid team worked collaboratively with partners to re-home those who were in temporary accommodation and successfully found long-term accommodation for 36 people, who prior to the pandemic were sleeping rough.

Following on from the positive work of the 'Everyone In' scheme, the Nottingham City Integrated Care Partnership (ICP), through its programme to support people facing severe multiple disadvantage is working together with local partners to continue on the positive work achieved during the first period of national lockdown. A multidisciplinary team has been meeting since July, working exclusively to support people sleeping rough or those at risk of rough sleeping to ensure they receive timely access to care and support.

In addition to supporting people who sleep rough into accommodation, the aim of this work is to make sure that even when someone is provided with a home, they don't lose contact with the services that can help to settle them into their new home and provide on-going physical and mental health care and support.

Case M

M is a 56-year-old man with a history of homelessness and non-engagement with services such as Street Outreach and healthcare. He had not been registered with a GP for more than three years. He had been living outside, exposed to the elements without any shelter and sleeping on an old abandoned couch even throughout the winter. M considered himself to be independent and had considerable street survival skills. So, whilst he had contact with the Street Outreach Team and others who showed concern for his welfare, he had always politely declined offers of accommodation. Key to M's "survival strategy" was the library where he would go during its opening hours. He would use the internet there and had a tablet computer which he had been given by the Street Outreach Team. He also was able to use the toilet and washing facilities. He was not known to have any drug or alcohol issues.

As part of the Covid-19 precautions he was offered a place in one of the hotels which he accepted. M accepted the hotel offer due to the closure of the library and the uncertainty the virus was creating. The hotel offered him safety from this.

The Homeless Health Team were then able to engage with him and register him with a GP. As The Homeless Health Team built up a relationship of trust with M he then disclosed other health problems, including that previous non-engagement was due to feeling depressed but this is improving since being accommodated. He also disclosed a long history of urinary problems which he had not sought help for. Through being untreated the problem had now reached the stage where it was causing pain and further complications.

The Homeless Health Team (HHT) were able to liaise with his GP and Framework Social Worker to arrange a video consultation with the GP. They were then able to facilitate obtaining urine and stool samples, sending them for investigations, processing the results, liaising with the GP to obtain a prescription and delivering the treatment to the patient. As the patient continued to be accommodated at the hotel the HHT were able to provide follow up, ascertained that his problems had not resolved and work with the GP surgery to arrange a face-to-face consultation so other possible causes can be investigated. The GP is now following through with this so that the patient's health problems can hopefully be resolved.

For the first time in more than ten years M has moved into a social housing tenancy. Living at the hotel and the support available there gave him the motivation to pursue this. An important part of the support has been helping to address financial matters and re-opening a bank account.

Once housed, support will be provided by the Wellbeing Support Team at Emmanuel House. This service is psychologically informed; strength based and can offer personalised support that is most likely to be positive for M. This should help to ensure the anxieties and stresses that led to M losing his previous tenancy do not happen again.

Actions requested of the ICS Board

To receive the report and discuss the issues raised.

Recommendations:

1.	To raise local awareness of the project and needs of homeless and socially excluded people, especially during the pandemic.

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

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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Nottingham & Nottinghamshire

www.healthandcarenotts.co.uk @NHSNottingham

ICS Board 10 December 2020: Item 5

Covid-19 Response in Nottingham and Nottinghamshire: Update to ICS Board on 10 December

Dr Andy Haynes

2 December 2020

Integrated Care System
Nottingham & Nottinghamshire

Current Position

- While the rates of Covid-19 infection are decreasing in the community we are seeing the numbers in our hospitals respond more slowly. The numbers have stabilised over the past few weeks and are now starting to move in a more positive direction. That said, we must continue to follow the guidance so that we reduce the pressures faced by our hospitals.

- The number one way that people can help to lower this number is to follow the local lockdown rules (Tier 3, Very High Alert) which came into force on 2nd December – stay at home if you can, do not mix households and follow hands/face/space.

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Latest Figures

- We have seen 247 admissions relating to Covid-19 in the seven days to 22nd November, compared with 310 for the previous seven days.
- We have 416 beds occupied by Covid+ patients as of 24th November, this compares to 450 on 17th November.
- This means the number of beds taken up by Covid patients is slowly reducing
- Of those 416 beds, around 10% were mechanically ventilated.
- This increase in beds occupied means we now have 40% more people in our hospitals than we did at the peak of the first wave in April.
- The number of new admissions to our hospital is decreasing but it is clear that the severity of the illness with those that are coming into hospital is high and there are some patients needing to be in hospital for an extended period of time
- That said, we are seeing our hospital cases begin to stabilise. The numbers are still much higher than we experienced at the peak of the first wave and we continue to see a considerable amount of deaths due to Covid-19.
- In October, we saw 536,306 appointments in general practice. Of those half a million appointments, 58% were face-to-face, and just under half (46%) were on the same day or the next day, up from 44% for October last year.
- To date, 267,127 flu vaccinations have been administered in Nottingham and Nottinghamshire, with 19,437 in the last 7 days. This is 57% of the eligible population.
- The NHS has well established plans for delivering vaccinations across the country including the annual flu jab and children's immunisations and work is underway to build on these tried and tested approaches, so that when a Covid-19 vaccine is ready, staff can deliver it safely.

Integrated Care System
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Current Position

LRF
Nottingham and Nottinghamshire Local Resilience Forum

Nottingham City and Nottinghamshire County Daily COVID-19 Report

Total Cases	Total Rate per 100k	Cases last 14 days	Rate per 100k last 14 days	Cases last 7 days	Rate per 100k last 7 days
40074	3451.3	4380	377.2	1833	157.9

Total days = 21/02 - 28/11 | 14 day period = 15/11 - 28/11 | 7 day period = 22/11 - 28/11

Number of confirmed COVID-19 cases by LA over last 14 days

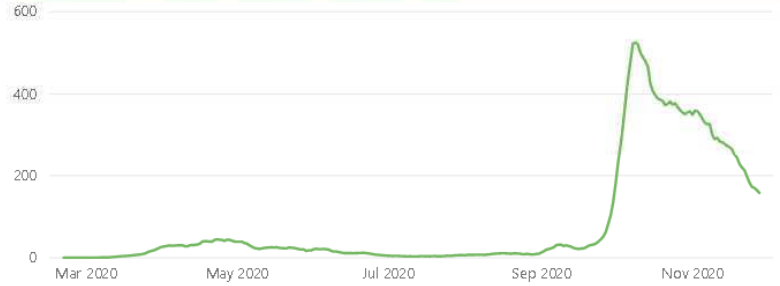
15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11
289	529	443	418	315	300	253	215	350	273	298	283	238	176

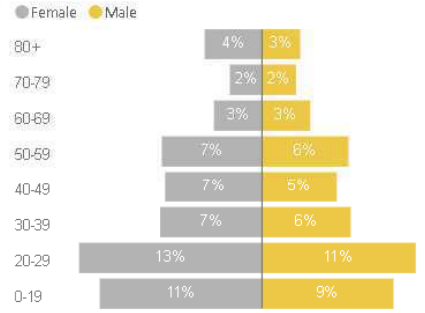
Please Note, the dashboard excludes the last 4 days of data to account for the lag in cases being recorded - the data goes up to and includes the 28 November. Last 7 day and last 14 day counts are therefore relative to 28 November.

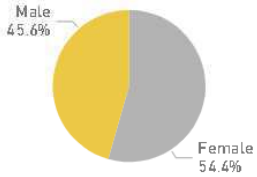
PILLAR
- Select all
- PILLAR 1
- PILLAR 2

Local Authority
- Select all
- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sher...
- Nottingham
- Rushcliffe

Epidemic curve (Cases per 100,000 in previous 7 days)

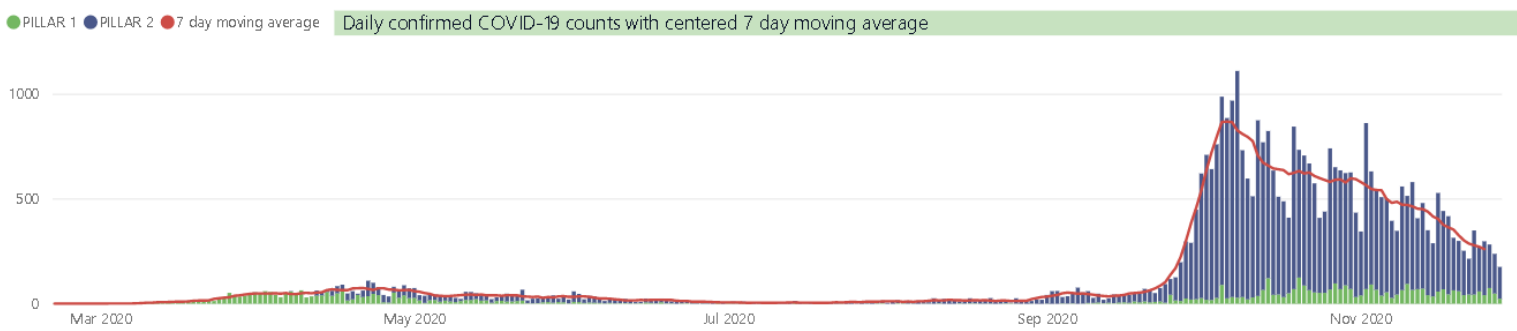






Months
- Select all
- Feb 20
- Mar 20
- Apr 20
- May 20
- Jun 20
- Jul 20
- Aug 20
- Sep 20
- Oct 20
- Nov 20

Daily confirmed COVID-19 counts with centered 7 day moving average



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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 lockdown restrictions, 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.

Integrated Care System
Nottingham & Nottinghamshire

ICS Board 10 December 2020: Item 6

Reshaping Health Services in Nottinghamshire

ICS Board

10th December 2020

Integrated Care System
Nottingham & Nottinghamshire

Case for Change

The Nottingham and Nottinghamshire population is **living longer with an increasing proportion of people living with multi-morbidities**.

There are **significant variations in deprivation levels and health inequalities** across the ICS.

The pressures on our current services are unsustainable and **require a significant transformation** shifting to a more proactive model of care that focuses on the prevention of lifestyle related diseases.

The system has a **challenging financial position**, with an operational plan in year deficit. Key pressures are growth in activity/demand (health and social care), provider pay costs and non-delivery of saving & efficiency programmes.

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Nottingham & Nottinghamshire

Our system wide approach to improving the health of our population

Reshaping Health Services in Nottinghamshire

End of life transformation programme	**Mental health transformation**	**Integrated Urgent Care**	**Outpatient transformation programme**	**Acute services** Tomorrow's NUH Investing in our future PCBC: April 2021 DMBC: Feb 2022 Build: 2029
Community transformation programme	**ICS Cancer Programme Board**	**Diagnostics transformation programme**	**PCN Additional Roles Scheme**	

ICS Clinical and Community Services Strategies

NHS Long Term Plan

GP Forward View

ICS Health Inequalities Strategy

Data, Analytics, Information and Technology (DAIT)

How it all fits together

Government Health Infrastructure Plan

A new hospital building programme to ensure the NHS' hospital estate can provide world-class healthcare services.
Funding earmarked for Nottingham

Reshaping Health Services in Nottinghamshire (RHSN)

Bringing together projects that can transform our local area
RHSN makes the case for investment to draw in HIP funding, demonstrating how we will use the money to improve people's health..

Tomorrow's NUH (TNUH)

Tomorrow's NUH is the part of our programme that will deliver the hospital service and estate transformation we know we need.

A range of other ICS plans and strategies are linked to our RHSN programme and are informing the work of Tomorrow's NUH, including:

- Clinical and Community Services Strategy
- Maternity and Neonatal Strategy
- Health Inequalities Strategy
- Mental Health Strategy

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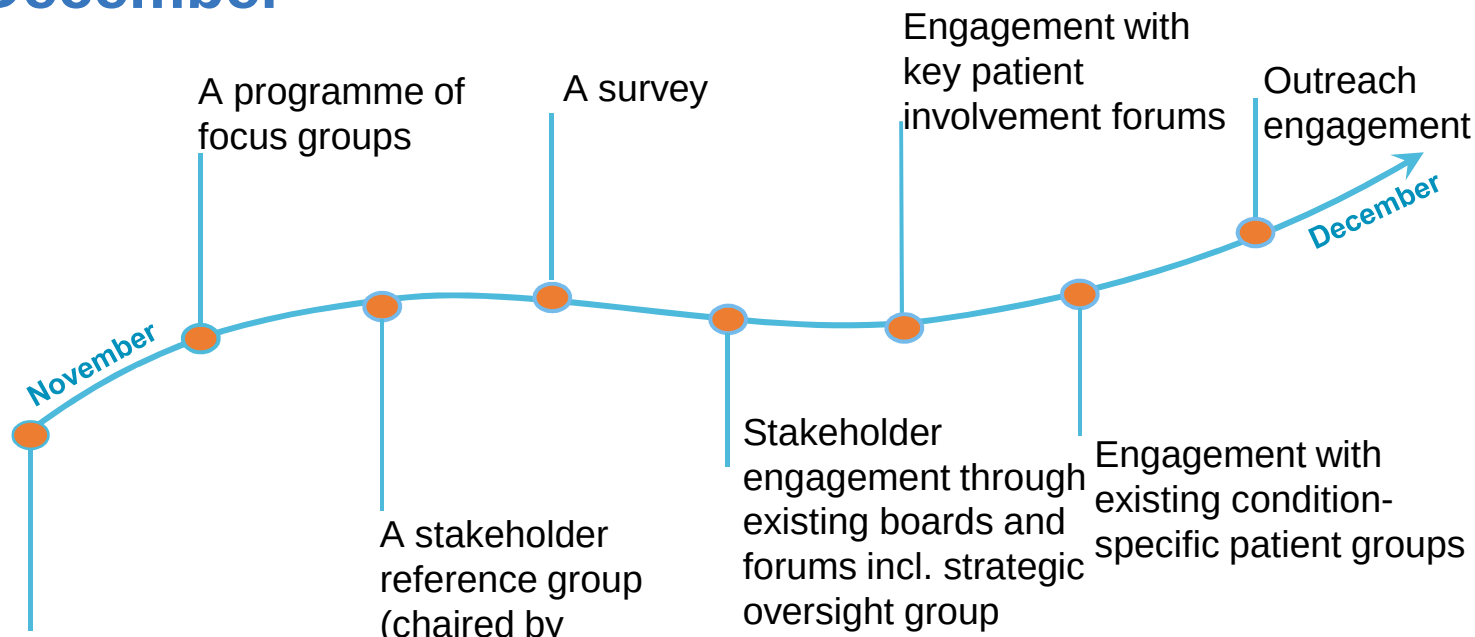
The pre consultation engagement and communications led by the CCG is progressing throughout November and December



Public Engagement Stakeholder Briefing: Reshaping Health Services in Nottinghamshire Programme and Tomorrow's NUH

Tomorrow's NUH

OVERVIEW OF TOMORROW'S NUH

Integrated Care System
Nottingham & Nottinghamshire

NUH Strategy

Through investment in our **Places** we will:

- Improve outcomes
- Improve patient experience
- Improve staff experience
- Become more efficient

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National Health Infrastructure Plan

- September 2019 the Department of Health & Social Care announced a long-term, rolling programme of investment in health infrastructure, which included money to build new hospitals, and help eradicate critical safety issues in NHS estate.

- The **Health Infrastructure Plan (HIP)** is a new hospital building programme to ensure the NHS' hospital estate can provide world-class healthcare services.

- Committed to fund and build 40 new hospitals over the next ten years.
  - Six major projects immediately (HIP1 wave 1)
  - **26 schemes in the second wave** (HIP wave 2); NUH is one of the HIP 2 schemes.

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Nottingham & Nottinghamshire

The Vision for Tomorrow's NUH

Tomorrow's NUH is a **digitally advanced hospital**, **fully integrated with the wider system** to ensure patients only come in when they need specialist acute care.

Safer, smarter, better care for our patients excellent experience for our staff. We will deliver best practice, **cutting-edge clinical care and outcomes** in an fit for the future environment, which promotes health and wellbeing.

Working with our partners we will be internationally renowned for being at the **forefront of new treatments and innovations**.

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Nottingham & Nottinghamshire

The plan will be guided by a set of clear investment objectives

QUALITY
To improve the clinical outcomes of patients receiving care
e.g., clinical outcome measures

ANCHOR INSTITUTION
To make wider strategic contributions to the local economy
e.g. wider economic benefits

EXPERIENCE
To improve patient and staff satisfaction
e.g. patient and staff satisfaction surveys / compliments and complaints

CLINICAL SAFETY
To meet relevant safety standards to ensure safe and effective care by improving adjacencies
e.g. HCAIs

WORKFORCE & SUSTAINABILITY
To address local workforce planning drivers and future-proof a workforce
e.g. workforce recruitment / retention rates

INTEGRATION & ALIGNMENT
To provide healthcare facilities to support the integration of care and delivery of the NUH clinical service strategy, Nottinghamshire ICS strategy and national strategies
e.g. opportunities for more integrated working

FIT FOR PURPOSE ESTATE
Improve patient experience and outcomes by reducing backlog maintenance and mitigate critical infrastructure risk
e.g. grounds maintenance / buildings maintenance / CI risk reduction

EFFICIENCIES
To enhance patient flow and support the efficient operation of the healthcare system
e.g. achieve performance targets / support system sustainability

HEALTH INEQUALITIES
To address health inequalities for those with poor socio-economic status, protected characteristics and vulnerable groups in society
e.g. access to care / prevalence of health conditions

CAPACITY
To provide sufficient system-wide capacity to meet expected demand for acute and specialist services, with further flexibility and expansion potential to future-proof
e.g. delivery of projected beds / capacity numbers

DIGITAL
To utilise the opportunities offered by digital to enhance the accessibility, timeliness and quality of care
e.g. utilisation of digital channels, interoperability

RESEARCH & INNOVATION
To rapidly scale new diagnostics, technology-enabled service delivery and world-leading research
e.g. research portfolio diversification / clinical trial uptake

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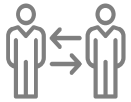
The Outline Clinical Model is based on six clear clinical design principles



All care pathways should focus on **integrated working with system partners** to deliver appropriate out of hospital care including self-care and prevention.

All **Emergency secondary care** services should be consolidated on one site where necessary dependencies are available 24/7

All **Women's and Children's** acute services should be consolidated and co-located with adult emergency care.

Elective Care inpatient facilities and **day case surgery** should be delivered separate from Emergency Care in order to protect Elective capacity, maintaining access to critical care.

Cancer Care acute services should have access to critical care and all associated medical specialties, elective and ambulatory cancer care will follow principles 03 and 04 above.

Ambulatory Care pathways (outpatients and day cases) should be redesigned to minimise disruption to patient's lives, providing care in accessible locations whilst maximising the potential of new and emerging technologies.

Integrated Care System
Nottingham & Nottinghamshire

Next steps and programme milestones

20/21

- Clinical Senate Review (Dec 20)
- Initial impact assessments complete (Dec 20)
- Review pre-consultation feedback (Jan 21)
- Preferred way forward (Jan 21)
- Impact assessments complete - preferred way forward (Feb 21)
- Submission of cases (Apr 21)

21/22

- Public consultation and CCG decision making business case to support the major service changes
- NUH business cases for interim and enabling schemes

22/23

- Outline Business Case for the major transformation schemes (post consultation)
- NUH business cases for interim and enabling schemes

23/24

- Full Business Case for major transformation schemes

24/25

- Construction commences on major transformation schemes

Integrated Care System
Nottingham & Nottinghamshire

ICS Clinical and Community Services Strategy

ICS - Clinical and Community Services Strategy

Integrated Care System

Future Service Vision

- Provides a long term vision for our health and care system
- Centred on 20 evidenced-based reviews of ICS service areas led by steering groups with clinical and care representation from across the whole ICS
- 17/20 reviews are close to completion

Key Features Shaping Tomorrow's NUH

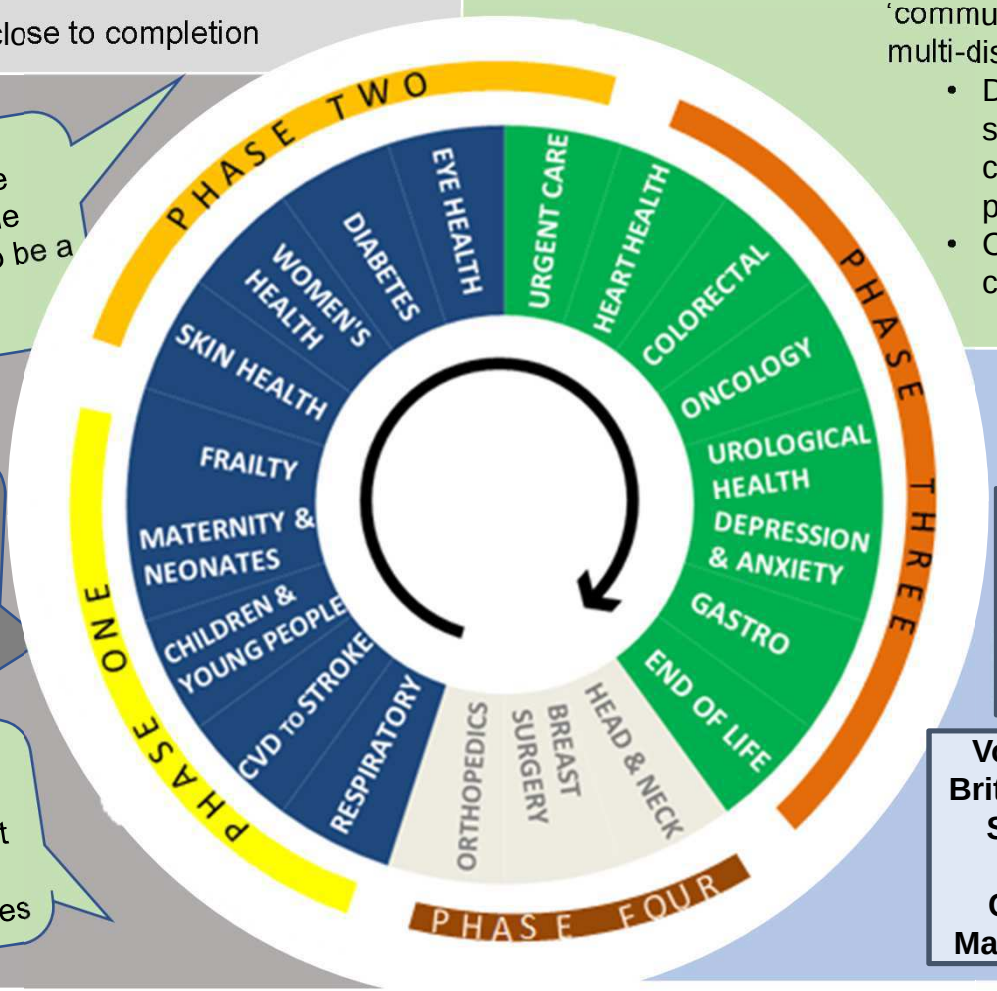
- Embedding prevention and support for self care throughout all health and care work
- Better integrating mental and physical health services to consider individual patient need
- Delivering more planned care in community settings
- Services increasingly delivered through 'community hubs' enabling patients to access multi-disciplinary care closer to home
- Designated planned care facilities to support consistent delivery of planned care irrespective of emergency pressures
- Considering the most effective configuration for key services

Feedback

Great that the ICS is focusing on the whole pathway to reduce the inequalities. Great to be a part of this strategy development.

Really positive - makes me feel more hopeful for really joined up and collaborative working in the future

Great starting point, good opportunities out there to make effective changes



Engagement

Over 180 patients involved

Over 1500 health and care professional attendances at steering groups & workshops – across all roles & partner organisations

Voluntary sector contributions from British Heart Foundation, Diabetes UK, Stroke Association, Breathe Easy, MySight, SeeAbility, Nottingham Community & Voluntary Services, Maternity Voices Partnership, Zephyrs

Item Number:	7	**Enclosure Number:**	C
Meeting:	ICS Board		
Date of meeting:	10 December 2020		
Report Title:	ICS System Level Outcomes Framework – Stock Take and Progress Update		
Sponsor:	Andy Haynes		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Tom Diamond and Helen Pledger		
Enclosure / Appendices:	Appendix 1: System Value Improvement		

Summary:

This paper provides the ICS Board with a stock take and update on the work to develop and implement an ICS System Level Outcomes Framework.

It outlines the approach and work completed to date together with the key challenges/barriers faced and next steps to look to address these.

To support the ICS Board discussion a presentation of worked examples of how the ICS System Level Outcomes Framework is being used will be shared at the meeting.

Actions requested of the ICS Board

To consider the report and presentation and agree next steps.

Recommendations:

1.	The ICS Board is asked to NOTE the progress on developing and implementing the ICS System Level Outcomes Framework.
2.	The ICS Board is asked to CONSIDER the worked examples presented at the meeting.
3.	The ICS Board is asked to DISCUSS and AGREE next steps.

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,	☒

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

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ICS SYSTEM LEVEL OUTCOMES FRAMEWORK – STOCK TAKE and PROGRESS UPDATE

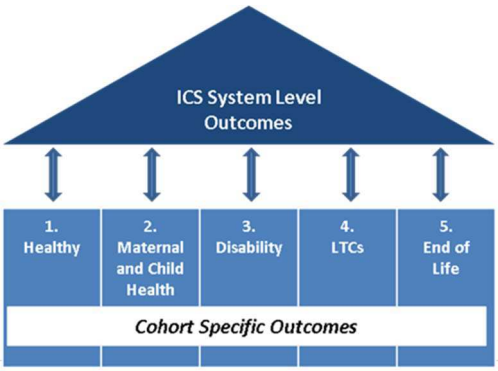
10 DECEMBER 2020

Introduction

1. This paper provides the Board with a summary of the work to date developing and implementing the ICS System Level Outcomes Framework.

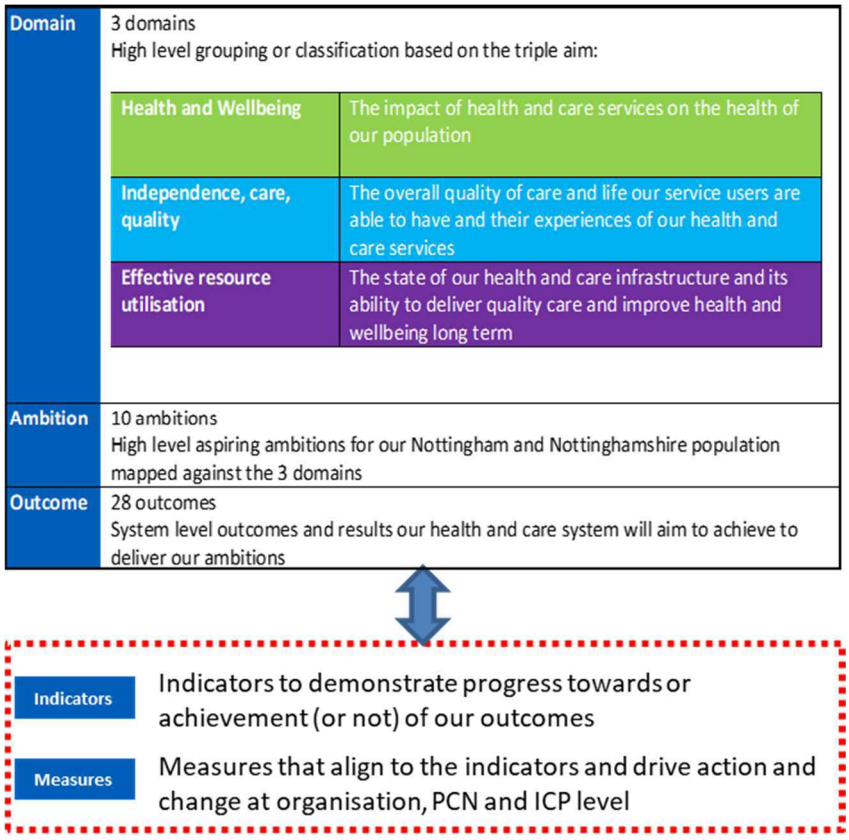
The scope of the work

2. The ICS Board agreed the need to develop a System Level Outcomes Framework that all partners across the Nottingham and Nottinghamshire Integrated Care System will work together to jointly deliver.
3. The ICS Board recognised a System Level Outcomes Framework is a core component of an Integrated Care System. It provides a clear view of success as an Integrated Care System in improving the health, wellbeing and independence of our residents and transforming the way the health and care system operates (quality and efficiency).
4. Through the framework the ICS Board wanted to show:
    a. How outcomes for citizens are being achieved across the system including how health inequalities are being reduced across the population
    b. Focus plans and inform priorities through clearly articulated measures
    c. Support organisations to work as one health and social care system to deliver impact and continually improve
5. The ICS Board acknowledged that a System Level Outcomes Framework would not replace existing performance frameworks and indicator sets that will still need to be monitored (e.g. the ICS System Integrated Performance Report and the CCG Improvement and Assessment Framework). But would provide a foundation for the longer term to reduce the number of outcomes frameworks used within the system, where possible, to increase focus and streamline monitoring and reporting.
6. Its addition, from the beginning it was identified that the ICS System Level Outcomes Framework would act as the 'anchor point' for shaping the outcomes for population segments (to support the Population Health Management (PHM) programme).



How the work has progressed

7. An ICS System Level Outcomes Framework has been developed through a Task and Finish Group that enabled different perspectives, expertise and experience from ICS partners to come together to develop the framework.
8. The framework is built on good practice following a review of outcomes frameworks in existence across Nottingham and Nottinghamshire, nationally and internationally, and engagements with colleagues across the system.
9. The ICS System Level Outcomes Framework is based on the triple aim (improved health and wellbeing, transformed quality of care, and sustainable resources) and the priorities within the Health and Wellbeing Board Strategies.
10. The ICS System Level Outcomes Frameworks sets out the outcomes the whole ICS will work together to achieve over the next five years and supports strategic and operational planning by ensuring system improvement priorities and investment enable achievement of the outcomes.
11. The ICS System Level Outcomes Framework has been agreed and adopted by the ICS Board. The work completed on the framework has been recognised both nationally and regionally. The Kings Fund have asked to share learning and at least one other STP in the midlands has adopted it.



How the ICS Board shaped the System Level Outcomes Framework and its use

12. The ICS Board has shaped the development and use of the ICS System Level Outcomes Framework in a number of ways:
    a. November 2018 – the ICS Board requested the framework evolve to establish the overarching outcome as 'Increasing Healthy Life Expectancy', to strengthen the focus on reducing avoidable admissions, to include financial sustainability and ensure quality underpins the whole framework.
    b. April 2019 – the ICS Board agreed the ambitions and outcomes set out within the framework, recognising it is a core component of the ICS' strategy and will form a core part of strategic planning to be undertaken by the Board.
    c. July 2019 – the ICS Board received a prototype for reporting delivery against the framework. The ICS Board discussed the difference between indicators and measures, describing the former as operating on a whole system level and the latter as process and output measures operating on an ICP and PCN basis. Concluding that by linking measures with indicators a 'golden thread' could be established through the system: PCNs > ICPs > ICS.
    d. July 2019 - at the July ICS Board meeting it was agreed to continue to progress the development and further embed the ICS System Level Outcomes Framework across all parts of the system by focussing on two or three System Level Outcome Framework indicators.
    e. September 2019 – Discussed several key challenges the ongoing development of the ICS System Level Outcomes Framework faced, including the demands on the ICS in relation to developing the systems response to the Long-Term Plan and the availability of analytical capacity.
    f. November 2019 – The ICS Board signed off the system's local 5 year strategic plan in response to the national Long Term Plan, which clearly set out the ICS System Level Outcomes Framework as being the means that would provide a clear view of the ICS' success as an Integrated Care System i.e. improving the health, wellbeing and independence of residents and transforming the way the health and care system operates.
    g. March 2020 – The ICS Board agreed an approach to the systematic monitoring and evaluation of the delivery of the ICS 5-year strategic plan within 2020/21, an approach based on measures and indicators and had the ICS System Level Outcomes Framework at its centre. It was discussed and agreed at the ICS Board that *'this approach to embedding the ICS System Level Outcomes Framework is an evolution of that originally discussed with the ICS Board to reflect the fact the ICS now has a five-year strategic plan and the expectations on ICSs is being clarified regionally and nationally'*.

How the system has used the ICS System Level Outcomes Framework

13. During 2020/21 work has continued to embed the ICS System Level Outcomes Framework (in the context of the system's response to Covid-19) in the following ways:

    a. **Population Health Management:**
    As originally set out in its purpose the ICS System Level Outcomes Framework when it was developed, the framework has been used to define the outcomes for the Diabetes, Frailty and Mental Health population groups as part of the Population Health Management work.

    b. **Health Inequalities:**
    The measures set out in the ICS Health Inequalities Strategy (agreed at the ICS Board meeting in October) have been aligned to the outcomes set out in the ICS System Level Outcomes Framework thereby providing an inequality 'lens' to achievement of the outcomes set out in the framework.

    c. **Monitoring and Evaluation:**
    As set out in the approach agreed by the ICS Board in March, the System Level Outcomes Framework is central to monitoring and evaluating transformation across the system. Although a change in context, this approach is being taken forward looking at the system's response to Covid-19 in the areas of Discharge and Urgent Care under the remit of the System Health Recovery Cell.

14. The development and implementation of the ICS System Outcomes Framework is a key component of the System Value Improvement (SVI) work programme (see appendix 1).

15. To support the ICS Board discussion a presentation of worked examples will be shared at the meeting.

Barriers/Challenges and Next Steps

16. The table below outlines the main barriers/challenges to continue to implement and embed the ICS System Level Outcomes Framework and identify next steps.

Barriers and Challenges	Next Steps
Striking a balance between establishing a single vision and set of ambitions and outcomes at a system level (health and care) whilst being reflective of the unique contexts within which organisations, PCNs and ICPs operate in.	Ongoing engagement to ensure the right people across the system are appropriately sighted on the framework to ensure it is suitably shaped and owned by all partners – where strategies such as those for Health and Wellbeing Boards are updated the ICS System Level Outcomes

	Framework will need to be reviewed in this context.
For the system outcomes framework to have maximum impact the strategic vision, ambitions and outcomes it sets out need to be adopted and embedded by all organisations, PCNs and ICPs. This has happened to varying degrees so far.	Ongoing engagement with system partners at all 'levels' to ensure the right people are appropriately sited on the framework and reaffirm the expectation that all partners across the system have a responsibility and duty to contribute to the delivery of all ambitions, outcomes and measures identified in the framework.
The system outcomes framework sets the long-term (5 years) vision, ambitions and outcomes for the ICS - it sets the 'what' of the strategy. Through annual planning cycles the ICS partners need to maintain an agreed set of system priorities and be clear on 'how' these interventions will impact on the system outcomes (and associated indicators and measures as described in the next section).	Ongoing engagement to ensure system priorities are clearly defined and agreed, and there is a shared understanding of how the interventions will impact on the system outcomes (and associated indicators and measures). This is a key element of the work currently being progressed on: • System Prioritisation • Financial Sustainability
Securing sufficient time with clinical experts in the priority areas to agree system level indicators and associated measures aligned to the ambitions and outcomes set out in the ICS System Level Outcomes Framework.	Ongoing review of system level indicators and associated measures aligned to the ambitions and outcomes set out in the ICS System Level Outcomes Framework.
Prioritisation by organisations of their analytical resource and capacity to internal planning, measuring/ monitoring constitutional standards and completing regional returns.	ICS system partners need to agree how the analytical capacity requirements of the system outcome framework measures will be met in a sustainable way (way forward agreed as set out in the DAIT strategy).
For the system to start to build an understanding of how improvements (or not) are being made against the system level indicators baselines and trajectories need to be established. It has not been possible to put dedicated resource into doing this.	Once sufficient analytical capacity has been secured, baseline the system level indicators (cut on an ICP and PCN basis as appropriate), establish an approach and governance mechanism to establish forecast improvement trajectories for system indicators.
To drive improvements in system indicators 'care delivery units' (organisations, PCNs and ICPs) need to enact interventions that drive changes in process and output measures that align to system level indicators.	Ongoing engagement with 'care delivery units' (organisations, PCNs and ICPs) on indicators and measures; shared understanding of approach to analytics (baselining, forecasting and reporting); engage with contract leads to identify provider and service contracts that currently contain the identified process

	and output measures and identify options for further strengthening.

Recommendations

17. The ICS Board is asked to:

a. NOTE the progress on developing and implementing the ICS System Level Outcomes Framework.
b. CONSIDER the worked examples presented at the meeting.
c. DISCUSS and AGREE next steps.

Tom Diamond and Helen Pledger
ICS Leads for System Value Improvement
24 November 2020

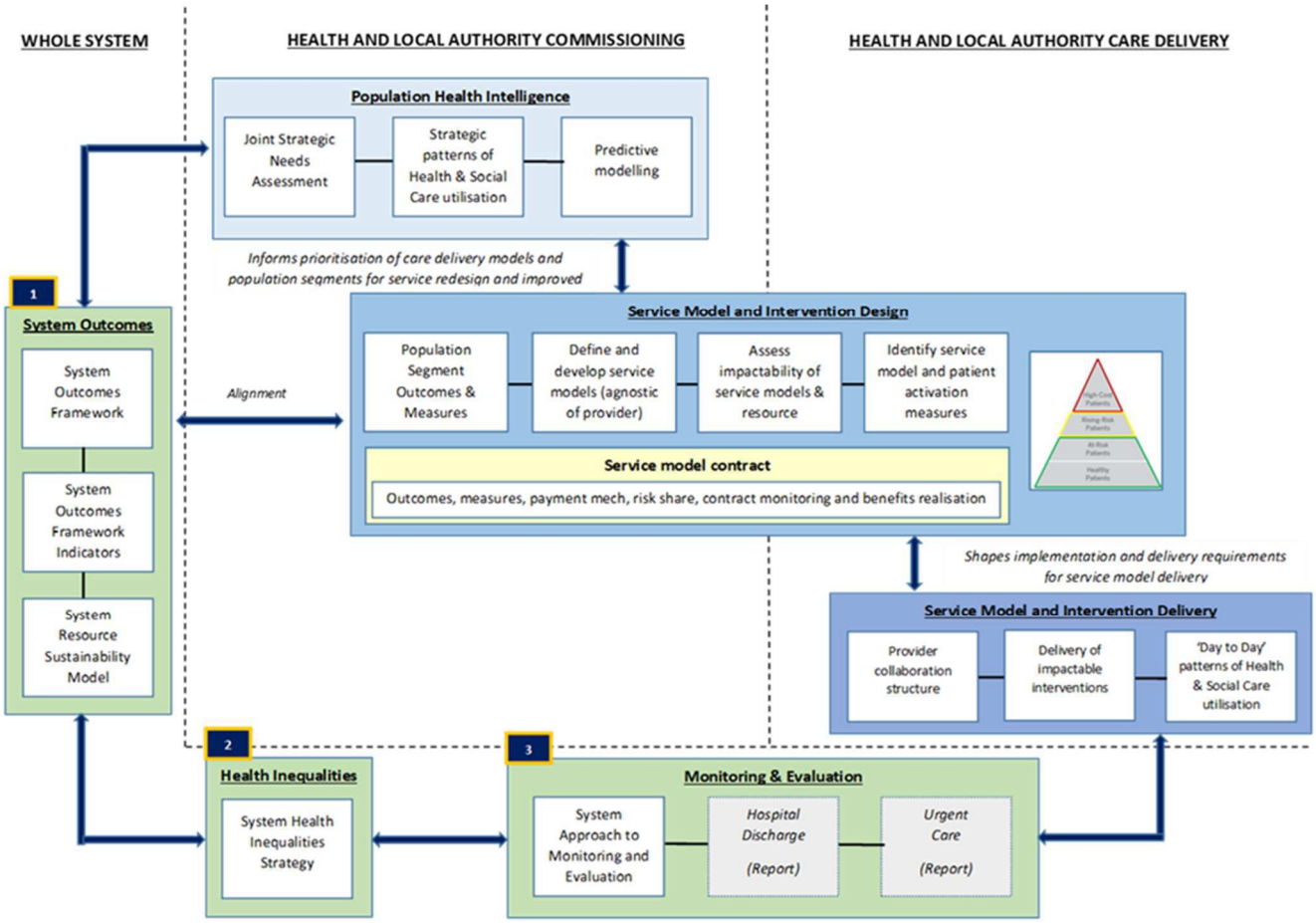
Email:
Tom.Diamond1@nhs.net
Helen.Pledger@nhs.net

Appendix 1: System Value Improvement

The ICS Team developed a schematic to frame its work on System Value Improvement (SVI). The ICS team's work on SVI comprised of three main components:

- System Outcomes
- Health Inequalities
- Monitoring and Evaluation

These are set out in the diagram below which outlines how they link and align across health and social care commissioning and service delivery. This diagram is organisation agnostic and focuses on the functions to be delivered by an Integrated Care System.



Item Number:	8	**Enclosure Number:**	D1
Meeting:	ICS Board		
Date of meeting:	10 December 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

☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision ☐ Conflict noted, conflicted party to be excluded from meeting
Risks identified in the paper
None
Is the paper confidential?
☐ Yes ☒ No ☐ Document is in draft form Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.

Update from the South Nottinghamshire Integrated Care Partnership

10 December 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:	8	**Enclosure Number:**	D2
Meeting:	ICS Board		
Date of meeting:	10 December 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

10 December 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. Further information can accessed about the partnership at: https://healthandcarenotts.co.uk/care-in-my-area/mid-nottinghamshire-icp/

COVID-19

3. The rate of Covid-19 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-19. 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 constituent 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 has 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
23 November 2020

Item Number:	8	**Enclosure Number:**	D3
Meeting:	ICS Board		
Date of meeting:	10 December 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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Is the paper confidential?

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☒ No
☐ Document is in draft form

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NOTTINGHAM CITY INTEGRATED CARE PARTNERSHIP UPDATE

10 December 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.

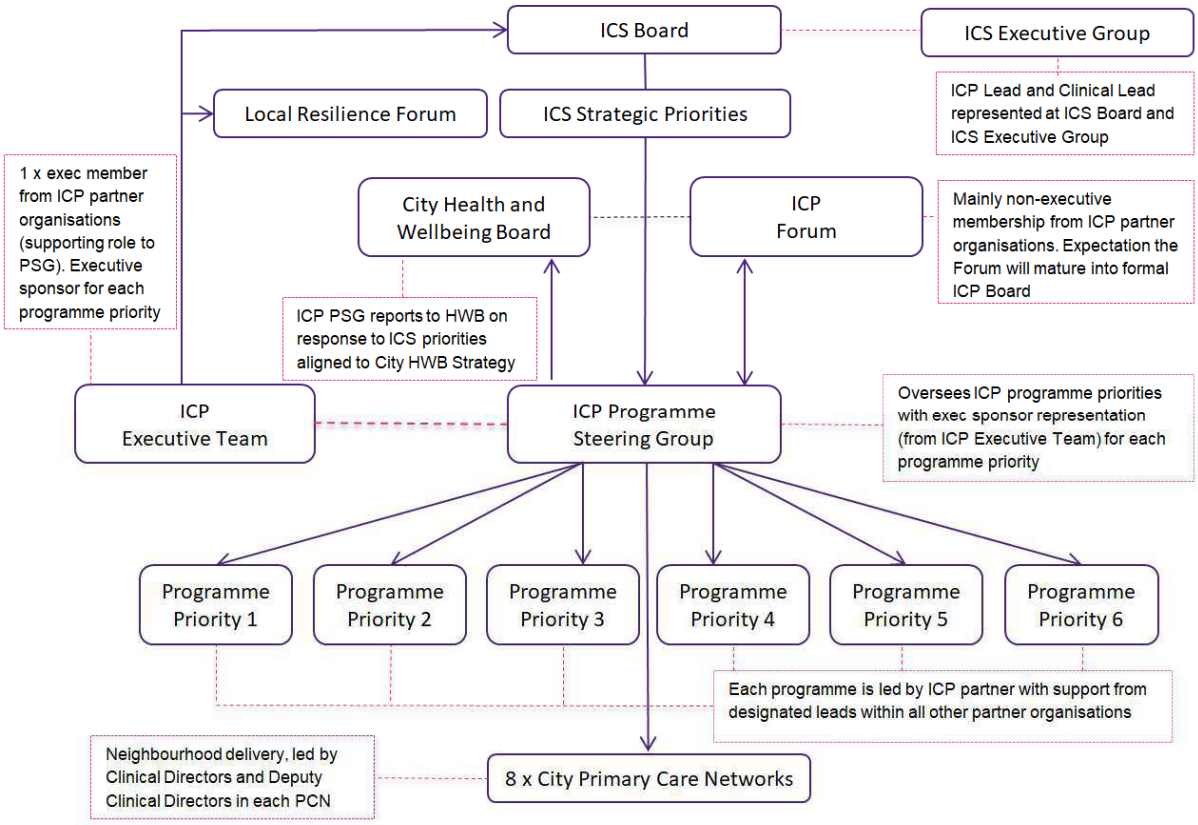
26. This will build on the work undertaken by City ICP partners to develop the delivery model for a Mental Health Social Prescribing service to commence from April 2021.

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
Nottingham City ICP Interim Lead and Clinical Director

Nottingham City Integrated Care Partnership

Appendix 1 – ICP Governance Diagram



Item Number:		**Enclosure Number:**	1
Meeting:	ICS Board		
Date of meeting:	10 December 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 2 – 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	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.

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

ICS Executive Lead Report

2 December 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 prior to the National Lockdown. This has continued to be 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 some routine elective and diagnostic services during this time of heightened pressure.

Covid-19 (Sarah Carter)

System Operations Situational Update

2. During the period of national lockdown from 5 November 2020 the system has continued to experience significant challenges and a number of proactive steps have been taken in the management of the pandemic. The initial impact of the national lockdown and these actions is now being realised:

    - The total number of positive tests continues to decrease in both Nottingham City and Nottinghamshire County. The highest rates per 100,000 populations remain in Bassetlaw and Mansfield, but rates are reducing;
    - The number of hospital beds occupied by someone with a COVID 19 diagnosis remains high in comparison to wave one. All hospitals continue to exceed their Wave 1 peak however the position has remained relatively stable, and slight reductions are being seen;
    - The number of outbreaks remains high across care homes, with particular pressures being experienced in learning disability units;
    - Discharges from hospital are improving with flow increasing, however some challenges have been experienced when beds identified for step down experience COVID related closure.

3. During November the system has continued to work effectively and collaboratively to manage these and additional pressures. Actions taken during this period include:

    - Winter system capacity has been reviewed and a plan developed supported by local modelling in order to minimise impact;
    - Surge plans have been enacted when required;

- NHSEI have released the General Practice Covid Capacity Expansion Fund, £150 million funding has been made available to support seven priority goals below, Nottingham and Nottinghamshire CCG's share of this funding is £2.73m and plans are in place including Covid-19 oximetry@home;
- Proactive discharge inreach is beginning to gain traction;
- Mobilisation and reclassification of step down beds;
- Pillar 2 workforce testing has been implemented however Lateral Flow Testing for workforce is being rolled out across NHS providers, which will give a result within 30 minutes;
- Lateral Flow Testing will begin piloting in three care homes this week with roll out to all care homes by 18th December;
- Four Mobile Testing Units have been rotating throughout Nottingham and Nottinghamshire (100% increase) in order to respond to the demand for antigen tests in communities;
- Local Testing Sites (LTS') have now been approved in all localities. Seven sites have gone live in Nottingham City, and four in the County (Bassetlaw, Mansfield, Gedling, & Newark), and a further 2 (Rushcliffe and Broxtowe) will commence delivery from the second week in December. LTS' will provide a hyper local testing solution that is walk through rather than drive through;
- The system EU Exit meeting has been re-established and all providers are reassessing their risk plans.

4. The Codiv-19 Vaccination Programme has undertaken detailed planning across the system and these plans are very close to being fully finalised. The plan is led by the NHS but includes all system partners, and includes a number of different vaccine delivery routes. The system continues to operate within the defined national guidance and will be ready to stand up delivery when a vaccine is available, but flexible enough to respond to the characteristics and requirements of each vaccine as it is approved.

5. Oversight of the response to Covid-19, plans for EU Exit and Winter pressures/other hazards will continue through the Health and Social Care Economy Tactical Coordination Group (HSCETCG). All organisations remain committed to this process and the cells provide exception reports on a weekly basis thus enabling a clear system view of risks and mitigations, and to support management. All cells are focussed on ensuring end to end actions which manage system capacity as the system heads towards winter, the delivery of a comprehensive Covid-19 vaccination programme, and EU Exit. The System Operations Centre continues to act as the single point of contact during incident management, and provides this 7 days per week, 8am-8pm. The System Incident Management Team continues to meet 3 x weekly to bring together all cell leads.

System Transformation

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

6. The final Phase Three 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.

7. 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.

8. Following submission on the 21 September, the NHS system funding envelope and Phase Three financial framework was received. Financial submissions have been made and currently the system is forecasting that it will exceed its allocation by £52m. Work is on-going to reduce costs and improve income levels. Further work is underway to fully understand the implications of the earlier than anticipated impact of the Covid-19 second wave.

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

10. Monitoring of delivery against the Phase Three 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 and SFH has stabilised but remain very high, which has led to some elective activity already being cancelled, which will directly impact upon the Phase Three plan delivery.

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

11. 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.

12. 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.

13. From these areas two have been identified to rapidly test an evaluation approach which are discharges and urgent care with work progressing at pace.

14. The ICS Board has also approved a high level framework describing the overarching principles, process and key forums for system prioritisation and co-production of strategic 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 Recovery Cell is developing detailed processes underpinning the framework.

System Performance

15. The integrated performance report has now been updated to reflect the Phase Three Plan submission. The financial element remains under discussion with Regulators and associated impacts on service delivery and workforce will need to be re-assessed once the financial discussions are concluded.

Quality (Rosa Waddingham)

16. There has continued to be a quality focus on outbreaks and Covid-19 support both through the nosocomial outbreak group and the system IPC support but also through mutual aid and support across system partners. Covid-19 pressures have also increased in the care homes and home care sectors. November has seen the formation of a collaborative task force bringing together local authority and NHS teams to ensure support, training and alignment across the system.

17. The LMNS programme will launch a second continuity of carer team at SFH which will contribute to our system ambition of 35% of women booked on to continuity of carer pathways. Revised trajectories for the LD/ASD programme have been confirmed by NHSEI, with an adult inpatient target of 44 individuals and a children and young people inpatient target of three individuals. These targets are more reflective of the number of inpatients we have seen in the system during Covid-19. Confirmed transformation funding will focus on admission avoidance, discharge support increasing annual health checks and

learning from LeDeR Mortality Reviews. Personalisation Board has agreed plans to embed the Universal Personalised Care programme into business as usual, which regional NHSEI colleagues are supportive of and have requested the presentation of the Nottingham and Nottinghamshire ICS approach at a national event in the next financial year.

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 uptake in 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 of 17th November, 247,690 vaccinations have been administered and recorded (53% of the eligible population). Nottinghamshire Healthcare Trust currently addressing uptake numbers for staff.

19. NUH following a CQC inspection of maternity services are working to ensure that the conditions imposed in the report are swiftly addressed. System partners are supporting senior leaders in the Trust to ensure every mother and baby experiences the safe, effective and personalised care they are entitled to.

Service Delivery (Sarah Bray)

20. The earlier than expected second wave of Covid-19 has further impacted upon the ability of the system to restore full service across Nottinghamshire, and to address waits for planned treatments. However, the system continues to work collectively to ensure priority for cancer patients and patients with longest waits for treatment. The system wide Clinical Prioritisation approach for patients waiting continues, 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 safety netting procedures in place for longer waiters.

21. Service recovery was progressing well across the system, however has been impacted in some areas with the second wave of Covid-19 coming earlier than expected in Nottinghamshire. In September population GP referrals were 73% of Pre-Covid-19 levels, however urgent cancer referrals had 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 well against regional averages for restoration of the following services based on September activity:

    - Cancer 2ww 99.5% of Pre-Covid-19 levels.
    - Cancer patients waiting 62+ days or 104+ days have significantly reduced and are below prior year levels (-33% and -47%)
    - Outpatient activity 97% of last year's activity

- Elective activity 93% last year's activity
- Diagnostic Activity 93% on last year's activity (provider based)

22. GP Appointments increased during October. This only represented 91.7% of last year's level however there were increased face to face appointments during October 2020, compared to September 2020.

23. Urgent care volumes continue to rise to pre-Covid-19 levels with increases on 111 calls, ambulance conveyances and emergency admissions during October 2020. However October A&E activity remained below the Phase Three plan. 111 First approach commenced during October 2020, and focus remains on ensuring patients are discharged effectively across the system, as pressured build on bed capacity.

24. Digital engagement by the public continues to increase, with telephone consultations in primary care increasing by 189% from October 2019 and NHS App downloads increasing to 6.3% October 2020 of the total applicable population. Additional engagement is needed to further increase the population use of the NHSApp and to register on-line with practices, as this has slowed in recent months.

25. Quarter 4 to remain focused on increasing CYP, IAPT and Perinatal Access and addressing 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, however focus remains on the Mid-Nottinghamshire area. 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, all current out of area placements relate to PICU, however these are now starting to reduce.

Finance (Paul Robinson) ICS Month 7 Integrated Performance Report

NHS Partners

26. The month 1-6 accounting period now closed for NHS organisations. ICS partners have achieved a breakeven position, subject to final allocations, through the receipt of retrospective funding.

27. Phase Three plan (months 7-12) have been submitted with a deficit of £52.5m against a breakeven target. The main drivers of the deficit are:
    - recovery of non-NHS income - £23.1m;
    - the impact of the underlying deficit and non-recurrent actions taken in 2019/20 on the system envelope calculation - £32.1m;
    - un-reconciled changes in the CCG envelope - £8.5m;
    - offset by planned efficiencies and non-recurrent actions in the latter half of the year.

28. Month 7 saw a net underspend of £1.8m against the submitted system plan. NUH saw an underspend of £1.4m due to lower than planned elective activity levels during the second covid peak and NHT reported a £0.5m underspend due to recruitment slippage.

29. Given the uncertainty in activity levels and the impact of covid-19 in the remainder of the year, the forecast for months 7-12 remains at a £52.5m deficit.

30. The ICS Finance Directors Group and Executive Team are undertaking a re-forecasting exercise with NHSE/I to reduce the planned deficit with the output expected to feed the month 8 forecast position.

31. Alongside this, NHSEI have agreed to an exceptional baseline adjustment for the Nottinghamshire ICS in months 7-12, reducing the system's in-year planning gap by £10.3m.

NHS Capital

32. At the end of Month 7, the system had spent £13.3m of its capital envelope against a year to date plan of £28.3m. The current forecast is to spend £67.8m against the system envelope of £79.3m.

33. However, the forecast assumes that Nottinghamshire Healthcare's purchase of the mental health inpatient site at Rainworth is part-funded through the Mental Health Dormitories Fund (nationally sourced capital fund to support the eradication of mental health dormitories). This funding source remains unconfirmed and therefore the ICS capital envelope may be required to support the purchase.

Local Authority Partners

34. Additional income has been provided to support a proportion of increasing costs and lost income in the local authorities 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 September 2020/21 of £0.4m at Nottinghamshire County Council. This is an improvement on the previous report mainly due to additional income received. The equivalent forecast overspend at Nottingham City Council is a £13.5m deficit based on the position at June 2020.

People and Culture (Lyn Bacon)

35. Workforce pressures remain due to the impact of wave 2 Covid-19. Mutual aid across the system is supporting in certain areas but an increase in use of agency has been seen. Staff absence levels have remained static with a

slight dip in the COVID related absence this month. Monitoring of the mutual aid and review of the agency usage will inform on further actions required to support organisations. Recruitment plans are still in progress.

36. The People and Culture Board will focus on staff wellbeing given the earlier than expected pressure seen. A review of wellbeing offers and the implementation of the Staff Mental Health Hub will be reported to the next People and Culture Board.

37. A review of the current leadership development programmes including improvement leadership will be informed by an evaluation of the programmes. This in conjunction with a system diagnostic on the cultural aspects within the system will inform a refreshed work plan for the systems Organisational Development Collaborative.

38. The Regional People Board have agreed their key priorities and assigned to a number of sub groups established. System representation at a senior level at the Board and these sub groups is essential for informing and influencing the related workforce development and planning.

System Maturity (Rebecca Larder)

Regional review – increased maturity rating for delivery

39. 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 Three letter. The latter is forming part of the discussion on ICS development needs

System Leadership, Partnerships and Change Capability

40. Work is on-going in reviewing and strengthening ICS governance arrangements with a task and finish group being convened to shape and develop this work.

41. Leadership development funds have been confirmed. 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.

42. Progress against embedding regional lessons learnt from Covid-19 response and recovery have been baselined and shared with NHSEI.

System Architecture and Strong Financial Management and Planning

43. 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.

Integrated Care Models

44. 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 successfully accepted onto the national PHM development programme in wave three. 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

45. 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 presented to Board at this December meeting.

SYSTEM DELIVERY DASHBOARD

ICS Board 10 Dec: Enc. 2

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

December 2020

Management of System Performance

Urgent Care - September 2020, Increased activity, 111, EMAS and Emergency Admissions. 21 day stay 27% Yr on Yr reduction

Mental Health - Q4 to focus on access (CYP/IAPT). IAPT referrals increasing, focus on Mid-Notts. Physical health checks & Perinatal continue to be impacted by COVID.

Planned Care - September 2020, elective & outpatients 93% prior year. 18 week provider backlog +400% since September 2019, 962 people >52 weeks.

Quality - Transformation - **LD&A** revised trajectories due to COVID impact on provider sector. **Maternity** - Continuity of Carer - second team to launch at SFHT

Finance - 2020/21 Month 7 £1.8m underspent against system plan. 2020/21 Month 1-6 NHS Break-even subject to final allocations. Underlying deficit is being addressed through ICS FD

Workforce - Sustantive staff -1.2% below plan, mitigated by bank +15%. Agency +53% over plan due to COVID pressures arising earlier than expected. COVID related absence remains static.

Constitutional & LTP Metrics Delivery

Service Area	No. KPIs	% Achieved	Delivery RAG	Assurance Level	Assurance Group
Planned Care & Diagnostics	7	14.3%			Recovery Cell
Cancer	12	75.0%			
Urgent & Emergency Care	11	63.6%			
Mental Health	13	46.2%			
Primary Care	3	0.0%			
Personalisation	5	80.0%			Quality Group
LD & Autism	3	33.3%			
Maternity	2	0.0%			
Quality	tbd				
Workforce	9	66.7%			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

October 2020 111 Calls 35% higher than October 2019

536306 GP Appointments in October 2020, 91% of October 2019. 40.9% Remote, 38.6% same day

2020 Flu Programme - Utilising Population Health Management to target most vulnerable citizens. All contacts maximised. **247,690 vaccines administered and recorded by 17th November, 53% eligible population.**

Service Delivery Funding - System Allocations Overview

Service Delivery Area as at 31st October 2020	£m Baseline	£m New Allocation	£m Total
Primary Care	1.88	1.70	3.58
Mental Health	1.72	1.13	2.85
Cancer		0.30	0.30
Innovation	0.40		0.40
Diabetes		0.30	0.30
Ageing Well	0.16		0.16
Local Maternity & Neonatal Service	0.66		0.66
LD & Austism	0.00	0.35	0.35
System Transformation Funding		0.24	0.24
Urgent & Emergency Care	0.15		0.15
Personalised Care		0.17	0.17
Prevention		0.18	0.18
Elective Care			0.00
Total	**4.96**	**4.37**	**9.33**

Monitoring against these transformation funds will be reported to the board in quarter four.

Progress against System Plan

Finance Group

Finance		YTD Var £m	YTD RAG	FOT Var £m	FOT RAG
-NHS System - Non-COVID*	P3 Plan - unapproved by NHSEI				
-NHS System - COVID*					
-NHS System - Total*		1.8		0.0	
*-NHS System - Non-COVID**	*NHSEI B/E*				
*-NHS System - COVID**	*NHSEI B/E*				
*-NHS System - Total**	*NHSEI B/E*	*-5.6*		*-52.5*	
Local Authorities**	Plan	-3.6		-13.9	
Capital Envelope	Funds	15.0		11.5	

As at 31st October 2020 *Month 7-12 only **City LA Month 3, County LA Month 6

People & Culture Group

Workforce *(NHS Provider Based)*	YTD Plan	YTD Actual	YTD Variance	YTD RAG
-No. Substantive Staff	27815	27470	-345	
-No. Clinical Non-Medical	18482	19788	1306	
-No. Medical & Dental	2804	2830	26	
-No. Other Staff	6528	4843	-1685	
-No. Bank Staff	1381	1593	212	
-Agency Staff	440	675	235	
-Staff Sickness Absence %	4.4%	4.7%	0.3%	
-Staff Vacancy %	11.5%	8.2%	-3.3%	

As at 31st October 2020

Capacity Cell

NHS Activity* *(Population Based)*	In Month Plan	In Month Actual	In Month Variance	In Month Var %	In Month RAG
- GP Referrals	12,970	10,805	-2,165	-16.7%	
- Elective	10,537	10,050	-487	-4.6%	
- Outpatients	69,477	61,349	-8,128	-11.7%	
- Non-Elective	10,149	9,507	-642	-6.3%	
- A&E	33,965	23,745	-10,220	-30.1%	

As at 30th September 2020 *Against phase 3 plan

Recovery Cell

Capacity *(Provider Based)*	Period	Plan	Actual	Prior Year	In Month RAG
-Primary Care Appointments	Oct-20		536,306	584,761	
-Acute Beds Available per day	Oct-20	2102	2014	2059	
-Home Care Packages			tbd		
-Community Contacts			tbd		
-Mental Health Contacts			tbd		

Plan values have been updated from September onwards for the Phase 3 Plan

System Maturity Ratings

Internal Review - Q3 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